

# Lao People's Democratic Republic

## EOP Summary & Results



### Geographic Implementation Areas

#### Provinces

- 2/18 (11%)—Luang Prabang and Sayaboury

#### Districts

- 10/23 (43% in 2 provinces)

#### Facilities

- 12/25 (48% in 2 provinces)

### Population

#### Country

- 6.49 million

#### MCSP-supported areas

- 813,200

### Technical Areas



### Program Dates

October 1, 2015–March 31, 2019

### Total Funding through Life of Project

\$1,800,000 (Asia Bureau)

### Demographic and Health Indicators

Indicator	# or %
Live births/year <sup>[1]</sup>	125,614
MMR (per 100,000 live births) <sup>[2]</sup>	206
NMR (per 1,000 live births) <sup>[2]</sup>	32
IMR (per 1,000 live births) <sup>[2]</sup>	57
Percentage institutional deliveries <sup>[2]</sup>	37.5%
Percentage of births with SBA <sup>[2]</sup>	41.5%
Newborns breastfed within 1 hour (%) <sup>[2]</sup>	39%

Sources: [1] Results of Population and Housing Census 2015; [2] Lao Social Indicator Survey DHS 2011–2012

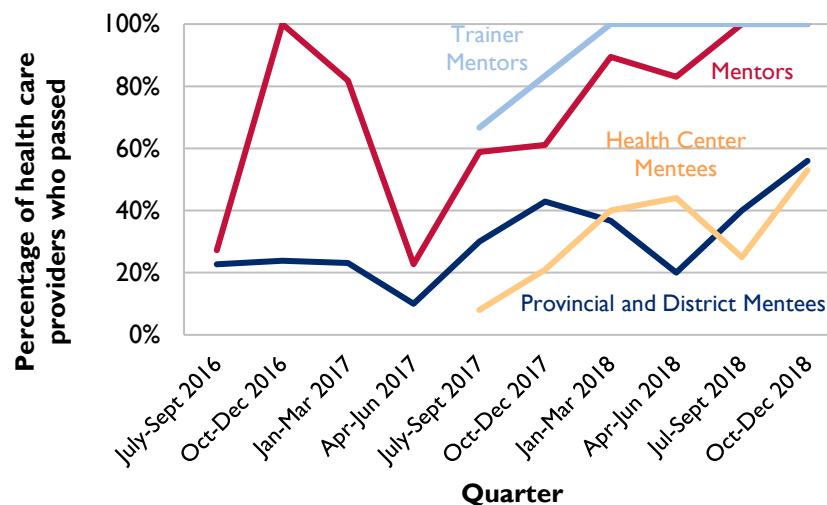
### Strategic Objectives through the Life of Project

- Improve the quality of maternal and newborn care in Luang Prabang and Sayaboury provinces by strengthening key skills for maternal and newborn care among MNH care providers, their educators, and their supervisors.
- Support process documentation of program learning to inform the MOH's and other stakeholders' efforts to improve MNH care.

### Key Accomplishment Highlights through the Life of Project

- Facilitated dramatic improvements at MCSP-supported health facilities in completion of partographs (10% to 79%), early breastfeeding (34% to 99%), and skin-to-skin contact (36% to 99%).
- Improved evidence-based clinical competencies among mentees from district facilities and remote health centers.
- Improved MNH clinical and mentoring skills among MCSP-trained health providers, and developed of a pool of champions with mentoring skills.
- Developed a case study and mentoring implementation guide on building human capacity through peer mentorship in the Lao People's Democratic Republic (Laos) to support future implementation of the mentoring program.
- Secured commitments from provincial health departments and new external funding (Save the Children Japan, Australia, and Korea, and the European Union Scaling Program), ensuring that mentoring will continue beyond MCSP.

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



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## Background

For 23 years, there was no midwifery education in Laos. By 2009, there were only 100 midwives left in the country. To address this shortage, the government introduced the SBA plan, which aimed to deploy 1,500 midwives by 2015. A rapid training plan was initiated, which resulted in over 1,784 midwives in the country by 2015. However, these mostly young, newly qualified midwives were often deployed to remote health centers without support or continuing professional development opportunities. The rapid training had not equipped them with the skills, experience, or confidence to provide high-quality care, nor the supportive supervision that is essential to the effective functioning of a health system.

MCSP's program in Laos supported capacity-building for MNH providers through a mentorship approach. This approach focused on improving the skills and confidence of MNH providers to ensure high-quality care at the time of birth and to reduce infant and maternal mortality. The approach included training district-level health providers to mentor their peers and colleagues as part of their daily work in district facilities, with the aim of ensuring that evidence-based, high-impact practices become the norm. Additional details can be found in the case study [Building Human Capacity through Peer Mentorship in Lao PDR](#).

## Key Accomplishments

### *Improved Provider Skills*

Results from MCSP's mentorship activities to improve MNH provider skills and practices were promising. As seen in Figure 1, pass rates on objective structured clinical examinations increased overall between October 2016 and September 2018 for all skills for the trainer mentors, mentors, and provincial and district mentees. For health center midwives, the overall trend in pass rates increased from July 2017 to December 2018 for nearly all quarters and for all standards except bag and mask ventilation for newborns.

### *Improved Mentor Skills, Relationships, and Provider Capacity*

Over the course of the program, MCSP trained and supported mentorship activities for four cadres of health providers: provincial mentors, district mentors, health center midwives, and community volunteers. This included training for 18 provincial mentors and 40 district-level mentors, mentorship of 60 district-level MNH providers, and mentorship of 54 health center midwives from all 45 health centers in Luang Prabang. It also encompassed training for 25 health center midwives to support community volunteers as part of a social and behavior change approach; these volunteers will provide home visits to households in a child's first 1,000 days, from pregnancy until the child is 2 years old.

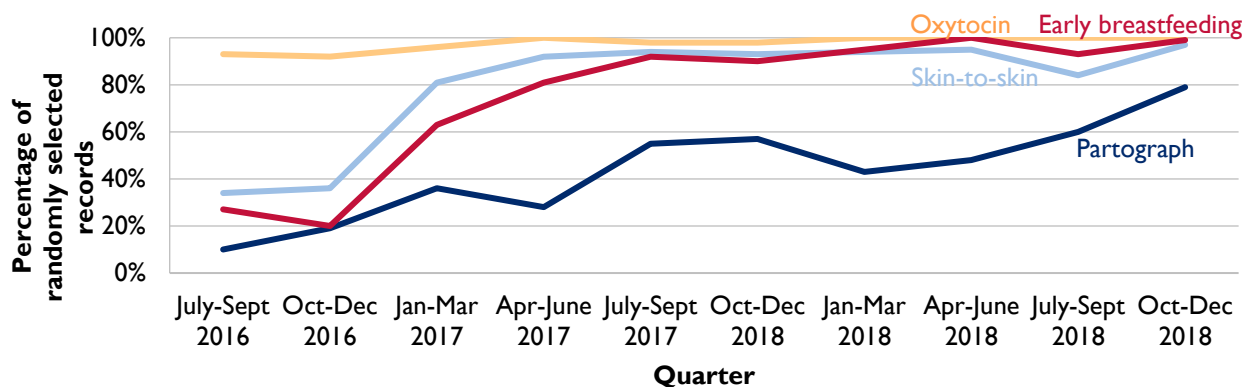
The results from mentoring skill assessments showed significant improvements between July and December 2016, when the target of 90% of mentees achieving a passing score was surpassed. Data from follow-up assessments in 2018 and 2019 show that these skills have been maintained. These results are encouraging, demonstrating that an alternative human capacity development approach, such as mentoring, can be effective even in a culture of didactic teaching and learning styles. Nearly every provider interviewed during the qualitative program review commented on the positive contribution of mentorship toward strengthening relationships among providers in the facilities. Providers noted increased communication, improved feedback, stronger relationships between supervisors and direct reports, and more active staff who learn from each other and give feedback to colleagues on areas for improvement.

### *Improved Quality of Care in Facilities*

MCSP collected data on indicators associated with the mentorship and training activities from randomly selected clinical records in MCSP-supported facilities to understand changes in practice. During the life of the project in Laos, the percentage of women receiving a uterotonic in the third stage of labor in MCSP-supported areas was high when MCSP data collection began, and it showed incremental increases during initial quarters and reached 100% during the last few quarters. Newborns achieving early initiation of breastfeeding within 90 minutes at targeted health facilities increased from 34% to 99% and those placed skin

to skin immediately after birth for at least 90 minutes in targeted facilities increased from 36% to 99%. Additionally, randomly selected partographs that were filled in as per protocol at target health facilities increased from 10% to 79% (see Figure 2).

**Figure 2. Percentage of randomly selected records that demonstrate implementation of key quality of care interventions for mothers and newborns during labor, delivery, and pre-discharge postpartum**



### Development of Mentorship Resources

MCSP developed three educational films to illustrate MCSP’s mentoring approach and guide those who would like to introduce a similar project. The films were produced as complementary tools for the [implementation manual](#), which provides an overview of how the program evolved from the first workshop and includes essential materials, lesson plans, and guidelines. An M&E system and data collection methodology were also developed to help districts take ownership and lead collection, analysis, and use of data. These resources, all included in the implementation manual, will assist others in replicating mentoring or integrating parts of the approach in their programs.

### Recommendations for the Future

MCSP made significant progress in establishing the mentoring approach in Luang Prabang and Sayaboury provinces, but more work is needed to build on these achievements. As the MCSP program was embedded in Save the Children’s Primary Health Care program, gains achieved under MCSP will continue and be expanded with support from other donors. The following recommendations are made for the next phase of the mentoring program:

- **Continue national promotion and expansion of the mentorship program.** At the national level, it will be important to build the evidence base for mentoring as an effective approach in Luang Prabang and maintain the interest gained following the dissemination workshop in July 2018. Luang Prabang should be established as a learning site for other stakeholders to understand the mentoring approach and how to scale it up, with plans to expand the mentoring program to three new districts in Luang Prabang and three new northern provinces (Phongsaly, Luang Namtha, Huapan). The mentorship approach should also be promoted through platforms such as the national RMNCAH meetings and other opportunities for the mentors to advocate for this approach.
- **Empower and train mentors.** At the provincial and district levels, mentors should be empowered by ensuring the continued engagement of leadership and recognition. Future programs should build the training skills of district mentors, advocate for mentors to be part of the regular supervision team, and seek opportunities to train the provincial supervision teams in a mentoring approach and guide them toward a supportive capacity-building approach rather than checklist monitoring. Mentors should additionally be supported to continue to self-monitor and train them in understanding and using monitoring data for decision-making.

- **Use a mentorship approach to support health center midwives and community volunteers.** The health center and community levels should use a mentoring approach to build midwives' skills to provide care at the time of birth and provide opportunities for them to train and support community volunteers to conduct household visits, facilitate peer group meetings, and promote MNH interventions, such as skin-to-skin contact, delayed bathing, and recognition of dangers signs for the mother and newborn.

<b>Selected Performance Indicators</b>	
<b>Global or Country Performance Monitoring Plan Indicators</b>	<b>Achievement (Target)</b>
Percentage of newborns from randomly selected clinical records who achieve early initiation of breastfeeding within 90 minutes at targeted health facilities	99% (target: 44%; target exceeded)
Percentage of women from randomly selected clinical records who received a uterotonic (oxytocin IM) in the third stage of labor in MCSP-supported areas	100% (target: 90%; target exceeded)
Percentage of mentors correctly demonstrating five of seven key mentoring skills according to mentoring standards	94% (target: 90%; target exceeded)

For a list of technical products developed by MCSP related to this country, please click [here](#).