Lao PDR Prioritized Actions 2018-2020

Contents

- Prioritized Actions 2018 – 2020
- Annexes
  1. Country Profile: FP2020 Focal Point Team & In-Country Coordination
  2. Identification of Challenges & Prioritization of Actions

Prioritized Actions 2018-2020

Prioritized Actions for Focal Point and in-country stakeholder	Institution/person responsible	Timeline					
		'18	2019				'20
		Q4	Q1	Q2	Q3	Q4	Q1
1.1 Finalise and endorse of the RMNCH policy to include SRH and Rights for women, youth people and vulnerable groups	MOH/ DHHP	X					
1.2 Finalise and endorse the essential services package by MOH to include Family Planning services	MOH/DHR		X				
1.3 Evidence based advocacy with other sectors and local authority on SRH and Rights as well as male involvement	MOH/CIEH		X	X			

1.4 Organise provincial FP conferences in partnership with Track20 in Bokeo, Savannakhet and Bolikhamxay	**MOH/DHHP/MCHC**			**X**			
1.5 Revitalise on FP and rights information through media by CIEH	**MOH/CIEH**		**X**	**X**	**X**		
1.6 Utilise opportunity of Annual RMNCH Strategy implementation review to discuss issues of FP with provincial governors and Provincial Health Departments	**MOH/DHHP/MCHC**		**X**				
2.1 Conduct the costing of essential service packages (ESP), including FP service costing	**MOH/DHC/NHIB**	**X**	**X**				
2.2 Ensure that National Health Insurance cover the cost of surgical procedures such as tubal ligation	**MOH/NHIB**		**X**	**X**	**X**		
2.3 Conduct the Total Market Approach study to determine market segments	**MOH/NHIB/DHHP**		**X**	**X**			
3.1 Increase access on SRH and rights for adolescent girls and boys through training of service providers on AYFS	**MOH/DHC**	**X**	**X**	**X**	**X**	**X**	**X**
3.2 Continue the capacity building of health service providers on FP services, through FP service package training	**MOH/DHPE/MCHC**	**X**	**X**	**X**	**X**	**X**	**X**
3.3 Refresher training on counselling for service providers, including improving knowledge on	**MOH/CIEH**		**X**	**X**	**X**		

policies and legislations on FP services							
3.4 Work with other partners such as MOES, LYU, LWU to advocate with gatekeepers at community level to support access to care for young people	**VYC**		**X**	**X**			
3.5 Provide RH information including FP information and services through Youtube/Facebook	**VYC**		**X**				

Prioritized Actions for Secretariat, Core Conveners & Global Partners	**Institution/person responsible**	**Timeline**					
		'18	**2019**				**'20**
		Q4	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
1.1 Send letter to MOH, regarding establishment of the Country Engagement Group	**Secretariat**	**X**					
1.2 Support with provincial conference workshop (Technical and financial)	**Track20**		**X**	**X**			

Annex 1
Country Profile: FP2020 Focal Point Team & In-Country Coordination

List of Focal Points	**Government**	**Dr Bounfeng Phoumalaysit** **Dr Panome Sayamoungkhoun** **Ms Dalayvanh Keonakhone (VYC)**
	Donor	**Mariam A. Khan** **Sally Sakulku**
	Civil Society	**NA**
FP Stakeholders (institutional and/or individual) Note: *Please list key FP stakeholders e.g.:* - *Government agencies with FP in their mandate* - *Civil society organizations (national and international) working on FP in country* - *Multi-lateral and donor agencies working in FP* - *Youth organizations* - *etc.*	**Ministry of Health:** **Department of Hygiene and Health Promotion, Mother and Child Health Centre, Centre for Information and Education on Health, Food and Drug Department, Medical Products Supply Centre, Department of Health Care and Rehabilitation, Department of Health Professional Education, Department of Finance (for Health Financing part), and Department of Planning and Cooperation** **Ministry of Education and Sports:** **Department of Secondary Education, Technical Vocational Education and Training, Non-Formal Education Department** **CSO:** **Population Service International** **Clinton Health Access Initiative** **Promotion of Family Health Association** **Lao Positive Health Association** **Mass organisations:** **Lao Women's Union – Vientiane Youth Centre** **Lao Youth Union**	

CURRENT MECHANISMS FOR IN-COUNTRY COORDINATION of FP work (beyond Focal Points)				
Mechanism	**Convening/ Coordinating body**	**Members**	**Frequency** *(monthly, quarterly, semi-annually, etc.)*	**Notes on efficacy** *(How efficient & effective are these?)*
e.g. Multi-stakeholder consultations	**RMNCH Sub-committee – Strategic Objective 1**	**Currently all health partners**	**Quarterly, mid year review and annual review of SO1 work**	**Technical level mainly, with some inputs from provinces**
e.g. FP2020 focal points meeting	FP2020 Focal Points meeting	UNFPA & MOH	Tried quarterly, however, lately it has been rather ad hoc	**Management level**

Please list additional opportunities to improve coordination:

At present, meeting tends to be through the RMNCH mechanism. There are various reviews at a higher level such as the Health Sector Working Group, however, these don't tend to just focus on FP programme, but overall RH. The space for FP is through the sub-committee of RMNCH coordination under the Strategic Objective (SO) 1 – Reproductive Health - Increase utility and acceptance of quality reproductive health information and services among all women and men of reproductive age, including adolescents, young people, and those living in poor or rural areas, regardless of marital status. One of the key indicators for this SO is increase CPR. So this where the discussion on FP programme and implementation of CIP comes in.

Exercise 1: Identification of Challenges & Prioritization of Actions

Lao PDR's FP2020 Commitments

COMMITMENT 1: The Ministry of Health will undertake the revision of the Reproductive Health Policy to promote an enabling environment for family planning and to design services to support reproductive rights and to improve the sexual and reproductive health of men, women, and adolescents. The Lao 8th Five Year Plan also focuses on reproductive health and the government envisions the full delivery of family planning services in the private sector, including IUD and implant services in private clinics, through the adoption of supportive policies under the revision of Health Care Law.

In addition, the government commits to developing a national information, education, and communication (IEC) and behavior change communication (BCC) strategy on family planning—based on the national communication IEC/BCC for health strategy.

COMMITMENT 2: The government of Lao commits to scale up family planning services to health center and village levels to increase the access to reproductive health and information for adolescents, aiming to boost the number of women using family planning services.

Key interventions planned include:

2.1 Extending the training of existing community midwife students by a month to become proficient in family planning counselling and procedures (IUDs, implants, emergency contraceptive);
2.2 Establishing separate private, family planning-friendly rooms in selected district hospitals;
2.3 Increasing the coverage of family planning and maternal, neonatal, and child health services at the community level through the scaling up of existing, successful community-based interventions, such as the Community Based Distribution Programme;
2.4 Mapping and focusing on high-burden districts and villages, with total fertility rate greater than 3, unmet need greater than 15 percent or 20 percent, and CPR between 35 percent or 45 percent;
2.5 Conduct formative research to inform the development and adaptation and field-testing of IEC materials in local ethnic languages; and
2.6 Pilot youth-friendly service counselling rooms—separate from the maternal, neonatal, and child health unit—and in selected district hospitals.

Summary of Lao PDR's Costed Implementation Plan (CIP)
Insert your country's CIP priorities here (from existing documentation) **Prioritized areas**: Based on the CIP, three priorities were agreed on in order to increase CPR • Priority 1: Increase information and promotion of long-acting reversible contraceptives (LARC), namely implants and intra-uterine devices (IUD) and increase the number of midwives able to perform the procedures for insertion of LARCs in both public and private sectors. • Priority 2: Improve the capacity at health centres to forecast, procure and distribute contraceptive commodities to ensure a reduction of stock-outs in these facilities. • Priority 3: Ensure that demand generation is well-targeted priority population namely young people living in rural and urban areas, inclusive of men in promotion messages, events and campaigns for family planning services.

Step 1. From the above commitment(s) and/or CIP priority area(s) which is your country having the greatest difficulty in making progress on? (*the table below can be extended, if you'd like to cover more than three*)

*Please reference your **2018 commitment self-report questionnaire**, if needed.*

Priority 3: Ensure that demand generation is well-targeted priority population namely young people living in rural and urban areas, inclusive of men in promotion messages, events and campaigns for family planning services. Out of the three priorities, Priority 3 is the hardest to implement. This is largely due to unavailability of budgets for many provinces. Demand generation budget tend to come from various donors, and once they are no longer supporting, activities are not implemented. Part of the reason is also due to the delay in the revision of Communications Strategy that would help provinces to identify key activities and messages to be disseminated.

Step 2. What progress toward each commitment/CIP priority *(listed in Step 1)* has been made? What efforts have been made?

*Please reference your **2018 commitment self-report questionnaire** (attached) as well as any **available data in country** (e.g. DHS report, materials of the recent Data Consensus Meeting, etc.) as evidence. Additional data summary will be shared by the Secretariat and Track20 in the next few weeks.*

1. Progress on commitment/CIP priority 1

Overall, this priority is being implemented through the expansion of the comprehensive FP training programme throughout the country. In the first six months of 2018, 160 service providers from district and Health centre levels were trained using the comprehensive FP training guideline that was developed in 2016, in the nine schools and colleges of Health Sciences around the country. This meant that these groups are now able to provide FP services comprehensively including the long acting methods. Providers trained included both midwives who could focus on post-natal FP and MCHC staff.

PSI also commenced their FP training programme for private providers in key provinces identified in the CIP to focus on provision of FP services in private clinics. Five provinces were assessed and four provinces have had staff trained.

2. Progress on commitment/CIP priority 2

In the first six months of 2018, 118 District hospitals and Health Centre staff from two provinces (4 districts) were trained on FP data collection to ensure correct FP data especially service data, so that accurate consumption data can be utilized for projection of commodity needs, timely request of stock to avoid stock outs.

Department of Food and Drugs, with the Medical Products Supply Centre also conducted monitoring visits to service sites and warehouses to monitor FP stocks and provide supportive supervision to staff.

Department of Health Professionals working with FDD and University of Health Sciences held several discussions to develop Logistics Management module to be included in the pre-service training of health staff. Once curriculum is developed it will be integrated into the Nursing, Midwifery and other allied profession so that clinical staff are also aware of logistics issue to ensure no stock out.

3. Progress on commitment/CIP priority 3

Following the development of the Adolescent and Youth Friendly Services (AYFS) guideline in late 2017, the guideline was officially launched by the Health Minister in early 2018. AYFS training for health service providers was then rolled out in few focal provinces. The target for the training mainly focuses on district and Health Centre staff so that young people in communities can access friendly and non-judgmental care that will encourage them to seek

SRH services readily. The training consists of five days theory with two weeks working at the Youth Centre to see first-hand how AYFS services are provided.

Following the guideline, a Job Aid for providers is currently being developed, and is expected to be finalised in October 2018.

Centre for Information and Education on Health has commenced the review of National Communication Strategy to ensure that communication on Family Planning work is included and guideline developed for providers to support demand creation and communication on the topic.

As part of the strategy, a communication tool in a form of a mobile App is being developed to provide ASRH information for young people including FP information. Completion of the App is expected at the end of the year.

Step 3. What are the key challenges or blockages faced when trying to accelerate progress towards the above selected commitments? Where does there seem to be resistance? What are the root causes of those *challenges and blockages*?

3.1. KEY CHALLENGES AND BLOCKAGES (e.g. operational, technical, political)
Commitment//CIP priority 1: Increase information and promotion of long-acting reversible contraceptives (LARC), namely implants and intra-uterine devices (IUD) and increase the number of midwives able to perform the procedures for insertion of LARCs in both public and private sectors.
• Service providers' competency – the national FP comprehensive training was developed in 2016. It is a competency-based training that has both theory and practicum for the long-acting methods (IUD and Implants). The training was rolled out throughout the country since last year, so far around 450 service providers at all levels have been trained. This means that there is still a large gap of competent providers, therefore, this is a huge challenge for many parts of the country where they still don't have 'trained' staff to provide services, especially the long-acting methods. • Frequent turn-over of staff is a challenge in many places. Staff trained in FP service provision being moved to different unit within the same hospital or move to different facilities, which makes it difficult to constantly provide training.

Commitment//CIP priority 2: Improve the capacity at health centres to forecast, procure and distribute contraceptive commodities to ensure a reduction of stock-outs in these facilities.

- Accurate consumption data - One of the challenges is recording FP services in facilities. FP data are not recorded correctly. There are issues with new users, continuing users, switching methods, discontinued etc. This resulted in difficulty in forecasting needs, as the exercise relied only on distribution data.
- Distribution of commodities – mSupply system allows instant stock monitoring, but only as low down as district level. Beyond that, warehouse managers have to rely on excel sheets report and requests from provinces who gets their information from Health Centres via District Health Offices. In addition there is lack of funding for transportation of supplies to provinces, from province to districts and from there to Health Centres.

Commitment//CIP priority 3: Ensure that demand generation is well-targeted priority population namely young people living in rural and urban areas, inclusive of men in promotion messages, events and campaigns for family planning services.

- The challenge here is largely due to lack of funding/budget allocation for demand creation and for specific youth services. A National Adolescents and Youth Friendly Service guideline has just been rolled out this year, therefore, only a handful of providers in two provinces have been trained to work with young people.

3.2. ROOT CAUSES PER CHALLENGE LISTED ABOVE

(i.e. What are the root causes of the challenges faced in accelerating progress towards the listed commitments? Please reference the guidance note below.

Step 3.2. Guidance note: *This step can be done through asking 5 "why questions"*

5 WHY questions: *an iterative interrogative technique used to explore the cause-and-effect relationships underlying a particular challenge. The primary goal of the technique is to determine the root cause of a challenge or problem by repeating the question "Why?" Each answer forms the basis of the next question. Here is an example:*

- *Community based health workers (CBWs) are not yet in place at the district level (the challenge)*
  a. *Why? - CBWs have not received a basic training yet (First why)*
  b. *Why? - District health offices have not yet received the updated training manual from the central level (Second why)*
  c. *Why? - Budget cuts for the training department at the Ministry delayed training manual development at the central level (Third why)*
  d. *Why? - Health minister was not successful in budget negotiation with the Ministry of Finance for this fiscal year (Fourth why)*

e. *Why? – According to feedback, supporting documents for budget negotiation were not sufficient (e.g. policy briefs, visualized data summary) to allow the Health Minister to show the impact and urgency of the program (Fifth why, a root cause)*

Commitment//CIP priority 1		
Challenges		**Root causes**
● Providers' competency ● Staff turn-over	⇦	* Limited number of staff trained using the FP comprehensive guideline * FP training is not currently included in the Pre-Service training (except for the midwifery course)
Commitment//CIP priority 2		
Challenges		**Root causes**
● FP data recording ● Supply Chain issue	⇦	* Staff capacity * Unclear roles and responsibility between MPSC and MCHC
Commitment//CIP priority 3		
Challenges		**Root causes**
● Lack of funding	⇦	* Limited understanding of importance of FP programme and national and sub-national planning

Step 4. What actions are required to tackle the root causes (in 3.2 above) for the identified challenges? Where does the greatest opportunity stand to influence the system, overcome resistance and accelerate changes?

4.1. What is needed in order to tackle the root causes for the identified challenges/blockages (listed in 3.2 above)? Based on your assumptions about what could work well and what will not, think about all possible actions/interventions.	
Commitment//CIP priority 1	
Root causes	**Actions/interventions to be taken**
*** Number of staff trained in FP course** *** Pre-service FP training**	1.1. Accelerate the FP Comprehensive training, ensure that priority areas are covered 1.2. Ensure that FP module is integrated into health service providers pre-service training so that staff can provide FP services when deployed 1.3. Conduct post training monitoring to ensure quality 1.4. Provide necessary equipment to facilities to ensure that providers could offer services
Commitment//CIP priority 2	
Root causes	**Actions/interventions to be taken**
*** Staff capacity in FP services recording** *** Demarcation of roles between MPSC and MCHC**	2.1. On-the-job training of service providers, especially at Health Centre level to record accurate service data, analysis of data and data usage for planning, including forecasting needs 2.2. Advocate on the roles of both MPSC and MCHC, so that each centre can plan/budget better on transportation/distribution of commodities 2.3. Conduct an in-depth analysis of key findings of Facility Survey to understand and address reasons for stock out
Commitment//CIP priority 3	

Root causes	Actions/interventions to be taken
*** Funding situation**	3.1. Further advocacy and planning is required, not only at central level but also sub national level to better understand programme and needs, so that budget can be allocated for demand creation work with communities 3.2 Training of service providers on working with young people
4.3. How can all focal points and other stakeholders best leverage their influence to support these interventions to accelerate progress? (Refer back to the stakeholder list above)	
There are limited numbers of external partners supporting MOH on Family Planning programme. Those who do are already working together and are part of the same coordination mechanism. Re- established quarterly meeting within focal points in country and with FP2020 Secretariat and for Secretariat to write to MOH regarding the establishment of Country Engagement Working Group	
4.4. To what extent are these interventions focused on the following three themes of the workshop? Please list those that you would like to discuss/learn more (from other countries' experiences and/or technical partners) at the October workshop.	
1. Strengthening leadership / improving political will	• Finalise and endorse of the RMNCH policy to include SRH and Rights for women, youth people and vulnerable groups • Finalise and endorse the essential services package by MOH to include Family Planning services • Evidence based advocacy with other sectors and local authority on SRH and Rights as well as men involvement. • Organise provincial FP conferences in partnership with Track20 in Bokeo, Savannakhet and Bolikhamxay • Revitalise on FP and rights information through media by CIEH • Utilise opportunity of Annual RMNCH Strategy implementation review to discuss issues of FP with provincial governors and Provincial Health Departments

2. FP financing	• Conduct the costing of essential service packages (ESP), including FP service costing • To mobilise funding to support this ESP in order to include in the Health Insurance scheme • Ensure that National Health Insurance cover the cost of surgical procedures such as tubal ligation • Conduct the Total Market Approach study to determine market segments
3. Reaching youth and adolescents **a. Adolescents** **b. Youth**	• Increase access on SRH and rights for adolescent girls and boys through training of service providers on AYFS • Post monitoring on FP service at all levels • Continue the capacity building of health service providers on FP services, through FP service package training • Refresher training on counselling for service providers, including improving knowledge on policies and legislations on FP services. • Work with other partners such as MOES, LYU, LWU to advocate with gatekeepers at community level to support access to care for young people • Provide RH information including FP information and services through Youtube/Facebook