Assessment of development results supported by UNFPA CP4 for Lao PDR: Report and recommendations

by

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Vientiane, Lao PDR
April, 2011
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ADB</td>
<td>Asian Development Bank</td>
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<tr>
<td>APRO</td>
<td>Asia Pacific Regional Office (UNFPA)</td>
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<td>ANC</td>
<td>Antenatal Care</td>
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<td>ASEAN</td>
<td>Association of South East Asian Nations</td>
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<td>ASRH</td>
<td>Adolescent Sexual and Reproductive Health</td>
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<td>AWP</td>
<td>Annual Work Plan</td>
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<td>BCC</td>
<td>Behaviour Change Communication</td>
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<td>AFPPD</td>
<td>Asian Forum of Parliamentarians on Population and Development</td>
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<td>BEPP</td>
<td>Birth and Emergency Preparedness Plan</td>
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<td>BemONC</td>
<td>Basic Emergency Obstetric and Newborn Care</td>
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<td>CBD</td>
<td>Community Based Distributors</td>
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<td>CCA</td>
<td>Common Country Assessment</td>
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<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of all Forms of Discrimination against Women</td>
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<td>CemNOC</td>
<td>Comprehensive Emergency Obstetric and Newborn Care</td>
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<td>CHN</td>
<td>Community Health Network</td>
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<td>CIEH</td>
<td>Center of Information and Education for Health</td>
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<td>CLMIS</td>
<td>Contraceptive Logistic Management Information System</td>
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<td>CO</td>
<td>Country Office</td>
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<td>CP</td>
<td>Country Programme</td>
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<td>CPAP</td>
<td>Country Programme Action Plan</td>
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<td>CPR</td>
<td>Contraceptive Prevalence Rate</td>
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<td>CS</td>
<td>Caesarean Section</td>
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<tr>
<td>DIC</td>
<td>Department of International Cooperation (Ministry of Planning and Investment)</td>
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<td>DOP</td>
<td>Department of Organization and Personnel</td>
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<td>DOS</td>
<td>Department of Statistics</td>
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<td>DP</td>
<td>Development Partner</td>
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<td>ELMIS</td>
<td>Electronic Logistic Management Information System</td>
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<td>EmONC</td>
<td>Emergency Obstetric and Newborn Care</td>
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<td>ET</td>
<td>Evaluation Team</td>
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<td>FP</td>
<td>Family Planning</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>GOL</td>
<td>Government of Lao Peoples’ Democratic Republic (Lao PDR)</td>
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<td>GRID</td>
<td>Gender Resources Information and Development Centre</td>
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<td>HU</td>
<td>Health Unlimited</td>
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<tr>
<td>HIV/AIDS</td>
<td>Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome</td>
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<td>IATT</td>
<td>Interagency Task Team</td>
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<td>IEC</td>
<td>Information, Education and Communication</td>
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<td>IP</td>
<td>Implementing Partner</td>
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<td>JICA</td>
<td>Japan International Cooperation Agency</td>
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<td>JOICFP</td>
<td>Japanese Organization for Cooperation in Family Planning</td>
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<td>LAPPD</td>
<td>Lao Association of Parliamentarians on Population and Development</td>
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<td>LDLC</td>
<td>Least Developed Landlocked Country</td>
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<td>LRHS</td>
<td>Lao reproductive Health Survey</td>
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<td>LSIS</td>
<td>Lao Social Indicator Survey</td>
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<td>LWU</td>
<td>Lao Women’s Union</td>
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<td>LYU</td>
<td>Lao Youth Union</td>
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<tr>
<td>MA</td>
<td>Medical Assistant</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>MCH</td>
<td>Mother and Child Health</td>
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<td>MDGs</td>
<td>Millennium Development Goals</td>
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<td>MMR</td>
<td>Maternal Mortality Ratio</td>
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<td>MOE</td>
<td>Ministry of Education</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>MPI</td>
<td>Ministry of Planning and Investment</td>
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<td>MNCH</td>
<td>Mother, Newborn and Child Health</td>
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<td>NCAW</td>
<td>National Council for the Advancement of Women</td>
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<td>NCCA</td>
<td>National Committee for the Control of AIDS</td>
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<td>NCMCH</td>
<td>National Centre for Maternal and Child Health</td>
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<td>NERI</td>
<td>National Economic Research Forum</td>
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<td>NSC</td>
<td>National Statistics Centre</td>
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<td>NSDEP</td>
<td>National Socio-Economic Development Plan</td>
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<td>NTA</td>
<td>National Transfer Accounts</td>
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<td>NUPRI</td>
<td>Nihon University Population Research Institute</td>
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<td>ODA</td>
<td>Official Development Assistance</td>
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<td>PD</td>
<td>Population and Development</td>
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<td>RCN</td>
<td>Referral and Counselling Network</td>
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<td>RHCS</td>
<td>Reproductive Health Commodity Security</td>
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<td>RHIYA</td>
<td>Reproductive Health Initiative for Youth in Asia</td>
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<td>SBA</td>
<td>Skilled Birth Attendance</td>
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<td>SPSS</td>
<td>Statistical Package for Social Sciences</td>
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<td>SRH</td>
<td>Sexual and Reproductive Health</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>SWOP</td>
<td>State of World Population Report</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UNIFEM</td>
<td>United Nations Development Fund for Women</td>
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<tr>
<td>UNODC</td>
<td>United Nations Office on Drugs and Crime</td>
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<td>UN Women</td>
<td>United Nations Entity for Gender Equality and Empowerment of Women</td>
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<td>VHC</td>
<td>Village Health Committee</td>
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<td>VHV</td>
<td>Village Health Volunteer</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WPD</td>
<td>World Population Day</td>
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Acknowledgements

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The Team benefitted greatly from their field trips to Champasak, Sekong and Attapeu Provinces to see firsthand the progress being made in promoting safe-motherhood and family planning and in improving access to information and services for HIV/AIDS prevention among the youth. The Team also visited the Vientiane province and Vientiane Municipality administration offices, in particular their planning and statistics offices, to understand their capacities. We like to express our thanks and admiration to all those we met during our filed visits who are working in difficult conditions in the provincial areas.

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# TABLE OF CONTENTS

Abbreviations .......................................................................................................................... 2  
Acknowledgements .................................................................................................................. 4  
Executive Summary .................................................................................................................. 6  

Evaluation Report: Findings and Recommendations ................................................................. 10  

1. Introduction ............................................................................................................................ 10  
   1.1 Background to CP4 ............................................................................................................ 10  
   1.2 Purpose of the evaluation ................................................................................................. 11  
   1.3 Evaluation Team .............................................................................................................. 11  
   1.4 Methodology .................................................................................................................... 11  
   1.5 Time schedule and limitations ....................................................................................... 13  

2. Evaluation Findings and Recommendations ........................................................................ 13  
   2.1 Population and Development ........................................................................................ 13  
      2.1.1 General findings ......................................................................................................... 14  
      2.1.2 Specific findings ......................................................................................................... 15  
          PD output 1 .................................................................................................................... 15  
          PD output 2 .................................................................................................................... 17  
          PD output 3 .................................................................................................................... 22  
      2.1.3 Recommendations .................................................................................................... 25  
   2.2 Reproductive Health ....................................................................................................... 27  
      2.2.1 General findings ......................................................................................................... 27  
      2.2.2 Specific findings ......................................................................................................... 29  
          RH output 1 .................................................................................................................... 29  
          RH output 2 .................................................................................................................... 34  
          RH output 3 .................................................................................................................... 37  
          RH output 4 .................................................................................................................... 39  
      2.2.3 Recommendations .................................................................................................... 43  
   2.3 Humanitarian response .................................................................................................... 46  
   2.4 Management, Coordination and Partnerships .................................................................. 46  
      2.4.1 Programme management .......................................................................................... 47  
      2.4.2 Programme coordination, cooperation and partnerships .......................................... 50  
      2.4.3 Recommendations .................................................................................................... 50  

3. Lessons Learned .................................................................................................................. 51  
4. Conclusions .......................................................................................................................... 52  

Annexes  
   1. Terms Of Reference .......................................................................................................... 53  
   2. List of reference documents ............................................................................................. 59  
   3. Note on indicators ............................................................................................................. 62  
   4. List of persons consulted .................................................................................................... 63  
   5. Evaluation process ........................................................................................................... 68  
   6. Evaluation criteria ............................................................................................................. 70  
   7. Note on gaps of the PD component of CP4 ..................................................................... 72  
   8. Features of an effective BCC programme ...................................................................... 75  
   9. Office structure of UNFPA Laos (16 September, 2010) ..................................................... 76  

Appendix: Data and information gathering: sample questions .................................................. 77
Executive Summary

Introduction: Lao PDR-UNFPA 4th Country Programme (CP4) (2007-2011) was developed as part of the United Nations Development Assistance Framework (UNDAF): 2007-2011 and was designed to contribute to the achievement of the 6th National Socio-Economic Development Plan (NSEDP) of Lao PDR, to the UNFPA Strategic Plan (2008-2013) and the achievement of the MDGs. CP4 has also been implemented in the spirit of the Vientiane Declaration on Aid Effectiveness. As the implementation of CP4 nears completion a programme evaluation was undertaken by three external consultants during 20 September – 15 October, 2010. The objectives of the evaluation are to assess progress in the achievement of outputs and their contribution to outcomes, to identify lessons learned, and to inform the development of the Lao PDR-UNFPA 5th Country Programme and UNFPA’s positioning for the UNDAF exercise in 2010-2011. Comprehensive Terms of Reference (TOR) were given to the team which was refined during the inception phase of the evaluation. This is the report of their findings and recommendations.

The Evaluation Team (Team) kept the core criteria of relevance, efficiency, effectiveness, impact and sustainability at the forefront during the evaluation process and to this end devised a scoring matrix for each programme output. These matrices indicate a high degree of relevance for all programme outputs and related strategies. However capacity constraints and inadequate technical support in some areas such as population and development are limiting its effectiveness and efficiency of a number of interventions. The matrices also show a high level of commitment by the GOL which bodes well for the sustainability of key outputs and strategies.

CP4 summary: CP4 has two components: Population and Development (PD) and Reproductive Health (RH). (i) The PD component has been designed to: (i) improve understanding of reproductive health, population and gender laws, policies and issues among parliamentarians, central and local government officials, governors and village chiefs and their commitment to implement these laws and policies, (ii) streamline and harmonize national and sub-national coordination structures to implement key reproductive health, population and gender laws and policies, and (iii) improve the capacity of national institutions and mass organizations in collecting, analyzing and utilizing data for evidence based advocacy, action planning and monitoring. (ii) The RH component has been designed to: (i) improve health systems, including planning, management, human resources development, logistics and information systems, focusing on maternal and neonatal health, adolescent sexual and reproductive health, and prevention of sexually transmitted infections and HIV, (ii) increase availability and accessibility of client oriented reproductive health information and services in priority geographical areas, (iii) increase demand for sexual and reproductive health and reproductive rights in priority geographical areas, and (iv) increase coverage of HIV prevention for young people, pregnant women and vulnerable groups, including commercial sex workers and their clients, and mobile populations.

Assessment of progress: On the whole, the programme interventions were relevant to the national context. Key outputs of the PD component have been used for high level policy advocacy and are incorporated into the formulation of the seventh NSEDP. However, the absence of a coherent and integrated strategy for the PD component and a detailed action cum work plan coupled with the limited capacity at IPs (DOP/MPI, LaoNCAW in particular) has limited the effectiveness and sustainability of PD interventions and their contribution to national capacity which would ensure that population dynamics and gender are integrated in the planning and policy processes.

UNFPA has played a major role in advocating for gender equality in Lao PDR, and has mobilized resources from development partners (OXFAM-NOVIB) to support the development of women and
girls in the country. The LaoNCAW and its secretariat have been established by the Government of Lao PDR (GOL) as its vehicle for advancing the development of women. The secretariat faces many challenges and difficulties in its work, in particular its capacity for policy advocacy remains weak and needs strengthening. In this context, there is also limited capacity in the UNFPA Lao office to provide technical support and guidance to the implementing partners (IPs). The need to address gender-based violence is gaining attention among the law makers in the country and this effort needs to be supported.

The RH component of CP4 has contributed significantly to improve health systems with particular focus on improving maternal and neonatal health and expand access to family planning services and information. Important achievement includes the contribution to the development and adoption of a ‘Strategy and Planning Framework for the Integrated Package of Maternal, Newborn and Child Health Services’ (MNCH package). This comprehensive framework provides the umbrella under which to successfully integrate other RH components in Laos. UNFPA office has also successfully advocated for the development of a skilled birth attendance (SBA) plan (2008-2012), as attendance at delivery by skilled personnel is well recognized as a vital component in reducing maternal mortality; and has supported the development and implementation of the plan. For example, during CP4 Lao PDR has established eight relatively well equipped midwifery training schools, developed training curricula, and is beginning to produce accredited skilled birth attendants - professional midwives, who will be the backbone of safe motherhood services in the country. This is a significant accomplishment considering that it started from a zero baseline in 2007.

In addition, the use of Community Based Distributors (CBDs) to extend the reach of family planning services to remote areas was also seen as very successful. Progress has also been made in developing an integrated logistics system for Maternal Newborn and Child Health. The action plan to achieve an integrated logistic system is presently not operational and limits the potential to provide integrated MNCH services, including family planning, and the ability to deliver both basic and comprehensive Emergency Obstetric Care (EmOC). It is, therefore, important that the current status and follow up actions to implement the action plan be reviewed and outstanding issues clarified as a matter of urgency, in order to strengthen the supply of reproductive health commodities and equipment in a timely and cost-effective manner.

Health system, including health information system, is in the process of development with support from development partners. However capacities in many areas still needs strengthening. Health care facilities are universally poor, even at the provincial level, and obviously suffer from years of neglect and underuse. For GOL to increase the proportion of institutional births, considerable investment in space, staff and equipment will be needed, without which the system will quickly become overloaded and in turn will act as a disincentive to give birth in a health facility. Management capacity, particularly in district health offices and district and village facilities is low. Some help with basics such as planning, manpower management, facilities and waste management would be extremely beneficial, and will lead to the newly trained staff functioning more effectively and the districts making efficient use of the staff available to them.

Information Education and Communication (IEC) materials and activities need to be reviewed, modernized and tailored to meet the Lao environment, particularly the ethnic and cultural diversity of its people; and above all these should be developed with active client participation and involvement and pre-tested before going to scale.

There is growing awareness about the importance of addressing the needs of the large “youth” population, and UNFPA has played a central role highlighting its importance with the GOL, the United Nations Country Team (UNCT) and with other development partners. To advance Adolescent
Sexual and Reproductive Health (ASRH) services there is need for the development of a National Youth Policy, incorporating ASRH.

UNFPA is adhering to the tenets of the Vientiane Declaration and has developed strong cooperation and partnership with other UN organizations (UNICEF, WHO and UNDP) and development partners. The report highlights the high level of commitment of GOL, and the Department of International Cooperation, the coordinating agency for UNFPA programme in Lao PDR, is playing a pivotal role to advance national execution and improve aid effectiveness, as called for in the Vientiane Declaration.

Provision of timely, sustained and high quality technical support and high level advocacy played a central role in advancing the development and implementation of the SBA action plan and in the implementation of MNCH package. On the other hand, limited or ad hoc nature of such technical support and guidance constrained the development and implementation of an integrated approach to population and development.

UNFPA Lao PDR has provided humanitarian assistance in the wake of the floods and typhoon that affected the country. Its response was timely and was well coordinated with other development partners.

UNFPA office in Lao PDR has been successful in mobilizing additional resources from development partners. During the four years of the programme it has mobilized US$4.4 million, which far exceeded the target of US$3.0 million. In general UNFPA has also programmed the resources well, except for the PD component, and the expenditure level for the RH component reflects the need for additional resources during CP5, as the large youth population enters the reproductive age.

UNFPA Lao PDR took the initiative to focus attention on improving maternal health and reducing maternal mortality, a priority development concern for the country. Though it represented a narrower focus than what was envisaged in CP4, the progress made so far has been commendable and has the potential to have significant impact. UNFPA has also taken steps, mid-way through CP4, to revise the indicators in order to improve monitoring of the annual targets based on the implementation of annual work plans, which is commendable in the context of Lao PDR where the health information system is still at early stage of development. However, monitoring and supervision need further strengthening if it were to provide data and indicators relevant to assess progress in achieving “outputs” and outcomes”, and to improve programme management.

**Challenges ahead:** Ensuring universal access to a range of reproductive health services, including family planning and sexual health services, as recommended in the ICPD POA will continue to be a challenge for Lao PDR given the geography, terrain, the remoteness of population settlements, and the level of capacity of the health system. A related and an important challenge in this regard is meeting the needs of adolescents and young people for information and services related to reproductive health, which is especially important considering that 50 percent of the population of Lao PDR belong to this group and have little or no access to information and services. Other challenges include the promotion of gender equality and equity, and making population and development one of the pillars of UNFPA support to Lao PDR.
**Recommendations**

**Population and development**

1. Develop a comprehensive strategy and action plan on population and development (including advocacy and capacity development components), with the full participation of implementing partners, in line with national priorities which would constitute the framework for PD interventions during CP5.

**Reproductive health**

2. Build on the gains achieved in developing and implementing the national MNCH integrated package and the SBA plan. In this regard, continue and support for: (i) the consolidation and expansion of access to skilled care during and after delivery through training and certification of Skilled Birth Attendants, (ii) efforts to improve access to EmONC based on the findings of the assessment, (iii) improving access to family planning services, and (iv) efforts to advance the implementation of the strategy and action plan for improving the integrated logistics system.

3. Undertake an assessment of communication needs and based on its findings develop an overall BCC strategy which would constitute the basis for communication activities during CP5.

4. Advocate and provide support for the development of a National Youth Policy which would include support for conducting a situation analysis of youth, and build on the four core areas with respect to youth health - information to acquire knowledge, opportunities to develop life skills, appropriate health services for young people, creation of a safe and supportive environment.

**Programme management**

5. Improve UNFPA field presence by establishing a sub-office or posting some programme staff to areas/provinces where the major components of the programme are being implemented so as to strengthen regular supervision of its programme,

6. Strengthen UNFPA Office capacity in line with the expansion of its programme. In this regard, human resources and technical capacity, in particular for PD, and Gender and Development, should be strengthened.

7. Strengthen monitoring and supervision of the programme starting with the identification of indicators that meet the SMART criteria and putting in place a system that would collect data needed to derive the indicators.

8. Increase the allocation of resources from UNFPA core resources as the demand for RH/FP services (including ASRH) and for expanding access to SBA is expected to increase as the large youth population enters reproductive age.

9. Build on the goodwill and strong partnership that has been established with the development partners, and continue to play the lead role in advocacy to improve maternal health; adolescent, sexual and reproductive health; to address reproductive health issues arising from gender based violence and emergency situations; and to improve the collection, analysis and utilization of data.
Evaluation Report: Findings and Recommendations

1. Introduction

Lao PDR-UNFPA 4th Country Programme: 2007-2011 (CP4) was developed as part of the United Nations Development Assistance Frame work (UNDAF): 2007-2011 and was designed to contribute to the achievement of the goals of the 6th National Socio-Economic Development Plan (NSEDP) of Lao PDR, the UNFPA strategic Plan (2008-2013) and the Millennium Declaration. CP4 has also been implemented in the spirit of the Vientiane Declaration on aid effectiveness. As CP4 nears completion a programme evaluation has been undertaken by three external consultants during 20 September-15 October, 2010. This is the report of the evaluation findings and recommendations.

1.1 Background to CP4

Lao PDR is a ‘Landlocked and Least Developed Country’ (LLDC) and is one of the poorest in the world. Geographic conditions pose difficulties in the development of social infrastructure, transport and communication links and trade. A highly dispersed and thinly spread population compounds this.

Since 1975 national development policies have been introduced gradually and the New Economic Mechanism has introduced reforms aimed at the gradual transformation from a centrally planned command economy to a more market oriented one. Lao Government’s national development priorities, therefore, are focused on:

- Lifting the country from the ranks of least developed nations by 2020.
- Achieving the MDG targets by 2015.

At the beginning of CP4, as described in the CP4 document, Lao PDR was characterized by continued increase in its population even as the rate of population growth was declining due to the increase in the number of women entering reproductive ages. Low level of development at the time was manifested by an undeveloped health system, limited access to health services particularly for small ethnic groups, and low level of utilization of health services. Maternal Mortality Ratio (MMR) in 2005 was estimated at 405 deaths per 100,000 live births. Contributing to this were the low percentage (22) of births attended by health service providers, limited access to emergency obstetric care (EmOC) and relatively high level of teen age pregnancy.

Contraceptive prevalence rate was only 35 percent for modern methods and about 22 percent of women who wanted to limit their fertility did not have access to family planning services. Though HIV prevalence was low it was thought to be increasing particularly among the vulnerable groups. Young people had only limited understanding of reproductive health (RH) issues that made them vulnerable to the consequences of unprotected sexual behavior. Though progress was being made, gender disparities in access to education and employment opportunities and in decision making processes continued to be a matter of concern. Human trafficking and domestic violence were among the other issues identified as important priorities.

A number of policies and strategies have been developed but they were not being fully implemented and national capacity for implementation and coordination was low. This was compounded by the limited number of people with skills, lack of data, and inadequate capacity to utilize them for planning and for monitoring.
CP4 designed to address these issues and contribute towards the achievement of national development goals and priorities, in particular, to the reduction of poverty through enhanced livelihood and improved access to social services. As noted earlier, CP4 was developed in conformity with the 6th NSEDP (2006-2010) and UNDAF (2007-2011). CP4 also took into account the lessons learned from the implementation of CP3 and laid emphasis on implementation of policies and strategies and on promoting integrated service delivery.

1.2 Purpose and scope of the evaluation

The purpose of this evaluation is to learn key lessons from CP4 and inform the development of the UNFPA Lao PDR 5th Country Programme (CP5) and UNFPA’s positioning for the UNDAF exercise in 2010-2011. This includes:

- Capturing and demonstrating UNFPA CP4 achievements against its stated objectives and its contributions to larger development results at sectoral and national levels as well as UNCT and UNFPA corporate result frameworks.
- Reviewing the relevance, effectiveness, efficiency, impact and sustainability of strategies and approaches including strategic partnerships used in CP4 to advance different issues such as data collection and use, population dynamics, gender equality, FP, MH, ARH and HIV/AIDS; documenting good practices and lessons learned.
- Making recommendations for the future direction and focus of the remainder of CP4 and for possible actions to be taken during CP5 based on good practice and lessons learned to date.

The scope of the evaluation was determined by the comprehensive terms of reference (TOR) provided to the Team (see Annex 1) by UNFPA. The terms of reference was refined with the Country Representative in Vientiane during the inception phase of the review. In this regard, the Team was requested to address ‘programme management’ as part of the evaluation.

The findings and recommendations of the evaluation are to provide directions for further improvement of programme interventions of CP4 and to the overall programme management of the UNFPA Lao PDR Fifth Country Programme (CP5).

1.3 Evaluation Team

The evaluation team consisted of the following:

- Dr Antoinette Pirie, International Development Consultant (Team Leader).
- Philip A.S. Sedlak Ph.D., Communications Specialist.
- K.S. Seetharam Ph.D., Specialist, Population and Development.

However, the Team Leader became ill during the evaluation and recovered to complete the first draft of the report. As she became ill again and had to be hospitalized, the task of making the presentation of the evaluation findings and recommendations to the Government of Lao PDR and the finalization of the report incorporating the points raised by the implementing partners, the UNFPA office in Lao PDR and its Asia Pacific Regional Office (APRO) was transferred by UNFPA, as the Manager of the evaluation, to the third member of the Team responsible for evaluating the population and development component of CP4.
1.4 Methodology

The evaluation which lasted approximately one month had four distinct phases: an inception phase, an interview and information gathering phase, observational field visits and evidence gathering phase and an analysis and report writing phase. An initial briefing about CP4 and its implementation to the Team was provided by UNFPA representative and the programme staff. A briefing session was also held with the implementing partners under the chairpersonship of the Department of International Cooperation during which the objectives as well as the methodology and process of the evaluation were outlined and discussed. An inception report was drafted, as per UNFPA guidelines, and shared with the CO and APRO. The report included a generic set of questions that were to be used to gather data and information during interviews and filed visits (See Appendix).

The Team adopted the following methods to gather information and to verify their accuracy from multiple sources. This included: (i) the review of the 4th Country Programme (CP4), the Country Programme Action Plan (CPAP), the Annual Work Plans (AWPs) and the quarterly and annual progress reports that were available (See Annex 2 for a list of documents). In this context, the Team examined the extent to which the specification of output indicators and targets in the CP document and in the AWPs for an accurate and objective assessment of the achievement of CP4 outputs against what was planned and for their contribution to CP4 outcomes. (See Annex 3 for the Team’s views on the indicators). The evaluation team was informed that there have been modifications in the focus and scope of the activities and consequently on outputs, as well as on the indicators, as those originally included in the CP document were not useable by the CO for monitoring purposes,(ii) interviews with representatives of IPs, key stakeholders and other participants and beneficiaries (See list of persons consulted in Annex 4) for gathering information relating to the achievements and constraints, (iii) field visits to programme provinces for the RH component to observe the situation on the ground and discuss with those who are involved in the implementation of the project as well as ultimate beneficiaries, and for the PD component to assess the capacity at provincial levels for data collection, analysis and planning and to ascertain their views on their participation in UNFPA supported activities, (iv) review of reports that are produced with UNFPA support and other background documents for their content, coverage and quality, and as appropriate for their consideration of population and gender issues such as the NSEDP, (v) review of selected websites for examining the extent of dissemination of the reports and documents, and (iv) sharing and getting feedback from IPs and UNFPA CO. (a detailed list of the process and key steps adopted are attached as Annex 5).

The Team also kept in focus the key criteria of relevance, effectiveness and efficiency, impact and sustainability of the programme and its components, as required by the TOR, and the Matrix below was used to assess the programme components on that basis. (See Annex 6 for details on the criteria). The Team members have also drawn on their experience in arriving at the findings and conclusions contained in this report in an unbiased manner.

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevance</td>
<td></td>
</tr>
<tr>
<td>Effectiveness</td>
<td></td>
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<tr>
<td>Efficiency</td>
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<tr>
<td>Impact</td>
<td></td>
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<tr>
<td>Sustainability</td>
<td></td>
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</tbody>
</table>

Members of the Team held extensive consultations with the representatives of IPs, a number of beneficiaries and service providers, representatives of development partners and the staff of UNFPA
CO. The draft report and the findings of the evaluation were discussed with IPs and the UNFPA during a debriefing session and their suggestions and clarifications have been taken into account in finalizing the report. The Team has endeavoured to maintain high ethical standards and has tried to verify, when needed, its findings during discussions with multiple stakeholders. In drafting and finalizing the report the Team has kept the sources of information secret except in a couple of instances where attribution was considered appropriate. To the extent possible the Team also focused on the consideration of gender as a cross cutting issue across various programme components. Finally, it should be noted that inability of the Team Leader and the consultant on RH services to continue and finalize the report necessitated the principal author of this report to incorporate the comments and suggestions from UNFPA CO and APRO on RH services (outputs 1 and 3) and on programme management.

1.5 Time schedule and limitations

The following is the time table that was agreed upon by the Team and UNFPA CO.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finish in-country evaluation; 1st draft report</td>
<td>15th October/18th October</td>
</tr>
<tr>
<td>Translation &amp; sharing Lao and English 1st draft</td>
<td>22nd October</td>
</tr>
<tr>
<td>Stakeholder meeting &amp; review of draft report</td>
<td>By 28th October</td>
</tr>
<tr>
<td>Comments on draft report</td>
<td>By 5th November</td>
</tr>
<tr>
<td>Submission of final report</td>
<td>12th November</td>
</tr>
<tr>
<td>Translation, sharing and endorsement of final report</td>
<td>By 19th November</td>
</tr>
<tr>
<td>Dissemination final report &amp; CP5 workshop</td>
<td>By 25th November</td>
</tr>
</tbody>
</table>

The main limitations of the evaluation included the following:

- The team was not able to use the indicators to assess progress in the achievement of outputs and hence outcomes, as discussed in Annex 3, though serious efforts were made by the UNFPA country office to refine the indicators and to collect information on them.
- Although the team received a briefing for integrating gender perspective into their assessment, as the Team did not include a specialist on gender it was not possible to examine whether gender issues have been adequately reflected and integrated during the design, implementation, and monitoring of CP4, as well as in the communication, advocacy, data collection, policy and plan development supported during CP4.
- The illness of the Team leader during and after the evaluation limited the scope of discussion among the members of the Team during the evaluation, triangulation of field observations and findings with regard to RH services with the UNFPA CO and IPs. This also resulted in the delay in finalizing the report.

2. Evaluation Findings and recommendations

2.1 Population and Development

Population and Development component of CP4 had the following three outputs:

- **Output 1**: Improved understanding of reproductive health, population and gender laws, policies and issues among parliamentarians, central and local level officials, governors and village chiefs and their commitment to implement these laws and policies
Output 2: Streamlined and harmonized national and sub-national coordination mechanisms to implement key reproductive health, population and gender laws and policies.

Output 3: Improved capacity of national institutions and mass organizations in collecting analyzing and utilizing evidence-based advocacy, action planning and monitoring.

The following set of activities were supported and implemented through the PD component of CP4 under each output:

Output 1: Support to parliamentary advocacy through an interagency initiative to build the capacity of the National Assembly, namely “Support to an Effective Lao National Assembly: 2009-2012” (SELNA) of which UNFPA is a partner.

Output 2: Support for the development of National Transfer Accounts (NTA), the convening of the Forum, Seminar, and participation in workshops related to NTA development inside and outside the country in 2009; for the annual launch of State of the World Population report (SWOP); for the annual event marking the World Population Day (WPD); and for the convening of the youth forum in 2009. Starting from 2007 support was also provided to Lao National Commission for the Advancement of Women (LaoNCAW) to strengthen its capacity with funding from OXFAM NOVIB.

Output 3: Support was provided to the Department of Statistics (DOS, formerly NSO or the National Statistics Office) for the analysis of provincial data from the Lao Reproductive Health Survey (LRHS) 2005 and for their dissemination, for further development of Lao INFO and for training of DOS staff.

Output indicators, as discussed in Annex 3, were in most instances not measurable, and in cases where they were measurable, there was no baseline information or target against which progress could be ascertained. Outcome indicators, on the other hand, were better stated but could not also be used due to lack of base line data and targets. During 2009 the IPs and UNFPA revised the indicators, for which they need to be commended. However, even those proved to be of limited use because of lack of bench marks, targets and the unavailability of the indicator for many years.

The PD component, as seen from the AWPs, is much smaller in scope and coverage of target groups, activities and issues addressed than what was envisaged in the PD component of CP4 and CPAP. As will be seen from the financial analysis in section 3 this has resulted in low level of expenditure when compared to CP4 approved budget, totaling US$2.15 million (48.9 percent). Expenditure is also below the allocation of US$1.65 million from regular UNFPA resources for the period 2007-2011. Even after allowing for the planned support to the organization and conduct of the Lao Social Indicator Survey (LSIS), which will be fielded during the first quarter of 2011, expenditure is likely to be well below the CP4 approved amount.

The following sections describe the general and the specific findings based on AWPs which reflect what was actually implemented and what was achieved. Some of the critical gaps in the PD component of CP4 are identified in Annex 7 and the recommendations to address them, which are included in the recommendations that follow, should be taken into account while formulating CP5.

2.1.1 General findings

The activities under the PD sub-programme were in conformity with the sixth NSEDP goals and priorities. Some of the results and outputs have contributed to the formulation of the seventh NSEDP and raised awareness about the implications of population dynamics for development. However, the absence of a coherent and integrated strategy and a detailed action cum work plan (AWPs that reflect CPAP) coupled with the limited capacity at IPs (DOP, LaoNCAW in particular) has
limited the scope, coverage, effectiveness and sustainability of the programme, and has not strengthened national capacity to ensure the consideration of population dynamics and gender in the planning and policy process.

UNFPA support for a number of the activities under the PD sub programme have been in response to specific requests from the implementing partners (e.g. analysis of the impact of population dynamics and gender issues in the seventh NSEDP) rather than part of a planned set of interventions designed to build capacity and contribute to the planned outputs. In some other cases the support was not focused (e.g. support for advocacy among parliamentarians) to make a significant contribution to the planned output(s)).

It is important to note, however, that the abovementioned interventions at the request of Ministry of Planning and Investment have played an important role and reflects a good level of understanding that population dynamics has significant impacts on development. In turn, it also reflects the positive returns to earlier investments by UNFPA to build capacity to improve population data and the information base and their utilization in planning and policy development.

2.1.2 Specific findings

PD Output 1: Improved understanding of reproductive health, population and gender laws, policies and issues among parliamentarians, central and local level officials, governors and village chiefs and their commitment to implement these laws and policies

Policies and strategies provide the overarching framework for the development and implementation of plans, programmes and projects. Awareness raising and obtaining the commitment of parliamentarians, planners and administrators for the implementation of policies are important in this regard.

Activities to generate awareness and commitment on issues of population, reproductive health and gender among members of the national legislature are embedded in a “joint programme” with other UN Agencies, Funds and Programmes (UNDP, UNICEF, UNIFEM, UNAIDS and UNODC), titled as “Support to an Effective Lao National Assembly: 2009-2012” (SELNA). Funding for this project is also provided by the European Union and the Government of Germany, among others. The programme document contains a results framework and budget, and a corresponding work-plan and budget specifying the activities, responsibilities, funding sources and targets and indicators which could be a prototype that could be used to develop the PD component of CP5.

UNFPA supported Lao Association of Parliamentarians on Population and Development (LAPPD) directly until UNFPA joined the joint United Nations support for the capacity development of the National Assembly through SELNA project. The project became operational from late 2008, and, therefore, the advocacy activities under this PD sub-programme output (PD output1) began two years into the implementation of CP4.

UNFPA contribution to the project for the four year period and the activities which UNFPA supports and/or takes part in is expected to contribute to improve awareness and knowledge on sectoral and technical issues among committee members and department staff of the National Assembly. There are two types of activities devoted to inform parliamentarians and improve their knowledge. These are inter-session workshops held in Vientiane and elsewhere in the country to brief parliamentarians on specific topics, and the organization of parliamentarian’s visits to provinces and communities for dialogue with local leaders and constituents.
UNFPA has been involved in these work-shops and have also organized visits of parliamentarians to provinces and communities. UNFPA has also provided information materials. The UN team managing the programme found UNFPA contribution and inputs useful in informing the parliamentarians about the issues of HIV/AIDS, youth, safe-motherhood, family planning/birth spacing etc.

The quarterly and annual reports submitted to UNFPA document activities involving parliamentarians funded by UNFPA through the project and those such as participation in conferences and seminars outside the country funded by UNFPA directly. It was not possible to verify in detail the focus and content of the activities supported under the SELNA project because neither the agenda nor a report about these was available. It is also not evident if there has been any follow-up action by the parliamentarians on the issues subsequent to the workshops and visits to provinces.¹

The Social and Culture Committee of the National Assembly and its secretariat serve as the focal point for the above initiatives funded by UNFPA. The members of the Committee also serve as members of the Lao Association of Parliamentarians on Population and Development (LAPPD). LAPPD is affiliated to the Asian Forum of Parliamentarians on Population and Development (AFPPD). Some members of LAPPD are reportedly active in advocating for population and reproductive health issues.

The Chairman of the Social and Cultural Committee and LAPPD, during our discussion, requested support for drafting legislation on women’s issues and noted the importance of the recently enacted Law on Statistics to improve the statistical system in the country. In this regard, it is necessary to improve knowledge and awareness as well as the capacity of staff at the Social and Culture Department which supports the work of the Social and Culture Committee on priority social issues including population, reproductive health and gender in order for them to be able to support legislative initiatives on these issues.

Participation of members of LAPPD/ the Social and Culture Committee and the staff of its secretariat and selected other members of the National Assembly in activities outside of PD component and even prior to CP4 should have contributed to increased awareness and commitment to population, reproductive health and gender issues among them. These include:

- Participation of members of LAPPD/National Assembly and of members of its secretariat in conferences and meetings organized by AFPPD.
- Association with UNFPA in previous CPs.
- Involvement in the formulation and adoption of the National Population and Development Policy (NPDP).
- Participation in Hewlett funded project implemented by AFPPD and LAPPD on Person to Person Advocacy Programme (PPAP) during CP3.

In addition to the above, there were other advocacy activities supported through other projects under the PD sub-programme output 2. These include, among others, the yearly launch of State of World Population report (SWOP) and the organization of events to mark the World Population Day (WPD); the convening of the Youth Forum; and the organization of the High Level Forum and a Seminar in 2009 to disseminate the findings from the analysis of population dynamics, particularly the changing nature of the age structure and their implications for economic growth and development, now and in the future. The High Level forum and the Seminar on population dynamics for development has had significant impact as indicated in more detail in the next section. Likewise

¹ Since the work of the Team, members of the National Assembly are holding the first knowledge exchange in Lao PDR on Gender Based Violence in late November.
the Youth Forum which was supported by UNFPA with other UN agencies has generated awareness and a sense of urgency to address youth related issues.

It should also be recognized that the advocacy efforts with parliamentarians, policy makers, civil servants etc is not limited to the PD sub-programme and takes place as part of the RH sub-programme, some of which are conducted through sustained advocacy by UNFPA staff. The following are example of achievements of these advocacy efforts: (a). GOL approved a policy to make MNCH services (including free delivery and EmOC services) free of charge in 2010 and (b) Adoption of the evidence-based Skilled Birth Attendant (SBA) development plan by GOL which led to reinstitution of professional midwife training which had stopped more than two decades ago.

In summary, the support for advocacy through SELNA, while it might have covered a range of issues and reached more members of the National Assembly, it was not focused on the critical issues identified earlier. Therefore, it is unlikely that the abovementioned activities by themselves, though appropriate, have been effective in improving awareness and obtaining commitment of the members of the National Assembly. However, as noted in the preceding paragraphs and in the following section there have been a number of advocacy activities supported under CP4 which have had significant impacts.

Evaluation matrix

| RELEVANCE | Important to obtain political commitment for policy development, resource allocation on priority issues of population, reproductive health and gender |
| EFFECTIVENESS | Lacks focus on priority issues and strategies limit the potential for awareness creation and political commitment to address priority issues in comparison with those that focus on specific issues. |
| EFFICIENCY | Lack of focus and strategy to address priority population and reproductive health under the joint UN programme also makes the interventions less efficient to achieve the objectives. |
| IMPACT | By itself, unlikely to have significant impact |
| SUSTAINABILITY | Unlikely without continued support |

Note: As discussed in the text, advocacy activities are also undertaken through the RH sub-programme and utilizing other avenues that are not part of the PD component. The above scoring refers only to advocacy activities under PD component and not of UNFPA CP4, and SELNA of which UNFPA CP4 contribution is only a small part.

PD Output 2: Streamlined and harmonized national and sub-national coordination mechanisms to implement key reproductive health, population and gender laws and policies.

The activities under this output included the following:

Integrated population and development planning:
UNFPA support under the title “Support implementation of the National Population and Development Policy as an integral part of sixth NSEDP” started 2007. During 2007 the Department of Planning was also responsible for coordination of UNFPA programmes, a function that has been transferred to the Department of International Cooperation, also within the Ministry of Planning and Investment, during 2008.

The only major support that UNFPA has provided during this period is in response to the request from the Ministry of Planning and Investment to provide technical input from Nihon University Population Research Institute (NUPRI) to the Department of Planning to analyze the impact of
population dynamics for development and integrate the results into the Seventh NSEDP and to present the results at a High Level Forum and a national seminar organized during 2009.

A national workshop was also held to familiarize the National Transfer Accounts (NTA) methodology to a wider group of planners and researchers. A summary of the findings is contained in the background document presented to the Round Table Implementation Meeting during November 2009. The draft of the Seventh NSEDP is likely to contain the same analysis, judging from the draft Executive Summary of the first version of seventh NSEDP.

The analysis and the discussion of the findings had significant impact not only in the inclusion of its results in the seventh NSEDP, but also in highlighting the fact that Lao PDR is going through a stage where its “youth” and “working age” population is expanding in proportion to the total population. Addressing the needs of youth, including the need to address their vulnerabilities, has become a priority. This is particularly important as the cohort of young people are moving up in age and will form part of the working age population, the share of which is expected to increase in the coming decades. This provides a unique opportunity to benefit from the “demographic dividend”, if timely investments are made in improving health and education and in creating jobs. The analysis also highlights the long range implications for social security as population begins to age rapidly in the not too distant future. The analysis also shows that, in the short term and medium term, the population of school going age will continue to increase in absolute number, even as their proportion to the total will continue to decline.

Discussion with some of the participants in the Forum and Seminar clearly demonstrates that the analysis and the presentation of findings had a significant impact in underscoring the impact of population dynamics in the short, medium and long term as the population of Lao PDR undergoes a rapid change in age structure. One of the participants noted that the Forum was useful to appreciate the importance of population for development. Another participant noted that the Forum also helped to generate concerns about the social security and social welfare implications of rapid population ageing.

Follow up for this activity has been limited to the Lao participation in the NTA workshops organized at the global or regional levels. A plan to follow up on the NTA has not been agreed upon between the Government and UNFPA. Though an ad hoc activity, it generated significant level of awareness about the importance of population dynamics for development among planners. Unless there is continuous participation and involvement of one or two staff members interested in and capable of carrying out research to advance the development of NTA for Lao PDR, the impact that was generated will not be sustained and national capacity for such policy analysis will not be developed. This should be complemented by national workshops on population and development planning for national, sectoral and provincial planners. Integration of population in the ongoing training programmes of national institutions is also important and is discussed in Annex 7, as this was a gap of capacity development during CP4.

In this regard, it is to be noted that Department of Planning has limited capacity for integrating the impact of population dynamics and gender issues in development planning. There is clear awareness of the importance of population and gender issues in development at the highest level. This is confirmed by the fact that both population and gender issues are being incorporated into the seventh NSEDP due to the timely intervention of the Vice Minister for planning. A quick review of the Seventh NSEDP (abridged version) was shared with the Team on the last of the evaluation (15 October, 2010, when it was provided to the development partners as part of the documents to be used for the 10th round table meeting indicates that population policy, gender and development,
“scaling up human capital” and the promotion of inclusion of women in economic and social fields are among its key objectives.

During the past cycles of UNFPA assistance, a number of people from the Department of Planning were trained, but many have moved up to higher positions within the Ministry, while others have moved out to other posts or are assigned to head the provincial planning departments. While such staff turnover is to be expected it has created a void within the DOP to effectively bring population and gender issues to the forefront during the stages of planning and during the monitoring of NSEDP implementation and the implementation of the National Population and Development Policy, Reproductive Health Policy, as well as the National Strategy for the Advancement of Women (NSAW). It is the team’s view that a combination of in country and overseas training coupled with the institutionalization of population and development training in national institutions should be pursued during CP5.

Advocacy, gender mainstreaming and integrating gender issues in planning:

Advocacy for gender issues: UNFPA has played a major role in advocating for gender equality in Lao PDR, and in working to support the development of women and girls in the country. It has provided ongoing support (both technical and financial) to the capacity development of the women’s machinery – the Secretariat of the LaoNCAW and the SubCAWs – and in encouraging other UN agencies to integrate gender awareness in their work. UNFPA has taken a lead role in this work, and despite turnover of staff in its Vientiane office, has provided consistent support and encouragement to the Secretariat. Without this support, the Secretariat would have faced major difficulties in preparing for GoL participation in the review of Lao report by the CEDAW Committee in 2009, and in carrying out follow up action.

UNFPA, through its Representative and Deputy, have encouraged high level Lao PDR Ministers and officials to remove barriers to gender equality and to improve services for women and children. This has been done at both the formal and informal levels, and has been reflected in preparedness now to hold discussions on gender based violence at the National Assembly level and elsewhere. This advocacy for gender equality has been reflected in its work in the range of health programs it undertakes with the Ministry of Health.

UNFPA encouraged LaoNCAW Secretariat to allow an evaluation of its work to take place in 2009, and also provided additional ongoing support to help the Secretariat prepare its annual work plan for 2010 in the light of that evaluation. The UNFPA Representative and Deputy have made key informal interventions at strategic times, to encourage more action when this has been needed. Given the sensitivity of some of this work, it is not reflected necessarily in formal meetings and documented discussions.

The LaoNCAW and its Secretariat have been established by the Government of Lao PDR as its vehicle for advancing the development of women. While the Secretariat faces many challenges and difficulties in its work, it is unlikely that it would have progressed without the support of UNFPA.

Gender mainstreaming: Capacity building of Lao National Commission for the Advancement of Women (LaoNCAW) established in 2003 to advance gender mainstreaming across all sectors and provinces, and to promote gender equality and status of women has been the main objective of UNFPA support. The project became operational around July 2007 with funding from OXFAM NOVIB/Netherland and UNFPA and the total allocation for the project from 2007-July 2011 totals approximately US$450,000 of which UNFPA contribution from its core resources is about US$100,000 and covers mainly management and limited technical support.
One of the major outputs of the support by UNFPA jointly with UNIFEM was the preparation and presentation of the combined sixth and seventh report of the Lao PDR to the United Nations Committee on the Elimination of Discrimination against Women in compliance with the reporting requirements of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW). While UNIFEM supported report preparation, UNFPA coordinated the support of the United Nations Country Team, the participation of Lao PDR in the CEDAW meeting and the preparation for the GOL presentation.

The combined sixth and seventh report of Lao PDR to the UN Committee and its recommendations provide the framework for further action to advance gender equality and empower women towards achieving gender related targets in the MDGs and those contained in the ICPD POA and Beijing Platform for Action. LaoNCAW, with technical support from UNFPA, is in the process of developing a strategy plan, a draft of which, we are informed, is available in Lao.

The main focus of support by OXFAM NOVIB and UNFPA has been to build the capacity of LaoNCAW secretariat and the units supporting SubCAWs in the sectoral ministries and in the provinces and districts. Progress has been made in establishing and supporting LaoNCAW and its units at various levels of government and administration. Gender mainstreaming workshops are being held to build knowledge and understanding of gender issues and their respective roles.

Located in the Prime Minister’s Office, LaoNCAW has the potential to be an effective force in advocating for promoting gender equality and equity, as well as in following up the recommendations contained in the report of the Committee overseeing CEDAW implementation, which will contribute to achieving gender related MDGs. Yet, current support does not envisage major change in focus towards a proactive role to address the recommendations of the UN Committee on CEDAW.

Capacity of LaoNCAW is still limited. It has nine staff members and most of them are junior. This has affected the substantive advocacy role of LaoNCAW which needs sustained and quality technical support and guidance to prioritize issues and lead advocacy efforts.²

Integrating gender issues in planning and programming: The executive summary of the first draft of the seventh NSEDP that was made available during the evaluation did not contain references to strategies for addressing gender issues. Review of UNFPA travel report (dated March 2009) by one of its staff at the regional office indicates that the gender issues were not addressed adequately in the draft plan as it has been confined within a chapter on women and children.

It was indicated during the interviews that the Vice Minister of the Ministry of Planning and Investment requested UN system for assistance in this regard while the first draft was being discussed. The Vice Minister during our discussions informed the Team that gender issues are included in the final version as a separate chapter as well as part of various sectoral chapters. As noted earlier, the abridged version of the Seventh NSEDP, made available to the Team and to all DPs on the last day of the mission, includes the promotion of inclusive participation of women in social and economic fields as one of its key objectives.

There are a number of institutions, formal and informal working groups as well as background and strategy documents in the country responsible for promoting gender equality and women's empowerment and for supporting the integration of these into plans and programmes. The national institutions include the Lao Women’s Union (LWU) and LaoNCAW. The UN Committee report and

² Other parties considered that the LaoNCAW Secretariat may have a different view of its role and be less willing to advocate strongly in the Lao PDR context.
the National Strategy for the Advancement of Women (2006) provide the framework and action plan. The Gender Resources Information and Development Centre (GRID) which is part of LWU, with support from the World Bank, in 2005 published a Lao PDR Gender Profile which provides a comprehensive situation analysis and identifies key issues. The UN has established a Theme Group on gender, chaired by UNFPA. There is an informal working group on gender chaired by LaoNCAW which is expected to include representatives of various government ministries, development partners, non-governmental organizations etc., and is being supported by UNFPA. It is unclear, therefore, why support was not provided to LaoNCAW and the Department of Planning at the early stages of the formulation of the seventh NSEDP to ensure that gender issues were included in the plan. The travel report summary referred to earlier had described this as “missed opportunity”.

Continued advocacy to incorporate gender issues into national and sectoral plans, policies and strategies is important to ensure that a) they are included in these instruments, b) appropriate programmes in support of women’s health, education and participation in economic activity and decision making are included in them, and that c) adequate resources are allocated for these activities. LaoNCAW is well placed to play this role but its capacity for policy advocacy and for ensuring gender considerations in planning and programming is limited.

**Evaluation matrix**

<table>
<thead>
<tr>
<th>RELEVANCE</th>
<th>Population and gender issues are highly relevant and very important in the context of national development goals and priorities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFFECTIVENESS</td>
<td><strong>Population in development:</strong> Objective of the one major activity was achieved due to high quality technical support, results incorporated in plan; <strong>Gender in development:</strong> Contributing to building capacity of Lao NCAW.</td>
</tr>
<tr>
<td>EFFICIENCY</td>
<td>Results of the activities are being achieved as planned, and the strategies are sound.</td>
</tr>
<tr>
<td>IMPACT</td>
<td>Short term impact of the high level “forum” on population and development has been significant, long term impact unclear; capacity development of Lao NCAW can contribute to promoting gender issues in the country.</td>
</tr>
<tr>
<td>SUSTAINABILITY</td>
<td>High level commitment is a positive factor but sustainability is limited due to low capacity at Department of Planning and Lao NCAW for incorporating population and gender issues in planning</td>
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Coordination and monitoring:

Support for Department of International Cooperation started only in 2009 and covered the following activities: a) support for organizing coordination activities which includes this evaluation of UNFPA CP4 implementation, b) launching of SWOP c) organizing events to mark the World Population Day each year, d) organization of the first Youth Forum, e) the development of a advocacy video on maternal health. Participation of staff from different Ministries and Departments in international conferences, meetings and workshops is also supported under this project.

As part of the support for advocacy DIC was supported to launch the SWOP in the country and to organize events marking WPD. These play a part in awareness-raising as they are covered by the national media. A Youth Forum was organized jointly by UNFPA, UNICEF, UNODC and WHO to generate awareness and to highlight the importance of addressing the needs, including the need for information and services on RH, of young people whose number and as a share of the total

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3 An updated gender profile is being prepared for discussion but was not available to the Team.
population is increasing. For the first time, a young person represented the voice of the youth in the Forum: It is not clear if there has been a follow-up since the Forum.

Production of a video on safe motherhood was supported under this project. Due to the limited capacity of DIC this activity is transferred to MOH under the RH sub-programme.

**PD Output 3: Improved capacity of national institutions and mass organizations in collecting analyzing and utilizing evidence-based advocacy, action planning and monitoring.**

UNFPA has provided continuous support to the Department of Statistics (DOS, formerly known as the National Statistics Centre or NSC), for nearly three decades to build its capacity for organizing and conducting national population and housing censuses. More recently, UNFPA has supported the conduct of Lao reproductive health surveys. UNFPA has also supported DOS to process, analyze and disseminate data to the community of users.

Major activities supported by UNFPA during this period include: Finalization of the Lao Reproductive Health Survey (2005) report and its translation and dissemination; preparation and dissemination of the provincial report from the LRHS (2005) in three regions; training work-shop on data processing and in the use of Statistical Package for Social Sciences (SPSS); Lao Info development and dissemination; planning for the Lao Social Indicator Survey (LSIS) to be launched during the first quarter of 2011; technical assistance; and the participation of the staff of DOS in international meetings and work-shops. There were also a few activities related to training of DOS staff at the national and provincial levels.

Major outputs during this period are LRHS (2005) provincial report and the LaoInfo Version 5.1. While these have contributed to the availability of statistics and indicators, their use remains limited, as the discussion below indicates. Strengthening DOS for timely uploading of data and for awareness creation among the user agencies and departments could be helpful in improving the use of data and of LaoInfo.

**LRHS (2005):** In addition to the censuses RHS is an important source that yields periodic estimates of fertility and mortality at national and provincial levels. LRHS also provide data on ante-natal, delivery, and post-natal care, breast feeding, and family planning. Analysis and report writing of both national and provincial reports were carried out with significant external technical assistance, which reflects the lack of capacity within DOS for analysis and report preparation, which is also confirmed by those interviewed by the Team.

The national and provincial reports cover a number of topics, methodologically sound, easy to read and understand, includes some trend analysis, and are presented in appealing formats. Further and more detailed analysis of the data, in particular, on the socio-economic determinants of fertility and mortality is possible and remains to be done, which is again an indication of the lack of capacity for further analysis and research, not only in DOS, but also in other institutions in the country.

**Dissemination of reports and data:** UNFPA support during CP4 included the translation of the LRHS (2005) reports from English to Lao and the holding of seminars to inform planners, policy makers at national and provincial levels about the findings from the surveys. A number of these meetings have been held and few more are planned. The monitoring reports identify the need for these workshops to highlight key findings and their implications using improved techniques so as to have greater impact.
The web-site of the DOS includes a number of its products. However, the reports from the LRHS (2005) are not among them. This would be an easy way to make these reports available to a wider audience. It is an indication that DOS needs to establish a system to periodically upload data and reports and to monitor that this is being done regularly. It is also equally important to make raw data available to researchers for carrying out detailed studies and research. Discussion with select users indicated that it is possible to obtain special tabulations and/or raw data for a fee to cover the costs.

**Lao Info:** This is an adaptation of DevInfo to suit the Lao PDR context and is a tool for disseminating data and indicators. LaoInfo is a user-friendly common indicator database system which provides a key statistical tool for monitoring the Millennium Development Goals (MDGs) and a data source for planning and monitoring the National Socio Economic Development Plans (NSEDPS and other national development frameworks in the Lao PDR. Its development is supported by UNICEF, UNFPA and UNDP. The common indicator database system is integrated within Microsoft® Office Professional. (Source: DOS web site)

LaoInfo includes data from national censuses, surveys, and the government reporting systems. The tool provides easy access to indicators organized by sectors, goals, themes, sources, institutions or conventions. The latest version is 5.0 and is available in CD format.

UNFPA has also supported the dissemination of LaoInfo and training of staff at the national, sectoral and provincial planning and statistics offices on its content and use concurrently with the dissemination of the LRHS provincial reports referred to earlier. Discussion with potential users in the Government departments reveals that it is not used widely and some potential users are also not aware of it. Those who were asked about its use at the national and provincial levels reported difficulties in opening the files which could arise from incompatibility of the systems. Also, the latest version of Lao Info is not uploaded and accessible through the DOS web-site. Version 4.1 is on the menu but could not be opened. It was explained that lack of human resources and skills have been a factor and that it is a priority for DOS (soon to be upgraded to National Statistics Bureau) during the coming cycle.

As noted earlier, Lao Info is an instrument used in monitoring the MDGs and in that regard it is useful to have the data and indicator base. It is recognized that it is still in the development stage. However, it should be underlined that it will be useful only when the data and indicators and other forms of information, particularly those that are collected and reported continuously, is regularly updated and made available on the web and through other channels.

**Analysis, research and utilization of data, indicators and research findings:** Relatively little emphasis is given in the PD component to improve capacity for the analysis of data, conduct research and for the utilization of data and research findings for advocacy, policy development and planning. As discussed earlier in the section, UNFPA supported the analysis and the writing of the national and provincial report from LRHS (2005) and that much of the analytical work was done with inputs from external consultants. There is also no evidence of detailed analysis or research being undertaken using the data. An exception is the application of the National Transfer Account (NTA) methodology that utilizes available data from a variety of sources to examine the impact of emerging population dynamics and their implications for development, details of which are discussed in the next section. As discussed in the preceding section, indicators derived from the data collected through the LRHS are used to monitor MDGs and the achievement of NSEDPS goals and targets. They are also used as benchmarks for sectoral planning and for periodic assessment of the impact of programmes.
**LSIS (2011):** Planning for the conduct of Lao Social Indicator Survey (LSIS) is ongoing. It is being organized by the Ministry of Health (MOH) and DOS and funded by UNFPA and UNICEF. Technical support and guidance is provided by the DHS team with funding from USAID and UNICEF MICS team. Questionnaire is being finalized and survey sample has been drawn. A survey coordinator funded by UNFPA and UNICEF is in place to provide technical and operational guidance for the conduct of the survey and for the processing and primary analysis of data. LSIS (2011) combines DHS/LRHS and MICS information to reduce the burden on DOS for collecting data. Moreover, the placement of a coordinator for the duration of the survey and preliminary analysis, instead of short term technical support, would help DOS staff to improve their skills.

For the first time in Lao PDR there is an attempt to get an estimate of Maternal Mortality Ratio (MMR) through the survey.

**Capacity Development:** Support for training, technical assistance and participation in conferences and technical workshops was provided to build skills and capacities for data collection, processing integrated capacity development plan. Discussions with the staff at provincial level indicate that lack of computers and the opportunity to apply what was learned during the training courses, in particular on SPSS and data processing, have limited the application of the methodologies in their day to day work.

Technical assistance to support to DOS is output driven and was for a limited duration. Therefore it would have made only limited contribution to improve the analytical skills of DOS staff. Participation in international conferences and technical workshops, such as the one on the measurement of maternal mortality through censuses and surveys, would have generated the understanding of staff about their relevance and applicability to Lao PDR. Their participation has generated discussion among the working group members from DOS, MOH, UNFPA, UNICEF and the survey team to apply the methodology through collection of relevant data in the upcoming LSIS.

**Evaluation matrix**

<table>
<thead>
<tr>
<th>RELEVANCE</th>
<th>Highly relevant and appropriate as the outputs support planning, policy development and monitoring and is an important and continuing national priority.</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFFECTIVENESS</td>
<td>Unless data and indicators are updated regularly and made available widely, including through the web, use of Lao Info will be limited, lack of human resources and skills have been a factor; training should be related to work and technical assistance must contribute to build national capacity to be effective.</td>
</tr>
<tr>
<td>EFFICIENCY</td>
<td>Activities implemented on time and are cost effective; dissemination could be improved with better use of web and capacity development for data analysis more efficient by better use of technical assistance and national staff being actively involved in analysis and report writing.</td>
</tr>
<tr>
<td>IMPACT</td>
<td>Data and findings influence planning and decision making; contributes to capacity development for collection and processing--more support needed to build capacity for analysis.</td>
</tr>
<tr>
<td>SUSTAINABILITY</td>
<td>High level of commitment from GOL to improve national statistical system and its products.</td>
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</tbody>
</table>

24
2.1.3 **Recommendations**

**Priority recommendations:**

1. Develop a comprehensive strategy and action plan on population and development (including advocacy and capacity development components), with the full participation of implementing partners, for the duration of CP5 in line with national priorities. This should constitute the basis for the development of the AWPs with modifications as necessary based on needs at the time and lessons learned. This would require technical guidance from the UNFPA regional office as there is limited capacity in country.

2. Develop an advocacy strategy and an action plan (as part of the PD strategy and in the context of a broader strategy for advocacy and communications) in consultation with stakeholders bearing in mind that the target audience include members of the legislature, as well as planners, administrators, media etc. and use it as a basis for planning and implementing activities.

3. Support the development of capacities of IPs to ensure that gender issues are incorporated into all aspects of planning, implementation and monitoring of the PD strategy.

4. Build the capacity of the IPs such as DOS, DOP, LaoNCAW, NUOL, NAPP A the secretariat of the Social and Cultural Committee of the National Assembly/LAPPD and others for planning, implementing, monitoring, and coordination of their activities and with those of the other components of CP5 to enhance synergy.

5. Provide external technical support at critical stages of PD strategy development, programme planning and implementation, and for high level advocacy.

The following is a list of specific suggestions, organized under broad headings, which should be taken into account in developing the PD strategic plan and to follow through on the above recommendations.

**Data collection, analysis and capacity development:**

1. Continue support for LSIS during 2011 and 2012, and during the stage of data analysis ensure that national counterparts work closely with international consultant(s) and prepare early drafts of the report.

2. Starting from the preparatory stages of the 2015 Census support DOS to “engender” the census, i.e. to ensure that gender issues are taken into account at all stages of the census. This could be preceded by training of staff on “engendering the census” through in-country training or through participation in regional workshops on the topic.

3. Support and facilitate discussion among the parties involved to initiate the process of establishing a civil registration system. UNICEF and WHO should be invited to participate in this process and provide both technical and financial support.

4. Improve data and information dissemination by making efficient use of the web and ensure that the data and reports including LaolInfo are updated regularly; assign skilled staff for regular uploading of data and reports on the DOS website and develop systems of monitoring and supervision to ensure quality and timelines; and enhance coordination among partners and awareness-raising among potential users about LaolInfo to improve its use.
5. Support the organization of in-country training courses for data analysis and report writing and ensure that the training courses are tailored to the job requirements of the participants.

6. Establish a capacity development plan for UNFPA support during CP5 based on a needs assessment and/or a plan already developed by DOS.

Institutional capacity development

1. Provide support to the Lao National University, Faculty of Social Sciences to incorporate population and development issues in their new Masters Degree programme offered by the Human Resources Development Centre of the Faculty of Social Sciences which is scheduled to begin during the next academic year.

2. Support National Academy for Politics and Public Administration (NAPPA) to revise the curriculum on population and development incorporated into their curriculum for training of administrators and civil servants; develop new ones for advanced courses; and support refresher training of NAPPA staff.

Advocacy for policy development and implementation

1. Establish stronger working relationship with LAPPD and other IPs, and provide support for their involvement in active advocacy within the National Assembly for issues such as safe-motherhood, youth, and gender-based violence and for increased allocation of resources for population, reproductive health and gender related programmes.

Integration of population dynamics and gender issues, planning

1. Further work to develop of NTA for Lao PDR should be continued and supported for one or two years on condition that one or two staff members interested and committed to research and policy analysis will be assigned to work on further development of NTA and that their participation in related training and experience sharing workshops would be supported. The results should be presented annually to inform planners and policy makers about the findings and their implications for policy and for resource allocation.

2. In country training workshops on population and development should be organized for planners, including those from MOE, MOH and the Ministry of Labour and Social Welfare, and staff of National Economic Research Institute (NERI) and Lao National University/Faculty of Social Sciences.

3. Short and long term study (one year duration) on population and development at institutions of countries in the region for the staff of DOS should be supported.

4. Strengthen the capacity of provincial administration for incorporating population, reproductive health and gender in their plans and programmes, starting initially with Vientiane province on a pilot basis for a two year period.

Gender and development

1. Support the development of capacity at LaoNCAW secretariat for policy advocacy targeting highest levels of Government, the National Assembly, and senior civil servants and administrators and the subCAWs at sectoral ministries to strengthen the integration of gender issues into sectoral plans, programmes and budgeting.

2. Drawing from the CEDAW report and Committee recommendations identify key issues such as maternal health and safe motherhood, gender based violence, vulnerabilities of young women to trafficking and sexual abuse, and of women among ethnic minorities and support the development and implementation of advocacy efforts including materials and tools.
Strengthen the capacity of UNFPA Lao PDR and IPs to support PD component, including gender and development

1. Appoint a National Programme Officer with specialization in gender and social development issues to provide technical and operational guidance to mainstream gender in UNFPA supported programmes, to advocate for gender issues in various fora, and to promote the integration of gender in development strategies and plans.

2. Develop the capacity of the UNFPA Programme Officer in charge of Population and Development to provide operational guidance for PD sub-programme development, implementation and monitoring.

3. Consider the recruitment of a United Nations Volunteer with background on population and development for the first two years of CP5 to provide technical support to the IPs to build their capacities and to support the organization and conduct of activities such as the introduction of training courses at the NUOL.

2.2 Reproductive Health

The Reproductive Health component of CP4 had the following four outputs:

- **Output 1:** Improved health systems, including planning, management, human resources development, logistics and information systems, focusing on maternal and neonatal health, adolescent sexual and reproductive health, and prevention of sexually transmitted infections and HIV.

- **Output 2:** Increasing availability and accessibility of client oriented reproductive health information and services in priority geographical areas.

- **Output 3:** Increasing demand for sexual and reproductive health and reproductive rights in priority geographical areas.

- **Output 4:** Increasing coverage of HIV prevention for young people, pregnant women and vulnerable groups, including commercial sex workers and their clients, and mobile populations.

2.2.1 General Findings

The interventions under the reproductive health (RH) component were designed to improve the health system (Output 1), and to work synergistically to deliver improved health outcomes focusing on improving maternal, neonatal and child health (MNCH). In particular CP4 has contributed to the development of basic package of essential health services – the Integrated Package of Maternal, Neonatal and Child Health Services 2009-2015, the development and implementation of a Skilled Birth Attendance (SBA) plan; and is contributing to strengthening Emergency Obstetric Care (EmOC), improving access to family planning, strengthening reproductive health commodity security (RHCS), promoting adolescent sexual and reproductive health (ASRH), and preventing sexually transmitted infections (STI) and HIV among young people and vulnerable population groups.

The interventions of the RH component under the four outputs are thus complementary and mutually supportive as shown in the table below. Key systems including management, planning, logistics, information and human resource systems are being developed in tandem to support for the provision of information, life skills education, and improvements of services for maternal, neonatal and child health, family planning, adolescent health, and for the prevention of HIV/AIDS. The evaluation team has noted that significant progress has been made during CP4 towards achieving the above, particularly in the priority areas and targeting vulnerable population groups, as discussed in detail in the sections that follow. An accurate assessment, however, is hampered by the non availability of data and indicators for recent years. The Team also noted that some of the CP4 RH output statements are broad and ambitious, lacked clarity and focus, and as noted in Annex 3, many
of the indicators were of limited use for measuring the achievement of outputs and hence their contribution to outcomes. Mid-way through CP4 UNFPA took steps to refine the indicators and instituted a mechanism to collect data from the programme provinces that yield some of the indicators needed to monitor the achievement of targets set during the preparation of its annual work plans under the RH component.

**UNDAF Outcome:** Increased and equitable access to and utilization of quality, prioritized social services

**CP4 RH Outcome:** Improved utilization of high-quality, equitable RH services focusing on poor, rural and vulnerable populations

<table>
<thead>
<tr>
<th>Outputs</th>
<th>RH Output 1: Improved health systems</th>
<th>RH Output 2: Increased information and services on reproductive health</th>
<th>RH Output 3: Increased demand</th>
<th>RH Output 4: Increased coverage of HIV prevention</th>
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</thead>
<tbody>
<tr>
<td>Major interventions</td>
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<tr>
<td>MNCH/ FP/ RHCS</td>
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<td>SBA</td>
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<tr>
<td>Demand creation</td>
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</tr>
<tr>
<td>ASRH/HIV</td>
<td>**</td>
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</tr>
</tbody>
</table>

***Focal contribution to output  **Significant contribution to output  * Secondary contribution to output

The following are the key markers that illustrate the progress that has been made towards achieving the outputs of the RH component of CP4:

- Supported the development and functioning of sector-wide coordinating mechanism for health, with a specific focus on establishment of a specific Technical Working Group for Maternal, Neonatal and Child Health (TWG MNCH) and the related Task Forces established to coordinate the implementation of an integrated package of services for mothers, neonates and children under five years of age.
- Supported the development of an integrated maternal, neonatal and child health action plan.
- Supported a national assessment of skilled birth attendance.
- Supported the development and implementation of a Skilled Birth Attendance Plan, based on the SBA Assessment.
- Developed and is assisting implementation of curricula and pre-and in-service training on family planning, skilled birth care, including reintroduction of professional midwifery and strengthening training for emergency obstetric care.
- Supported the process leading up to an agreement to develop an integrated logistics management of reproductive health commodities linked to the health management information system.
- Contributed to build the capacity of service providers to deliver client-friendly, culturally appropriate and gender sensitive MNCH services.
- Promoted the participation of the community and especially ethnic groups in planning and delivering services to increase demand.
- Expanded adolescent reproductive health services.
- Lobbied government committees to address adolescent sexual and reproductive health, HIV and maternal health issues.
- Mobilized key ministry leaders to develop action plans to integrate adolescent sexual and reproductive health and the prevention and management of sexually transmitted infections and HIV into the health system.
Collaborated with WHO and UNICEF and other development partners to improve the quality and availability of integrated maternal, neonatal and child health services, family planning and nutrition services, including emergency obstetric care, by increasing the number of skilled birth attendants and by strengthening referral systems.

Mobilized additional resources for the implementation of the integrated package of MNCH services.

The Strategy and Planning Framework for the Integrated MNCH services package –commonly referred to as the MNCH package, should be seen as an excellent start in guiding development of health system and services in Lao PDR. The planning, monitoring and evaluation (M & E) guidelines of MNCH package will provide a base from which to develop a realistic and coherent approach to health system strengthening. UNFPA’s initiative, as noted earlier, to collect data from the programme provinces is providing the indicators that are included in the M&E guidelines, and have been included, in recent years, in the UNFPA monitoring and tracking tool.

It is evident that there is a weak understanding of the concept and purpose of M & E in Lao PDR; and it is not seen as an essential part of programme. In advancing the implementation of MNCH and improving the health system it is important to recognize that capacity development is needed at all levels and should be linked to an overall approach to the collection and use of data, maintenance and audit of records, and an examination of how some of these could be linked to UNFPA support to population and development under CP5 would be useful. Such a linkage was not seen during the development and implementation of CP4.

The discussion in the following sections highlights in detail the progress that is being made, areas where more attention is needed, and provide recommendations to further strengthen the system and improve the provision of reproductive health information and services during CP5.

2.2.2 Specific findings

RH Output 1: Improved health systems, including planning, management, human resources development, logistics and information systems, focusing on maternal and neonatal health, adolescent sexual and reproductive health, and prevention of sexually transmitted infections and HIV.

Improved health system and capacity for MNCH services: UNFPA has made substantive contributions in the development and adoption of the strategy and planning framework for the implementation of the integrated package of MNCH services in Lao PDR. The strategy is aligned with the overall policies and strategies of Lao PDR to improve health and contribute to the achievement of MDG4: improve child health and MDG5: improve maternal health. The strategy and planning framework will assist the Government of Lao PDR (GOL) and guide stakeholders in designing, implementing and evaluating maternal, neonatal, and child health programmes in a coordinated and efficient manner.

Developing the integrated package is an important step not only in terms of health systems development, producing a coherent strategy and planning framework that GOL and DPs have signed up to, but also in terms of process that contributes to the development of national capacity.

A MNCH Technical Working Group (TWG) was established by MOH in 2007 as one of the components of the sector-wide coordination mechanism in the health sector. The technical working group (Task Force 2 dealing with strengthening efficiency and quality of health provision is co-chaired by UNFPA), has been instrumental in developing the integrated package of MNCH services
and the key strategies needed for its national expansion to reach high coverage by 2015. The TWG meets on average monthly, is chaired by the deputy director of the Department of Prevention and Hygiene, with participation from relevant government departments and development partners.

The TWG is addressing issues such as:

- Insufficient health service capacity in Lao PDR.
- How to integrate essential but fragmented, vertical programmes into an efficient system.
- How to improve service quality and consistency.
- How to improve utilization of services.
- How to ensure access to services for all.

The TWG for MNCH is also concerned with the critical shortages of skilled health personnel for MNCH service delivery and links to the TWG for Human Resources, as well as the TWG for Health Financing, both of which give priority attention to the needs for implementation of the MNCH package.

The comprehensive MNCH package is rooted in a primary health care base and covers non-pregnancy care, which includes family planning, pregnancy care with an emphasis on antenatal care (ANC). In this regard it is important to point out that more use could have been made of the guidelines for the 4 Focused ANC model rather than at least 4 routine ANC visits.

To provide support to MOH for the development and implementation of this comprehensive strategy, UNFPA has recruited a senior professional Technical Adviser, who is also responsible for assisting MOH/MCHC with the coordination of MNCH service delivery component of the integrated package, advancing reproductive health commodity security and to develop and implement an integrated logistic system for MNCH commodities.

**Developed plans for improved access to skilled care:** Access to skilled care during and immediately after pregnancy and childbirth, and to Emergency Obstetric Care (EmOC) which is a key component of the MNCH package has been quite low in Lao PDR. UNFPA, during CP4, has made significant contribution to the development of a skilled birth attendance plan, to develop national capacity for the training of SBAs and their certification, and thereby improve access to and quality of skilled birth attendance in the country. This has been a significant achievement. Though the initiative is at the initial stages of implementation it has the potential to reduce maternal mortality in Lao PDR which, according to recent United Nations’s estimates, is one of the seven countries in the world outside Sub-saharan Africa having very high MMR, above 300, per 100,000 live births.

The SBA Plan was developed in parallel with the Strategic Framework for the MNCH package and the two are complementary. To address the human resource needs of the MNCH Integrated Package, a national assessment for skilled assistance at the time of birth was conducted in 2008. The assessment revealed that most births (>80 percent) take place unattended by skilled help at home and that there was little capacity in terms of manpower or facilities to provide Emergency Obstetric and Newborn Care in the country. Based on the results of the assessment a comprehensive and ambitious Skilled Birth Attendance Development Plan 2009-2012 was developed with funding and Technical Advice from UNFPA. The SBA plan lays out the major health system strengthening needed to ensure that Skilled Birth Attendants are available in adequate numbers and quality and are appropriately deployed to meet national goals and policy objectives. The plan took into consideration the fact that many women do not use health services due to a lack of skilled female health care provider and, therefore, makes explicit that priority is given to train women as skilled birth attendant, especially at the community / Health center level. The rationale, coherence and
clarity of the SBA Plan are noteworthy and the plan is a road map to guide the successful introduction of midwifery into the health services of Lao PDR.

The specific goals of the comprehensive SBA plan are to: (1) strengthen the existing workforce to reduce maternal and newborn mortality and morbidity, and (2) strengthen the education and training system and re-introduction professional midwifery; (3) strengthen workforce management, (4) strengthen the working environment of Skilled Birth Attendants by developing standards and audit systems, and (5) strengthen the links between the health sector and the community, including the referral system. These goals also include a set of measurable indicators to monitor progress.

It is important to note that the introduction of accredited Skilled Birth Attendants in Laos is being viewed positively and as a timely initiative for UNFPA to be supporting. That this is the case is a testament to the successful advocacy for the introduction of a skilled midwifery cadre to the country by the UNFPA team. This advocacy was aimed at both Government of Lao PDR and also at some initially skeptical development partners. As a result UNFPA is accepted as the lead agency by the development partners for this initiative and all development partners now support the implementation of the SBA plan.

**Developed national capacity for training of service providers:** Short training courses aimed at increasing the basic skills for MNCH and for EmOC skills of the current workforce have been running since 2009 with a particular focus on SBA plan for up-skilling staff at the Health Centre and for developing SBA capacities of MDs and Medical Assistants (MAs). Support has also been given to central and provincial level Training of Trainers (TOT), developing training manuals for antenatal and postnatal care, revising the EmOC training manual to integrate the management of newborn complications and conducting updating and refresher courses for family planning.

The longer term strategy for training adequate numbers of Skilled Birth Attendants by reintroducing midwifery programme after more than two decades of gap has required investment in teaching facilities, materials (including anatomical models and midwifery kits and translation of key teaching and learning materials such as WHO Safe Motherhood Modules, and a key midwifery textbook, among others, and strengthening in-country midwifery teaching capacity. UNFPA has collaborated successfully with WHO, UNICEF and JICA in achieving improvements in these areas.

The facilities and materials available at the two midwifery training centres developed by JICA and UNFPA (Pakse College of Health Science and the MOH Nursing and Midwifery Training Facility Vientiane Capital) visited by the team are impressive. It was noted however that the school in Pakse does not adhere to the agreed length of training (44 weeks) for the Community Midwifery course. The training courses in Laos are already 6 months shorter than desirable and do not give enough clinical exposure to the trainees. The school in Pakse had not been visited by the SBA Coordinator for about 9 months and during this period there had been slippage in adhering to essential criteria, such as the length of the Community Midwifery training course. This underscores the importance of continued monitoring and supervision to ensure adherence to regulations and the quality of training.

It is also to be highlighted that for the first time in Lao PDR a national licensing exam for Midwives is being introduced and the first batch of 140 Community Midwives will receive certification by January 2011. There are also plans to train more than double that number of midwives annually thereafter. This has been a significant achievement and a solid building block for further advances in access to skilled care during pregnancy, and during and after delivery. In addition to proving support for developing the system and institutions for reintroducing midwifery training UNFPA is supporting 4 schools, each training 20 students on the 1 year community midwifery training for existing low level Auxiliary Nurses/Nurse Midwives. UNFPA is also assisting MoH to develop a National Licensing
system for accreditation of the new Community Midwives, this will be the first time any health worker in Lao PDR will have an official license, let alone one based on an assessment of competency.

**Improved management, logistics and technical support:** Beyond individual health workers, management capacity is needed to ensure correct coordination and organization of services, including supplies, training and communications. UNFPA has worked successfully with WHO, UNICEF and JICA amongst others to establish highly relevant and culturally appropriate training courses and facilities and materials. One should not underestimate the impact of the training surroundings and the supply of materials and teaching aids on the morale and motivation of trainees. During our interviews the Community Midwife trainees demonstrated a great deal of pride in the skills they were learning and the profession they were entering, which bodes well for future sustainability. The logistics and communications systems however are more problematic.

Local health systems do not operate in a vacuum. It is noted that health care facilities are universally poor, even at the provincial level, and obviously suffer from years of neglect and underuse. For GOL to increase the proportion of institutional deliveries, considerable investment in space, staff and equipment will be needed, without which the system will quickly overloaded and act as a disincentive to deliver in a health facility.

Overall health system attributes affect how managers and healthcare staff behave (salaries, staffing levels and promotion opportunities; clinical facilities, supplies of drugs and equipment). To deal with these complex and multi-layered performance issues, approaches focusing on individual health workers need to be strengthened by efforts to strengthen overall management capacity in the system.

The logistics system of MOH for MNCH commodities, according to a recent assessment, is currently deficient and unable to guarantee reproductive health, maternal health, neonatal health and child health commodity security at the broadest level of outreach meaning at health centers. A functioning logistics system is a key element of the integrated MNCH package, and is essential for the roll out of SBA (provision of maternal life-saving drugs) and guarantee stocks of contraceptives for a functional family planning including its outreach services.

UNFPA has been actively assisting the Ministry of Health since 2008 in its attempts to develop a unified logistics system encompassing all public health programmes, including those aimed at maternal, child and reproductive health. A workshop was held at Thaladh in June 2009 with both local and international stakeholders and a general consensus was reached on a way forward in unifying the several logistics channels operating in the country. This is laid out in the August 2009 Administrative Instruction by the Ministry of Health and is underpinned by the Strategy and Planning Framework for the Integrated Package of Maternal Neonatal and Child Health Services (2009-2015) and the National Health Information System Strategic Plan (2009-2015).

The aim is to incorporate the integrated MNCH package of commodities consisting of vaccines and accessories, iron and folic acid supplements for pregnant women, Vitamin A capsules and de-worming medicine for both pregnant women and children into one logistics system. These commodities are to be integrated into the family planning contraceptive logistics supply chain, resulting in a unified MNCH logistics system. Vaccines meant for pregnant women (TT) and preventable diseases in children were to be added gradually to the MNCH package when the necessary adjustments had been made to the cold chain. Products associated with the HIV/AIDS, T.B. and malaria prevention programmes supported by GFATM funding are to be added at a later date.
Thus, the separate logistics operations would be brought together and be managed by the Medical Products Supply Centre (MPSC) with a central warehouse supporting regional warehouses (these have been provided with assistance from JICA). The plan is described in the “Strategic Action Plan for Unification of Logistics of the Public Health Program” drafted in 2009 (not approved). It has been difficult, at the time of the evaluation, to assess exactly what has been achieved by the plan. UNFPA has supported the transition towards and integrated logistics system with international Technical Assistance (TA) to help draft the strategy and action plan for the unified system, design a stock-out survey questionnaire and forecast contraceptive need for 2010-2011. UNFPA is also funding training in logistics management and has hired a full-time national Logistics Management Officer to be assigned to the MPSC. A detailed work plan for development of the MNCH MIS was drafted by the Logistics Consultant in June/July 2009. The International RHCS/MNCH Technical Advisor is expected to play a coordination and leadership role in the implementation of the plan.

It is to be noted that progress on achieving a unified system has been delayed by:

- Multiple stakeholders and reluctance, by them, to relinquish areas of control to other agencies.
- Concerns about the ramifications of a unified logistics system and lack of clarity over roles and responsibilities.
- MOH, understandably, was distracted last year by relief efforts in response to the heavy flooding in southern Laos from the tropical storm “Ketsana”.
- Inability to develop and agree a logistics strategy and produce and agree an action plan.

To advance this activity, UNFPA has continued to support the logistics consultant to periodically work with MPSC, but progress has been slow.

There is a good rapport between UNFPA, MPSC and key development partners, WHO and UNICEF, but it would seem that a different approach, and level of urgency, is now needed if this is to lead to the implementation of an integrated logistics system. A functioning logistics system is an essential element of the integrated MNCH package, roll out of SBA (provision of maternal life-saving drugs), and guarantee stock of contraceptives for family planning including outreach services. In this regard, it will also be important to point out that alternatives such as the private sector should be tapped, as a complementary channel, to improve the supply of commodities to support the implementation of the MNCH integrated package.

As discussed in the preceding sections significant progress has been made during CP4 to improve the health system and to enhance access to SBA in the Lao PDR during CP4. UNFPA’s role, both through advocacy and technical support, has been central to the impact of which would begin to be seen in the years ahead. Equally important is the commitment of the Government of Lao PDR, in particular the MOH, in this regard.

In this regard, it should be noted that sustained and high quality technical support provided by UNFPA, with contribution of funds from Grand Duchy of Luxembourg, in spearheading the development of the SBA plan, and in building national capacity to train and certify the community midwives as skilled birth attendants, and for strengthening management, coordination, monitoring and supervision, has been important in achieving the progress that has been made. In this regard, the team recognizes the invaluable contribution made by the international SBA coordinator who is perceived as a valuable resource in the area of RH by both the Government of Lao PDR and the DPs. In addition, UNFPA has also supported the recruitment of both national and international staff to monitor, supervise and provide guidance for the implementation of MNCH package including the development and implementation of an integrated logistics system, discussed earlier in this section.
It is recognized that there has been a significant increase in the workload of the SBA coordinator as the implementation of the MNCH package and the SBA plan is beginning to be implemented. It is important, therefore, for UNFPA to support the recruitment of a skilled midwife to assist the SBA coordinator during the remainder of CP4 and CP5.

UNFPA is currently supporting and is a major provider of funds and technical support of the strategic assessment of EmONC facilities in the Lao PDR. Lao PDR was included in the second group of countries to receive support from Maternal Health Thematic Funds (MHTF) and receives funding from this source for undertaking this assessment. Recommendations of this assessment must be taken into account in designing the interventions and UNFPA support for improving EmONC in the Lao PDR during CP5.

In this context, it is also important to indicate that unsafe abortion is an important factor affecting maternal health and mortality in the country. Abortion is only permitted for saving the life of the women and there is no reliable information about its use to terminate pregnancy. Access to services related to complications arising from abortion is an important component of reproductive health services. It is, therefore, important to advocate for the provision of services, including counseling to women who undergo this procedure under unsafe conditions and are faced with life threatening complications.

**Evaluation matrix**

<table>
<thead>
<tr>
<th>RELEVANCE</th>
<th>Extremely relevant and in line with national goals and priorities; addresses critical need to improve maternal and child health and reduce maternal and child mortality; contributes to health system strengthening and development of critically needed human resources for health.</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFFECTIVENESS</td>
<td>Improving access to skilled attendance during and after delivery coupled with focused antenatal care and the identification of high risk pregnancies can be very effective in reducing maternal mortality; objective of improving the supply of/access to skilled Birth Attendants is being realized with the training and certification;</td>
</tr>
<tr>
<td>EFFICIENCY</td>
<td>Though ensuring access to skilled birth attendance during and after birth, and for EmOC is time consuming and costly, implemented in conjunction with a well planned family planning programme, and antenatal care, it has the potential to be efficient.</td>
</tr>
<tr>
<td>IMPACT</td>
<td>Potentially very significant, but takes time for its impact to be felt</td>
</tr>
<tr>
<td>SUSTAINABILITY</td>
<td>Very high government commitment and high priority in the national development agenda</td>
</tr>
</tbody>
</table>

**RH Output 2: Increasing availability and accessibility of client oriented reproductive health information and services in priority geographical areas.**

UNFPA has provided sustained financial and technical support to family planning provision in Laos for nearly three decades. The Government of the Lao PDR recognizes the importance of family planning/birth spacing to improve the health of mothers and children, as reflected in the National Population and Development Policy and in its recent revision, as well as in the successive national development plans and health sector plans. As a result Contraceptive Prevalence Rate (CPR) among currently married women in the reproductive ages using modern methods increased from 28.9 percent in 2000 to 35 percent in 2005, the latest year for which the information is available. The 2005 Lao Reproductive Health Survey also revealed that the unmet need is still high at 27.3 percent.
though it has declined from 39.5 percent in 2000; and that unmet need for spacing has remained steady at about 11 percent while that for limiting has declined from 29.0 to 16.3 percent. The MNCH integrated package includes strengthening family planning, including widening both method mix and access to family planning services, as one of its key elements to address the continuing unmet need for FP services.

**Improved access to family planning services:** UNFPA support to family planning in Lao PDR during CP4 is focused on the following which are in conformity with the national MNCH integrated package.

- Strengthening family planning outreach:
  - Community based distribution (CBD) workers.
- Strengthen long-term and permanent family planning methods:
  - Intrauterine (IUD) insertion services.
- Support for provision of free family planning services:
  - Procurement of contraceptives.
  - Support for transportation costs for contraceptives in 3 southern provinces.
  - Incentive payment to outreach family planning workers in most remote rural areas.
  - Reimbursement of female sterilization, as pilot to test acceptability of female sterilization using mini-laparotomy service.
  - Supporting monitoring and supervision visits to family planning service delivery points.

It should be noted, in this context, that UNFPA provides support for the provision of contraceptives needed for the whole country and that it is also providing sustained technical support to build capacity for planning and logistics management related to procurement and distribution, including the development of an information system, monitoring and supervision to ensure steady supply of contraceptives.

Data available from areas with CBD/VHV reveal both the increase in the number of villages covered from 56 to 403 during 2006-2010, and in the use of family planning methods in these areas. Discussions with the beneficiaries in the places visited and with others in the community reveal that the community based distributors of family planning services (CBDs) are valued and regarded as a key factor in improving family planning uptake in remote areas. CBDs themselves were forthcoming to share their experiences. One of them who had been a CBD since 2006 had to walk for two days to talk about his work noted that there has been a decline in the number of births and that neonatal deaths were also decreasing in the area he covered. He also noted that there has been no maternal death in the area that he is serving and that injectables were the most preferred contraception, followed by oral contraceptives (OCPs). He also noted that sterilization was rarely an option considered by village women in his area, as it involved travel. Furthermore in his view surgery would limit their chance of remarriage if their husband died. It was also revealed that he is often contacted for advice on symptoms, unrelated to family planning and by pregnant women or their family members when problems occurred, but not often called on during the antenatal period. Though the views expressed by one or a few CBDs cannot be generalized it does point to a favourable trend in the acceptance of family planning if contraceptives and other FP services are easily available and accessible. An accurate assessment of the effectiveness of CBD/VHV in improving access and acceptance of FP would require in depth interviews with a representative sample of clients.

At the request of the Government of Lao PDR CBD initiative was initially focused in the three southern provinces of Saravan, Sekong and Attapeu, but because of its success, the CBD initiative has been recently expanded to include XiengKhuang, Oudomxai, Luang Namtha, Huaphan and Savannakhet provinces. In addition, based on the results of a recent evaluation of the CBD initiative,
UNFPA is working with MoH to consider expanding the remit of CBD, to offer more of the components of the MNCH package – to become CBD plus (CBD+).

**Widening the range of family planning services:** UNFPA is supporting training and the roll out of IUD insertion in Lao PDR, as IUDs have a place as a longer term FP method and provides clients who want to space their children with a choice. However, visits to facilities at health centers and at district level reveal that none had the basic infrastructure required for IUD insertion which includes private cubicle/space, sufficient lighting, and working sterilization apparatus. Supplies of IUDs were available at district hospitals but not all health centers visited. The effectiveness and efficiency of training health workers in IUD insertion in this context, therefore, need to be reviewed, especially when injectables and OCPs are reported as highly acceptable among the women in Lao. It should be noted, in this context, that UNFPA has already commissioned a post training assessment of selected service providers and sites where IUD training had been supported by UNFPA, the final findings and recommendations of which are still awaited. Preliminary findings reportedly indicate that they are similar to those noted above and the Team has been informed that UNFPA would take into consideration the recommendations of the post-training assessment.

UNFPA is also supporting an initiative to increase the uptake of female sterilization in Lao and has funded 16 percent of them performed during 2007-2009 and available data reveals that a total of 2,142 female sterilizations have been performed in 2010, which is a significant increase from 226 cases in 2007. In moving forward, however, UNFPA need to review its policy including the nature of its support, even though it is important to improve access to long-term methods including sterilization for women who would like to limit childbearing, for the following reasons. First, there is an incentive for hospitals to undertake these procedures as they attract a 400,000 Kip payment which includes reimbursement of cost of consumables and remuneration for service providers. Second, female sterilizations are inserted into general surgery operating lists and performed by general surgeons (often there are no OBGYN specialists working at provincial hospitals) who are in short supply and have a full workload. Third, anesthetists and operating facilities and equipment are also in short supply as revealed during visits to the provincial hospitals. Fourth, sterilization may not be a preferred option for women in Lao PDR due to their concerns about the chances of remarriage if their husband dies and they would like to remarry. Finally, it is also important to ensure that women have had adequate counseling prior to undergoing the procedure.

**Evaluation Matrix**

<table>
<thead>
<tr>
<th>RELEVANCE</th>
<th>Very important and high among the national priorities; key element of the MNCH package; essential to improve maternal and child health and to reduce unmet need for family planning/birth spacing</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFFECTIVENESS</td>
<td>CBD element is proving to be an effective outreach; plans to expand CBD to CBD+ to cover other drugs and commodities; integrated logistics and improved MIS, monitoring and supervision could make it more effective; private sector should be tapped; focus on female sterilization and IUD should be reviewed as uptake is low even as it might broaden the choice.</td>
</tr>
<tr>
<td>EFFICIENCY</td>
<td>Improvement in health system including management and logistics could make it more efficient; provides most outreach and addresses the needs of poor who suffer most from poorer health outcomes.</td>
</tr>
<tr>
<td>IMPACT</td>
<td>Has had impact in reducing fertility nationwide; impact of synergistic (programme provinces where both supply and demand interventions are in place) and integrated MNCH interventions need to be assessed, but are constrained by availability of indicators.</td>
</tr>
<tr>
<td>SUSTAINABILITY</td>
<td>High Government commitment, potential to build on lessons learned.</td>
</tr>
</tbody>
</table>
**RH Output 3: Increasing demand for sexual and reproductive health and reproductive rights in priority geographical areas.**

UNFPA has focused on increasing demand for sexual and reproductive health and reproductive rights in priority geographical areas. The interventions employ Behaviour Change Communication to promote reproductive rights, health-seeking behaviour and reduce high-risk behaviour. Behaviour Change Communication uses culturally sensitive, gender-sensitive and age-appropriate information, education and communication materials, peer education, community outreach by community motivators (CMs) and the mass media. Not only do the activities and interventions promote male involvement, but gender balance is always applied when recruiting CMs and other project staff. UNFPA supports the sector-wide approach in education to ensure that sexual and reproductive health education is integrated into the national school curriculum, school activities and teacher training colleges. However for pragmatic reasons this element is now addressed as part of its support for ASRH/HIV, discussed under RH output 4.

The RH Demand Creation sub-programme initially focused on the three southern Lao provinces of Saravanh, Sekong and Attapeu responding to the request of MOH, where background socio-ethnographic research was conducted between November, 2007 and January, 2008, using the Participatory Ethnographic Evaluation and Research (PEER) methodology. This work is being extended to the provinces of Khammouane and Bolikhamsay and in 2011 to Vientiane province with funding from Government of Luxembourg, to support the Luxembourg Bilateral programme on Health System Strengthening.

Activities and interventions have been developed on the basis of a PEER study, entitled ‘Reproductive Health at the Margins; Results from PEER Studies in Southern Laos’, which UNFPA commissioned and findings of Lao Reproductive Health Survey (LRHS) 2005. The study’s aim was to understand perceptions and behaviour related to reproductive health among vulnerable ethnic communities. This study and the LRHS 2005 were used as the basis for establishing objectives for the following initiatives:

- Developing IEC materials.
- Improving interpersonal communication.
- Developing an approach to peer education.

These three interventions were designed to work together synergistically. The PEER study revealed:

- Perceptions and experiences of services: fear of side effects from contraceptives, perception of providers.
- Lack of perceived need for services: large family sizes are often seen as desirable, unwillingness to engage in new behaviours, low levels of risk perception, women take pride in their resilience.
- Historical, political and social factors: introduction of reproductive health services linked to eroding of traditional ways of life, communities have not been empowered, services new and barely known, ethnic practices and traditions, gender norms and dynamics.
- Affordability of services: users cannot afford services and associated costs, user fees appear unpredictable and uneven, not wanting to spend money/assets, subsistence farmers are cash poor.
- Accessibility of services: health facilities difficult to reach, transport and associated costs, coverage of mobile services inadequate and irregular.
To support the development of IEC materials, UNFPA funds and has an agreed workplan with the Japanese Organization in Communication for Family Planning (JOICFP), for them to work with the Centre for Information and Education for Health (CIEH) to collect existing IEC/BCC RH, MH and FP materials, and organize a review workshop to identify the best materials available and a future approach. The tools and approaches of a “good” communication programme take the perspective of the target audience into account at each stage in the development of the communication intervention and materials. Using the PEER study to develop the initial drafts of materials was essential but it is not clear that the pulse of the audience was taken at subsequent stages in the design process, nor in the pre-testing of the interpersonal communication (IPC) Community Motivator programme (the latter received greater praise from female clients than the former).

The question as to whether there was sufficient pre-testing done at various stages of development of the materials might legitimately be asked. Both CMs and women interviewed in Attapeu said that the picture cards were “confusing” or that it was necessary to go through them “three or four times for them to be understood.” If such pre-testing had been done, there would have been less likelihood that audiences would have trouble understanding the cards and related campaign. Comments from our interviews indicate that some rural audiences found them too highbrow and esoteric.

Materials supplied by JOICFP did not include a specific script on the back of the cards, but merely indications of where discussions might go. Although the picture cards were confusing and unclear, they were reported to stimulate the audience to react, and eventually, to come around to discussing birth spacing.

When asked what was the most important factor to the success of the programme, and the increased health service utilization indicates the programme clearly was a success, every group in the field visit to Attapeu, said that the Community Motivators (CMs) were the key to the process. Interpersonal communication, through discussions and dialogue conducted by the CMs, was the sine qua non of the communication campaign. Print and broadcast media were secondary, in the view of those familiar with the design of the campaign. Many said that if one element of the campaign should be retained, it should be the CM component.

TV spots were meant to provide additional/synergistic input to the picture cards, however outside the Attapeu provincial capital, their effect is probably negligible as many villages have few TV sets; the village visited by the ET, for example, had four TV sets for 770 villagers (this village only had electricity a few months prior to the visit).

Radio spots were considered a successful use of different media and numerous people, audiences, providers and implementers said that the radio “alerted” and prepared them to be ready for upcoming visits by the CMs. Radio and loudspeakers had the additional advantage that sometimes the local language could be used. In addition to the radio spots, there was also RH-focused programming of up to a half hour, in the local languages.

Although there were gaps in the JOICFP approach, it has clearly been an advance over what has happened in the past. The CIEH is often required to produce materials on any health topic, then produce and distribute them without having the necessary training or financial resources to properly research a health problem and find a communication solution. As research and pre-testing with an audience in the field are the expensive part of the materials’ development process (having this done

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4 Development of the IEC materials for RH programme followed standard processes including pre-testing. During pre-test it was identified that the cards were initially confusing, however after training the CMs reported they were able to use the cards with no problems. It is acknowledged that follow up on the use has not yet taken place.
as desk research by staff in Vientiane is far cheaper) they are often eliminated. Capacity building is also expensive. Bringing staff up to scratch in the design of effective materials and activities is essential for improvement in the quality and success of future initiatives.

Another component supported by UNFPA is the establishment of a system of peer education for secondary school students, with Peer Educators working in much the same way as the CMs: with their fellow students either before or after classes, within social networks in the community, or with family members. Twenty boys and girls are selected for the peer education programme in local secondary schools. A discussion with PEs and some of their “students” from the school visited indicated that the education which the PEs provided was “medical” or “biological” and failed to consider the psycho-social aspects of sexual and reproductive health. There is little girl-boy dialogue, or even simulation of it through role play, and little education in how to negotiate with the opposite sex, with girls not knowing how to fend off a boy’s demand for sex, but couched as “love.”

As mentioned above, anecdotal evidence suggests that the overall demand creation programme was successful in that were it went beyond the knowledge and attitude changes, women presenting for FP and RH services at health centres and hospitals. However, there is a caveat; demand creation is entitled to take partial credit for this success, but the improvements in service delivery and, in some cases, the availability of a female provider, need to be factored into increased uptake of services.

Evaluation Matrix

<table>
<thead>
<tr>
<th>RELEVANCE</th>
<th>IPC very relevant, PE relevant, IEC less relevant. All three worked complementarily to improve access to MNCH services (RH output 1), all three important reaching national priorities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFFECTIVENESS</td>
<td>IPC, PE and IEC contribute to demand creation, IPC most, IEC least. Effectiveness of each depended on its design. (i) IPC (CMS) contributed to health facility affluence alone and together with IEC; CMs shared local culture and values and thus were found approachable in communities; (ii) IEC materials were confusing and difficult to understand – culturally inappropriate; worked mostly because of synergies with CM activities; (iii) PE training and field activities failed to inculcate major ASRH issues; were less relevant; peer educators from ethnic groups with shared values and culture would be more effective.</td>
</tr>
<tr>
<td>EFFICIENCY</td>
<td>(i) IPC: “Take away” from interchanges with CMs was immediate; (ii) PE: PEs claimed a moderate degree of interchange with target audiences; (iii) IEC: did not work as more appropriately-designed materials might have done.</td>
</tr>
<tr>
<td>IMPACT</td>
<td>Not possible to assess without more detailed study</td>
</tr>
<tr>
<td>SUSTAINABILITY</td>
<td>(i) IPC: If CMs can be trained with ongoing MOH budget this activity is promising, sustainability would also depend on refresher training; (ii) PE: same comments as for IPC; (iii) IEC: materials development highly dependent on outside technical assistance, in-country capacity needs to be built</td>
</tr>
</tbody>
</table>

**RH Output 4:** Increasing coverage of HIV prevention for young people, pregnant women and vulnerable groups, including commercial sex workers and their clients, and mobile populations.

Awareness and demand creation for sexual and reproductive health information and services is also being developed as part of ASRH/HIV initiative, with a focus on adolescents, including migrant youth, unemployed youth and marginalized youth in order to align with the National Strategy and Action Plan for HIV/AIDS and STIs to maintain the low prevalence rate of 0.2 percent.
**Adolescent Sexual and Reproductive Health and HIV:** The ASRH/HIV intervention has two main components supported by UNFPA; the Vientiane Youth Centre for Health and Development (VYCHD) and a pre-service programme on life-skills education with the Ministry of Education in Teacher Training Institutes. Another component is the support of a youth-friendly Referral and Counseling Network (RCN) of health service providers in Vientiane Capital.

ASRH/HIV outputs are stated as if to apply nationally, yet only the pre-service (UNFPA) and in-service (UNICEF) training will eventually reach schools in the whole country. Youth centre and RCN activity is mainly focused on Vientiane with only the hotline extending nationally.

**Vientiane Health Centre for Youth and Development**

VYCHD has focused on the following during the past three years:

- To link SRH information to gender-specific, youth-friendly services though the establishment of toll-free telephone hotlines, bridging young people to needed SRH information, counseling and clinic services.
- To develop and operationalize one-stop ‘shopping’ for the young.
- To expand geographic coverage of outreach activities to seven districts across Vientiane Capital, focusing on migrant youth in school and factory dormitories.
- To support the organizational development of the Referral and Counseling Network (RCN).
- To generate strategic information on the SRH needs and issues of the young for the purposes of advocacy, to guide development of new programmes and to refine existing interventions through collection and analysis of hotline and clinic data.
- To demonstrate and to document effective strategies and approaches and how well they work with young people.

There is a two-storey clinic with the first floor housing services with a male nurse and male doctor and the second floor with a female nurse and female doctor. Clients can therefore select their preferred service provider based on sex. Since 2008, 3166 people have presented to the clinic (150 per month or about 7.5 per day for all services); 2098 came for (re)treatment, 55 were referred to other services and 9 had been referred to the clinic from other sources. Slightly higher numbers of males visited than females.

A hotline was established in late 2007 and received an average of 143 calls per month, about 7.15 calls per day, or 1.78 calls per responder per day from January to November in 2008. This number has now increased to approximately 2000 per month or 100 calls a day. It is open from 09.00-19.00 Tuesday to Saturday; the peak call day was Tuesday and is now Wednesday. It is suspected that Sundays and Mondays would be peak days if the centre was open then. About 80 to 90% of the calls are about ASRH, whilst 10 to 15% are about other adolescent topics. Approximately 70% of the calls have come from in-school youth, with the rest coming from out-of-school youth. There is no quality monitoring of the call-in program e.g. mystery calls or the use of a call-in monitoring system.

The gender-specific outreach activities are run by youth workers from Vientiane Youth Centre and reach approximately 8,000 young men and women a year through structured sexual and reproductive health information sessions with the objective of referring those in need to both hotline and clinic services at Vientiane Youth Centre. VYCHD offers peer volunteer (PV) and peer educator (PE) outreach training courses aimed at factory workers and technical school students. A total of 140-160 PVs are trained during four annual sessions, while 75 PEs are trained during three annual sessions potentially extending the reach of ASRH activities. The 2010 LWU/VYCHD Annual Work Plan states that PE activities were to be expanded in 2010. It was not clear from the work plan how much PE activity actually took place; therefore it is not possible to evaluate its effectiveness on
target audiences. The interventions are currently only meeting the youth agenda in a localized way i.e. in the Vientiane region.

A one-hour, weekly radio programme (2-3 p.m. on Sunday) is broadcast from Vientiane; it is used to raise awareness about ASRH and advertise hotline and clinic services. The programmes may refer to male-female dialogue, but real adolescent male-female dialogue is not presented, as this is considered too sensitive.

Our discussions with key informants reveal that:

- Not many people are aware of the VYCHD and most of those who are aware of it are in the centre of the country.
- The hotline is said to be national and has a nationwide toll-free number but most of the calls come from the Vientiane area. Using radio or television has proved to be problematic because national media tends to be socially conservative.
- The ‘youth concept’ is idealized reflecting what should be happening rather than what is really occurring.
- The hotline and outreach activities are gender responsive: ‘male youth and female youth can talk with a person of the same sex’. The paradox is that boys end up talking with boys about sex and girls end up talking with girls about sex; but in the outside world boys and girls don’t know how to talk about sex with each other.

However, the following are some of the reported successes of the programme as perceived by VYCHD:

- More young people now know where to find information about ASRH.
- More young people are beginning to know what to do about an ASRH problem.
- More young people now are using condoms than before.
- Young people are bringing their peers into the system.

Teacher Training Department (TTD) life-skills curriculum

UNFPA is working through the teacher training department supporting the development and implementation of a life-skills-based curriculum for pre-service teachers in eight teacher training institutions nationwide. As well as providing information on sexual/reproductive health, HIV, STIs and drugs, this curriculum also focuses on developing skills such as decision making and critical thinking within the context of how to handle peer pressure, coercion and pre-marital sex, sexually transmitted infections, unwanted/unplanned teenage pregnancies, abortions and drug issues, etc. Acquiring these skills means that young learners will have information which is relevant to their lives and which will help them to interact with others.

In 2009, three existing provincial teacher trainers who had already undergone training in life-skills and reproductive/sexual health education were identified as core trainers to be focal points within their respective institutions as well as to provide training to other teacher trainees and “pedagogical advisors” who will act as provincial employees to monitor schools. Along with these successes, more work needs to be done to define detailed teacher capacity building programmes.

UNICEF has been working with in-service teachers, complementing the MOE/UNFPA pre-service training. The partner consortium has been working on a solid life-skills curriculum since 2001. Judging from a review of documents, particularly the 2010 MOE-TTD Annual Work Plan, and
discussions with major actors it is clear that the life skills curriculum is an important element in changing ASRH knowledge, attitudes and behaviour. However, it was noted during discussions that the training of Grade 8 graduates entering pre-service training should be improved to allow them to deal with the “culture shock” many experience when entering the programme.

The Annual Workplan refers to “findings and recommendations” of an MOE/UNFPA study conducted in 2008 on this programme. The Work Plan refers to the “strengthening of curriculum implementation in teacher colleges ...” and mentions “implementation of the curriculum in the classrooms,” but more information about how the programme was implemented in the schools, total number of schools, number of students at various levels and level of exposure (hours per school term) would have been useful.

The 2010 UNICEF Life-Skills-based Curriculum Project Evaluation; Knowledge and Attitudes on HIV/AIDS/STIs, Reproductive Health and Drug Use among 11th Graders in Lao PDR, indicates that the programme is successful. This study compares responses to similar questions posed in a previous study in 2006, and when there is comparable data, in most cases the 2009 data show improvement. “Curriculum schools” also showed better results than “non-curriculum schools.” It will be useful to see the progression over time as this programme becomes more deeply embedded in the educational system.

Ministry of Health, Center for HIV/AIDS and STI (CHAS), Referral and Counseling Network (RCN)

The new national HIV and AIDS strategy now defines the following as key targets: 1) Sex workers (CSW), 2) men having sex with men (MSM), and intravenous drug users (IDU). Vulnerable adolescents may form a feeder group for membership in the three above groups, and if youth activities are expanded, attention should be paid to at-risk adolescents on the margins of these groups. In this context, it should also be noted that MSMs and drug users are stigmatized by the system and their needs for sexual and reproductive health are not, therefore, taken seriously.

The RCN, established in 2004, is meant to respond to the urgent RH needs of vulnerable and marginalized young people, including men who have sex with men (MSM) and service workers. From documents, such as 2009 RCN Annual Work Plan, it appears that only preparatory steps were taken to set up this network, however, there is little information in UNFPA documents providing information about the number of referral and counseling recipients. According to CHAS, clients come for counseling but no numbers were supplied. This may be a moot point, as the referral and counseling network is now dormant.

The network, which was based on and lent support by the RH Initiative for Youth in Asia (RHIYA), was formed by 12 providers, who saw the need to develop youth-friendly services in Lao PDR. The idea was to provide counseling to youth looking for support on a number of issues, including sexual and reproductive health, and to refer them to the appropriate services.

There are several reasons why the network is dormant:

✓ An Annual Work Plan was not developed for 2010 as there is a lack of agreement on the coordination mechanism/department for the RCN.

✓ Providers in the network, in spite of their good intentions, did not fully understand the need for a holistic approach to solving the SRH problems. Too much of the counseling was purely medical, and failed to consider psycho-social aspects of problems.
### Evaluation Matrix

<table>
<thead>
<tr>
<th>RELEVANCE</th>
<th>(i) hotline, (ii) counseling and (iii) PE are very important and relevant in shaping youth’s understanding of ASRH; activities have been receiving priority attention from the Government in recent years partly because of UNFPA advocacy; youth constitute a very high proportion of the population and have limited access to services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFFECTIVENESS</td>
<td>(i) hotline, (ii) counseling: low audience penetration; evidence indicates increase in use during recent years; (iii) Peer outreach: no information to assess if the objective is being met; (iv) Life skills education: not clear, a recent UNICEF study shows that it is having results, has high potential to reach a high proportion of the youth as enrolment increases</td>
</tr>
<tr>
<td>EFFICIENCY</td>
<td>(i) hotline: use is increasing and with improved marketing it has the potential to increase further; (ii) Counseling: with adjustments, could be an excellent way of addressing youth ASRH concerns; (iii) Life skills education: curriculum development and teacher training have been under way and should be an efficient way to reach in-school youth.</td>
</tr>
<tr>
<td>IMPACT</td>
<td>(i) hotline, (ii) counseling, (iii) peer outreach: all reach mainly the capital; for Peer outreach an end user (student) learning outcome assessment would be useful</td>
</tr>
<tr>
<td>SUSTAINABILITY</td>
<td>Government commitment to addressing ASRH issues is increasing although success will still be subject to funding from external sources.</td>
</tr>
</tbody>
</table>

*Note: Referral and counseling network, created by providers themselves, is dormant and is not included in the above matrix.*

### 2.2.3 Recommendations

The following is a list of priority recommendations for advancing the implementation of the national MNCH integrated package and related demand creation and advocacy efforts, and for developing and implementing a programme to address ASRH issues and HIV/AIDS among vulnerable populations during the reminder of CP4 and CP5:

**Priority recommendations**

#### Reproductive health services with focus on MNCH

1. Build on the gains achieved in developing and implementing the national MNCH integrated package and the SBA plan. In this regard, it is important for UNFPA to support the MOH and other relevant organizations to build their capacities through systems development, institutional strengthening and development of the skills of individual service providers.

2. Continue and support: (i) the consolidation and expansion of access to skilled care during and after delivery through training and certification of Skilled Birth Attendants, and (ii) efforts to improve access to EmONC based on the findings of the assessment.

3. Consolidate on the progress made so far with the development of an integrated logistics system and support efforts to advance the implementation of the strategy and action plan; in this regard, it is important to provide continued technical support and advocate actively with the different parties involved. Consideration should be given to engage the logistics consultant on a permanent basis to expedite the process and train national counterparts.

4. Continue support to ensure the provision of high quality and sustained technical support, that has proved so pivotal in developing the SBA plan to further advance the implementation of the plan and for coordinating the implementation of the MNCH package; in this regard, it is important to strengthen the capacity of UNFPA Lao PDR to monitor, supervise and
coordinate the implementation of the plan and to help build related capacity within MOH and other relevant institutions.

**Behavioural change communication**

5. Undertake an assessment of communication needs and based on its findings develop an overall BCC strategy which would constitute the basis for communication activities during CP5. In doing so, follow the steps outlined in Annex. 8

**Adolescent and youth sexual and reproductive health**

6. Advocate and provide support for the development of a National Youth Policy which would include support for conducting a situation analysis of youth, and build on the four core areas with respect to youth health - information to acquire knowledge, opportunities to develop life skills, appropriate health services for young people, creation of a safe and supportive environment - identified by the Inter-agency Task Team on HIV and Young people.

**Advocacy**

7. Build on the goodwill and strong partnership that has been established with the development partners, and continue to play the lead role in advocacy to improve maternal health; adolescent, sexual and reproductive health; and to address reproductive health issues arising from gender based violence and emergency situations.

**Monitoring**

8. Provide training to primary care staff and village, district and provincial level officials in data collection and information management for improving the quality and timeliness of data to improve monitoring. In this regard, it is important to note that the health workers are not overloaded and de-motivated by simplifying the formats and procedure.

In following upon the above recommendations consideration should be given to the following:

**Reproductive health services with focus on MNCH**

1. Recruit a skilled mid-wife to assist SBA Coordinator in the day-to-day running of the SBA programme as more trainees will be enrolled beginning next year and the workload will encompass monitoring and supervision such as clinical audit, the need for a reliable, self-starting assistant will be even more pressing.

2. Review the current efforts and support for promoting female sterilization and training in IUD insertion, based on the findings of the assessment and lessons learned.

3. Advocate for the provision of services including counseling to women who suffer from post abortion complications.

**Behavioural change communication:**

4. The continued use of the picture cards should include renewed pre-testing of these cards in the targeted communities.

5. BCC advocates need to be pro-active to convince officials of MOH of its importance, as it is often key to realizing health programme objectives but often does not receive due credit.

6. CIEH should establish priorities among competing demands for health communication/IEC/BCC activities rather than diluting its effectiveness by trying to address all needs.

7. Provide additional BCC training to the staff of CIEH and the CMs following a model which includes the elements listed in Annex 8 of this report.

8. Communication interventions must be designed and implemented with the active involvement of the target audiences and the recipients of the information.
9. Relocate the demand creation activity to the health department, rather than the governor’s office, would lead to greater efficiencies.

10. Pay more attention to making sure that ethnic minorities are accommodated in terms of use of their languages and cultures, and that providers relate to minorities appropriately in terms of behaviors and attitudes.

11. Increase advocacy and communication efforts to promote male involvement in RH/FP. A WIIFM (What’s in it for me?) study might assist in identifying motivating factors which could increase male participation.

12. Ensure that providers such as health workers, NGO staff, pharmacists, traditional providers, and youth peer educators, are involved in youth ASRH programmes.

13. Assure that service supply anticipates or at least keeps up with real or anticipated needs.

14. Redress provider-client relationship to remove mutual distrust, misunderstanding and fear, arising in part because of cultural differences between providers and their clients.

15. The monitoring plan of communication activities should be reinforced so that it provides systematic feedback and tracking information to implementers, assuring that communication interventions are on target. The monitoring system can: 1) assess whether activities are working as planned, 2) show where communication programme implementation adjustments should be made and make these adjustments, 3) identify and make necessary supply-demand side intervention adjustments, 4) show where behaviour change appears to be occurring.

Adolescent and youth sexual and reproductive health:

16. Segment youth audiences (more than what has been done in the past) and customize programmes and messages that are tailored to specific needs. Research on potential audiences among youth, including marginalized, in-school, out-of-school, at risk, etc. could help to establish relevant and useful segments.

17. Alternative channels of outreach to youth (such as through peer education and not rely exclusively on the youth center) with information on ASRH should be explored as should expansion of such opportunities to provinces outside of the capital. In this regard, hotline and clinic counseling services should be updated/improved in order to deal with marginalized youth, MSMs, Sex Workers and drug users as it appears that they have been stigmatized by the system and are not taken seriously.

18. Peer Educators should place greater emphasis on the life skills aspect of the curriculum and how to deal with these issues with their peers; and the peer education programme should be assessed to learn lessons and to advance it further.

19. Improve the training of Grade 8 graduates entering pre-service training to allow them to deal with the “culture shock” many experience when entering the programme. The training would include how to motivate graduating trainees to teach the RH content in the schools (many currently do not), how to advocate for RH in the community, and how to deal with community pressure about teaching RH.

20. Use the pre-service and in-service curriculum to push for lowering the age at which youths receive sex education as some would engage in unprotected sex with possible adverse consequences. In this regard, it is necessary for UNFPA and UNICEF to support advocacy efforts with the Ministry of Education and other relevant bodies to gain support.

21. Take steps to involve parents in the ASRH curriculum development and implementation so as to diminish resistance to the introduction of such topics in the school curriculum even as it could be argued that such involvement could dilute the content and may not result in acceptance by the parents in general.
22. Develop new teaching and learning materials on RH in Lao for classroom use at primary and lower secondary level, integrated with the training curriculum; and provide support for the development of such materials and their production and printing.

23. Increase in-service training to one teacher trained per school as current coverage is well below this in some provinces.

24. Provide technical assistance to assist in developing the revised RH curriculum; It was suggested that “hands-on” assistance would be best.

25. Consider reconstituting the now-dormant RCN and identify a key agency to be the lead agency, in consultation with the network of providers who were instrumental in setting up the network.

2.3 Humanitarian response

During the fourth country programme Lao PDR was affected by the flooding in 2008 and Typhoon Ketsana in 2009. Although neither event resulted in major loss of life, they did seriously disrupt the lives and livelihood of people and on both occasions many people had to evacuate their homes. UNFPA efforts, implemented as part of the overall UN Country team response, in 2008 focused on supporting the data analysis collected through the rapid assessment, and in 2009 centered on provided dignity kits and reproductive health kits, in addition to its support for the rapid assessment. While the effort was not examined by the evaluation an Internal review showed that on the response plan was activated and coordinated well with all agencies including the Non-Governmental Organizations. UNFPA’s quick response in delivering dignity kits to affected population during the Ketsana 2009 was appreciated by the Government and other partners; while the result of rapid assessments enabled the UN agencies to obtain CERF funding to assist the response and recovery efforts during and after the flooding and Typhoon Ketsana. UNFPA obtained CERF funds in 2009 to support Dignity kits and RH kits while UNFPA provided its support using the core funds in 2008

Management, coordination and partnerships

Management and coordination of the programme (CP4) is the joint responsibility of the Government of Lao PDR and UNFPA. However, the discussion below is limited to an assessment of UNFPA’s role and that of the Government in promoting overall coordination of the programme as it has not been possible, due in part to time constraints, to examine the internal arrangements of management of various implementing partners.

It should also be noted that it has been difficult, particularly for the members of the evaluation team who are not familiar with UNFPA policies, procedures and protocols to understand and follow sequentially the various and often complex steps and related documentation related to the formulation of CP4, its implementation and monitoring; a situation that was only made more difficult by the limited briefing given to members in advance of the evaluation. Also, as already indicated earlier in the report and in Annex 2, unsuitability of most programme performance indicators, in spite of the commendable efforts by the UNFPA Lao Office at refining them at mid-way through the programme, have limited the scope of performance monitoring.

In spite of these limitations it was able to capture key elements that have contributed to the progress made during CP4 and that which need attention in the future. These are discussed below:
2.4.1 Programme management:

The progress that has been made so far, as discussed in the preceding sections, reflects the important and significant role played by UNFPA office in Lao PDR in the management and coordination of the programme, and of the support that it has provided to the Government, including that related to building its capacity for implementation, management and coordination. Of particular significance are: advocacy at highest levels of Government on maternal health, family planning and ASRH to advance a rights-based approach to the provision of information and services; procurement and supply of RH/FP commodities; provision of sustained technical support for the development of related plans, strategies and systems; creation of awareness of the potential of a large “youth” population; forging partnerships with development partners and the members of UNCT; support to build national capacity and strengthen national ownership; and the mobilization of resources. While this has been commendable there are areas where improvements are needed which must receive attention during CP5.

Financial management: resource, availability, allocation and expenditure

The table below shows CP4 approved amount, and total funds mobilized, actual allocation of resources including from funds mobilized from other sources and expenditure as of October 2010. The table also provides expenditure as of October 2010 as percent of actual allocation and CP4 approved amount. Total expenditure for CP4 as a whole, at the time of evaluation which is only 3 years and 10 months into a five year programme, is 80.7 percent in relation to CP4 approved amount and 80.9 percent of the funds allocated as of October 2010. The table also shows that expenditure in relation to CP4 approved amount is 48.9 percent for the PD component and 57.3 percent for programme coordination, and 91.7 percent for the RH component. However, in terms of resources allocated as of October 2010 the expenditure is 81.4 and 89.6 for the PD component, and programme coordination respectively. It is also seen from the table that the low level of expenditure for the PD sub-programme is due to the low level of allocation ($1.3 million) in relation to CP4 approved amount ($2.15 million).

Thus, though the overall expenditure level in relation to CP4 approved amount is satisfactory it has not been so for the PD component and the programme coordination component. For the PD component this has been due to the difficulty in developing and implementing a comprehensive programme, as discussed earlier.

Total expenditure at the time of the evaluation ($8.47 million) in considerably higher than the funds approved by UNFPA from its regular resources ($7.5 million) for CP4. In view of this and the anticipated increase in demand for RH/FP commodities and services, in particular for safe motherhood, family planning, and increasing demand for services related to youth UNFPA should consider allocating more resources from regular resources than what it allocated for CP4.

The table also demonstrates the high level of success of UNFPA office Lao PDR has had in mobilizing additional resources from other donors. Up until the evaluation UNFPA had mobilized US$ 4.4 million, which is fifty percent more than what was planned (US$3.0 million).
Table 1: Country programme approved amount, total funds mobilized, and allocation and expenditure: 2007-October, 2010.

<table>
<thead>
<tr>
<th>Sub-programme</th>
<th>CP4 Approved amount</th>
<th>Total amount mobilized as of Oct. 2010</th>
<th>Actual Total fund allocation as of Oct. 2010</th>
<th>Expenditure</th>
<th>Total expenditure as of Oct. 2010</th>
<th>As percent of actual allocation</th>
<th>As percent of total approved amount in CP4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Core</td>
<td>Other</td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population and Development</td>
<td>1.65</td>
<td>0.50</td>
<td>2.15</td>
<td>0.71</td>
<td>1.29</td>
<td>1.05</td>
<td>81.4</td>
</tr>
<tr>
<td>Reproductive Health</td>
<td>5.10</td>
<td>2.50</td>
<td>7.60</td>
<td>4.02</td>
<td>8.70</td>
<td>6.97</td>
<td>80.1</td>
</tr>
<tr>
<td>Programme Coordination and Assistance</td>
<td>0.75</td>
<td>--</td>
<td>0.75</td>
<td>0.00</td>
<td>0.48</td>
<td>0.43</td>
<td>89.6</td>
</tr>
<tr>
<td>Total</td>
<td>7.50</td>
<td>3.0</td>
<td>10.5</td>
<td>4.73</td>
<td>10.47</td>
<td>8.47</td>
<td>80.9</td>
</tr>
</tbody>
</table>

Source: UNFPA, Vientiane

**Human resources management, including technical assistance:**

Annex 9 provides the staffing structure and situation at the time of the evaluation. It is evident that all the staff (core and programme) are located in Vientiane, the capital, and, therefore, regular monitoring and supervision of the RH component of the programme, mainly in the southern provinces, has been constrained by distance. Also evident is that while most of the posts are filled, two out of three management positions are vacant; one of which (Assistant Representative) has been vacant since 2007 despite repeated attempts for recruitment; and the other (Deputy Representative), vacant since mid September 2010-just prior to the evaluation-, is in the process of being filled. Due to the difficulty to recruit a qualified personnel for the Assistant Representative(AR) post, UNFPA Country Office has created a position under a different category to recruit a person who will handle the Population and Development programme component. There have also been some staff changes during the four year period (PO for gender, one Programme Assistant and the Personal Assistant to the Representative). While staff turn-over is inevitable, filling of vacancies with qualified personnel seems to have faced extreme difficulties especially for higher level (AR) and in particular disciplines (Gender)which affect the work load of other staff members. The departure of the Deputy Representative, who was the point person on gender at UNFPA, is being addressed by the recruitment of a consultant by UNFPA to support Lao NCAW in revising the national strategy for the advancement of women and the National Assembly in advancing legislation for addressing gender-based violence.

Management, programme and support staff meet every Monday morning (called MMM, for Monday Morning Meeting) and it is clear from one meeting attended by the Team Leader that there is a clear understanding among the staff of their roles and responsibilities. One of the issues that was repeatedly mentioned during discussions with the staff was that an undue amount of time is spent on the development and finalization of instruments such as the AWPs which reportedly do not add
value, and overburden the staff whose time could be better utilized. Another concern was that some programme staff do not travel regularly to programme provinces and sites for on-site monitoring and supervision.

In addition, the ability of staff members is equally important. It is important to note that though the UNFPA office is relatively small it is ‘punching above its weight’ in certain areas i.e. Reproductive Health, due to the skillful use of high-quality technical support. Likewise, the issue of the “youth bulge” and the urgency to address the needs of the “youth” in an integrated form was brought to light to the UNCT by the UNFPA representative in their meetings. However, there are areas, such as population and development, gender and development, as well as monitoring, supervision, and documentation (e.g. trip reports) where in-house capacity remains limited.

Implementation and execution modalities:

With the exception of a few elements such as the procurement of RH/FP commodities and the provision of technical assistance, the programme is largely implemented and executed by GOL and the implementing partners. In this regard, UNFPA management in Lao PDR has taken steps to adhere to the tenets of the Vientiane Declaration on Aid Effectiveness in promoting national ownership and joint programming with other UN organizations, which has been appreciated by GOL. Though sustainability is open to question, UNFPA has supported the placement of NPPPs (full-time and part-time) at the offices of implementing partners to provide technical support and build their capacity. It also has a number of projects and activities that are developed and implemented (formally and informally) with other UN organizations.

UNFPA has been pivotal in ensuring that adequate supplies of quality RH/FP commodities and equipment that meet international standards are procured through international tenders and supplied to GOL. As discussed earlier, UNFPA is supporting efforts to establish an integrated logistics management system in the Lao PDR to ensure that supplies reach clients through the health service outlets and outreach services without interruption and in time. UNFPA has also been pro-active in ensuring that timely and quality technical assistance is provided when needed in most instances, which is appreciated by GOL.

Monitoring and supervision:

This is a critical component for effective management. It starts with the specification of indicators in CP4 most of which did not meet the criteria of being specific, measurable, achievable, relevant, and provide baseline/targets and a time frame within which to achieve them (SMART). In addition, there is also no system in place to collect data that can be used to develop indicators to measure outputs and outcomes, even in the programme provinces. The HMIS which is currently under development could provide some of the indicators in the future.

Monitoring and tracking tools and reporting requirements of UNFPA constitute the basis for assessing progress and within UNFPA the MMMs help with day-to-day management of the programme. The tools, instruments and reporting requirements are complex and filling them is time consuming which, given the capacity, puts a heavy burden on the IPs. In general, however, there is compliance by the IPs to the reporting requirements of UNFPA. However, they are incomplete for some project components, face delays in submission, and have gaps in terms of the information provided. As noted earlier, on-site supervision is constrained by the distance of the project provinces from Vientiane, where the UNFPA office and staff are located. It is also noted that the documentation of the findings of the supervisory missions and of participation in various activities.
organized as part of the programme is not systematic and retrieval of findings is difficult as many of them are available only in hard copies and are in some instances not easily traceable.

UNFPA office in Lao PDR has taken the initiative, mid-way through CP4, to revise the indicators and have begun to collect data to monitor the achievements of targets set during the preparation of the annual work plans. This initiative is to be commended and a review of the monitoring and tracking tool for RH component indicates that, with regard to the services component, it is proving to be successful. However, monitoring and supervision need strengthening if it were to track and assess progress in achieving ‘outputs’ and their contribution to ‘outcomes’, and improve the management of programme performance.

2.4.2 **Programme coordination, cooperation and partnerships**

The Vientiane Declaration provides a framework for cooperation between Government and donors to increase the impact of overseas development aid (ODA) and aims to improve the effectiveness of development aid. Towards this end GOL has recently transferred the responsibility for coordination of UNFPA projects under CP4 to DIC/MPI from DOP/MPI. DIC has since assumed the responsibility for coordinating with the different IPs in the development of CP5, for undertaking periodic monitoring of programme implementation, and for coordinating with the IPs to fulfill the reporting requirements of UNFPA. DIC has also coordinated the work of this evaluation. While DIC has been active in improving coordination it is to be noted that the staff of DIC and IPs need to be trained to play a more effective role in results and programme performance monitoring rather than on process monitoring. This would also bring about improved synergy among the different components of the programme and among the different elements within them.

UNFPA has established a good working relationship with DIC as well as with other IPs and development partners to improve coordination and strengthen partnerships and cooperation. It is clear that the UNFPA presence in country is valued and well regarded by the GOL; the relationship is also perceived as being strong and useful by other UN agencies and DPs who feel that UNFPA can act as a successful intermediary in transactions with the GOL. This is especially noteworthy given that there is reluctance by the government to allow interaction or meetings with GOL staff without prior notice and a clear understanding of what will be discussed.

There are mechanisms such as UNDAF, thematic working groups, and joint programmes in place to strengthen coordination and cooperation among the UN organizations. Moreover, it is important to note that UNFPA also works with other organizations on an informal basis to develop and implement programmes with co-sponsorship and funding. UNFPA also has established strong cooperation and partnership with a number of other development partners (e.g. JICA, Luxembourg, World Bank, ADB, UNICEF, WHO and OXFAM-NOVIB) including international NGOs (e.g. PSI, Health Unlimited and JOICFP) that have helped to mobilize resources and to support the implementation of some of the activities under CP4. Laws did not permit the establishment of national NGOs until recently. When they begin to get established UNFPA should consider partnering with them to address issues such as ASRH and GBV which the programmes implemented by the GOL might not address.

2.4.3 **Recommendations**

1. Strengthen monitoring and supervision of the programme starting with the identification of indicators that meet the SMART criteria and putting in place a system that would collect data needed to derive the indicators. Building the capacity of the IPs, the coordinating agency, DIC, and the UNFPA office for monitoring and supervision, documentation and reporting and in their utilization for the management of results would also be needed.
2. Improve UNFPA field presence by establishing a sub-office or posting some programme staff to areas/provinces where the major components of the programme are being implemented so as to strengthen regular supervision of its programme. The configuration of an improved UNFPA field presence would depend on CP5 programme strategy (e.g. focusing on specific regions/provinces). Improved field presence should be supplemented by more frequent supervisory visits by senior management and technical advisers.

3. Strengthen UNFPA Office capacity in line with the expansion of its programme. In this regard, delays in recruitment should be avoided/minimized, and human resources and technical capacity, in particular for PD, and Gender and Development, should be strengthened.

4. Increase allocation of resources from UNFPA core resources as the demand for RH/FP services (including ASRH) and for expanding access to SBA is expected to increase as the large youth population enters reproductive age. In this regard, it is important to ensure that an integrated plan for PD be developed for CP5, which would help to plan and allocate adequate resources appropriately.

5. Consolidate progress made in strengthening partnerships with other UN organizations and development partners both for high-level advocacy and for the development and implementation of joint programmes. In this regard, it is important to give attention to the private sector, national NGOs and academic institutions in the implementation of the programme including in the delivery of services and for capacity development; and to promote and utilize south-south cooperation as a modality where appropriate.

3 Lessons learned

There are a number of lessons that can be learned from the experience of CP4 development, implementation and programme management. Important among them are the following:

1. Evidence-based advocacy along with high-quality and sustained technical support are critical to generate high-level commitment and follow-up action by the Government and IPs.

2. An integrated approach to population and development is important to build national capacity for understanding and addressing issues as they emerge.

3. Integration of gender issues across programme components and activities is still far from being achieved, and sustained technical support is needed in the future to make advances on this front.

4. Community-based distributors and community motivators have proved successful in improving access to services and information and for creating demand. Their impact is greater and more significant if they are from the same communities, sharing the same values, culture and language.

5. Communication materials should be culturally appropriate and easily understood by target groups, must be developed with audience involvement and participation, and must go through a series of pre-tests before being scaled up and introduced to have significant impact.

6. Monitoring and supervision activities should begin with the development of a plan, including the identification of a set of indicators and a system to collect related data, from the early stages of programme development and simple systems and tools should be developed and utilized to improve results monitoring.
4 Conclusions

Significant progress has been made by the Lao PDR-UNFPA CP4 while significant challenges do remain. Most important achievements include the following:

1. Made substantive contributions to the development of the MNCH integrated package which serves as a comprehensive framework for delivering services in Lao PDR as effectively and efficiently as possible.
2. Advocated for and established an SBA training scheme, which is beginning to produce professional midwives ready to play their part in delivering safe motherhood services in the country.
3. Extended access to FP services through CBDs and contributed to increased demand for services through community motivators working with ethnic groups.
4. Finalization and dissemination of the LRHS national and provincial data and analysis.
5. Raising the reproductive health needs of Adolescents and youths and hosting for the first time in Lao PDR a Regional Youth Summit
6. Making RH information and services available to adolescents and youth in the capital, through support for RH Youth Clinic and use of dedicated telephone hotline.
7. Maintained an effective working relationship between UNFPA Lao PDR office and the GOL; and developed good working relationship with other UN agencies and development partners.

There are other important achievements that include *inter alia* the application of the National Transfer Account methodology the results of which informed the formulation of the 7th NSEDP and contributed to the understanding of population and development linkages in the Lao PDR. The next large scale national survey, Lao Social Indicator Survey (LSIS), which is under planning at the time of the evaluation with support from UNFPA, UNICEF and USAID, would be very valuable for monitoring progress on population, reproductive health and gender issues in the Lao PDR and for planning related activities in the future.

While CP4 has contributed significantly towards the achievement of national goals and priorities, and contributed in many ways to develop national capacity significant challenges still remain to be addressed. The challenges include, *inter alia*, ensuring universal access to a range of reproductive health services, including family planning and sexual health services, as recommended in the ICPD POA and in meeting the needs of adolescents and young people for information and services related to reproductive health. Other challenges include the promotion of gender equality and equity, and making population and development one of the pillars of UNFPA support to Lao PDR.
Annex 1: Terms of Reference for the evaluation of Lao PDR-UNFPA Fourth Country Programme

1. Background and context

UNFPA Fourth Country Programme (CP4) (2007-2011) was developed as an integral part of the UNDAF 2007-2011 and is designed to contribute to the achievement of the 6th National Socio-Economic Development Plan (NSEDP) of Lao PDR especially to reduce poverty through enhanced livelihoods and improved access to social services. CP4 also contributes to the achievement of UNFPA Strategic Plan (2008-2013) and MDGs.

CP4 has two programme components, Population and Development and Reproductive Health component and aims to contribute to two outcomes: 1) Enhanced ownership and capacity of stakeholders in pro-poor law and policy dissemination, planning, implementation and monitoring, and harmonized aid coordination in the areas of reproductive health and gender; and 2) Improved utilization of high-quality equitable reproductive health services focusing on poor, rural and vulnerable populations. One intervention under PD component is specifically designed to strengthen gender mainstreaming machinery, but all interventions are expected to include measures to ensure gender equality. There are 3 and 4 outputs respectively in the PD and RH component.

Lao PDR has been going through a rapid change in both economic and social spheres. Economy continues to experience robust growth and positive progress has been made in terms of poverty reduction, increase in school enrolment rate and reduced infant mortality rate. On the other hand, disparity between urban and rural and between ethnic groups is widening and unmet needs for RH remain high.

The CP4 has been implemented in the context of the Vientiane Declaration on Aid Effectiveness adopted in Nov. 2006, which, among others, aims to increase harmonization and effectiveness of development aid through Sector Working Groups.

Under RH1, various efforts have been made to contribute to the health system strengthening through participation in the Health sector working groups. Development of Maternal, Neonatal and Child Health (MNCH) strategy and planning framework gave a favorable opportunity to integrate key RH and maternal health interventions in the essential MNCH package. Consensus for strategy to improve maternal health was made through development of Skilled Birth Attendance Plan (SBA Plan) and the one for integration of vertical logistic system was made and MOH administrative instruction was issued. Under RH2, FP service coverage was expanded through special FP programmes responding to the needs of remote and often ethnic population while the efforts to increase use of fixed site FP services were made under RH3. RH2 also made interventions to strengthen long-term methods. Interventions to address ASRH and HIV were made under RH4 building on the initiatives introduced under the RHIYA, diversifying the services of VYCHD and strengthening the capacity of RCN. Efforts to improve teaching capacity of teachers in primary and secondary levels and to facilitate teaching of RH and life skills education are continuing with MOE.

PD1 supported advocacy activities through WPD, SWOP, and Population Forum targeting decision makers including Parliamentarians. Capacity development of the National gender mainstreaming machinery, Lao Commission of Advancement of Women, is supported under PD2. PD3 promotes Data collection and use, under which Lao RH Survey, Lao Info and various capacity developments of Dept of Statistics and National Institute of Public Health have been supported. Now the preparation for the Lao National Socio Indicator Survey (LSIS) is underway and discussion for the next census has to start. UNFPA has been also advocating for the development of the National Statistical System and need for coordination.
Under CP4, new partnerships have been made both in PD and RH with national counterparts as well as with Development Partners. Government coordination authority for UNFPA also changed from Dept of Planning to Dept of International Cooperation of MPI. Indicators and targets were reviewed and revised in July 2009 in view of evolutions in the country and development assistance modality.

2. **Evaluation objectives and scope**

In line with UNFPA policies and Procedures: country Programme Monitoring and Evaluation guidelines and UNFPA’s Evaluation policy (DP.FPA/2009/4) and Fourth Country Programme Action Plan an evaluation will be administered at the end of the CP4.

The objective of the CP4 evaluation is to inform the development of the CP5 and UNFPA’s positioning for the UNDAF exercise which will be conducted in 2010-2011. UNFPA country office, UNFPA APRO, UNFPA headquarters, partner agencies and other relevant stakeholders will benefit from the lessons learned. In order to do so, CP4 evaluation will:

- Capture and demonstrate UNFPA CP4 achievements against its stated objectives and its contributions to larger development results at sectoral and national levels as well as UNCT and UNFPA corporate result frameworks
- Review the relevance, effectiveness, efficiency and sustainability of strategies and approaches including strategic partnerships used in the CP4 to advance different issues such as Data collection and use, Population Dynamics, Gender Equality, FP, MH, ARH and HIV/AIDS as well as humanitarian assistance and document good practices and lessons learned.
- Make recommendations for the future direction and focus of the remainder of the CP4 and CP5 and possible strategies to be taken based on the good practice and lessons learned. The findings are expected to improve programme design, programme interventions and the overall set-up of the programme management of the Fifth Country Programme (CP5).

The CP4 evaluation will be conducted in collaboration with the Lao Government through its UNFPA CP coordination mechanism chaired by the Department of the International Cooperation of the Ministry of Planning and Investment with a view to contributing to the preparation of the new country programme and new UNDAF starting from 2012.

The CP4 evaluation will assess CP4’s contribution to the national effort in addressing its development challenges to date starting from 2007 and will cover all UNFPA activities funded from both core and non-core resources. The evaluation will cover all interventions in both PD and RH components.

3. **Evaluation questions (to be finalized during the inception period)**

- To what extent the stated outputs were achieved and to what extent have the achievements of the UNFPA CP4 outputs contributed to CP outcomes and larger sectoral and national objectives, including improving maternal health and achieving reproductive health commodity security (RHCS)? Assess also:
  - if the intended synergy between the interventions, such as between PD and RH or between supply and demand interventions, were realized. How can we further increase synergies?;
  - Whether or not CP was relevant and fully incorporated into national programmes, did programme design and implementation included strategies to ensure sustainability, identifying the facilitating and constraining factors in programme replication?
  - What factors have contributed to achieving or not achieving intended outcomes and outputs? Identify good practices and lessons learned;
if the interventions and strategies used in the programme implementation were appropriate to deliver programme outputs and contribute to CP outcomes and larger sectoral and national objectives, and whether prioritization of UNFPA support followed a clear and sound process;
whether the allocation of government resources were appropriate with the perspective to ensure sustainability in future;
effectiveness of monitoring and evaluation conducted by IPs and UNFPA CO including reporting system, field monitoring visit, etc.

- To what extent did the interventions successfully integrated measures to achieve gender equality and used a rights-based approach? (to be addressed separately during the evaluation)
- How should UNFPA further address gender equality and the rights-based approach in the future?
- To what extent was capacity building interventions part of the programme interventions and what has been the result of these interventions?
- Applying the RBM framework, how effective and efficient was the CO support for programmatic and operational matter and management for the CP4 implementation?
- Assess if the level of the resources, both human and financial, and TA provided to programme implementation and management was adequate.
- To assess the effectiveness of UNFPA support to national programmes and national ownership, in light of the aid effectiveness agenda.
- To what extent UNFPA seized the opportunities to effectively advocate and implement Population, RH and Gender issues as well as responding to the changing needs and Aid environment, especially in the context of Vientiane Declaration Country Action Plan.

4. Methodology
The CP4 evaluation will be conducted in adherence to the Norms and the Standards and the Ethical Code of Conduct established by the United Nations Evaluation Group (UNEG), as well as to the UNFPA’s Evaluation Policy.

The evaluators will design the evaluation methodology required to respond to evaluation objectives in collaboration with the UNFPA Country Office and the evaluation reference group. Methodology should specify the following:

- Key information sources – Identification by evaluators of stakeholders (UNFPA staff, partner agencies, implementing partners, community members including youth and other vulnerable groups
- Data collection instruments
- Types of data collection instruments
- Reference indicators and relevant benchmarks
- Reporting and communication mechanisms during the course of consultation and discussion with UNFPA office

5. The Evaluation Team composition and required competencies
The team will be constituted of following members:

- Team Leader will:
  - assume the overall responsibility for providing guidance and leadership for conducting the CP4 evaluation and liaise with UNFPA and DIC on behalf of the evaluation team
  - lead the designing and finalization of the evaluation design (finalization of questions, tools, methodology and evaluation schedule) which will be described in the inception report
  - serve as an evaluation in one of the substantive programme areas
  - consolidate inputs from Evaluation team members into a draft evaluation report
- prepare evaluation report and serve as a principle presenter of the report
- integrate comments and finalize the evaluation report.

- Team member: Each team member will
  - Participate in the overall evaluation designing and its finalization and design evaluation tools in the substantive programme area of responsibility
  - Conduct evaluation of one of the UNFPA programme’s substantive areas listed below
  - Draft an evaluation report in the substantive programme area of responsibility
  - Revise after the review of the draft report with UNFPA and the Government
  - Present the report as requested.

Specific subject areas are: Population and development including data collection and use; Gender; Reproductive Health with the focus of FP and MH but including UNFPA’s humanitarian assistance; Reproductive Health demand creation IEC/BCC; and Youth Reproductive Health including HIV/AIDS.

The Team Leader must satisfy the following qualifications:
- Post graduate degree in public health, demography, social sciences or other areas relevant to UNFPA’s mandate
- Have a solid understanding and experience of evaluation methodologies
- Have at least 10-15 years of work experience and evaluation in the areas of UNFPA mandate
- Have a good understanding of the workings of the government, development assistance and UN/UNFPA in particular
- Have a sound knowledge of development issues and challenges in the areas relevant to the work of UNFPA
- Have proven leadership and writing and presentation skills in evaluation or research projects
- Excellent writing skills in English
- Work experience in and knowledge of Lao PDR or the region is an asset

The Team members must satisfy the following qualifications:
- Post graduate degree in public health, demography, communication, gender, social sciences or other areas relevant to UNFPA Lao’s programme area
- Have at least 10-15 years of work experience and evaluation in the areas of UNFPA mandate
- Have a sound understanding of evaluation methodologies relevant to the programme areas of UNFPA Lao PDR, and/or a proven expertise of research in social science relevant for the evaluation
- Have a sound knowledge of development issues and challenges in Lao PDR, as well as the government policies, at least in one subject area relevant to the work of UNFPA
- Good writing skills in English

To avoid the conflict of interest, the members of the team should not have engaged in the design or implementation of the UNFPA CP4.

6. Implementation Arrangements
The UNFPA CO and the Department of International Cooperation (DIC) shall jointly manage this evaluation exercise. The evaluation team will work under the direct supervision of the UNFPA Country Office Representative who will provide necessary information and guidance for planning and implementing the evaluation process. UNFPA CO will provide relevant documents and information for pre-reading upon signing the contract between UNFPA Lao office and evaluators.
In order to secure involvement by the relevant authorities in the management and implementation of the CP4 Evaluation a reference group including the following organizations will be established:

Government Coordinating Agency: Department of International Coordination, MPI/DIC will coordinate the participation of the government and UNFPA Implementing partners in the CP4 evaluation exercise and facilitate the conduct of CP4 evaluation by: obtaining the government clearance for CP4 Evaluation ToR; providing necessary access to information source within the Government; accompanying the evaluation team; communicating with and coordinating participation of the IPs in the key consultation meetings together with UNFPA; and being responsible for the endorsement, use and dissemination of the final outcomes of CP4 evaluation.

IPs, will participate in the CP4 evaluation exercise by participating in the finalization of the evaluation design including providing necessary information to the Evaluation Team, reviewing and commenting on the draft report and participate in the key consultation meetings. Inclusion and participation of youth representatives will be ensured during the consultative process and evaluation meetings. IPs will use the evaluation findings in their future operations.

Asia Pacific Regional Office (APRO)
APRO will provide following support to UNFPA CO:
1. Review TOR.
2. Advice on the evaluation process and methodology
3. Selection of the consultants or institution
4. Finalization of the evaluation questions
5. Review of the draft report
6. Assistance in the stakeholder meetings/dissemination workshops

UNFPA Lao CO
CO will support the evaluation team in liaison with key partners and other stakeholders make available to the team all necessary information regarding UNFPA’s programmes, projects and activities in the country.

UNFPA will provide logistical support and arrange meetings and field visits as per the agreed plan. Travel to field visits will be arranged. UNFPA will also make available office space; the evaluators are however expected to bring their own laptops. CO will provide factual verifications of the draft report, and arrange for wider dissemination of the final CP4 evaluation report.

7. Evaluation products (deliverables)
   - Evaluation Inception report
   - Draft evaluation report
   - Final UNFPA CP4 evaluation report “Assessment of Development Results supported by UNFPA CP4 for Lao PDR and recommendations for future assistance by UNFPA” with an executive summary

All reports will be made available in English and Lao.
8. Evaluation Process and Timeframe

The timeframe and responsibilities for the evaluation process are tentatively as follows:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Responsible</th>
<th>Estimated timeframe</th>
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</thead>
<tbody>
<tr>
<td>Advertisement</td>
<td>CO</td>
<td>Between 2-22 Aug 2010</td>
</tr>
<tr>
<td>Selection of the evaluation team</td>
<td>CO with support from APRO</td>
<td>By 10 Sep 2010</td>
</tr>
<tr>
<td>Initial orientation of the team, finalization of evaluation design and</td>
<td>Evaluation team, CO, DIC/IPs, APRO</td>
<td>From 20 Sep 2010</td>
</tr>
<tr>
<td>methods and preparing the inception report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-country evaluation and submission of the first draft</td>
<td>Evaluation team</td>
<td>By 20 Oct 2010</td>
</tr>
<tr>
<td>Translation in Lao and sharing of English and Lao draft</td>
<td>CO</td>
<td>By 25 Oct 2010</td>
</tr>
<tr>
<td>Stakeholder meeting and review of the draft report</td>
<td>CO, DIC, APRO</td>
<td>4 Nov 2010</td>
</tr>
<tr>
<td>Submission of the final draft</td>
<td>Evaluation team</td>
<td>9 Nov 2010</td>
</tr>
<tr>
<td>Translation in Lao and sharing of English and Lao final draft</td>
<td>CO</td>
<td>12 Nov 2010</td>
</tr>
<tr>
<td>Endorsement of the final report*</td>
<td>DIC</td>
<td>By 19 Nov 2010</td>
</tr>
<tr>
<td>Dissemination of the final report (in conjunction with CPS development</td>
<td>CO and DIC</td>
<td>30 Nov or 6 or 7 or 8 Dec 2010</td>
</tr>
</tbody>
</table>
Annex 2: List of reference documents


Gender Resource Information and Development Center (2005): Lao Gender Profile, Vientiane, (supported by the World Bank)


Lao National Commission for the Advancement of Women (2009): Report of Participatory Evaluation, (prepared by Dr. Peta Colebath, Consultant and team and supported by UNFPA and Oxfam Novib during CPIV), Vientiane

Lao National Commission for the Advancement of Women (2009): Concluding Observations of the CEDAW Committee: Towards the combined 6th and 7th periodic report of the Lao PDR, Vientiane

Ministry of Planning and Investment, Department of Statistics, Ministry of Health, Hygiene and Prevention Department, UNICEF. (2008): Multiple Indicator Cluster Survey 2006, Vientiane


Lao People’s Democratic Republic, Ministry of Health. (2009): Midterm review of the implementation of the resolution of eighth party congress on health sector, Vientiane


Mujahid Ghazi et al., (May 2008): “Assessment of the National Population and Development Policy in the context of the National Planning and Monitoring System; Recommendations regarding future support from UNFPA”, Vientiane


The Department of Health of Vientiane Capital (PCCA) in collaboration with the Burnet Institute and UNFPA. (2008): *Young Women’s Sexual Behavior Study;* Vientiane, Lao PDR


The Government of Lao PDR (November 2006): *The Vientiane Declaration on Aid Effectiveness,* Vientiane


The Government of Lao PDR, Ministry of Planning and Investment (November, 2009): *Recent Socio-Economic Developments: Opportunities and Outlook* (Background Document and Draft for Discussion), Round Table Implementation Meeting, Vientiane Capital, 3 November 2009


UNFPA Lao PDR: Annual Plans and quarterly and yearly project progress reports, monitoring and tracking tool, reports on allocation and expenditure etc. by project.


UNFPA Lao PDR and MPI. (2005): *Gender and Ethnic Issues that Affecting the Knowledge and Use of RH Services in Six Ethnic Villages of Lao PDR,* Vientiane


UNFPA Lao PDR and MOH/CHAS. (2008): Assessment of the Referral and Counselling Network on Youth-Friendly Services, Vientiane

UNFPA Lao PRD and MOE. (2008): Rapid Assessment of the Quality of Implementation of Reproductive Health/HIV/AIDS/STI Drugs Education Life Skills Based Curriculum, Vientiane


UNICEF Lao PDR. (2010): Life skills Based Curriculum Project Evaluation (Knowledge and Attitudes on HIV/AIDS/STIs, Reproductive Health and Drug Use Among 11th Graders in Lao PDR, Vientiane


Annex 3: Note on Indicators

Indicators that can be used to track progress and assess progress towards the achievement of planned “results” are central to effective programme management. The indicators should be specific, measurable, achievable, relevant, and must have a baseline/target and a time frame to achieve them. The monitoring and evaluation component of the programme should include a plan that identifies the sources from where the data/indicator can be obtained, and if they cannot be obtained from existing sources plans must be made as part of the programme to collect them at desired intervals.

Indicators at output and outcome levels were identified and included in the logical framework matrix of CP4. Most of these were not useable as many could not be measured nor was there a system to collect them. UNFPA Office in Lao PDR realized this and made a serious effort to come up with an alternate set of indicators mid-way through CP4, and should be commended for its efforts. An examination of the monitoring and tracking tool shows that a number of these are reported as not available. It should be underscored, however, that some of the revised indicators for the RH services component are being collected particularly for recent years by the active support of the UNFPA office, as seen from the monitoring tracking tool for the RH component. The delay in reporting and processing and the possible incompleteness of the data from HMIS, which is still in its early stages of development, is a major factor hindering progress in providing needed data and indicators on a regular basis.

The evaluation, therefore, could not use indicators for assessing progress towards achieving outputs and outcomes. It has, therefore, relied on other means and measures from the various processes that throw light on the progress that is being made and the potential for its impact.
Annex 4: List of persons consulted

Asian Development Bank
Ms. Hayman Win, Social Sector Specialist, Lao PDR Resident Mission

Attapeu Province
Dr. Chanthavong Xayasena Deputy Director of Attapeu provincial health department
Mr. Sonephet, Coordinator, Health Education Unit Attapeu provincial Health Department
Mr. KeoOudone, Sithileuth Technical staff Education Unit Attapeu provincial Health Department
Ms. Manysak Sithioudom, Information and Culture Department,
Ms. Nounsy Mienglavanh, Mother and Child Division,
Ms. Vangchai Khamphounvong, Mother and Child Division,
Mr. Khamson, Ministry of Planning and Investment

Kheamxang Village, Oi Ethnic Group, 25 women
Kheamxang Village, CMs (4), VHC (3 male, 1 female out of 5 members)
Sanamxay District, Donbok Health Centre, 1 female nurse, 1 male medical assistant, 1 female health education officer
Sanamxay District, Sanamxay Secondary School, 18 adolescent peer educators, 8 students, 3 teachers
Samakixay District, Public Health Office, MOH, MOE, LWU, LYU, other ministry representatives who have partnered with the UNFPA programme

Burnet Institute
Dr. Niramonh Chanlivong, Country Program Manager
Ms. Philippa Sackett, Project Management Advisor

Champasak Province
Champasak Provincial Hospital
Dr. Bounthan, Deputy Director
Dr. Keoso, Director
School of Public Health, Pakse
Dr. Paseuth, Director

Health Unlimited
Mr. Ketsadasak Kiettisak, Project Manager
Ms. Sally Sakulku, former Manager
Mr. Bangyuan Wang, Country Director
Ms. Mel Whitney Long, Program Development Officer

Health Unlimited in Attapeu province
Mr. Somphone Keovongvichid, Project Officer
Mr. Khamphoung Pengchansy, Project Assistant

Japan International Cooperation Agency, Lao PDR
Ms. Yuki Yoshimura, Representative
Ms. Midori Anami, Community Health/Nursing Midwifery: Project for Strengthening Integrated Maternal, Neonatal and Child Health Services, JICA/MOH
Ms. Megumi Fugita, Project Coordinator/Health Education: Project for Strengthening Integrated Maternal, Neonatal and Child Health Services, JICA/MOH
Dr. Hironori Okabayashi, Chief Advisor: Project for Strengthening Integrated Maternal, Neonatal and Child Health Services, JICA/MOH
Dr. Somkeit Vonalad, Deputy Director, Provincial health department

JOICFP
Ms. Tomoko Fukuda, Technical Advisor

Lao National Assembly: 6th Legislature
HE Mr. Douangdy Outhachak, Member of Parliament, Member of Standing Committee and Chairman of Socio-Cultural Affairs Committee and the Lao Association of Parliamentarians on Population and Development
Mr. Bounlert Louanedoangchah, Deputy Director General of the Social and Cultural Affairs Department and Director of the Secretariat of the Lao Association of Parliamentarians on Population and Development

Lao National Assembly: Support to an Effective Lao National Assembly (SELNA)
Mr. Franck Boulin, Senior Technical Advisor
Ms. Sabine Miehlau, Senior Advisor
Mrs. Sousada Phoummasak, Director General, Programme Management Director
Mr. Khampason Ratsachak, Senior Programme Coordinator

Lao National Commission for the Advancement of Women Secretariat
Ms. Chansoda Phonethip, Deputy Director

Lao Women’s Union
Mrs. Kaysamy Lavilayvong, Chief of Development Divisions

Ministry of Education
Ms. Varadune Amarthithada, Deputy Director General/Project Manager, Secondary Education Quality Improvement Project
Mr. Somkhanh Didaravong, Director, Education Statistics and Information Technology Center
Mr. Sivixay Manivong, Deputy of in-service Division

Ministry of Health
Dr. Paphassarang Chanthakhath, Acting Director, Training and Education Division of Dept of Organisation and Personnel
Dr. Kaisone Chounramany, Director, Mother Child Health Center (MCHC)
Dr. Thanom Insal, Director of Medical Products and Supply Center
Dr. Swady Kingkeo, Director, Health Statistics Division
Mr. Khin Kyu, Survey Coordinator, Lao Social Indicator Survey (LSIS) Project
Dr. Sengchoi Panyavong, Director, Centre for Information and Education for Health
Dr. Chansy Phimphachan, Director, CHAS
Dr. Bounfeng Phoummalaysith, Deputy-Director, Cabinet
Dr. Somchit Akkavong, Deputy Director, Department of Hygiene and Prevention, Chair of the MNCH Taskforce
Dr. Khamphithoune Somsamouth, Chief of Administration Section, CIEH
Dr. Phouthone Vangkonevilay, Deputy-Director General, Department of Organisation and Personnel

Ministry of Labour and Social Welfare
Mr. Leepao Yang, Deputy Permanent Secretary
Ministry of Planning and Investment
Ms. Thiraka Chanthalanouvong, Director, Social Statistics Division, Department of Statistics
Mr. Sthabandith Insisienmay, Director, Macroeconomic Division, National Economic Research Institute
Mr. Somchit Inthamith, Director General, Department of International Cooperation
Mr. Syviengxay Oraboune, Deputy Director General, National Economic Research Institute
Ms. Phonevanh Outhavong, Deputy Director, Department of Planning
H.E. Dr. Bounthavy Sisouphanthong, Vice Minister
Ms. Phonesaly Souksavath, Director General, Department of Statistics
Mr. Morakot Vongxay, Director of UN System Division, Department of International Cooperation

NAPPA
Mr. Sengkeo Vonglamphanh, Director of Theoretical Sciences Division

National University of Laos
Ms. Damdouane Khouangvichil, Member of Faculty
Mr. Phout Simmalavong, Dean, Faculty of Social Sciences

Population Services International
Mr. Robert Gray, Regional Advisor PSI Asia

Sekong Province
Provincial Health Department
Mrs. Bounthanom, MCH Director
Dr. Khambien, Director
Sekong Provincial Hospital
Dr. Baisy, General Surgeon
Mrs. Keopheth, OBGYN Nurse
Dr. Kongsin, Deputy Director
Kaleum District Health Office
Mr. Bounla, CBD
Mrs. Chanthala, CBD Supervisor
Dr. Thongphanh, Director
Mr. Kathvanthone, CBD Supervisor
Kaleum District Hospital
Dr Sounthone, Manager
Nongnok Health Centre
Mrs. Banthalay, SBA trainee/Phouvong District Hospital
Mrs. Jonelakham, SBA trainee/Lamam HC
Mrs. Manivong, SBA trainee/Sanamxai District Hospital

UNAIDS
Mr. Pascal Stenier, UNAIDS Country Coordinator

United Nations Children’s Fund, Lao PDR
Mr. Vilay Phouthalath, Communications Officer
Dr Ataur Rahman, Immunisation Specialist
Ms. Julia Rees, Deputy Representative
Ms. Verity Rushton, Chief, Children and HIV/AIDS Section
United Nations Development Fund for Women, East and Southeast Asia Regional Office
Mr. Somsouk Sananikone, Project Coordinator, Lao PDR

United Nations Development Programme, Lao PDR
Ms. Saara Frestadius, Programme Analyst, Governance Unit
Ms. Phanchinda Lengsavad, Assistant Resident Representative, Chief, Poverty Reduction Unit
Mr. Dirk Wagener, Assistant Resident Representative, Head of Governance Unit

United Nations Office on Drugs and Crime
Mr. Leik Boonwaat, Representative

United Nations Population Fund, Asia Pacific Regional Office
Ms. Kiran Bhatia, Gender and Development Advisor
Ms. Risvina Dealvis, Programme Specialist

United Nations Population Fund, Lao PDR
Ms. Mieko Yabuta, Representative
Mr. Philip M. Brandt, Reproductive Health Commodity Consultant
Ms. Marioline Coren, ex Deputy Representative
Dr. Douangchanh Xaymounvong, National Programme Officer (RH)
Ms. T.A. Garraghan, ASRH and HIV Coordinator
Ms. Pafoualee Leechuefoun, National Programme Officer (PD)
Mr. Diego De La Rosa, Advocacy and Communications Officer
Dr. Sengsay Siphakanlaya, National Programme Officer (IEC/BCC)
Mrs. Della Rose Sherratt, International SBA Coordinator
Dr. Qais Sikandar, RHCS/MNCH Advisor

Vientiane Midwifery Training School
Dr. Bouathip Phongsavath, SBA Project Officer
Ms. Magdalen Muraa, Midwifery Tutor, Phonsavan, Xieng Khuang Province
Dr. Somchanh Xaysida, National SBA Coordinator

Vientiane Province Administration Bureau
Mr. Seennouan Chanthavong, Chief, Statistics Office
Mrs. Singkham Khongsawan, Director (and Member of National Assembly and Committee on Foreign Affairs), Department of Planning
Mrs. Seokham Sivilay, Head, Lao SubCAW Secretariat
Mr. Khamsay Soumounthong, Chief, International Cooperation Section

Phone Hong District Office
Mr. Bounthen, Head of District Education Office
Ms. Inkham Phandara, Governor
Mr. Thongkham, Head of District Health Office

Vientiane Municipality Administration
Ms. Khamphong, Deputy Chief of Planning Office
Mr. Khampakone, Chief of International Cooperation Office
Ms. Malavone, Chief of Statistics Office
Mr. Phoungeun, Deputy Chief of International Cooperation Office
Mr. Vixay Xiaovana, Director General, Department of Planning and Investment
Xaythany District Office, Vientiane Municipality
Mr. Bongdara, Head of Education Office
Mr. Xong Lor, Governor
Mr. Phouthanong, Head of Health Office
Mr. Khamphan Souliyananh, Head, Planning Office
Ms. Vanhvilay Vongsavang, Deputy Head of LWU

Vientiane Youth Centre for Health and Development
Ms. Dalayvanh Keonakhone, Manager

World Bank, Lao PDR
Mr. Phetdara Chanthala, Operations Officer
Ms. Stephanie Kuttner, Social Development Consultant
Mr. Magnus Lindelow, Senior Economist, Human Development, Education and Social Protection
Mr. Robert McLaughlin, Education Consultant

WHO, Lao PDR
Dr Asmus Hammerich, Program Management Officer (Health Systems)
Dr Kunhee Park, Medical Officer, Maternal and Child Health
Annex 5: Evaluation process

The evaluation aimed to be participatory, ethical, gender and culturally sensitive and transparent. Prior to interview the purpose of the questions was explained and interviewees consent was sought to provide information and be identified in the report. Requests for anonymity have been abided. Every attempt has been made to keep information secure.

The Lao CP4 evaluation adopted the following process:

✓ Introductory briefing on CP4 and the objective of the evaluation by UNFPA, Lao PDR.
✓ Review of background documents relating to the Country Programme, such as CP4, Country Programme Action Plan, and Annual Work Plans (AWP).
✓ Content analysis and triangulation involving, among others, an assessment of the sub-programmes and CPAP for their clarity and feasibility of proposed actions, as well as their follow through in the AWP’s.
✓ Analysis of the allocation of resources versus expenditure and examination of the reasons for discrepancies, if any.
✓ Assessment of the achievements of outputs as per AWP’s and the annual monitoring and tracking tool.
✓ Review of documents produced as part of the programme and their dissemination and use, and an analysis of the contents of these and other documents which reflect the utilization of data and information derived from programme outputs.
✓ Validation of responses from interviews, observation during field visits, and cross-referencing with responses from multiple sources to arrive at informed and objective conclusions.
✓ Gender briefing by Mrs. Kiran Bhatia, Gender and Development Advisor, UNFPA APRO and Ms. Rizvina Dealwis, Programme Specialist.
✓ Briefing to and by Implementing Partners (IP) and the Department of International Cooperation (DIC), Ministry of Planning and Investment (MPI) Wednesday 22nd September (see Annex 3 for initial evaluation PP presentation with DIC, DPs and UNFPA staff).
✓ Provision of inputs, including sample questions, for the Inception Report, as mandated by UNFPA guidelines.
✓ Follow-up discussions with UNFPA Advisors and Programme Officers and with the UNPA Country Representative on facilitating and constraining factors in the programme.
✓ Meetings with representatives of Implementing Partners and other stakeholders (Annex 7).
✓ Concurrent reading of other documents such as the Common Country Assessment, United Nations Development Assistance Framework and National Social and Economic Development Plan, Millennium Development Goals: 2008 Progress Report, Lao PDR as well as project outputs (Annex 9 and Key Document Boxes at the start of each programme section) and the review and assessment of their contents.
✓ Visits to and discussion with the staff of the Planning and Statistical office, VYCHD, Midwifery Training Schools in Vientiane and Pakse, as well as the secretariat of Lao Sub-CAW of Vientiane province.
✓ Field trips to Champasak, Sekong, Attapeu Provinces and Vientiane Municipality and nearby Districts were undertaken between Wednesday October 6th and Friday October 8th. Provincial and District Offices and health facilities were visited. Visits were made to several villages and opportunistic interviews with service users were undertaken where feasible.
✓ FGD with field staff and service users were conducted at village level, including a number of Community Based Distributors (CBDs). Trainee Skilled Birth Attendants (SBAs) were interviewed whilst working at a village Health Post.
In order to guide the development of the PD sub-programme of CP5, and to assess the effectiveness and relevance of the PD sub-programme under CP4 the evaluation also undertook:

- A preliminary assessment of the capacity of relevant national institutions other than the IPs of CP4 and provincial and district planning and statistical offices and
- An appraisal of the usefulness and benefit to the participants who attended specific activities under the PD sub-programme of CP4 from these institutions and sub-national level planning and statistics offices (based on a few random respondents).

It had been hoped to conduct a ½ day workshop midway through the evaluation to keep DIC, MOH and UNFPA abreast of findings and triangulate initial findings, unfortunately it was not possible to arrange this given that MOH were holding their annual review meeting in the week beginning October 4th. Due to lack of advance planning it was also impossible for the team to visit Xieng Khuang Province and review activities there.
Annex 6: Evaluation criteria

Details of each of the evaluation criteria OECD/DAC are as follows:

Relevance

The extent to which the aid activity is suited to the priorities and policies of the target group, recipient and donor.
In evaluating the relevance of a programme or a project, it is useful to consider the following questions:

- To what extent are the objectives of the programme still valid?
- Are the activities and outputs of the programme consistent with the overall goal and the attainment of its objectives?
- Are the activities and outputs of the programme consistent with the intended impacts and effects?

Effectiveness

A measure of the extent to which an aid activity attains its objectives.
In evaluating the effectiveness of a programme or a project, it is useful to consider the following questions:

- To what extent were the objectives achieved / are likely to be achieved?
- What were the major factors influencing the achievement or non-achievement of the objectives?

Efficiency

Efficiency measures the outputs -- qualitative and quantitative -- in relation to the inputs. It is an economic term which signifies that the aid uses the least costly resources possible in order to achieve the desired results. This generally requires comparing alternative approaches to achieving the same outputs, to see whether the most efficient process has been adopted.
When evaluating the efficiency of a programme or a project, it is useful to consider the following questions:

- Were activities cost-efficient?
- Were objectives achieved on time?
- Was the programme or project implemented in the most efficient way compared to alternatives?

Impact

The positive and negative changes produced by a development intervention, directly or indirectly, intended or unintended. This involves the main impacts and effects resulting from the activity on the local social, economic, environmental and other development indicators. The examination should be concerned with both intended and unintended results and must also include the positive and negative impact of external factors, such as changes in terms of trade and financial conditions.
When evaluating the impact of a programme or a project, it is useful to consider the following questions:

- What has happened as a result of the programme or project?
- What real difference has the activity made to the beneficiaries?
- How many people have been affected?

**Sustainability**

Sustainability is concerned with measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn. Projects need to be environmentally as well as financially sustainable.

When evaluating the sustainability of a programme or a project, it is useful to consider the following questions:

- To what extent did the benefits of a programme or project continue after donor funding ceased?
- What were the major factors which influenced the achievement or non-achievement of sustainability of the programme or project?
Annex 7: A note on the gaps of the PD component of CP4

The following are some of the critical gaps and constraints that need to be addressed to improve the statistical system and the availability, scope, and quality of data, their analysis, dissemination and utilization in planning, and for capacity development of national institutions for advancing and strengthening population and gender issues in development planning and programmes.

Gender considerations in data collection and analysis: One of the critical gaps is the lack of consideration of gender at various stages such as planning, questionnaire design, field work, processing, tabulation, analysis etc. of population and housing censuses and socio-economic and health surveys. While it is a normal practice to collect and tabulate data disaggregated by sex it does not by itself ensure that the data reflect gender inequalities that exist in a society or among different ethnic groups in the country due to inherent biases and stereotypical views about the role of men and women in the society. There is an accumulating body of knowledge and methods that are becoming available which can be adapted to the Lao PDR context to strengthen gender considerations in censuses and surveys in the future. At present, there is only one person in DOS who has attended a training course on gender organized by Gender Resources Information for Development (GRID).

Civil registration system: Lao PDR does not have a civil registration system. It was reported that the system existed prior to the founding of Lao PDR in 1975. Lao PDR has passed a new Law on Statistics and it is not clear if the establishment of a civil registration system is contained in this Law (which is available only in Lao). A number of those interviewed indicated the need to establish the civil registration system and pointed out that there have been discussions on the issue and that these discussions have not led to any concrete action. In this context, it should be noted that Article 7 of the Convention on the Right of the Child (CRC) relates to the right of the child to have a legally registered name that is approved by the Government.

Provincial and district statistics: Visits to provincial and selected district statistics offices in Vientiane province and Vientiane municipality that are part of the Department of Planning or planning units revealed that their capacity is very limited. There is a system to collect data on the number of people, births, deaths and few other data from the villages annually using the “village book”. Compilation of the data is done manually or, at best using EXCEL if the offices have a computer. Provincial and district offices take part in the conduct of field work and supervision during the National Population and Housing Census and special purpose surveys. However, as already indicated, there is no capacity for processing or analysis of data in the provinces and districts visited.

Statistics by ethnic groups: Population censuses and RH surveys have included a question on ethnicity and, therefore, detailed analysis of demographic and socio-economic situation of the ethnic groups is possible. However, only limited use is made to analyze these data to understand inter ethnic differences in demographic processes and behavior. Such analysis could reveal the differences among the ethnic groups including the status of women.

Sub-national level planning: Visits to provincial and district planning offices reveal that their capacity is limited. With decentralization these planning units play a key role in guiding the allocation of resources.

An Economic Planning Training Centre has recently been established the functions of which were part of the National Economic Research Centre (NERI), under the Ministry of Planning and Investment. The capacity of the centre and the types of training courses offered could not be ascertained.
One of the requests made by planning officials at the provincial level is the urgent need for population projections that can be used in planning at provincial levels.

**Sectoral Statistics (Education and Health):** Discussion with the Director of Statistics and Information Technology Division of MOE indicate that MOE has a robust system in place to monitor progress and performance in education to meet the education related MDGs (2 and 3) and Education for All (EFA) Goals. There is, however, demand for more and up to date data on current and future population of school going ages at the district level which would serve as the denominator for the measurement of district level enrolment ratios and for planning and investment in improving infrastructure and human resources.

On the other hand Health Management Information System is still in the process of development. There is a National Health Information System Strategic Plan: 2009-2015. The system currently provides data and indicators derived from regular reporting from health Service Delivery Points (SDPs) but these are of limited use due to coverage, content and quality issues.

**Capacity of national Institutions for research and training:** As discussed in the report, there was no capacity development plan or strategy in the various components of the PD sub-programme during CP4, except for the support to LaoNCAW which was also limited in scope and did not include building capacity for policy advocacy or for promoting gender considerations in planning. It may be noted that the Lao NCAW secretariat staff have attended training and conferences (inside and outside Lao PDR) and worked with national and international staff, which has assisted in capacity development.

During previous cycles, UNFPA had supported capacity development of national institutions such as National University of Lao PDR (NUOL) and the National Academy for Politics and Public Administration (NAPPA). In the former, UNFPA support was for establishing a population centre while in the latter it was for integrating population and development issues and methodologies into the curricula of teaching and training programmes of civil servants and administrators. Support for the development of these institutions was not continued during CP4.

Discussion with the Dean of the Faculty of Social Sciences of the University reflected their interest to introduce population courses as part of the new Masters level degree programme that will be offered by the Human Resources Development Centre of the Faculty. It was mentioned that population courses continue to be offered by the University at the undergraduate level but the status of the Population Studies Centre is unclear. Two staff members who went for study under UNFPA fellowships have returned with Ph. D and have joined the Faculty of Social Sciences. One more past UNFPA fellowship recipient is expected to return and join the faculty soon. This provides a critical mass of well trained staff at the Faculty of Social Sciences to introduce population and development courses as part of the new Masters Degree programme and also to contribute to the development of research capacity.

Consultation with the Director of Political Sciences Department of NAPPA (who was involved during CP3 in introducing population courses in the curricula of the Academy) indicated that, despite the discontinuation of support courses on population continue to be offered. A text book on Population and Development was developed during CP3 with support from UNFPA and Mahidol University in Thailand which continues to be used as a source book for these courses. Being in the local language, it was not possible to assess the content and quality of the text book. The Director also informed that a shorter version of the book is used for NAPPA staff when they undertake training for district administrators and village chiefs. Interest was expressed to revise the curriculum and also to develop new curriculum suitable for more advanced courses leading to Masters Degree in public administration being offered by the Academy.
Strengthening of national institutions for training and research is important to build national capacity. During the initial stages, it would be necessary to provide high quality external technical assistance to both the institutions.
Annex 8: Features of an effective BCC programme

Linked to the achievement of the UNFPA indicators is a high quality communication programme. Such a programme would promote knowledge, attitude and behavior change in the following ways:

- **Stimulate Community Dialogue and Create Demand.** Communication should encourage community and national discussions on the underlying factors that underlie the current situation with respect to RH. This would include factors such as current behaviors, settings for these behaviors and the contributing environments. Communication should create a demand for information and services, and should spur action toward positive knowledge, attitude and behavior change.

- **Promote Advocacy.** Through advocacy, communication can ensure that policy makers and opinion leaders approach the RH situation seriously. Advocacy should take place at all levels, from the national to the community level.

- **Increase Knowledge.** Communication should ensure that people have the basic facts in a language, visual medium or other media that they can understand and relate to. Perhaps most importantly, communication should motivate audiences to change their behaviors in positive ways.

- **Reduce Discrimination.** Communication on RH should contribute to reduction of negative attitudes and poor practices on the part of providers and of those marginalized for reasons of gender, ethnicity or language.

- **Promote RH Health Care Services.** Communication should promote the supply of quality services which will be attractive to clients. Communication can ensure the quality of these services by helping providers improve their counseling skills and clinical abilities.

An effective and successful communication programme will follow these steps:

1. Identify the problem and set programme goals.
2. Segment client populations.
3. Perform formative research.
4. Identify knowledge, attitude and behavior change goals
5. Seek stakeholder consensus.
6. Design the communication programme.
7. Pre-test and revise the communication programme with the clients.
8. Implement the communication programme.
9. Monitor and evaluate the communication programme.
10. Use a feedback and revision framework to keep communication programme on track during Steps 1 through 9.

These steps are mentioned not only to suggest an underlying framework of action, but also to provide a background for discussion of some discrete programme activities.
APPENDIX  Data and information gathering: sample questions

The following are the set of questions developed during the inception phase which formed the basis for individual interviews covering population and development, reproductive health services including communication, and gender:

Population and Development

Broad questions
What has been the contribution of CP4 towards meeting national development goals and MDGs in terms of:
- building data and information systems, including those that reflect gender issues and data on marginalized groups;
- strengthening knowledge creation and dissemination in support of policy development;
- developing capacity for the above and for incorporating these into policies and programmes;
- Where are the gaps and what strategies are being used to address them?

Examples of questions addressed to those involved in projects (either as an implementer or as a participant beneficiary) would include the following:

Implementers
- What were the major objectives/expected outputs of the programme? How were they identified? How do they relate to national/sectoral needs and priorities? Are they still relevant?
- What have been the major accomplishments to date? What are the major outputs? Are there any indicators/evidence that reflect these achievements? What are they?
- Are there outputs that are yet to be realized/activities to be conducted to realize the outputs? What are they?
- Were there constraints in achieving the intended outputs? What were these constraints? Were they overcome? How? Were there any delays in implementation and why? Did you have to make any major changes to objectives or to the implementation plan? Why? How were they identified and addressed?
- What are the critical challenges that need to be addressed?
- What has been the contribution of the project to capacity development? At the individual and institutional levels?
- What are the other contributions that the project has made? Have they contributed to policies? Have they improved knowledge base? Have they generated better understanding?
- Are there significant gaps in information/data and capacities which need to be addressed? What are they?
- What are some of the lessons that you have learned during the process of implementing the project? Have they contributed to its success? Were there any that adversely affected that programme’s progress?
- What steps have you taken to ensure that gender considerations are part of programme activities? Are there any concrete examples? Have staff been trained in collecting, analyzing and interpreting data that help develop policies and programmes that promote gender equality, equity and empower women? Are the data disaggregated to provide information about population groups that are marginalized? Are they adequate to address women’s concerns in these groups?
- What is your opinion about the responsiveness of UNFPA in addressing/providing support to address the issues, in providing resources and technical assistance, and in building capacity for project management? Are there any issues, concerns or difficulties that you face in your
work with UNFPA in planning, implementing and monitoring the projects and programmes? Are there any advantages? Do you receive the inputs (financial and technical) in time?

- Are there linkages between this programme and others (not only funded by UNFPA) that contribute to the success of its success, and in terms of it contributing to the broader national development goals? If such linkages are absent how could they be promoted?
- Do you think the programme has significantly contributed to capacity development and that functions (specify) can be undertaken without additional support?
- What are the priorities that need to be addressed in the next cycle of UNFPA support?

**Project participants (some of the project coordinators could also be participants)**

- Are you aware of the other projects/programmes that are supported by UNFPA (or other organizations)?
- Have you participated in any of the activities? What was the activity? What has been your role? Was it beneficial? What did you gain from your participation? How did it help you in your work? Do you have any suggestions or views about the organization of the activities.

These will be supplemented with other questions that are specific to each of the projects and to the roles and functions of those who participated in one or more of the activities. If the projects were funded jointly by more than one donor additional questions will be asked about effectiveness, efficiency, synergy etc among the different components.

**Reproductive Health**

- To what extent is the programme contributing to achievement of the MDGs in Lao PDR, in particular MDGs 4 and 5?
- Acknowledging the global contribution of unsafe abortion to maternal mortality (approx 20%) how can a culturally sensitive approach to post abortion care (PAC) and post-partum care be adopted and included in CP5? Sensitiveexplore the policy environment connected with this issue.
- Is the existing evidence base in MNCH being used to inform policy and practice? Are there any recent examples of this?
- Will CEOC/EOC facilities be able to cope with increased demand for institutional deliveries in line with Lao Government stated policy? Where are the obvious gaps? What strategies are in place for the medium and longer-term to address these gaps?
- Explore birth-spacing messages and challenges for the future.
- Discuss existing learning links and institutional linkages? Should more be done in fostering links? Would this be helpful and appreciated?

**Communication for demand creation**

- What were the UNFPA CP4 objectives/outputs *programmed* in RH demand creation: knowledge, attitude and behaviour change? Please explain in terms of relevance, effectiveness, efficiency and sustainability.
- What has been *accomplished* in RH demand creation: knowledge, attitude and behaviour change? Please explain in terms of relevance, effectiveness, efficiency and sustainability.
- What still *needs to be done* in RH demand creation: knowledge, attitude and behaviour change? (in terms of UNFPA objectives/outputs or in terms of objectives/outputs you think UNFPA should add) Please explain in terms of relevance, effectiveness, efficiency and sustainability. Which groups should be associated with each added objective/output (providers, communicators, target groups [male, female], etc.)? How?
- How do you see the relationship between RH supply and demand?
• What do you see as the three most important future actions in RH supply improvement/demand creation?
• What achievements has the demand creation program made with respect to gender? What else should be done? How have gender issues been integrated into the RH programme? How did RH demand creation handle this? What did demand creation activities do to deal with gender stereotyping in the media?
• What accomplishments has the demand creation program made with respect to capacity building? What else should be done?

Youth and adolescent sexual and reproductive health

• What are the UNFPA CP4 RH (HIV and AIDS, unwanted pregnancies, etc.) objectives/outputs programmed for ‘youth?’ Please explain in terms of relevance, effectiveness, efficiency and sustainability.
• What has been accomplished in RH ‘youth’ programmes? Please explain in terms of relevance, effectiveness, efficiency and sustainability.
• What still needs to be done in RH ‘youth’ programmes? In terms of UNFPA objectives/outputs or objectives/outputs what do you think should be added? Please explain in terms of relevance, effectiveness, efficiency and sustainability. Which groups should be associated with each added objective/output (providers or communicators on the supply side, target groups (male, female) etc. on the demand side? How?
• How do you see the relationship between RH ‘youth’ programme supply and demand?
• What do you see as the three most important future actions in RH ‘youth’ programme supply improvement/demand creation?
• What accomplishments has the ‘youth’ programme made with respect to gender? What else should be done?

Gender

• Did the implementing partners have the capacity to integrate gender in the relevant RH/ASRH PD programmes?
• To what extent has the PD/CP contributed to positioning of gender equality in national policy and funding frameworks – including National Development Strategy, National strategy for women’s empowerment, MDG follow-up plans, National SBA Plan, HIV/AIDS plans, PRSP/SWAP in the health sector, etc?
• To what extent has a gender perspective been incorporated in the data collection, analysis and dissemination exercises of the NSC through support from the PD/CP? Eg; Census, national surveys (LSIS), province and district level surveys, etc?
• To what extent were the long-term human resource development plans of the health sector, including the national SBA Plan, based on a gender analysis?
• How effective are health services for women and men in the priority geographical areas? Have these services taken into consideration the socioeconomic and cultural constraints people face in accessing health services?
• Do the facilities and clinics promote and facilitate male participation? Are clinics ‘partner’ friendly and promote participation of men as partners in integrated mother and child health, family planning and nutrition services?
• Did the advocacy and communication strategies target men with messages about birth spacing, family health, and family planning?
• To what extent have efforts been made to stop harmful practices relating to RH (eg; child birth)? Have they been successful.
Other questions:

- If the intended synergy between the interventions, such as between PD and RH, or between supply and demand interventions, were achieved. How can synergies be further increased?
- Whether or not CP4 was relevant and fully incorporated into national programmes; did programme design and implementation include strategies to ensure sustainability; identify the facilitating and constraining factors in programme replication;
- What factors have contributed to achieving or not achieving intended outcomes
- If the interventions and strategies used in the programme implementation were appropriate to deliver programme outputs and contribute to CP outcomes and larger sectoral and national objectives?
- Did prioritization of UNFPA support follow a clear and sound process?
- Whether the allocation of government resources was appropriate with the objective of ensuring future sustainability?
- Whether monitoring and evaluation conducted by IPs and UNFPA CO including reporting systems, field monitoring visits etc was effective.
- To what extent did the interventions successfully integrate measures to achieve gender equality and use a rights-based approach?
- How should UNFPA address gender equality and the rights-based approach in the future?
- To what extent has capacity building been part of programme interventions and what has the result of these interventions been?
- How effective and efficient was the CO support for programmatic and operational matters and management for CP4 implementation?
- Whether the level of resources, both human and financial, and TA provided to assist programme implementation and management was adequate?
- How effective has UNFPA support been to national programmes and creating national ownership, in light of the aid effectiveness agenda.
- To what extent UNFPA seized opportunities to effectively advocate and implement Population, RH and Gender issues as well as responding to the changing needs and the aid environment, especially in the context of Vientiane Declaration Country Action Plan.