

FP2020 Commitment Update Questionnaire 2018-2019 LAO PDR



The FP2020 Secretariat surveys FP2020 commitment makers annually to track progress made, activities undertaken, and challenges faced toward fulfilling commitments. We kindly ask you to complete the FP2020 Commitment Update Questionnaire 2018-2019 for Lao PDR, by **5 July 2019**. Your responses support greater information and knowledge sharing, transparency, and accountability among the growing number of FP2020 commitment makers and the broader family planning community. As in previous years, we will share your responses on your country's dedicated country webpage — <https://www.familyplanning2020.org/lao-peoples-democratic-republic>—so in-country and global stakeholders alike can follow Lao PDR's progress in reaching the ambitious goals set on behalf of the women, girls, families, and communities in your country.

FP2020 commitments can be achieved with coordinated actions across multiple sectors and partners at various levels. We hope this will be an opportunity for you to engage with your country focal point team, including the youth representative, and family planning stakeholders in country to jointly review progress.

Please note that the self-reporting process complements the national family planning data consensus workshops that take place during the same time period. If the data consensus workshop for Lao PDR is scheduled after **5 July 2019**, please let us know so we can discuss how to align the commitment reporting deadline to ensure results from each process are compatible.

Please complete the attached Word document and submit to Martyn Smith (msmith@familyplanning2020.org), Chonghee Hwang (chwang@familyplanning2020.org), and Jordan Hatcher (jhatcher@familyplanning2020.org). Should you have any questions or concerns, please contact Jordan Hatcher at jhatcher@familyplanning2020.org.

Additionally, the Core Conveners of FP2020 are currently gathering input to build a shared vision for family planning post-2020. We look forward to learning from your response and appreciate your partnership in delivering on the promise that is FP2020. Thank you for your time and effort to fill out this questionnaire and provide useful information for the broader partnership.

FP2020 Commitment Update Questionnaire 2018-2019 LAO PDR



The questionnaire includes 1) Lao PDR's 2016 commitment and 2) 6 standard questions to all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on:

- **Progress made** and **key challenges or barrier** you faced, during the **July 2018 - June 2019 period**.
- Please also include information on **any key upcoming commitment-related milestones**.
- Lastly, we invite you to reflect on progress per commitment through a **self-assessment**.

SECTION I: QUESTIONNAIRE FOR COMMITMENT UPDATE

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.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Lao PDR continues to move forward with the implementation of the 8th National Socio-Economic Development Plan (NSEDP) that has localized the SDGs indicators. A number of key milestones have been achieved in 2018 for Lao PDR. Among them is the eligibility to graduate from the Least Developed Country (LDC) status. The criteria of Gross National Income per capita (2,270 \$) and the Human Assets Index (0.586) are met. If Laos could maintain the development gains when it is assessed again in 2021, it will graduate from the LDC status.

Specifically in the health areas, the latest value of MMR was 206/100,000 live births (Census, 2015) which was slightly higher than the UN estimate of 197/100,000 of the same year. Key national indicators based on the Lao Social Indicator Survey II (LSIS II), 2017, showed that the Skilled Birth Attendance rate was 64.4%. ANC coverage was 78% of pregnant women having at least one ANC check and 62% having at least four checks. Caesarian section rate was 5.8% nationally and only 47% of mothers and babies received a Post-natal care check within two days of delivery. Neonatal mortality stands at 18 deaths per 1000 live births: in addition, the stillbirth rate is estimated at 18 per 1000 live births and stillbirths. Contraceptive Prevalence rate (CPR) has improved from 42% to 49%, and unmet need for FP reduced from 20% to 13%, but remained high for unmarried (75%). For all these indicators, data also showed disparities between urban and rural areas. Women living in rural areas are worse off in all indicators.

The Reproductive Health Policy underwent a revision, with technical support from UNFPA, and evolved into a Reproductive, Maternal, Newborn, Child and Adolescent Health Policy in line with the current RMNCH Strategy (2015-2025), and aligning with the 8th NSEDP, National Health Sector Development Plan and the Health Sector Reform with a view to achieving the SDG targets. The new version promotes 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. Lao version of the Policy is currently being finalised, and will be endorsed, printed and disseminated in 2019.

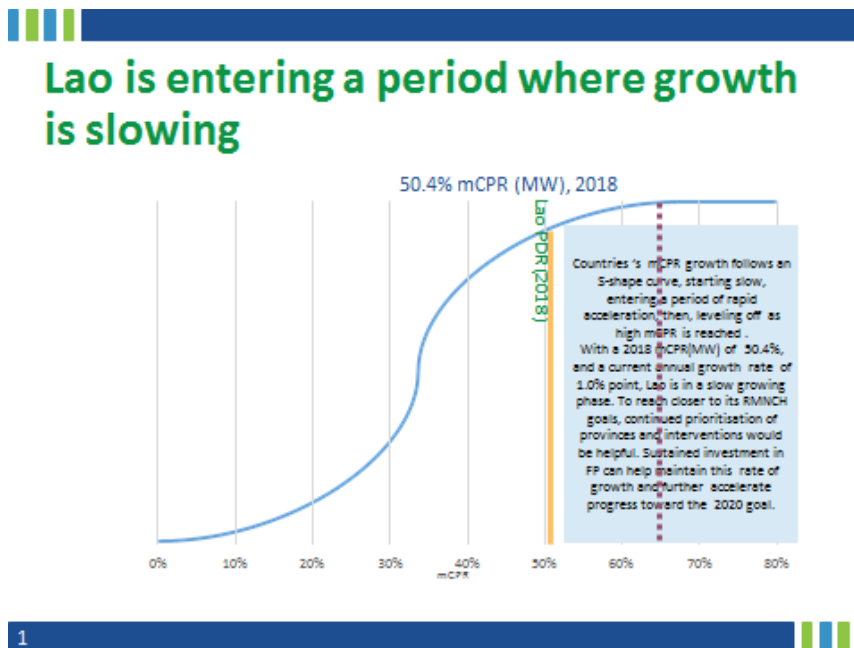
In partnership with the Maternal & Child Health Center (MCHC) and the Center for Information and Education for Health (CIEH), PSI/Laos developed Huk Mi Plan, an integrated digital ecosystem of sexual and reproductive health and rights resources. Huk Mi Plan (ຮັກມີແຜນ) means “love has a plan,” and this reflects the vision behind these broad range of resources, including youth-friendly and engaging information via Facebook, a new website, and an educational video series in Lao, Hmong, Ravae, Khmu, and Akha. Through these channels, Huk Mi Plan creates a safe space for women by promoting various modes of reproductive health counseling in order to best fit their needs, including via an online messenger, a hotline, and by linking them with trained, quality-assured providers. To learn more, please read the Huk Mi Plan infographic.

- **Huk Mi Plan Infographic** with more information and key messaging about the new tools.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track () / In-Progress OR Off-Track (X)

Laos is currently in the slow growth phase of mCPR, see below graph developed by Track20, 2018:



It is known that countries mCPR growth follows an s-shape curve, starting slow, entering a period of rapid acceleration, then, levelling off as a high mCPR is reached. Track20 estimates for mCPR and growth in mCPR shows that Laos is entering a phase of slowing growth – currently at 1% point per year.

For growth to be maintained and possibly slightly accelerated, Laos will need to invest in interventions that are most likely to expand growth, rather than continuing with standard practices, which was what the Costed Implementation Plan (CIP) prescribed in 2017.

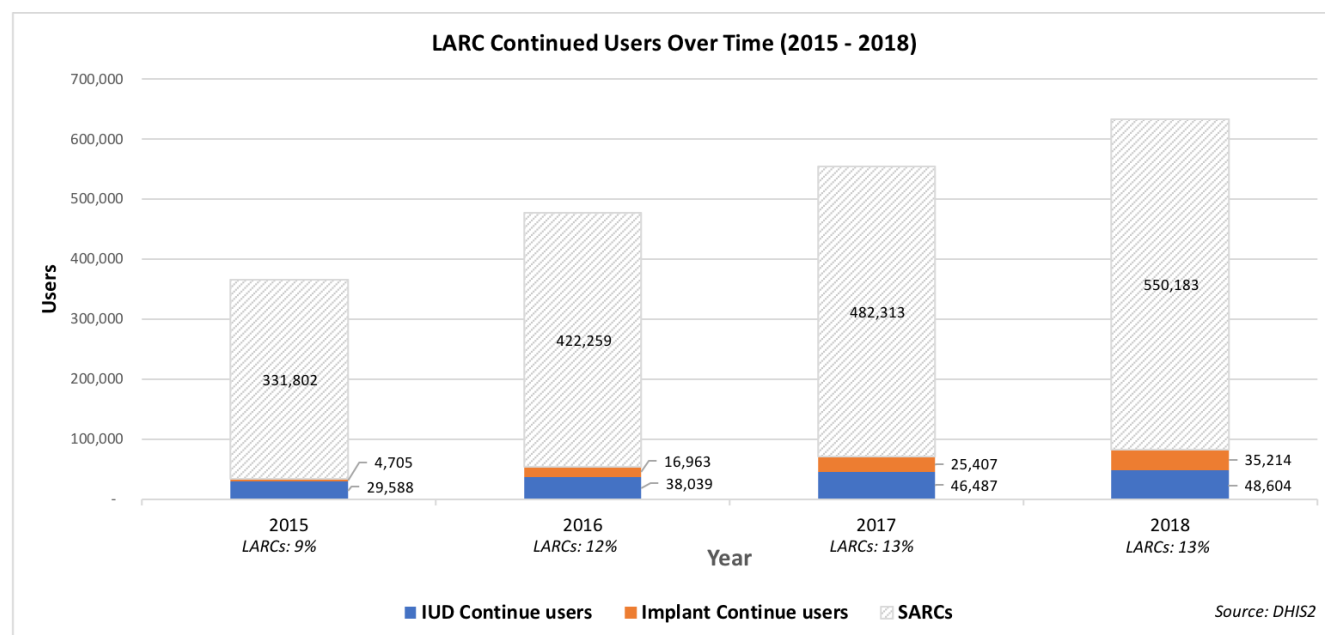
FPET estimates – trajectory from 2018 Report for FP2020:

2012	2013	2014	2015	2016	2017	2018	2019	2020
43.8	45	46.3	47.4	48.5	49.5	50.4	51.3	52.1

So with the above estimates, Laos will not reach its goal of 65% CPR by 2020. Therefore, it is important that the country finds ways to accelerate the programme to CPR.

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

Method mix of contraceptives – the 2018 data the contraceptive method mix was skewed toward short-term methods with the most popular methods being pills (4848%) and injectables (3434%). While implants were introduced into the country in 2014, there continues to be a need to increase awareness and availability of long-term and permanent contraceptive methods, and stock-outs of essential family planning commodities continue to be an issue.



Lack of confidence by community – community mobilisation/training of providers on counselling skills (results from assessment). The Centre for Communication and Education on Health has produced documentary on Family Planning, 1000 factsheets on FP and role of midwives in community, advocate on FP services through TV shows 48 times, through radio programmes 96 times, through newsletter on health 12 times and on line messages 50 times.

Stock out issue - UNFPA continues to support the roll out of mSupply as part of the Procurement and Supply Management (PSM) strengthening programme which was expanded in 2018 to cover 14 districts in Bokeo and Bolikhamxay province as well as supply chain management training in 7 provinces. In addition to that integrated 14 medicines created the platform in the DHIS2 dashboard in order to enter the stock balance in the system by monthly basis. The PSM strengthening covers several aspects of supply chain work including coordination and capacity building of provincial and district staff.

Annual facility Survey was conducted with support of this programme. Key results showed the improvement in 3 months stocking was seen in DH with a reduction in stock out to 25 percent of DH from 28 percent, the three-month stocking levels were overall worse in 2018 with on average 29 percent of SDPs stock out of at least one modern contraceptive in the three months prior to the survey. Particularly notable declines were seen in PH, but poorer stocking levels were also seen in HC where stock out affected 33 percent of SDPs, up from 17 percent in 2016, and 30 percent in 2017. Reasons cited for stock outs were not having trained staff, and lack of demand from clients.

Addressing barriers - Family Planning is an important component of the Reproductive, Maternal, Newborn, Child and Adolescent Health Policy that was revised this year. The policy envisaged that with the young population of Lao PDR and the improving economic situation, the demands for FP provision and birth spacing will grow substantially over the coming years necessitating accurate forecasting of needs, as well as increased choice and reach, particularly in rural areas. Therefore, it makes provisions to focus on adolescents and youth through specific service provision, creating enabling environment for young people and other marginalised groups to access FP services, ensuring supplies of commodities and ensuring that regular research is conducted to have evidence-based programmes that build on successes and address challenges.

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 2017, 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. One other compounding factor is the frequent turn-over of staff in many facilities. 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.

Data issue - One other challenge 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. Additionally, DHIS2 platform does not provide age disaggregated, making it difficult to monitor if young people are accessing FP services, and the programme has to rely on programme collected service data only (ie. Through the Youth Centre and outreach work) which is not ideal. Therefore, further efforts will need to be made in 2019 to advocate with MOH Statistics Division to allow upload of age disaggregated data (since ages are recorded separately in statistics form, but aggregated when input into system). MCH forms will be revised to ensure that data can be disaggregated for different age groups in Q3 this year.

PSI Laos support 14 provinces to do supportive supervision Visit (SSV) for the health provider who has train about comprehensive Family planning services by using the national FP guideline. The supportive supervision model is cascaded, in which trainers from the central government support provincial hospitals, provincial hospitals supervise district hospitals, and district hospitals supervise health centers.

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.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

2.1. During 2018-2019, PSI support provincial health department to conduct the family training both for public and private clinic by using the national FP guideline (the trainer from DHPE and provincial trainer).

Please see detail as below:

- FP train public providers: 47 health providers in 8 provincial hospitals, 23 Districts, 6 Health centers and 3 Central hospitals.
- FP train Private providers: 42 Clinic and 57 providers.

PSI has plan to conduct youth friendly service training at private clinic in 2 provinces.

2.2. Adolescents and Youth Friendly Services: As a response to the demand created through different interventions to provide ASRH information to young people, a National Guideline was developed in 2017, and was officially launched by the Health Minister in February 2018 (see attached Press clippings). Training of health service providers was rolled out in three target provinces

(Savannakhet – SVK, Bokeo – BK and Bolikhamxay – BLX) with a total of 188 health providers were trained using the NAYFS guideline which covered 31% of total facilities in SVK, 54% of BK and 49% of BLX provinces. A Job Aid was developed to support these providers in their facilities. The document was finalised and endorsed in December 2018 and will be printed in the coming year. In addition 62 providers from 7 district hospitals in SVK were trained on counselling skills including learning how to conduct integrated outreach activities (including mobile services) for adolescents and young people. This resulted in over 3246 adolescents and young people reached through outreach activities who received information on AYFS services, puberty, STI/HIV, FP and consequences of unwanted pregnancy. The training was also adapted for non-health service providers, for examples staff of other sectors who work with young people, from MOES, LYU, LWU, LAOPHA, PFHA and LAO Front. The aim was to ensure the quality of AYFS services and increase access of adolescents and young people to health care services by involving and increase understanding of adolescents and young people’s issue and needs by communities.

In terms of information provision for young people, several interventions were supported such as mobile Application to provide ASRH information to young people aged 15-24. A Draft version of Adolescent App contents is now available, with a local IT company working with MOH partner to ‘digitalise’ it into an interactive App. Comprehensive Sexuality Education intervention in Technical Vocational Education and Training (TVET) of Ministry of Education and Sports (MOES) and General Education and Nang Noi Girl Groups Activities (lesson 33: Stories about Choices) includes talks about the prevention of unwanted pregnancy and early marriage.

2.3. Integrate into outreach – routinely there are at least four integrated outreach in each district, especially to zone 2 and 3 which are the harder to reach. Reporting is through each vertical programme.

Starting in May 2019, PSI, in collaboration with the MCHC, began piloting a new strategy to sustainably integrate family planning health education into routine government-led immunization outreach through the EPI program. During EPI outreach visits, government health educators concurrently provide information to women about comprehensive family planning services and refer them to nearby facilities for services.

2.4 FP Assessment – Conducted in 8 provinces, 16 districts in 2018 (10 more provinces and 20 districts will be conducted in 2019), results were shared at the Mid Term Review of the RMNCH Strategy. Key findings showed that only 38% of women currently using modern contraceptives received counselling or follow up, and 63% missed opportunity to receive counselling, for example during the post-natal checks, post abortion care etc. Hence counselling remained an issue that will require further support to build capacity of service providers.

% of women using modern
contraceptive who received
counselling/follow-up on other
methods

38%

% of women not using any modern contraceptive who received counselling on modern methods	8%
% of women who missed an opportunity to receive counselling on family planning	63%
% of women who feel confident using any modern method(s) among current modern method users	29%

2.5 PSI video – key messages

PSI Laos, in partnership with the Maternal & Child Health Center (MCHC) and the Center for Information and Education for Health (CIEH), developed an educational video series available on YouTube, Facebook, and the Huk Mi Plan website. This series includes 25 engaging and educational videos available in Lao and 4 ethnic minority languages. Topics include contraceptives, prevention unsafe abortion, healthy relationships, HIV/STIs, and more. These videos are also designed to support health education outreach sessions.

2.6 Piloting separate youth friendly counselling room – This activity remains to be implemented.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

SECTION II: STANDARD QUESTIONNAIRE

Please respond to all parts of the following 6 questions:

1. How has your country integrated adolescents and youth representatives, and/or representatives from marginalized groups (e.g. lowest-income, people with disabilities, out of school, minority groups, remote or displaced populations, etc.) into the FP2020 Focal Point team and/or country's FP technical working group or country engagement working group?

A Youth Focal point for FP2020 was identified and joined the Asian Regional Focal Point meeting in Nepal, Katmandu in 2018. She is the current Vientiane Youth Centre (VYC) manager. VYC was established in 2001 to be a drop in centre for adolescents and young people and has been running ASRH training course including life skills and peer education, as well as having a clinic specific for young people. It is hoped that the youth focal point will support to expand FP services for young people and support the government to achieve its Commitment.

- a. If yes, how has this engagement influenced achieving your FP2020 commitment? Please also share successes and/or lessons learned from these engagements.

So far, VYC works alongside MOH in providing training to service providers in Adolescent and Youth Friendly Services (AYFS), through support to develop the training guideline, conducting training for service providers, support study visit to VYC clinic, and conducting outreach to factories and schools.

- b. If not, what challenges have you faced in working with these groups? (Please give examples)

2. How is your Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered? What specific actions were taken in the past year surrounding integration?

The Essential Health Service Packages including FP service was approved by the Health Minister on 3 October 2018. National Health Insurance Bureau (NHIB) finalised the road map, tools and established of the steering committees through the sensitize workshop with stakeholders on 6 Oct 2018. The costing will be finalized in 2019. Public finance management guidelines developed with supported by ADB and WB, to improve and strengthen public finance management within health sector as well as is parted under health sector reform - priority area 2: Health financing. In 2019, this guideline will be transformed from paper based into government financial information system. In addition to that Department of Finance conducted the field works on set the price of drugs, medical supplies, and health care services including maternal and child health services of each hospital, to support for Essential Health Service Packages costing.

3. Has your Government organized the 2019 data consensus workshop?

- a. If yes, did the FP2020 Focal Points participate in your country's 2019 data consensus workshop? If so, what insights were gained?

The 2019 Consensus workshop is planned for quarter three following training conducted by Track20.

- b. Were domestic expenditure data reviewed as part of the data consensus meeting? If so, please share insights and challenges you had in reviewing and validating these data.

Resource Flow study was conducted for 2017 expenditures and results will be used in the Consensus meeting.

4. In the past year, were any efforts made to improve resilience and/or emergency preparedness of family planning systems in country?

Humanitarian situation in 2018

For flood response in Samnamxay, Attapeu provinces, MOH provided immediate assistance is given to pregnant women and lactating mothers to ensure continuous access to basic maternal and reproductive health services including FP services. Immediate support is also provided to pregnant women through the delivery of clean delivery kits, given the damage to health facilities and contraceptives i.e. counselling, oral pills, injectable and condoms through the mobile clinic at the 7 camp, particular 2 villages cannot access by road and full of FP services including LARCs at the district hospital and health centre nearby affected area. Through the Regional Prepositioning Initiative supported by the Australian Government, UNFPA was able to distribute Dignity Kits, Individual Clean Delivery Packs and Clean Delivery Kit for birth attendants to the affected populations within record time, with supplies arriving within 48 hours of the government request. The clean delivery kits to ensure safer pregnancy and childbirth, especially in a situation where health facilities have been damaged and also in the area with difficult access to health facilities because of damaged infrastructures such as road and bridge damages. A total of 2,700 Dignity Kits, 400 individual clean delivery packs (2x RH Kit 2A) and 10 clean delivery kits for birth attendants (2 x RH Kit 2B) have been provided. As of today, total of 2,550 dignity kits have been distributed for women of reproductive age in all camps including the camps with difficult access: Tamayot and Phindong. Recently, 150 DKs and other items distributed to support activities (SRH and FP service) at Women Friendly Spaces (WFS). UNFPA also provided the training on GBV for volunteers during the early Dec 2018, who will support to the WFS in Sanamxay district.

How this was used for Attapeu: Re assessment of stock available

CHAI worked with the government to minimize the sexual and health risks faced by women and girls living in Attapeu by taking immediate action to ensure the full range of family planning methods were included in the list of essential medicines required for each camp/site. Securing access to key contraception services allowed mobile health workers to provide long- and short-acting methods via mobile clinics and strengthened health facilities. Community workers were also able to conduct family planning education and provide short-acting methods as a result of stock availability.

5. Have you worked to improve quality of care/rights based family planning in your programs?

The Mid Term review of UNFPA Supplies country case study published in June 2018 showed that the Lao programme supported to increase the number of health workers at all levels to be trained and provide RH including FP services. Training and materials supported by the programme emphasize a human-rights-based approach, with a focus on youth and rural populations as important target groups. Health workers noted that they provide counselling to girls and women first, explain various methods and options (as well as their potential side effects), and offer them a choice. Midwives in health centres (and providing outreach) are making a difference, in making it easier for women and girls to seek care. This provides an opportunity to enhance the human-rights-based approach.

- a. Do your family planning programs provide a broad range of contraceptive methods (long-term, permanent, or short acting)? Do you provide comprehensive information and counseling on all available methods, including information on any risks or side effects?

Client Exit interviews were conducted as part of the Stock Availability Survey (SAS) 2018. Exit interviews were conducted with 470 female clients and 2 male clients (both from Savannakhet). Most clients (59%) were interviewed in urban setting. Ages ranged from 15 through 50. Results showed that all clients report high levels of adherence to service provision, with all scores above 95% except information about serious complications, which was 93%. Only one percent of clients of HC and DH reported not being taught how to use the family planning method, and 4 percent of clients of PH. Overall, 5% of clients were not told about the common side effects of the FP method or how to deal with them. About 4% of clients were not given date to return for check-up or additional supplies. Generally, most clients were satisfied with inter-personal aspects of the treatment they received at the health facility, with 98% of clients reported facility staff treated them with courtesy and respect and 97% of clients reported satisfied with the attitudes of health staff towards them. Only 1% of clients (3 clients) of DH and 2 % of HC clients (4 clients) reported they were not treated with courtesy and respect. About 14% of clients of HC, 18% of DH and 15% of PH report that they were forced to accept a product that was not what they wanted. This has increased slightly since 2017.

- b. To ensure a user-centered approach, do clients get a chance to provide feedback after clinic visits either through questionnaires, surveys, or suggestion boxes?

This is not being done on a routine basis in health facilities aside from the Stock Availability Survey. However, MOH has recently developed indicators for quality assurance called the Five Goods, One Satisfaction, which for Family Planning services the quality indicators are being discussed with the sub-committee for Reproductive Health for all levels of health facilities (central, provincial, district and health centre).

PSI Laos conducts client satisfaction surveys in quarterly for facilities in 10 targets provinces to ensure that trained providers are counseling on informed choice before providing contraceptive methods, and to make sure that the women are satisfied with their method and the provider's customer service. Using survey results, PSI works with provincial trainers to improve quality of counseling and service provision during supportive supervision and provider behavior change communication (PBCC) calls.

Some hospitals have information/opinion boxes for clients, but this is not widespread.

- c. Are your clinics open to improve accessibility and availability of services?

In general health facilities are open 24/7, however, in many places especially at Health Centre level, the opening hours depend on the availability of staff and are often closed out of working hours.

- 6. FP2020 and partners are currently gathering input to build a shared vision for family planning post-2020, in consultation with stakeholders at the country and global level. Have you had an opportunity to participate in any way in this consultation process (e.g. online survey, consultative calls, etc.)?**

There are limited numbers of stakeholders in FP programme in Lao PDR. The programme comes under Strategic Objective 1 (SO1) of the RMNCH Strategy, and discussions with partners are conducted as part of the SO1 committee. However, not all external stakeholders are part of the committee hence there is a gap in terms of management of the programme.

Please provide the following information for the Government's point of contact for this update

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