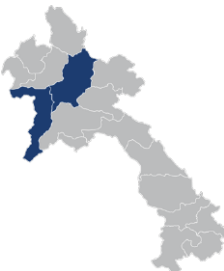


Laos PY4 Summary & Results



Geographic Implementation Areas	Population
Provinces <ul style="list-style-type: none"> • 2/18 (11%)—Luang Prabang, Sayaboury 	Country <ul style="list-style-type: none"> • 6,492,228
Districts <ul style="list-style-type: none"> • 10/23 (43%) (in 2 provinces) 	MCSP-supported areas <ul style="list-style-type: none"> • 813,200
Facilities <ul style="list-style-type: none"> • 12/25 (48%) (in 2 provinces) 	

Technical Areas



Program Dates

February 1, 2015–October 31, 2018

Cumulative Spending through End of PY4



Demographic and Health Indicators

Indicator	# or %
Live births/year ^[1]	125,614
MMR (per 100,000 live births) ^[2]	32
IMR (per 1,000 live births) ^[1]	57
Institutional deliveries (percentage) ^[2]	37.5%
SBA ^[2]	41.5%
Newborns breastfed within 1 hour (%) ^[2]	39%

Sources: ^[1] Results of Population and Housing Census 2015, ^[2] Laos Social Indicator Survey DHS 2011–2012.

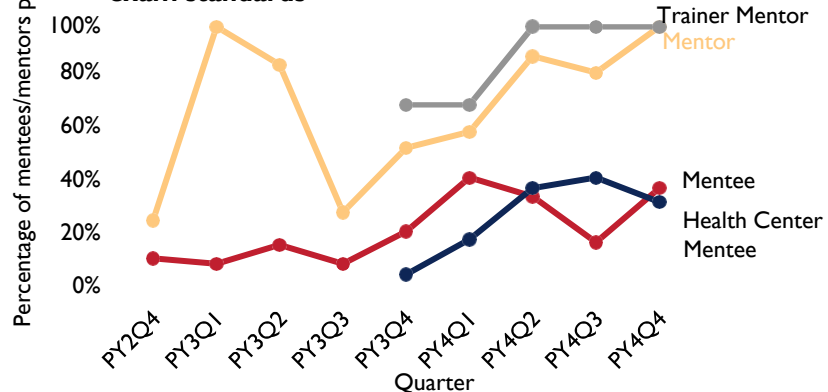
Strategic Objectives

- Improve the quality of maternal and newborn care in Luang Prabang and Sayaboury provinces by improving service delivery for maternal and newborn care among MNH care providers.
- Support the MOH initiative to institutionalize supportive supervision of midwives with technical contributions to the national supportive supervision system and tools.
- Document program learning to inform MOH and stakeholder efforts to improve MNH care.

Key Accomplishment Highlights

- Held national-level dissemination event with over 70 participants, including key implementing partners, community representatives, and the MOH.
- Initiated community mentoring in Luang Prabang Province.
- Continued building of health center midwives' skills and capacity.
- Continued mentoring in Sayaboury Province 7 months after MCSP financial support for the province ended.

Figure 1. Percentage of health care providers in Luang Prabang who demonstrated at least seven of nine key skills for normal delivery if the baby is not breathing, according to objective structured clinical exam standards



Laos

Key Accomplishments

MCSP's overall goal in Laos was to develop a mentoring approach for maternal and newborn care providers to improve their skills and confidence, and ensure quality care at the time of birth. In the final year of the program, MCSP expanded the approach to reach all levels of the health system, launched a community mentoring component, and conducted a national-level dissemination event to share lessons learned and advocate for the mentoring approach beyond the life of MCSP.

National-Level Dissemination and Recognition of Mentorship as an Effective Approach to Human Capacity Development

On July 31, 2018, MCSP conducted a 1-day national dissemination event to share lessons learned from the mentoring approach. Over 70 participants representing key MNCH implementing partners participated in the event, including stakeholders in pre- and in-service education, nongovernmental organization partners, leaders from central hospitals, and representatives from national societies (midwifery, pediatric, and ob-gyn) and the MOH. The main objectives of the event were to share key achievements and discuss ways forward for effective and sustainable capacity-building approaches in Laos. To ensure this, the meeting was led by the MOH Department of Health Care's Early Essential Newborn Care team and engaged program mentors from Luang Prabang and Sayaboury provinces. In addition to individual mentor presentations, a panel of nine mentors provided their experience of implementing the mentoring approach and answered questions from the audience. The mentors spoke with authority and passion about their commitment to mentoring and, together with provincial health department staff, served as compelling advocates for ways to apply the lessons beyond the life of MCSP. Recognition of mentorship at the national level and the dissemination of results from different strata of the health system (national, provincial, district, and health center) were key accomplishments for the program. The initiation of community work is the next significant step toward demonstrating results at all levels of the health system.

Initiation of Community Mentoring

The majority of maternal and newborn births and deaths in Laos occur in the community. To help address this, MCSP adapted the facility mentoring approach in PY4 and piloted an approach to build the capacity of health center midwives to mentor community volunteers. The aim is for health center midwives to build skills and provide supportive supervision to volunteers selected by the community. During mentorship activities beyond the life of MCSP, volunteers will be mobilized to do home visits with families and facilitate peer group discussions as part of a broader health and nutrition program.

In Q4, seven existing district trainer mentors were selected as trainers for the health center midwife workshop. Together with three primary health officer facilitators, they participated in a training of trainers session, which included developing their skills for social and behavior change communication, and counseling on how to teach health center midwives. Once trained, these district trainer mentors went on to lead a 5-day workshop for 25 health center midwives. During the workshop, home visit and peer group facilitation skills were demonstrated by the facilitators and practiced by the participants. In addition, participants were trained in the identification of danger signs for mothers and newborns, and participated in interactive sessions using job aids and breastfeeding demonstration dolls. At the end of the training, the midwives began to understand differences between health education and behavior change techniques but will need further support and development of skills to effectively train volunteers. This mentoring approach is expected to provide a model of skills building for volunteers and could be an effective teaching methodology among those with limited literacy.

Continued Progress of Health Center Midwives' Skills and Capacity

Since health center midwives joined the mentoring program in September 2017, they have shown steady and consistent progress on their clinical skills and confidence. In September 2018, mentoring was expanded to include all health center midwives in the five districts, bringing the total to 36 midwives being trained under

MCSP. Although not a part of the approach at this stage, some midwives have reported that they share their newly acquired skills with colleagues back at their health centers. This means that mentoring is reaching every health center in each district.

Continuity of Mentoring within the Government System

In February 2018, after 24 years of operation, Save the Children’s Primary Health Care program closed in Sayaboury Province. This subsequently led to the close of MCSP’s mentorship work, which was operating in Sayaboury Province under the Primary Health Care program. At the final MCSP meeting, mentors were invited to advocate for the continuity of the approach to provincial leadership beyond MCSP financial support. The effort was successful, and since February 2018, Sayaboury mentors have gone on to lead mentoring in their own district facilities and continued to mentor health center midwives with support from district and provincial leadership. This is a significant achievement for the program and evidence that, with support from key leadership, the approach can continue and flourish within the existing health care system.

Way Forward

Having established recognition of mentoring at the national level, MCSP’s implementing partner in the country, Save the Children, plans to integrate mentoring into other national programs and PSE through collaboration with the MOH, UNFPA, and WHO. A key success is that mentorship was embedded in Save the Children’s Primary Health Care program from the outset, allowing the program to leverage the mentorship approach’s comprehensive HSS strategy. Going forward, mentoring continues within the Primary Health Care program with funding from other donors. In 2019, mentoring will be extended to three new districts in Luang Prabang and three new provinces in northern Laos under the Save the Children’s Sustainable Change Achieved through Linking Improved Nutrition and Governance program.

Selected performance indicators for PY4	
MCSP Global or Country PMP Indicators	Achievement
Percentage of deliveries of randomly selected partographs filled in as per protocol at target health facilities	53% (232/437, target: 75%, 71% achieved)
Percentage of women from randomly selected clinical records who received a uterotonic (oxytocin IM) in the third stage of labor in MCSP-supported areas	99% (435/438, target: 100%, 99% achieved)
Percentage of mentors correctly demonstrating five of seven key mentoring skills according to mentoring standards	80% (68/85, target: 90%, 89% achieved)