COUNTRY REPORT

LAO

EVALUATION OF UNFPA SUPPORT TO MATERNAL HEALTH

Mid-Term Evaluation of the Maternal Health Thematic Fund

EVALUATION BRANCH
Division for Oversight Services
New York, October 2012

UNFPA

Evaluation of UNFPA Support to Maternal Health
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COUNTRY REPORT: LAO PDR

Lao PDR Country Office

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http://www.unfpa.org/public/home/about/Evaluation/EBIER/TE

Layout and design: uPwelling.net

EVALUATION OF UNFPA SUPPORT TO MATERNAL HEALTH

Including the contribution of
the Maternal Health Thematic Fund

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Table of Contents

List of Figures

List of Tables

List of Acronyms

ADB	Asian Development Bank
ANC	Antenatal care
ASEAN	Association of South- East Asian Nations
AWPs	Annual work plans
BCC	Behavior change communication
CBD	Community-based distribution
CCA	Common country assessment
CCOP	Central Committee for Organization and Personnel
CDSW	Capacity development for sector-wide coordination
CEDAW	Convention on the Elimination of all forms of Discrimination against Women
CIEH	Centre for Information and Education on Health
CHT	College of Health Science and Technologies
CM	Community motivators
CMW	Community midwife
CP	Country programme
CPAP	Country programme action plan
CPR	Contraceptive prevalence rate
CSOs	Civil society organizations
DHDP	Department of Hygiene and Diseases Prevention
DOP	Department of Organization and Personnel
DPs	Development partners
EmONC	Emergency obstetric and newborn care
GAVI	Global Alliance for Vaccine and Immunization
GBV	Gender-based Violence
GF	Global Fund to Fight AIDS
GDP	Gross domestic product
GPRHCS	Global Programme to Enhance Reproductive Health Commodity Security
HC	Health Centre
HEF	Health Equity Fund
HIV	Human Immuno-Deficiency Virus
HRD	Human resource development
HRH	Human resource for health
HSDP	Health Sector Development Plan
HDI	Human development index

HMIS	Health Management Information System
HPA	Health Poverty Action
HU	Health Unlimited
ICT	Information communication technology
IEC	Information, education and communication
IFC	Individual, family, community
IMR	Infant mortality rate
INGOs	International non-governmental organizations
I-PRSP	Interim Poverty Reduction Strategy Plan
IUD	Intra uterine device
JICA	Japanese International Cooperation Agency
JOICEF	Japanese Organization for Cooperation in Family Planning
Lao PDR	Lao People Democratic Republic
LAPPD	Lao Association of Parliament on Population and Development
LDC	Least developed country
LFNC	Lao Front for National Construction
LPRP	Lao People Revolutionary Party
LRHS	Lao Reproductive Health Survey
LSIS	Lao Social Indicator Survey
LSS	Life-saving skills
Lux Dev	Luxembourg Development Project
LWU	Lao Women's Union
LYU	Lao Youth Union
MDG	Millennium Development Goals
MHTF	Maternal Health Thematic Fund
MIC	Ministry of Information and Culture
MISP	Minimum Integration Services Package
MMR	Maternal mortality rate
MOF	Ministry of Finance
MoH	Ministry of Health
MOJ	Ministry of Justice
MPSC	Medical Product Supply Centre
NA	National Assembly
NGO	Non-governmental organization
NPEP	National Poverty Eradication Programme
ODA	Official Development Assistance

PEER	Participatory Ethnographic Evaluation and Research
PSoN	Provincial Schools of Nursing/Public Health
RHCS	Reproductive health commodity security
RTM	Round Table Meeting
RHTF	Reproductive Health Thematic Funds
SBA	Skilled birth attendant
SWC	Sector wide coordination in health
SWG	Sector Working Group
ToT	Training of trainers
TWG	Technical working group
UNDP	United Nations Development Programme
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNV	United Nations Volunteer
WHO	World Health Organization

1. Purpose and scope of the evaluation

Maternal health remains a major challenge to health systems worldwide. The world is on track to reach some targets of the Millennium Development Goals (MDGs) by 2015, but falling short on others; maternal health is the least likely to meet the 2015 target. A recent analysis found an annual rate of reduction of 1.3 per cent during the period of 1990–2008, well short of the 5.5 per cent needed to attain the MDG target by 2015. At the current rate of decline, it will take more than 188 years to meet the goal of 100 per 100,000 live births.

Given the current lack of sufficient progress in tackling maternal mortality, it is critical that effective interventions are implemented and monitored. Careful evaluation of these interventions is crucial for determining what works and for ensuring that scarce resources are allocated effectively. This is particularly true for developing countries, where maternal mortality is highest and access to maternal health services is poor. For this reason, United Nations Population Fund (UNFPA) has launched the evaluation of its support to maternal health in the last eleven years and the mid-term evaluation of the Maternal Health Thematic Fund. Following the terms of reference, the evaluation covers the period from 2000 until 2010, and includes information related to a number of interventions implemented in 2011.

The aim of conducting both evaluations in parallel; i.e. the Maternal Health Thematic Evaluation (MHTE) and the Mid-Term Evaluation of the Maternal Health Thematic Fund (MHTF); is to take advantage of potential for synergies in the evaluation portfolio of UNFPA and obtaining deeper and better substantiated insights on the thematic area of maternal and reproductive health as a whole, as well as on the MHTF individually.

1.1 Scope of the Maternal Health Thematic Evaluation

The MHTE assesses to what extent UNFPA support to maternal health has been relevant, effective, efficient and sustainable in contributing to the improvement of maternal health. The evaluation covers all programmatic interventions that have been directly relevant to maternal mortality and morbidity within UNFPA mandate, including all activities financed from core and non-core resources; and those financed through UNFPA Reproductive Health Thematic Funds.[1] MHTE focuses on key elements of reproductive health including family planning, skilled birth attendance and Emergency Obstetric and Newborn Care (EmONC), i.e. the "three pillars" of reducing maternal mortality. The specific thematic scope of the MHTE is defined by a list of twelve evaluation questions (a table with all evaluation questions and related judgment criteria is presented in Annex 6.3).

1. I.e., the Maternal Health Thematic Fund, the Global Programme to enhance Reproductive Health Commodity Security and the joint UNFPA-UNICEF FGM Programme.

1.2 Scope of the Maternal Health Thematic Fund mid-term evaluation

The objectives of the mid-term evaluation of the Maternal Health Thematic Fund (MHTF) are to assess to what extent MHTF support has been relevant, effective, efficient and sustainable in contributing to the improvement of maternal health. The mid-term evaluation focuses on technical areas (midwifery, family planning and emergency obstetric and newborn care) and on the potential of the MHTF to act as a catalyst in these areas. The evaluation also covers the internal coordination and management processes of the MHTF (support to planning, programming and monitoring, coordination and management mechanisms, and the facilitation of the integration and use of synergies). Additionally, aspects of leveraging and visibility are assessed. The temporal scope of the mid-term evaluation covers the period since the launch of the MHTF in 2008.

The strategic framework of the MHTF (i.e., the MHTF business plan) provides a clear reference framework for the mid-term evaluation. The specific thematic scope of the mid-term evaluation of the MHTF is defined by a list of eight evaluation questions (a table with all evaluation questions and related judgment criteria is presented in Annex 6.3).

1.3 Geographical scope of the overall evaluation

The scope of the evaluation is limited to those 55 countries whose maternal mortality ratio in the year 2000 was higher than 300 deaths per 100,000 live births. The main rationale for this delimitation of the scope is to allow the evaluation to a) include those countries that have or have not made improvements in addressing maternal heath since the year 2000; and b) to focus the analysis on those countries that, relative to others, have experienced the greatest challenges in improving maternal health in accordance with MDG 5.

1.4 Purpose and structure of the country report

This country report has been prepared following the completion of the country case study in Lao PDR and summarizes its findings and conclusions. The findings presented in this country report, together with nine other country reports, inform the final evaluation reports for the MHTE and the Mid-term evaluation of the MHTF.[2]

The country report is structured as follows:

- Chapter 2 explains the case study methodology. It discusses:
    - The process and criteria for selecting case study countries overall, and the specific reasons for choosing Lao PDR as a case study
    - The preparation and conduct of the case study
    - The limitations and constraints experienced by the evaluation team

2. Final evaluation reports for MHTE and MHTF are available on the following web page: http://www.unfpa.org/public/home/about/Evaluation/EBIER/TE/pid/10094.

- Chapter 3 provides a short description of the reproductive health sector in Lao PDR, and describes the overall approach of UNFPA to supporting maternal health in the country.
- Chapter 4 presents the findings of the case study.
- Chapter 5 presents the conclusions of the country case study drawing on the findings for each of the evaluation questions. While Chapter 5.1 draws conclusions for UNFPA overall maternal health support in the country, Chapter 5.2 focuses on the added value of the Maternal Health Thematic Fund.
- Chapter 6 presents the annexes of this country report including a list of all documents consulted and a list of people interviewed for this case study. The annexes also contain key data for LAO PDR, the methodological instruments utilized for this case study and a list of UNFPA interventions and activities in LAO PDR.

2. Methodology of the country case study

The methodology for the case study has been developed based on the overall methodology for the MHTE and the mid-term evaluation of the MHTF (see final reports for MHTE and MHTF). The purpose of the country case study is to use the field visit to collect data and information to verify the hypotheses developed during the desk phase of the evaluation and to further inform the answers to the evaluation questions.

2.1 The selection of country case studies

2.1.1 The process and criteria for selecting country case studies

The evaluators carried out a comprehensive staged sampling process to select the countries to be included in the field phase of both evaluations. The first sampling stage resulted in the selection of all 55 UNFPA programme countries with a maternal mortality ratio (MMR) higher than 300 deaths per 100,000 live births in the year 2000.[3] In the second sampling stage, 22 countries out of the initial 55 were selected for inclusion in the extended desk phase. In order to ensure that different types of country contexts were included in this second-stage sample, the countries were grouped and selected according to the following criteria (see Table below).

Criteria used to create a typology of desk phase countries

Selection Criteria
Relative success of programme countries in improving maternal health (to include "high-performing" and "low-performing" countries);
Average income level in the different programme countries (to include countries with different poverty levels as one determinant of maternal health);
Quality of the public administration (to include countries with different administrative capacities to develop and manage maternal health programmes); and
Relative prevalence of HIV (to include programme countries whose maternal health situation was interlinked with a high incidence of HIV).

3. The sampling criterion has been selected to establish a close link to the MDG five indicators. The data have been taken from the H4 report "Trends in Maternal Mortality: 1990-2008" in agreement with UNFPA.

In the third sampling stage, ten countries out of the group of 22 were selected for in-depth case studies (field phase);[4] eight of these countries were recipients of the MHTF. Case studies were selected so that each type was represented by two cases: One country that had made large improvements; and a similar country (according to the above selection criteria) that only made small improvements in reducing maternal mortality. Overall, this systematic approach to selecting countries for the field phase allows for different types of country contexts to be equally covered by the evaluations.

2.1.2 Justification for selecting Lao PDR

Lao PDR is one of six countries that made considerable progress in reducing maternal mortality: the maternal mortality ratio (MMR) of 790 deaths per 100,000 live births in 2000 decreased by approximately 27 per cent to 580 deaths per 100,000 live births in 2008.[5] Assessed on the basis of the absolute improvement of the maternal mortality ratio over this period (i.e., a decrease of 210), Lao PDR has achieved the 12th highest reduction in maternal mortality among all 40+ countries that had an MMR above 300 in 2000.

Relative to other case study countries, such as Madagascar, Ethiopia or DRC, Lao PDR also had a relatively high per-capita gross national income (GNI) of US$ 2,321.[6] The assumption was that the higher resource availability would influence the ability of the government and society to address certain bottlenecks in maternal health service provision with its own resources. In turn, this circumstance would affect the demands made on UNFPA to support government efforts in reducing maternal mortality.

Lao PDR also scored highly in the category of 'quality of public administration'. This was interpreted to mean that the country should have greater capacity than other field phase countries to address its own challenges, with greater independence from development partners.

Lastly, the prevalence of HIV/AIDS in Lao PDR is relatively low, in particular in comparison to countries such as Zambia or Kenya that also had been selected for the field phase. The low prevalence of HIV/AIDS in Lao PDR was assumed to make the challenge of reducing maternal mortality less complex and therefore less challenging for the government as well as for UNFPA, in comparison to these high-HIV prevalence countries.

4. Burkina Faso, Cambodia, DRC, Ethiopia, Ghana, Kenya, Lao PDR, Madagascar, Sudan, and Zambia.
5. Based on data from (WHO, UNICEF, UNFPA, World Bank, 2010).
6. This puts Lao PDR into a group of countries with per capita GNIs higher than US$1,000, along with Cambodia, and Ghana as countries that have made relative good progress in lowering their maternal mortality ratio; and Burkina Faso, Kenya, Sudan and Zambia that have not achieved a significant reduction of maternal mortality.

2.2 Scope of the country case study

This country case study is one of several evaluation components used to collect evidence to answer the global evaluation questions and judgment criteria[7] of the two evaluations.[8] As these evaluations draw on a number of different information sources, this country case study provides only some of the information that is required to answer the global evaluation questions comprehensively.[9] The scope of the country case study is defined by the "issues to assess", which are listed at the beginning of the findings-section for each evaluation question, together with the judgment criteria they correspond to.[10] These "issues to assess" were defined after analyzing the global maternal health strategy of UNFPA and its underlying theory of change. Based on this analysis, the evaluation team determined which parts of this theory of change were the most important for the overall success of UNFPA maternal health strategy. The global list of issues to assess was then adapted to the context of the case study country.[11] The country case study focuses on collecting information on these specific issues and the findings presented in this country report do not provide complete answers to the global evaluation questions.[12] Recommendations are not elaborated at this stage, as the overall conclusions to the evaluation questions will only be developed at the level of the final reports for the MHTE/MHTF evaluations.

Since the 20 global evaluation questions of the two evaluations[13] are designed to assess the relevance, efficiency, effectiveness, and sustainability[14] of the support to maternal health provided by UNFPA, the issues to assess that were derived from the evaluation questions are also related to these four DAC standard evaluation criteria.

2.3 Preparation of the country case study

The evaluation team prepared this country visit in cooperation with the UNFPA country office. The evaluation team mapped the relevant stakeholders, selected interviewees, identified data sources and selected data collection approaches to ensure that information on each particular issue would be collected:

1. From different sources, such as from different stakeholders, to reflect potentially differing perspectives; or from different documents (data triangulation).
2. Using complementary data collection methods, i.e., a mix of quantitative and qualitative methods, such as the use of secondary data on maternal health from demographic health surveys; and the use of feedback from key informant interview and focus groups (methodological triangulation).[15]

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7. During the inception phase of this assignment, the focus of each of these global evaluation questions had been sharpened by defining a set of judgment criteria that specified which aspects of UNFPA associated support to maternal health should be at the center of attention for each evaluation question. These judgment criteria define in greater detail the specific conditions of success of UNFPA support in each of the thematic areas covered by the evaluation questions. For a more detailed explanation of judgment criteria, please see the final reports of the MHTE and MHTF evaluations.
8. I.e., the Maternal Health Thematic Evaluation and the MHTF mid-term evaluation; see Chapters 1.1 and 1.2 above.
9. Twelve evaluation questions for the Maternal Health Thematic Evaluation and eight evaluation questions for the MHTF mid-term evaluation.
10. A complete list of issues to asses for this country is also contained in Annex 6.3., the data collection results matrix for this country report.
11. Therefore, issues addressed may vary from one country case study to the other. Only issues which have been addressed in this specific country case study are shown in the tables in front of each evaluation question and in the Annex. This might lead in some occasions to difficulties in linking issues and judgment criteria but this is unavoidable as the methodology has been designed for the overall global evaluations.
12. See also the final reports of the MHTE and MHTF evaluations for more details on the methodological approach.
13. The Maternal Health Thematic Evaluation and the MHTF Mid-Term Evaluation.
14. Development Assistance Committee (DAC) evaluation criteria.
15. E.g., semi-structured interviews, focus groups, document reviews.

An overview of the triangulation for each evaluation question is presented in Annex 6.2.

2.4 Data collection methods and analysis during the country case study Lao PDR

The evaluation team used the following approaches for collecting data during the country visit to Lao PDR:

- The evaluators conducted individual interviews in Vientiane, in particular with staff from UNFPA country office, with representatives of different departments of the Ministry of Health and other ministries, non-governmental, partners, other implementing and development partners. In these interviews, the team focused on the collection of qualitative data that would help to provide contextual information on UNFPA interventions, its contributions and roles in partnerships, etc.
- During the country visit, the team collected and reviewed additional documents that either had not been available during the desk phase; or that needed to be revised to verify particular information that had been received during one of the interviews.[16] Evaluators focused in particular on the following types of documents:

    - Annual work plans (AWP), in particular those AWP that had not been available to the evaluation team during the desk phase.
    - Relevant national strategic documents, including policies and strategic frameworks for sexual and reproductive health policies, maternal health policies, family planning, EmONC and other relevant
    - Needs assessments and other inputs into the policy-making process that UNFPA had supported or implemented, covering all relevant maternal health topics.
    - Documents that described and defined UNFPA relationship with its partners in the country, such as Memoranda of Understanding (MoUs) with development partners or government.
    - Evaluations or assessments of UNFPA maternal health support in the country that had not been available to the evaluation team during the desk phase of this evaluation.

- The team traveled to two Southern provinces, i.e. Champasak and Saravan, in order to visit one community midwife training institution, one provincial health office and hospital, one district health office and hospital, two health centers and community-based activities. During these visits the team had the opportunity to interview partners at different levels and to conduct group discussions with beneficiaries of UNFPA interventions, as well as community partners such as village health committee members and community motivators.
- Throughout the preparation and conduct of the case study, the evaluators ensured that they differentiated between maternal health support financed by UNFPA core funds, and support financed by the MHTF. This was possible due to the clear distinction of budget sources in the annual work plans.

At the end of the visit to Lao PDR, the evaluation team did a preliminary analysis of the findings for each of the evaluation questions. These findings were presented to the UNFPA country office prior to the departure of the team. In addition, the team formulated conclusions on a number of topics that cut across the thematic areas covered by the evaluation questions. These conclusions constitute an assessment of selected aspects of UNFPA support to maternal health in Lao PDR and on the added value of the MHTF. However, due to the selective nature of the case study, these conclusions do not necessarily form a comprehensive and complete assessment of UNFPA support of sexual and reproductive health in the country, as would have been the case in a country programme evaluation of Lao PDR. These conclusions are presented in Chapter 5.

16. A comprehensive list of interviewees and short records of focus groups conducted is presented in Annex 6.4 and 6.5.

2.5 Limitations and restrictions

Overall, the information obtained during the country visit allowed the evaluation team to compile a coherent picture of UNFPA maternal health assistance in the more recent years, i.e. approximately for the period 2005-6 to 2011. The specific challenges are detailed in the table below.

Table 1: Challenges or constraints encountered throughout the field phase and reactions

Challenges/constraints encountered	Reactions
The evaluators had difficulties in gathering sufficient information on the types of activities that UNFPA had financed to support maternal health. With the exception of the country office annual reports (COAR) for the period 2004 – 2007, the only reports available responded to the specific reporting requirements of individual donors. The COAR could only provide limited data on certain areas of work and did not provide detailed information or a synthesis of what the country office had achieved overall each year. Furthermore, even though monitoring of the implementing partners' annual work plans was done quarterly, the reports had not been compiled annually and did not provide an overall picture of the reproductive health component. In addition, the third UNFPA country programme (2002-2006) has not been evaluated. Although the evaluation of the fourth country programme (2007-2011) was available to the team, its use was limited due to quality issues. This situation hampered the in-depth analysis of results in maternal health.	In order to address the lack of documentation, the evaluation team utilized AWP and specific activity reports such as trip or workshop reports, and then corroborated information during interviews. Whilst this proved to be useful with interviewees that had long-standing experience with UNFPA, some interviewees had not been involved long enough to recall the activities carried out during certain periods.
The Lao PDR country office representative had only recently been appointed and the deputy representative position was vacant (and had been vacant since September 2010).	The evaluators arranged a phone interview with the former Lao PDR country office representative.
Due to changes in staff (for UNFPA partners), the evaluation team was only able to obtain information of UNFPA support for the most recent years.	Many of the government partners had been in their positions, or had been working in maternal health, for a number of years and could offer a more comprehensive historical perspective on cooperation with UNFPA.
UNFPA reproductive health staff were traveling or unavailable during the country visit. Opportunities for additional meetings with the UNFPA reproductive health team to help the evaluators further explore issues they had encountered were therefore limited.	Missing information on specific activities or UNFPA involvement was therefore cross-checked during other interviews and with documents.

3. Short description of the reproductive health sector

3.1 Country Background

The Kingdom of Lao was founded in 1953 after the declaration of independence from France. The country then experienced 18 years of civil war between the Royal Government and its communist counterpart 'Pathet Lao', as well as involvement in the Second Indochina Conflict.[17] In 1975 conflict ended, the monarchy was abolished and Lao People's Democratic Republic (PDR) was founded as a single-party socialist republic under the communist Lao People's Revolutionary Party (LPRP). The Laotian government and party leadership gradually reformed in order to attract foreign investments and created a more effective governmental apparatus.[18]

Lao PDR recorded steady annual economic growth of more than six per cent in real GDP throughout the 90s and around 7.5 per cent between 2005 and 2010.[19] As a land locked country, Lao PDR was able to attract private sector and direct foreign investments mainly from its neighboring countries, Thailand, Vietnam and China for industries including natural resource extraction, hydropower, mining, food processing and the textile industry, as well as increasing cross-border trade.

Table 2: Key economic data Lao PDR

Total Population Lao PDR (2009)	6,320,000
GDP (2009)	5.58 US$ bn
GDP/per capita (2009, current US$)	883.6 US$

Source: UN Statistical Service UNData. Lao PDR

In addition, economic reforms led to an increase in official development assistance (ODA) and investments in infrastructure. Despite these developments, Lao PDR remains a predominantly agricultural country with around 80 per cent of the population living in rural areas and working in the agricultural sector. A major challenge will thus be to ensure environmental sustainability and sustainable human development in order to create the maximum benefit for the development of Lao PDR.[20]

17. UNDP. About Lao PDR. 2012.
18. UNDP. Assessment of Development Results. Evaluation of UNDP Contribution 2007.
19. UNDP. Implementing Measures. Lao PDR.
20. UNDP. About LAO PDR. 2012.

3.2 Lao PDR Health Sector

The Government of Lao PDR, in collaboration with development partners, has formulated a number of strategies to address key health development issues. The National Socio-Economic Development Plan 2006-2010 identified 47 very poor districts (all in remote areas) for implementation of 'priority' poverty alleviation programmes. The main current and future health policy priorities are reflected in the Sixth Five Year Health Sector Development Plan (2006-2010). The Seventh Health Sector Development Plan 2011–2015 has just been developed in collaboration with main health partners and approved by the government.

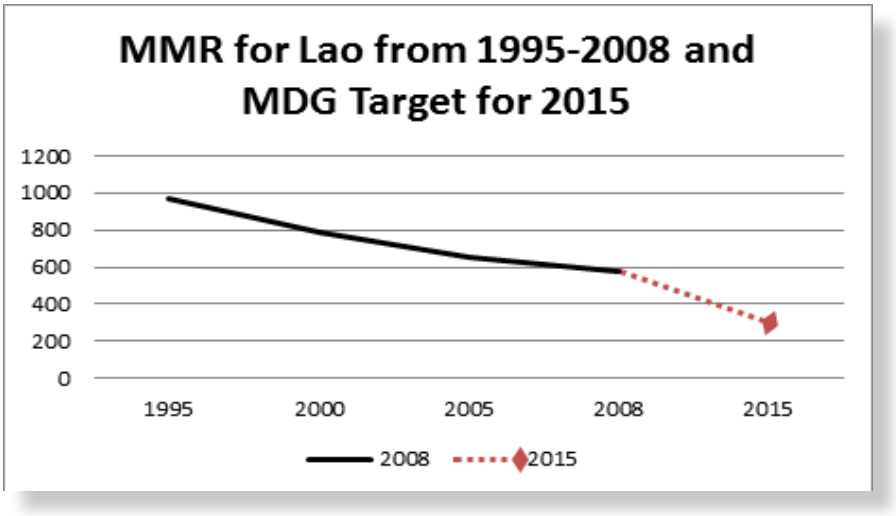
Donors and non-governmental organizations (NGOs) have provided substantial technical and financial assistance for health throughout Lao PDR over the years. However the overall poor health status of the population remains unchanged due to limited national financial resources as well as shortages of health providers, both in terms of inadequate numbers of health providers and their distribution, with the majority located in urban areas. Increasing access to quality health care, particularly by poor and vulnerable groups, remains difficult. Having recognized the importance of maternal, newborn and child health to improving the health of the population and to achieve MDGs, the Ministry of Health launched an initiative to standardize and improve the quality of maternal, neonatal and child health services, and rapidly scale-up services, by more rational use of resources. The maternal, neonatal and child health technical working group (TWG) was established in 2007 and in 2008 formulated the integrated essential maternal, neonatal and child health service package which aims to deliver essential maternal, neonatal and child health services at different levels ranging from the community to the provincial and central hospital levels.

3.3 Health Indicators

MMR was estimated at 405 deaths per 100,000 live births in the 2005 Census.[21] However, a more recent estimate by WHO/UNICEF/UNFPA/The World Bank in 2008 was of 580 per 100,000 live births.[22] Reaching the national target for MDG5 of 260 maternal deaths per 100,000 live births by 2015 is therefore unlikely based on the trend shown in figure 1. Moreover, it is estimated that for every woman who dies in childbirth, around 20 to 30 women suffer from maternal morbidity, sometimes with life-long consequences.

21. Census 2005.
22. WHO/UNICEF/UNFPA/World Bank. Trends in maternal mortality: 1990 to 2008. Estimates developed by WHO, UNICEF, UNFPA and The World Bank.

Figure 1: Maternal mortality ratio Lao PDR, 1995-2008 and 2015 MDG 5 target



Source: WHO Global Health Observatory Data Repository

Data from the last Lao PDR Reproductive Health Survey 2005 (LRHS) indicates a neonatal mortality rate of 26 deaths per 1000 births.[23] The infant mortality rate (IMR) was 70 deaths per 1000 live births. It was estimated that early neonatal mortality (deaths in the first week of life) accounted for 28 per cent of the infant mortality rate for Lao PDR in 2000.[24]

In Lao PDR, only 18.5 per cent of women gave birth with a skilled health care provider (LRHS 2005). This is the lowest coverage in Southeast Asia. The majority of births (63.4 per cent) are assisted by relatives and only 12.8 per cent of women gave birth in a health facility. In remote rural areas without roads, only 5.3 per cent of women gave birth with a trained health care personnel and 96.5 per cent of women gave birth at home.[25] The census of 2005 showed that 24.6 per cent of the population lives more than two hours from a fully functioning EmONC hospital, with EmONC facilities distributed unevenly and are particularly few in the North and in the South of the country.[26]

Contraceptive prevalence rate (CPR) increased from 29 per cent to 35 per cent among married women between 2000 and 2005, but unmet need still remains high at 27 per cent. The CPR is higher amongst women in urban areas and women living in rural areas with better access (urban 44.7 per cent, rural areas with road access 36 per cent, and rural areas without road access 25.6 per cent).[27] Table 3 presents data on key maternal health indicators from the most recent reproductive health survey.

23. Census 2005.
24. WHO World Health Report 2005.
25. National Statistics Center/UNFPA: Lao PDR Reproductive Health Survey 2005.
26. EmONC Assessment in 12 Selected Provinces, Final Report, 2011.
27. Lao PDR Reproductive Health Survey 2005.

Table 3: Maternal health indicators

Maternal mortality ratio [28]	405
MDG target for maternal mortality rate	260
% HIV prevalence rates (aged 15-49)[29]	0.2
Contraceptive prevalence rate (CPR) in % (2005)[30]	35
% receiving antenatal care (ANC) from a skilled provider in 2005[31]	28.5
% of births which were assisted by skilled birth attendants[32] in 2005[33]	18.5

Source: Lao PDR Reproductive Health Survey 2005.

28. Census 2005.
29. MoH/WHO: Strategy and Planning Framework for the Integrated Package of Maternal, Neonatal and Child Health Services 2009-2015
30. Lao PDR Reproductive Health Survey 2005.
31. Idem.
32. Doctors, clinical officers, and nurse/midwives.
33. Lao PDR Reproductive Health Survey 2005.

3.4 UNFPA response to maternal health in the country

Geographic coverage of UNFPA Support:	Family planning services will be further strengthened nationwide.
	Health intensive support mainly targeted at three southern regions (CPAP 2007-2011):
	Attapeu (population in 2010 127 285)
	Salavan (population in 2010: 366 723)
	Sekong (population in 2010: 97 900)[34]
Population covered by UNFPA support in 2010 (only focal provinces)	591,908
% of total population in Lao PDR covered by UNFPA support in focal provinces	9.14%
Total spending regular sources 2004-2010 [35]	9,141,396 US$
Total spending regular sources per capita (based on total population)	1.41 US$
Total spending regular sources per capita (based on regions only)	15.44 US$
Total spending other sources 2004-2010 [36]	2,113,616 US$
Total spending other sources per capita (based on total population)	0.32 US$
Total spending other sources per capita (based on focal provinces only)	3.57 US$
Allocation according to CPD 2007-2011	Total: 10,500,000 US$ (CPD 2007-2011) Regular sources: 7,500,000 US$ Other sources: 3,000,000 US$ Reproductive health component: 7,600,000 US$ Population and development component: 2,150,000 US$ Programme coordination and assistance: 750,000 US$
Total Spending MHTF 2010	Budget: 200,000 US$ Expenditure: 196,768 US$[37]

The reproductive health component of the 3rd UNFPA country programme (2002 – 2006) aimed to improve access to, and utilization of, quality reproductive health services by women, men and adolescents. In addition to the nationwide expansion of family planning services, UNFPA also supported the introduction of a core package of reproductive health services in

34. Lao PDR Statistics Bureau http://www.nsc.gov.la/index.php?option=com_content&view=article&id=37&Itemid=38.
35. ATLAS data.
36. ATLAS data.
37. UNFPA Lao PDR Country Office.

three under-served provinces in the South with interventions targeted at areas with the highest poverty levels. Assistance was also provided for the national centre of maternal health in MoH and the development of the reproductive health policy. UNFPA was also involved in enhancing knowledge and awareness of reproductive health, reproductive rights and the need for gender equality among women, men and adolescents via the extensive network of the Lao Women's Union and the Lao Youth Union.

The 4th UNFPA country programme (2007 – 2011) aimed to improve utilization of high-quality, equitable reproductive health services by poor, rural and vulnerable populations through:

- improved health systems, (including planning, management, human resources development, logistics and information systems),
- increasing the availability and accessibility of client-oriented reproductive health services,
- increasing demand for sexual and reproductive health and reproductive rights in priority geographical areas,
- increasing coverage of HIV prevention among target groups

UNFPA has provided sustained financial and technical support to family planning provision in Lao PDR. The 4th UNFPA country programme, in line with the national maternal, neonatal and child health integrated package, focused on strengthening family planning outreach with community-based distribution (CBD), strengthening long-term and permanent family planning methods (IUD, mini-laparotomy), supporting free family planning service provision (procurement of contraceptives, transportation costs in three southern provinces, supporting monitoring and supervision visits) and assisting MoH with the development of a common integrated logistics system.

With a view to strengthening skilled attendance at birth, UNFPA played a key role in the development and implementation of the skilled birth attendance Plan based upon the skilled birth attendance assessment, helping to coordinate the task force for human resources for health, and providing technical leadership and coordination around training and improving providers' performance, especially for midwives at the primary level.

The use of midwives was being reintroduced in Lao PDR when the Maternal Health Thematic Fund (MHTF) started in 2010. MHTF reinforced midwifery education and contributed to an EmONC assessment that will be the basis for the MoH to improve EmONC services all over the country with the support of development partners.

4. Findings of the country case study

The following section presents the findings of the country case study. A more detailed presentation of all findings and evidence can be found in Annex 6.3.

4.1 Findings related to the MHTE

4.1.1 Evaluation question 1: Relevance/Coherence

Evaluation question 1

To what extent is UNFPA maternal health support adequately focused on addressing the reproductive and maternal health needs of the vulnerable groups among countries and within countries?

Judgment criteria[38]	Issues to address (field phase)
1.2. (Increased) availability of accurate and sufficiently disaggregated data for targeting most disadvantaged/ vulnerable groups	To what extent do UNFPA/implementing partner monitoring tools include indicators to capture the specific situation of the most vulnerable?
	To what extent do UNFPA country offices utilize information from needs assessments other than the common country assessments?
	Has UNFPA identified and targeted "vulnerable groups" for maternal and newborn health support beyond the extent that is described in situation analysis/problem analysis country programme action plans (CPAPs)?
1.3. Needs orientation of planning and design of UNFPA supported interventions	To what extent are country offices using means alternative to UNDAF process for needs-oriented planning and the identification of the most vulnerable groups?

Judgment criterion 1.2

- (Increased) availability of accurate and sufficiently disaggregated data for targeting most disadvantaged/ vulnerable groups

The 4th country programme (2007 – 2011) is aligned with the United Nations Development Assistance Framework (UNDAF) which is based upon the vulnerability analysis of the common country assessment (CCA) and the 6th National Socio-Economic Development Plan 2006-2010 (NSEDP), and UNFPA-supported assessments generated evidence for more targeted programming towards remote areas and ethnic groups. However there are no particular monitoring arrangements that gauge if the needs of the most vulnerable groups are addressed.

38. For indicators associated with the judgment criteria, please see the desk report of this evaluation assignment.

UNFPA has supported the generation of evidence on the needs of women, children, young people and rural populations, particularly those in remote communities and from smaller ethnic groups UNFPA supported the Lao PDR Reproductive Health Survey (LRHS) 2005 that provided disaggregated data by level of education, urban or rural area, with or without road access, regions and provinces. UNFPA has also supported a number of maternal health assessments. The 2008 skilled birth attendance assessment provided information about existing services, e.g., coverage, human resources, facilities and training, and considered the particular needs of specific ethnic groups. This assessment also provided information on the services that needed to be reinforced, particularly in rural areas.[39] The Participatory Ethnographic Evaluation and Research (PEER) study undertaken in 2008 focused on the reproductive health needs and perceptions of ethnic and rural women. The EmONC assessment, undertaken with MHTF support in 2011, looked at coverage, access, utilization and referral systems for EmONC services.

UNFPA selected its geographic areas of interventions based on reproductive health indicators such as maternal mortality, contraceptive prevalence, and births attended by skilled personnel but also considered factors like remoteness and poor accessibility; the latter particularly for the community-based distribution (CBD) of contraceptives. Although UNFPA had selected particularly poor districts for targeting its support (e.g. the poorest districts in three Southern provinces), the UNFPA monitoring system was not designed to track whether the needs of vulnerable groups in particular have been addressed.

Judgment criterion 1.3

- Needs orientation of planning and design of UNFPA supported interventions

Vulnerability is taken into consideration in the 3rd and 4th UNFPA country programmes. The reproductive health needs of the most vulnerable populations are taken into account through the selection of districts for its interventions, and also by ensuring that its support at the national level ultimately benefits these groups, e.g., by supporting the training of midwives from remote areas, or by promoting free assisted delivery for poor women.

During the 3rd and 4th country programme, UNFPA selected 10 districts as priority geographical areas in three Southern provinces. Six districts were amongst the 47 poor districts identified as a priority under the National Poverty Eradication Programme.[40]

The above-mentioned assessments helped UNFPA to set priorities and to plan more specific interventions to strengthen reproductive health services, in particular in relation to skilled attendance at birth and during pregnancy for women in remote areas.[41] For example, the findings from the PEER study were used to design interventions to address barriers for the effective use of reproductive health services and to increase demand for these services.[42] The findings of these assessments also provided a basis for advocating for measures in favour of vulnerable groups, such as the provision of incentives for personnel serving in remote areas (midwives in particular) and the introduction of free assisted delivery services for women in the lowest wealth quintile.[43]

39. Assessment of skilled birth attendance in Lao PDR - Ministry of Health - UNFPA - March 2008.
40. National Growth and Poverty Eradication Strategy (NGPES) – Lao PDR – 2004.
41. E.g., through selecting remote health centre auxiliary midwives to be trained as community midwives.
42. Reproductive Health at the Margins - Results from PEER Studies in Southern Lao PDR – May 2008.
43. UNFPA staff and government partner interviews.

4.1.2 Evaluation question 2: Harmonization and coordination of maternal health support and partnerships

Evaluation question 2

To what extent has UNFPA successfully contributed to the harmonization of efforts to improve maternal health, in particular through its participation in strategic and multi-sectoral partnerships at global, regional and national level?

Judgment criteria	Issues to address
2.1. Harmonization in maternal health partnerships between UNFPA and United Nations (UN) organizations and World Bank (including H4+)[44] at global; regional and country level	Compatibility of UNFPA rules, regulations and procedures with design and planning procedures of health SWAps it is participating in (or other joint implementation arrangements, i.e., in countries where no SWAp exists)
	What is the significance of H4+ country teams for country level maternal and newborn health harmonization and coordination;
	To what extent do functioning mechanisms for coordination and harmonization of planning and implementation (e.g., common work plan) in UN joint programs exist?
	What is the extent of use of pooled funding in UN joint programs?
2.2. Harmonization of maternal health support through partnerships at country and South-South/regional	Does donor community consider national maternal and newborn health road maps to be viable components of national health policy that allows them to use it as a focal point for aligning their support with government structures and mechanisms?
	Is UNFPA financing activities to facilitate the adoption and implementation of maternal and newborn health Road Maps? (including activities that identify and address existing bottlenecks in maternal and newborn health road map operationalization and implementation at country level)
2.3. UNFPA participation in partnerships for producing evidence for policy debates and definition and prioritization of coordinated operational maternal health research agenda	Comprehensive list of "partnerships for evidence creation"
	What kind of evidence-related deliverables that were meant for adaptation at country level have these initiatives produced?
	Examples of UNFPA-generated evidence on maternal and newborn health (stemming from "research partnerships) that has been/is being used in policy formation

44. UNFPA, UNICEF, World Bank, World Health Organization (WHO), UNAIDS.

Judgment criterion 2.1

- Harmonization in maternal health partnerships between UNFPA and UN organizations and World Bank (including H4+) at global; regional and country level

Since the Vientiane Declaration in 2008, harmonization and coordination have been improving. A health sector working group (SWG) as well as technical working groups (TWG) was set up to support the implementation of the maternal, neonatal and child health strategy. Although these mechanisms have greatly increased harmonization, the decision-making process still needs improvement and different TWG still lack coordination.

UNFPA is one of seven development partners currently working in the health sector. All development partners work closely together; however, H4+ is not considered to be a very significant concept in Lao PDR. Although the UNDAF provides a framework for coordination, coordination and harmonization take place at the sector level and involves all development partners supporting maternal, neonatal and child health in Lao PDR. Following the Vientiane Declaration on Aid Effectiveness (2006), UN agencies, donors and international non-governmental organizations (INGOs) have increasingly harmonized their support. WHO, UNFPA and UNICEF provide technical and financial support, while other partners[45] fund the maternal, neonatal and child health package. In 2008, sector coordination mechanisms were set up with JICA support, with one sector working group (SWG) for health and technical working groups (TWG) involving relevant MoH departments, development partners, and recently, non-governmental organizations (NGOs). These mechanisms are becoming progressively more operational, and development partners and the Ministry of Health have started to develop combined TWG annual work plans. However, coordination issues between development partners and between the MoH Departments still remain.[46]

Joint United Nations programmatic support (UNFPA, UNICEF, WHO and World Food Programme), funded by the Grand Duchy of Luxembourg, was recently designed to support the implementation by the Ministry of Health of the national integrated package of maternal, neonatal and child health services. UNFPA was responsible for midwifery education and training.

Judgment criterion 2.2

- Harmonization of maternal health support through partnerships at country and South-South/regional

The Strategy and Planning Framework for the integrated package of maternal, neonatal and child health services (2009-2015) provides clear directions for stakeholders to harmonize their support. UNFPA plays a key role in technically supporting MoH programming at the national level and supporting implementation of the package in collaboration with the other development partners.

The maternal, neonatal and child health package is the key strategy for maternal health in Lao PDR and was developed with the support of WHO and UNFPA and other partners. It serves as a guiding framework and all development partners are harmonizing their support based on this strategy. The package is integrated in the Health Sector Plan which is also coordinated under the health SWG. The 7th Five Year Health Plan has recently been approved and costed although resource mapping is still to be finalized.[47]

UNFPA technically supports the implementation of many of the components of the maternal, neonatal and child health package, in particular the skilled birth attendance plan, and contributes to its three strategic objectives (improving governance and management capacity, strengthening quality of health service provision, and mobilizing individuals, families and communities for maternal, neonatal and child health) through actively participating in the above-mentioned working groups and through supporting the MoH at implementation level.

45. Such as JICA, Grand Duchy of Luxemburg, ADB.
46. e.g. maternal, neonatal and child health services supervision is an area that is not coordinated very clearly between different MoH departments.
47. Government partner interviews.

Judgment criterion 2.3

- UNFPA participation in partnerships for producing evidence for policy debates and definition and prioritization of coordinated operational maternal health research agenda

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With the exception of its involvement in a partnership to undertake an EmONC assessment, UNFPA has not been involved in partnerships to conduct research on maternal health.

The EmONC Assessment was supported by MHTF and UNICEF, the National Institute of Public Health, the University of Health Sciences and the Faculty of Post-Graduate Studies in 2011. UNFPA provided overall technical and financial support and collaborated with other development partners, in particular with WHO who provided technical and financial support for the data collection, and the Averting Maternal Deaths and Disabilities (AMDD) who also provided technical support. The results from the assessment are intended to develop a national EmONC plan.

This was the only partnership aimed at carrying out research on maternal health.

4.1.3 Evaluation question 3: Community involvement/demand orientation and civil society organizations partnerships

Evaluation question 3

To what extent has UNFPA support contributed to a stronger involvement of communities that has helped increase current levels of demand and utilization of services, in particular through its partnerships with civil society?

Judgment criteria	Issues to address
3.1. Governments commitment to involve communities translated in sexual reproductive health and maternal health strategies through UNFPA support	Examples of policy advocacy and other UNFPA support to create legal frameworks, regulations and guidelines to facilitate full participation of communities and civil society organizations (CSOs) in policy and program development
	Can CSO/community participation in policy/program formulation (if occurring) be linked to greater awareness, and demand for maternal and neonatal health services?
3.2. Civil society organization (CSO) involvement in sensitization on maternal health issues and facilitating community based initiatives to address these issues supported by UNFPA	Examples of UNFPA human resource mobilization and institutional capacity development for CSOs to overcome weaknesses in transparency, service accountability and responsiveness to national civil constituencies at local level (including local public institutions outside ministries and departments).
	Example of how UNFPA has allocated funds to civil society and communities and how it overcomes the lack of financial support to civil society due to its own dependence on external funding which often leads to increased competition by government to lay claim to donor funds (in the name of HSS and CSS).
	Examples of UNFPA coordination among implementing partnerships to bring together governments and CSOs at local level to generate social capital through community participation.
	Examples of UNFPA-government-CSO- Joint Action and Monitoring Frameworks as mentioned by country programme action plans.

Judgment criterion 3.1

- Government commitment to involve communities translated in sexual reproductive health and maternal health strategies through UNFPA support

UNFPA has supported the operationalization of the strategic objective 3 of the maternal, neonatal and child health package, focusing on "Mobilizing individuals, families and communities for maternal, neonatal and child health" at different levels. At the national level UNFPA has contributed to the coordination of the community mobilization, awareness-raising and demand creation interventions and the development of national capacities. UNFPA also developed and piloted tools to institutionalize community mobilization for maternal, neonatal and child health improvement.

Strategic objective 3 of the maternal, neonatal and child health package focuses on "Mobilizing individuals, families and communities for maternal, neonatal and child health". It foresees fostering and institutionalizing community involvement through creating an enabling policy environment and building the capacity of provincial and district-level health care providers to involve communities, to promote maternal, neonatal and child health effectively, and to provide services to remote areas. The participation of all partners, including UNFPA, in the strategic objective 3 technical working group (TWG) allowed interventions such as community mobilization and IEC/BCC activities for awareness and demand creation to be harmonized although further efforts may be necessary.[48] In UNFPA zones of interventions community-based distribution of contraceptives as well support to Village Health Volunteers (with village drug kits) provided user-friendly, culturally sensitive information and services at community level. Additionally, UNFPA advocacy work with the National Assembly has raised awareness on reproductive health and maternal, neonatal and child health issues among decision-makers.

More recently UNFPA has adapted and piloted WHO guidelines on 'Working with individuals, families and communities for improving maternal, neonatal and child health' (IFC) and provided technical assistance to build the capacity of the MoH Centre for Information, Education and Hygiene – (CIEH) to support provinces in implementing the participatory community assessment (PCA). UNFPA supported the implementation of the PCA in three provinces. This resulted in an IFC plan that outlines community mobilization activities for improving maternal and neonatal health which was integrated in the provincial and district maternal, neonatal and child health action plans.[49]

Judgment criterion 3.2

- CSOs involvement in sensitization on maternal health issues and facilitating community based initiatives to address these issues supported by UNFPA

In Lao PDR civil society is still under-developed and there are currently only a few CSOs/NGOs. Relying on NGOs to implement interventions has therefore not been a feasible option for UNFPA. Instead, UNFPA has used different approaches for implementing maternal health communication initiatives with the government. However, the results of earlier communication initiatives have not been systematically assessed. More recent approaches to mobilize communities for maternal health improvement were adopted with the support of INGOs, with some initial successes. However, the sustainability of these initiatives is unclear as their designs did not include clear exit strategies.

The importance of working with communities through reproductive health promotion activities including the promotion of reproductive health rights has been a key feature of UNFPA in Lao PDR. As the NGO sector is under-developed in the country, other networks were used including mass organizations such as the Lao Women's Union, the Lao Youth Union, and the Lao Front for National Construction. UNFPA has also built the capacity of the Centre for Information, Education and Hygiene (CIEH) to develop IEC/BCC materials and to train its partners in the field. Unfortunately there is little evidence of the results of this approach as monitoring was limited to the implementation of activities and did not include the outcomes of implemented activities.[50]

UNFPA later adopted an empowerment approach through collaborating with provinces and districts to mobilize communities and to build their capacities to take action to improve maternal, neonatal and child health. Activities included the reactivation of village health committees to manage saving funds and transportation schemes for women in labour or emergencies.[51] This approach was facilitated through an INGO Health Poverty Action (HPA)[52] which provided support to provincial health offices, and was relatively input intensive in terms of staff. The results, measured by the project staff using the indicators in the CPAP Planning and Tracking Tool, demonstrated significant improvement in skilled attendance at birth and contraceptive use.[53] However, the lack of an exit strategy to ensure that actions are continued by partners may hamper the sustainability of positive results.

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48. Development partners.
49. Implementing partners interviews.
50. UNFPA staff interviews.
51. Focus groups with Village Health Committee members.
52. Formerly Health Unlimited (HU).
53. RH3 Evaluation UNFPA Lao PDR – Draft – 2011.

4.1.4 Evaluation question 4: Capacity Development - human resources for health

Evaluation question 4

To what extent has UNFPA contributed to the strengthening of human resources for health planning and human resource availability for maternal health?

Judgment criteria	Issues to address
4.1. Development/strengthening of national human resources for health (HRH) policies, plans and frameworks (with UNFPA support)	What mechanisms had UNFPA applied to ensure that policy makers include reproductive health in national human resource plans; and to what effect?
	Have these mechanisms produced "outputs" or "tools" that have been used by policy makers to include reproductive health in national human resource plans?
	To what extent was UNFPA involved in country needs assessments to inform policy makers for human resources for health planning (in particular also outside of MHTF countries or prior to MHTF launch)?
	To what extent have these needs assessment (if any) then been utilized?
	To what extent was UNFPA involved in supporting the development of regulatory frameworks for reproductive health cadres in the human resources for health plans?
4.2. Strengthened competencies of health workers in HIV/AIDS, family planning, obstetric fistula, skilled birth attendance and EmONC to respond to sexual reproductive health/maternal health needs	To what extent was UNFPA involved in supporting capacity development in management skills of policy makers and health administrative staff?
	What was the effect of the absence or existence of human resources for health management skills capacity development on the effectiveness/sustainability of maternal and newborn health technical training?
	Which mechanisms did UNFPA utilize to ensure applicability and usability of training; and to what effect?

Judgment criterion 4.1

- Development/strengthening of national human resources for health policies, plans and frameworks (with UNFPA support)

UNFPA contribution to human resources for health included supporting the skilled birth attendance assessment in 2008 and playing a major role in the development and implementation of the skilled birth attendance plan. UNFPA also broadened its partnerships with government to extend beyond the National Maternal and Child Health Center, and include the Ministry of Health and the Department of Organization and Personnel (DOP) as well as other departments.

UNFPA supported the assessment of skilled birth attendance in 2008 which informed the development of the National Skilled Birth Attendance Plan (2008 – 2012) which was endorsed by the Ministry of Health and is now part of the maternal, neonatal and child health package. The Plan is implemented by the Department of Organization and Personnel (DOP), and its objective is to develop the health sector capacity to deliver culturally appropriate and accessible health services for pregnancy, childbirth and postnatal care, including ensuring the availability of adequate numbers of competent skilled birth attendants, as well as the production of midwife cadres. It also emphasizes recruitment, retention, supervision and the provision of the necessary enabling environment. The implementation of the plan is coordinated by UNFPA and supported by different development partners.[54] UNFPA has also taken the lead on Human Resources for Health, especially midwifery education, in-service training for maternal and newborn health and EmONC.

UNFPA contributed to the development and dissemination of regulations and clinical midwifery standards and set up a licensing exam for midwifes.[55] The government is presently planning to adopt licensing mechanisms for other health care personnel as well.

Judgment criterion 4.2

- Strengthened competencies of health workers in HIV/AIDS, family planning, obstetric fistula, skilled birth attendance and EmONC to respond to sexual reproductive health/maternal health needs

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UNFPA has been contributing to the development of the competencies of health managers at various levels. It has also contributed to reinforcing the capacity of health care providers through improving their family planning service provision skills and focusing upon strengthening midwifery skills by supporting the community midwife education and in-service life-saving skills training. However, the improvement of midwifery skills in Lao PDR is a lengthy process that is still ongoing and will require substantial additional efforts.

UNFPA has, through its long standing collaboration with the National Maternal and Child Health Centre, contributed to developing its management capacity but its absorption capacity remains low.[56] In Lao PDR, maternal, neonatal and child health services are still underutilized and of poor quality. This is mainly due to a shortage of health personnel, with staff allocation highly concentrated in urban rather than in rural facilities, and the poor organization of health services.[57] The maternal, neonatal and child health package and the skilled birth attendance plan recognize the importance of strengthening management. Development partners including UNFPA have contributed to developing the capacities of the health managers at different levels (national, provincial and district) by helping them to develop operational plans and providing technical assistance for the implementation of the national strategies.[58]

Although UNFPA has been supporting the neonatal, maternal and child health care to conduct regular supervision through training and developing tools, this is an area that needs to still be improved.[59]

UNFPA support initially focused on family planning training (see evaluation question 6). Since then, in accordance with the national skilled birth attendance plan, UNFPA has been supporting the training of community midwives and the three module skilled birth attendance life-saving skills training, which includes antenatal and postnatal care, emergency obstetric care and normal delivery and family planning. UNFPA has provided technical support for the training curriculum review on coherence with ICM competencies, and has supported training institutions by improving teacher capacity, providing

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54. Skilled birth attendants development plan, Lao PDR 2008 – 2012 - MoH skilled birth attendants Collaborating and Responsible Committees with technical assistance from UNFPA, WHO and JICA - Lao PDR 2008 – 2012.
55. With MHTF support.
56. Government partners interviews.
57. Strategy and Planning Framework for the integrated package of maternal, neonatal and child health service 2008-2015.
58. Government partners interviews.
59. Development partners interviews.

equipment, and financing trainee allowances and delivery kits. However, the quality of training institutions remains low as upgrading training quality is a challenge, and long term efforts are still required to ensure high quality of training, particularly practical training in health facilities. The ambitious government target to produce 1500 skilled birth attendants by 2012 means that training capacity will have to be scaled up and improved in order to ensure an adequate training quality.

4.1.5 Evaluation question 5: Maternal health in humanitarian contexts (relief, emergency/crisis, post-emergency/-crisis)

Evaluation question 5

To what extent has UNFPA anticipated and responded to reproductive health threats in the context of humanitarian emergencies?

Judgment criteria	Issues to address
5.1. Inclusion of sexual reproductive health in emergency preparedness, response and recovery plans	How does UNFPA monitor the effectiveness of maternal and newborn health mainstreaming activities?
	To what extent is UNFPA involved in monitoring the effective application of joint response activities and utilization of its tools?
	Does the health cluster response plan include sexual reproductive health based on UNFPAs intervention?
5.2. Accessibility of quality EmONC, family planning and reproductive health/HIV services in emergency and conflict situations	To what extent do UNFPA mechanisms/procedures facilitate timely/flexible response to maternal and newborn health needs in humanitarian situations What is the comparative advantage of UNFPA maternal and newborn health-support in post-emergency/ humanitarian situations?
	What are the UNFPA mechanisms to ensure equitable and effective uptake of its products?
	How does UNFPA monitor the utilization and uptake of the tools in continuous training, planning and service delivery?
5.3. Accessibility to medical products in emergency and conflict situations	How does UNFPA ensure equitable commodity provision in humanitarian settings, and to what effect?
	To what extent does the UNFPA link the GPRHCS, the MHTF and the obstetric fistula programme in the different Stream countries?

Judgment criterion 5.1

- Inclusion of sexual reproductive health in emergency preparedness, response and recovery plans

The role of UNFPA in terms of emergency preparedness and response has been relevant considering the type of emergencies that Lao PDR has recently faced. UNFPA was responsible for developing the maternal health and gender components of the UNDAF disaster management plans and has developed its own contingency plan for disasters. UNFPA staff have also participated in joint humanitarian assessments. To date, the UNFPA contribution to emergency response has been limited to distributing delivery kits.

Lao PDR is prone to floods along the Mekong River and experienced severe floods in 2008. In 2009, the country was hit by a typhoon. To support an improved government response to these types of emergencies and as part of the UNDAF harmonized disaster management, UNFPA has prepared an action plan focusing on maternal health and gender.[60] UNFPA also played an advocacy role on the issue of the vulnerability of women and young people in emergency situations. More recently, UNFPA developed an internal contingency plan for disasters related to reproductive health which seeks to build strategic partnerships. The plan focuses only on technical assistance due to limited UNFPA resources.[61] These plans have a monitoring component but it is unclear whether this has been implemented.

UNFPA also took part in the joint humanitarian assessment with other development partners in 2009 and advocated for maternal and newborn health/reproductive health issues to be addressed during the humanitarian response to the typhoon.

Judgment criterion 5.2

- Accessibility of quality EmONC, family planning and reproductive health/HIV services in emergency and conflict situations

and

Judgment criterion 5.3

- Accessibility to medical products in emergency and conflict situations

The main contribution of UNFPA during emergencies was the provision of delivery kits. The UNFPA contingency plan includes the provision of condoms and reproductive health equipment as well but these are viewed as not appropriate for the scale of emergencies.

During the 2008 floods, UNFPA contributed to the health response (led by MoH) by procuring delivery kits (4000 kits) that were made available to pregnant women in flood-affected areas.

In the contingency plan developed by UNFPA, there is a budget provision to procure and distribute delivery kits along with other reproductive health equipment, such as condoms. UNFPA reproductive health staff highlighted that the delivery kits are packaged for large-scale emergencies and are therefore not fully appropriate for the scale of emergencies in Lao PDR.[62]

60. Country office annual reports.
61. UNFPA staff interview.
62. UNFPA staff.

4.1.6 Evaluation question 6: Sexual and reproductive health services – family planning

Evaluation question 6

To what extent has the UNFPA contributed to the scaling up and increased utilization of and demand for family planning?

Judgment criteria	Issues to assess
6.1. Increased capacity within health system for provision of quality family planning services	Are (UNFPA-supported) national reproductive health strategies geared towards integration of family planning services in all service delivery points?
	Are systems in place to monitor integration and the availability of family planning services in all service delivery points?
	Are the capacity development interventions designed strategically i.e. taking into account national strategies and orientations, supervisory mechanisms, potential for replication?
	Are capacity development interventions accompanied by interventions ensuring an environment where trained health care providers can practice their newly acquired skills once they are back in their health facilities (equipment, material, and infrastructure)?
	What are the mechanisms developed to ensure that training curricula and standards are adopted across the entire country?
	Are the mechanisms promoted/introduced by UNFPA oriented towards ensuring quality service provision? Are these mechanisms adopted at national level with a view to sustain them and to scale them up?
6.2. Increased demand for and utilization of family planning services, particularly among vulnerable groups[63]	How has UNFPA supported community based distribution of family planning commodities translated into sustainable national strategies?
	To what extent communication initiatives aimed at increasing demand for family planning (undertaken with UNFPA support) are based upon evidence?
	What are the monitoring and evaluation in place to measure the impact of these communication initiatives?
	Are UNFPA supported initiatives contributing to the increase of family planning utilization among vulnerable groups?
6.3. Improved access to contraceptives (commodity security)	What are the mechanisms in place to monitor and follow up MoH/responsible line ministry supply chain?
	What are the mechanisms in place to sustain actual achievements and governments' commitment to reproductive health commodity security (RHCS)?

63. Approximation of "increased demand", which is difficult to capture.

Judgment criterion 6.1

- Increased capacity within health system for provision of quality family planning services

UNFPA has contributed to develop capacities to deliver family planning services and to the procurement of contraceptives to ensure that all service delivery points provide family planning services.[64] However, despite UNFPA long-term involvement in diversifying the range of available contraceptive methods and the training of health care providers in family planning, the capacity of health providers is inadequate to provide quality family planning services particularly with regard to counseling. The introduction of the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS) contributed to strengthening family planning counseling through in-service training, as well as provision of IUDs and free-of-charge mini-laparotomy services. However, follow-up mechanisms supported by UNFPA have not sufficiently contributed to improving the quality of family planning services.

A key strategy of the 3rd UNFPA country programme (2002-2006) was to enhance the quality of family planning services nationwide through the supply of contraceptives, improvement of logistics management and training of family planning service providers. The Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS) was introduced in 2008 during the 4th country programme.[65] The GPRHCS aims to move from ad hoc delivery towards more predictable, planned and sustainable country-driven approaches for securing essential supplies and ensuring their use.[66]

Family planning was included in the integrated package of maternal, neonatal and child health services although it does not feature prominently.[67] Family planning services to be provided are not sufficiently detailed and the link with the other maternal health services are relatively weak. Some interviewees also mentioned that, in general: the capacity of health care providers was insufficient for the provision of appropriate family planning services; that national family planning guidelines had not been updated since 2003; and that there was no proper family planning counseling training manual. Most health center staff had also not received refresher training on family planning counseling since 2005.[68] In 2010, a manual on family planning counseling was revised based upon the WHO decision-making tool and was integrated to pre-service and in-service trainings with GPRHCS support.

UNFPA also supported training on IUD (intra-uterine device) insertion and female sterilization using mini-laparotomy for selected 1st level health care providers in addition to provincial and district hospital staff. It also supported an IUD service quality assurance study and the revision of the IUD training manual.

UNFPA has assisted the National Maternal and Child Health Centre in strengthening supervision based upon the maternal, neonatal and child health package by providing tools and technical support as well as financial support for supervisory visits to family planning service delivery points. However, supervision is an area that needs further reinforcement.[69] For instance, UNFPA provided equipment to facilities whose personnel have been trained in IUD insertion and mini laparoscopy. However, even though training and equipment is provided for a certain number of health facilities, follow-up mechanisms to ensure the delivery of quality services are not systematically in place.[70]

64. The 2011 Stock Availability Survey of maternal, neonatal and child health Program Commodities showed that 94 per cent of service delivery points provide family planning services.
65. Lao PDR is a Stream one country.
66. http://www.unfpa.org/webdav/site/global/shared/documents/publications/2011/Global_Report_2010_RH_2.pdf
67. Review of the implementation of the reproductive health policy and maternal, neonatal and child health package - October 2011.
68. Lao PDR Proposal 2010 for Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS) and Maternal Health Thematic Fund (MHTF).
69. Assessment of Development Results Supported by UNFPA CP4 for Lao PDR: Report and Recommendations.
70. Development partners interviews.

Judgment criterion 6.2

- Increased demand for and utilization of family planning services in UNFPA programme countries, particularly among vulnerable groups

UNFPA support for community-based distribution (CBD) of contraceptives in remote areas resulted in an increased use of contraceptives and is valued by the MoH and other development partners who are committed to expanding this approach. UNFPA has been supporting the MoH to undertake various communication activities in order to promote reproductive health. More recently, with GPRHCS support, UNFPA supported the development of IEC/BCC materials and media activities in target geographical areas. However, large-scale communication initiatives have not been properly assessed and their actual results are not clear.

The contraceptive prevalence rate (CPR) among married women in Lao PDR increased between 2000 and 2005 from 29 per cent to 35 per cent, but unmet need still remains high at 27 per cent.[71]

Community-based distribution (CBD) of contraceptives started in 2006 during the 4th country programme in three Southern provinces and was later expanded to a further five provinces in 2008. In the project areas, which are very remote and underprivileged areas, the use of contraceptives has increased from 17.5 per cent at the beginning of the project to 43.1 per cent in 2010.[72] Other provinces are interested in using this approach in their remote districts. However CBD is considered as an 'interim measure' by the Laotian Government until public health facilities can provide family planning services.

Over the last decade, UNFPA has supported the National Maternal and Child Health Centre and the Centre for Information and Education for Health to develop IEC materials and to mobilize the Lao Women's Union and Lao Youth Union networks in order to promote family planning in target geographical areas.[73] More recently, GPRHCS supported the development of IEC/BCC material for reproductive health promotion and media activities by the Centre for Information, Education and Hygiene (CIEH), with technical assistance provided with the support of a Japanese NGO.[74] Messages contained in the IEC materials were based upon evidence gathered in the target areas but it is unclear whether they are appropriate for the rest of the country and to what extent those materials have been reproduced for other areas. In addition, the intervention has not been systematically assessed and the project monitoring databases that are usually maintained by provincial offices do not measure communication initiatives.[75]

Judgment criterion 6.3

- Improved access to contraceptives (commodity security)

Since 2002, UNFPA has provided assistance to Lao PDR through the provision of contraceptives. With the introduction of the GPRHCS in 2008 additional support was provided for commodity security in terms of assessments, the development of an integrated health logistics system and advocacy. The government started investing in contraceptives but the scale of the investment remains insufficient.

71. Lao Reproductive Health Survey.
72. UNFPA staff.
73. See evaluation question 3 above.
74. Japanese Organization for Cooperation in family planning (JOICEF).
75. Project Saibai': How access to contraception is improving the lives and livelihoods of poor rural communities in southern Lao PDR - Evaluation of the family planning Outreach Project in Salavan, Sekong and Attapeu - On behalf of Maternal and Child Health Centre and UNFPA - May 2010.

Family planning commodity logistics used to be managed through the National Maternal and Child Health Centre which faced difficulties in ensuring a regular supply and availability of contraceptives in health facilities. The recent partnership with the Medical Product Supply Centre (MPSC) supported by GPRHCS is allowing more focused capacity and systems strengthening and increased coordination with the other development partners in setting up a Unified Commodities System.[76] Although stock outs are still reported in some health facilities in remote areas, the new system is making promising progress. The scale of UNFPA support for the provision of reproductive health commodities allows health care providers to provide contraceptives throughout the whole country, and has contributed to the provision of family planning commodities in 94 per cent of the service delivery points.[77]

Annual stock availability surveys are funded under GPRHCS, which provides a high level of inputs and useful information on reproductive health commodity availability. However, the routine government monitoring system does not allow for follow–up on the availability of family planning services in all delivery points.[78]

UNFPA advocacy efforts for increased government commitment to invest in family planning commodities have only resulted in a very small share of the national budget allocated for family planning commodities It should be acknowledged that MoH have increased their contribution, albeit a small increase, in the past three years. This contribution is to be noticed given that health is currently underfunded by the government. UNFPA is taking part in ongoing discussions for the creation of a national budget line for contraceptives.[79]

76. Interviews with government and development partners.
77. 2011 Stock Availability Survey of maternal, neonatal and child health programme commodities.
78. Mid-term review of the UNFPA Global Programme to Enhance Reproductive Health Commodity Security.
79. Idem.

4.1.7 Evaluation question 7: Sexual and reproductive health services – EmONC

Evaluation question 7

To what extent has UNFPA contributed to the scaling up and utilization of skilled attendance during pregnancy and childbirth and EmONC services in programme countries?

Judgment criteria	Issues to assess
7.1.Increased access to EmONC services	What elements in UNFPA EmONC support were meant to ensure sustained commitment of the MoH to integrate EmONC services in the national planning and budgeting?
	Did these elements contribute to a (more) sustained commitment of MoH to EmONC?
	Which mechanisms has UNFPA applied to ensure most efficient use of resources of support to EmONC providing facilities?
	How does UNFPA support functioning referral systems from home to tertiary care?
	What are the mechanisms of UNFPA to ensure equitable distribution of EmONC facilities?
	Has UNFPA support improved the equitable distribution of EmONC facilities (affected the planning process for placement of EmONC facilities)
7.2.Increased utilization of EmONC services	What mechanisms is UNFPA utilizing to mobilize the communities to support women in accessing EmONC; and to what effect?
	To what extent does UNFPA support research to evaluate barriers to EmONC?

Judgment criterion 7.1

- Increased access to EmONC services

Both the skilled birth attendance assessment and the EmONC assessment undertaken under UNFPA leadership provide a strong evidence base for improving maternal, neonatal and child health services including EmONC services. The skilled birth attendance plan is a key reference document for the improvement of skilled care for mothers and neonatal infants. Support for training institutions, training courses for community midwives and maternal health service providers, as well as the development of standards and regulations, have contributed to the improvement of the quality and the availability of maternal and neonatal health services. However, the numerous gaps in maternal and neonatal health services in Lao PDR mean that it will take time for concrete results to become evident.

The national skilled birth attendance plan developed with UNFPA support integrates all elements of EmONC service components and seeks to address health system issues such as human resource management, quality assurance, commodities supply and strengthening links with communities. The plan has been costed and the main development partners have declared their support. The government endorsed the plan and has a strong ownership of the skilled birth attendance plan and is committed to achieving its objectives. While it has not allocated any budget for the different interventions, a commitment has been made to recruit the newly-trained midwives and to post the community midwives to remote health centers. However, at times, the selection of trainees and their posting following of the one year course is not always consistent with the guidelines. For example, some newly trained community midwives have been placed in administrative positions.[80]

As seen in evaluation question 4, UNFPA has supported training institutions and the revision of training courses curricula for community midwives and three core modules. UNFPA has also advocated for and technically supported the development of standards and regulations. These interventions have contributed to the improvement of the quality and the availability of maternal and neonatal health services.

Accessibility to referral centers is one of the main barriers to skilled birth attendance, and the skilled birth attendance plan seeks to improve the referral system. Mechanisms set up by the government, such as social equity funds, have been implemented in some areas and include transportation costs. UNFPA is piloting approaches aimed at involving communities to establish their own transportation mechanisms through the community empowerment project and the approach of working with individuals, families and communities (IFC) (see evaluation question 3 and judgment criteria 7.2).

The skilled birth attendance plan and the EmONC improvement plan allow clarification of the role of each facility at all levels and take into consideration an adequate coverage of maternal and newborn health services based on international standards. The implementation of both plans will help a rationalized distribution of EmONC facilities across the country based on population data. Nevertheless for their implementation to be effective long-term support will be required from development partners given the current state of the maternal and neonatal health services in Lao PDR.

Judgment criterion 7.2

- Increased utilization of EmONC services

UNFPA support for communication interventions (i.e. IEC/BCC) is not easily measurable. It has supported innovative approaches to involve and empower communities to improve maternal, neonatal and child health through the public system. These community empowerment approaches have a strong potential to increase utilization of skilled attendance during pregnancy and at birth in rural areas provided that technical assistance is sufficient and the phase-out stage carefully planned.

In order to create demand for maternal and newborn health services and to improve health seeking practices, UNFPA, in collaboration with the National Maternal and Child Health Centre and the Centre of Information and Education for Health, started supporting the production of IEC/BCC materials and trained workers from the Lao Women's Union (LWU), the Lao Youth Union (LYU) and the Information and Culture Department to promote maternal and newborn health.[81] As mentioned in evaluation question 6, no evaluation was done on these communication approaches.

In 2009, UNFPA initiated the project 'Empowering communities to improve reproductive health' which was implemented at the provincial level with technical assistance provided by Health Unlimited (HU). From 2010, the WHO IFC[82] for improving maternal and newborn health was implemented in two districts of three central provinces (funded by Lux development) and four districts of the three southern provinces by HU and CIEH (funded from core funds). Both approaches aimed to develop the capacities of communities and strengthen community systems to take action to address maternal, neonatal

80. UNFPA staff interview.
81. Government partners interview.
82. IFC - working with individuals, families and communities

and child health issues such as transportation schemes and saving funds, including improved skilled attendance seeking behaviour. These approaches helped to improve linkages between communities and health care providers. [83]

The 'Community Empowerment' project started with the PEER study aimed at understanding perceptions and behaviour related to reproductive health among vulnerable ethnic communities in Sekong, Attapeu and Saravan Provinces in the South. It provided valuable information on communities' perspectives related to maternal and newborn health.[84]

4.1.8 Evaluation question 8: Results/evidence orientation of UNFPA maternal health support

Evaluation question 8

To what extent has UNFPA use of internal and external evidence in strategy development, programming and implementation contributed to the improvement of maternal health in its programme countries?

Judgment criteria[85]	Issues to assess
8.2. Consideration and integration of relevant maternal health/sexual reproductive health evidence and results data during development of country strategies	What process have country offices gone through to use lessons from past support for future programming?
	What factors have prevented country offices from using lessons from past programming?
8.3. Results- and evidence based management of individual projects throughout project life	What were main factors that contributed to weak monitoring of most country offices?
	To what extent did UNFPA take into account capacity gaps in M&E among its implementing partners and its own staff when developing its M&E calendars?

Judgment criterion 8.2

- Consideration and integration of relevant maternal health/sexual reproductive health evidence and results data during development of country strategies

UNFPA has supported a number of studies that enabled evidence-based programming. But monitoring and evaluation of the programme cycles is usually weak and does not provide adequate analysis and lessons that could be used for future programming.

The development of the 4th UNFPA country programme benefited from evidence from a number of studies that had been carried out with UNFPA support: the 2005 Census, the Lao Reproductive Health Survey (LRHS) conducted in 2005,[86] the skilled birth attendance assessment in 2008, the PEER study in 2008 (see above), the assessment of condom programming in 2008 and the annual stock availability surveys. The data generated by these assessments and surveys was used by UNFPA to inform programming. For example the findings of the skilled birth attendance assessment highlighted that there was a need to broaden partnership within MoH therefore UNFPA started working with Department of Organization and Personnel (DOP), the MoH Cabinet and the Medical Product Supply Centre (MPSC).

83. UNFPA staff interview.
84. UNFPA staff interview.
85. The previous judgment criterion (8.1) was deleted as it is to be dealt at global level.
86. Particularly the analysis of provincial data.

However many gaps remain regarding the availability of information on the achievements of previous programmes. Most of the indicators of the 4th UNFPA country programme logical framework matrix could not be measured as they were not appropriate. Although they were revised by the country office, they are often not reported against and therefore do not provide a proper evidence-base to inform future planning.[87] It was reported that annual programming is often undertaken based on budgets allocated to the country office rather than on identified needs. Programming is often not sufficiently strategic because of the lack of monitoring and evaluation results but also because the country office staff capacity is not adequate for systematic analysis to inform long-term programming.[88] An end of programme evaluation was not conducted for the 3rd UNFPA country programme, although data were collected but not analyzed. The evaluation of 4th UNFPA country programme that was undertaken in 2010 has been used for designing the 5th UNFPA country programme, although gaps in analysis remain.

Judgment criterion 8.3

- Results- and evidence-based management of individual projects throughout project life

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Monitoring has relied mainly upon health management information system indicators that are neither accurate nor specific enough to capture the UNFPA contribution, i.e., the effects from the specific UNFPA interventions. The existing monitoring and evaluation systems only allow monitoring at activity level. However, even though information has been collected it has not been analyzed further and does not capture progress at outcome level.

As previously mentioned, the logical framework indicators are not appropriate and do not allow effective monitoring. UNFPA relies upon health management information system (HMIS) indicators but the HMIS in Lao PDR remains weak despite ongoing strengthening by other partners such as WHO. A large number of indicators were defined in the maternal, neonatal and child health package but are in the process of being refined and streamlined (which is an ongoing process).[89] There are high expectations from all stakeholders for the Lao Social Indicator Survey (LISIS-MICS/DHS) that will produce results in 2012.[90] However, HMIS indicators and other macro level indicators remain insufficient to capture the contribution of UNFPA supported interventions on an ongoing basis.

The annual work plan (AWP) monitoring tools operate on a quarterly basis and are mainly used for the release of budget installments by the project officer responsible for the particular AWP. In addition, annual reviews take place with all the implementing partners and stakeholders and are the basis for planning the following year despite lacking real output/outcome or quality monitoring that would enable the development of plans based on lessons learnt from the previous period.[91]

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87. Assessment of development results supported by UNFPA 4th country programme for Lao PDR: Report and recommendations, Vientiane, Lao PDR, April, 2011.
88. UNFPA interviews.
89. Government partners.
90. UNFPA, government and development partners interviews.
91. UNFPA staff interviews.

4.1.9 Evaluation question 9: Integrating maternal health into national policies and development frameworks

Evaluation question 9

To what extent has UNFPA helped to ensure that maternal health and sexual and reproductive health are appropriately integrated into national development instruments and sector policy frameworks in its programme countries?

Judgment criteria	Issues to assess
9.1. UNFPA support improved comprehensiveness of analysis of causes for poor maternal health and of effectiveness of past maternal health policies/strategies	Have decision-makers/policy makers who participated in UNFPA workshops gained increased awareness of the importance of maternal health-relevant disaggregated data for proper planning for maternal and newborn health interventions and policy design?
	Do relevant policy frameworks (PRSPs, health policies, etc.) reference maternal health-relevant disaggregated data (i.e. from UNFPA-supported censuses or other data collection exercises)?
9.2. Maternal health and sexual reproductive health integration into policy frameworks and development instruments based on (UNFPA supported) transparent and participatory consultative process	How coherent are efforts under the different relevant initiatives for maternal and newborn health policy making and policy dialogue: CARMMA, Maputo/maternal and newborn health road maps and UNFPA participation in SWAp fora?
	What are the principal mechanisms by which UNFPA advocacy and awareness raising campaigns contribute to the development/revision/integration of maternal and newborn health issues into national policies?
9.3. Monitoring and evaluation of implementation of sexual reproductive health/maternal health components of national policy framework and development instruments	To what extent have M&E tools that were developed with UNFPA support been adopted to monitor national maternal and newborn health/sexual reproductive health policies and programs?
	To what extent are maternal and newborn health indicators included in the monitoring (and evaluation) systems of national policies?

Judgment criterion 9.1

- UNFPA support improved comprehensiveness of analysis of causes for poor maternal health and of effectiveness of past maternal health policies/strategies

UNFPA has supported the generation of maternal health-related disaggregated data that have been included in the existing maternal health-related strategies and other government policies. Nevertheless this is gradual process and the upcoming Lao Social Indicator Survey will provide data for further disaggregation to inform future programming.

Policy documents such as the National Socio Economic Development Plan NSEDP (2006-2010), Health Sector Strategic Plan (HSSP), and the maternal, neonatal and child health package refer to the 2005 Census and the Lao Reproductive Health Survey (LRHS) 2005, both supported by UNFPA and the Lao MICS III 2006.[92] A certain degree of disaggregation of data has been achieved in the LRHS (e.g. per province, urban/rural with road and without road, and by sex for some indicators) but there is still a need to further disaggregate information such as by ethnic groups, vulnerable groups, wealth quintile, etc. in order to refine the maternal health needs assessment.

The Lao Social Indicator Survey (LSIS-MICS/DHS), which is being undertaken with UNFPA support, is the largest survey undertaken in Lao PDR to measure progress on social development. The proposed indicators and data to be collected (including maternal health-related information) were discussed at length by UNFPA team. The survey will generate significant amounts of disaggregated data for future programming.[93]

Judgment criterion 9.2

- Maternal health and sexual reproductive health integration into policy frameworks and development instruments based on (UNFPA supported) transparent and participatory consultative process

The maternal, neonatal and child health package is a good model of the integration of key reproductive health elements with a strong focus upon maternal health. UNFPA contributed to its wider acceptance through providing evidence, advocating for maternal and newborn health and disseminating the strategy at sub-national level. Nevertheless its operationalization still requires further coordination efforts.

In Lao PDR, the reproductive health policy was developed in 2005 but was set aside after the maternal, neonatal and child health package was developed. The maternal, neonatal and child health package integrates various aspects of reproductive health including the skilled birth attendance plan, although its family planning component is not adequate and there are gaps in areas such as adolescent sexual and reproductive health (particularly adolescent pregnancy), gender-based violence, and cervical cancer.[94] The maternal, neonatal and child health package has been largely disseminated at the provincial level with the support of UNFPA and other development partners. Even though the document is relevant and coherent, efforts to increase coordination between various MoH departments and between development partners are still required in order to facilitate implementation. For instance the role of the village health workers has been debated for a long time and is being reviewed by the relevant technical working group.

Several factors contributed to an increased awareness by the government of the importance of addressing maternal and newborn health issues and the need to develop the maternal, neonatal and child health strategy. A number of these were supported by UNFPA such as: the participation of MoH officials in various international events; a national-level workshop where it was decided to conduct a skilled birth attendance assessment and to develop a maternal, neonatal and child health strategy; the skilled birth attendance assessment; as well as advocacy and capacity development of media and parliamentarians and the celebration of the International Midwife Day. The latter helped to increase the commitment of MoH and the National Assembly to midwifery. The long involvement of UNFPA with parliamentarians has increased their commitment to reproductive health. The review of MDG achievements and the 2008 UN estimate of maternal mortality of 580 per 100,000 live births (significantly higher than the 2005 census estimate at 405/100,000 live births) was an important trigger as well.

92. Supported by UNICEF.
93. Government partners and UNFPA staff interviews.
94. Review of the implementation of the reproductive health policy and maternal, neonatal and child health package - October 2011.

Judgment criterion 9.3

- Monitoring and evaluation of implementation of sexual reproductive health/maternal health components of national policy framework and development instruments

A list of indicators at impact and outcome level has been defined as part of the maternal, neonatal and child health package. UNFPA has participated in the discussions regarding the definition of these indicators and they are in line with international maternal and newborn health indicators, although their definition needs refinement and UNFPA is currently engaged in the discussions concerning their revision.

4.1.10 Evaluation question 10: Coherence of sexual reproductive health/maternal health support with gender and population and development support

Evaluation question 10

To what extent have UNFPA maternal health programming and implementation adequately used synergies between UNFPA sexual and reproductive health portfolio and its support in other program areas?[95]

Judgment criteria	Issues to assess
10.1. Linkages established between programs (reproductive health with gender and population and development) in intervention design	To what extent has UNFPA identified specific gender constraints as affecting and impeding reproductive health program objectives at country level in its planning?
	Have these gender constraints (as described) been adequately addressed by the current government; UNFPA? (reflections on CPAP document, explore gender mainstreaming at policy and program level)
	How have annual work plans currently integrated gender constraint findings into the reproductive health component?
	Is the UNFPA adequately addressing the gender-based constraints to access to maternal and newborn health services faced by poor and vulnerable women and the most at risk young people?
	How/to what extent has UNFPA addressed constraints in demand for maternal and newborn health services through its support e.g., based on recognition of specific gender-related barriers to maternal and newborn health awareness
	Are there concrete examples of how UNFPA is addressing gender constraints which have been reversed and created into opportunities for UNFPA reproductive health objectives or vice versa?
10.2. Integration of monitoring and reporting of UNFPA operations	How has population and development widened the utilization of its data in the last three years by government/UNFPA and other partners in the reproductive health/maternal health interventions?
	To what extent has UNFPA country office utilized current reports from cross program operations at global and regional and country level? Note the most popular ones.

95. Gender (including female genital mutilation/cutting (FGM/C), gender-based violence (GBV)), HIV-PMTCT (prevention of mother-to-child HIV transmission); population and development.

Judgment criterion 10.1

- Linkages established between programs (Reproductive health with gender and population and development) established in intervention design

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UNFPA Lao PDR country office has worked with the Lao Women's Union in previous country programmes to promote reproductive health. A recent programme shift aims at strengthening the Lao National Commission for the Advancement of Women (LaoNCAW) and ensuring that maternal health is part of the National Strategy for Advancement of Women. UNFPA also aims to increasingly involve men in supporting maternal health through its support for the implementation of the maternal, neonatal and child health package. Gender has increasingly been integrated into programmes and policies but a clearer understanding of the gender issues that could improve maternal health programming is still absent.

UNFPA has had a long standing relationship (since the first UNFPA country programme) with the Lao Women's Union (LWU). The LWU has an extensive network at the central, provincial, district and village levels and plays an active role in the socio-economic and cultural development of women. LWU was an implementing partner for UNFPA to promote reproductive health and reproductive rights, but activities have been discontinued in the 4th UNFPA country programme due to support being redirected to MoH.[96]

In the 3rd and 4th UNFPA country programmes there was no separate gender component and gender equality was integrated into the two other programme components of population and development and reproductive health. In the 4th UNFPA country programme UNFPA has promoted dialogue at the policy level on gender issues (including gender-based violence) through strengthening the Lao National Commission for the Advancement of Women (NCAW) and advocating for the promotion of gender equality in each line ministry. The National Strategy for Advancement of Women was recently revised and reproductive health and HIV/AIDS were prioritized in the new version.

Apart from a study conducted in 2005 on gender and ethnic issues[97] in reproductive health, the PEER study, and the Gender Profile of World Bank and ADB, there is little information on how gender constraints affect maternal health in Lao PDR. Gender-based violence is an issue that is acknowledged in the CPAP of the 4th UNFPA country programme but it has not been specifically addressed in the various interventions.

The 3rd UNFPA country programme stipulates that the IEC/BCC interventions would be oriented towards male involvement. All aspects of the demand creation interventions are targeted at both women and men.[98] Both 'Empowering Communities' and 'Working with Individuals, Families and Communities' projects are based on the analysis of local situations and have the potential to involve men, for example community motivators talk to men during maternal and newborn health promotion sessions, and quotas were established for minimum membership of women in the village health committees. But it is unclear whether this potential is fully utilized because the staff in charge of reproductive health and gender does not systematically analyze the information on these approaches.

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96. Implementing partner interview.
97. Study on Gender and Ethnic Issues that Affect the Knowledge and Use of Reproductive Health Services in Six Ethnic Villages of Lao. PDR - conducted in August 2005 - Committee for Planning and Investment - Department of General Planning National University of Lao PDR - Population Studies Center - Supported by UNFPA Lao PDR - April, 2007.
98. RH3 evaluation – draft – UNFPA – 2011.

Judgment criterion 10.2

- Integration of monitoring and reporting of UNFPA operations

UNFPA-supported national surveys under the population and development component have contributed to inform maternal health programming and to measure progress in this area. However it is unclear whether the tools for joint monitoring have been used.

UNFPA worked closely with the Ministry of Planning and Investment (MPI) to develop the National Population Development Policy in 2006. This policy lays the foundation for collecting disaggregated data for development, conducting analysis, and making population projections using Lao Info that was initiated by UNFPA. These provided useful inputs into the 7th five year National Socio-Economic Development Plan (NSEDP).[99]

The census 2005 and Lao Reproductive Health Survey (2005) provided key reproductive health-related indicators that have been extensively used by the government and development partners. Following discussions, it was agreed that instead of repeating the LRHS in 2011-2012, the next LSIS (supported by different partners) would combine data that are usually collected under Demographic Health Survey (DHS) and under Multiple Indicators Cluster Survey (MICS).

The CPAP Planning and Tracking tool could also have enabled the monitoring of the integration of different mandate areas (in particular reproductive health and gender) but the evaluation team could not find evidence of the use of this tool.[100]

99. Government partner interviews.
100. The CPAP Planning and Tracking Tool – Lao PDR.

4.1.11 Evaluation question 11: Coherence between country, regional, global programs

Evaluation question 11

To what extent has UNFPA been able to complement maternal health programming and implementation at country level with related interventions, initiatives and resources from the regional and global level to maximize its contribution to maternal health?

Judgment criteria[101]	Issues to assess
11.2. Alignment of UNFPA organizational capacities at country level and the (intended) division of labor and delineation of responsibilities	How time consuming was the recruitment of reproductive health expert into country offices? Could all required positions be filled?
	Are gaps in technical reproductive health/maternal and newborn health staff capacity remaining that keep country offices from reaching their full potential?
11.3. Enhancement/improvement of UNFPA country level programming and interventions through technical and programmatic support from global and regional level	To what extent has the global programme (GP) guidance for maternal health service up-scaling; midwifery up-scaling been applied at country level/was relevant for programming/implementation support at country level?
	What are specific contributions of regional programs to supporting integration of maternal and newborn health into national frameworks/health system strengthening?
	To what extent has GP guidance for maternal health service up-scaling; midwifery up-scaling been applied at country level/was relevant for programming/implementation support at country level?

Judgment criterion 11.2

- Alignment of UNFPA organizational capacities at country level and the (intended) division of labor and delineation of responsibilities

The intensive support provided by UNFPA, in particular to the Ministry of Health, has been a considerable burden for the UNFPA reproductive health staff. Although the team has been reinforced by the recruitment of an additional staff member, the failure to fill other positions when they become vacant and to reinforce the capacities of the whole reproductive health team has placed stress on the existing team members and led to some gaps in the provision of technical assistance.

Current vacancies at the country office include the Deputy Representative post, which had been vacant for more than a year at the time of the country visit, and the reproductive health commodity security/maternal, neonatal and child health technical advisor, which had also not been replaced. Instead, the new position of skilled birth attendants' international coordinator, created following the development of the skilled birth attendance plan, has been filling these roles. Recently a short-term maternal, neonatal and child health advisor position was created to provide additional support to the reproductive health component. The staffing structure is to be reviewed under the 5th UNFPA country programme.

101. Judgement criteria 11.1 will be addressed at global level.

There are gaps in the provision of the technical assistance due to the limited capacity of some staff and the competing responsibilities for the skilled birth attendance coordinator. In addition, staff are overwhelmed by the large number of international partners and annual work plans (AWP) that they manage and thus spend considerable time managing funds rather than providing technical expertise. The management of GPRHCS funds is demanding and time-consuming. The Lao PDR UNFPA country office commented that the reproductive health staff required development of expertise and capacities in order to provide appropriate assistance.[102]

Judgment criterion 11.3

- Enhancement/improvement of UNFPA country level programming and interventions through technical and programmatic support from global and regional level

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The UNFPA country office receives some technical support from the regional office on specific tasks and issues, which have been useful in some instances. This support however remains inconsistent. Workshops and trainings are also arranged at the regional level to increase the capacity of country office staff or to introduce new guidance and tools.

The UNFPA country office main point of contact is the regional office in Bangkok rather than UNFPA headquarters. Support is provided through sharing knowledge or experiences from other countries or through visits by the regional office reproductive health advisor to attend technical working group (TWGs) meetings on specific issues requiring technical expertise.[103] Capacity development and planning meetings and seminars are organized at the regional level for country office staff e.g. to introduce new GPRHCS tools or conduct media trainings. At the beginning of the 4th UNFPA country programme the country office received support from the regional office e.g. technical assistance during the preparation of the maternal, neonatal and child health package in 2007. There were also some exchanges between countries e.g. Lao PDR undertook the skilled birth attendance assessments based on the example from Cambodia.

102. UNFPA staff interview.
103. UNFPA staff interview.

4.1.12 Evaluation question 12: Visibility

Evaluation question 12

To what extent did UNFPA maternal health support contribute to UNFPA visibility in global, regional and national maternal health initiatives and help the organization to increase financial commitments to maternal health at national level?[104]

Judgment criteria	Issues to assess
12.2. UNFPA leadership of maternal health advocacy campaigns at national level	What approaches has UNFPA used to lead maternal and newborn health advocacy vis-á-vis the national governments and the national public? (Based on concrete examples of how UNFPA displays it's convening power, where, how and who utilize its technical expertise, etc.)?
	How does UNFPA fill its leadership role in institutional capacity development, advocacy on policy and political level, creation of a critical mass of public support for its program and promoting empowerment (this is a new budget line since 2004).
12.3. Increased financial commitments of partner governments to sexual reproductive health and maternal health	What are the tools, information and evidence provided by UNFPA country office that has been utilized in reproductive health/maternal health resource mobilization (non-cash) and fundraising (cash) by partner governments?
	In what way did these tools improve the ability of governments to raise additional funds for maternal and neonatal health; or the willingness of governments themselves to devote more funds to maternal and neonatal health?

Judgment criterion 12.2

- UNFPA leadership of maternal health advocacy campaigns at national level

UNFPA leadership in promoting maternal health in Lao PDR is highly recognized by all partners, both in terms of advocacy and its strong technical assistance to the Ministry of Health.

UNFPA visibility in terms of maternal and newborn health is well recognized by development partners and government officials.[105] As previously mentioned, UNFPA supported a number of channels and approaches for advocacy on maternal and newborn health, including the participation of MoH officials in various international events, the development of the skilled birth attendance assessment and plan, advocacy and capacity development of media and parliamentarians, and celebration of the International Midwife Day. In addition, UNFPA provided technical expertise to many of the technical work groups which influenced government and the development partners.

104. Judgement criteria 12.1 will be addressed at global level.
105. Government and development partners interviews.

Judgment criterion 12.3

- Increased financial commitments of partner governments to sexual reproductive health and maternal health

The strategies developed with UNFPA support were endorsed by the government and budgetary responsibility was shared between the government and development partners. However, despite advocacy and on-going discussions, the government has been slow to commit itself to funding contraceptives, with one explanation being the low absorption capacity of the Ministry of Health.

The maternal, neonatal and child health package was successfully costed and the MoH is undertaking a resource mapping of the next five years in order to finance it. The government is responsible for infrastructure and salary costs but relies on external assistance for the other components.[106]

The government is gradually allocating funds for maternal, neonatal and child health, particularly for the immunization programme and to procure vaccines. Recently it allocated a small amount of funds for contraceptives. The government has approved the increase in the production of community midwives including a commitment to fill vacant positions as well as to provide incentives for staff in remote areas and ensure free assisted delivery services for women in the lowest wealth quintile (although its contribution is not clear).[107] However, there is still no specific budget line for maternal, neonatal and child health.

The slow progress in this issue can be explained by the fact that the Ministry of Finance is reluctant to increase the health budget because of the low absorption capacity of the MoH despite a strong awareness by high-level government officials and parliamentarians.[108] Some stakeholders expressed the view that UNFPA could have even more leverage with the government and be more involved in affecting policies, budgets, and ensuring that its mandate areas are progressively funded by the government.[109]

106. Government partners interviews.
107. UNFPA staff interview.
108. Development partners interviews.
109. Idem.

4.2 Findings related to the MHTF mid-term evaluation

4.2.1 Evaluation question 1: Relevance

Evaluation question 1

To what extent is MHTF support adequately focused on addressing the reproductive and maternal health needs of the vulnerable groups among countries and within countries?[110]

Judgment criteria	Issues to assess
1.2. MHTF supported national assessments yield sufficient and disaggregated data for needs orientation planning, programming and monitoring targeting the most vulnerable groups (including underserved groups)	To what extent do the MHTF-supported needs assessments consider the needs of the most vulnerable groups in the programme countries; and identify the gaps that have prevented the addressing of their needs to that point?
	To what extent are MHTF-supported needs assessments (see output 2 of the MHTF business plan) sufficiently "owned" by national governments to guide the subsequent planning and implementation of national maternal and newborn health support?
1.3. National policies and sub national level sexual reproductive health/maternal health planning and programming priorities the most vulnerable groups and underserved areas	To what extent is the MHTF support targeted to address the identified gaps and needs of the most vulnerable (look at focus upon geographical areas with the highest maternal mortality ratio, focus on remote areas, deployment and retention of health care providers, outreach...)? How is it translated increased budget allocation for staff, equipment...)?

Judgment criterion 1.2

- MHTF supported national assessments yield sufficient and disaggregated data for needs orientation planning, programming and monitoring targeting the most vulnerable groups (including underserved groups)

The MHTF-supported EmONC assessment provided disaggregated information about EmONC services such as coverage of EmONC facilities as well as current practice by some facilities to exempt vulnerable groups from fees. This information will be used as the basis for improved planning for vulnerable groups. Since many government partners at different levels were involved throughout the process, this has contributed to developing their capacity and increasing ownership of the results of the assessments.

The national EmONC assessment undertaken in 2010 has been completed in 12 provinces with the technical support of AMDD and the MHTF-funded SBA coordinator. Major funding was provided by MHTF and UNICEF. The EmONC assessment highlighted the poor geographical distribution of EmONC facilities in the southern and northern provinces. It also included information on their system of waiving maternity fees for poor women in EmONC facilities, as services fees are considered an important barrier to accessing health services. This is in line with the MoH policy to provide free services or limit the cost of services for poor women.[111]

110. The judgement criteria 1.1 is answered at global level.

111. Emergency Obstetric and Newborn Needs Assessment in 12 selected provinces – Lap PDR – 2011.

The EmONC assessment process has involved many partners who contributed to developing the capacity of the MoH at different levels, as well as the University of Health Science and the National Institute of Public Health. The participation of the relevant hospital staff and health managers in the development of the EmONC improvement plan based on the findings of the assessment will promote their ownership of the plan. It also developed their capacity to analyze data and to develop plans to make EmONC services more widely accessible.

Judgment Criteria 1.3

- National policies and sub national level sexual reproductive health/maternal health planning and programming priorities the most vulnerable groups and underserved areas

MHTF contributes to the prioritization of candidates from remote areas to attend the skilled birth attendance training and EmONC training courses. It also supported discussions about incentives to retain midwives living in remote areas and support free deliveries for poor women.

The selection criteria for the skilled birth attendance trainees (both community midwives and the five core modules for 1st level staff) take into consideration the remoteness and the ethnicity of the candidate. In the case of the direct entry course, the required schooling level is lower for the applicants from remote or specific ethnic areas.[112] The EmONC training funded by MHTF has taken place in the three Southern provinces that are considered the most remote and poor.

The needs of the most vulnerable groups have informed advocacy for setting up a system of incentives for remote area health care providers including midwives and for the policy for free assisted delivery services for poor women. The MHTF-financed SBA coordinator and other reproductive health staff have taken an active part in the advocacy and the technical working group discussions about the modalities.

112. Government partners interview

4.2.2 Evaluation question 2: Capacity Development - human resources for health

Evaluation question 2

To what extent has the MHTF contributed towards strengthening human resources planning and availability (particularly midwives) for maternal health and newborn health?

Judgment criteria	Issues to assess
2.1. Programme countries midwifery education upgraded based upon ICM (International Confederation of midwives essential competencies through MHTF support)	How does the MHTF support improved mechanisms for: • long term national midwifery education funding, • country wide integration of new curricula and • monitoring of effective uptake of new knowledge/training?
	What follow up mechanisms are instituted by the MHTF to assess the relevance of the training content, the trainers' capacities and the appropriate utilization of the training equipment?
2.2. Strategies and policies developed to ensure the quality of midwifery services provision in programme countries through MHTF support	To what extent does the MHTF support the relevant national institutions to address deployment, motivation and retention policies for health care workers (particularly midwives)? (Which activities? What are the changes adopted by the government?)
	How does MHTF support programme countries to define the most urgent needs/priorities of midwifery scaling-up within the financial and political constraints? How is it translated in country planning and budgeting process?
2.3. Midwifery associations able to advocate and support scaling up of midwifery services through MHTF support	What approaches is the MHTF considering to enabling midwives' associations, to take on the role envisioned in the program (capacity to advocate for and implement the scaling up of midwifery services)?
	Is the skills mix of the MHTF Country Midwifery Advisors optimal to best support countries?
	What other strategies should be used to strengthen human resources for health in the MHTF supported countries?
Additional issues	Is the skills mix of the MHTF Country Midwifery Advisors optimal to best support countries?
	What other strategies should be used to strengthen HRH in the MHTF supported countries?

Judgment criterion 2.1

- Programme countries midwifery education upgraded based upon ICM essential competencies through MHTF support

MHTF has supported training institutions through training teachers and clinical preceptors, supervising them and providing teaching equipment. ICM competencies were included in the community midwife education. Despite this support the quality of practical training still requires additional support in order to reach acceptable standards.

The aim of the skilled birth attendance plan 2008-2012 that was coordinated by UNFPA is to strengthen different types of health workers and to upgrade the training courses to reach the required standards. To achieve this aim UNFPA, through MHTF, and other development partners have been strengthening the midwifery education capacity of the College of Health Science and Technologies (CHT) and the Provincial Schools of Nursing/Public Health (PSoN). Schools were equipped with teaching material financed by Luxembourg and MHTF, and MHTF has supported the training of teachers as well as clinical preceptors. However, the capacity of the preceptors is an issue of concern as they do not have appropriate experience and their ability to coach trainees has still to be developed.[113]

Standards for midwifery education and a national licensing examination for midwifes (based upon ICM competencies) were introduced with MHTF support for the first time in Lao PDR as part of the quality assurance mechanisms and regulatory systems. A system of supervision has been set up by the SBA coordinator and the DOP, as well as the teachers of the Vientiane Faculty of Nursing Sciences (funded by different sources), that has contributed to increase the supervisory skills of the government partners.[114] The Department of Organization and Personnel (DOP) wants to adopt similar mechanisms to assess the competencies of the other professional cadres.

Judgment criterion 2.2

- Strategies and policies developed to ensure the quality of midwifery services provision in programme countries through MHTF support

The main maternal health strategies, i.e. the maternal, neonatal and child health package and the skilled birth attendance plan, were developed prior to the introduction of MHTF. Nevertheless MHTF has contributed to their operationalization and to advocacy for adequate deployment of newly-trained community midwives. Mechanisms to ensure quality of services are so far insufficient particularly since the skilled birth attendance plan is quite ambitious.

The skilled birth attendance plan is part of the maternal, neonatal and child health package as well as of National Strategic Plan for Human Resources for Health, and is in line with the next five-year Health and Development Plan (2011-2015) in Lao PDR. The plan includes the training (in-service and pre-service) of 1500 skilled birth attendants by 2012 in order to respond to national need for midwives. The skilled birth attendance plan is ambitious but its completion is strongly supported by all donors. Follow-up support to the MoH may be needed to ensure the absorption of the new trainees into the health system.

The skilled birth attendance plan addresses issues of deployment, management, supervision and retention of human resources for skilled birth attendance. These issues are discussed during the Human Resource Technical Working Groups under the leadership of UNFPA through the MHTF-supported SBA coordinator. Support is also provided to strengthen human resource management through the development of a national human resource database. Discussions were held with Department of Organization and Personnel (DOP) to follow up on the deployment of the community midwives following their training. A small survey is currently being conducted on the posting of newly trained community midwives, with MHTF support.[115]

113. UNFPA staff interview.
114. Government partners interviews.
115. UNFPA staff interview.

As seen above, quality assurance mechanisms were set up for midwifery education but there is still a gap in ensuring quality of services once midwives are deployed; one of the reasons being the lack of coordination between the MoH departments responsible for education and service quality.

Judgment criterion 2.3

- Midwifery associations able to advocate and support scaling up of midwifery services through MHTF support

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In Lao PDR civil society is very limited and the political system does not allow for professional associations to be founded.

Additional issues

MHTF provides appropriate technical assistance for midwifery through funding the SBA coordinator position. However there are concerns regarding the continuity of the technical assistance to the Ministry of Health once the funding ends.

The MHTF-supported SBA coordinator initially supported the skilled birth attendance assessment and the drafting of the skilled birth attendance plan as a consultant and later joined UNFPA in order to support its implementation. The SBA coordinator was also supporting the entire reproductive health component as the reproductive health technical advisor position was vacant at the time of the evaluation. The SBA coordinator position was initially funded by core funds, and was then supported by Luxembourg and MHTF. This position is not a permanent part of the country office staffing and there remains the need for support for MoH as regards to strengthening midwifery. Moreover the capacity of the national reproductive health team needs to be strengthened in order to provide the required technical assistance to MoH. At the time of the evaluation, options were being explored by the country office to fill these gaps during the 5th UNFPA country programme.[116]

4.2.3 Evaluation question 3: Sexual and reproductive health services – family planning

The GPRHCS funds all family planning activities in Lao PDR (which is a Stream one country) so no specific family planning activities are funded under MHTF. Family planning counseling is part of antenatal care/postnatal care training and MHTF-funded technical assistance has been provided for family planning-related discussions as part of the whole reproductive health component.

116. UNFPA staff interview.

4.2.4 Evaluation question 4: Sexual and reproductive health services – EmONC

Evaluation question 4

To what extent has the MHTF contributed towards scaling up and utilization of EmONC services in priority countries?

Judgment criteria	Issues to assess
4.1. Creation of enabling environment that facilitates scale-up of EmONC services through MHTF support	What mechanisms does the MHTF support to upgrade/ provide continuous EmONC education in remote areas?
	How does the MHTF ensure that its EmONC services quality control mechanisms (including institutionalizing supportive supervision) are adopted by the programme countries?
	What mechanisms does the MHTF apply to motivate and sustain the MoH commitment to strengthen and scale up EmONC services based on the bottlenecks identified?
4.2. Utilization and access of EmONC services improved through MHTF support	What are the mechanisms in place to explore the barriers to EmONC services in countries supported by the MHTF?
	What are the mechanisms put in place with MHTF support to address the identified barriers and to increase demand of quality EmONC services (communication activities, social mobilization...)? What are the results?

Judgment criterion 4.1

- Creation of enabling environment that facilitates scale-up of EmONC services through MHTF support

MHTF has contributed to creating an enabling environment that is conducive to EmONC scale-up in a number of ways, ranging from supporting skilled birth attendance training to undertaking the EmONC assessment and supporting the development of an improvement plan that will provide clear directions and define priorities for different partners. However, supportive supervision and follow-up of newly trained personnel after return to health facilities has not been addressed so far.

As part of its support to the skilled birth attendance plan (see evaluation question 2) MHTF contributes to strengthening the capacity of the training institutions (through building teacher capacity and equipment supply). It also supports the training of community midwives, skilled birth attendance training (3 modules) as well as clinical training of hospital EmONC teams (physicians, medical assistants and nurses).

MHTF has provided technical support for strengthening the Department of Organization and Personnel (DOP) to supervise the skilled birth attendance training institutions with a view to following up the quality of training. Unfortunately there is no provision for supervision and follow-up of the newly trained graduates once they return to their health facility as this is the responsibility of the National Maternal and Child Health Centre.

The objectives of the EmONC assessment funded by MHTF were to determine the availability, utilization and quality of EmONC services, to identify gaps in service delivery, and to identify interventions for the reduction of maternal and newborn mortality. The assessment is the basis for preparing a strategic EmONC improvement plan for phased upgrading of EmONC facilities in line with the maternal, neonatal and child health package.

Judgment criterion 4.2

- Utilization and access of EmONC services improved through MHTF support

Although MHTF is not directly involved in improving utilization of EmONC services beyond its role in improving service quality, it contributes to addressing barriers through advocacy for midwives incentives and free deliveries for poor women. However, it does not address other barriers beyond the cost of accessing services into consideration.

The barriers to EmONC services are known to a certain extent. UNFPA support has allowed the barriers to EmONC access to be explored through the 'Working with Individuals, Families and Communities' (IFC) approach and has put in place district maternal, neonatal and child health plans (supported by Luxembourg funding) to help address these barriers as well as through the PEER Study in some provinces. The EmONC assessment explored aspects of EmONC services but did not look into barriers to access. In the EmONC assessment report it is acknowledged that there was not enough information to elucidate why women had or had not used EmONC services.[117] The EmONC assessment could have provided an opportunity to investigate further the factors hindering access to EmONC services as perceived by communities in Lao PDR.

MHTF support was not used for communication or social mobilization activities for EmONC. One of the barriers to the access of EmONC services already identified is the cost incurred to travel to health facilities and other associated costs. The government wishes to establish free skilled attendance at birth for poor women and UNFPA/MHTF was involved during the national level discussions on this issue. UNFPA also took part in the discussions regarding incentives for midwives in remote areas to improve access to services.

The skilled birth attendants modules based on the ICM competencies promote culturally sensitive work with communities. This has the potential to improve health care providers' attitudes and thus the motivation of the women to attend services. This aspect however is often overlooked and it may require increased attention.[118]

117. Emergency Obstetric and Newborn Care Needs Assessment in 12 Selected Provinces, Final Report - University of Health Sciences, Faculty of Post-Graduate Studies and National Institute of Public Health - 2011 - Lao People Democratic Republic.
118. MOH skilled birth attendants Collaborating and Responsible Committees with technical assistance from UNFPA, WHO and JICA - skilled birth attendants development plan, Lao PDR 2008 – 2012.

4.2.5 Evaluation question 5: Support to health planning, programming and monitoring

Evaluation question 5

To what extent has the MHTF contributed to improve planning, programming and monitoring to ensure that maternal and reproductive health are priority areas in programme countries?

Judgment criteria	Issues to assess
5.1. Improved positioning of maternal and reproductive health in national strategies and policies through MHTF support	How have the advocacy campaigns/activities supported by the MHTF been translated into national policies and strategies (that include family planning, skilled care in pregnancy and childbirth, emergency obstetric and neonatal care, obstetric fistula and sexual reproductive health and reproductive health/HIV linkage)?
	Do sexual reproductive health coordination bodies established in countries (facilitated by MHTF) provide a coordination framework to address sexual reproductive health/maternal and newborn health issues? What are its main functions?
5.2. National plans consider sustainable funding mechanisms for sexual reproductive health/maternal health through MHTF support	To what extent institutional capacities have been developed through MHTF support to allow systematic and sound costing and budgeting of sexual reproductive health/ maternal and newborn health interventions/packages? What are the capacity development activities supported by MHTF?
	Do national health budgets include dedicated budget lines for family planning, skilled care during pregnancy and child birth, emergency obstetric and neonatal care and obstetric fistula in MHTF supported countries? What are the prospects for sustainability?
5.3. National and sub-national health plans include clear monitoring and evaluation frameworks for family planning, skilled care in pregnancy and child birth, EmONC, obstetric fistula and reproductive health/HIV linkages	Are key internationally agreed sexual reproductive health/ maternal and newborn health indicators integrated in HMIS in MHTF countries and properly measured and used for programming?
	To which extent is the M&E plans and mechanisms (developed with MHTF support) adopted and lessons learnt integrated in sexual reproductive health/maternal and newborn health annual programming?

Judgment criterion 5.1

- Improved positioning of maternal and reproductive health in national strategies and policies through MHTF support

MHTF has mainly contributed to raising the profile of midwives in Lao PDR with government officials and the National Assembly through its advocacy events and associated media coverage. It also initiated advocacy at the provincial level. The technical expertise and financial support it provides has contributed to boost midwifery and EmONC services and helped place maternal health high on the MoH agenda.

MHTF supported advocacy events such as the celebration of the International Day of the Midwife and graduation ceremonies of the community midwives which helped in raising the awareness of the officials at all levels (including community representatives) on the role and function of the midwives and the benefits from skilled care in pregnancy and childbirth.

The SBA coordinator, through participation in the various technical working groups and task forces related to the implementation of the maternal, neonatal and child health package has provided strong technical support, particularly in the human resource task force led by UNFPA.

MHTF support to undertake the EmONC assessment has helped to ensure that EmONC services are a priority at all levels i.e. national, provincial and district.

Judgment criterion 5.2

- National plans consider sustainable funding mechanisms for sexual reproductive health/maternal health through MHTF support

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It is anticipated that the EmONC improvement plan which currently being developed will provide a good basis for costing and budgeting the upgrade of EmONC services.

UNFPA has supported the costing and budgeting of the skilled birth attendance plan, with WHO supporting the budgeting of the maternal, neonatal and child health package. So far MHTF has not directly supported costing and budgeting of sexual reproductive health/maternal and newborn health intervention packages but the EmONC improvement plan will provide the government with a good basis for costing its operationalization.

No budget lines as yet have been allocated for reproductive health and maternal health. Discussions are ongoing about the regulations and the costing of the free delivery policy but the modalities of government contribution are still unclear.

Judgment criterion 5.3

- National and sub-national health plans include clear monitoring and evaluation frameworks for family planning, skilled care in pregnancy and child birth, EmONC, obstetric fistula and reproductive health/HIV linkages

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MHTF resources have been used for developing tools for maternal and perinatal death review and for piloting them in five provinces. It is expected that the EmONC assessment will be used as a baseline for monitoring EmONC services provision. Both types of support have the potential to improve monitoring of maternal health provided that systems are in place and government monitoring and analysis capacity is strengthened.

The maternal, neonatal and child health package indicators were defined prior to MHTF support. Joint efforts focused on revising these indicators (see Final Report of the Thematic Evaluation of UNFPA Maternal Health Support). Monitoring is mainly based on the HMIS which is weak due to low capacity and lack of motivation at the health facility level. Several development partners are working to strengthen HMIS. The EmONC needs assessment will be providing baseline data upon which future interventions to improve EmONC services could be monitored.

To help address the lack of reliable data on maternal deaths, UNFPA (through MHTF) and WHO have supported training and the development of tools for maternal and perinatal death review in five pilot provinces. After review, the tools will be introduced in other provinces.

4.2.6 Evaluation question 6: Management of MHTF

Evaluation question 6

To what extent have the MHTF management mechanisms and internal coordination processes at all levels (global, regional and countries) contributed to the overall performance of the MHTF in fulfilling its mission?

Judgment criteria[119]	Issues to assess
6.2. Instruments and mechanisms developed by the MHTF to strengthen country office capacities to manage the fund at global and regional level	To what extent the needs of country offices in terms of technical guidance and tools (for planning, implementation and monitoring) are responded to (from regional and global level)?
	To what extent country offices MHTF/RHTF planning process is facilitated by the tools provided at global level?
	To what extent country offices MHTF/RHTF planning process is facilitated by the review system in place?
	What are the outcomes of South-South collaboration for technical assistance?
6.3. Monitoring and evaluation of the MHTF supported proposals including financial monitoring	What are the mechanisms in place for regular financial monitoring of MHTF support in countries, at regional and global level?

Judgment criterion 6.2

- Instruments and mechanisms developed by the MHTF to strengthen country office capacities to manage the fund at global and regional level

The funding of the International SBA coordinator position helped to strengthen the country office to not only manage the MHTF but also the other reproductive health components. The support provided by UNFPA headquarters is considered useful; however the lack of harmonization of tools between the different funds is seen as burden.

MHTF has strengthened country office capacities through funding the SBA coordinator position. In Lao PDR, technical advisors are needed on a long-term basis to guide the country office staff who sometimes lack the sufficient capacity to provide technical assistance to counterparts and to coordinate programme implementation. This is particularly the case as regional level technical support is felt to be limited.

The country office team found the joint planning process useful and valued the feedback on joint plans received from UNFPA headquarters and peers at the regional level. Even though the tools provided by headquarters were appreciated by the country office staff, it was noted that they are not always harmonized between all the reproductive health funds which added to the burden on staff.[120] The MHTF Business Plan is perceived as being too prescriptive and a constraint rather than providing guidance.[121]

The MHTF annual work plan implementation has been delayed because the work plan was only approved in April 2012 and the Ministry of Health did not start planning activities prior to approval of funds.

119. Judgment criterion 6.1 is addressed at global level.
120. Idem.
121. UNFPA staff interview.

Judgment criterion 6.3.

- Monitoring and evaluation of the MHTF supported proposals including financial monitoring

Joint planning and reporting provide clear documentation on the type of activities that the MHTF has undertaken. However the Result Based Framework is not adapted to the situation of Lao PDR and could not be used as monitoring tool.

Annual work plans and reports have integrated all of the reproductive health funds. The joint report provides clear information on what has been achieved as well as an analysis of the context in which these achievements were attained. Since the funds are managed separately, different earmarked financial reporting dates for MHTF and GPRHCS led to difficulties for the reproductive health team.

The MHTF monitoring tools are difficult to use in Lao PDR as they require data that is not readily available due to weak information systems.

4.2.7 Evaluation question 7: Coordination/coherence

Evaluation question 7

To what extent has the MHTF enhanced and taken advantage of synergies with other UNFPA thematic funds e.g. the Global Programme to Enhance Reproductive Health Commodity Security, the Campaign to End Fistula and the UNFPA-ICM Midwives Programme and HIV-PMTCT in order to support maternal health improvements?

Judgment criteria	Issues to assess
7.1. Integration of the components of the Campaign to End Fistula into maternal health programmes after the integration in MHTF	Do MHTF supported countries include obstetric fistula in their advocacy campaign for sexual reproductive health/ maternal and newborn health?
	To what extent does MHTF support in promoting sexual reproductive health/maternal and newborn health policies, strategies and plans including M&E plans (with specific indicators) allow to integrate obstetric fistula?
7.2. Joint and coordinated planning at country level with GPRHCS	What are the mechanisms in place between GPRHCS and MHTF to harmonize pharmaceuticals, medical supplies and medical equipment lists in programme countries?
	To what extent concerted planning seeks an increased synergy between the MHTF and the GPRHCS in countries that are supported by both funds?
7.3. Integration of Midwife programme strategic directions in MHTF plans	What is the role of ICM regional advisor in supporting country offices?
	To what extent programme countries adopt tools developed by ICM?
	Is partnership with ICM sufficient to boost midwifery in programme countries? Are there other potential partners that can contribute to this aim?
7.5. MHTF plans integrate HIV activities in synergy with core funds, Unified Budget and Work plan (UBW) and other resources	To what extent national and sub national service health delivery plans have an integrated sexual reproductive health/ HIV component (with MHTF support)?
	Do the revised midwifery curricula include PMTCT in country with high HIV prevalence supported by MHTF?c

Judgment criterion 7.1

- Integration of the components of the Campaign to End Fistula into maternal health programmes after the integration in MHTF

MHTF support has raised awareness among health professionals and decision-makers about obstetric fistula in Lao PDR where the issue had been previously unrecognized.

Obstetric fistula is not well-known in Lao PDR, even among healthcare professionals, and there is no word for it in the Laotian language. MHTF activities to sensitize some health managers and providers about the issue included supporting their participation in a fistula repair conference and study tour in Nepal. MHTF also supported activities for decision-makers by documenting stories of patients suffering from obstetric fistula through a partnership with Care International.[122]

Judgment criterion 7.2

- Joint and coordinated planning at country level with GPRHCS

GPRHCS and MHTF are seen as complementary to the overall reproductive health component. Even though the joint planning process (between MHTF and GPRHCS) has contributed to a shift towards joint planning instead of the previous vertical planning, it is not yet sufficiently strategic. Increased coordination during implementation would also increase synergies.

A joint annual work plan was developed for GPRHCS and MHTF. This is seen as complementing the reproductive health interventions funded by both core funds and other donors' funds. Irrespective of the source of the funding, all the interventions are planned in order to achieve the UNDAF and CPAP outcomes. Both funds allow UNFPA to support the maternal, neonatal and child health package via two different approaches i.e. GRPCHS primarily supports health system strengthening and MHTF supports human resources. The funds are managed separately.[123]

Lao PDR country office commented that there are too many annual work plans (AWP) and implementing partners, which limits follow up and is extremely difficult to manage. Therefore the country office wants to integrate all the AWP in line with the model of the joint reproductive health thematic fund AWP, starting in 2012, which will contribute to increased harmonization.

Judgment criterion 7.3

- Integration of Midwife programme strategic directions in MHTF plans

The ICM competencies are part of the curriculum and were the basis for midwifery standards and the licensing examination of the community midwife course. There is no regional ICM Adviser but the SBA coordinator is aware of the ICM tools.[124]

Judgment criterion 7.5

- MHTF plans integrate HIV activities in synergy with core funds, Unified Budget and Work plan (UBW) and other resources

HIV prevention and PMTCT were integrated in the skilled birth attendance curricula prior to the MHTF but their systematic inclusion has been strengthened by MHTF support to training institutions.

122. INGO.
123. UNFPA staff interview.
124. UNFPA staff interview.

HIV prevalence in Lao PDR is low and most cases are found in at-risk populations, thus the link between HIV/AIDS and maternal health is not seen as a priority. Nevertheless UNFPA and UNAIDS co-operated to introduce HIV prevention and PMTCT in the skilled birth attendants curricula. Condom programming will include messages about dual protection but integration is constrained by the capacities of the public health system. UNFPA and UNICEF supported the inclusion of a module exploring information related to STIs and HIV/AIDS during ANC was integrated in the Lao Social Indicators Survey (LSIS- MICS/DHS).[125]

4.2.8 Evaluation question 8: Coordination/coherence

Evaluation question 8

To what extent did the MHTF increase the visibility of UNFPA sexual reproductive health/maternal health support and help the organization to leverage additional resources for maternal health at global, regional and national level?[126]

Judgment criteria	Issues to assess
8.2. Effect of MHTF on (increased) external financial commitments to UNFPA/MHTF for maternal health support (at global, regional, country level)	How do programme countries benefit from regional maternal and newborn health related initiatives (conferences, workshops) supported by MHTF?
	What kind of mechanisms are in place to support programme countries to increase their efforts to leveraging additional resources with external donors (CARMMA, UN SG initiative, especially Canada, France grants, etc.)?
	To what extent the MHTF support contributed to an increase in the share of external financial commitments earmarked to support maternal health at global, regional level?
	To what extent the MHTF support contributed to an increase in the share of external financial commitments earmarked to support maternal health at country level?
8.3. Effect of MHTF on (increased) financial commitments of partner governments to sexual reproductive health and maternal health	To what extent programme countries governments intended/committed to allocate additional resources for maternal and newborn health with MHTF support?

Judgment criterion 8.2

- Effect of MHTF on (increased) external financial commitments to UNFPA/MHTF for maternal health support (at global, regional, country level)

The MHTF-supported EmONC assessment and improvement plan have helped to provide concrete directions and guidance which are useful instruments to trigger increased commitment of development partners and donors.

125. Development partner interview.
126. Judgment criterion 8.1 will be addressed at global level.

The joint project 'Support for implementation of the National Skilled Birth Attendance Plan' funded by Luxembourg is an example of UNFPA leveraging capacity as it followed from UNFPA involvement in the implementation of the maternal, neonatal and child health package and the skilled birth attendance plan development (approved before the start of MHTF).

MHTF support allowed different agencies to mobilize in order to conduct the EmONC assessment, with UNICEF co-financing the assessment. The EmONC improvement plan will provide a useful tool for leveraging additional resources from development partners.[127]

Judgment criterion 8.3

- Effect of MHTF on (increased) financial commitments of partner governments to sexual reproductive health and maternal health

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The EmONC assessment involved the mobilization by government partners at different levels (national, provincial and district) during the phase of data collection. The development and implementation of the EmONC improvement plan may lead to increased commitment of the government partners, although this is not yet confirmed.

127. UNFPA staff interview.

5. Conclusions

Based on the findings, the evaluation team has drawn some cross-cutting conclusions which are presented below. These are country-specific conclusions and are not to be confused with the conclusions of the MHTE/MHTF final reports. The conclusions presented in this section are based on the selective analysis of UNFPA maternal health support in Lao PDR only, and as such do not provide a judgment on the quality of UNFPA country programme in Lao PDR overall, which would only be provided by a comprehensive country programme evaluation. The conclusions cover the overall maternal health interventions of UNFPA in Lao PDR and also the specific added value of MHTF in the country.

5.1 Conclusions on UNFPA overall maternal health portfolio – Lao PDR

1. The increased emphasis by UNFPA on building the capacity of government partners is appropriate but significant gaps in capacity remain which hamper the provision of quality maternal health services.[128]

    - The public health system in Lao PDR is affected by gaps in capacity, including the Ministry of Health. Although the MoH has gained increasing confidence by coordinating stakeholders' efforts and is willing to take on more responsibility, an important amount of capacity development is still required. UNFPA has focused on building the capacity of government partners at all levels through regular support to government partners and by diversifying its partnerships with the Ministry of Health (in the 4th UNFPA country programme), for example reinforcing midwifery capacities as part of the skilled birth attendance plan. Nevertheless, the attainment of quality standards in terms of midwifery education and services remain a concerning issue. Only sustained and coordinated efforts to improve the current low levels of quality and abilities will achieve results. UNFPA effort in terms of strengthening supportive supervision is appropriate but has not been sufficient so far.

2. UNFPA collaboration with development partners towards an increased focus and harmonization of interventions to improve maternal health, including its leadership role in strengthening skilled birth attendance, has made a clear contribution to increased coordination.[129]

    - Lao PDR depends largely on external aid, and interventions at different levels are dependent on the availability of external funds. Development partners have been providing significant support to the MoH, with capacity improvement a long-term effort. However, the lack of coordination between the different development partners, which has been compounded by the lack of government advocacy for increased coordination, led to vertical programmes and duplication of efforts. The situation improved from 2007/8 onwards with concomitant events and efforts such as the Vientiane Declaration on Aid Effectiveness, the drafting of the maternal, neonatal and child health package, and the skilled birth attendance assessment and plan to which UNFPA has greatly contributed, as well as the sector-wide project coordinated by JICA. The maternal, neonatal and child health strategy developed in 2008 provided an extremely valuable framework for harmonization, not only for development partners but also among the various MoH departments. The national skilled birth attendance plan supported by UNFPA is a good example of consensus-building around concrete costed interventions, and as a result different stakeholders have committed to its achievement. However, full harmonization takes time and requires strong coordination, particularly at implementation level, but stakeholder commitment helps to promote convergence.

128. Based on: Chapters 4.2.2 (Harmonization), 4.2.4 (HRH), 4.2.7 (EmONC), 4.2.8 (Evidence).
129. Based on: Chapters 4.2.1 (Relevance), 4.2.2 (Harmonization), 4.2.8 (Evidence), 4.2.9 (Frameworks).

- The various national partners recognize the large contribution by UNFPA to the improvement of maternal health in Lao PDR as well as its leading role, particularly its facilitation of the development of the skilled birth attendance plan that was adhered to by the development partners.

3. The capacity of UNFPA country office staff is insufficient to provide the necessary range of technical assistance and follow-up commitments. Challenges include the shortage of key reproductive health staff funded by core funds, several capacity gaps, and the funding of key positions through non-regular funds.[130]

    - The UNFPA reproductive health interventions have been significant and address many areas i.e. health system strengthening, RHCS logistics, family planning outreach, long-term and permanent family planning methods, coordination of the skilled birth attendance plan, skilled birth attendance training and support to training institutions. In order to continue to implement and provide follow-up, country office staff require skills and expertise necessary to support the various implementing partners. However, current technical expertise is not a permanent staff position which may hamper its continuity. National staff expertise also needs to be strengthened further.

4. Monitoring and evaluation is weak and does not capture actual UNFPA progress or provide evidence for future programming.[131]

    - Robust monitoring of UNFPA activities in Lao PDR is hampered by different factors such as the lack of adequate indicators, unrealistic monitoring plans, capacity gaps, and HMIS weaknesses. Annual commodity security assessments have provided useful information but have replaced routine monitoring which, if reinforced, would be more sustainable. Evaluations are not systematically conducted although thematic evaluations and an evaluation of the last country programme were realized in 2010 and informed the design of 5th UNFPA country programme.

5. Sustainability is limited by difficulties obtaining government commitment, and resource and capacity shortages. However sustainability is not always taken into account during programming and intervention design.[132]

    - UNFPA-supported interventions such as policy advocacy and the capacity development of government partners and training institutions are interventions that lead to sustainable effects in the long-term. In Lao PDR the high dependency upon external aid hinders the process whereby government partners take increased responsibility. However some interventions were designed without an exit strategy to transition responsibility to government or community partners, limiting potential sustainability. Without the preparation of hand-over strategies it cannot be expected that initiated interventions will be continued by the project partners.

6. UNFPA involvement in demand creation for services through IEC materials and media campaigns has not been measured. However the approaches recently initiated by UNFPA have a potential to involve and mobilize communities for improving maternal health.[133]

    - The UNFPA approach to mobilize communities for improving maternal and newborn health is very relevant in the Lao PDR context where there are numerous barriers to accessing services. Unfortunately the efforts provided to strengthen IEC activities have not been assessed and it is not possible to draw any conclusions on their impact. Recent approaches are more promising as they seek to empower and sensitize communities on the importance of improving maternal health, including seeking skilled attendance during pregnancy and childbirth. However these approaches require a strong understanding of the empowerment process and close facilitation before they can be transferred to community ownership. Ways to replicate recent successful models at a larger scale are needed.

130. Based on: Chapters 4.2.4 (HRH), 4.2.6 (family planning) 4.2.7 (EmONC), 4.2.11 (Internal Coherence).
131. Based on: Chapters 4.2.6 (family planning), 4.2.8 (Evidence).
132. Based on: Chapters 4.2.3 (Community involvement), 4.2.6 (family planning), 4.2.8 (Evidence), 4.2.9 (Frameworks).
133. Based on: Chapters 4.2.3 (Community involvement), 4.2.6 (family planning), 4.2.7 (EmONC).

5.2 Conclusions on the added value of MHTF in Lao PDR

It should be noted that MHTF support started in 2010 and thus only one year of operation could be observed. Therefore the conclusions below only refer to the relevance and the potential of MHTF for improving maternal health in Lao PDR.

7. MHTF support was appropriate as it reinforced country office involvement in the coordination and support of the national skilled birth attendance plan and thus contributed to advocacy for midwifery and to building the capacity of government partners.[134]

    - UNFPA country office proposal for MHTF funding focused on midwifery as midwives were just being reintroduced in Lao PDR. MHTF activities complement UNFPA activities funded under core or donor funds with a special focus on human resource development, particularly midwives i.e. support to community midwife training, skilled birth attendance modules, EmONC training and support to training institutions including upgrading teachers' skills. This additional contribution increased support to the Department of Organization and Personnel and helped to strengthening its capacity. MHTF-supported advocacy events also raised the profile of midwives with decision-makers.

8. MHTF support has helped put in place quality assurance mechanisms for midwifery education, such as the midwifery licensing exam, but service delivery quality standards are still to be addressed.[135]

    - MHTF support enabled the development of a licensing system which has contributed to ensuring training quality. However there are still capacity gaps among teachers and preceptors. Significant efforts have been made to upgrade their skills and competencies through training as well as coaching by UN volunteers, but challenges remain. Moreover, maintaining the quality standards of the service provided by the newly trained and deployed midwives has not received sufficient attention and supervisory mechanisms have not been adequately strengthened.

9. Country office capacity has been reinforced by securing the SBA coordinator position which has improved the contribution of technical assistance. The introduction of joint planning and reporting between MHTF and GPRHCS has also improved comprehensive planning and reporting.[136]

    - The weak capacities of national institutions, and difficulties faced by the national staff to strengthen them, remain one of the main challenges to advance the agenda for maternal. The SBA coordinator plays an important role in providing technical assistance and coordinating the reproductive health component. However relying on non-regular funds to fund this position raises an issue regarding the sustainability of UNFPA role in maternal health support.
    - The joint planning and reporting process for the reproductive health funds (GPRHCS and MHTF) allowed the reproductive health team to be more involved in documenting and analyzing achievements. As the MHTF is only in its first year of operation it can be expected that planning will become increasingly integrated and strategic in the following years.

134. Based on: Chapters 4.3.2 (HRH), 4.3.4 (EmONC), 4.3.5 (Programming), 4.3.8 (Visibility).
135. Based on: Chapters 4.3.2 (HRH), 4.3.4 (EmONC).
136. Based on: Chapters 4.3.2 (HRH), 4.3.5 (Programming), 4.3.6 (MHTF Management), 4.3.7 (Internal Coherence).

10. MHTF support for the EmONC assessment and the implementation of maternal death audits has helped to build a body of evidence which Ministry of Health and the development partners have used to target support and define priorities based on evidence, and use as baseline data for monitoring.[137]

    - In relation to Output 3 of the MHTF Business Plan (Strengthening Health Systems Information systems), MHTF supported the EmONC assessment and the development of tools for national counterparts related to maternal death audits, which are both key to providing information for planning for maternal health improvement. EmONC assessment data will provide baseline data upon which future programmes could be monitored

137. Based on: Chapters 4.3.1 (Relevance), 4.3.5 (Programming), 4.3.6 (MHTF Management).

6. Annexes

6.1 Key data of Lao PDR

LAO PDR		
Summary statistics		
Region	2000	South-eastern Asia
Currency	2008	Kip (LAK)
Surface area (square kilometers)	2008	236800
Population (estimated, 000)	2008	6205
Population density (per square kilometer)	2008	26.2
Largest urban agglomeration (population, 000)	2007	Vientiane (745)
Economic indicators		
GDP: Gross domestic product (million current US$)	2008	5326
GDP: Gross domestic product (million current US$)	2005	2740
GDP: Growth rate at constant 1990 prices (annual %)	2008	7.5
GDP per capita (current US$)	2008	858.4
GNI: Gross national income per capita (current US$)	2008	790.3
Gross fixed capital formation (% of GDP)	2008	36.9
Exchange rates (national currency per US$)	2008	8478.94
Balance of payments, current account (million US$)	2008	107

CPI: Consumer price index (2000=100)	2007	182
Agricultural production index (1999-2001=100)	2008	137
Food production index (1999-2001=100)	2007	137
Labor force participation, adult female pop. (%)	2008	78.1
Labor force participation, adult male pop. (%)	2008	79.5
Tourist arrivals at national borders (000)	2008	1295
Energy production, primary (000 MT oil equivalent)	2007	687 est.
Telephone subscribers, total (per 100 inhabitants)	2008	30.9
Internet users (per 100 inhabitants)	2008	2.1
Social indicators		
Population growth rate (avg. annual %)	2005-2010	1.8
Urban population (%)	2007	29.7
Population aged 0-14 years (%)	2009	37.5
Population aged 60+ years (women and men, % of total)	2009	6.1/4.9
Sex ratio (men per 100 women)	2009	99.6
Life expectancy at birth (women and men, years)	2005-2010	66.2/63.4
Infant mortality rate (per 1 000 live births)	2005-2010	49.8
Fertility rate, total (live births per woman)	2005-2010	3.5
Contraceptive prevalence (ages 15-49, %)	2000	32.2
International migrant stock (000 and % of total population)	mid-2010	18.9/0.3 (incl. refugees, foreign citizens)
Refugees and others of concern to UNHCR	end-2008	n.a.
Education: Government expenditure (% of GDP)	2005-2008	3.0
Education: Primary-secondary gross enrolment ratio (w/m per 100)	2005-2008	70.0/80.3

Education: Female third-level students (% of total)	2005-2008	43.2
Seats held by women in national parliaments (%)	2011	25
Environment		
Threatened species	2009	130
Forested area (% of land area)	2007	69.3
CO2 emission estimates (000 metric tons and metric tons per capita)	2006	1425/0.2
Energy consumption per capita (kilograms oil equivalent)	2007	74.0

Source: UN World Statistics Pocketbook

Figure 2: Map of Lao PDR

6.2 Data Triangulation

Table 4: Data and methodological triangulation – Maternal Health Thematic Evaluation

Evaluation question - Maternal Health Thematic Evaluation	Country Office	Nat. Government (MoH)	Sub-national Government	Civil Society	Development Partners	Implementing Partners[138]	Beneficiaries	Data collection methods
1. Relevance	▲ O	▲ O	▲		▲		▲	Document analysis (strategic and planning documents), group discussion, interviews
2. Harmonization, coordination, partnerships	▲ O				▲ O			Document analysis (e.g. joint programs, documentation of coordination, structure), interviews
3. Community involvement and demand orientation	▲ O	▲ O	▲			▲ O	▲	Document analysis (strategic and planning documents, curricula, progress reports, evaluation report), group discussion, interview
4. Capacity development – Human Resources in Health (HRH)	▲ O	▲ O	▲		▲			Document analysis (strategic and planning documents), group discussion, interview
5. Maternal health in humanitarian contexts	▲ O				▲			Document analysis, interview
6. Sexual and reproductive health services – family planning	▲ O	▲ O	▲		▲	▲	▲	Document analysis (strategic and planning documents, progress reports, evaluation report), group discussion, interview
7. Sexual and reproductive health services – EmONC	▲ O	▲ O	▲		▲	▲	▲	Document analysis (strategic and planning documents, reports), group discussion, interview
8. Results/evidence orientation	▲ O	▲ O			▲ O			Document analysis (survey, strategic and planning documents), interview
9. Integrating maternal health in national policies and frameworks	▲ O	▲ O			▲ O			Document analysis (strategic and planning documents), interview
10. Coherence of maternal health support with Gender and Population and Development	▲ O	▲ O	▲		▲	▲	▲	Document analysis (strategic, survey), interview
11. Coherence between country, regional, global programs	▲ O							Document analysis, interview
12. Visibility	▲ O	▲ O	▲		▲ O	▲		Document analysis (strategic and planning documents), interview

▲ = Primary Sources (Interviews, Focus Groups), O = Secondary Sources (Evaluations, project reports, planning documents, etc.)

138. Other than national government (in particular the Ministry of Health (MoH)) or sub-national governments.

Table 5: Data and methodological triangulation – Mid-term evaluation of the MHTF

Evaluation question - Maternal Health Thematic Evaluation	Country Office	Nat. Government (MoH)	Sub-national Government	Civil Society	Development Partners	Implementing Partners[139]	Beneficiaries	Data collection methods
1. Relevance	▲O	▲ O	▲		▲O		▲	Document analysis (strategic and planning documents, reports), group discussion, interview
2. Capacity Development – HRH	▲O	▲O	▲		▲	▲O	▲	Document analysis (strategic and planning documents, reports), group discussion, interview
3. Sexual and reproductive health services – family planning	▲O	▲O						Document analysis, interview
4. Sexual and reproductive health services - EmONC	▲O	▲O	▲		▲O	▲	▲	Document analysis (strategic and planning documents, reports), group discussion, interview
5. Health planning, programming and monitoring	▲O	▲O			▲O			Document analysis (strategic and planning documents), interview
6. Management of MHTF	▲O							Document analysis (planning documents, reports), interview
7. Coordination and Coherence	▲O	▲O				▲	▲	Document analysis (planning documents, reports), interview
8. Leveraging and Visibility	▲O	▲O	▲		▲O	▲		Document analysis (strategic and planning documents, reports), interview

▲ = Primary Sources (Interviews, Focus Groups), O = Secondary Sources (Evaluations, project reports, planning documents, etc.)

139. Other than national government (in particular MoH) or sub-national governments.

6.3 Data collection result matrix

Overview evaluation questions MHTE	
Evaluation question 1 To what extent is UNFPA maternal health support adequately focused on addressing the reproductive and maternal health needs of the vulnerable groups among countries and within countries?	
Judgment criteria	1.2. (Increased) availability of accurate and sufficiently disaggregated data for targeting most disadvantaged/vulnerable groups
	1.3. Needs orientation of planning and design of UNFPA supported interventions
Evaluation question 2 To what extent has UNFPA successfully contributed to the harmonization of efforts to improve maternal health, in particular through its participation in strategic and multi-sectoral partnerships at global, regional and national level?	
Judgment criteria	2.1. Harmonization in maternal health partnerships between UNFPA and United Nations (UN) organizations and World Bank (including H4+)[140] at global, regional and country level
	2.2. Harmonization of maternal health support through partnerships at country and South-South/regional
	2.3. UNFPA participation in partnerships for producing evidence for policy debates and definition and prioritization of coordinated operational maternal health research agenda

140. Other than national government (in particular MoH) or sub-national governments.

Evaluation question 3 To what extent has UNFPA support contributed to a stronger involvement of communities that has helped to increase current levels of demand and utilization of services, in particular through its partnerships with civil society?	
Judgment criteria	3.1. Government commitment to involve communities translated in sexual and reproductive health and maternal health strategies through UNFPA support
	3.2. Civil society organization (CSO) involvement in sensitization on maternal health issues and facilitating community-based initiatives to address these issues supported by UNFPA
Evaluation question 4 To what extent has UNFPA contributed to the strengthening of human resources for health planning and human resource availability for maternal health?	
Judgment criteria	4.1. Development strengthening of national human resources for health (HRH) policies, plans and frameworks (with UNFPA support)
	4.2. Strengthened competencies of health workers in HIV/AIDS, family planning, obstetric fistula, skilled birth attendance and EmONC to respond to sexual and reproductive health/ maternal health needs
Evaluation question 5 To what extent has UNFPA anticipated and responded to reproductive health threats in the context of humanitarian emergencies?	
Judgment criteria	5.1. Inclusion of sexual and reproductive health in emergency preparedness, response and recovery plans
	5.2. Accessibility of quality EmONC, family planning and reproductive health/HIV services in emergency and conflict situations
	5.3. Accessibility to medical products in emergency and conflict situations

Evaluation question 6 To what extent has the UNFPA contributed to the scaling up and increased utilization of and demand for family planning?	
Judgment criteria	6.1.Increased capacity within health system for provision of quality family planning services in UNFPA programme countries
	6.2 Increased demand for and utilization of family planning services in UNFPA programme countries, particularly among vulnerable groups.
	6.3. Improved access to contraceptives (commodity security)
Evaluation question 7 To what extent has UNFPA contributed to the scaling up and utilization of skilled attendance during pregnancy and childbirth and EmONC services in programme countries?	
Judgment criteria	7.1. Increased access to EmONC services
	7.2. Increased utilization of EmONC services
Evaluation question 8 To what extent has UNFPA use of internal and external evidence in strategy development, programming and implementation contributed to the improvement of maternal health in its programme countries?	
Judgment criteria	8.2. Consideration and integration of relevant maternal health/sexual and reproductive health evidence and results data during development of country strategies
	8.3. Results- and evidence based management of individual interventions throughout project life

Evaluation question 9 To what extent has UNFPA helped to ensure that maternal health and sexual and reproductive health are appropriately integrated into national development instruments and sector policy frameworks in its programme countries?	
Judgment criteria	9.1. UNFPA support improved comprehensiveness of analysis of causes for poor maternal health and of effectiveness of past maternal health policies/strategies
	9.2. Maternal health and sexual reproductive health integration into policy frameworks and development instruments based on (UNFPA supported) transparent and participatory consultative process
	9.3. Monitoring and evaluation of implementation of sexual and reproductive/maternal health components of national policy framework and development instruments
Evaluation question 10 To what extent have UNFPA maternal health programming and implementation adequately used synergies between UNFPA sexual and reproductive health portfolio and its support in other programme areas?[141]	
Judgment criteria	10.1. Linkages established between programmes (reproductive health with gender and population and development) in intervention design
	10.2. Integration of monitoring and reporting of UNFPA operations

141. Gender (including female genital mutilation/cutting, gender-based violence, HIV-PMTCT (prevention of mother-to-child HIV transmission), population and development.

Evaluation question 11 TTo what extent has UNFPA been able to complement maternal health programming and implementation at country level with related interventions, initiatives and resources from the regional and global level to maximize its contribution to maternal health?	
Judgment criteria	11.2. Alignment of UNFPA organizational capacities at country level and the (intended) division of labor and delineation of responsibilities
	11.3. Enhancement/improvement of UNFPA country level programming and interventions through technical and programmatic support from global and regional level
Evaluation question 12 To what extent did UNFPA maternal health support contribute to the visibility of UNFPA in global, regional and national maternal health initiatives and help the organization to increase financial commitments to maternal health at national level?	
Judgment criteria	12.2. UNFPA leadership of maternal health advocacy campaigns at national level
	12.3. Increased financial commitments of partner governments to sexual reproductive health and maternal health

Overview evaluation questions MHTF	
Evaluation question 1 To what extent is MHTF support adequately focused on addressing the reproductive and maternal health needs of the vulnerable groups among countries and within countries?	
Judgment criteria	1.2. MHTF supported national assessments yield sufficient and disaggregated data for needs orientation planning, programming and monitoring targeting the most vulnerable groups (including underserved groups)
	1.3. National policies and sub national level sexual reproductive health/maternal health planning and programming priorities the most vulnerable groups and underserved areas
Evaluation question 2 To what extent has the MHTF contributed towards strengthening human resources planning and availability (particularly midwives) for maternal health and newborn health?	
Judgment criteria	2.1. Partner countries midwifery education upgraded based upon International Confederation of midwives (ICM) essential competencies through MHTF support
	2.2. Strategies and policies developed to ensure the quality of midwifery services provision in programme countries through MHTF support

Evaluation question 4 To what extent has the MHTF contributed towards scaling-up and utilization of EmONC services in priority countries?	
Judgment criteria	4.1. Creation of enabling environment that facilitates scale-up of EmONC services through MHTF support
	4.2. Utilization and access of EmONC services improved through MHTF support
Evaluation question 5 To what extent has the MHTF contributed to improve planning, programming and monitoring to ensure that maternal and reproductive health are priority areas in programme countries?	
Judgment criteria	5.1. Improved positioning of maternal and reproductive health in national strategies and policies through MHTF support
	5.2. National plans consider sustainable funding mechanisms for sexual and reproductive health/maternal health through MHTF support
	5.3. National and sub-national health plans include clear monitoring and evaluation frameworks for family planning, skilled care in pregnancy and child birth, EmONC, obstetric fistula and reproductive health/HIV linkages
Evaluation question 6 To what extent have the MHTF management mechanisms and internal coordination processes at all levels (global, regional and countries) contributed to the overall performance of the MHTF in fulfilling its mission?	
Judgment criteria	6.2. Instruments and mechanisms developed by the MHTF to strengthen country office capacities to manage the fund at global and regional level
	6.3. Monitoring and evaluation of the MHTF supported proposals including financial monitoring

Evaluation question 7 To what extent has the MHTF enhanced and taken advantage of synergies with other UNFPA thematic funds e.g. the Global Programme on Reproductive Health Commodity Security (GPRHCS), the Campaign to End Fistula, the UNFPA-ICM[142] midwives Programme and HIV-PMTCT[143] in order to support maternal health improvements?	
Judgment criteria	7.1. Integration of the components of the Campaign to End Fistula into maternal health programmes after the integration in MHTF
	7.2. Joint and coordinated planning at country level with GPRHCS
	7.3.Integration of midwives Programme strategic directions in MHTF plans in countries
	7.5. MHTF plans integrate HIV activities in synergy with core funds, Unified Budget and Work plan (UBW) and other resources
Evaluation question 8 To what extent did the MHTF increase the visibility of UNFPA sexual and reproductive health/maternal health support and help the organization to leverage additional resources for maternal health at global, regional and national level?	
Judgment criteria	8.2. Effect of MHTF on (increased) external financial commitments to UNFPA/MHTF for maternal health support (at global, regional, country level)
	8.3. Effect of MHTF on (increased) financial commitments of partner governments to sexual and reproductive health/maternal health

142. International Confederation of Midwives.
143. Preventing Mother-to-Child Transmission.

6.4 List of documents consulted

TITLE	YEAR	TYPE OF DOCUMENT
Committee for Planning and Investment/Department of General Planning, National University of Lao PDR/Population Studies Center/UNFPA: Study on Gender and Ethnic Issues that affect the Knowledge and Use of reproductive health services in Six Ethnic Villages of Lao PDR	2005	Report
EC/UNFPA: Mid-term evaluation of EC/UNFPA reproductive health Initiative for Youth in Asia	2006	Evaluation Report
GOL: National Growth and Poverty Eradication Strategy	2004	Planning Document
GOL/Committee for Planning and Investment: National Socio-Economic Development Plan (2006-2010)	2006	Planning Document
GOL/MoH: National Health Information System Strategic Plan (HISSP) 2009-2015	2009	Document
GOL/MoH: Skilled Birth Attendance Development Plan 2008-2012	2010	Planning Document
GOL/MoH/Department of Planning and Finance: National Health Statistic Report FY 2009/2010	2010	Statistic Report
GOL/MoH/UNFPA: Annual Report. Strengthening of reproductive health Services through the Primary Health Care Network and Implementing a reproductive health Core Package in Selected Provinces	2006	Annual Report
GOL/MoH/UNFPA: Assessment of Skilled Birth Attendance	2008	Assessment Report
GOL/UNFPA: Annual Progress Report for Co-financing Project by the Government of Luxemburg	2010	Annual Progress Report
GOL/UNFPA: Country Programme Action Plan (CPAP)	2007-2011	Planning Document
GOL/UNFPA: Country Programme Documents (CPD)	2007-2011	Planning Documents
Indochina Research: Baseline Survey and End line Survey Comparison Report	N/A	Report
Indochina Research: Project "Dawn"	2004	Project Report
Kim, Lee and Do: Social Assessment on the Provision and Utilization of maternal, neonatal and child health services in Northeastern Lao PDR	2010	Presentation

Maternal and Child Health Center/UNFPA: Project Saibai. How Access to Contraception is Improving the Lives and Livelihoods of Poor Rural Communities in Southern Lao PDR	2010	Report
National Statistics Center/UNFPA: Lao reproductive health Survey	2005	Report
UNFPA: Assessment of Development Results Supported by UNFPA CP4 for Lao PDR: Report and Recommendations	2011	Assessment Report
UNFPA: Annual Work Plans with Implementing Partners	2000, 2007, 2008, 2009, 2010	Planning Documents
UNFPA: GPRHCS Mid-Year Progress Report	2010	Progress Report
UNFPA: Lao PDR Application to the MHTF	2010	Report
UNFPA: Lao PDR Proposal for GPRHCS and MHTF	2010	Report
UNFPA: Standard Progress Report. Empowering Communities to improve reproductive health	2010	Progress Report
UNFPA: Country Office Annual Report (COAR)	2003, 2004, 2005, 2006, 2007, 2008, 2009	Management Report
UNFPA: Standard Progress Report. reproductive health	2009	Progress Report
UNFPA: Support for Implementation of the National Skilled Birth Attendance Plan: Reducing Maternal and Newborn Mortality and Morbidity in Lao PDR	2009	Report
UNFPA: reproductive health at the Margins. Results from PEER Studies in Southern Lao PDR	2008	Report
UNFPA: Standard Progress Report. reproductive health	2008	Progress Report
UNFPA: Capacity Building of Master Trainers under the Project "Incorporating Gender Considerations in reproductive health and Communication"	2006	Report
UNFPA: Lao PDR Annual Report	2001-2002	Annual Report
UNFPA/GOL/PSI: An Assessment of the Potential for Social Marketing of family planning products and services in Lao PDR	2010	Assessment Report
UNFPA/UNICEF/WFP/WHO: Supporting the Implementation of the National Integrated Package of maternal, neonatal and child health services in Lao PDR	2011	Report

UNFPA/WHO: Review of Current Status in Access to a Core Set of Critical, Life-saving Medicines for Maternal/reproductive health in Lao PDR	2008	Review Report
WHO: Strategy and Planning Framework for the Integrated Package of maternal, neonatal and child health services 2009-2015	2009	Planning Document
Training manual for the trainers to conduct the basic training for maternal and child health services providers in the rural remote area community. Content of CBD		Training manual
Organizational chart: Ministry of Health	2011	Country Health Information Profile
Final Draft of the 2010 Survey of 58 maternal, neonatal and child health commodities in the Lao PDR. Including finding and conclusions with recommendations, observations on data collection and processing, and implications of the use of survey data for achieving Reproductive, Maternal, Neonatal and Child Health Commodity Security in Lao PDR.	2011	Report
Project Lao/02/P01. Strengthening reproductive health services through the Primary Health care Network and implementing a core reproductive health package in selected provinces	2004	Annual Report
Reproductive health sub-program component project one Lao/02/P01. Strengthening of reproductive health services through the Primary Health Care Network and Implementing a reproductive health core in selected provinces	2002	Project Report
Maternal and child health/MoH- UNFPA: Strengthening of reproductive health services through the Primary Health Care Network and Implementing a reproductive health Core Package in Selected Provinces	2005	Annual Report
Maternal and child health care/MoH-UNFPA: Strengthening of reproductive health services though the Primary Health Care Network and Implementing a reproductive health Core Package in Selected Provinces	2006	Project Final Report
Project Document between the Government of the Lao People Democratic Republic and the United nations Population Fund Strengthening reproductive health services through Primary Health care Network and Implementing a reproductive health Core Package in Selected Provinces	2002	Project Document
UNFPA in Lao PDR: Making a difference because everyone counts	2010	Newsletter
10 years of UNFPA Programs in Lao PDR(2001-2011)	2011	Power point presentation

'Project Saibai': How access the contraception is improving the lives and livelihoods of poor rural communities in southern Lao PDR. Evaluation of the family Planning Outreach Project in Saravan, Sekong, Attapeu. maternal and child health/UNFPA	2010	Report
Mid term review of the UNFPA Global Programme to Enhance Reproductive Health Commodity Security(GPRHCS)	2011	Report
An Assessment of the potential for Social Marketing of family planning Products and services in Lao PDR	2010	Report
Report on the Lessons Learned from the Outreach family planning Worker(CBD Worker and DRF/VHV) Strategy Workshop in Thalat	2010	Report
Gender Equality in LAO PDR. Draft Strategy for UNFPA	2011	Report
WHO Country Cooperation Strategy (CCS) in the Lao People Democratic Republic 2009-2011	2009	Strategy
GOL/MoH/UNFPA: Assessment of Condom Programming in Lao PDR, Vientiane, Lao People's Democratic Republic	2008	Assessment Report
Dr Vincent Fauveau, Dr Katherine BaThike: Review of the implementation of the reproductive health policy and maternal, neonatal and child health package -	2011	Review report
University of Health Sciences - Faculty of Post-Graduate Studies and National Institute of Public Health - emergency obstetric and newborn care Needs Assessment in 12 Selected Provinces, Final Report.	2011	Assessment report
RH3 Evaluation UNFPA Lao PDR – Draft -	2011	Evaluation report
Ministry of Health – UNFPA - Assessment of Skilled Birth Attendance in Lao PDR	2008	Assessment report
MoH skilled birth attendance Collaborating and Responsible Committees with technical assistance from UNFPA, WHO and JICA - skilled birth attendance development plan, Lao PDR 2008 – 2012	2008	Strategy
UNFPA - Workshop of Midwifery and skilled birth attendance – Thalat- Lao PDR	2007	Workshop report
Health Unlimited, LAO PDR: Work plan Monitoring Tool. Report from July-December 2008	2008	Report
Health Unlimited, LAO PDR: Family planning in Target Health services in three Provinces, Saravan, Sekong, Attapeu for the year 2008, 2009, 2010	2011	Report

Health Unlimited, LAO PDR: Standard Progress Report. Empowering Communities to improve reproductive health, January-December 2009	2010	Report
Health Unlimited, LAO PDR: Standard Progress Report. Empowering Communities to improve reproductive health, July-December 2008	2009	Report
Health Unlimited, LAO PDR: Work Plan Monitoring Tool. Report from January –June 2010	2010	Report
Health Unlimited, LAO PDR: Work Plan Monitoring Tool. Report from April- June 2009	2009	Report
Health Unlimited, LAO PDR: Work Plan Monitoring Tool. Report from July- September 2009	2009	Report
Health Unlimited, LAO PDR: Work Plan Monitoring Tool. Report from October- December 2009	2009	Report
Health Unlimited, LAO PDR: Work Plan Monitoring Tool. Report from July- September 2010	2010	Report
Health Unlimited, LAO PDR: Work Plan Monitoring Tool. Report from October- December 2010	2010	Report

6.5 List of people interviewed

Organization/Unit	Name	Position
ADB	Dr. Phoxay xayavong	Project Officer
ADB	Mrs. Barbara Lochmann	Sr. Social Sector Specialist
Care International	Dr. Mona Girgis	Programs Director
College of Health Science, of Champasack, Champasack Province	Dr. Vilaysack BOUNGNARITH	Deputy Director, College of Health Science of Champasack(Gyneco-obstetric specialist)
Health Poverty Action (Former HU)	Mrs. Ketsadasak Kiettisack	Project Manager
IPPF Field Office	Dr. Ketkeo Soudachan	National Project Coordinator
JICA Sector Wide	Ms. Azusa Iwamoto	Chief Advisor
Lao Women Union	Mrs. Kaysamy Latvilayvong	Deputy Director of Development Department
Lux-Development	Dr. Frank Haggerman	Health System Advisor
Ministry of Health	Dr Anan Sacdpaseuth	Chair of Obstetric Society, Mahosoth Hospital
Ministry of Health	Dr Bounfeng Phoummalaysith	Deputy Director General of the Cabinet
Ministry of Health	Dr Kaisone Choulramany	Director of Mother and Child Health Centre
Ministry of Health	Dr Khamphithoun Somsamouth	Deputy Director of Centre of Information Education for Health
Ministry of Health	Dr Phouthone Vangkonevilay	Deputy Director General Department of Organization and Personnel
Ministry of Health	Dr Somchit Ackhavong	Deputy Director General Department of Hygiene and Diseases Prevention

Ministry of Health	Dr. Chanheme Somnavong	Dean, Faculty of Nursing Science
Ministry of Health	Dr. Thanome Insane	Director of Medical Drugs Supply Centre
Ministry of Health	Mrs. Phengdy Inthaphanith	Chief of Nursing and Midwifery Division, Department of Health Care
Ministry of Planning and Investment	Mrs. Phonevanh Outhavong	Deputy Director General, Department of Planning
National Assembly	Dr Somphou Douangsavanh	Deputy Director General of Commission for Socio-Culture of the LAPDD
National Assembly	Mr. Bounlert Louandouangchanh	Secretary of LAPDD, Deputy Director General of Socio-Culture Department
PSI	Mrs. Jane Rowan	Technical Advisor
UNAIDS	Mr. Pascal Schteiner	UNAIDS Representative
UNDP	Mr. Minh H. Pham	Resident Coordinator United Nations, Resident Representative
UNDP	Ms. Eiko Narita	Head of office of the UN Resident Coordinator
UNFPA	Dr. Bouathip Phongsavath	maternal, neonatal and child health/skilled birth attendance Project Officer
UNFPA	Dr. Douangchanh Xaymounvong	Programme Officer
UNFPA	Dr. Sengsay Siphakanlaya	Programme Officer IEC/BCC
UNFPA	Mr. Latsamy Sengvongdeuan	Finance Associate
UNFPA	Mrs. Della sherratt	SBA International Coordinator
UNFPA	Mrs. Meiko Yabuta,	Representative of CP4 (Interviewed by Skype)
UNFPA	Mrs. Natasha Bolhman, Midwife	SSA-Midwife/Nurse Clinical Training Advisor

UNFPA	Mrs. Pafoualee Leechuefoung	Assistant Representative – Gender (Interviewed by Skype)
UNFPA	Mrs. Sally Sakulku	maternal, neonatal and child health Coordinator
UNFPA	T.A Garagghan	SSA-adolescent sexual and reproductive health/HIV Programme Specialist
UNICEF	Dr. Ataur Rahman	Officer of health and Nutrition Section
World Bank	Dr. Phetdara Chanthala	Health Specialist
WHO	Dr. Liu Yungo	WHO representative

6.6 Overview of UNFPA interventions in Lao PDR (2007-2011)

Annual Work Plans (AWP)

Component of CP	Implementing partner	Project/intervention/ programme titles	Volume in US$ (contracted) from UNFPA	Year
Reproductive health	Attapeu Provincial Health Department	Empowering communities to improve reproductive health (focus on capacity development)	63,189	2009
Reproductive health	Attapeu Provincial Health Department	Empowering communities to improve reproductive health (focus on capacity development)	60,070	2008
Reproductive health	Cabinet, MoH	Strengthening of the Health System (focus on YFS, family planning, capacity development)	134,636	2010
Reproductive health	Cabinet, MoH	Strengthening of the Health System (focus on EmONC, midwifery, family planning)	560,189	2009
Reproductive health	Cabinet, MoH	Strengthening of the Health System (focus on midwifery, capacity development)	217,520	2008
Reproductive health	Cabinet, MoH	Strengthening of the Health System (Situation Analysis)	13,900	2008
Reproductive health	Cabinet, MoH	Strengthening of the Health System (focus on midwifery, capacity development)	137,800	2007
Reproductive health	Center for Information and Education for Health Ministry of Health	Empowering Communities to improve Reproductive health (focus on capacity development, family planning)	59,960	2010

Reproductive health	Center for Information and Education for Health Ministry of Health	Empowering Communities to improve Reproductive health (focus on capacity building, family planning)	115,536	2008
Reproductive health	Department of International Cooperation, Ministry of Planning and Investment	Capacity development for effective coordination, understanding and implementation of population, reproductive health and gender programs	70,500	2010
Reproductive health	Department of International Cooperation, Ministry of Planning and Investment	Capacity development for effective coordination, understanding and implementation of population, reproductive health and gender programs	84,100	2009
Reproductive health	Health Unlimited	Empowering communities to improve reproductive health (focus on capacity development)	128,650	2010
Reproductive health	Health Unlimited	Empowering communities to improve reproductive health (focus on capacity development)	113,043	2009
Reproductive health	Health Unlimited	Empowering communities to improve reproductive health (focus on capacity development)	62,556	2008
Reproductive health	Japanese Organization for Cooperation in family planning	Empowering communities to improve reproductive health (focus on capacity development, family planning)	95,713	2010
Reproductive health	Lao Women Union of Vientiane Capital (LWUV)/Vientiane Youth Center for Health and Development	Support to VYCHD Towards a Strengthened and Expanded Adolescent and Youth Health services Programming (focus on YFS)	80,000	2010
Reproductive health	LWUV/Vientiane Youth Center for Health and Development	Support to Migrant Youth Project (focus on YFS)	50,000	2009

Reproductive health	LWUV/Vientiane Youth Center for Health and Development	Linking HIV/AIDS and sexual reproductive health Information to gender specific youth friendly services (focus on YFS)	76,686	2007
Reproductive health	Maternal and child health care	Strengthening Mother and Child Health and family planning services in Lao PDR (focus on family planning)	479,824	2008
Reproductive health	Maternal and child health care	UNFPA support to Ministry of Public Health, Hygiene and Prevention Department Mother and Child Health Center (focus on EmONC, capacity development)	496,101	2007
Reproductive health	Maternal and child health care, Department of Hygiene and Prevention, Ministry of Public Health	Strengthening mother and child health and family planning services in Lao PDR (focus on family planning)	295,787	2011
Reproductive health	Maternal and child health care, Department of Hygiene and Prevention, Ministry of Public Health	Strengthening mother and child health and family planning services in Lao PDR (focus on family planning)	301,500	2010
Reproductive health	Maternal and child health care, Department of Hygiene and Prevention, Ministry of Public Health	Strengthening mother and child health and family planning services in Lao PDR (focus on family planning)	1,103,197	2009
Reproductive health	Maternal and child health care, Department of Hygiene and Prevention, Ministry of Public Health	UNFPA support to Ministry of Public Health, Hygiene and Prevention Department Mother and Child Health Center (focus on EmONC, capacity development)	5,753	2008

Reproductive health	Maternal and child health care (MoH), GFATM supported project, Luxemburg Development	Improved health systems, including planning, management, human resources development, logistics and information system, focusing on maternal and neonatal health, adolescent sexual and reproductive health, and prevention of sexually transmitted infections and HIV	133,750	2010
Reproductive health	Ministry of Education/ Teacher Training Department/Department of Secondary Education/ Vientiane Youth Center for Health Development, selected Provincial Hospitals	Ensuring Quality Implementation of Reproductive health/ HIV/AIDS/STI and Drug Education Curriculum (focus on YFS)	122,800	2010
Reproductive health	Ministry of Education/ Teacher Training Department	Ensuring Quality Implementation of Reproductive health/ HIV/AIDS/STI and Drug Education Curriculum (focus on YFS)	32,490	2009
Reproductive health	MoH	Support to Strengthening of Health System (focus on Legislation)	217,520	2008
Reproductive health	MoH-Cabinet, maternal and child health care, MPSC, CIEH, CHAS, Health Unlimited, JOICFP, MoH-PHDs, Provincial Government Administrative Offices	(Increased capacity to integrate the full continuum of maternal health care in national health system)	1,273,430 (incl. GPRHCS: 802,500)	2011
Reproductive health	MoH, Department of Organization and Personnel	Strengthening Mother and Child Health and family planning services in Lao PDR (focus on family planning, EmONC, Midwifery)	529,374	2010
Reproductive health	MoH, University, National Institute of Public Health, Society of Lao Obstetricians and Gynecologists	(MHTF; focus on family planning, EmONC)	1,280,210	2010

Reproductive health	Mother and Child Health Center (maternal and child health care)	Support maternal and child health activities (focus on EmONC, capacity development)	411,394	2007
Reproductive health	Sekong Provincial Governor Office	Empowering communities to improve reproductive health (focus on capacity development)	107,461	2010
Reproductive health	Saravan Provincial Governor Office	Empowering communities to improve reproductive health (focus on Capacity Building)	64,288	2009
Reproductive health	Sekong Provincial Governor Office	Empowering Communities to improve Reproductive health (focus on Capacity Building)	57,510	2009
Reproductive health	Saravan Provincial Governor Office	Empowering Communities to improve Reproductive health (focus on capacity development)	65,770	2008
Reproductive health	Sekong Provincial Governor Office	Empowering communities to improve reproductive health (focus on capacity development)	60,570	2008
Reproductive health		**Total**	**9,162,777**	
Population and development	Committee for Planning and Investment, Department of General Planning	Support for Implementation and Monitoring of NPDP (focus on capacity development)	14,289	2007
Population and development	Department of Planning, Ministry of Planning and Investment (MPI)	Support for Implementation and Monitoring of NPDP in Context with NSEDP (focus on capacity development)	53,050	2008
Population and development	Department of Planning, Ministry of Planning and Investment (MPI)	Support for Implementation and Monitoring of NPDP	2,370	2008
Population and development	Department of Statistics, MPI	Support national capacity to collect, analyze and use population and reproductive health data	75,695	2010

Population and development	Department of Statistics, MPI	Support national capacity to collect, analyze and use population and reproductive health data	40,395	2010
Population and development	Department of Statistics, MPI	Support national capacity to collect, analyze and use population and reproductive health data	67,612	2009
Population and development	Department of Statistics, MPI	Support national capacity to collect, analyze and use population and reproductive health data	122,360	2008
Population and development	Lao National Commission for the Advancement of Women (Lao-NCAW)	Streamlined and harmonized national and sub-national coordination and monitoring mechanisms to implement key reproductive health, population and gender laws and policies (focus on capacity development and legislation)	59,965	2010
Population and development	Lao National Commission for the Advancement of Women (Lao-NCAW)	Streamlined and harmonized national and sub-national coordination and monitoring mechanisms to implement key reproductive health, population and gender laws and policies (focus on capacity development and legislation)	35,444	2009
Population and development	Lao National Commission for the Advancement of Women (Lao-NCAW)	Streamlined and harmonized national and sub-national coordination and monitoring mechanisms to implement key reproductive health, population and gender laws and policies (focus on capacity development and legislation)	16,467	2009
Population and development	Lao National Commission for the Advancement of Women (Lao-NCAW)	Streamlined and harmonized national and sub-national coordination and monitoring mechanisms to implement key reproductive health, population and gender laws and policies (focus on capacity development and legislation)	17,554	2008

Population and development	National Statistics Centre	Support national capacity to collect, analyze and use population and reproductive health data	71,200	2007
Population and development		**Total**	**576,401**	
	UNFPA	Enhanced UNFPA CO capacity for the management of CP4 (focus on capacity development)	75,571	2010
	UNFPA	Programme Coordination and Assistance	76,000	2010
	UNFPA	Programme Coordination and Assistance	127,200	2009
	UNFPA	Programme Coordination and Assistance	6,350	2009
	UNFPA	Programme Coordination and Assistance	18,060	2008
		Capacity Building for Lao-NCAW	118,860	2008

The amounts are only based on the Annual Work Plans available to the Evaluators. Therefore, it should not be assumed that the amounts are complete.

Titles in brackets are not official; AWPs do not indicate any program title. Evaluators have created title from lead activities. Focus of programs/projects have been added by Evaluators based on AWPs.

Source: Annual Work Plans Lao PDR

Table 6: UNFPA Interventions in LAO PDR 2004-2010

Time period	Project ID	Project Title	Budget*	Expenditure
2008 - 2009	LAO4G22A	Capacity Building for Lao-NCAW	109537,48	87909,47
		Empowering Communities to Impr	1634101,46	1524004,6
2008 - 2010	LAO4R53A	Ensuring Quality Implementation	219937	214011,14
2010	RAS6R43A	Intensified Response to HIV/AI	103255	98674,39
2008 - 2010	LAOM0809	Lao BSB Management	1433469	1386491,81
2008 - 2010	LAO4R54A	Linking HIV/AIDS and sexual reproductive health Infor	209790	203338,5
2007 - 2008	LAO4R205	Linking information to service	69289,85	69288,71
2004 - 2008	LAO02P04	Population Studies	360046,48	345107,48
2004 - 2007	LAO02P03	Promoting Reproductive health among Adolescents	339465,45	329752,01
2004	LAO02P05	Promotion of the NPDP	2000	1447,29
2004 - 2007	LAO02P02	Reproductive health through the LWU's Network	370990,95	370798,65
2008 - 2010	LAO4R32A	Strengthen Mother and Child He	1483547	1432833,58
2008 - 2010	LAO4R54B	Strengthening of the RCN	91593	97088,95
2004 - 2008	LAO02P01	Strengthening Reproductive health services	2289066,45	2160976,93
2008 - 2010	LAO4R32A	Strengthen Mother and Child He	1483547	1432833,58
2008 - 2010	LAO4R54B	Strengthening of the RCN	91593	97088,95
2004 - 2008	LAO02P01	Strengthening Reproductive health services	2289066,45	2160976,93
2006 - 2007	RAS5R201	Thematic Trust funds for RHCS	43001	44408,51
2010	LAO4P33B	Support National Capacity to Co	28890	64,25
		Total	**12175008,41**	**11255013,57**

Source: ATLAS data