

FP2020 COMMITMENT 2018 UPDATE QUESTIONNAIRE



Thank you in advance for taking the time to complete this questionnaire.

The Family Planning 2020 (FP2020) Secretariat surveys all FP2020 commitment makers to gather updates on overall progress, major activities, and key areas of challenge in fulfilling commitments. We use these responses to support information and knowledge sharing and transparency among FP2020 commitment makers and the broader family planning community.

We look forward to publishing your response on your country's dedicated country webpage [<http://www.familyplanning2020.org/entities/188>] on FP2020's website.

We request that you submit your response by **Friday, June 8, 2018**. Please complete the attached Word document and submit to Martyn Smith on msmith@familyplanning2020.org with a copy to Chonghee Hwang on chwang@familyplanning2020.org.

Should you have any questions or concerns, please contact Chonghee Hwang on chwang@familyplanning2020.org OR Sarah Meyerhoff on smeyerhoff@familyplanning2020.org.

Thank you again for your commitment to improve the lives of women and girls through greater access to voluntary family planning. We look forward to your response.

FP2020 COMMITMENT

2018 UPDATE QUESTIONNAIRE



Please note that in addition to addressing each element of the Government of Lao PDR's commitment to FP2020, this questionnaire also includes three standard questions we are requesting of all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on progress made, any major challenges or barriers you faced, and share information on any key upcoming commitment-related milestones. **Please provide updates that reflect the July 2017- May 2018 period only.**

UPDATE QUESTIONNAIRE

COMMITMENT OVERVIEW

The Lao government is committed to the care of its citizens' health, focusing on the hygiene, prevention, and health promotion as priorities and curative care and provision of health services with quality, equity, and fairness as important issues. Under the Hygiene and Health Promotion Programme pertaining to maternal health, the government's aim is to implement the maternal, neonatal, and child health package and improve the planning, monitoring, and supplying of medical equipment and essential medicines to ensure the maternal and child health services reach the target groups in remote areas, the poor and various ethnic population.

Key indicators include:

- Increase CPR for modern methods from 42 percent to 65 percent by 2020;
- Reduce unmet need for contraception (WRA; modern methods) to 13 percent by 2020 (from 20 percent in 2012); and
- Expand coverage and method mix for family planning services in health facilities with a focus on long-acting methods, such as implants and IUDs.

- 1. COMMITMENT:** 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.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

RH Policy revision:

MOH commenced the process in 2017 to revise Reproductive Health Policy which was updated last in 2006. Several workshops were conducted with key stakeholders within the Ministry of Health as well as with other relevant ministries such as Ministry of Education and Sports, Ministry of Planning and Investments and mass organisations including Lao Youth Union and Lao Women's Union. The near final version has been shared with concerned development partners who have provided comments and inputs. A critical question regarding aligning the Reproductive Health Policy to the current Reproductive Maternal Newborn and Child Health (RMNCH) strategy is being discussed, and once agreed the revised version can be finalized. WHO is currently supporting with an assessment that will provide inputs to support the decision. A final stakeholders meeting is planned for July 2018 to review the final version of the revision.

Health Care Law:

The new Health Care Law has been approved and is being implemented. Under this provision, private providers are able to provide FP services within the confines of the law. Since the launch, PSI is now working with Department of Health Care to identify private providers and training them to provide FP services, in priority provinces as per CIP.

IEC/BCC materials:

The Centre for Information and Education on Health (CIEH) reviewed current communication strategy and updating for specific communications on Family Planning. Several workshops were conducted and inputs from various partners are currently being consolidated. A final draft is expected to be completed by end of next week. A meeting with all partners is planned in July 2018 to finalized the strategy. Interventions and activities for target audiences to reach FP information as well as promoting male involvement, participation and male support woman go service for FP, young man and woman/young couples in community to reach information and FP methods to delay pregnancy are included in the revised strategy.

- 2. COMMITMENT:** 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.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

2.1 – Specific One month FP training designed for community midwives commenced in 2014 and was completed in 2016. Once the FP new comprehensive guideline was introduced, this training superseded the one month training. However, this comprehensive training is opened to all FP providers, not just midwives. Total number of staff trained in 2017 was 774, including 295 midwives.

2.2 – This initiative was piloted in four districts of Savannakhet province where support was provided by UNFPA and the Vientiane Youth Centre.

2.3 – CBD programme: Although this programme has been proven to be effective, it is no longer supported as part of the Family Planning programme. This is due to many villages can now access services at Health Centers. In the past 5 years, 21 health centers were renovated and constructed, therefore, has reduced number of remote villages that used to require CBDs to distribute FP methods.

In addition, MOH commenced Village Health Workers programme which allowed trained staff (six months training) to be stationed in each village that can provide effective FP services in lieu of the CBDs in many remote villages. By the end of 2017, we had 3-5 Health Workers deployed in each Health Centers.

2.4 – Implementation of CIP: In 2017, the Costed Implementation Plan (CIP) was developed with support from the Track20 project of Avenir Health. It was disseminated at the First Family Planning Conference in May 2017 with high level provincial authorities, and further disseminated to technical teams at provincial levels. Follow up of implementation is planned in July 2018 in combination with the Consensus workshop.

2.5 – Formative research conducted by MCHC on several large ethnic groups to understand how best to ensure that they can access Family Planning services. Results are being discussed so that appropriate interventions can be developed to meet the particular needs of each group.

2.6 – National Youth-Friendly service guideline was developed and endorsed in 2017 by the Minister of Health. Training of Trainers was conducted and training of health service providers conducted for 35 providers in

Savannakhet province and Vientiane Capital in 2017 and 17 providers from five districts of Bokeo province in 2018. 35 teachers from 9 provincial health schools and central hospital had been trained as AYFS trainer.

Please respond to all parts of the following 3 questions:

1. How has your Government engaged civil society organizations, young people, and marginalized women and girls in decision-making about national family planning programs and policies?

- a. What challenges have you faced in working with these groups? (please give examples)

There are only a small numbers of NGOs working in Family Planning areas. MOH works closely with CHAI on logistics management to expand mSupply throughout the country to ensure no stock out of FP commodities. We also collaborate with PSI through FP comprehensive training, which PSI provided support to develop/adapt the Lao comprehensive guideline from WHO guideline, as well as supporting the training through demand creation, as well as working with private providers to be trained on FP comprehensive services. In addition, MOH works closely with Promotion of Family Health Association, a local non-profit association that is an IPPF affiliate to promote FP and other RH services in their clinic.

- b. How has this engagement supported reaching your FP2020 commitment?

Reaching the goals for Family Planning requires concerted efforts from key stakeholders. NGOs are recognized to contribute to this efforts as well as UN Agencies alongside government. Therefore, having NGOs working on different aspects of Family Planning programme such as with private sector, help to move the programme forward toward the goals.

- c. Please share successes and/or lessons learned from these engagements.

The collaboration with CHAI on logistics management has resulted in improved supply chain for Family Planning products. CHAI supported the introduction and now expansion of mSupply programme which is now rolled out to all 18 provinces of the country. There is availability of stock data on DHIS2 system down to district level at any given time. This has helped to reduce stock out of FP commodities hugely.

2. How is the Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered?

Family Planning services is already included in the essential service package defined by Department of Health Care. It is currently being costed and will be considered to be included in the National Insurance coverage.

3. Did the FP2020 Focal Points participate in your country's 2018 data consensus meeting?

Consensus meeting is planned to be conducted on 31st July 2018, in conjunction with the mid-year review of CIP implementation and review of SO1 interventions under the RMNCH strategy.

We can share insights and challenges once the workshop was conducted.

- a. If so, what insights were gained?

- b. Were domestic expenditures data reviewed as part of the data consensus meeting? **If so, please share insights and challenges you had in reviewing and validating these data.**
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Please provide the following information on the Government's point of contact for this update:

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