

REPRODUCTIVE HEALTH : [\$15.8 million (\$5.8 million from regular resources and \$10 million from other resources)]		
UNDAF Outcome 4		By 2015, the people in the Lao People's Democratic Republic benefit from equitable, promotive, curative and rehabilitative health services
UNFPA SP Outcome /DRF 2		Access to and utilization of quality maternal and newborn health services increasedy
	CP5 RH Outcome1	By 2015, people in the Lao People's Democratic Republic will benefit from equitable, promotive, preventive, curative and rehabilitative health services
	CP5 Outcome 1 Indicators	<ul style="list-style-type: none"> ●% of women who desire to delay or prevent pregnancy and are not currently using any contraceptive method ●% of births attended by trained health workers (excluding traditional birth attendants) ●% of health facilities with a trained midwife in place in selected provinces
	CP5 Output 1	The Ministry of Health and other relevant institutions at the central level are better able to improve the coverage and quality of sexual and reproductive health information and services
	Target Group/s	<u>Primary target</u> : policy and decision makers, training institutions; <u>Secondary Target</u> : health providers, sub-national planners
	Geog. Location	National level and 4 targeted provinces: Savannakhet (Nong, Sepon, Vilabourly and Thapangthong districts), Oudomxai, LuangNamtha and Phongsaly provinces

Results/Deliverable at Output Level (1)	Indicators/Baseline and Targets (2)	Strategies to achieve each Result (3)	Key actions (4)	Partners (5)
Result 1: Improved coordination of the health sector to deliver on MDG	<p>Indicator1: Percentage [and number] MOH initiatives that result, in part, from the UNFPA support to an improved MOH coordination mechanism</p> <p>Baseline: 0% [0 of 5]</p> <p>Target: 60% [3 of 5]. These are : 1) MOH evidence based advocacy and programming to address MDG5; 2) institutional preparedness for humanitarian disasters; 3) deployment of certified midwives; 4) Coordinated delivery of MNCH</p>	<p>Strategy 1: Conducting evidence based advocacy and building strategic partnership to fast-track response to MDG5 targets</p> <p>Strategy 2: Utilise existing coordination mechanism and further strengthen capacity building of the MOH for sectoral coordination</p>	<p>Provide financial and technical support to MOH to:</p> <ul style="list-style-type: none"> ● Utilize information from LSIS and relevant studies & surveys to advocate for increased commitment and support for policy reviews and formulation, and inform programme planning on services and delivery to respond to MDG5 ● Enhance its institutional preparedness for service provision in response to SRH needs including GBV and in times of humanitarian disasters ● Coordination between DTR and DOP in the deployment of certified midwives ● Coordinate the implementation of MNCH package comprehensively ● Finalise, implement and monitor a comprehensive sectoral M&E framework that includes SRH indicators and targets. 	<p>Cabinet/MOH National Assembly</p> <p>LWU, LYU</p> <p>Prof medical associations</p> <p>UNICEF, WHO, WFP, JICA, UNFPA</p>

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	package; 5) design and implement a sectoral M&E framework that includes SRH indicators and targets MoV: Ministry of Health (MOH)'s Annual health Sector Reports			
Result 2: Improved quality of care of pregnancy and child birth	<p>Indicator 2:% [and number]of health facilities (HC and DH) in target provinces with accredited skilled birth attendant</p> <p>Baseline:38 %<i>[453 HC and DH]</i>National</p> <ul style="list-style-type: none"> - 37 % <i>[45HC and DH]</i>Savanakhet province - 0.57 % <i>[9HC and DH]</i>Oudomxay province - 28 % <i>[9HC and DH]</i>Phongsaly province - 31 % <i>[17HC and DH]</i>Lunagnamtha province <p>Target:70%<i>[834 HC and DH]</i> National</p> <ul style="list-style-type: none"> - 70 % [85 HC and DH] Savanakhet province - 70 % [23HC and DH] Oudomxay province - 70 % [22 HC and DH] Phongsaly province - 70 % [38 HC and DH] LunagNamtha province <p>MOV:Annual Report of Department of Training and</p>	<p>Strategy 1: Capacity building of DTR to sustain the production of competent health care providers for skilled birth attendances</p> <p>Strategy 2: Strengthen capacity of DHC to support quality and coverage of maternal neonatal health services including EmONC in target provinces</p>	<p>Provide financial and technical support to MOH to:</p> <ul style="list-style-type: none"> ● Conduct training and supportive supervision for better implementation of Health planning, management and service provision of MNCH, EmONC, FPA, SRH information and services and disaster preparedness and response plans ● Provide oversight to the training institutions and follow up with trainees ● Review, revise and monitor the implementation of the national SBA Plan ● Conduct training and supportive supervision to increase the number and quality of midwife teachers ● Implement quality assurance system to produce accredited and licensed midwives; and enhance the skills of other service providers for the provision of SBA services ● Provide financial and technical support to MoH in the target provinces to: ● Equip selected facilities for the provision of skilled birth attendance appropriately by level, including EmONC ● Review referral system from communities-Health Centre-district-province with focus on effective communication from health centre to other hospitals 	<p>DTR/DOP/D HC/ OBGY soc.</p> <p>UNFPA/WH O/UNICEF /JICA / Medicines du Monde</p> <p>DOP/OBGY soc./MCHC UNFPA/WH O/UNICEF/ WB/ADB/Lao-Lux Dev. proj/JICA</p>

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	<p>Research, MOH</p> <p>Indicator 3: % [35 HC and DH] of health facilities (HC and DH) in 4 target districts of Savannakhet province equipped to provide adequate EmOC services [Note: equipped refers to equipment and not RH commodities and Adequate EmOC services refers to provide the essential MNH and basic EmOC equipment for health centres in the same four Districts so they can provide quality care in pregnancy, during and after birth including early first line treatment of complications prior to referral]</p> <p>Baseline: 0% [0 of 35] of HC and DHequipped in 4 target districts in SVNK</p> <p>Target: 100 % [35 of 35] of HC and DH equipped in four target districts, Savanakheth province</p> <p>MOV: Annual walk through audit reports, department of health care</p>			
<u>Result 3:</u>	Indicator 4: % of health	Strategy 1: Capacity	Provide financial and technical support to MOH to:	MPSC/Provi

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Improved integrated logistics management system for RH commodities – Food and Drugs department -	<p>facilities (HC and DH) in 4 target districts of Savanakheth province with no stock outs of any RH commodities in the last six months recorded in selected districts in target provinces.</p> <p>Baseline: 35 % in 4 target districts of Savanakheth province</p> <p>Target: 85% 4 target districts of Savanakheth province</p> <p>MOV: Annual stock availability survey.</p>	building of MPSC/FDD to manage integrated LMIS in target provinces.	<ul style="list-style-type: none"> Conduct training and supportive supervision on integrated logistics management system in SVK, LNT, ODX, PSL provinces for all levels of service provision. Procure and distribute EmOC equipment and supplies as well as contraceptives Establish new partnerships to increase distribution channels for RH commodities [includes Private Sector] Expand contraceptive choice 	nces/FDD, MCHC/DHC/DHHP
CP5 Output 2	Individuals, families and communities in priority areas have access to an integrated package of services on maternal, neonatal and child health			
Target Group/s	Primary target: Communities Secondary Target: Health Service providers and managers			
Geog. Location:	SVK, LNT, ODX, PSL			
<p>Result 1:</p> <p>Improved access for remote and vulnerable population to comprehensive maternal, neonatal health care, family planning, STI and HIV prevention and youth friendly information and services</p>	<p>Indicator 1:</p> <p>Percentage [and number] of villages with community health volunteers and committees with capacity to provide SRH services (including delivery quality FP commodities, and information) in the 4 target districts in SVNK province</p> <p>Baseline: To be estimated.</p> <p>Target: 50% [60] of target villages of 4 target districts of</p>	<p>Strategy 1:</p> <p>Institutional capacity development to improve quality of care for maternal neonatal health including family planning, and EmOC specifically for remote areas and vulnerable population</p>	<p>Build Capacity of MoH at all levels to monitor and improve quality of MNH care in selected facilities in collaboration with DHC with a special focus on vulnerable population and remote areas</p> <ul style="list-style-type: none"> Support MoH to review referral system from Health Centre -district- province with focus on effective communication from health centre to other hospitals Conduct facility based MDR Strengthen clinical supervision system, including implementation of clinical guidelines and protocols Support provincial staff to conduct case review and clinical seminar on case studies focusing on MNH in targeted districts and provinces Strengthen capacity of facilities to deliver quality FP, focusing on long term methods 	<p>DHC/DOP/ DHP/LWU WHO/UNICEF/WB/WWF/HI/BI LaoNCAW/ LWU</p>

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	<p>SVNK province. MOV: Village Health Committee reports and district annual reports</p> <p>Indicator 2: Percentage [and number] of health facilities that provide minimum standards in remote areas and to vulnerable population, in the 4 target districts in SVNK province Baseline: 0 Target: 95% [35;31 HCs and 4 DH TTI] of health centres of 4 target districts in SVNK province MOV: Audit report on 10 MR + village health committee reports</p> <p>Indicator 3: Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method in SVNK province Baseline: 37.1% Target: At least 51.1% MoV: Annual report of MCHD of Savannakhet Province</p>	<p>Strategy 2: Empowering communities to be more responsive to the sexual and reproductive health needs of women, adolescents, young people and families</p>	<ul style="list-style-type: none"> • Joint monitoring visits, joint reviews • Conduct and monitor outreach activities • Use participatory community assessment approach to identify gaps and areas for support • Scale up a community based initiative to increase access to information and services for improved health seeking behaviour for MNCH care including FP for the most vulnerable including young people and adolescents; rural women and men. • Develop innovative partnerships to generate and provide information on MNCH and FP for the development and support of appropriate interventions to scale up access to information and services for selected groups in the target provinces and districts 	

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UNFPA SP Outcome/ DRF 6		Young people's access to sexual and reproductive health services and sexuality education improved			
	CP5 RH Outcome	By 2015, people in the Lao People's Democratic Republic will benefit from equitable, promotive, preventive, curative and rehabilitative health services			
	CP5 Outcome 1 Indicators	<ul style="list-style-type: none"> ●% of women who desire to delay or prevent pregnancy and are not currently using any contraceptive method ●% of births attended by trained health workers (excluding traditional birth attendants) ●% of health facilities with a trained midwife in place in selected provinces) 			
	CP5 Output 3	Young people who are vulnerable and most at risk in priority urban areas have increased participation in and access to youth-friendly, gender-sensitive and socially inclusive sexual and reproductive health information and services			
	Target Group/s	Primary target: Teachers/Providers/Adolescent girls Secondary Target: Adolescents and young people			
	Geog. Location	Eight TTIs (LNT, LPB, VTE Pro, XK, SVK, SLV, CPS, VTE Cap), Savannakhet, LuangNamtha, Odomxay, Phongsaly			
Result 1: Strengthened MOH, MOES sectoral commitments to the SRH needs of adolescents and young people in Lao PDR		<p>Indicator 1: MOH and MOES endorse and implement the recommendations of the AYSA</p> <p>Baseline: No comprehensive situation Analysis on Adolescent and Youth</p> <p>Target: Report on AYSA Endorsed</p> <p>Baseline: 0 % of recommendations acted upon</p> <p>Target: 80% [Number TBD when report is submitted]</p> <p>MOV: Annual sectoral plans and RTM reports</p>	<p>Strategy 1: Build consensus on the SRH needs of young people through a participatory process among all relevant partners</p>	<ul style="list-style-type: none"> ● Provide financial and technical assistance to conduct a comprehensive situation analysis on adolescents and young people in Lao PDR ● Provide support for the utilization of data and information from the situation analysis to fast track appropriate responses to the needs of adolescents and young people in various sectors ● Build strategic partnership with youth networks ● Advocate for a dedicated response by the health sector, MOE for SRH needs of adolescents and young people [cross MPI's reference to PD output] 	MoH, MOE, LYU, MPI, ILO, UNESCO, Cabinet, UNICEF, WHO, INGOs

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<p>Result 2:</p> <p>SRH component incorporated in institutional teaching programmes in formal and non-formal settings</p>	<p>Indicator 2: Number of departments that have implemented curricula to SRH needs of young people</p> <p>Baseline: 2 departments in MOES have implemented integrated curricula (secondary and primary schools)</p> <p>Target: 5 departments in MOES have implemented integrated curricula (plus TTI, Technical, vocational and non-formal departments)</p> <p>MOV: Progress reports and draft curricula of relevant departments of MoES</p>	<p>Strategy 1: Adapting and modifying existing SRH curricula for the different levels and settings</p>	<p>Provide financial and technical support to MoES to:</p> <ul style="list-style-type: none"> ● Enhance the capacity of selected departments of MoES to prepare teachers for the implementation of rights-based, gender sensitive and socially inclusive, age appropriate SRH curricula for both formal and non-formal education settings and provide supportive supervision ● Strengthen institutional capacity of MoES at selected sub-national level to implement, provide supportive supervision and monitor the implementation of SRH curricula 	<p>MoES Dept of DER , TTD, TVET, NFE, DSE</p>
<p>Result 3: Increased access to SRH information and services to adolescents and young people in defined target provinces</p>	<p>Indicator 3: Proportion of target district hospitals and TTI in Savannakhet Province providing youth friendly services</p> <p>Baseline: 0 out of 6</p> <p>Target: At least 50% of DH (3 out of 6) and TTI in Savannakhet providing YFS</p> <p>MOV: End line survey 2015</p> <p>Indicator 4: Percentage [and Number] of eligible adolescent girls (married and unmarried) provided with contraceptives by midwives in four target districts of SVNK</p>	<p>Strategy 1: Using existing institutional system and structures for the delivery of SRH information and services to adolescents and young people</p> <p>Strategy 2: Application of operational research methodologies to respond to the needs of adolescent girls</p>	<ul style="list-style-type: none"> ● Disaggregate routine data by age for analyses, reporting, planning and advocacy ● Integrate ASRH into the MNCH Package ● Build strategic partnerships with youth networks to deliver SRH information and services alongside their responses to the needs of adolescents and young people in the target provinces ● Proactively synergize ASRH provision with other UN agencies' support to adolescents and young people in the 4 target provinces ● Develop, implement and monitor an adolescent girls initiative ● Advocacy and communication (including media) on demographic bonus data – focusing on empowering adolescent girls to be part of development ● Secondary analysis of LSIS on adolescent girls and boys (premarital sexual activity, adolescent unmet need for contraception, adolescents in ethnic minorities and unmet SRH needs etc). 	<p>MoH Cabinet, DHC, DHP, MCHC, CHAS, DOP</p>

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	province <u>Baseline:</u> [To be determined] <u>Target:</u> 30 % <u>MOV:</u> CMW monthly report, Annual Report of MCHD of SVNK Health Department		<ul style="list-style-type: none"> ●Evidence based Advocacy to MOH and MCH Commission, as well as provincial level, to make adolescent pregnancy a priority ●Policy brief on adolescent girls from findings of situation analysis ●Savannakhet pilot FP programme for outreach to married/sexually active adolescents – “Smart young women wait for healthy children” ●Focus on midwives to provide <u>outreach</u> contraceptive counselling and services to young married couples (and unmarried) ●Ensure that midwives follow up pregnant adolescents – specific information system in clinic ●Savannakhet pilot AFS – link with increase demand targeting adolescent girls and boys, through peer education, youth comic ●Anaemia of adolescent girls is entry point for midwives to talk to adolescent girls in community with weekly iron supplements. If WHO programme not present in project districts, consider iron supplements and deworming as an entry point. ●Link with VHDC , VEDC (similar to PTA) and district planning – keep girls in school (use of block grant effectively to reach drop out families), funding for additional midwife outreach ●Support of mobile teachers through MOE non-formal education (volunteers who receive 600,000 kip per year) which is active in Savannakhet. Additional option to reach out of school girls in village ●GBV survey - separate analysis of 15-19 adolescent girls data ●Work with TTI and midwife teachers to ensure that gender issues are highlighted in the ASRH module. Teachers to be encouraged 	

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