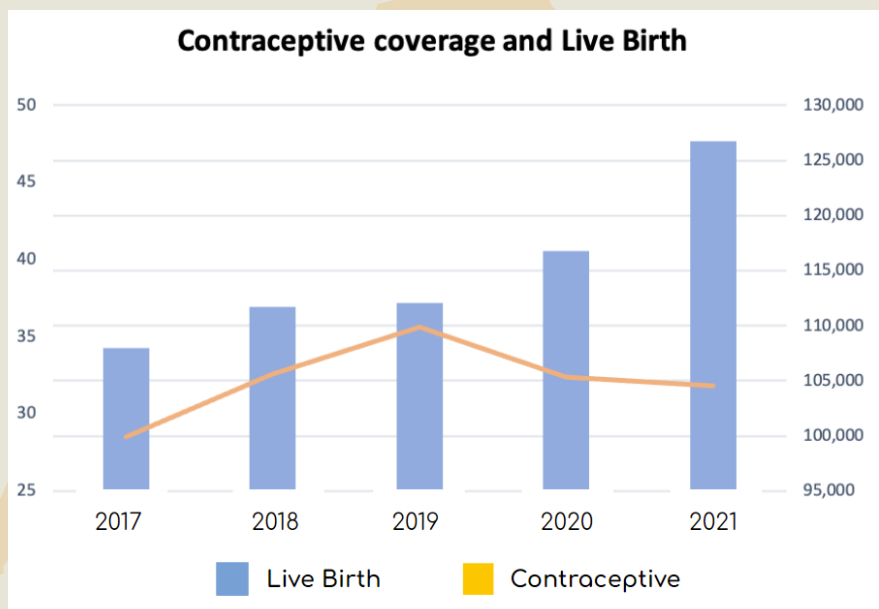


Sexual and reproductive health and rights for women and girls

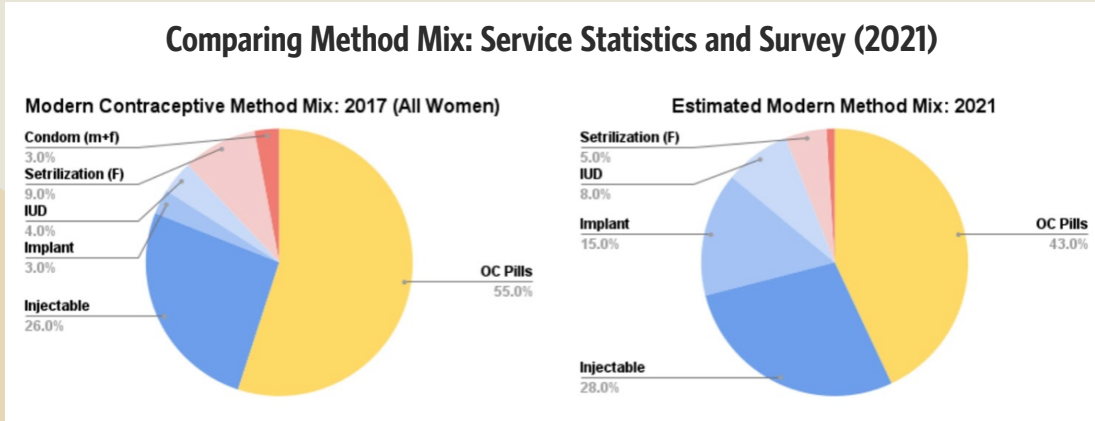
Modern Contraceptive Coverage and Live Births From 2017-2021

The trend of modern Family Planning coverage was increasing until COVID-19 hit. Lockdowns and limited movement reduced access to services. Telehealth and advocacy stabilised the drop in 2021. The drop in Family Planning use corresponded to the increase in the number of live births.



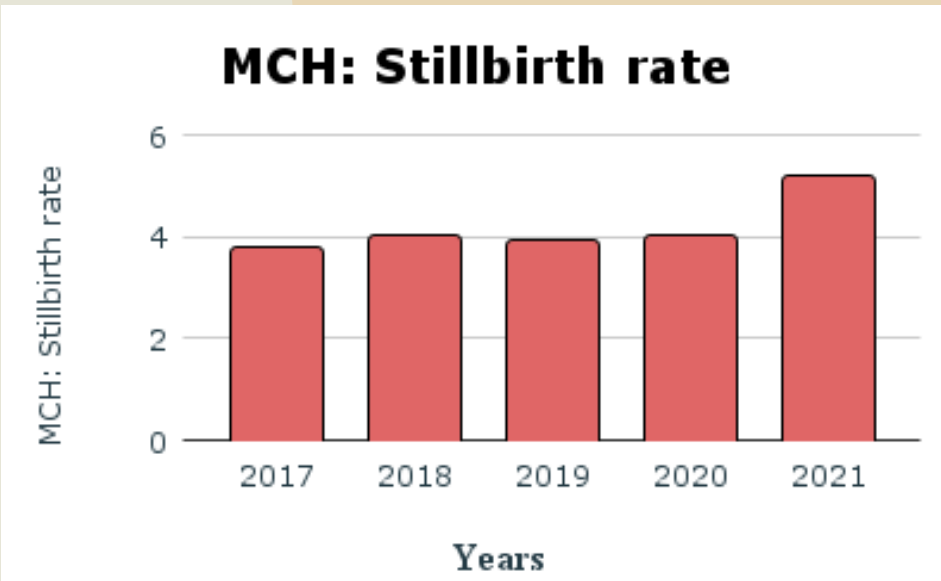
Change in method mix

Long acting methods became more popular



Stillbirths Rate From 2017-2021

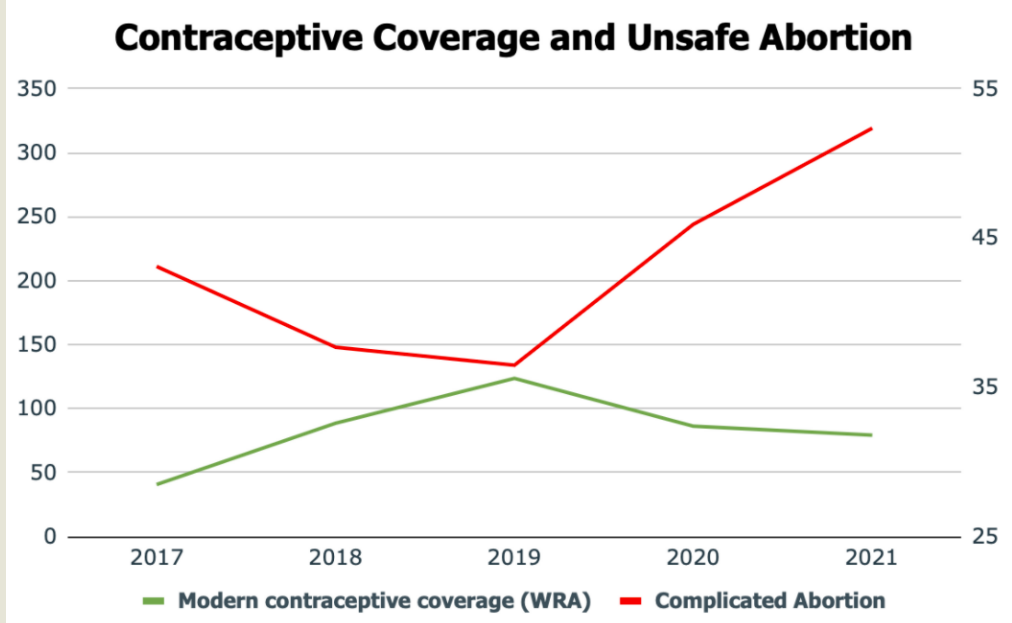
A sharp increase in the Stillbirth rate was noted in 2021.



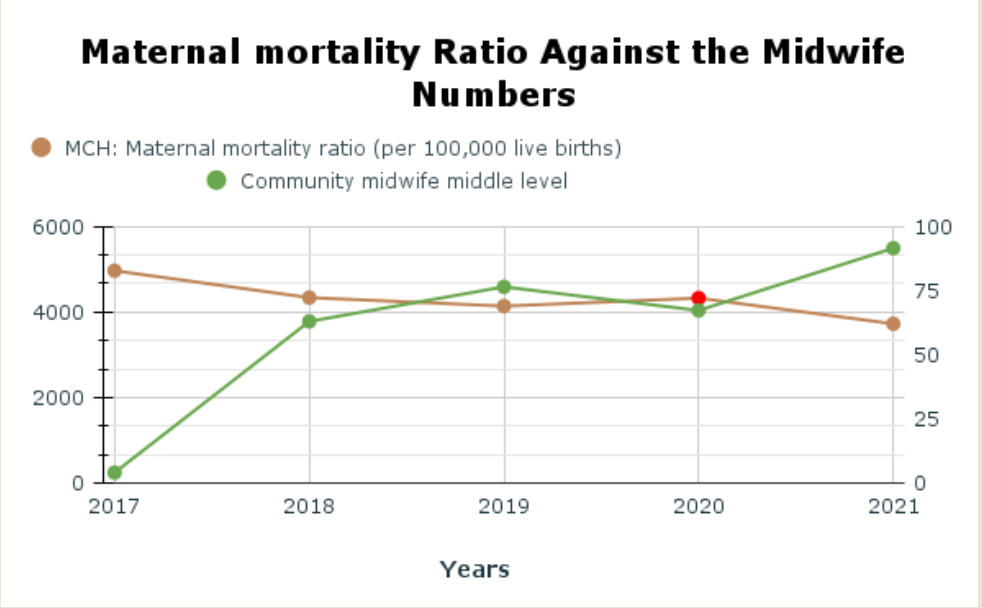
Contraceptive use and Complications of Abortion

In 2020 and 2021, contraceptive use dropped. Consequently, the unsafe abortion rate has dramatically increased, due to the limited of access to contraceptives which in turns increased unintended pregnancy.

There is a known correlation between contraceptive use and the number of unsafe abortions.



Maternal Deaths and the number of Midwives deployed



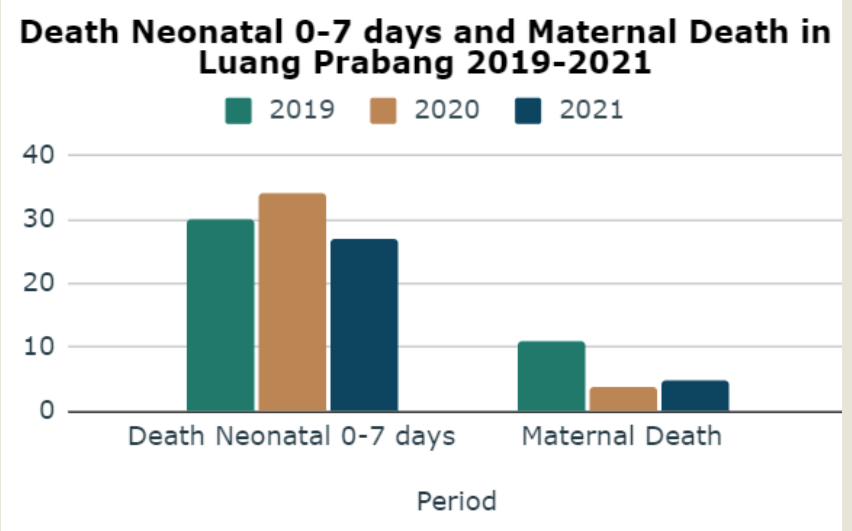
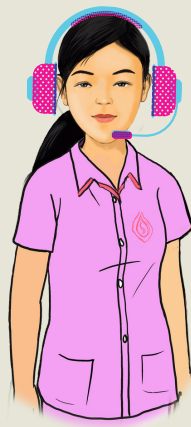
As more skilled midwives are deployed, community based SRH services improve. Midwives can deliver Family Planning services, antenatal care, safe delivery care and postnatal care, in short all the services which we have long known to reduce Maternal Deaths.

Effectiveness of Telehealth in Luang Prabang

Telehealth was tested in Luang Prabang to mitigate disruptions of essential SRMNCAH services. Regular, timely follow up of pregnant women by health worker contributed to reduced maternal mortality in the province.

In-person access remained relatively stable compared to previous years.

In Luang Prabang district, telehealth increased consultation by as much as 72% during 2021.



Recommendations

1. Invest in Family Planning services, so that every birth is planned and unintended pregnancies are avoided.
2. Redouble efforts for SRH services to mitigate the impact of COVID-19.
3. Support training and deployment of midwives to provide quality SRH to women and girls for reducing maternal morbidity and mortality.
4. Mainstream use of telehealth to increase access to SRH services, and ultimately reduce maternal mortality.

SRHR are human rights

Right to Sexual and Reproductive Health

- Law on Health Care 2014 (amended)
- Law on Hygiene and Health Promotion 2020
- SRMNCAH policy 2019-2030
- RMNCAH strategy 2016-2025: Strategic Objective 1: Reproductive Health

Right to life: safe pregnancy, childbirth, and abortion

- RMNCAH strategy 2016-2025: Strategic Objective 2: Safe Delivery
- Safe abortion guideline

Right to decide number and spacing of children, access to a full range of contraceptives

- SRMNCAH policy 2019-2030
- Law on Hygiene and Health Promotion 2020
- Law on Family 1995
- Constitution (Amended 2015)

Right to education

- Revised National Education Law 2015 (Article 12)
- Law on the Protection of the Rights and Interests of Children (2007)

- Law on Health care 2014 (amended)
- RMNCAH strategy 2016-2025
- Constitution Article 42 (Amended 2015)

Right to privacy: bodily autonomy and decision-making around sexual and reproductive health issues

- Gender Equality Law 2019
- Law on Health care 2014 (amended)
- RMNCAH strategy 2016-2025
- Constitution Article 35, 37 (Amended 2015)
- Law on Persons with Disabilities 2019

The Right to Equality and Non-Discrimination

- Law on Family 1995 (Article 3, 9)
- Gender Equality Law 2019

Right to consent to marriage and equality in marriage

- Online violence: Penal code: Article 168, 170, 171, and 267
- Law on Preventing and Combatting Violence against Women and Children 2014
- Law on Development and Protection of Women 2004
- Law on Youth 2020

Right to be Free from Practices that Harm Women and Girls

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