

# UNFPA Country Programme Evaluation Lao PDR

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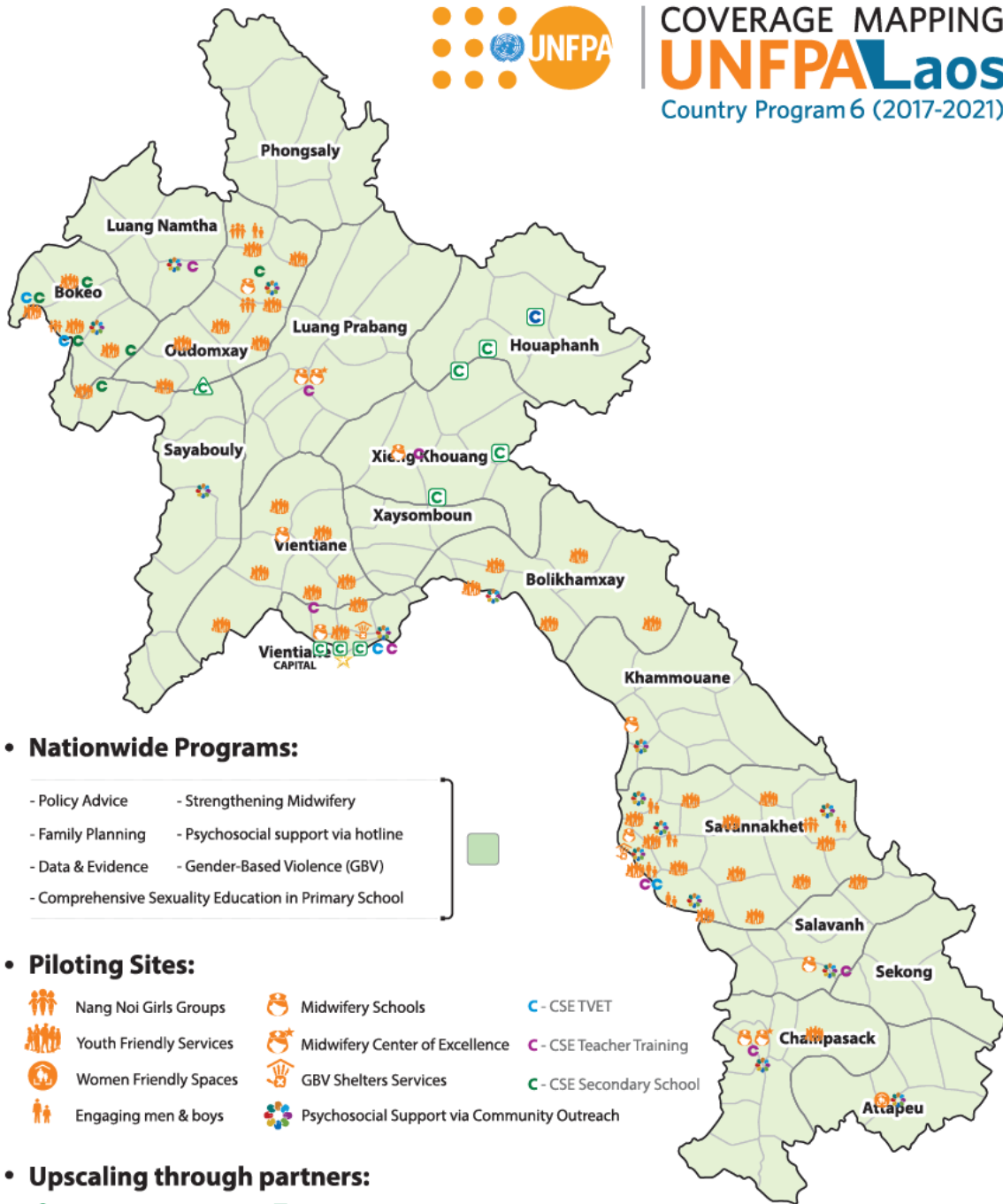
PERIOD COVERED BY THE EVALUATION: JANUARY 2017-OCTOBER 2020

Final Evaluation Report  
January 29<sup>th</sup> 2020

# Map of Lao PDR and CP6 Coverage



COVERAGE MAPPING  
**UNFPA** Laos  
 Country Program 6 (2017-2021)



## • Nationwide Programs:

- Policy Advice
- Family Planning
- Data & Evidence
- Comprehensive Sexuality Education in Primary School
- Strengthening Midwifery
- Psychosocial support via hotline
- Gender-Based Violence (GBV)

## • Piloting Sites:

- |                         |   |                          |
|-------------------------|---|--------------------------|
| Nang Noi Girls Groups   | Midwifery Schools                           | C - CSE TVET             |
| Youth Friendly Services | Midwifery Center of Excellence              | C - CSE Teacher Training |
| Women Friendly Spaces   | GBV Shelters Services                       | C - CSE Secondary School |
| Engaging men & boys     | Psychosocial Support via Community Outreach |                          |

## • Upscaling through partners:

- Plan International - CSE
- ChildFund - CSE

### Government Partners:

Ministry of Planning and Investment  
 Ministry of Health  
 Ministry of Education and Sports  
 Ministry of Labour and Social Welfare  
 Lao Youth Union and Lao Women's Union

### Strategic Partners:

Australian Government-Department of Foreign Affairs and Trade, Luxembourg Aid and Development, KOICA, KOFIH, Good Neighbors, Plan International, Child Fund, CRI, Banque Franco Lao, Sinouk Coffee, Crowne Plaza, Burapha Agro-Forestry

District Border

Province Border

Country Border

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## Abbreviations and Acronyms

<b>AGSA</b>	Adolescent Girls Situation Analysis
<b>APRO</b>	UNFPA Asia-Pacific Regional Office
<b>ARD</b>	Adolescent Research Day
<b>ASRH</b>	Adolescent sexual and reproductive health
<b>AYFS</b>	Adolescent and youth-friendly services
<b>AWP</b>	Annual work plan
<b>A&amp;Y</b>	Adolescents and youth
<b>BEmOC</b>	Basic emergency obstetric care
<b>BFL</b>	Banque-Franco-Lao
<b>CCEH</b>	Centre of Communication and Education on Health
<b>CEDAW</b>	Convention on the Elimination of All Forms of Discrimination against Women
<b>CO</b>	Country office
<b>CDE</b>	Centre for Development and Environment
<b>CPD</b>	Country programme document
<b>CRI</b>	China Radio International
<b>CRVS</b>	Civil registration and vital statistics system
<b>CSE</b>	Comprehensive sexuality education
<b>CSO</b>	Civil society organisation
<b>CPE</b>	Country Programme Evaluation
<b>CP6</b>	6 <sup>th</sup> UNFPA country programme for Lao PDR 2017-21
<b>DEX</b>	Direct execution
<b>EmOC</b>	Emergency obstetric care
<b>ESP</b>	Essential service package for women and girls subject to violence
<b>FGD</b>	Focus group discussion
<b>FP</b>	Family planning
<b>FP2020</b>	Family Planning 2020
<b>GBV</b>	Gender-based violence
<b>GDA</b>	Gender Development Association
<b>GDP</b>	Gross domestic product
<b>GE</b>	Gender equality
<b>GNI</b>	Gross national income
<b>GNLAO</b>	Good Neighbours Laos
<b>HI</b>	Humanity and Inclusion
<b>ICPD</b>	International Conference of Population and Development
<b>IEC</b>	Information, education and communication
<b>IP</b>	Implementing partner
<b>KOFIH</b>	Korea Foundation for International Healthcare
<b>KOICA</b>	Korea International Cooperation Agency
<b>LAM</b>	Lao Association of Midwives
<b>Lao PDR</b>	Lao People's Democratic Republic
<b>LNOB</b>	Leaving no one behind
<b>LWU</b>	Lao Women's Union
<b>LDC</b>	Least development country
<b>LSB</b>	Lao Statistics Bureau
<b>LSIS</b>	Lao Social Indicator Survey
<b>Lao TPHI</b>	Lao Tropical and Public Health Institute
<b>LWU</b>	Lao Women's Union
<b>LYU</b>	Lao People's Revolutionary Youth Union
<b>LuxDev</b>	Luxembourg Agency for Development Cooperation
<b>MCHC</b>	Maternal and Child Health Centre
<b>MDSR</b>	Maternal Death Surveillance and Response
<b>MH</b>	Maternal health
<b>MISP</b>	Minimum Initial Service Package



<b>MOES</b>	Ministry of Education and Sports
<b>MOH</b>	Ministry of Health
<b>MOHA</b>	Ministry of Home Affairs
<b>MOH/DHC</b>	Ministry of Health, Department of Health Care
<b>MOH/DHHP</b>	Ministry of Health, Department of Hygiene and Health Promotion
<b>MOH/DHPE</b>	Ministry of Health, Department of Health Professional Education
<b>MOH/DOF</b>	Ministry of Health, Department of Finance
<b>MOH/DPIC</b>	Ministry of Health, Department of Planning and International Cooperation
<b>MOH/FDD</b>	Ministry of Health, Department of Food and Drug
<b>MOH/MPSC</b>	Ministry of Health, Department of Food and Drug, Medical Product Supply Centre
<b>MOLSW</b>	Ministry of Labour and Social Welfare
<b>MPAs</b>	Minimum Preparedness Actions
<b>MPI</b>	Ministry of Planning and Investment
<b>MPI/DIC</b>	Ministry of Planning and Investment, Department of International Cooperation
<b>MPI/DOP</b>	Ministry of Planning and Investment, Department of Planning
<b>MPTF</b>	UN Multi-Donor Trust Fund
<b>MSM</b>	Men who have sex with men
<b>NCAWMC</b>	National Commission for the Advancement of Women and Mother-Child
<b>NEX</b>	National execution
<b>NGO</b>	Non-governmental organisation
<b>NHIB</b>	National Health Insurance Bureau
<b>NIER</b>	National Institute for Economic Research
<b>NNGGs</b>	Nang Noi Girls' Groups
<b>NPA</b>	Non-profit association
<b>NPDP</b>	National Population and Development Policy
<b>NSEDP</b>	National Socio-economic Development Plan
<b>NSRMNCAH</b>	National Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health
<b>NUOL</b>	National University of Laos
<b>NYAP</b>	National Youth and Adolescent Policy
<b>ODA</b>	Official development assistance
<b>OEE</b>	Organisational effectiveness and efficiency
<b>OR</b>	Other resources
<b>PCA</b>	Programme coordination and assistance
<b>PD</b>	Population dynamics
<b>PHC</b>	Population and Housing Census
<b>PPE</b>	Personal protection equipment
<b>PSI</b>	Population Services International
<b>RCO</b>	Resident Coordinator Office
<b>RH</b>	Reproductive health
<b>RMNCH</b>	Reproductive, maternal, newborn and child health
<b>RR</b>	Regular resources
<b>SDC</b>	Swiss Agency for Development and Cooperation
<b>SDG</b>	Sustainable Development Goal
<b>SP</b>	Strategic plan
<b>SRH</b>	Sexual and reproductive health
<b>SW</b>	Sex worker
<b>TOR</b>	Terms of reference
<b>UHC</b>	University of Health Sciences
<b>UN</b>	United Nations
<b>UNCT</b>	UN country team
<b>UNDP</b>	UN Development Programme
<b>UNEG</b>	UN Evaluation Group
<b>UNFPA</b>	UN Population Fund
<b>UNICEF</b>	UN Children's Fund
<b>UNJP</b>	UN joint programme
<b>UNPF</b>	United Nations Partnership Framework

<b>UPR</b>	Universal Periodic Review
<b>VAW</b>	Violence against women
<b>VEDI</b>	Vocational Education Development Institute
<b>VFI</b>	Village Focus International
<b>VNR</b>	Voluntary National Review
<b>VYC</b>	Vientiane Youth Centre for Health and Development
<b>WFS</b>	Women-Friendly Space(s)
<b>WHO</b>	World Health Organisation

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# Key Facts Lao PDR

Land		Source
Geographical location	South-East Asia	
Land area	236,800 square kilometres	<a href="#">Population and Housing Census 2015</a>
Terrain	Laos shares borders with Thailand in the South and West, Vietnam in the East, Cambodia in the South, China in the North, and Myanmar in the North-West	
Major religion	Buddhism	
People		Source
Total population	7.013m (2018)	<a href="#">Lao Statistical Information Service</a>
Population (urban / rural)	32.9% / 67.1% (2015)	Population and Housing Census 2015
Average annual rate of population change (%)	1.5% (2018)	<a href="#">World Bank Data Indicators</a>
Population aged 10-24 (%)	29.7% (2020)	<a href="#">UNFPA State of World Population 2020</a>
Population aged 65 and older (%)	4.3% (2020)	UNFPA State of World Population 2020
Total fertility rate (per woman)	2.7 (2017)	<a href="#">LSIS II 2017</a>
Life expectancy at birth (years)	68 (2020)	UNFPA State of World Population 2020
Government		
Type	One Party Socialist Republic	<a href="#">World Atlas</a>
Women in ministerial positions	11.1% (3 out of 27) (2020)	<a href="#">IPU/UN-Women Women in Politics map</a>
Women in parliament (lower or single house)	27.5% (41 out of 149) (2020)	IPU/UN-Women Women in Politics map
Health expenditure (% of GDP)	2.53% (2017)	World Bank Data Indicators
Economy		
Income level	Lower middle-income economy	World Bank
GDP per capita (PPP US\$)	8,150.8 (2019)	World Bank Data Indicators
GDP growth rate	4.7% (2019)	World Bank Data Indicators
Main economic activity	Construction and services; manufacturing; mining and utilities; agriculture	<a href="#">The World Bank Group Lao PDR Systematic Country Diagnostic 2017</a>
Unemployment rate (m / f)	7.8% / 10.7% (2017)	<a href="#">International Labour Organization</a>
Social indicators		
Human development index	0.604 (2018); rank 140	<a href="#">UNDP Human Development Report</a>
Gender Inequality Index	0.463 (2018); rank 110	UNDP Human Development Report
Adjusted net enrolment rate, primary education (%) (m / f)	89.9% / 89.4 % (2017)	LSIS II 2017
Net enrolment rate, secondary education (%) (m / f)	59.4% / 61.5% (2017)	LSIS II 2017
Youth literacy rate (15-24) (%) (m / f)	84.7% / 76.5% (2017)	LSIS II 2017
Percentage of children out of primary school (m / f)	10.1% / 10.6% (2017)	LSIS II 2017
Percentage of children/adolescents out of (lower) secondary school (m / f)	15.2% / 18.0% (2017)	LSIS II 2017
Proportion of youth (15-24) not in education, employment or training	42.1 (2017)	<a href="#">International Labour Organization</a>
Maternal mortality ratio (deaths of women per	185 (2017)	UNFPA State of World Population 2020

100,000 live births)		
Births attended by skilled health personnel (%)	64.4% (2017)	LSIS II 2017
Contraceptive prevalence rate (women aged 15-49) (any method) (married or in union)	54.1% (2017)	LSIS II 2017
Contraceptive prevalence rate (women aged 15-49) (modern method) (married or in union)	49.0% (2017)	LSIS II 2017
Unmet need for family planning (women aged 15-49) (married or in union)	14.3% (2017)	LSIS II 2017
Proportion of demand satisfied with modern methods (women aged 15-49) (married or in union)	71.7% (2017)	LSIS II 2017
Adolescent birth rate (per 1,000 girls aged 15-19)	83 (2017)	LSIS II 2017
Antenatal care coverage (at least 4 visits)	62.2%	LSIS II 2017
Under-5 mortality (per 1,000 live births)	46 (2017)	LSIS II 2017
HIV prevalence rate (15-49) (m / f)	0.3% / 0.3% (2018)	<a href="#">UNAIDS</a>
HIV prevalence among sex workers	1% (2018) (population size estimate 16,000)	UNAIDS
HIV prevalence among men who have sex with men	2.8% (2018) (population size estimate 57,000)	UNAIDS
Knowledge about HIV prevention among young people (15-24) (m / f)	27.6 / 24.0 (2012)	UNAIDS

UNFPA-relevant SDGs <sup>1</sup>	SDG Indicators	Data	Source	Trend <sup>2</sup>
Goal 1. End poverty in all its forms everywhere	1.2.2 Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions (Tier 2) <sup>3</sup>	18.3% (2018)	LSB: Lao Expenditure and Consumption Survey VI 2018-19	n/a
Goal 3. Ensure healthy lives and promote well-being for all at all ages	3.1.1 Maternal mortality ratio (deaths of women per 100,000 live births) (Tier 1) <sup>4</sup>	185 (2017)	<a href="#">UNFPA State of World Population 2020</a>	↘
Target 3.1. By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births	3.1.2 Proportion of births attended by skilled health personnel (Tier 1) <sup>5</sup>	64.4% (2017)	LSIS II 2017	↗
Target 3.3. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations (incidence rate) (Tier 1) <sup>6</sup>	500 total (2018)	World Bank Data Indicators	n/a
Target 3.7. By 2030, ensure universal access to sexual and reproductive health-care	3.7.1 Proportion of women of reproductive age (aged 15-49) who have their need for family planning satisfied with	71.7% (2017)	LSIS II 2017	↗

<sup>1</sup> Sources: Tier Classification for Global SDG Indicators, as of 17 April 2020; Common chapter of the strategic plans 2018-21 of UNDP, UNFPA, UNICEF and UN Women.

<sup>2</sup> Source: [UN-Women](#).

<sup>3</sup> Common chapter shared SDG indicator.

<sup>4</sup> **UNFPA: Partner Agency.** Common chapter shared SDG indicator.

<sup>5</sup> **UNFPA: Partner Agency.** Common chapter shared SDG indicator.

<sup>6</sup> **UNFPA: Partner Agency.** Common chapter shared SDG indicator.

services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	modern methods (Tier 1) <sup>7</sup>			
	3.7.2 Adolescent birth rate (aged 15-19 years) per 1,000 women in that age group (Tier 1) <sup>8</sup>	83 (2017)	LSIS II 2017	↗ <sup>9</sup>
Target 3.8. Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1 Coverage of essential health services (Tier 1) <sup>10</sup>	48	<a href="#">UN-Women</a>	n/a
	Goal 5. Achieve gender equality and empower all women and girls	5.2.1. Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age (Tier 2) <sup>11</sup>	6.4% (age 15-49) (2014)	<a href="#">Lao National Survey on Women's Health and Life Experiences 2014</a>
	5.2.2. Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence (Tier 2) <sup>12</sup>	n/a	-	n/a
	5.3.1 Proportion of women aged 20-24 years who were married or in union before age 18 (Tier 1) <sup>13</sup>	32.7% (2017)	LSIS II 2017	n/a
	5.6.1 Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (Tier 2) <sup>14</sup>	n/a	-	n/a
	5.6.2 Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education (Tier 2) <sup>15</sup>	n/a	-	n/a

<sup>7</sup> UNFPA: Partner Agency. Common chapter shared SDG indicator.

<sup>8</sup> UNFPA: Partner Agency. Common chapter shared SDG indicator.

<sup>9</sup> According to UN-Women, the adolescent birth rate has increased. However, according to LSIS data, the adolescent birth rate declined from 94 (LSIS I) to 83 (LSIS II).

<sup>10</sup> UNFPA: Partner Agency. Common chapter shared SDG indicator.

<sup>11</sup> UNFPA: Possible Custodian Agency. Common chapter shared SDG indicator.

<sup>12</sup> UNFPA: Possible Custodian Agency. Common chapter shared SDG indicator.

<sup>13</sup> UNFPA: Partner Agency. Common chapter shared SDG indicator.

<sup>14</sup> UNFPA: Possible Custodian Agency. Common chapter shared SDG indicator.

<sup>15</sup> UNFPA: Possible Custodian Agency.

Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable	11.a.1 Number of countries that have national urban policies or regional development plans that (a) respond to population dynamics; (b) ensure balanced territorial development; and (c) increase local fiscal space (Tier classification pending) <sup>16</sup>	n/a	-	n/a
Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	16.1.3 Proportion of population subjected to (a) physical violence, (b) psychological violence and (c) sexual violence in the previous 12 months (Tier 2) <sup>17</sup>	16 (physical violence)	UN-Women	↗
	16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age (Tier 1) <sup>18</sup>	n/a	-	n/a
Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development	17.19.2 Proportion of countries that have (a) have conducted as least one population and housing census in the last ten years; ... (Tier 1) <sup>19</sup>	PHC 2015	Population and Housing Census 2015	n/a

<sup>16</sup> UNFPA: Partner Agency.

<sup>17</sup> UNFPA: Partner Agency.

<sup>18</sup> UNFPA: Partner Agency.

<sup>19</sup> UNFPA: Partner Agency.

## Structure of the Evaluation Report

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This evaluation report consists of 6 chapters. Chapter 1. Introduction presents the purpose, objectives, scope and methodology of the country programme evaluation; it provides an overview of the evaluation process. Chapter 2. Country Context discusses development challenges, the national policy framework, and the role of external assistance in Lao PDR. Chapter 3. UNFPA Response presents the UN country team and UNFPA strategic response to development challenges and provides an overview of the UNFPA country programme 2017-21. Chapter 4. Findings discusses evidence and findings related to six evaluation criteria: effectiveness, sustainability, coverage and connectedness, relevance, efficiency, UN country team coordination and added value. Chapter 5. Conclusions presents strategic-level and programmatic-level inferences based on the findings. Chapter 6. Recommendations presents the evaluation team's very high and high-priority recommendations. 14 annexes round off the report.

# Executive Summary

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## Purpose and objectives of the country programme evaluation

As the 6<sup>th</sup> country programme (CP6) cycle approaches its completion, UNFPA in Lao PDR commissioned an independent evaluation in accordance with the UNFPA Evaluation Policy to demonstrate accountability, support decision-making and expand the existing knowledge base. The overall objectives of the country programme evaluation (CPE) are: (i) demonstrate accountability to stakeholders for the relevance and performance of CP6; and (ii) generate evidence and lessons for the design of the 7<sup>th</sup> country programme for Lao PDR. The primary intended users are decision-makers within UNFPA, donors and UNFPA executive board members, as well as government and UN system counterparts and other interested partners. The evaluation covers activities between 2017 and October 2020. It aims to

- provide an assessment of the alignment of CP6 with relevant corporate, national and international frameworks
- provide an assessment of progress towards expected outputs and outcomes set forth in the country programme document (CPD) results and resources framework as well as UNFPA's humanitarian assistance, and the efficiency and connectedness/sustainability of UNFPA's efforts
- provide an assessment of UNFPA's coordination role within the UN country team (UNCT) and its added value
- analyse factors that facilitate and constrain delivery of results
- offer options for future support, which factor in emerging requirements of the post covid-19 era, and elaborate in a participatory manner a set of recommendations for the 7<sup>th</sup> programme cycle 2022-26 in light of achieving UNFPA's transformative results

## Brief outline of the 6<sup>th</sup> country programme

The 6<sup>th</sup> UNFPA country programme for Lao PDR 2017-21 was developed under the UNFPA Strategic Plan 2014-17 and linked to the sexual and reproductive health (SRH), adolescents and youth (A&Y) and population dynamics (PD) strategic plan outcomes with gender equality initially as a cross-cutting issue and since 2019 its own country programme component. The country programme was designed to contribute to SDGs 3, 5 and 17, the 8<sup>th</sup> National Socio-economic Development Plan (NSED) 2016-20, and the human development and governance pillars of the UN Partnership Framework (UNPF) 2017-21. According to the UNFPA business model, Lao PDR belongs to the orange quadrant where UNFPA country offices are expected to deploy the following modes of engagement as appropriate: capacity development; partnerships and coordination, including South-South and triangular cooperation; knowledge management; and advocacy, policy development and advice. UNFPA's financial commitment for 2017-21 was approved at \$13.0 from regular resources and \$11.0m from other resources.

## Evaluation methodology

This evaluation has two components: (i) UNFPA programmatic areas; and (ii) UNFPA's strategic positioning. Data collection and analysis of the programmatic areas was conducted along the evaluation criteria effectiveness, sustainability, humanitarian coverage and connectedness, relevance and efficiency. The two criteria applied to UNFPA's strategic positioning are coordination with the UN country team and the added value of UNFPA. The nine evaluation questions and associated assumptions and indicators were consulted with the UNFPA country office. So were the data collection methods<sup>20</sup>, sources and site sampling for field visits - i.e., Attapeu, Bokeo and Oudomxay provinces. 55 key informant interviews were conducted, which covered a total of 91 key informants (of which 48 male and 43 female). Subnational consultations were conducted with provincial, district and village authorities (F: 17; M: 30), service

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<sup>20</sup> Based on a stakeholder map produced by the UNFPA country office. Face-to-face and remote semi-structured key informant interviews; virtual focus group discussions; short online and paper surveys; direct observations and unstructured, opportunity-driven interviews; and face-to-face consultations with provincial and district officials, service providers and end beneficiaries.



providers (F: 37; M: 16) and end beneficiaries (F: 50; M: 4). Covid-19-related restrictions did not allow the international team leader to travel to Laos. No major limitations were encountered.

## Findings: Effectiveness and sustainability

*Population dynamics:* Much has been achieved to improve the availability of population data and evidence and linkages with women and girls' SRH and rights (SRHR), and major population statistics operations are underway or in the pipeline with UNFPA support. The UNFPA country office has put a comparatively strong emphasis on adolescents and particularly adolescent girls in data gathering and research, but key knowledge products are not widely known. The Adolescent Research Days appear useful for knowledge-sharing, but somewhat less so for networking and evidence-based policy advocacy. Little evidence was found that the SDG4A Virtual Adolescent Research Network has fulfilled its objective. UNFPA has successfully advocated for, provided evidence and technical advice and convened stakeholders to help strengthen the national SRHR policy framework and planning. It can take particular credit for the Noi 2030 Framework, the National Population and Development Policy 2019-30, the National Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health Policy 2020-30 and the draft National Youth and Adolescent Policy, as well for as a considerable increase in domestic funding for family planning. The draft 9<sup>th</sup> National Socio-economic Development Plan acknowledges the importance of the demographic dividend. UNFPA has built only limited government statistical and research capacities to maintain benefits. It is unlikely that UNFPA-supported products and processes would continue without support for resource mobilisation and external funding. Government partners face challenges integrating population data in decision-making, result-oriented planning and policy formulation. The new additions to the national policy framework will not be sustainable without external support.

*SRH:* Important progress has been made in ensuring contraceptive security in Lao PDR. Essential RH commodities have been integrated in mSupply which UNFPA and other development partners have helped roll out countrywide at the province and district levels. Village-level health centre records and human resource capacities remain weak points, but overall stocking levels have improved. At least 80% of all contraceptives are distributed using mSupply. Thanks to UNFPA, the public health sector is better equipped to provide comprehensive family planning services and the national coverage of family planning services increased to 43% in 2018. But unmet need for family planning remains a serious concern because of quality issues and access barriers in the form of time and money as well as social norms and confidentiality issues, particularly for unmarried women and sexually-active young people. UNFPA has continued strengthening midwifery education in Lao PDR. The percentage of midwifery teachers teaching according to International Confederation of Midwives standards increased to nearly 90% at nine midwifery schools across the country. Despite challenges, with UNFPA advocacy support, the share of graduated ethnic midwives increased between 2016 and 2020 to not quite a third of all midwives in Bokeo and Savannakhet provinces. Data on their deployment was not available. UNFPA assistance for maternal death surveillance and response and EmOC is a very good use of resources. UNFPA has supported the introduction of a BEmOC curriculum for midwives and the conduct of BEmOC master training in selected provinces to help reduce preventable maternal deaths. Benefits resulting from UNFPA's support for family planning and maternal health services are nationally owned. However, the government relies on external partners for rolling out and scaling up benefits, even more so because of covid-19.

*A&Y:* UNFPA-supported guidelines and job aid based on WHO standards have not yet had a significant effect on integrated AYFS in those provinces and districts where UNFPA has trained health staff in more health facilities than planned. There are indications that more young people, to a large extent young woman, are accessing public SRH services, but they could not be sure to receive youth-friendly services. UNFPA is a key partner for comprehensive sexuality education (CSE) in Lao PDR. Thanks to UNFPA, comprehensive life skills-CSE is now part of the national curricula for primary school grades 1 to 3, based on the International Technical Guidance on Sexuality Education. UNFPA also supported revisions to CSE in secondary education. Piloting the revised curriculum has been effective overall, with some institutional weaknesses to address, and UNFPA was able to mobilise other development partners for expanding life skills-CSE to other provinces. UNFPA and the Ministry of Education and Sports are successfully piloting CSE for TVET students. Additionally, Nang Noi Girls Groups (NNGGs) are an efficient and effective way to build the life skills of vulnerable girls from across different ethnic groups at the community level. Thanks to additional donor funds and based on lessons learned, the NNGG programme is being rolled out to an

additional province - i.e., Oudomxay, and the scope has been extended to include boys. Benefits resulting from UNFPA's support for youth-friendly SRH services are nationally owned. However, the government relies on external partners for rolling out and scaling up benefits, even more so because of covid-19. While life skills-CSE in primary school has been institutionalised and is being taught nationwide, this is not yet the case for CSE in secondary education and TVET where further external technical and financial support is required. The future of the NNGG programme is unclear. No national plan exists for rolling out and mobilising resources for NNGGs in additional districts and villages.

*Gender equality:* The initially unplanned and recent work of UNFPA on multi-sectoral systems strengthening for preventing and responding to GBV had a slow start, but donor funds for initiating the ambitious undertaking of operationalising the Essential Services Package for Women and Girls Subject to Violence are expected to accelerate progress.

*Communications:* The UNFPA country office in Lao PDR has a strong focus on outreach. Strategically, it has pro-actively used communications to strengthen its visibility, reinforce its role, forge partnerships with other development partners and the private sector, and spread information and messages. Facebook, international days and campaigns and national events have featured strongly as communication platforms. Using social media and other communication channels, including a mobile application, the UNFPA-designed animation figure Noi has gained national prominence. Feedback on UNFPA communications is positive, and provinces would have liked to have more materials. Physical and virtual access and languages constrain communication outreach to vulnerable ethnic communities.

*Humanitarian coverage and connectedness:* UNFPA country office preparedness has improved over the years. While important minimum preparedness actions were not in place earlier, the country office now appears better equipped, including to deal with the covid-19 outbreak. Having an up-to-date preparedness action plan was found to be central to being able to respond quickly and appropriately. UNFPA's immediate response to flash floods in Sanamxay district, Attapeu province, in 2018 was timely and effective. UNFPA-supported Women-friendly Spaces in two, and most recently three camps, are reaching female camp residents but face challenges. Local LWU staff are not sufficiently capacitated or empowered to implement GBV response measures. Although better than in camps without WFSs, the level of knowledge and demand for GBV services appears low. Overall, UNFPA has responded well to the covid-19 outbreak. UNFPA acted fast in light of the covid-19 outbreak to protect essential workers and women and girls from contracting and transmitting the virus, and to ensure the dignity of women and girls living in quarantine facilities and without means. It supported the adaptation of public education and SRH services and the scaling up of psycho-social support services. As part of the broader UN country team response, the country office has engaged in assessing recovery needs and the implications of the pandemic for the next NSEDP. Even though Lao PDR is at medium risk of humanitarian crises occurring, and the CPD envisaged capacity building for improving the health sector's humanitarian response, the UNFPA country office has not emphasised national emergency preparedness.

## Findings: Relevance

The UNFPA country programme is well aligned with SDGs 3 on good health, 4 on quality education, 5 on gender equality and 17 on global partnerships. Activities are guided by key normative commitments arising from ICPD<sub>25</sub>, CEDAW and the UPR. The UNFPA country programme, to a large extent implemented by key central government entities and mass organisations is strongly aligned with national policies, plans and programmes, first and foremost the 8<sup>th</sup> NSEDP, the RMNCH Strategy and Action Plan and the Noi 2030 Framework. It clearly serves to support their implementation and to contribute to country development outcomes. The UNFPA country office in Lao PDR generates and makes good use of data and evidence as well as information arising from stakeholder and beneficiary consultations/participation to shape its programmes and interventions.

CP6 fits well with UNPF priority areas, but pertinent UNFPA programme components, including two UNFPA transformative results, the achievement of which benefits from inter-agency collaboration, are not reflected in the UNPF results framework and are therefore not tracked. CP6 is more relevant to UNFPA's strategic objectives than annual reports suggest. While reporting against four strategic plan outputs, it contributes to at least 11. CP6 is a good reflection of UNFPA's family planning and maternal health

transformative result areas. Gender-based violence is becoming more prominent. There is scope for more and more concerted support for ending early marriages.

While working through the central government for ultimately nationwide improvements, UNFPA has made a deliberate effort to prioritise vulnerable women and young people, especially adolescent girls, who reside in ethnic and remote areas. Its humanitarian assistance has targeted flood-affected women and girls and returning women migrant workers. UNFPA has integrated the special SRHR needs of people living with disabilities and LGBT people in parts of its work. Key HIV populations are not targeted end beneficiaries. Interviewees pointed out data gaps pertaining to the vulnerabilities and specific needs of adolescent boys that UNFPA could help close. CP6 promotes gender equality and the human rights principle of participation. The goal of CP6 is clearly to improve women and girls' health and protection indicators. To this intent, UNFPA is increasing the engagement of men and boys. While building the capacities of duty bearers, UNFPA in Lao PDR has simultaneously sought to include women and youth in national decision-making processes; however not at the sub-national level.

## Findings: Efficiency

Due to corporate austerity measures, the UNFPA country office in Lao PDR has only received around one-third of indicative regular resources. Fortunately, resource mobilisation, mainly from pooled fund mechanisms and UNFPA thematic funds, and largely for SRH, has been successful. Very recently, the country office also mobilised considerable funds for new GBV projects. But as a result of the covid-19 crisis and Lao's eventual graduation to middle-income country status, there is a risk of declining funding. The UNFPA country office has also successfully reached out to companies and factories to leverage parallel funding and increase its reach and leverage benefits. The very recently launched Noi-friendly business criteria have potential to consolidate experience and convene partners under the umbrella of the SDGs.

In 2018-19, financial transfers to implementing partners have happened late, generally because of limited implementing partner capacities and staff turnover. Nevertheless, there appears to have been no significant implementation delays, except due to covid-19, and annual utilisation rates have been very high. The human resources situation in the UNFPA country office has been challenging, also because of corporate austerity measures. Creative temporary solutions have been found to recruit the necessary programme staff to handle the country programme.

In terms of applying NEX and DEX modalities, there has been an almost 50/50 split. The high number of implementing partners, and focus on government entities at the central level, stands out.

The CPD results framework against which UNFPA reports progress does not mirror the full range of the country office's contributions to the UNFPA strategic plan. Country programme targets appear modest and monitoring data and information are insufficiently disaggregated.

## Findings: UNCT coordination and added value

UNFPA has led the Lao PDR UNPF results group on health and participated in UNCT-internal coordination in education and gender equality. Stakeholder feedback was positive, but results groups in general appear to have mainly served the purpose of information-sharing and progress reporting only. While for a long time, the UNJP RMNCH was the only joint programme in which UNFPA participated in Lao PDR, the number jumped to four in 2020, and a number of proposals are in the pipeline. Ensuring clarity of UNFPA's offer compared to UNICEF, WHO, UNDP and UN-Women is regarded as important. UNFPA is a reliable and responsive partner of the Lao government. Particularly its technical expertise and global experience are of great value. Its convening power, inter alia to advance research and strategy work, is a comparative advantage.

## Conclusions and recommendations

1. Consistent with the development effectiveness agenda, UNFPA has worked closely with the host government and CP6 is well aligned with national priorities and targets. However, a continued prioritisation of implementing partners at central government-level could hamper the effectiveness and sustainability of results and benefits on the ground. This evaluation recommends that UNFPA and

its implementing partners, as appropriate, ensure a balanced engagement of sub-national level authorities in implementing UNFPA pilots and activities to ensure quality and sustainable outcomes.

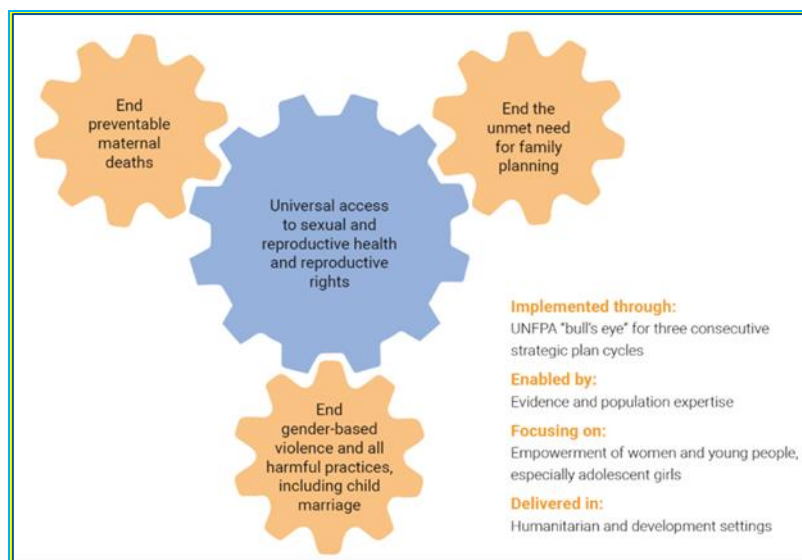
2. The UNFPA country office in Lao PDR is working in all UNFPA transformative results areas in support of ambitious government Nairobi commitments. Given limited human and financial resources, this may be stretching the office too thin, thus lacking the necessary inputs to effectively reach zero by 2030. This evaluation recommends that, as part of the next CPD's strategic direction and UNFPA's strategic visibility, UNFPA and its implementing partners prioritise UNFPA support in order to be able to make a clear and credible commitment to scale up and accelerate progress by 2030.
3. UNFPA has worked well with sister UN agencies, but there are opportunities for closer collaboration towards common goals under the next UN Partnership Framework for greater relevance, effectiveness and impact. This evaluation recommends that UNFPA engage at senior level in formulating the next UNPF in order to ensure that UNFPA's mandate and interests, and particularly its transformative results, are well captured.
4. UNFPA in Lao PDR has aligned with the ambition of leaving no one behind, which it has implemented well, given the challenges, primarily through a geographical and ethnic lens. Other dimensions of vulnerability and needs for differentiated service delivery have been less prominent. Disaggregated monitoring data to track progress on leaving no one behind is missing. This evaluation recommends that UNFPA and its implementing partners make additional efforts to reach groups who are vulnerable because of their geographic location and cultural and linguistic barriers, consider in CP7 a new focus on women and adolescents living with disabilities, and ensure disaggregated CPD indicators, targets and annual milestones to track progress on LNOB.
5. UNFPA and its government implementing partners depend on the buy-in of other development actors for rolling out and scaling up UNFPA-supported and government-approved models, standards, guidelines, curricula, training packages, etc. in the health and education sectors. This evaluation recommends that CP7 concentrate on rolling out in an equitable manner standards, guidelines, curricula and training packages developed under CP6 to help speed up the implementation of national policies, including by engaging a network of diverse partners.
6. Despite a vacant population dynamics analyst post, the UNFPA country office in Lao PDR has contributed to important population data sets and evidence that have been used for policy-making and planning by the government and is since very recently better positioned to contribute to major statistical operations. The utilisation and usefulness of important UNFPA A&Y knowledge products and platforms is sub-optimal. This evaluation recommends that UNFPA continues to invest in the country office's technical and convening role as a competent and purposeful data and research agency for evidence-based priority-setting and development interventions.
7. UNFPA's immediate humanitarian response to flash floods in 2018 and the covid-19 outbreak in 2020 was relevant and effective. Two years after the flash floods, the situation of internally-displaced women and girls in Sanamxay district remains undignified. UNFPA's contribution to recovery and building back better urgently needs stepping up. This evaluation recommends that UNFPA and LWU urgently review and strengthen the Women-Friendly Spaces based on global standards and good practices, including their integration in formal protection and SRH/GBV referral mechanisms.
8. UNFPA is a key partner of the Government of Lao PDR for life skills-CSE under SDG 4 on quality education. This evaluation recommends that UNFPA and MOES continue to refine the Nang Noi Girl Groups model, formulate a roll-out and sustainability strategy, and plan UNFPA's exit by the end of CP7 in 2026.

# Chapter 1. Introduction

The United Nations Population Fund (UNFPA) is the United Nations sexual and reproductive health and rights agency. UNFPA considers itself the leading agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. For this purpose, it promotes sexual and reproductive health (SRH) and rights, gender equality (GE), and adolescent and youth (A&Y) development, and supports population data collection and analysis in over 150 countries.

UNFPA's aspiration is to achieve, in partnership with others, three transformative results (Figure 1) - i.e., by 2030, end unmet need for family planning, end maternal death, and end violence and harmful practices against women and girls. In pursuing these goals throughout the period of three consecutive strategic plans leading up to 2030, UNFPA is guided by the [International Conference on Population and Development \(ICPD\) Programme of Action](#) and the [2030 Agenda for Sustainable Development](#), including the latter's key principles: (a) protecting and promoting human rights; (b) prioritising leaving no one behind and reaching the furthest behind first; (c) ensuring gender-responsiveness; (d) strengthening cooperation and complementarity among development, humanitarian action and sustaining peace; (e) reducing risks and vulnerabilities and building resilience; and (f) improving accountability, transparency and efficiency.

Figure 1: UNFPA's transformative results



Source: UNFPA Strategic Plan 2018-21

## 1.1. Purpose and objectives of the country programme evaluation

According to the [UNFPA 2019 Evaluation Policy](#), UNFPA country offices are expected to conduct an independent country programme evaluation (CPE) at least once per two programme cycles. During the 5<sup>th</sup> country programme cycle (2012-16), UNFPA Lao PDR only conducted thematic evaluations. Therefore, as the [6<sup>th</sup> country programme \(CP6\) for the Lao People's Democratic Republic \(Lao PDR\) 2017-21](#) approaches its completion, the UNFPA country office commissioned a CPE. Evaluation at UNFPA serves three main purposes:

- demonstrate accountability on performance and invested resources
- support evidence-based decision-making
- expand existing knowledge base

The overall *objectives* of the CPE are: (i) demonstrate accountability to stakeholders for the relevance and performance of CP6; and (ii) generate evidence and lessons for the design of the 7<sup>th</sup> country programme for Lao PDR. The specific objectives of the evaluation are:

- provide an assessment of the alignment of CP6 with relevant corporate, national and international frameworks
- provide an assessment of progress towards expected outputs and outcomes set forth in the country programme document (CPD) results and resources framework as well as UNFPA's humanitarian assistance, and the efficiency and connectedness/sustainability of UNFPA's efforts
- provide an assessment of UNFPA's coordination role within the UN country team (UNCT) and its added value
- analyse factors that facilitate and constrain delivery of results
- offer options for future support, which factor in emerging requirements of the post covid-19 era, and elaborate in a participatory manner a set of recommendations for the 7<sup>th</sup> programme cycle 2022-26 in light of achieving UNFPA's transformative results

The primary intended users are decision-makers within UNFPA, donors and UNFPA executive board members, as well as government and UN system counterparts and other interested partners.

The CPE should inform the design of the next UNFPA country programme in Lao PDR and is expected to feed into the evaluation of the [UN Partnership Framework \(UNPF\) 2017-21](#) and inform the next UNPF. Conducting the CPE during the covid-19 pandemic is therefore considered critical.

## 1.2. Scope of the evaluation

The CPE covers all interventions in the areas of SRH, ASRH, A&Y, GE and population dynamics (PD), including emergency preparedness and humanitarian response. It covers activities planned and/or implemented between 2017 and the beginning of October 2020 at the national level as well as specific activities at the subnational level ([see Map of Lao PDR and CP6 Coverage](#)).

## 1.3. Methodology and process

In April 2020, the UNFPA evaluation office released a 2-pager entitled "[Adapting evaluations to the COVID-19 pandemic](#): Guiding principles and their practical implications for evaluation". These guiding principles recognise the unique local responses to covid-19 and encourage adaptations as appropriate to country contexts. As a preferred adjustment, the UNFPA evaluation office encourages the adaptation of the evaluation scope, data collection methods and timeline, while leveraging UN system-wide and joint evaluations to avoid burden on stakeholders already stretched by the covid-19 response. The situation in Lao PDR permitted the evaluation team to conduct a full-fledged CPE. There was no need to shift the methodology and/or deadlines.

Terms of reference for the CP6 evaluation ([Annex 1](#)) were shared with the evaluation team leader on June 17<sup>th</sup>. As per standard procedure, the CPE team, once complete, and in consultation with the UNFPA country office, elaborated a design report which was approved by UNFPA on September 18<sup>th</sup>.<sup>21</sup>

### 1.3.1. Evaluation criteria and questions

The [UNFPA Evaluation Handbook](#) prescribes a standard set of evaluation criteria. Data collection and analysis of UNFPA programmatic areas are usually conducted along the four standard OECD-DAC evaluation criteria: relevance, efficiency, effectiveness and sustainability<sup>22</sup>; the two criteria applied to the evaluation of UNFPA's strategic positioning are coordination with the UNCT and added value. The terms of reference (TOR) for the CP6 evaluation envisaged a slightly different approach using the evaluation criteria relevance, effectiveness, efficiency and sustainability as well as humanitarian coverage and connectedness and coordination with the UNCT. The TOR contained seven preliminary evaluation questions. A country-level UN inter-agency taskforce, seeking to reduce the burden on stakeholders because of parallel evaluations of UNDP, UNFPA, WFP and the UNPF, and to create synergies, developed

<sup>21</sup> Design reports are not attached to country programme evaluation reports.

<sup>22</sup> UNFPA CPEs do not require the assessment of the long-term societal effects of UNFPA support, but instead focus on the identification of the more immediate results of its assistance. This is done for the following reasons: The challenge of attributing impact (or showing contribution to impact) and the focus of CPEs on generating programming lessons for the next country programme. Source: UNFPA Evaluation Handbook, p.293.



a new set of 15 evaluation questions for UNFPA, which were shared with the CPE team. The nine evaluation questions in [Table 1](#) build on this preparatory work.

**Table 1: Evaluation criteria and questions**

<b>Effectiveness and sustainability</b>
<p>EQ1: To what extent has UNFPA strengthened national capacities for producing, analysing and using quality disaggregated data on SRH, GE and PD and contributed to an evidence-based national policy framework for sustainable development?</p> <p>EQ2: To what extent has UNFPA strengthened national FP and MH programmes and enhanced health sector capacities to provide quality FP and MH services, including in remote areas and disadvantaged ethnic communities, in a sustainable manner?</p> <p>EQ3: To what extent has UNFPA increased national priority on A&amp;Y and enhanced national capacities in the health and in non-health sectors to provide AYFS, especially to adolescent girls and in remote areas and among disadvantaged ethnic communities, and in a sustainable manner?</p> <p>EQ4: To what extent has UNFPA increased national priority on GE/GBV and enhanced capacities in the health and in non-health sectors to prevent and respond to GBV, in a sustainable manner?</p> <p>EQ5: To what extent have communication materials and activities generated awareness relating to SRH and RR to promote positive behaviour?</p>
<b>Humanitarian coverage and connectedness</b>
<p>EQ6: To what extent have quality SRH and RR services continued to be available and accessible to women and girls affected by humanitarian crises?</p>
<b>Relevance</b>
<p>EQ7: To what extent is UNFPA support in line with government priorities and international commitments and obligations in UNFPA mandate areas; aligned with the UNFPA strategic plan 2018-21 and the UNPF 2017-21; and consistent with SRH and RR needs?</p>
<b>Efficiency</b>
<p>EQ8: To what extent has UNFPA made good use of human, financial and technical resources, and has used an appropriate combination of management and implementation tools and approaches to pursue the achievement of results?</p>
<b>Coordination with the UNCT and UNFPA added value</b>
<p>EQ9: To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms? What is the main UNFPA added value in Lao PDR context as perceived by UNCT partners and national stakeholders?</p>

### 1.3.2. Data collection and analysis

The CPE team developed a theory of change that goes beyond a visualisation of the CPD results framework<sup>23</sup> and is based on an analysis of intended outcomes, outputs and activities and inspired by the change model presented in the UNFPA strategic plan 2018-21. It is presented in [Annex 2](#). This theory of change served the purpose of formulating assumptions and indicators for assessment to respond to the evaluation questions, and which served to guide and facilitate data collection and analysis.

In brief, according to this theory of change, *if* UNFPA and its partners from government, civil society and the private sector - underpinned by quality data and an evidence-based policy framework - strengthen national FP, MH, ASRH, A&Y and gender-based violence (GBV) service provision and generate demand, including through communications, and with a particular focus on women and girls in need from remote areas and disadvantaged ethnic groups, *then* UNFPA will contribute to progress towards equitable and universal SRH and RR in Lao PDR and especially to a reduction of the very high maternal mortality and adolescent pregnancy (Laos has one of the highest maternal mortality rates in Southeast Asia). Positive

<sup>23</sup> See theory of change in CPE TOR.

change is dependent upon certain assumptions<sup>24</sup> and faces certain challenges.<sup>25</sup> Assumptions have been identified as:

- The Government of Lao PDR remains committed to evidence-based policies and programmes
- The Government of Lao PDR remains committed to SRHR and empowering adolescent girls, and allocates domestic funding

Country programme implementation faces the following challenges:

- Other resources decline because of the anticipated graduation of Lao PDR out of LDC status.
- Domestic and other resources decline because of the covid-19 pandemic.
- The programme management and implementation capacities of UNFPA's partners are inadequate, augmented by frequent staff turnover.
- The different levels of governance (central, province, district) are not well coordinated and local authorities, including community leaders, are less sensitised.
- Inter-sectoral coordination among line ministries is weak and time-consuming.
- Certain geographic areas are difficult to access, especially during the rainy season.
- The UNFPA country office faces a shortage of human resources, especially capacities to deal with emergencies and to engage in partnerships and resource mobilisation.

The CPE used a mixed-method approach to *data collection* to ensure triangulation, including quantitative and qualitative methods. To leverage the contents of existing documentation and databases before consulting stakeholders, the CPD quantitative monitoring data was updated ([Annex 3](#)) and secondary data collection and desk review of existing literature was frontloaded ([Annex 4](#)), including the mid-term review of CP6<sup>26</sup>.

Feedback and first-hand insights served to complement and triangulate information from document review. To answer the evaluation questions, the CPE team strived to consider and include diverse views by consulting as much as possible stakeholders and intended beneficiaries from relevant vulnerable groups and geographic areas, based on the stakeholder map produced by the UNFPA country office and other explorations ([Annex 5](#)). Primary data collection was conducted in a hybrid modality, which, given the evaluation questions and available time, combined the most common methods as per the UNFPA Evaluation Handbook<sup>27</sup> as well as two short surveys - i.e.,

- 1) face-to-face and remote semi-structured key informant interviews in Vientiane City ([Annex 6](#));
- 2) virtual focus group discussions with provincial statistics offices and private sector partners ([Annex 7](#));
- 3) short online and paper surveys of participants in the Adolescent Research Days 2019 and 2020 respectively ([Annex 8](#))<sup>28</sup>;
- 4) direct observations and unstructured, opportunity-driven interviews during the Adolescent Research Day 2020 (15.10.); and

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<sup>24</sup> Conditions that are needed to achieve results and are considered to prevail.

<sup>25</sup> Source: UNFPA SIS reports.

<sup>26</sup> Mid-term Review UNFPA-Assisted Country Programme 2017-2021 Lao PDR, December 2019. The CPE team did not have access to the minutes of the annual review meeting on December 13<sup>th</sup> 2019, during which the mid-term review findings and recommendations were shared and discussed.

<sup>27</sup> Source: UNFPA Evaluation Handbook, p66.

<sup>28</sup> The survey was sent to 87 participants of the 4<sup>th</sup> ARD in 2019 (it was not sent to the organising team and students who supported the event). Out of 87 emails about 20 mail delivery failure notifications were received, which means that the survey reached 67 people, of which 14 people completed the survey. In light of this, the response rate of the survey was 21%. 79 completed survey forms were received from participants in the 5<sup>th</sup> ARD (2020). According to the meeting organiser, the total number of participants was 170 (include all). In light of this, the response rate was 46%.



- 5) face-to-face consultations with provincial and district officials, service providers and end beneficiaries ([Annex 9](#)) in Attapeu, Bokeo and Oudomxay provinces in keeping with the principle of do no harm<sup>29 30</sup>.

Key informant interviews took place between September 21<sup>st</sup> and October 23<sup>rd</sup>. 55 interviews were conducted, which covered a total of 91 key informants. Most interviews were conducted with central-level government entities (27), followed by UNFPA country office management, programme, communications and operational staff (7) and INGOs (7), UNCT members (5) and donors (5) as well as 2 NPAs<sup>31</sup> and 2 mass organisations<sup>32</sup>. While 5 interviews covered all UNFPA programme components, 22 interviews covered SRH, 15 PD, 13 A&Y, 12 GE/GBV and 9 AYFS. 48 key informants were male and 43 were female. Physical consultations at subnational level took place between September 28<sup>th</sup> and October 13<sup>th</sup> and covered all programme components except for population dynamics. Consultations were conducted with provincial, district and village authorities (F: 17; M: 30), service providers (F: 37; M: 16) and end beneficiaries (F: 50; M: 4). The CPE team, in consultation with the UNFPA country office, had drawn up a schedule for sub-national consultations, based on which the Department of International Cooperation of MPI sent information and invitation letters to the concerned departments and groups. Interview questions were developed for central-level key informants ([Annex 11](#)) and for subnational project visits.

The CPE team closely adhered to the [UNEG Ethical Guidelines for Evaluation](#) and the [UN Code of Conduct for Evaluations in the UN System](#). All interviewees and focus group discussion participants were assured that data gathering is confidential and voluntary.<sup>33</sup> Following the advice of UN-Women, evaluators did not ask women and girls direct questions related to their experience of GBV as this could put respondents at additional risk.<sup>34</sup>

During the data collection phase, the evaluation matrix ([Annex 12](#)) was used on an ongoing basis to consolidate in a structured manner all information from primary and secondary sources. The populated evaluation matrix was the starting point for a *qualitative content analysis*, responding to the evaluation questions and indicators and arriving at robust evidence-based findings. Content analysis was applied to interpret what the evidence said about each of the evaluation matrix indicators by organising and triangulating information obtained through different sources and different methods of data collection to get a general understanding and to arrive at concise and condensed main points ([Figure 2](#)). Besides triangulation, the validation of analysis and findings was sought through regular exchanges with the UNFPA country office. Options for future support were formally presented to the UNFPA country office during a staff retreat on October 28<sup>th</sup>, which fed into the recommendations of the first draft evaluation report.

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<sup>29</sup> Do no harm: Not exposing the consultant or others to the corona virus.

<sup>30</sup> For information about sampling, please refer to [Annex 10](#).

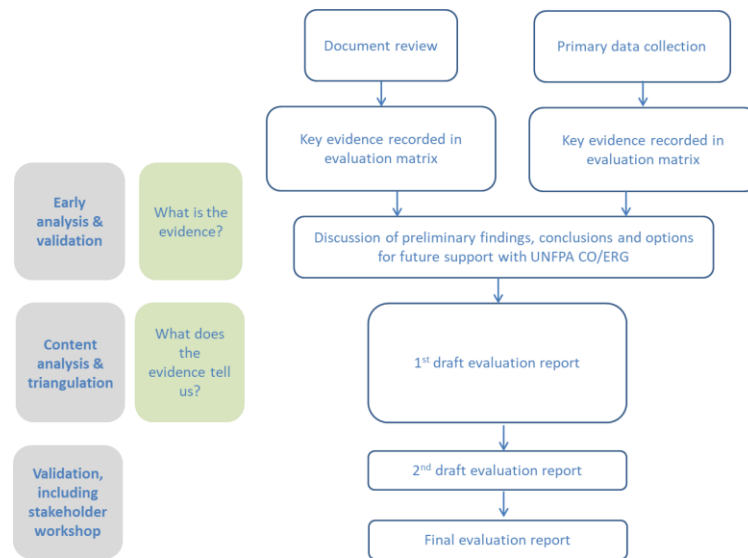
<sup>31</sup> ChildFund and the not-registered Proud to Be Us.

<sup>32</sup> LWU and LYU.

<sup>33</sup> There was no need for a written consent form.

<sup>34</sup> Source: UN-Women: POCKET TOOL FOR MANAGING EVALUATION during the COVID-19 pandemic, May 2020.

Figure 2: Data analysis and validation



Source: CPE team

### 1.3.3. Limitations

A strict nationwide lockdown in connection with the corona virus was imposed between April 2<sup>nd</sup> and June 2<sup>nd</sup> 2020, which fortunately had been lifted at the time of the CPE. Face-to-face meetings and domestic travel were therefore possible. However, the international team leader was not able to travel to Lao PDR to join the national consultants, personally manage and guide the evaluation and gain first-hand experience. This was mitigated by regular team and bilateral remote coaching and meetings with the national evaluators.

Lao PDR experiences a wet season from May until September, with the heaviest rainfall generally in August and September. While this slowed down traveling in the provinces, the national evaluators were able to adhere to their schedule with only small delays. In practice, having delegated the organisation of the field visits to MPI as per its responsibility, the evaluators had only little influence on the selection and composition of persons representing stakeholder and beneficiary groups in the provinces, districts and villages. While striving to gather disaggregated data - e.g., by gender, age, civil status and disability - this was not always the case. The evaluators were unable to visit primary schools and discuss with NNGG members.

The CPE team had requested an overview of all UNFPA-supported training since 2017 to be able to determine how best to gather information from training beneficiaries, but this was not made available, and therefore no systematic efforts could be made to assess this specific aspect of the country programme.<sup>35</sup> Furthermore, UNFPA country programme monitoring data did not provide insights into benefits for different population groups. Quantitative monitoring data have neither been disaggregated by nor systematically qualified with information about vulnerable groups or about gender. Reconstructing these data sets went beyond the resources available to the CPE team.

Despite these limitations, and thanks to the range of data sources and data gathering methods, as well as the availability of recent evaluations and reviews, the CPE team is confident that the evidence base was sufficiently robust in order to arrive at credible findings.

<sup>35</sup> UNFPA SIS quarterly monitoring and annual reports talk to training/capacity building, and IPs submit quarterly reports in GPS, but compiling and checking the completeness of this information goes beyond the capacities of the CPE team.

### 1.3.4. CPE management and implementation

The CPE was conducted by an independent CPE team consisting of a female team leader and one female and two male national experts, and managed by the UNFPA country office M&E officer. The CPE was conducted in consultation with the Regional M&E Advisor at the UNFPA Asia-Pacific Regional Office (APRO) and with oversight from the UNFPA evaluation office. A formal briefing for the UNFPA country office was held prior to primary data collection. Bilateral debriefings were held post-field visits for UNFPA country office programme staff as well as a formal debriefing for UNFPA country office on October 28<sup>th</sup>, followed by a stakeholder meeting on November 17<sup>th</sup> (Annex 13). UNFPA and stakeholders<sup>36</sup> were given opportunities to provide written comments on the 1<sup>st</sup> and 2<sup>nd</sup> draft evaluation reports, hence contributing to both the quality and compliance of the exercise. The CPE was conducted in four phases (Table 2). Interruptions and delays were experienced during the validation phase because of delays in receiving comprehensive country office feedback and additional evidence, and conducting the stakeholder meeting. A final quality assessment will be undertaken by an independent assessor as per UNFPA’s corporate [evaluation quality assurance and assessment](#) system.

Table 2: Evaluation process

Phase	Timeline (actual)
International team leader recruited National consultants on board	24.6.2020 6.8.
Draft design report Final design report UNFPA country office briefing	21.8. 18.9. 22.9.
Data collection Vientiane Capital Field visits (Attapeu, Bokeo and Oudomxay) UNFPA country office debriefing	21.9.-23.10. 28.9.-9.10. 28.10.
1 <sup>st</sup> draft evaluation report Stakeholder meeting 2 <sup>nd</sup> draft evaluation report Final evaluation report	30.10. 17.11. 18.12. 29.1.2021

## Chapter 2. Country Context

### 2.1. Development challenges and national strategies

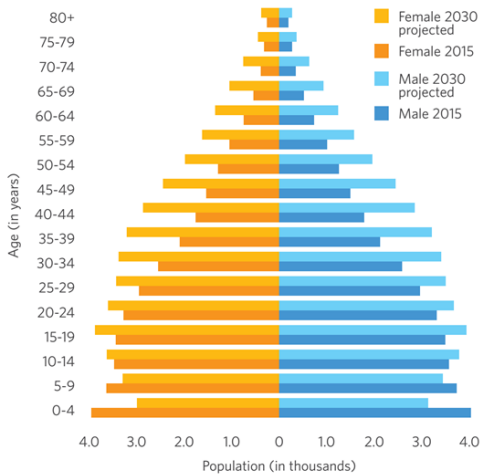
Lao PDR, with a population of 7.2m, is a one-party socialist republic and low middle-income country in South-East Asia that shares borders with Cambodia, China, Myanmar, Thailand and Vietnam. The country has a young population structure, with 29.7% in the age group of 10-24 years. According to the UNFPA-supported population projections based on the 2015 PHC, the total population will reach 8.1m by 2030 and the age structure will “mature”. The young population below 15 years is projected to decline due to socio-economic changes, including better health and better education for women and girls and a declining fertility rate. The proportion of the work force aged 15-64 years is projected to increase as is the number and share of the elderly (from a low level). The active age population (15 years and over) will increase at higher rates than the total population, subsequently leading to a decrease of the demographic dependency

<sup>36</sup> No written feedback was received from stakeholders.

ratio (or an increase of the support ratio) (Figure 3). The Government of Lao PDR recognises that this transition represents a potential demographic dividend.

The rural population, while still representing two-thirds of the population (67%), has declined since 2005 (73%). The urban population is rapidly increasing due to rural-urban migration. Vientiane Capital is the economic and administrative centre of Lao PDR. Migration in search of education and employment has resulted in a rapid increase in the country capital's population, which in mid-year 2015 was 844,017. The number of inhabitants is expected to continue growing to 1,233,300 in 2035 (an increase of around 46%).<sup>37</sup>

Figure 3: Demographic transition of Lao PDR



Source: MPI/UNFPA Education Policy Brief 2020

Lao PDR is the most ethnically diverse country in the region, and is highly multilingual. In 2015, Lao people comprised four main ethno-linguistic families geographically dispersed throughout the country - Lao-Tai (62.4%), Mon-Khmer (23.7%), Hmong-Mien (9.7%) and Chinese-Tibetan (2.9%) - officially divided into 50 ethnic groups and more than 200 ethnic sub-groups. Buddhism is the most common religion in Lao-Tai groups, while animism is prevalent in non-Lao-Tai groups.

Prior to the covid-19 outbreak, Lao PDR aspired to graduate from least developed country (LDC) status during the course of the country's 9<sup>th</sup> National Socio-Economic Development Plan (NSED) 2021-25. The feasibility of this is currently been reassessed. Lao PDR has been one of the fastest growing economies in East Asia and the Pacific, but economic growth has slowed over the past five years. GDP growth was 4.7% in 2019; GDP (PPP) per capita was US\$8,150.8. The labour force participation rate (formal and informal sectors) in 2018 was 76.8% for women and 79.7% for men; and recently, Lao PDR closed 83.9% of its economic participation and opportunity gap, making it one of the best performers on this particular Global Gender Gap sub-index.<sup>38</sup> However, the economy relies heavily on the exploitation of natural resources<sup>39</sup> and investments in infrastructure; diversification is limited. New employment opportunities are not keeping up with the gradually increasing labour force.<sup>40</sup> In 2019, 1.8% of male youth were unemployed and 1.6% of the female labour force.<sup>41</sup> Furthermore, labour productivity remains quite low, partly due to a shortage of medium- and high-skilled workers. Workers in the informal economy, predominantly women, lack adequate access to basic social protection. Women and girls spend more time on unpaid care and domestic work compared to men and boys.<sup>42</sup>

<sup>37</sup> Lao Statistics Bureau: District Population Projections 2015-2035, September 2019.  
<sup>38</sup> Source: World Economic Forum Global Gender Gap Report 2020. Lao PDR ranks 2<sup>nd</sup> globally with a score of 83.9%, on par with Iceland and just behind Benin (84.7%). Overall, Lao PDR ranks 43<sup>rd</sup> (out of 153 countries).  
<sup>39</sup> Particularly mining, forestry and water resource use. Source: Mid-term Review UNFPA-Assisted Country Programme 2017-2021 Lao PDR, December 2019.  
<sup>40</sup> The labour force increased from 1.93m in 1990 to 3.73m people in 2018. Source: CPE TOR.  
<sup>41</sup> Modelled ILO estimate. Source: [World Bank Data Indicators](#).  
<sup>42</sup> Source: [UN-Women](#).

During the last three decades, Lao PDR has made significant progress in reducing poverty. The overall poverty rate fell from 46% in 1992-93 to 23.2% in 2012-13 and 18.3% in 2018-19. There have been marked improvements in household welfare in terms of asset ownership and housing conditions. Improved rural infrastructure and services have resulted in better livelihood opportunities and enhanced market access for agricultural produce. However, poverty reduction has varied by topography and location. Women are an integral part of the agriculture sector, comprising over 50% of the agricultural workforce and contributing significantly to all parts of agricultural production. Despite women's heavy involvement in agricultural work, however, women face significant and persistent barriers to participating fully in the rural sector.<sup>43</sup>

Lao PDR is mountainous and rich in natural resources and biodiversity. The Mekong river flows from north to south and forms the border with Thailand for more than 60% of its length. However, the country has the highest level of contamination from explosive remnants of war of any country on the planet. 15 provinces are contaminated by some 80m unexploded devices, for the most part cluster munitions dropped 50 years ago during the Vietnam War. The number of casualties has averaged 40 over the last five years.<sup>44</sup> In the 2020 [INFORM Risk Index](#), Lao PDR is at medium risk of humanitarian crises occurring.<sup>45</sup> In 2018, Lao PDR was heavily affected by storms and excessive rains, which hit the southern provinces particularly hard.

Lao PDR is pursuing regional and global integration. The country has been a member of the Association of South-East Asian Nations since 1997. It joined the ASEAN Economic Community in 2015 and the World Trade Organization in 2013. Lao PDR is signatory to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). In November 2018, the Committee considered the [combined 8<sup>th</sup> and 9<sup>th</sup> periodic reports of Lao PDR](#). In early 2020, the Working Group on the Universal Periodic Review (UPR) [reviewed](#) Lao PDR. The Lao government also committed to implementing the 2030 Agenda. As a result, the Sustainable Development Goals (SDGs) have been localised. Nearly 60% of the indicators of the [8<sup>th</sup> Five-Year National Socio-economic Development Plan \(NSEDP\) 2016-20](#) are linked to the SDGs. *Inter alia*, the NSEDP contains six indicators and targets concerning SRH/ASRH - i.e., (i) proportion of births attended by trained health personnel; (ii) percentage of women using contraception; (iii) percentage of women of reproductive age (aged 15-49) who have their needs for family planning satisfied with modern methods; (iv) birth rate of young girl pregnancy between 15-19 years; (v) antenatal care coverage, at least one visit by trained health personnel; and (vi) antenatal care coverage, at least four visits by trained health personnel. In 2016, Lao PDR committed to the global movement [Family Planning 2020](#) (FP2020) to support the right of women and girls to decide - freely and for themselves - whether, when and how many children they want to have. In 2018, the government presented its first [Voluntary National Review \(VNR\)](#) report on the implementation of the 2030 Agenda to the UN High-level Political Forum.<sup>46</sup>

Lao PDR has made progress towards the SDGs. Significant advances have been made in legislation and policy frameworks, including with the involvement of UNFPA - e.g.,

- National Strategy and Action Plan for Integrated Services on Reproductive, Maternal, Newborn and Child Health (RMNCH) 2016-25
- [Noi \(Adolescent Girl\) 2030 Framework and Ecosystem](#)<sup>47</sup>

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<sup>43</sup> Source: [Lao PDR Country Gender Assessment of Agriculture and the Rural Sector in Lao People's Democratic Republic, 2018](#).

<sup>44</sup> 42 in 2015; 59 in 2016; 41 in 2017; 24 in 2018 and 25 in 2019. Sources: UXO Sector Annual Report 2018; National Regulatory Authority (NRA) Completion Report for 2019.

<sup>45</sup> INFORM is a collaborative project of the Inter-Agency Standing Committee and the European Commission. It measures 3 risk dimensions: hazards and exposure; vulnerability; and lack of coping capacity.

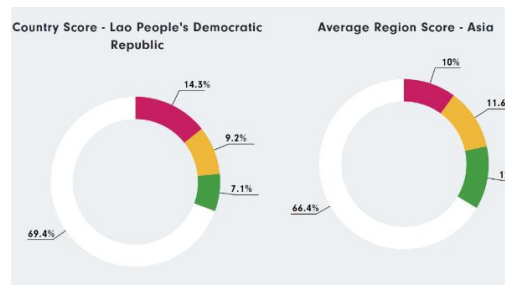
<sup>46</sup> Lao PDR is scheduled to share a 2<sup>nd</sup> VNR in 2021.

<sup>47</sup> The 2030 Agenda for Sustainable Development aims for equitable and inclusive development that leaves no one behind. Noi represents all the over 700,000 adolescent girls in Lao PDR. This 15-year plan promises to help transform the futures of 10-year-old girls who have traditionally left behind. Performance is measured along five indicators: (i) anaemia among girls 15-19; adolescent birth rate; girls 15-17 out-of-school; early marriage/in-union; and girls 5-17 years in child labour. Source: UNFPA: UNFPA CP 6 Lao PDR (2017-2021) Adolescents and Youth Programme (undated).

- Law on Gender Equality (2019)
- National Population and Development Policy (NPDP) 2019-30
- National Sexual & Reproductive, Maternal, Newborn, Child & Adolescent Health (NSRMNCAH) Policy 2020-30
- Draft National Youth and Adolescent Policy (NYAP)
- Draft National Action Plan on Gender Equality 2021-25
- Draft National Action Plan on Preventing and Combating Violence Against Women 2021-25

But implementation remains a challenge. A [capacity assessment of CEDAW implementation in Laos](#) conducted by the Association for Development of Women and Legal Education (ADWLE) concluded that there is only very limited implementation due to lack of capacities, knowledge and budget. [Figure 4](#) summarises Lao's performance for the 62 gender-specific SDG indicators included in the [UN Women Count Data Hub's SDG Dashboard](#), according to which Laos has performed highly on 7.1% of the indicators, but less than the Asian average. Its performance was medium for 9.2% and low for 14.3%; it is unknown for 69.4% of the indicators.

Figure 4: Gender-specific SDG indicators - Lao's country score



Source: UN-Women Women Count

Although unmet need for family planning and violence against women - two of UNFPA's transformative results - are significant concerns, these are SDG indicators where - according to the Women Count Data Hub's SDG Dashboard - Lao PDR has shown high performance towards achieving the SDGs. On the other hand, progress is reported low in the area of UNFPA's third transformative result - i.e., maternal mortality, as well as skilled birth attendance, adolescent pregnancies and early marriages<sup>48</sup>. The health system is weak and services do not meet demands because of insufficient human resource capacities and inadequate funding. Women and girls continue facing barriers to attending and completing education and consequently accessing economic opportunities. Furthermore, the proportion of women in decision-making positions remains low. Significant disparities in coverage and access are found among ethnic communities and HIV key populations<sup>49</sup>, and are strongly correlated with geospatial disadvantages of rural areas, and especially rural areas without roads. Some key facts:

- 10.6% of girls of primary school age, 18.0% of girls of lower secondary school age and 41.8% of girls of upper secondary school age are not in school (2017)
- 32.7% of women aged 20-24 years were married or in union before age 18 (2017)

<sup>48</sup> Lao PDR has one of the highest rates of early marriages in the region.

<sup>49</sup> In 2019, an estimated 13,000 adults aged 15 and over were living with HIV, out of the 7.2m total population (male: 60%; female: 40%). Attention should be drawn to the alarming increase in HIV prevalence among men who have sex with men from 1.7% in 2014 to 2.8% in 2019 (UNAIDS). HIV prevalence among female sex workers is 1%; the prevalence of sexually transmitted infections among sex workers stands at a high rate of 31%. Adolescents and youth are especially vulnerable to HIV infections. The low HIV/AIDS knowledge among adolescents and youth (15-24) raises concerns, with only 19.3% females and 22.1% males having comprehensive knowledge of the subject (LSIS II 2017). Moreover, the percentage of young people age 15-24 who had sex with a non-marital, non-cohabiting partner in the last 12 months who also reported that a condom was used the last time they had sex was 52.9% for females and 59.6% for males.



- the adolescent birth rate remains very high at 83 births per 1,000 girls and even higher in rural areas without roads - i.e., 136 (2017<sup>50</sup>)
- the usage of modern contraceptive methods is slowly increasing (49.0% among married women and women in union aged 15-49), but not sufficiently to meet the NSEDP target of 70% by 2025<sup>51</sup>
- the unmet need for family planning among married women and women in union aged 15-49 is high - i.e., 14.3% (2017)
- there was a 27% increase in deliveries assisted by a skilled birth attendant for all women aged 15-49 between 2011-17 (from 37.5% to 64.4%), but there are still important differences between urban (89.7%) and rural areas without roads (34.1%)<sup>52</sup>
- the total fertility rate in rural areas without road is 3.9 (compared to a total fertility rate of 2.7) (2017<sup>53</sup>)
- maternal mortality fell from 375 to 206 between 2011 and 2015, but still remains very high and off track<sup>54</sup>: 185 (2017)
- 6.4% of women aged 15-49 years were subject to physical and/or sexual violence by a current or former intimate partner in the previous 12 months (2014)<sup>55</sup>
- 29.5% of women and 16.2% of men age 15-49 believe that a husband is justified in beating his wife in various circumstances (2017)<sup>56</sup>

At the Nairobi Summit on ICPD25 in 2019, the Government of Lao PDR [committed](#) to seven actions to uphold the rights and welfare of women and youth in Lao PDR - i.e., to increase investments for adolescents and youth, especially young women, by 2030; to finalise and implement the National Youth and Adolescent Policy and Youth Law 2030; to ensure that comprehensive sexuality education is fully integrated in school curricula nationwide by 2030; to end GBV and harmful practices by 2030; to end unmet need for family planning among adolescent girls by 2030; to end maternal mortality by 2030; and to use population data for the 9<sup>th</sup> NSEDP 2021-25.

A strict nationwide lockdown in connection with covid-19 was imposed between April 2<sup>nd</sup> and June 2<sup>nd</sup> 2020, which has meanwhile been lifted. As of August 18<sup>th</sup> 2020, Lao PDR had reported 22 cases of corona infections and zero deaths.<sup>57</sup> Covid-19 remains a major threat. Its possible mid- and long-term consequences on social and economic indicators, and particularly the situation of women and girls, are unpredictable. According to the [UNFPA COVID-19 Population Vulnerability Dashboard](#), the readiness of the Lao PDR health sector to deal with covid-19 is low: medical doctors per 10,000 people: 3,7 (2017); nurses and midwives per 10,000 people: 9,5 (2018); hospital beds per 1,000 people: 1,5 (2012); and ICU beds per 100,000 people: 2,1. Graduating from LDC over the next five years is at risk.

## 2.2. The role of external assistance

Between 2016-18, net official development assistance (ODA) for Lao PDR increased from US\$399.5m to US\$565.2. The ratio of ODA as a share of gross national income (GNI) increased from 2.6% to 3.3%. The top-three donors (2017-18 average) were the Asian Development Bank (US\$86.91m gross ODA), Japan (US\$83.48m) and the World Bank/International Development Association (US\$76.48m). Bilateral ODA was mainly directed to "health and population" (33%), "other social infrastructure and services" (19%), "education" (18%) and "production" (15%).<sup>58</sup> As concerns the UN system, aid disbursements fluctuated between US\$12.96m in 2016, US\$10.62m in 2017 and US\$11.6m in 2018, including UNICEF (total of US\$8.39m), UNDP (US\$6.45m), WHO (US\$4.21m) and UNFPA (US\$3.94m).<sup>59</sup> While earlier, the

<sup>50</sup> Source: LSIS II 2017.

<sup>51</sup> Source: AWP 2020 LAO06101/PGLA30.

<sup>52</sup> Source: <https://lao.unfpa.org/en/news/lcis-ii-highlights-equity-key-unfinished-business-lao-pdr>.

<sup>53</sup> Source: LSIS II 2017.

<sup>54</sup> Target: 160 per 100,000 (2020). Source: UNPF. New target: 110 per 100,000 by 2025. Source: SRH programme under CP6, Staff Retreat 30 July 2020.

<sup>55</sup> Source: [UN-Women](#).

<sup>56</sup> Source: LSIS II 2017.

<sup>57</sup> Source: [COVID-19 Situation in WHO - Western Pacific Region](#).

<sup>58</sup> Source: OECD aid at a glance chart for Lao PDR (accessed 30 June 2020).

<sup>59</sup> Source: OECD QWIDS Query Wizard for International Development Statistics (accessed 30 June 2020).

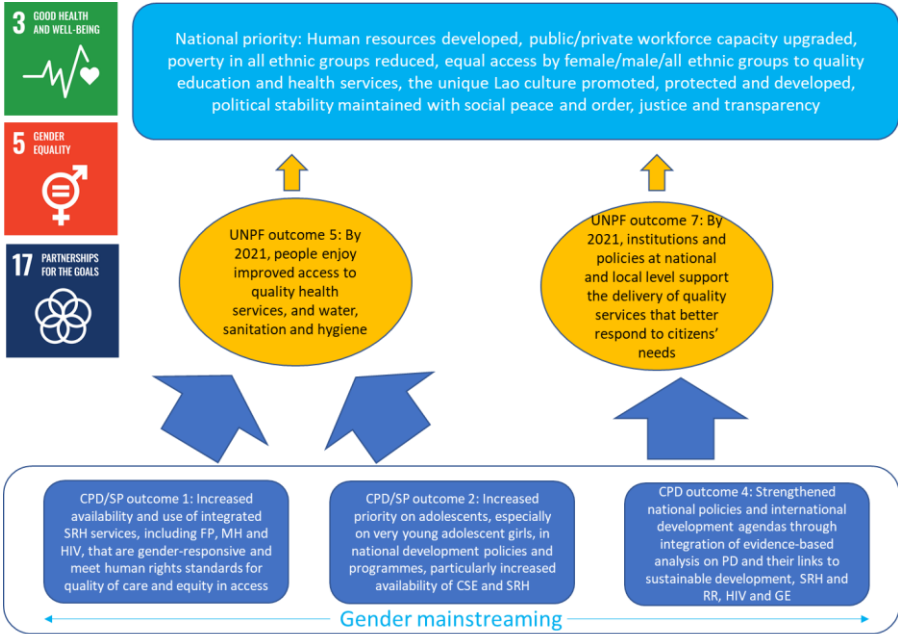
anticipated graduation of Lao PDR from LDC status over the next five years was expected to result in reduced ODA funding, it is now rather the strain on fiscal resources in donor countries attending to increased domestic needs in the wake of covid-19 that could lead to less ODA.

## Chapter 3. UNFPA Response

### 3.1. Strategic response

The 6<sup>th</sup> UNFPA country programme for Lao PDR 2017-21 was developed under the [UNFPA Strategic Plan 2014-17](#) and linked to the SRH, A&Y and PD strategic plan outcomes with gender as a cross-cutting issue. It was designed to contribute to the human development and governance pillars of the [UN Partnership Framework \(UNPF\) 2017-21](#) (primarily outcome 5 on health, water and sanitation<sup>60</sup> and outcome 7 on institution building<sup>61</sup>), the 8<sup>th</sup> NSEDP 2016-20 and SDGs 3, 5 and 17 (Figure 5).

Figure 5: CPD expected outcomes



Source: UNFPA CPD 2017-21

### 3.2. Programme response

#### 3.2.1. Previous UNFPA country programme 2012-16

The previous 5<sup>th</sup> country programme 2012-15, extended to 2016<sup>62</sup>, aimed to ensure better coverage and quality of SRH information and services, including for young people; increase access of remote

<sup>60</sup> Indicator 5.1. Maternal mortality ratio. Baseline: 197 per 100,000 (2015); Target: 160 per 100,000 (2020). Indicator 5.2. Under-five mortality rate, girls/boys. Baseline: 79 per 1,000 (girls: 83 per 1,000 / boys: 95 per 1,000) (2012); Target: 40 per 1,000 (girls and boys) (2020).

<sup>61</sup> Indicator 7.1. Number of new households receiving 2 or more basic services from their districts. Baseline: 373,948 households (2015); Target: 600,000 households (2021). Indicator 7.2. Percentile rank on the aggregate Government Effectiveness Indicator. Baseline: 39.4 (2014); Target: 45 (2021). Indicator 7.3. Extent to which National Socio-Economic Development Plan monitoring informs evidence-based policy making. Baseline: Limited extent (2015); Target: Large extent (2021).

<sup>62</sup> «The current five-year national development plan runs through the end of 2015. While preparations for the National Socio-economic Development Plan, 2016-2020, have begun, the process is slow, and national priorities will not be fully formulated until 2015. Therefore, in order to align the new UNDAF with the national



communities to an integrated package of maternal, neonatal and child health services; and to increase capacities for research and analysis in demography, reproductive health (RH), gender and youth for evidence-based policy advocacy.

Instead of a CPE, a joint evaluation of the United Nations Development Assistance Framework 2011-16 and thematic evaluations on community mobilisation and skilled birth attendance were conducted.<sup>63</sup> The three reports highlighted the following *results*: (a) strengthened governance and management capacity in the health sector; (b) improved quality of health service provision; (c) mobilised communities for maternal, neonatal and child health; (d) SRH life-skills education through extracurricular formal, non-formal and technical schools reached 60% of young people aged 15-24; (e) generated disaggregated data and evidence on the needs of diverse various population groups, including rural and ethnic groups, to inform policy-making and programme development; (f) strengthened statistical capacity on population data; (g) strengthened coordination and investment in GE, improved gender mainstreaming and systematic disaggregation of data; and (h) development of an appropriate human rights strategy and plan to implement the government's response to the UPR.

*Lessons learned* included: (a) only sustained, coordinated efforts to improve the current low levels of quality and capacity will achieve results; (b) exit strategies are essential to ensuring sustainability of service delivery interventions; (c) inequalities and geographical disparities, intersecting with ethnicity, as well as acceptability and quality of care, are key determining factors for access to health services; (d) a stronger focus on outreach activities, media campaigns and community mobilisation targeting urban young people as well as youth in the remote areas is needed. The following *recommendations* were made: (a) make health systems meet minimum standards for human resources, infrastructure, supplies and management, especially in the area of midwifery; (b) define service delivery for integrated maternal care interventions at community, primary and other levels of health care; (c) establish quality-assurance mechanisms for health workers' capacity development; and (d) support the extension of reproductive health curricula in school education and explore alternative ways to reach remote communities.

### 3.2.2. UNFPA country programme 2017-21

CP6 was designed to focus on evidence-based advocacy, upstream policy support, institutions and systems strengthening as well as catalytic interventions in selected geographical areas with a particular emphasis on the remote, mountainous and ethnically diverse Bokeo and Oudomxay provinces in the North, the most populated province Savannakhet and Vientiane province. Intended beneficiaries of assistance are women and young people, especially adolescent girls, with a focus on vulnerable populations due to geographic residence and ethnicity.

The CP6 mid-term review found the country programme to be highly relevant to national policies and strategies, highly efficient and strategically positioned. Of the 19 CPD targets at the outcome and output levels, 12 (75%) were found to have been fully achieved (even exceeded) already in 2018 and four partially achieved; data were unavailable for the three SRH outcome indicators.<sup>64</sup> Sustainability of results achieved was considered very likely. This CPE updated the quantitative monitoring data prior to embarking on the qualitative analysis of the country office's performance ([Annex 3](#)).

#### *Sexual and reproductive health*

Six Atlas projects have been implemented under the CP6 SRH programme, including AFYS, in collaboration with different departments of the MOH and with the support of sub-IPs. As of June 2020, other resources (OR) were forthcoming from the UNFPA Supplies Programme, the UNFPA Maternal Health Thematic Fund, the UNFPA Emergency Fund, the UN Covid-19 Response and Recovery Fund, the Joint SDG Fund, the Rapid Response Mechanism Fund, the Government of Luxemburg, the Korea Foundation for International Healthcare (KOFIH) and Good Neighbours Laos (GNLAO). The Government

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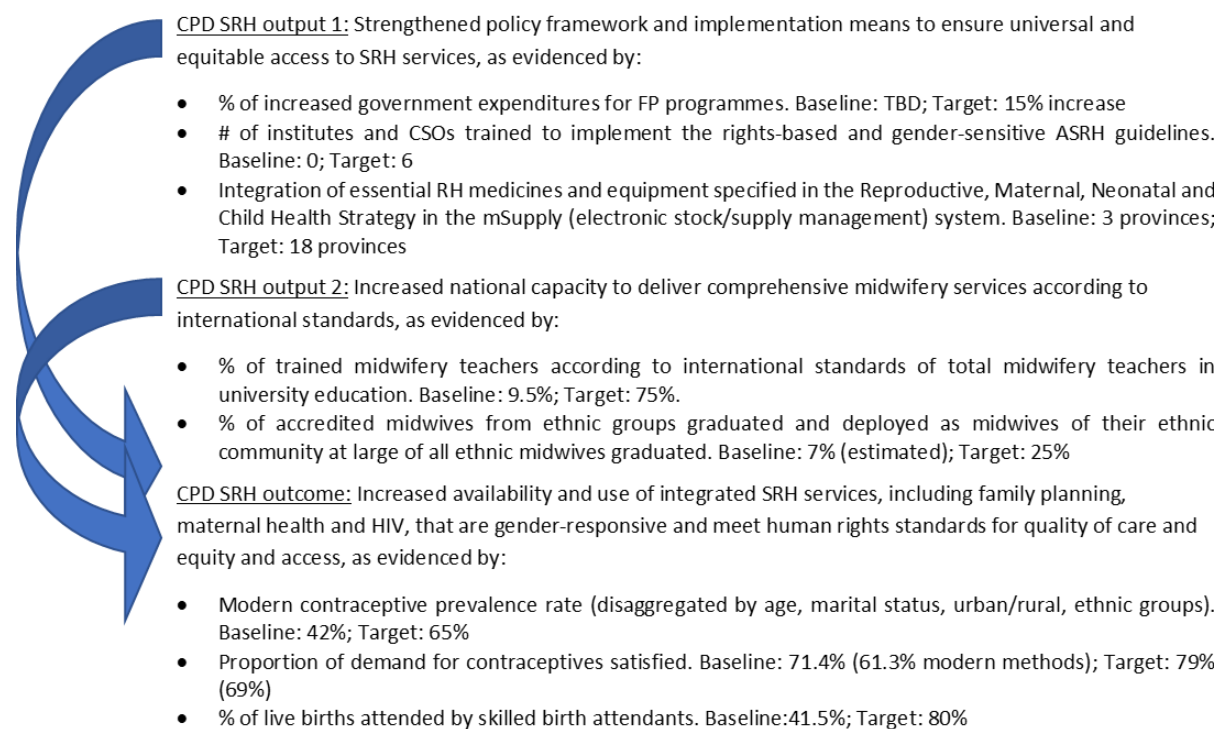
priorities, the UNCT decided to extend the ongoing country programmes by one year.» Source: UNITED NATIONS POPULATION FUND - Extensions of country programmes; DP/FPA/2015/4; 26 November 2014.

<sup>63</sup> Source: UNFPA country programme document for the Lao People's Democratic Republic; DP/FPA/CPD/LAO/6.

<sup>64</sup> Please see below for further details.

of Lao PDR had contributed commodities worth US\$635,419. The following [Figure 6](#) reflects the intervention logic of the SRH programme according to the CPD results framework.

**Figure 6: SRH outputs and performance indicators**



Source: UNFPA CPD 2017-21

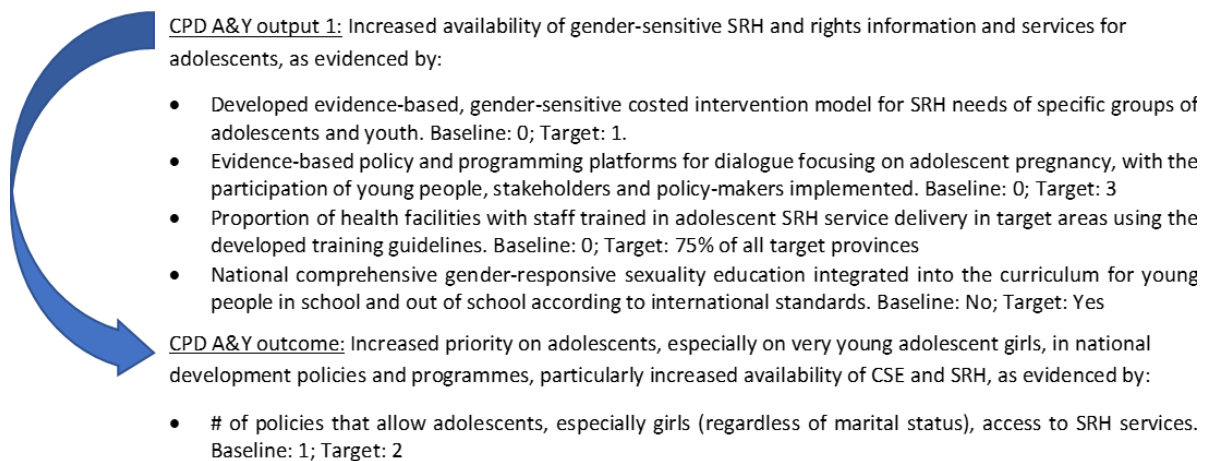
To deliver SRH output 1, the CPD envisages efforts to (a) advocate for universal health coverage, including full implementation of the National Family Planning Action Plan and the RMNCH Strategy to address inequalities and disparities in access to services, in particular for unmarried young people and disadvantaged ethnic communities, with a special focus on girls; (b) strengthen the capacity of community health workers to deliver services and increase awareness of and demand for SRH services in their communities; (c) advocate for increased government financial resources and equitable recruitment and deployment of human resources for RH, to address FP needs of marginalised groups; (d) support the development of institutional and technical capacity of the MOH to address the unmet need for FP, youth-friendly health services and humanitarian response; (e) provide technical support to improve commodity procurement and supply-chain management system at national and sub-national levels; and (f) advocate for a health-sector response to gender-based violence (GBV).

To deliver SRH output 2, the CPD envisages support for (a) institutional strengthening of midwifery training institutes, with a focus on quality assurance, through multiple strategies, including South-South cooperation; (b) capacity development of the midwifery faculty to deliver education in line with international standards, with inclusion of adolescent-friendly services and FP; (c) development of guidelines, protocols and standards of midwifery practice and supportive supervision to improve the quality of care, particularly in remote districts; and (d) advocacy for full implementation of the Midwifery Improvement Plan aligned with the health-sector human resource development plan; and (e) the establishment of the Lao Association of Midwives.

### *Adolescents and youth*

Three Atlas projects have been implemented under the CP6 A&Y programme, in collaboration with MOES, Village Focus International (VFI) and Lao TPHI and with the support of sub-IPs, including LYU. As of June 2020, other resources (OR) for A&Y were forthcoming from KOICA and implementation had started. The following [Figure 7](#) reflects the intervention logic of the A&Y programme according to the CPD.

Figure 7: A&Y outputs and performance indicators



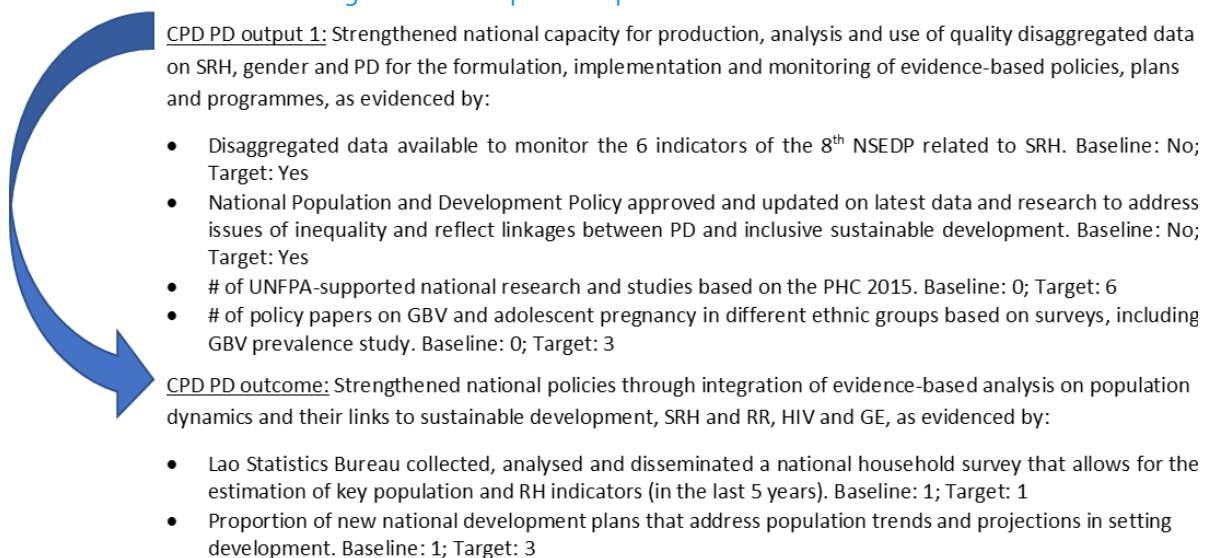
Source: UNFPA CPD 2017-21

To deliver the A&Y output, the CPD envisages efforts to (a) advocate for the integration of gender-responsive CSE in the curricula of non-formal primary education and teacher and vocational training institutes, including a GBV component; (b) support ministries and CSOs to implement programmes for adolescent girls and participatory initiatives for youth development; (c) address barriers to promote and achieve ASRH services and RR, with a particular focus on access to contraception, and prevention of adolescent pregnancy, especially among ethnic groups; (d) promote greater investments for young people, particularly adolescent girls; and (e) develop and implement gender-sensitive behaviour change communication strategies, particularly by engaging men and boys, to address norms that constrain access to SRH services.

### Population dynamics

Two Atlas projects have been implemented under the CP6 PD programme, in collaboration with MPI and the Social Statistics Department of the Lao Statistical Bureau (LSB) and with the support of sub-IPs. As of June 2020, no OR had been mobilised for PD. The following Figure 8 reflects the intervention logic of the PD programme according to the CPD.

Figure 8: PD outputs and performance indicators



Source: UNFPA CPD 2017-21

To deliver the PD output, the CPD envisages support for (a) the Lao Statistics Bureau and other research institutions to generate evidence through in-depth analysis of survey and census data, taking into account

gender, geography, ethnicity and age groups; (b) research on RH, young people, gender and demographic analysis for evidence-based advocacy for social investment, for improving policy implementation and shifting the development discourse from economic growth to inclusive sustainable development; (c) training institutes in curriculum development on population and social development; and (d) national capacity-building to generate, communicate and utilise evidence for planning and decision-making, with a focus on the rights of women, GBV, young people and ethnic groups.

**Gender equality**

Connected to the flood humanitarian response delivered in 2018 and associated insights, UNFPA in Lao PDR only started GE/GBV activities in 2019. For lack of a gender equality-related country programme outcome and associated output(s), the country office has planned, implemented and reported on gender equality and GBV prevention and response under the PD programmatic area (output indicator 4). Annual milestones for 2019 and 2020 were defined. One Atlas project has been implemented under the CP6, with the mass organisation LWU as implementing partner. As of June 2020, OR for GE were forthcoming from the Australian Government.<sup>65</sup>

**3.2.3. Programme management and implementation modalities**

- Working in a country in the orange quadrant<sup>66</sup>, the UNFPA country office in Lao PDR is expected to deploy the following modes of engagement as appropriate: capacity development; partnerships and coordination, including South-South and triangular cooperation; knowledge management; and advocacy, policy development and advice. The country office is not supposed to use RR to deliver services, supplies or commodities except in humanitarian crises.
- At the outset of the programme cycle, UNFPA committed to developing a partnership plan, and to participating in joint programmes to leverage resources and develop synergies with other UN organisations.
- UNFPA uses national and direct execution modalities. CP6 has been implemented by UNFPA, twelve implementing partners (IPs) and a number sub-IPs.
- UNFPA applies a results-based management approach to planning and implementation. According to the CPD, UNFPA and its IPs will develop and implement a monitoring and evaluation framework in line with the [UN Partnership Framework \(UNPF\) 2017-21](#) and NSEDP monitoring and evaluation mechanism. Progress will be assessed during bilateral quarterly meetings, joint annual programme reviews and the government-led roundtable process.

**3.2.4. Financial structure of the country programme**

The classification of Lao PDR as a country in the orange quadrant according to UNFPA’s business model also has consequences for regular resources (RR) allocation. The planned budget for CP6 2017-21 amounts to a total of US\$24.0m; US\$13.0m from regular resources and US\$11.0m to be mobilised from other resources (OR) (Table 3). No funds were budgeted for a targeted GE programme.

Table 3: Proposed indicative assistance 2017-21 (in millions of US\$)

UNFPA Strategic Plan Outcome Areas		Regular Resources	Other Resources	Total
Outcome 1	SRH	4.8	9.5	14.3
Outcome 2	A&Y	4.2	1.4	5.6
Outcome 4	PD	3.0	0.1	3.1
PCA		1.0	-	1.0
<b>Total</b>		<b>13.0</b>	<b>11.0</b>	<b>24.0</b>

Source: UNFPA CPD 2017-21

As of end-June 2020, the UNFPA country office had received US\$4.6m in RR of the \$13.0m planned; it had successfully mobilised US\$9.7m of the anticipated \$11.0m (Table 4). Resource mobilisation was

<sup>65</sup> During the evaluation process, additional OR were received from UK FCO and KOICA.  
<sup>66</sup> UNFPA has classified programme countries into four colour quadrants according to a country’s combined need and ability to finance its own development. Lao PDR is in the orange quadrant (lower-middle income country with high needs). A country’s classification has consequences for UNFPA’s modes of engagement and the allocation of regular resources. Source: UNFPA strategic plan 2018-21, Annex 4 Business model.

particularly successful in 2020. Compared to the proposed indicative assistance, US\$9.7m were not available for the remaining 18 months of the programme cycle.

Table 4: Annual ceilings (RR) and mobilised OR 2017-June 2020 (in US\$)

	2017	2018	2019	2020	Total
RR	1,059,922	1,100,000	1,110,000	1,310,300	4,580,222
OR	2,022,462	2,514,140	2,017,930	3,133,264	9,687,797
Total	3,082,384	3,614,140	3,127,930	4,443,564	14,268,019

Source: UNFPA country office

Other resources were mainly mobilised for reproductive, maternal and adolescent health from a range of sources (Table 5) - i.e., US\$8.5m or 83.5% of total OR - including US\$198,350 from the UN Covid-19 Response and Recovery Fund in collaboration with UNAIDS and US\$88,773 from the UNFPA Emergency Fund for responding to the flash floods in Attapeu. No OR have been mobilised for PD. In absolute terms, UNFPA received most OR from UNFPA thematic funds - i.e., US\$6.8m. The Government of Luxembourg is the most important donor with a contribution of around US\$2.0m for the UNJP RMNCH<sup>67</sup>. UNFPA also mobilised domestic funding from MOH to procure contraceptives (US\$635,419).

Table 5: OR mobilisation by programmatic area and origin 2017-June 2020 (in US\$)

Donor	SRH	GE	PD	A&Y	Total
UNFPA Supplies Programme [commodity procurement]	2,694,650.90	-	-	-	2,694,650.90
UNFPA Supplies Programme [programme activities]	2,176,012.21	-	-	-	2,176,012.21
UNFPA Maternal Health Thematic Fund	1,874,432.00	-	-	-	1,874,432.00
UNFPA Emergency Fund (EF)	88,773.00	-	-	-	88,773.00
UN Covid-19 Response & Recovery Fund (MPTF) [SRH] [with UNAIDS] <sup>68</sup>	198,350.00	-	-	-	198,350.00
Joint SDG Fund (MPTF) [SDG financing] [with UNDP and UNCDF] <sup>69</sup>	100,045.00	-	-	-	100,045.00
Rapid Response Mechanism (RRM) Fund <sup>70</sup> [FP National Conference]	73,706.21	-	-	-	73,706.21
Korea Foundation for International Healthcare	200,000.00	-	-	-	200,000.00

<sup>67</sup> In 2017, phase II of the UN joint programme on reproductive, maternal, newborn and child health (UNJP RMNCH) was launched with the participation of UNFPA, UNICEF and WHO. This four-year joint programme, with funding from the Government of Luxembourg (LuxDev), supports the implementation of the National Strategy and Action Plan for Integrated Services on Reproductive, Maternal, Newborn and Child Health 2016-25. In addition to supporting integrated service delivery in the three focus provinces (Bokeo, Bolikhamxay and Savannakhet), the UNJP supports the national Secretariat for Reproductive, Maternal, Newborn and Child Health in its coordination and oversight role.

<sup>68</sup> Project "Supporting essential sexual, reproductive, maternal, newborn, child and adolescent health services during COVID 19 in Lao PDR" with UNAIDS (<http://mptf.undp.org/factsheet/project/00121675>).

<sup>69</sup> Project "Efficiency and Optimization of Lao PDR's Public Budget to Finance the SDGs Through the National Plan" with UNDP and UNCDF in collaboration with MPI (<https://jointsdgdffund.org/programme/efficiency-and-optimization-lao-pdrs-public-budget-finance-sdgs-through-national-plan>) (<http://mptf.undp.org/factsheet/project/00122143>).

<sup>70</sup> <https://www.familyplanning2020.org/rrm>.

(KOFIH) <sup>71</sup> [midwifery, including BEmONC, in Xiengkhuang and Huaphanh]					
Government of Luxembourg [for UNJP RMNCH with UNICEF and WHO]	1,041,300.00	-	-	910,909.00	1,952,209.00
Good Neighbours Laos (GNLAO) [AYFS in Oudomxay]	-	-	-	100,000.00	100,000.00
KOICA [NNGGs in Namor district, Oudomxay province]	-	-	-	400,000.00	400,000.00
Government of Australia, Department of Foreign Affairs and Trade (DFAT) [GBV referral system]	-	265,604.25	-	-	265,604.25
BFL, Crowne Plaza, IC <sup>72</sup> from IOM and WHO	6,492.54	-	-	-	6,492.54
<b>Total</b>	<b>8,453,761.86</b>	<b>265,604.25</b>	<b>-</b>	<b>1,410,909.00</b>	<b>10,130,275.11</b>

Source: UNFPA country office

As of end-June 2020, the UNFPA country office had expended a total of US\$11.1m, two-thirds of which for SRH (Table 6). Annual utilisation rates during 2017-19 were very high, ranging from 94% to 100% (Table 7). Six months into 2020, the country office had only spent 33% of available funds, largely due to the covid-19 outbreak.

Table 6: Expenditures by programmatic area RR/OR 2017-June 2020 (in US\$)

	SRH	GE	PD	A&Y	PCA	Total
<b>RR</b>	1,048,587.34	77,760.70	911,247.80	1,289,411.12	467,205.49	3,794,212.45
<b>OR</b>	6,383,930.14	3,500.00	-	872,328.56	-	7,259,758.70
<b>Total</b>	<b>7,432,517.48</b>	<b>81,260.70</b>	<b>911,247.80</b>	<b>2,161,739.68</b>	<b>467,205.49</b>	<b>11,053,971.15</b>

Source: UNFPA country office

Table 7: Utilisation RR & OR 2017-June 2020 (in US\$)

	2017	2018	2019	2020	Total
<b>Total RR &amp; OR</b>	3,045,394	3,407,714	3,126,973	1,473,890	<b>11,053,971</b>
<b>in %</b>	99%	94%	100%	33%	<b>77%</b>

Source: UNFPA country office

## Chapter 4. Findings

### 4.1. Evaluation question 1: Effectiveness and sustainability of data and evidence for policy formulation and planning

**EQ1: To what extent has UNFPA strengthened national capacities for producing, analysing and using quality disaggregated data on SRH, GE and PD and contributed to an evidence-based national policy framework for sustainable development?**

<sup>71</sup> <https://lao.unfpa.org/en/news/midwives-save-lives-ambitious-skills-building-project-improve-maternal-health-care-laos>.

<sup>72</sup> UNFPA country office: IC stands for Indirect Cost that the Country Office was generating from providing procurement services to other UN agencies.



**Findings:**

**Finding 1:** Much has been achieved to improve the availability of population data and evidence and linkages with women and girls' SRHR, and major population statistics operations are underway or in the pipeline with UNFPA support.

**Finding 2:** The UNFPA country office has put a comparatively strong emphasis on adolescents and particularly adolescent girls in data gathering and research, but key knowledge products are not widely known. The Adolescent Research Days appear useful for knowledge-sharing, but somewhat less so for networking and evidence-based policy advocacy. Little evidence was found that the SDG4A Virtual Adolescent Research Network has fulfilled its objective.

**Finding 3:** UNFPA has successfully advocated for, provided evidence and technical advice and convened stakeholders to help strengthen the national SRHR policy framework and planning. It can take particular credit for the Noi 2030 Framework, the NPDP 2019-30, the NSRMNCAH Policy 2020-30 and the draft NYAP, as well as for a considerable increase in domestic funding for family planning. The draft 9th NSEDP acknowledges the importance of the demographic dividend.

**Finding 4:** UNFPA has built only limited government statistical and research capacities to maintain benefits. It is unlikely that UNFPA-supported products and processes would continue without support for resource mobilisation and external funding.

**Finding 5:** Government partners face challenges integrating population data in decision-making, result-oriented planning and policy formulation. The new additions to the national policy framework will not be sustainable without external support.

#### 4.1.1 Generating population data and evidence<sup>73</sup>

**Finding 1:** Much has been achieved to improve the availability of population data and evidence and linkages with women and girls' SRHR, and major population statistics operations are underway or in the pipeline with UNFPA support.

At the beginning of the programme cycle, UNFPA contributed to a successful 2<sup>nd</sup> Lao Social Indicator Survey (LSIS II 2017). In 2016-17, LSB carried out LSIS II in all provinces of Lao PDR in collaboration with MOH and MOES and with lead support from UNICEF and technical inputs from UNFPA and others. The survey report, published in June 2018, contains data that have been used for monitoring the SRHR indicators of the 8<sup>th</sup> NSEDP and as baseline data - e.g., for the Noi 2030 Framework, Lao's ICPD25 commitments, the 9<sup>th</sup> NSEDP 2021-25 and sector planning. Stakeholders confirmed that women and girls' SRHR was well covered by LSIS II, except for GBV<sup>74</sup>. The CPE team noted the good level of data disaggregation where appropriate by gender, age, location, level of education, wealth and ethnic group, but not by key population as envisaged in the CPD indicator.

Further analysis of data from the Population and Housing Census (PHC) 2015 has been made possible. Thanks to UNFPA technical and financial support, LSB was able to conduct and publish population projections at the national and provincial levels (2015-45) and district levels (2015-2035). Interviews showed that the projections were being used to inform central government strategies and plans such as the NPDP 2019-30. Furthermore, with UNFPA support, LSB published an A&Y monograph in 2019 (in Lao language only).

As FP2020 donor focal point in Lao PDR, UNFPA has helped produce evidence to drive progress on the country's FP goals and make a strong case for more domestic investments in FP. In 2017, the country office conducted a cost-benefit study of Lao PDR's FP programme.<sup>75</sup> It has also facilitated annual monitoring of FP indicators contained in the 8<sup>th</sup> NSEDP using routine statistics, thus reducing reliance on periodic national household surveys. It supported MOH to organise training on [Track20](#), a tool that supports

<sup>73</sup> Evaluation matrix IND1.1.1.

<sup>74</sup> Only men and women's attitudes toward domestic violence was covered.

<sup>75</sup> UNFPA Policy Brief "SAVING LIVES, SAVING MONEY: Financing Family Planning Commodities in Lao PDR", April 2017. Source: [https://lao.unfpa.org/sites/default/files/pub-pdf/FP%20brief\\_UNFPALaoPDR.pdf](https://lao.unfpa.org/sites/default/files/pub-pdf/FP%20brief_UNFPALaoPDR.pdf).

governments participating in FP2020 to collect, analysis and use data to monitor progress in FP and to use data to improve family planning strategies and plans.

In line with the government's ICPD25 commitment to use population data for the 9<sup>th</sup> NSEDP 2021-25, in September 2019, the UNFPA country office and MPI/CDR kicked off a "Lao 2030 study" on population dynamics and linkages to development priorities to enable the 9<sup>th</sup> NSEDP to better respond to the population dynamics in the country. The study, which has largely been put together by an international consultant, was still in draft form at the time of data collection and not publicly available, but, according to key informants, key messages are reflected in the draft 9<sup>th</sup> NSEDP pillar on human capital development.

Major population statistics operations, that the CPD did not envision, are underway or in the pipeline. 2019 and 2020-21 AWP's with LSB envisage resource mobilisation and UNFPA technical support for conducting a first inter-census population survey in Lao PDR in 2020, subsequently postponed to 2021. The CPE team noted that preparations for conducting the inter-census were delayed due to prolonged discussions between LSB and UNFPA on its necessity past mid-way to the next PHC in 2025, its cost-effectiveness and its feasibility given the remaining short time-frame and limited capacities. Only a draft concept note was available and consulted stakeholders, including potential donors, did not know about the plans to implement an inter-census. UNFPA has also been requested by the UNRC to coordinate the UNCT around the CRVS, with the overall goal to have a streamlined data system design, data collection and analysis that facilitate leaving no one behind and measure progress towards the SDGs.<sup>76</sup> This work is at a preliminary stage. Furthermore, the CPE team also explored preparations for conducting a census in 2025. LSB-led preparations are expected to start in 2023. No other information was available. However, in this connection a few notable concerns were voiced regarding the accuracy of current census data for meaningful analysis and making projections - e.g., number of children at the village level and prevalence of different types of disabilities - leading to the suggestion to review the methodology and ensure better-trained enumerators. A last major statistical operation with UNFPA involvement that was brought to the attention of the CPE team was LSIS III, which LSB is planning for 2022. UNFPA is among the primary agencies expected to give financial and technical assistance to support the survey.

**Finding 2: The UNFPA country office has put a comparatively strong emphasis on adolescents and particularly adolescent girls in data gathering and research, but key knowledge products are not widely known. The Adolescent Research Days appear useful for knowledge-sharing, but somewhat less so for networking and evidence-based policy advocacy. Little evidence was found that the SDG4A Virtual Adolescent Research Network has fulfilled its objective.**

Under the Noi 2030 Framework, UNFPA has contributed to new data and research on adolescents and especially adolescent girls at the national and subnational levels. Besides the national-level A&Y monograph, the country office worked with Lao TPHI and Plan International to develop an Adolescent Girls Situation Analysis (AGSA) Framework, a large-scale, mixed-method survey that monitors progress against the indicators in the Noi 2030 Framework. With financial support from the Government of Luxembourg, UNFPA supported Lao TPHI to conduct AGSA studies in Bokeo in 2018 and Savannakhet in 2019. The studies provide information relevant to adolescent girls' and boys' well-being - i.e., education, SRH and rights, health, safety and protection, economic empowerment, political empowerment, social empowerment, and gender equality. While not in a systematic manner, the analysis is presented across the dimensions of sex, age, ethnicity, religion, marital status, residence, socio-economic status, and parental education and employment. During data collection, the CPE team noted that these useful knowledge products were not widely known among consulted government and development partners.

Likewise, in collaboration with Lao TPHI, UNFPA has organised annual, invitation-only Adolescent Research Days (ARDs) since 2016 as a platform for researchers, policy makers and development partners to share research and collaborate on generating new evidence on adolescent boys and girls aged 10-19 years to promote evidence-based advocacy, policies and comprehensive interventions that are vital to

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<sup>76</sup> The World Bank is providing technical and financial assistance to the Ministry of Home Affairs (MOHA) to improve the coverage and reliability of the CRVS.



achieving the well-being of all adolescents.<sup>77</sup> Results of surveys of 4<sup>th</sup> and 5<sup>th</sup> ARD participants in 2019<sup>78</sup> and 2020 respectively, support key informant statements that the ARD is a useful venue. The most recent 2020 survey results showed that respondents were “very” (68%) or “somewhat” (32%) satisfied with the relevance and usefulness of topics.<sup>79</sup> In terms of the quality of speakers and presentations, 56% were “very” and 42% “somewhat” satisfied. The CPE team noted room for increasing opportunities for participants to network and interact with each other: 59% were “somewhat” and 37% “very” satisfied with networking opportunities. A number of participants suggested leaving more time for discussions and recommended using Lao as the main language. Overall, 86% of the participants would recommend the ARD to others. As for the overall objective of ARDs to inform policy advocacy and comprehensive interventions, the CPE team observed that most studies presented were based on relatively small sample sizes and therefore not conducive, and that substantive technical reports that articulate outcomes and key actions forward from the four ARDs were not available.

The [SDG4A Virtual Adolescent Research Network](#) was launched by UNFPA and Lao TPHI in 2016 for researchers, development partners and other stakeholders in the field of adolescent health research in the Mekong Region (Cambodia, Lao PDR, Myanmar, Thailand and Vietnam) with the aim to increase investments in adolescents and leverage resources for adolescent-responsive interventions and join forces to create a body of evidence for high-level decision-making and programming. The CPE team found little evidence that SDG4A platform has fulfilled its set objective. Results from short surveys conducted by the CPE team showed that 77% of respondents who had participated in the 4<sup>th</sup> ARD in 2019 had never visited the SDG4A website; while 53% of the 5<sup>th</sup> ARD survey participants responded that they were not familiar with the platform. The CPE team made a number of visits to the website in late August 2020 and observed that the website is in English only, membership login is required for viewing non-sensitive information such as the Noi 2030 Framework and AGSA studies, and publicly available information was not up-to-date. As of 15<sup>th</sup> October 2020<sup>80</sup>, the CPE team found the website offline. It was informed that Lao TPHI was in the process of migrating data to the Lao TPHI website<sup>81</sup> because of technical problems since the last quarter of 2019. At the time of finalising the present report, it was not yet available.

#### 4.1.2 Influencing policies and planning<sup>82</sup>

**Finding 3: UNFPA has successfully advocated for, provided evidence and technical advice and convened stakeholders to help strengthen the national SRHR policy framework and planning. It can take particular credit for the Noi 2030 Framework, the NPDP 2019-30, the NSRMNCAH Policy 2020-30 and the draft NYAP, as well as for a considerable increase in domestic funding for family planning. The draft 9<sup>th</sup> NSEDP acknowledges the importance of the demographic dividend.**

On the occasion of the International Day of the Girl Child 2017, a Noi 2030 Framework with five performance indicators was launched to bring together different organisations and programmes for adolescent girls in a results-oriented manner.<sup>83</sup> The Noi 2030 Framework is recognised as the first-ever national adolescent girls’ development framework in line with the 2030 Agenda. It was developed in partnership among Lao TPHI, UNFPA and other development partners convened through the Adolescent Girls Working Group (AGWG) co-chaired by UNFPA and Plan International. In 2018, the framework was included in Lao PDR’s VNR report. The Lao government committed to reporting on the indicators, and PHC and LSIS II data were used to produce baselines. The Noi framework was also included in the Lao PDR government’s ICPD25 commitments.

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<sup>77</sup> Source: 2020 ADR Abstract Book.

<sup>78</sup> A short online survey was sent to 88 participants of the 4<sup>th</sup> ARD in 2019 (of which 20 email addresses were invalid). During the period of 5 to 14 October, 14 responses were received.

<sup>79</sup> 58% of participants were from government, and largely MOH; 23% were students. The remaining 19% consisted of a combination of INGOs (12%), donors (4%), independents (1%) and others (3%).

<sup>80</sup> Day of the 5<sup>th</sup> ARD in Vientiane City.

<sup>81</sup> <http://www.laohrp.com/index.php/hrp/>.

<sup>82</sup> Evaluation matrix IND1.1.2.

<sup>83</sup> See Noi 2030 Framework and Noi Ecosystem in [Annex 14](#).

Also in 2017, the country office organised a national conference on FP to accelerate partnerships for universal access to FP information and services; it conducted a cost-benefit study of Lao PDR's FP programme<sup>84</sup>. The national conference and UNFPA's strong evidence-based message that spending 1\$ on contraceptives can reduce the cost of pregnancy-related care by 7\$ was well received by government, and contributed to a much larger increase in government expenditures on contraceptives than envisaged in the CPD - from US\$40,000 in 2017 to US\$120,000 in 2018 and US\$270,000 in 2019.

As planned, UNFPA was instrumental in supporting MPI staff to consult and formulate a multi-sectoral National Population and Development Policy (NPDP) 2019-30, including based on the UNFPA-supported population projections, and which interviewees characterised as more comprehensive than earlier population policies. Together with UNICEF, WHO and others, UNFPA also substantially contributed to the MOH-led revision of the RH Policy, which evolved into the NSRMNCAH Policy 2020-30 with a new emphasis on adolescents as a major target group.

At the time of the CPE, UNFPA was engaging alongside many others in MPI-led preparations for the 9<sup>th</sup> NSEDP 2021-25. The country office successfully ensured the inclusion of the Noi 2030 Framework and with the help of the above-mentioned Lao 2030 study successfully advocated for acknowledging the importance of the demographic dividend. As part of the UNCT, UNFPA also provided support for assessing the short- and long-term impacts of the covid-19 outbreak for recalibrating the 9<sup>th</sup> NSEDP.

As for other ongoing policy work, a final draft of the very first National Youth and Adolescent Policy (NYAP) was produced in 2019 (2<sup>nd</sup> and 3<sup>rd</sup> drafts were available in 2018). As of October 2020, the Prime Minister's approval was still expected.<sup>85</sup> Among other things, UNFPA had established and facilitated a Youth Reference Group. It had supported multi-stakeholder consultations led by the main youth organisation of the country - the Lao People's Revolutionary Youth Union (LYU). UNFPA also contributed to a new Youth Law (2020) and a Law on Gender Equality (2019). It has been involved - alongside others - in formulating five-year national actions plans 2021-25 on gender equality and on preventing and combating violence against women respectively.

### 4.1.3 Sustainability considerations<sup>86</sup>

**Finding 4: UNFPA has built only limited government statistical and research capacities to maintain benefits. It is unlikely that UNFPA-supported products and processes would continue without support for resource mobilisation and external funding.**

In terms of sustainability of UNFPA's support for data generation and analysis, document review and key informant interviews revealed that building sufficient capacities, including at the subnational level, establishing good inter-sectoral coordination, and successful resource mobilisation are key. Two good examples of sustainable statistical and research capacity building at the central-government level are 1) the district-level population projections that LSB was capable of conducting without further technical support from UNFPA; and 2) training for MOH to enable FP administrative data collection using Track20. However, overall, UNFPA's contribution to institutional statistical and research capacities has been limited. In instances, implementing partners have relied on UNFPA-supported international consultants to produce deliverables. Especially provincial statistical offices have not benefited from UNFPA technical expertise or been directly involved in CP6 implementation - e.g., adolescent girls situation analyses in Bokeo and Savannakhet and population projections, which potentially affects institutional sustainability. In terms of financial sustainability of UNFPA-supported products and processes, including critical statistical operations such as LSIS, it is unlikely that benefits would continue without support for resource mobilisation and external funding.

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<sup>84</sup> UNFPA Policy Brief "SAVING LIVES, SAVING MONEY: Financing Family Planning Commodities in Lao PDR", April 2017. Source: [https://lao.unfpa.org/sites/default/files/pub-pdf/FP%20brief\\_UNFPALaoPDR.pdf](https://lao.unfpa.org/sites/default/files/pub-pdf/FP%20brief_UNFPALaoPDR.pdf).

<sup>85</sup> According to the UNFPA country office, in December 2020, the draft NYAP was converted into a National Youth and Adolescent Strategy and approved by the Prime Minister.

<sup>86</sup> Evaluation matrix IND1.1.3.

**Finding 5: Government partners face challenges integrating population data in decision-making, result-oriented planning and policy formulation. The new additions to the national policy framework will not be sustainable without external support.**

In terms of sustainability, overall, document review and interviews revealed that while the government is using (not all) UNFPA-supported population data and analyses to inform policy formulation and planning (e.g., LSIS II), MPI and line ministries are not fully aware of population issues and versatile in different methodologies for using population data for decision-making, result-oriented planning and policy formulation. Additionally, key informants emphasised that development partner support for implementing the new national policies - e.g., the NPDP - will be crucial.

## 4.2. Evaluation question 2: Effectiveness and sustainability of the sexual and reproductive health programme

<p><b>EQ2: To what extent has UNFPA strengthened national FP and MH programmes and enhanced health sector capacities to provide quality FP and MH services, including in remote areas and disadvantaged ethnic communities, in a sustainable manner?</b></p>
<p><b>Findings:</b></p> <p><b>Finding 6:</b> Important progress has been made in ensuring contraceptive security in Lao PDR. Essential RH commodities have been integrated in mSupply which UNFPA and other development partners have helped roll out countrywide at the province and district levels. Village-level health centre records and human resource capacities remain weak points, but overall stocking levels have improved. At least 80% of all contraceptives are distributed using mSupply.</p> <p><b>Finding 7:</b> Thanks to UNFPA, the public health sector is better equipped to provide comprehensive family planning services and the national coverage of family planning services increased to 43% in 2018. But unmet need for family planning remains a serious concern because of quality issues and access barriers in the form of time and money as well as social norms and confidentiality issues, particularly for unmarried women and sexually-active young people.</p> <p><b>Finding 8:</b> UNFPA has continued strengthening midwifery education in Lao PDR. The percentage of midwifery teachers teaching according to International Confederation of Midwives standards increased to nearly 90% at nine midwifery schools across the country.</p> <p><b>Finding 9:</b> Despite challenges, with UNFPA advocacy support, the share of graduated ethnic midwives increased between 2016 and 2020 to not quite a third of all midwives in Bokeo and Savannakhet provinces. Data on their deployment was not available.</p> <p><b>Finding 10:</b> UNFPA assistance for maternal death surveillance and response and EmOC is a very good use of resources. UNFPA has supported the introduction of a BEmOC curriculum for midwives and the conduct of BEmOC master training in selected provinces to help reduce preventable maternal deaths.</p> <p><b>Finding 11:</b> Benefits resulting from UNFPA’s support for family planning and maternal health services are nationally owned. However, the government relies on external partners for rolling out and scaling up benefits, even more so because of covid-19.</p>

### 4.2.1 Family planning<sup>87</sup>

**Finding 6:** Important progress has been made in ensuring contraceptive security in Lao PDR. Essential RH commodities have been integrated in mSupply which UNFPA and other development partners have helped roll out countrywide at the province and district levels. Village-level health centre records and human resource capacities remain weak points, but overall stocking levels have improved. At least 80% of all contraceptives are distributed using mSupply.

<sup>87</sup> Evaluation matrix IND2.1.1, IND2.1.2.

Besides efforts to strengthen the policy framework and to increase government financial resources for family planning, the CPD committed UNFPA to provide technical support to improve the supply-chain management system for essential RH medicines and equipment. Specifically, and as the CP6 and UNJP RMNCH mid-term reviews previously noted, UNFPA and MOH, with the help of other development partners including the World Bank and the Global Fund, have achieved the CPD target of rolling out the mSupply system<sup>88</sup> to all 18 provinces (up from a baseline of 3 provinces) and ensuring that it integrates essential RH medicines and equipment. As part of the UNJP RMNCH, on-the-job training was tested for health staff in Bokeo, Bolikhamxay and Savannakhet provinces to improve stock monitoring and forecasting.

Key informant interviews and visits to district-level hospitals in Bokeo and Oudomxay provinces revealed that mSupply is a very good tool that is helping MOH to better ensure sufficient stocks at public health facilities. According to the 2018 Stock Availability Survey, stock levels in provincial and district hospitals, and especially health centres, were still inadequate, limiting women's choices to use their preferred methods. In 2019 and 2020, the situation has improved. At least 80% of all contraceptives are distributed using mSupply.

However, the CPE team noted some difficulties that have been faced. Annual SIS reports and sub-national consultations revealed challenges for health centre staff at village-level to confidently perform their tasks and to correctly record FP services in the intended Excel sheets for forecasting needs. Furthermore, supply chain management has been frequently orphaned by staff absences because of training and staff rotation; it has been interrupted by competing responsibilities and system errors that only the centre can fix.

**Finding 7: Thanks to UNFPA, the public health sector is better equipped to provide comprehensive family planning services and the national coverage of family planning services increased to 43% in 2018. But unmet need for family planning remains a serious concern because of quality issues and access barriers in the form of time and money as well as social norms and confidentiality issues, particularly for unmarried women and sexually-active young people.**

Thanks to UNFPA, the public health sector is also better equipped to provide comprehensive FP services. During 2017-18, UNFPA trained more than 1,000 midwives and health service providers from all provinces in FP comprehensive services based on the national FP comprehensive training package, thus contributing to an increase in the national coverage of FP services from 35% in 2016 to 43% in 2018.<sup>89</sup> Though quality issues have been encountered. Interviewed service providers in district health facilities noted problems around knowledge of different FP methods and counselling skills, availability of IEC materials for clients such as brochures and posters, and digitalisation of patient records.

The 2019 mid-term review of the RMNCH Strategy showed that the usage of modern contraceptive methods among women of reproductive age married or in union was slowly increasing, but that the country was not on track to achieve its target of 70% by 2025, including due to quality of care issues and stock-outs.<sup>90</sup> Disparities were relatively small, and the modern contraceptive prevalence rate was even slightly higher amongst rural and less-educated women than amongst urban and more-educated women. However, it was extremely low among non-married women; unmet need was highest amongst this group and among adolescents aged 15-19. The CPE team also learned through its field visits about access barriers in the form of travel and wait times, travel costs and out-of-pocket payments, confidentiality issues, social norms and preconceived notions.

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<sup>88</sup> mSupply is an electronic logistics management information system, currently at province and district level, that allows real-time monitoring of stocks to improve the continuous availability of essential commodities in health facilities.

<sup>89</sup> Source: UNFPA Lao PDR: Key Results Achieved in 2018.

<sup>90</sup> The Lao government then reset the target to 65% by 2025 and 70% by 2030. Source: UNFPA country office.

## 4.2.2 Midwifery education<sup>91</sup>

**Finding 8: UNFPA has continued strengthening midwifery education in Lao PDR. The percentage of midwifery teachers teaching according to International Confederation of Midwives standards increased to nearly 90% at nine midwifery schools across the country.**

Building on earlier support to Lao PDR during previous country programme cycles, quality midwifery education and improving the quality of services is an entire output area of CP6. Thanks to UNFPA, midwifery training was upgraded under the previous country programme to a 3-year higher diploma according to International Confederation of Midwives standards. In 2019, the CP6 mid-term review found that UNFPA had strengthened midwifery education and the capacities of midwifery educators. By the end of 2019, with UNFPA support, the percentage of midwifery teachers and preceptors teaching according to international standards had increased from a baseline of 9.5% to 89% (or 84 staff) of total midwifery teachers in nine midwifery schools under MOH<sup>92</sup>, exceeding the CPD target of 75%.<sup>93</sup>

The CPE team interviewed key informants in the country capital and visited the Oudomxay Public Health School where it spoke to management, trained midwifery teachers and midwifery students, including from ethnic groups. The new curriculum was considered a welcome improvement over the former two-year midwifery course. In particular, midwife students were benefiting from more clinical training.

**Finding 9: Despite challenges, with UNFPA advocacy support, the share of graduated ethnic midwives increased between 2016 and 2020 to not quite a third of all midwives in Bokeo and Savannakhet provinces. Data on their deployment was not available.**

Furthermore, to specifically target vulnerable mothers from disadvantaged ethnic groups and to ensure that remote ethnic communities are served by midwives who are able to provide quality services that are culturally acceptable, UNFPA and MOH agreed to increase the deployment of midwives from different ethnic groups. The ethnic midwife programme was rolled out in Bokeo and Savannakhet provinces in 2018-19 and expanded countrywide in 2020.

The share of ethnic midwives has increased with UNFPA support. According to MOH/UNFPA monitoring data<sup>94</sup>, the percentage of accredited midwives from ethnic groups graduated and deployed as midwives of their ethnic community at large of all ethnic midwives graduated increased from an estimated 7% in 2016 to 14% in 2018 and 36.7% in 2019. No further progress was recorded in 2020. However, absolute numbers suggest that graduated ethnic midwives have been tracked, rather than the percentage of deployed midwives. Furthermore, based on the absolute numbers (of 228 graduated midwives by 2019, 70 were of ethnic origin), the percentage would appear lower - i.e., 31%. In any event the CPD target of 25% was surpassed - however only for the two target provinces.

The number of graduated midwives is expected to increase further. Of the 562 student midwives enrolled in year 1 of the UNFPA-supported three-year midwifery degree between 2017 and 2019, approximately one-third of the students were from ethnic groups in 2018 and 2019 respectively (Table 8<sup>95</sup>).

Table 8. # of student ethnic midwives enrolled in year 1 of the 3-year midwifery degree

	2017	2018	2019
Total	229	166	167
Ethnic groups		57	48

Source: MOH/DHPE

<sup>91</sup> Evaluation matrix IND2.2.1, IND2.2.2.

<sup>92</sup> Xieng Khouang Public Health School; Oudomxay Public Health School; Khammouan Public Health School; Vientiane Technical Nursing School; Luang Prabang College of Health Sciences; Savannakhet College of Health Sciences; Champasak College of Health Sciences; Primary Health Care Training Center Saravanh; Faculty of Nursing/University of Health Sciences.

<sup>93</sup> The CPD had originally envisaged trained midwifery teachers in university education.

<sup>94</sup> Also see MOH quarterly reports.

<sup>95</sup> 2020 data were not yet available. For 2017, data on ethnicity of students were not available.

To this end, UNFPA and MOH had planned a range of activities<sup>96</sup>, of which, according to annual SIS and other reports, the following were implemented: a mapping exercise of trained and deployed ethnic midwives conducted; evidence-based advocacy materials aimed at ethnic communities, authorities and secondary school students developed; subnational advocacy events; and ethnic midwife students trained. Further probing into the number of graduated and deployed ethnic midwives clarified that UNFPA intended to provide individual study grants to students without their own means. Throughout data gathering, inconsistent information on grant beneficiaries was received from UNFPA and MOH. According to feedback from the UNFPA country office on the 2<sup>nd</sup> draft evaluation report, UNFPA's grants have not or hardly been used: one ethnic student from Savannakhet province received a grant in 2017-18; no grants were provided in 2018-19; and 13 ethnic students were selected from across Lao PDR who started in November 2020.

Making progress, according to SIS reports and key informants, has been challenging. Particularly time-consuming has been identifying and attracting ethnic candidates from remote areas to pursue a non-traditional career as midwife who meet the training entrance requirements. Another challenge has been the general reluctance of MOH at the central and provincial levels to train more midwives because of a limited government quota for health professionals, including for midwives.

**Finding 10: UNFPA assistance for maternal death surveillance and response and EmOC is a very good use of resources. UNFPA has supported the introduction of a BEmOC curriculum for midwives and the conduct of BEmOC master training in selected provinces to help reduce preventable maternal deaths.**

Document review and interviews showed that UNFPA long-time support, including technical and financial support, for national and provincial maternal death surveillance and response (MDSR) structures and implementing MDSR in all provinces of Lao PDR is providing good data for decision-making.

MDSR data has showed high number of deaths due to post-partum haemorrhage and eclampsia. To reduce such preventable maternal deaths, the RMNCH Strategy and Action Plan aim to improve EmONC services all over the country with the support of development partners. As part of continuous professional development for midwives, UNFPA and MOH, in collaboration with LAM, have commenced in-service training modules on basic emergency obstetric care (BEmOC) based on the "Helping Mothers Survive" programme and the "low dose high frequency" approach<sup>97</sup>. To this intent, with funds from the UNFPA Maternal Health Thematic Fund, a small pool of health professionals was trained as national master trainers. In April 2020, UNFPA signed an agreement with KOFIH to train 12 midwifery teachers at Xieng Khouang School of Health Sciences as master trainers for Xieng Khouang and Houaphanh provinces to provide and improve BEmOC in 149 health facilities and through outreach services. Somewhat delayed because of covid-19, midwives from Champasak, Luang Prabang, Xieng Khouang and Houaphanh provinces attended a training to become teachers on BEmOC in health facilities across their provinces.

### 4.2.3 Sustainability considerations<sup>98</sup>

**Finding 11: Benefits resulting from UNFPA's support for family planning and maternal health services are nationally owned. However, the government relies on external partners for rolling out and scaling up benefits, even more so because of covid-19.**

In 2019, the *UNJP RMNCH mid-term review* highlighted that sustainability considerations should be paramount, particularly given Lao's intention to graduate to middle-income country status, which is likely to result in less ODA. It found that, while UNJP-supported products appeared to be owned by MOH, domestic technical and financial resources to scale up tested initiatives across the country in the short to medium-term were insufficient. On-going support was therefore likely to be required beyond the end of

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<sup>96</sup> Annual plans list: advocacy events (2017), advocacy strategy for recruitment (2017, 2018), human resources development plan (2017), sensitisation of DHP and DHPE on importance of ethnic midwives (2019), training of ethnic midwives, including entrance of five ethnic students into the 3-year midwifery programme (2018, 2019, 2020), updating database on deployed ethnic midwives (2020), and advocacy brief on deployment of ethnic midwives (2020).

<sup>97</sup> <https://hms.jhpiego.org/>; <https://hms.jhpiego.org/about-us/our-approach/>.

<sup>98</sup> Evaluation matrix IND2.1.3, IND2.2.3.



the current phase ending in 2020 to ensure full ownership, institutionalisation and sustainability of supported interventions.

Evidence gathered by the CPE team showed that UNFPA work in family planning and maternal health services has been implemented under the RMNCH Strategy and Action Plan and within government structures. New UNFPA-supported guidelines, tools and training packages have been formally approved. National master trainers have been trained in FP and MH and are conducting trainings. Supply chain management and FP comprehensive modules have been integrated in pre-service training for midwives, nurses and primary healthcare providers. However, interviews also confirmed that the government continues to depend on mobilising external partners to finance in-service training and education to ensure sufficient coverage of knowledge and skills and quality services to improve the country's health indicators. Despite increased domestic resources for FP commodities and equipment, including thanks to UNFPA, it is not nearly enough. Covid-19 and fiscal problems - both in Lao PDR and donor countries - have aggravated the outlook.

### 4.3. Evaluation question 3: Effectiveness and sustainability of the adolescent and youth programme

**EQ3: To what extent has UNFPA increased national priority on A&Y and enhanced national capacities in the health and in non-health sectors to provide AYFS, especially to adolescent girls and in remote areas and among disadvantaged ethnic communities, and in a sustainable manner?**

**Findings:**

**Finding 12:** UNFPA-supported guidelines and job aid based on WHO standards have not yet had a significant effect on integrated AYFS in those provinces and districts where UNFPA has trained health staff in more health facilities than planned. There are indications that more young people, to a large extent young woman, are accessing public SRH services, but they could not be sure to receive youth-friendly services.

**Finding 13:** UNFPA is a key partner for CSE in Lao PDR. Thanks to UNFPA, comprehensive life skills-CSE is now part of the national curricula for primary school grades 1 to 3, based on the International Technical Guidance on Sexuality Education. UNFPA also supported revisions to CSE in secondary education. Piloting the revised curriculum has been effective overall, with some institutional weaknesses to address, and UNFPA was able to mobilise other development partners for expanding life skills-CSE to other provinces. UNFPA and MOES are successfully piloting CSE for TVET students.

**Finding 14:** Nang Noi Girls Groups are an efficient and effective way to build the life skills of vulnerable girls from across different ethnic groups at the community level. Thanks to additional donor funds and based on lessons learned, the NNGG programme is being rolled out to an additional province - i.e., Oudomxay, and the scope has been extended to include boys.

**Finding 15:** Benefits resulting from UNFPA's support for youth-friendly SRH services are nationally owned. However, the government relies on external partners for rolling out and scaling up benefits, even more so because of covid-19.

**Finding 16:** While life skills-CSE in primary school has been institutionalised and is being taught nationwide, this is not yet the case for CSE in secondary education and TVET where further external technical and financial support is required. The future of the NNGG programme is unclear. No national plan exists for rolling out and mobilising resources for NNGGs in additional districts and villages.



### 4.3.1 Adolescent and youth-friendly SRH services<sup>99</sup>

**Finding 12: UNFPA-supported guidelines and job aid based on WHO standards have not yet had a significant effect on integrated AYFS in those provinces and districts where UNFPA has trained health staff in more health facilities than planned. There are indications that more young people, to a large extent young woman, are accessing public SRH services, but they could not be sure to receive youth-friendly services.**

The CPD committed UNFPA to develop institutional and technical capacities to supply youth-friendly SRH services in line with the NSRMNCAH Policy and RMNCH Strategy. Already in 2017, national Adolescent and Youth-Friendly Services (AYFS) Guidelines were elaborated based on WHO standards and endorsed by MOH, reportedly with inputs from young men and women from different ethnic groups. The overall aim of the AYFS Guidelines is to orient healthcare providers across Lao PDR to the special characteristics of A&Y and to appropriate approaches to addressing their health needs - in order to strengthen their abilities to respond to young people more effectively and with greater sensitivity. In addition, a Job Aid for Adolescents and Youth-Friendly Services was developed for health providers. In 2018, training of health providers based on the AYFS Guidelines was rolled out in Bokeo, Savannakhet and Bolikhamxay provinces as part of the UNJP RMNCH. All in all, the CPE team was informed that during 2018-20, national master trainers have trained selected staff of 78% of health facilities in Bokeo, Savannakhet and Bolikhamxay provinces and 100% of health facilities in Xay district of Oudomxay province<sup>100</sup>, exceeding the CPD target of 75% of health facilities in all target provinces.

The *mid-term review of the UNJP RMNCH*, which was conducted in Sepone district (Savannakhet province) in July 2019, recommended looking at options for increasing access and usage by unmarried adolescents and young males, including increasing the number of male health workers trained, and increasing funding for school and community outreach. The *CP6 mid-term review* subsequently confirmed that UNFPA had strengthened government capacities in the area of ASRH and that young people had better access to SRH services. It observed that the AYFS were not applied as a matter of routine across the hospital wards - only by trained staff. It welcomed the number of outreach activities to secondary schools, vocational colleges, factories and villages by the Youth-Friendly Counselling Centre at Kaisone district hospital. Interviewed female and male clients were satisfied with services and counselling received, but explained that many young people were unaware of the location of the centre, which was also difficult to reach from remote villages.

Evidence collected by the CPE team does not suggest that the situation is substantially different in Bokeo province.<sup>101</sup> There, the team also encountered issues on the supply and demand side - i.e., related to unskilled service providers, attitudes among health workers and communication between clients and health care providers, stigma and confidentiality of services in public health facilities. Consulted TVET students felt judged by providers, but were less reluctant to buy condoms and knew where to do so.

The team also learnt that, while integration of AYFS provides young people more options to seek help and advice, separate rooms in hospitals and health facilities and especially youth-friendly counselling centres such as in Savannakhet and Vientiane City (run by LWU) provide for more confidentiality. However, the government has only limited domestic budget for such additional services and relies on external partners.

It was not possible to thoroughly assess A&Y access to SRH services and the UNFPAs country programme's contribution in the target provinces. Age-disaggregated data for young people accessing healthcare is not collected through DHIS2 in Lao PDR.<sup>102</sup> Based on information forwarded from MOH for Savannakhet province for 2019 and 2020 (January to August) (Table 9), an upward trend in overall AYFS client numbers

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<sup>99</sup> Evaluation matrix IND3.1.1. Insufficient information was collected to respond in-depth to IND3.3.1. Collaboration with the private sector is discussed under the efficiency criterion.

<sup>100</sup> In 2019, GNLAO provided funds to expand training to Xay district of Oudomxay province. In 2020, KOICA provided funding for AYFS in Namor district of Oudomxay province.

<sup>101</sup> The CPE team did not visit Xay district in Oudomxay province where 100% of health facilities are reported to have been trained.

<sup>102</sup> The UNFPA country office informed the CPE team that it was working on closing this data gap with MOH.

can be observed during the first eight months of 2020 over 2019; the majority of clients were provided counselling services as opposed to them seeking treatment; a very high percentage of clients were young women. AYFS services mainly benefited higher age groups (Table 10), and particularly persons age 24 and over, which, per UN definition are not considered young.<sup>103</sup> 10-14 and 15-19-year-old female adolescents constituted only 0.3% and 15.7% of counselling clients in 2019. No data were available for 2018 or the other UNFPA target provinces.

Table 9. # of AYFS clients by gender, 2019 and 2020 (January to August), Savannakhet

	2019	2020
Total number of counselling cases	21,451	19,385
Number and % of female clients (counselling)	20,626 (96.2%)	18,601 (96.0%)
Total number of treatment cases	1,488	4,266
Number and % of female clients (treatment)	1,390 (93.4%)	4,189 (98.2%)

Source: MOH/UNFPA

Table 10. # of AYFS clients by age group, 2019 and 2020 (January to August), Savannakhet

	10-14	15-19	20-24	>24
Number and % of counselling cases in 2019	71 (0.3%)	3,358 (15.7%)	5,454 (25.4%)	10,924 (50.9%)
Number and % of counselling cases in 2020	48 (0.3%)	2,631 (13.6%)	5,560 (28.7%)	10,536 (54.4%)
Number and % of treatment cases in 2019	27 (1.8%)	154 (10.3%)	329 (22.1%)	939 (63.1%)
Number and % of treatment cases in 2020	16 (0.4%)	287 (6.7%)	863 (20.2%)	2,817 (66.0%)

Source: MOH/UNFPA

#### 4.3.2 Life skills-CSE in schools<sup>104</sup>

**Finding 13: UNFPA is a key partner for CSE in Lao PDR. Thanks to UNFPA, comprehensive life skills-CSE is now part of the national curricula for primary school grades 1 to 3, based on the International Technical Guidance on Sexuality Education. UNFPA also supported revisions to CSE in secondary education. Piloting the revised curriculum has been effective overall, with some institutional weaknesses to address, and UNFPA was able to mobilise other development partners for expanding life skills-CSE to other provinces. UNFPA and MOES are successfully piloting CSE for TVET students.**

UNFPA is a key partner for including age-appropriate life skills-CSE in primary and secondary education and TVET. Since 2017, UNFPA has successfully worked with MOES to integrate more comprehensive life skills-CSE lessons (ເພດສຶກສາ ທັກສະຊີວິດ) into the curricula for primary school grades 1 to 3, based on the [International Technical Guidance on Sexuality Education \(ITGSE\)](#). Furthermore, based on an assessment of the life-skills curriculum, UNFPA supported MOES to develop an implementation plan for improving the integration of CSE in secondary education and to develop a stand-alone CSE module for TVET institutions.

UNFPA has also engaged in teacher training for the secondary education and TVET sectors. The country office has helped to establish a pool of national master trainers to train teacher trainers in eight teacher training institutes across the country<sup>105</sup> as well as secondary school teachers; it equipped TVET teachers to deliver life skills-CSE. In-service teacher training for primary schools has been conducted nationwide

<sup>103</sup> According to the UN (WHO), the term young people covers the age range 10-24 years. Adolescents are defined as individuals aged 10-19 years (very young adolescents aged 10-14). Youth are persons aged 15-24. The Lao People's Revolutionary Youth Union Law says that Lao youth are between 15-35 years old.

<sup>104</sup> Evaluation matrix IND3.2.1.

<sup>105</sup> Teacher training institutes in Champasack, Luang Namtha, Luang Prabang, Salavanh, Savannakhet, Vientiane and Xieng Khouang provinces and Vientiane Capital.

through BEQUAL<sup>106</sup>, including on life skills-CSE, without UNFPA involvement. In 2019, the revised life skills-CSE curriculum was piloted in 45 secondary schools in Bokeo province reaching over 25,000 students; life skills-CSE was introduced to TVET students in Bokeo and Savannakhet provinces. UNFPA and MOES want to leverage results by engaging other development partners. Discussions with Plan International and ChildFund have led to agreements to expand life skills-CSE to secondary schools in Oudomxay, Hauphanh and Xieng Kuang provinces as well as Vientiane Capital, covering an additional 28,000 students.

The CPE team met provincial and district education officials in Bokeo and Oudomxay. In Bokeo, it also visited TVET teachers and students; it consulted the director, teachers and students of a secondary school in Oudomxay. At the time of the CPE, UNFPA and MOES were conducting a rapid assessment in Bokeo province to generate more evidence before integrating life skills-CSE into the national curriculum of secondary education. All in all, the finding of the rapid assessment that life skills-CSE in secondary education has so far been effective confirmed the evidence collected by the CPE team in Vientiane City and during the field visits. Secondary school students expressed their satisfaction and confirmed the usefulness of life skills-CSE. They appreciated the use of social media, and, overall, their knowledge had increased. While overall effective, some institutional weaknesses appeared - i.e., insufficient teaching/IEC materials; not enough time; difficulties integrating CSE in other subject lessons; and substitute teachers who lack the necessary knowledge.

The CPE team also confirmed that CSE was being taught to TVET students from different ethnic groups in Bokeo, for whom the positive approach to a topic previously unspoken of was a new and positive experience. Teachers appreciated the modular approach.

### 4.3.3 Non-formal life skills-CSE<sup>107</sup>

**Finding 14: Nang Noi Girls Groups are an efficient and effective way to build the life skills of vulnerable girls from across different ethnic groups at the community level. Thanks to additional donor funds and based on lessons learned, the NNGG programme is being rolled out to an additional province - i.e., Oudomxay, and the scope has been extended to include boys.**

UNFPA initiated the Nang Noi Girls Groups (NNGGs) programme to help implement the Noi 2030 Framework. Starting in December 2017, it was piloted in nine villages of Sepone district in Savannakhet province in collaboration with MOES. The pilot included 200 adolescent girls aged 10-14, training for 20 mentors out-of-school aged 16-24, a validation of a manual/training course consisting of 40 weekly life skills sessions, and a costing exercise<sup>108</sup>. Subsequently, village-level NNGGs were scaled up and extended to other provinces. In 2019, 600 adolescent girls in 29 villages in Savannakhet (19) and Bokeo (10) provinces were taught about essential life skills with the help of 60 trained mentors. According to the records, by June 2020, 120 mentors had been trained and 1,200 adolescent girls in and out-of-school reached.

UNFPA SIS reports describe lessons that were learned from initial implementation. First, mentors need to have sufficient basic numeracy, literacy and facilitation skills to conduct sessions. Second, mentors may leave the programme to take on paid jobs or marry and therefore need to be replaced quickly, which requires a pipeline of trained mentors. Third, sensitised parents, community leaders and local authorities are more likely to allow the adolescent girls to join. Fourth, to ensure optimal attendance, the timing of the weekly sessions needs to fit in with girls' household and farming chores; participation should also be fun.

The *CP6 mid-term review* in 2019 took a close look at NNGGs in Savannakhet province. While perceptions differed among villages, overall, the mid-term review found that the NNGGs were appreciated by the communities, and that the structured sessions had resulted in successful NNGG interventions, which had brought about health, social, cognitive and economic skills. It also revealed a desire for greater coverage of adolescent girls and for including adolescent boys. It recommended expanding the NNGG programme

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<sup>106</sup> Basic Education Quality and Access in Lao PDR (BEQUAL) is a ten-year programme by MOES, with support mainly from the Australian government and the European Union (<http://www.bequal-laos.org/>).

<sup>107</sup> Evaluation matrix IND3.2.3.

<sup>108</sup> The costing exercise showed that essential life skills can be provided to adolescent girls at a cost of USD300 per adolescent girl in one year.

to adolescent boys as part of creating an enabling ecosystem for girls, expanding its geographic coverage, better integration with other AYFS and CSE interventions, and using participants to provide SRH information and promote the use of modern contraceptives in their communities.

The CPE team consulted district and village officials, NNGG mentors and parents in Pha Oudom district of Bokeo province almost one year into implementation. Obvious benefits for the mentors and the adolescent girl participants from different ethnic groups in terms of social cohesion, skills building and empowerment were confirmed. However, despite communications by UNFPA and MOES, uncertainties and unclarities around the aspects of participation and inclusiveness were voiced. Consulted mentors and parents felt they had no say in their involvement in the NNGG programme, but that it was the decision of the village chief. Similarly, they were unaware of the criteria for selecting mentors and participants, which was apparently causing tensions with other adolescent girls not benefiting from the programme as well as with boys. Mentors, who are compensated with daily subsistence allowance and training opportunities for income generation<sup>109</sup>, were bothered that their work was not remunerated.

In 2019, the UNFPA country office mobilised resources from KOICA for starting NNGGs in all 63 villages of Namor district in Oudomxay province and for engaging boys. The project was launched in June 2020 and by October 2020 first activities have been implemented.

#### 4.3.4 Sustainability considerations<sup>110</sup>

**Finding 15: Benefits resulting from UNFPA's support for youth-friendly SRH services are nationally owned. However, the government relies on external partners for rolling out and scaling up benefits, even more so because of covid-19.**

In 2019, the *UNJP RMNCH mid-term review* highlighted that sustainability considerations should be paramount, particularly given Lao's intention to graduate to middle-income country status, which is likely to result in less ODA. It found that, while UNJP-supported products appeared to be owned by MOH, domestic technical and financial resources to scale up tested initiatives across the country in the short to medium-term were still insufficient. On-going support was therefore likely to be required beyond the end of the current phase ending in 2020 to ensure full ownership, institutionalisation and sustainability of supported interventions.

Evidence gathered by the CPE team showed that UNFPA work in adolescent SRH has been implemented under the RMNCH Strategy and Action Plan and within government structures. New UNFPA-supported guidelines, tools and training packages have been formally approved. National master trainers have been trained in ASRH and are conducting trainings. The government had put aside funding for rolling out AYFS, but which was repurposed to address covid-19. Overall, this bodes well for sustainability. However, interviews also confirmed that the government continues to depend on mobilising external partners to finance in-service training and education to ensure sufficient coverage of knowledge and skills and quality services to improve the country's health indicators. Despite increased domestic resources for FP commodities and equipment, it is not nearly enough. Covid-19 and fiscal problems - both in Lao PDR and donor countries - have aggravated the situation.

**Finding 16: While life skills-CSE in primary school has been institutionalised and is being taught nationwide, this is not yet the case for CSE in secondary education and TVET where further external**

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<sup>109</sup> According to a document shared with the CPE team entitled "Overview of Income Generation Training for Nang-Noi Girls Groups" and dated 1.12.2020, "financial literacy and income generation skills training were conducted for 60 mentors from Savannakhet province and training on income generation skills were conducted for 60, 60 and 20 mentors from Savannakhet, Oudomxay and Bokeo provinces respectively during 2020". On the occasion of the International Day of the Girl Child 2020, the provision of seed money to five trained mentors to start small businesses was announced.

<sup>110</sup> Evaluation matrix IND3.1.2, IND3.2.2, IND3.2.4. Insufficient information was collected to respond in-depth to IND3.3.2. Collaboration with the private sector is discussed under the efficiency criterion.

**technical and financial support is required. The future of the NNGG programme is unclear. No national plan exists for rolling out and mobilising resources for NNGGs in additional districts and villages.**

UNFPA has handed over the new life skills-CSE curricula to MOES as an integral part of primary school grades 1 and 2; in-service teacher training is being provided through BEQUAL. UNFPA has also raised the awareness and built capacities of MOES to strengthen life skills-CSE in secondary education and TVET. MOES has endorsed and is rolling out the new curricula, but would not be able to do so entirely without the support of UNFPA and other development partners. To increase the likelihood of sustainability, the mid-term review of CP6 recommended that life skills-CSE be integrated into the teacher training curriculum. It recommended that all teacher training colleges be oriented and supported to integrate CSE into the teaching training curriculum.

Consultations in Bokeo by the CPE team revealed that stakeholders and beneficiaries were unclear about the continuation of the programme after completing the first round of training, despite communications on this subject by UNFPA and MOES. Would the same group of girls continue with further education? Would mentors take over new groups? Would UNFPA continue to cover the costs? The fact that mentors are providing unpaid work is also relevant to the question of sustainability. Mentors have left the programme to take on paid jobs leaving vacancies that were not easy to fill. In 2019, the CP6 mid-term review suggested looking at ways for beneficiary communities to sustain NNGG activities without external support. The CPE team was informed by the UNFPA country office about discussions with district and village authorities to mobilise local contributions, but was unable to verify progress. Besides the future of ongoing NNGG activities, the CPE team noted that no national plan exists for rolling out the NNGG programme in additional places. UNFPA was engaging in further resource mobilisation.

## 4.4. Evaluation question 4: Effectiveness of the gender equality programme

<b>EQ4: To what extent has UNFPA increased national priority on GE/GBV and enhanced capacities in the health and in non-health sectors to prevent and respond to GBV, in a sustainable manner?</b>
<b>Findings:</b> <b>Finding 17: The initially unplanned and recent work of UNFPA on multi-sectoral systems strengthening for preventing and responding to GBV had a slow start, but donor funds for initiating the ambitious undertaking of operationalising the Essential Services Package for Women and Girls Subject to Violence are expected to accelerate progress.</b>

### 4.4.1 Essential services for women and girls subject to violence<sup>111</sup>

**Finding 17: The initially unplanned and recent work of UNFPA on multi-sectoral systems strengthening for preventing and responding to GBV had a slow start, but donor funds for initiating the ambitious undertaking of operationalising the Essential Services Package for Women and Girls Subject to Violence are expected to accelerate progress.**

As already mentioned, the CPD does not have a GE outcome or GBV-related targets. While not reflected in its results framework, the CPD did, however, envisage UNFPA efforts to advocate for a better health-sector response to GBV.

Connected to the flood humanitarian response delivered in 2018 in Attapeu province and associated insights, UNFPA in Lao PDR initiated targeted GE/GBV activities in 2019 under the PD component. UNFPA 2019 and 2020 annual workplans included interventions to assist the Government of Lao PDR, through LWU, to establish essential multi-sectoral services to prevent and respond to violence against women and girls, and to put in place a functioning multi-sectoral referral system, based on the 2014 Law on Preventing and Combating Violence Against Women and Children.

<sup>111</sup> Evaluation matrix IND4.1.1, 4.1.2, 4.1.3, 4.1.4.

Efforts by UNFPA to strengthen referral systems and improve the responses of concerned sectors and levels had a slow start. Data gathering revealed that no work had specifically been undertaken to strengthen the health-sector response to GBV. By the end of 2019, thanks to UNFPA, the [Essential Services Package for Women and Girls Subject to Violence](#) (ESP) was officially integrated into the draft National Action Plan on Preventing and Combating Violence against Women 2021-25 and the Health Sector Development Plan. The CP6 mid-term review concluded that the adaptation of the ESP should be accelerated.

Meanwhile, UNFPA and LWU have drafted a five-year concept note for the ESP initiative to be implemented in two phases (2020-22 and 2023-25). In 2020, the country office successfully mobilised other resources from three donors - Australia, UK and KOICA - for initiating the establishment and operationalisation of the ESP at the national level and in Savannakhet, as pilot province, for improving LWU shelter capacity in Savannakhet, and for engaging men and boys in GBV prevention. Evidence collected through documentation and interviews points to the importance of involving other development partners in the ambitious undertaking and of building on existing experiences and work to strengthen GBV prevention and response in Lao PDR and elsewhere, such as in the area of legal aid or the UN-Women/ILO [Safe and Fair](#) Spotlight Initiative 2018-22 in support of Lao women migrants. In July 2019, the UNFPA country office organised a stakeholder workshop on the ESP and mapping. The mapping is reportedly still in progress.

## 4.5. Evaluation question 5: Effectiveness of UNFPA public outreach and communications<sup>112</sup>

<p><b>EQ5: To what extent have communication materials and activities generated awareness relating to SRH and RR to promote positive behaviour?</b></p>
<p><b>Findings:</b></p> <p><b>Finding 18: Facebook, international days and campaigns and national events have featured strongly as communication platforms. Using social media and other communication channels, including a mobile application, the UNFPA-designed animation figure Noi has gained national prominence.</b></p> <p><b>Finding 19: Feedback on UNFPA communications is positive, and provinces would have liked to have more materials. Physical and virtual access and languages constrain communication outreach to vulnerable ethnic communities.</b></p>

The UNFPA country office in Lao PDR has a strong focus on outreach. Strategically, it has pro-actively used communications to strengthen its visibility, reinforce its role, forge partnerships with other development partners and the private sector, and spread information and messages. The vibrant communication team has worked on the basis of communication strategies and workplans (2019 and 2020) and in close collaboration with UNFPA programme staff and with guidance from UNFPA management.

**Finding 18: Facebook, international days and campaigns and national events have featured strongly as communication platforms. Using social media and other communication channels, including a mobile application, the UNFPA-designed animation figure Noi has gained national prominence.**

UNFPA has used a range of communications channels for reaching different population groups and locations, including the UNFPA Laos website, Facebook page and Twitter account; SMS and a mobile application; television, radio and newspapers; videos, leaflets, brochures and flyers; and personal communication. The UNFPA country office has used commemorations such as World Population Day, the International Day of the Girl Child, the International Day of the Midwife, the 16 Days of Activism against Gender-Based Violence and the 25<sup>th</sup> anniversary of the International Conference on Population and Development (ICPD25) to reach out to the public. For instance, UNFPA reportedly coordinated over 20 partners during the 16 Days campaign in 2019, including UN agencies, INGOs, NPAs, donor governments, private sector and the media. The concerted efforts reached over 500,000 people in Laos on social media.

<sup>112</sup> Evaluation matrix IND5.1.1.



“Me, My Body, My Planet, My Future” prior to the International Day of the Girl Child in 2019 appears to have been a particularly notable social media campaign by the UNFPA country office and MOH, which aims to inspire young people to take positive actions on health, gender, environment and sustainable development issues in Lao PDR. The campaign was supported by a diverse array of partners including LYU, LWU, VYC as well as other UN agencies, INGOs, CSOs and partners from the media and private sector. 9,000 adolescents and young people engaged actively with the campaign according to the SIS 2019 report.

The Noi 2030 Framework has guided UNFPA’s continuous communication on ASRH, and particularly on the International Day of the Girl Child, led by UNFPA and MOH. UNFPA has promoted the framework with its five performance indicators, and has made frequent use of Noi, a UNFPA-designed awareness-raising animation figure, to advocate for and communicate the rights and needs of adolescent Lao girls. The CPE team was made aware that other UN agencies have also used the Noi concept and image to depict adolescent girls in their own outreach activities - e.g., WFP. It also noted that Humanity & Inclusion had created an adolescent girl with a disability named Lar, but who has not featured in UNFPA’s communications. A recent UNFPA social media campaign shared how Noi’s father raises his sons to respect women and girls. Earlier in 2020, UNFPA and MOH launched a mobile application called [Noi Yakhoo<sup>113</sup>](#), the first Lao-Tai language application created for young people to access information on SRH, gender and life skills in one place and in a confidential manner using ICT. The app has been downloaded over 1,000 times. Interviewees had mixed reactions ranging from very useful to concerns that the application is not available to illiterate persons, ethnic groups and those without an android mobile phone.

**Finding 19: Feedback on UNFPA communications is positive, and provinces would have liked to have more materials. Physical and virtual access and languages constrain communication outreach to vulnerable ethnic communities.**

Interviewees generally provided positive feedback on UNFPA’s communication activities and materials with their clear messages. Especially Facebook is a fast and easy way to reach A&Y. Important communication barriers for all development partners in Lao PDR, including UNFPA, are physical and virtual access to and the many languages spoken by ethnic communities in poor remote areas. Currently, UNFPA communications and IEC materials are in English and the official Lao-Tai language only. During the field visits to Attapeu, Bokeo and Savannakhet provinces, it was suggested and observed that availability of more IEC materials at the provincial level would be helpful.

## 4.6. Evaluation question 6: Coverage and connectedness of UNFPA’s humanitarian assistance

<p><b>EQ6: To what extent have quality SRH and RR services continued to be available and accessible to women and girls affected by humanitarian crises?</b></p>
<p><b>Findings:</b></p> <p><b>Finding 20: UNFPA country office preparedness has improved over the years. While important minimum preparedness actions were not in place earlier, the country office now appears better equipped, including to deal with the covid-19 outbreak. Having an up-to-date preparedness action plan was found to be central to being able to respond quickly and appropriately.</b></p> <p><b>Finding 21: UNFPA’s immediate response to flash floods in Sanamxay district, Attapeu province, in 2018 was timely and effective. UNFPA-supported Women-friendly Spaces in two, and most recently three camps, are reaching female camp residents but face challenges. Local LWU staff are not sufficiently capacitated or empowered to implement GBV response measures. Although better than in camps without WFSs, the level of knowledge and demand for GBV services appears low.</b></p> <p><b>Finding 22: Overall, UNFPA has responded well to the covid-19 outbreak. UNFPA acted fast in light of the covid-19 outbreak to protect essential workers and women and girls from contracting and transmitting the virus, and to ensure the dignity of women and girls living in quarantine facilities and without means. It supported the adaptation of public education and SRH services and the</b></p>

<sup>113</sup> –Noi is curious to know.



scaling up of psycho-social support services. As part of the broader UNCT response, the country office has engaged in assessing recovery needs and the implications of the pandemic for the next NSEDP.

**Finding 23:** Even though Lao PDR is at medium risk of humanitarian crises occurring, and the CPD envisaged capacity building for improving the health sector's humanitarian response, the UNFPA country office has not emphasised national emergency preparedness.

#### 4.6.1 UNFPA country office preparedness<sup>114</sup>

**Finding 20:** UNFPA country office preparedness has improved over the years. While important minimum preparedness actions were not in place earlier, the country office now appears better equipped, including to deal with the covid-19 outbreak. Having an up-to-date preparedness action plan was found to be central to being able to respond quickly and appropriately.

SIS annual reports establish that the UNFPA country office in Lao PDR has reported annually on organisational effectiveness and efficiency (OEE) indicator 1.11 "Proportion of field offices that implement the UNFPA minimum preparedness actions". In 2017, important minimum preparedness actions (MPAs) to ensure a minimum level of internal preparedness and to support inter-governmental and inter-agency preparedness were not in place, including due to a shortage of dedicated human resources.

In 2018, while all MPAs were reported to be in place, country office capacities and skills to respond to the flash floods in Attapeu province were insufficient, which caused some challenges. Particularly UNFPA's ability to perform communication activities in an emergency (MPA9) were limited in 2017 and 2018. In response to the flooding, the country office joined the UN Communications Group in forming a UN Emergency Communications Group, including local and international NGOs, to create synergies and fill capacity gaps. In 2019, too, all MPAs were reported as implemented. Having an up-to-date annual preparedness action plan (MPA2) was recognised as one of the core actions for providing effective and timely response in an emergency.<sup>115</sup> UNFPA quarterly monitoring in 2020<sup>116</sup> mainly reports on preparing the office to implement, communicate and coordinate covid-19-related activities, including procuring personal protection equipment (PPE), hiring a communications consultant, repurposing RR and mobilising OR, and participating in UN coordination mechanisms. No particular challenges seem to have been encountered.

In 2019, at the policy level, UNFPA participated in the drafting of an updated [inter-agency contingency plan](#) by the Humanitarian Country Team. UNFPA was designated co-lead of the protection cluster together with UNICEF. It committed to make available SRH and GBV technical capacities as well as personal dignity and hygiene kits and health facility kits and equipment in the event of emergencies; it figures as a member of the MOH/WHO-led health cluster.

#### 4.6.2 UNFPA humanitarian assistance and recovery in Attapeu province<sup>117</sup>

**Finding 21:** UNFPA's immediate response to flash floods in Sanamxay district, Attapeu province, in 2018 was timely and effective. UNFPA-supported Women-friendly Spaces in two, and most recently three camps, are reaching female camp residents but face challenges. Local LWU staff are not sufficiently capacitated or empowered to implement GBV response measures. Although better than in camps without WFSs, the level of knowledge and demand for GBV services appears low.

On 18-19 July 2018, Lao PDR was hit by the Tropical Storm Son-Tinh and 13 provinces were severely affected by floods. The collapse of the Xe Pien-Xe Nam Noy hydroelectric-power dam on 23 July following the heavy rains resulted in flash floods which inundated 12 villages in southern Laos' Champassak and

<sup>114</sup> Evaluation matrix IND6.1.1.

<sup>115</sup> The CPE team had at their disposal the Annual Preparedness Action Plan 2019.

<sup>116</sup> 2020 Q1 and Q2.

<sup>117</sup> Evaluation matrix IND6.1.2, IND6.1.3.

Attapeu provinces. Attapeu province had damage and losses estimated at US\$35m - just under 10% of the total effects; 1'620 houses were destroyed or damaged.<sup>118</sup>

Document review revealed that UNFPA was very quick to respond to the flash floods in Sanamxay district of Attapeu province. UNFPA did not have any supplies prepositioned in Lao PDR, but thanks to the UNFPA Regional Prepositioning Initiative supported by the Australian government (DFAT), 2,700 dignity kits and clean delivery kits for 400 pregnant women and 10 birth attendants were airlifted free of charge from a warehouse in Brisbane, Australia. The supplies arrived on July 27<sup>th</sup>, within 48 hours of the government's request for assistance. Also in the immediate aftermath of the floods, UNFPA was also one of many partners to participate in the government-led [Post-Disaster Needs Assessment](#) (PDNA) that took place between September 24<sup>th</sup> and October 19<sup>th</sup> 2018. The priority for MOH was to ensure the re-establishment of routine health services in flood-affected areas. UNFPA and MOH organised mobile health centres to provide basic maternal and RH services, including FP, to women and girls residing at the five evacuation camps in Sanamxay district.<sup>119</sup>

In line with the PDNA disaster recovery framework, which recognised that the floods had increased the risk of GBV and psychosocial suffering, UNFPA added a gender component to its humanitarian assistance. Together with UN-Women, UNFPA and LWU set up two Women-friendly Spaces (WFSs) in Hardyao and Dong Bark camps to provide GBV and SRH information, counselling, care and psychosocial support to affected women.<sup>120</sup> In December 2018, the country office organised a one-off workshop on GBV response and prevention and psychosocial support for some 30 LWU, MOH and camp staff. Local LWU staff (two per camp) volunteered<sup>121</sup> to run the WFSs and to reach out to women and girls in the camps. However, administrative and financial challenges temporarily interrupted service delivery.

Respondents in a gender equality and social inclusion analysis conducted by Care International in Lao PDR in March 2019 overwhelmingly responded that domestic violence cases were resolved within the camps through village mediation units, indicating that the training had not had an effect on traditional GBV resolution processes.<sup>122</sup> In Hardyao camp the village leader did not have a good understanding of the WFS and some women were not aware of it. In Dong Bark camp the WFS materials were not being used. The SIS 2019 report paints a positive picture. According to the report, 175 persons received support and counselling at the two UNFPA-supported WFSs in 2019, of which 96 cases concerned health problems and 79 cases psychological problems.<sup>123</sup> No GBV support was provided. In 2020, UNFPA agreed to support LWU to establish and run a third WFS in Don Bok camp.<sup>124</sup> Data received from the UNFPA country office for 2020 show that the three WFSs provided 295 counselling sessions, of which 148 concerned health issues, 115 emotional violence, 26 domestic violence and 6 labour exploitation. More than 2,500 (2019) and almost 2,000 (2020) persons, mainly women and girls, participated in awareness-raising and recreational activities. Data are not disaggregated by WFS, gender or age.

Those internally-displaced people who can, have left the camps to make a living elsewhere. Remaining residents are waiting for the Government of Lao PDR to allocate new land for housing and agriculture, pending an agreement with the dam owners. The CPE team in September 2020 observed that female

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<sup>118</sup> Source: POST-DISASTER NEEDS ASSESSMENT 2018 FLOODS, LAO PDR, December 2018.

<sup>119</sup> Information about how long the mobile clinics functioned and how many women and girls received which types of services was not available to the CPE team.

<sup>120</sup> UN-Women withdrew from the project after the acute emergency phase.

<sup>121</sup> The CPE team was informed by UNFPA that the LWU WFS staff receive daily subsistence allowance from UNFPA in addition to their regular salary.

<sup>122</sup> National, provincial and district LWU, health personnel from Attapeu and Sanamxay District hospitals, village and district authorities, provincial administrative staff, and police and security guards from Hadyao and Dong Bak. Source: Care Rapid Gender Analysis - An analysis of gender equality and social inclusion among flood-affected communities in Attapeu Province -, Lao PDR, Second Version March 2019.

<sup>123</sup> Slightly different figures were received from the UNFPA country office as feedback on the 2<sup>nd</sup> draft evaluation report listed 178 counselling sessions (79 cases regarding emotional violence and 99 cases on women's RH).

<sup>124</sup> Initially the intention in 2018 was for LWU to scale up and implement WFSs in all five camps. In 2019, LWU proposed for UNFPA to expand the WFSs to the other three camps.

camp residents are very vulnerable to violence due to cramped living conditions, shared sanitary facilities and alcohol and drug abuse among other factors. Forced to leave the camps in search of work to survive, children are often left alone by their parents. Although better than in camps without WFSs, the level of knowledge and demand for services among interviewed women and girls is low. Women and girls are unaware of their rights. The WFSs are not well known, and especially unmarried women and young girls face patriarchal structures and social barriers accessing them. Gender-based and domestic violence are considered a private issue. Women and girls are discouraged to seek help and support.

On the part of duty bearers, interviewed local LWU staff were aware of GBV incidents and adolescent pregnancies, but, faced with traditional gender norms and missing formal coordination with village-level authorities and referral mechanisms, are unsure of their roles and authority, and unable to ensure proper case management. There are no specific service guidelines for the WFSs. Evidence gathered by the CPE team supports the conclusion of the 2019 CP6 mid-term review that support for LWU to establish a stronger mechanism to implement WFSs and referral is critical given continued needs of the female population.

### 4.6.3 UNFPA humanitarian assistance and recovery in response to the covid-19 outbreak<sup>125</sup>

**Finding 22: Overall, UNFPA has responded well to the covid-19 outbreak. UNFPA acted fast in light of the covid-19 outbreak to protect essential workers and women and girls from contracting and transmitting the virus, and to ensure the dignity of women and girls living in quarantine facilities and without means. It supported the adaptation of public education and SRH services and the scaling up of psycho-social support services. As part of the broader UNCT response, the country office has engaged in assessing recovery needs and the implications of the pandemic for the next NSEDP.**

Document review and interviews revealed that the UNFPA country office acted fast in light of the covid-19 outbreak, also thanks to UNFPA emergency funds and procedures, private sector donations and flexibility to repurpose RR. In first instance, the country office procured and distributed PPE for essential workers from MOH, LWU and LYU to ensure continuity of their services as well as hygiene and dignity items for particularly vulnerable women and girls, such as returning women migrant workers in government quarantine facilities, NNGG members, and internally-displaced women in Attapeu.

In the area of ASRH and SRH, UNFPA supported MOES to develop video lessons on life skills-CSE based on the UNFPA-supported CSE guidebooks for secondary education. UNFPA and UNAIDS successfully submitted a project to the UN Covid-19 Response & Recovery Fund to support essential sexual, reproductive, maternal, newborn, child and adolescent health services during covid-19 in Lao PDR.<sup>126</sup> With funding from the UN Covid-19 Response and Recovery Fund, UNFPA and MOH developed training guidelines and a job aid on maintaining RMNCAH services in the time of covid-19, and health care providers were being trained to be able to continue essential health services. In light of global evidence that the covid-19 pandemic has increased GBV due to social and economic stress as well as indications of higher tendencies of domestic violence in Lao PDR, UNFPA has also engaged in advocacy and IEC on GBV prevention. UNFPA support has enabled LWU, LYU and VYC to improve, scale-up and promote their respective counselling and psychosocial hotline services. During the month of May, the hotlines provided support to over 530 callers; in June, 364 persons called the hotlines.<sup>127</sup>

UNFPA's response to covid-19 is part of the UNCT response coordinated by the UN Resident Coordinator Office (RCO) and under UNDP's technical lead. UNFPA participated in several assessments to understand the effects of the covid-19 pandemic on Lao PDR and in the formulation of a country-level UN Socio-Economic Response Plan (SERP) which outlines recovery needs, including a geospatial population vulnerability mapping with UN-Habitat based on population density.

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<sup>125</sup> Evaluation matrix IND6.1.2, IND6.1.3.

<sup>126</sup> Funds were transferred in May 2020.

<sup>127</sup> Source: UN Lao PDR Covid-19 Situation Report No. 2 (reporting period 1-31 May 2020) and No.3 (reporting period 1-30 June 2020).

#### 4.6.4 UNFPA support for national disaster response preparedness<sup>128</sup>

**Finding 23:** Even though Lao PDR is at medium risk of humanitarian crises occurring, and the CPD envisaged capacity building for improving the health sector's humanitarian response, the UNFPA country office has not emphasised national emergency preparedness.

Lao PDR is at medium risk of humanitarian crises occurring. The country is particularly vulnerable to storms, floods, landslides and droughts; Laos is also at risk of earthquakes. The CPD commits UNFPA to support the development of institutional and technical capacity of MOH to respond in humanitarian situations. However, when flooding occurred in the southern provinces of Lao PDR in 2018 and 2019, the country office had not prepared concerned authorities to provide the minimum initial service package (MISP) for reproductive health in emergency situations. Little MISP training, including a GBV component, was provided in 2018-19 as part of UNFPA's humanitarian response and recovery efforts: In 2018, UNFPA supported a training for MOH staff in flood-affected Attapeu province; in September 2019, 35 MOH and LWU staff from the central level and affected provinces (Savannakhet, Khammoune and Attapeu) were trained. As part of health-sector preparedness efforts, further MISP training was planned for 2020 to equip professionals with the knowledge and skills to appropriately implement MISP in future disasters.

#### 4.7. Evaluation question 7: Relevance of UNFPA's 6<sup>th</sup> country programme

**EQ7:** To what extent is UNFPA support in line with government priorities and international commitments and obligations in UNFPA mandate areas; aligned with the UNFPA strategic plan 2018-21 and the UNPF 2017-21; and consistent with SRH and RR needs?

**Findings:**

**Finding 24:** The UNFPA country programme is well aligned with SDGs 3 on good health, 4 on quality education, 5 on gender equality and 17 on global partnerships. Activities are guided by key normative commitments arising from ICPD25, CEDAW and the UPR.

**Finding 25:** The UNFPA country programme, to a large extent implemented by key central government entities and mass organisations - i.e., MPI, MOH, MOES and LWU - is strongly aligned with national policies, plans and programmes, first and foremost the 8th NSEDP, the RMNCH Strategy and Action Plan and the Noi 2030 Framework. It clearly serves to support their implementation and to contribute to country development outcomes.

**Finding 26:** The UNFPA country office in Lao PDR generates and makes good use of data and evidence as well as information arising from stakeholder and beneficiary consultations/participation to shape its programmes and interventions.

**Finding 27:** CP6 fits well with UNPF priority areas, but pertinent UNFPA programme components, including two UNFPA transformative results, the achievement of which benefits from inter-agency collaboration, are not reflected in the UNPF results framework and are therefore not tracked.

**Finding 28:** CP6 is more relevant to UNFPA's strategic objectives than annual SIS reports suggest. While reporting against four strategic plan outputs, it contributes to at least 11. CP6 is a good reflection of UNFPA's family planning and maternal health transformative result areas. Gender-based violence is becoming more prominent. There is scope for more and more concerted support for ending early marriages.

**Finding 29:** While working through the central government for ultimately nationwide improvements, UNFPA has made a deliberate effort to prioritise vulnerable women and young people, especially adolescent girls, who reside in ethnic and remote areas. Its humanitarian assistance has targeted flood-affected women and girls and returning women migrant workers.

**Finding 30:** UNFPA has integrated the special SRHR needs of people living with disabilities and LGBT people in parts of its work. Key HIV populations are not targeted end beneficiaries.

<sup>128</sup> Evaluation matrix IND6.1.4.

Interviewees pointed out data gaps pertaining to the vulnerabilities and specific needs of adolescent boys that UNFPA could help close.

**Finding 31:** CP6 promotes gender equality and the human rights principle of participation. The goal of CP6 is clearly to improve women and girls' health and protection indicators. To this intent, UNFPA is increasing the engagement of men and boys. While building the capacities of duty bearers, UNFPA in Lao PDR has simultaneously sought to include women and youth in national decision-making processes; however not at the sub-national level.

#### 4.7.1 Alignment with international and national priorities<sup>129</sup>

**Finding 24:** The UNFPA country programme is well aligned with SDGs 3 on good health, 4 on quality education, 5 on gender equality and 17 on global partnerships. Activities are guided by key normative commitments arising from ICPD25, CEDAW and the UPR.

In early 2016, Lao PDR localised the SDG indicators and thus ensured SDG integration into the 8<sup>th</sup> NSEDP 2016-20. Evidence confirms that the CP6 is strongly aligned with the commitment of the Government of Lao PDR to progress towards health-related SDG 3 targets - i.e., in the areas of maternal health, family planning and adolescent SRH - and confirmed by the country's participation in the global movement FP2020. HIV prevention in support of SDG target 3.3 has been integrated in UNFPA-supported SRH and ASRH services.

The work of UNFPA Laos has also been increasingly guided by the government's commitment to SDG 5 on gender equality, and especially as regards GBV, initially through gender mainstreaming, and since 2019 also with targeted activities and projects in collaboration with LWU and NCAWMC.

The UNFPA country office is also working with partners to promote investments in quality education (SDG 4) and opportunities for young people. It has established NNGGs to teach life skills to vulnerable adolescent girls, and has helped to introduce, improve and implement CSE in schools, which teaches young people about their bodies, health and disease prevention.

Last but not least, aligned with SDG 17, UNFPA has partnered with other actors, including INGOs and businesses, thus leveraging commitments and funds to advance national goals in Lao PDR. The country office has continued supporting the analysis and dissemination of 2015 PHC data, contributed to data-gathering exercises and provided technical support for the analysis and dissemination of evidence.

While supporting the country to achieve the SDGs, UNFPA cooperation with Lao PDR has also been closely framed by the ICPD, and especially the seven commitments pronounced by the Lao government on the occasion of ICPD25 in 2019, which also include commitments to fully integrate CSE in schools and to use population data in the 9<sup>th</sup> NSEDP. UNFPA policy and operational work has also been guided by CEDAW observations and recommendations<sup>130</sup> as well as UPR recommendations. The country office, alongside other development partners, supported LWU to prepare in a participatory manner the combined 8<sup>th</sup> and 9<sup>th</sup> periodic reports of Lao PDR. It has advocated for the consideration of UPR recommendations in sectoral and gender action plans.

**Finding 25:** The UNFPA country programme, to a large extent implemented by key central government entities and mass organisations - i.e., MPI, MOH, MOES and LWU - is strongly aligned with national policies, plans and programmes, first and foremost the 8th NSEDP, the RMNCH Strategy and Action Plan and the Noi 2030 Framework. It clearly serves to support their implementation and to contribute to country development outcomes.

The CPD emphasises that, at the national level, CP6 is aligned with the NSEDP 2016-20. Interviews confirmed that the NSEDP 2016-20 has indeed provided the overarching strategic reference for UNFPA assistance in Lao PDR, and especially the NSEDP outcome 2 "human resources are developed and the

<sup>129</sup> Evaluation matrix IND7.1.1, IND7.1.2, IND7.2.1.

<sup>130</sup> Concluding observations on the combined eighth and ninth periodic reports of the Lao People's Democratic Republic (CEDAW/C/LAO/CO/8-9), 14 November 2018. The consideration of the combined sixth and seventh periodic report of Lao PDR dates back to 2008.



capacities of the public and private sectors is upgraded; poverty in all ethnic groups is reduced, all ethnic groups and both genders have access to quality education and health services; the unique culture of the nation is protected and consolidated; political stability, social peace and order, justice and transparency are maintained". UNFPA has also closely linked its work plans and activities to sectoral policies, strategies and plans, mainly the RMNCH Strategy and Action Plan for SRH and ASRH.

In UNFPA's day-to-day operations, CP6 interventions, including AFYS, life skills-CSE and the NNGGs are very closely framed by Noi (introduced in 2016) and the Noi 2030 Framework (introduced in 2017), which UNFPA substantially helped to develop, the aim of which is to empower adolescent girls and achieve gender equality. Given the importance of the Noi 2030 Framework, the CPE team noted that Noi is not highlighted in the CPD, neither as a particular accomplishment nor point of reference for UNFPA in Lao PDR.

**Finding 26: The UNFPA country office in Lao PDR generates and makes good use of data and evidence as well as information arising from stakeholder and beneficiary consultations/participation to shape its programmes and interventions.**

The UNFPA country office is concerned about basing its programming on evidence. To this intent, it has generated primary contextual and programmatic data and utilised secondary information before and during its activities. Based on interviews and document review, the CPE team suggests that the country office's instrument mix to ensure evidence-based programming includes: 1) supporting the generation of publicly available disaggregated data - e.g., PHC 2015 and LSIS II; 2) supporting the monitoring of national frameworks - e.g., Noi 2030 Framework indicators; 3) using information and evidence from external consultations and assessments; 4) including representatives of intended beneficiaries in decision-making processes and facilitating knowledge generation and sharing - e.g., Youth Reference Group and ARD; 5) conducting mid-term reviews - e.g., UNJP RMNCH and CP6; 6) organising meetings with concerned line ministries and provincial/district offices; and 7) consulting intended beneficiaries during CP6 monitoring and rapid assessment missions - e.g., NNGGs and CSE.

#### 4.7.2 Alignment with UNCT and UNFPA priorities<sup>131</sup>

**Finding 27: CP6 fits well with UNPF priority areas, but pertinent UNFPA programme components, including two UNFPA transformative results, the achievement of which benefits from inter-agency collaboration, are not reflected in the UNPF results framework and are therefore not tracked.**

The 6<sup>th</sup> UNFPA country programme for Lao PDR 2017-21 was designed to contribute to the human development and governance pillars of the [UN Partnership Framework \(UNPF\) 2017-21](#). While UNFPA is listed under outcome 1 (decent livelihoods); outcome 2 (social protection), outcome 4 (basic education) and outcome 8 (access to justice), it committed to contribute funding towards outcome 5 on health, water and sanitation and outcome 7 on institution building. The associated indicators are as follows:

- Indicator 5.1. Maternal mortality ratio
- Indicator 5.2. Under-five mortality rate
- Indicator 7.1. Number of new households receiving 2 or more basic services from their districts
- Indicator 7.2. Percentile rank on the aggregate Government Effectiveness Indicator
- Indicator 7.3. Extent to which NSEDP monitoring informs evidence-based policy making

The UNPF is broad in scope, and acknowledges the importance of the demographic transition. In the eyes of key informants, it is therefore easy to subsume CP6. Document review showed that CP6 activities and achievements are highlighted in UNPF progress reports across all areas except for outcome 3 on climate change, disaster management and environment.<sup>132</sup> However, the CPE team noticed that pertinent UNFPA programme components and goals, which would benefit from inter-agency collaboration, including some Noi 2030 indicators and two UNFPA transformative results, are not reflected in the UNPF results

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<sup>131</sup> Evaluation matrix IND7.3.1, IND7.3.2, IND7.3.3, IND7.3.7, IND7.3.4, IND7.3.5, IND7.3.6.

<sup>132</sup> UNPF 2017 progress report under outcomes 1, 2, 4, 5, 6 and 8; UNPF 2018 progress report under outcomes 1, 2, 4, 5, 7 and 8; UNPF draft 2019 progress report under outcomes 1, 2, 5 and 8.

framework and are therefore not tracked - i.e., ending unmet need for family planning, eliminating violence against women and girls, and preventing early marriages and adolescent pregnancies.

**Finding 28: CP6 is more relevant to UNFPA's strategic objectives than annual SIS reports suggest. While reporting against four strategic plan outputs, it contributes to at least 11. CP6 is a good reflection of UNFPA's family planning and maternal health transformative result areas. Gender-based violence is becoming more prominent. There is scope for more and more concerted support for ending early marriages.**

The 6<sup>th</sup> UNFPA country programme for Lao PDR 2017-21 was developed under the [UNFPA Strategic Plan 2014-17](#) and linked to its SRH, A&Y and PD development outcomes with GE as a cross-cutting issue. It remains unclear to the CPE team why no GE outcome was introduced from the beginning, especially since GE was an outcome area of CP5.

In connection with the flood emergency in the South in 2018, which accentuated institutional weaknesses in preventing and responding to GBV and the arrival of a new UNFPA Representative, the UNFPA country office introduced a targeted GE component. Without the possibility to modify the CPD and its results framework, the GE component was included in PD with annual milestones, but no expected outputs and outcomes against which to measure and report CP6 performance and its contribution to achieving UNFPA strategic plan results.

SIS annual reporting in 2019 (and 2018) was against four outputs of the UNFPA Strategic Plan 2018-21:

- Output 1: Enhanced capacities to develop and implement policies, including financial protection mechanisms, that prioritize access to information and services for SRH and RR for those furthest behind, including in humanitarian settings
- Output 3: Strengthened capacities of the health workforce, especially those of midwives, in health management and clinical skills for high-quality and integrated SRH services, including in humanitarian settings
- Output 6: Young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their SRH and rights, and well-being
- Output 13: Improved national population data systems to map and address inequalities; to advance the achievement of the SDGs and the commitments of the ICPD Programme of Action; and to strengthen interventions in humanitarian crises

Based on document review, the CPE team submits that CP6 is more relevant to UNFPA's strategic plan than reporting suggests. This evaluation suggests that, in the area of SRH, CP6 also contributes to strategic plan output 2 (Strengthened capacities to provide high-quality, integrated information and services for FP, comprehensive MH, sexually transmitted infections and HIV, as well as information and services that are responsive to emergencies and fragile contexts<sup>133</sup>), output 4 (Strengthened capacities to effectively forecast, procure, distribute and track the delivery of sexual and reproductive health commodities, ensuring resilient supply chains<sup>134</sup>) and output 5 (Improved domestic accountability mechanisms for SRH and RR through the involvement of communities and health-system stakeholders at all levels<sup>135</sup>). In GE, it contributes to output 9 (Strengthened policy, legal and accountability frameworks to advance gender equality and empower women and girls to exercise their RR and to be protected from violence and harmful practices<sup>136</sup>), output 11 (Increased multisectoral capacity to prevent and address GBV using a continuum approach in all contexts, with a focus on advocacy, data, health and health systems, psychosocial support and coordination<sup>137</sup>) and output 12 (Strengthened response to eliminate harmful practices, including child, early and forced marriage, female genital mutilation and son preference<sup>138</sup>). In PD, it also contributes to

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<sup>133</sup> SP Output 2, indicators 2.1, 2.3 and 2.4.

<sup>134</sup> SP Output 4 indicators 4.1 and 4.2.

<sup>135</sup> SP Output 5 indicator 5.3.

<sup>136</sup> SP Output 9 indicator 9.1.

<sup>137</sup> SP Output 11 indicator 11.3, 11.4 and 11.5.

<sup>138</sup> SP Output 12 indicators 12.2 and 12.4.



output 14 (Mainstreamed demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy<sup>139</sup>).

As for UNFPA's *transformative results*, UNFPA country offices must commit to work on at least one transformative result and include relevant transformative result-related indicators. The three SRH outcome indicators included in the Lao PDR CPD results framework do not accurately reflect the formulation of UNFPA strategic plan indicators. However, the CPE team's reading is that the Lao PDR country programme intends to contribute to the MH transformative result indicator "Proportion of births attended by skilled health personnel" and the FP transformative result indicator "Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods".<sup>140</sup> GBV and harmful practice-related indicators were not included.

Document review and interviews confirmed that CP6 was from the beginning a very good reflection of UNFPA's corporate priorities to end unmet need for family planning and avert maternal deaths, including by strengthening the capacities and population coverage of the health workforce and especially midwives, empowering adolescent girls, and improving the availability of AYFS. Targeted development cooperation with the government and development partners in the areas of gender equality and to end GBV, the 3<sup>rd</sup> transformative result area, started only in 2019 triggered by the flooding in Attapeu province, and is growing, also in the aftermath of UN-Women's departure from the country and the covid-19 outbreak.

Efforts to eliminate early marriages, also part of the 3<sup>rd</sup> transformative result area, and a fundamental violation of human rights and prohibited under the Lao PDR Family Law, have been integrated in UNFPA-supported school-based and out-of-school life skills-CSE programmes and in public communications. Consulted documents and some interviewees called for more assistance and better coordination among government and development partners, especially for the benefit of remote and ethnic areas where early marriage is more prevalent, to accelerate the decline in order to achieve the Noi 2030 Framework target.

As for other particular harmful practices that are a direct manifestation of gender inequality in the country, the CEDAW Committee in 2018 and the Working Group on the UPR in 2020 included in its recommendations that Lao PDR also address polygamy. According to LSIS II, the percentage of women in a polygynous union was 3.5% overall (a total of 18,545 women and girls), two-thirds of which in rural areas.<sup>141</sup> However, interviewees lacked greater awareness and the necessary evidence to consider polygamy a priority issue.

**Finding 29: While working through the central government for ultimately nationwide improvements, UNFPA has made a deliberate effort to prioritise vulnerable women and young people, especially adolescent girls, who reside in ethnic and remote areas. Its humanitarian assistance has targeted flood-affected women and girls and returning women migrant workers.**

UNFPA country programmes ought to be guided by the principle of prioritising leaving no one behind (LNOB) and reaching the furthest behind first. Vulnerable groups in the context of the [UNPF 2017-21](#) include the poor, ethnic groups, unskilled and unemployed youth, self-employed and unpaid workers, migrant workers, people with disabilities and farmers without access to land. People, and especially women and girls, living in remote rural areas, are considered to be at a particular disadvantage. CP6, according to the CPD, aims to target the most marginalised areas and groups. Intended beneficiaries are women and young people, especially adolescent girls, with a focus on populations marginalised by geographic residence and ethnicity.

With the aim to ultimately support nationwide systemic and societal improvements, UNFPA does not have a unique focus under CP6 on those particularly vulnerable to ill SRH and gender discrimination. However, in concert with government authorities and donors, there have been constant efforts to identify and first address the needs of women and young people, and in particular adolescent girls, from different ethnic groups in low-performing and remote geographical areas - e.g., in Oudomxay, Bokeo, Bolikhamxay, Houaphanh and Xieng Khouang provinces - including through the LSIS II, AGSA studies, the UNJP RMNCH

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<sup>139</sup> SP Output 14 indicators 14.1 and 14.2,

<sup>140</sup> Modern contraceptive prevalence rate is not a transformative result indicator.

<sup>141</sup> Lao-Tai: 3.4%; Mon-Khmer: 3.5%; Hmong-Mien: 4.9%; Chinese-Tibetan: 2.5%.

and NNGGs. As interviewees pointed out and the CPE team experienced first-hand, language and geographic access barriers are difficult to overcome. In its dealings with factories, the country office has also started to reach out to factory workers who are a particularly vulnerable group of workers.

In 2018, UNFPA provided humanitarian assistance and has since continued to target flood-affected women and girls in Sanamxay district in Attapeu province. Women migrant workers are particularly vulnerable to violence. Because of the covid-19 pandemic, over 130,000 migrant workers returned to Lao PDR from neighbouring countries. UNFPA distributed sanitary kits for returning women migrant workers in covid-19 quarantine facilities.

**Finding 30: UNFPA has integrated the special SRHR needs of people living with disabilities and LGBT people in parts of its work. Key HIV populations are not targeted end beneficiaries. Interviewees pointed out data gaps pertaining to the vulnerabilities and specific needs of adolescent boys that UNFPA could help close.**

Discrimination and health and protection inequalities due to the dimensions of disability and sexual orientation and gender identity have been addressed in parts of UNFPA's work in Lao PDR. Examples include collaboration with Proud to Be Us in connection with AYFS provision and the formulation of the draft NYAP. A Disability Monograph of Lao PDR by the INGO Humanity & Inclusion<sup>142</sup>, using 2015 PHC data, was recently approved by LSB. UNFPA was not involved in the analysis, but has agreed to cover the printing costs. The monograph was initiated in connection with the formulation of a national disability policy. It has the potential to inform a greater and evidence-based focus in parts of the 9<sup>th</sup> NSEDP 2021-25, but was not yet available to feed into decision-making processes.<sup>143</sup> Furthermore, interviewees pointed out that young female sex workers (SWs) and young men who have sex with men (MSM) are particularly vulnerable to HIV and violence, but do not enjoy equity in access, especially outside Vientiane City.<sup>144</sup> Key HIV populations are not targeted end beneficiaries of CP6.<sup>145</sup>

When talking to and appreciating UNFPA's strong emphasis on adolescent girls in Lao PDR in its data work and otherwise, a number of key informants suggested that not enough was known about the vulnerabilities and specific needs of adolescent boys. Frequent mention was made of a 2014 national Violence against Children Survey which showed that boys were more exposed to physical and sexual violence than girls.

**Finding 31: CP6 promotes gender equality and the human rights principle of participation. The goal of CP6 is clearly to improve women and girls' health and protection indicators. To this intent, UNFPA is increasing the engagement of men and boys. While building the capacities of duty bearers, UNFPA in Lao PDR has simultaneously sought to include women and youth in national decision-making processes; however not at the sub-national level.**

The SRHR needs of women and adolescent girls are at the centre of CP6. UNFPA programmes and communications have also intended to influence gender norms and power relations between men and women and boys and girls to advance GE and RR. For instance, UNFPA has invited both young men and women to participate in research and advocacy platforms and policymaking processes. In the context of the NNGGs in Bokeo and Savannakhet provinces, UNFPA has worked to increase awareness and to develop gender-responsive attitudes among fathers and predominantly male community leaders and local officials towards adolescent girls. A male engagement manual on GBV prevention and response is planned to be tested in three communities under a UK-funded project in Savannakhet province. The KOICA-funded NNGG programme in Oudomxay province has started to develop a manual for engaging boys at village level. On [Facebook](#), Noi's father shares how he raises his sons to respect women.

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<sup>142</sup> With funding from the Norwegian Ministry of Foreign Affairs.

<sup>143</sup> The CPE team noted that the disability monograph does not contain SRH/ASRH data.

<sup>144</sup> UNAIDS activities within the joint UNFPA/UNAIDS project funded through the UN Covid-19 Response & Recovery Fund target key HIV populations through CSOs.

<sup>145</sup> PD outcome indicator expected LSIS II to also allow for the estimation of key population indicators, which is does not.

While building the capacities of duty bearers, UNFPA in Lao PDR has simultaneously sought to empower adolescents and youth to make their own health choices - e.g., through school-based life skills-CSE and through the [Noi-Yakhoo mobile app](#). At the central level, the country office has supported young adults to discuss reproductive rights and priorities with duty bearers through research and advocacy platforms and policymaking processes and has included women and women’s rights organisations, for instance in connection with CEDAW. However, the CPE team noted from document review and consultations that opportunities for strengthening civil society participation in decision-making at subnational-level have not been fully exhausted. For instance, the NNGGs are not designed to give adolescent girls a stronger voice and representation in local-level decision-making and village development. Neither have WFSs given women a stronger voice to demand transparency and accountability for quality and non-discriminatory public service delivery and long-term solutions to their situation.

## 4.8. Evaluation question 8: Efficiency of UNFPA’s 6<sup>th</sup> country programme

<p><b>EQ8: To what extent has UNFPA made good use of human, financial and technical resources, and has used an appropriate combination of management and implementation tools and approaches to pursue the achievement of results?</b></p>
<p><b>Findings:</b></p> <p><b>Finding 32:</b> Due to corporate austerity measures, the UNFPA country office in Lao PDR has only received around one-third of indicative regular resources. Fortunately, resource mobilisation, mainly from pooled fund mechanisms and UNFPA thematic funds, and largely for SRH, has been successful. Very recently, the country office also mobilised considerable funds for new GBV projects. But as a result of the covid-19 crisis and Lao’s eventual graduation to middle-income country status, there is a risk of declining funding.</p> <p><b>Finding 33:</b> The UNFPA country office has successfully reached out to companies and factories to leverage parallel funding and increase its reach and leverage benefits. The very recently launched Noi-friendly business criteria have potential to consolidate initial experience and convene partners under the umbrella of the SDGs.</p> <p><b>Finding 34:</b> In 2018-19, financial transfers to implementing partners have happened late, generally because of limited implementing partner capacities and staff turnover. Nevertheless, there appears to have been no significant implementation delays, except due to covid-19, and annual utilisation rates have been very high.</p> <p><b>Finding 35:</b> The human resources situation in the UNFPA country office has been challenging, also because of corporate austerity measures. Creative temporary solutions have been found to recruit the necessary programme staff to handle the country programme.</p> <p><b>Finding 36:</b> In terms of applying NEX and DEX modalities, there has been an almost 50/50 split. The high number of implementing partners, and focus on government entities at the central level, stands out.</p> <p><b>Finding 37:</b> The CPD results framework against which UNFPA reports progress does not mirror the full range of the country office’s contributions to the UNFPA strategic plan. Country programme targets appear modest and monitoring data and information are insufficiently disaggregated.</p>

### 4.8.1 Conversion of UNFPA resources into activities and outputs<sup>146</sup>

**Finding 32:** Due to corporate austerity measures, the UNFPA country office in Lao PDR has only received around one-third of indicative regular resources. Fortunately, resource mobilisation, mainly from pooled fund mechanisms and UNFPA thematic funds, and largely for SRH, has been successful. Very recently, the country office also mobilised considerable funds for new GBV projects. But as a result of the covid-19 crisis and Lao’s eventual graduation to middle-income country status, there is a risk of declining funding.

<sup>146</sup> Evaluation matrix IND8.1.1, IND8.1.2, IND8.1.3, IND8.1.4.

The UNFPA country office in Lao PDR has not disposed of financial resources to the level foreseen to implement the country programme. The indicative budget for CP6 amounts to US\$24.0m; US\$13.0m from regular resources (RR) and US\$11.0m to be mobilised as other resources (OR). As of end-June 2020, the UNFPA country office had received only around one-third of the planned RR for the five-year period - i.e., only US\$4.6m or 35.4%. This is an institutional problem. Interviewed UNFPA staff explained that most UNFPA country offices are facing budget cuts because of declining RR contributions at the global level.

UNFPA in Lao PDR initially faced some challenges due to a shortage of skills and capacities for systematic fundraising and relationship-building activities. But ultimately, UNFPA has been successful in mobilising other resources, especially for 2019-20, which has to some extent compensated for gaps in RR allocations. All in all, as of end-June 2020, the country office had mobilised US\$9.7m (of the expected US\$11.0m) (Table 5). UNFPA thematic funds and pooled fund mechanisms managed by the MPTF Office have proven important funding sources (70% of total OR). Other resources have mainly been mobilised for SRH. The country office was also successful mobilising funds for its humanitarian response to the flooding in Attapeu province. Very recently, it also successfully mobilised considerable support from donors (DFAT, KOICA and the UK) for new GBV projects.

Aligning project proposals with the Noi 2030 Framework ("building block approach"), costing planned interventions (e.g., NNGGs) and communicating returns on investment (e.g., family planning) have contributed to successful resource mobilisation, and all things equal, successful resource mobilisation remains a critical assumption for effective country programme implementation. However, looking ahead to the remainder of the present country programme cycle and beyond, interviews confirmed the risk that ODA for Lao PDR in general and consequently funding for UNFPA deteriorates due to the impact of the covid-19 pandemic on donor economies and the graduation of Lao PDR from LDC status.

**Finding 33: The UNFPA country office has successfully reached out to companies and factories to leverage parallel funding and increase its reach and leverage benefits. The very recently launched Noi-friendly business criteria have potential to consolidate initial experience and convene partners under the umbrella of the SDGs.**

Interviewees considered it all the more important and innovative that UNFPA, in 2019-20, has engaged the private sector and INGOs (in CSE) to leverage parallel funding and to increase reach and benefits. Over the past years, UNFPA has entered into partnerships with four factories and manufacturing companies to scale up SRH services to their mainly young and vulnerable staff. Recognising that it is also good for productivity, factory peer educators have been trained by VYC to provide basic SRH information, counselling and referral services for factory employees and workers, something that was lacking before. Participants in a private sector FGD from the factories' human resources departments suggested that more active involvement of top management and owners would increase ownership and sustainability of the SRH services, and that including other players such as MOLSW and the Lao Chamber of Commerce could help scale up UNFPA's private sector partnerships. The UNFPA country office has also successfully mobilised the support of international companies in Lao PDR for ASRH communication and outreach. MOUs were signed with China Radio International, Burapha Agro-Forestry and Sinouk Coffee in Vientiane and a number of activities implemented, which resonated well with key informants.

On the occasion of the International Day of the Girl Child 2020, UNFPA Laos launched Noi-friendly business criteria in consultation with MOLSW, ILO and interested businesses. The criteria intend to go beyond communications to incentivise private sector investments in employees for higher productivity and achieving a range of SDGs. At the time of the present evaluation, implementation modalities and certification and assessment modalities were being finalised.

**Finding 34: In 2018-19, financial transfers to implementing partners have happened late, generally because of limited implementing partner capacities and staff turnover. Nevertheless, there appears to have been no significant implementation delays, except due to covid-19, and annual utilisation rates have been very high.**

Financial resources have not been at the disposal of UNFPA's IPs at the beginning of the year. The CP6 mid-term review provided evidence that, in 2019, no AWP was signed in January or earlier. The AWP with Lao TPHI came into force on February 4<sup>th</sup>; the one with MPI/DIC not until March 26<sup>th</sup>. Limited

implementing partner capacities and staff turnover were identified as delaying submission and approvals. Furthermore, sometimes considerable delays mostly happened between signing the AWP and submitting the FACE forms for the first (or second) quarter between February 20<sup>th</sup> and April 25<sup>th</sup>. While UNFPA did not lose time, ultimately, bank transfer requests were only made between the beginning of March and the beginning of May. Sub-IPs received funds even later due to government bureaucratic requirements.

2019 does not seem to have been an exception. Already in 2018, the SIS annual report concluded that “in order to avoid delays, the planning process has to finish in January, most of the AWP have to be signed during the first month of the year, and the implementation of the activities has to begin no later than mid-February”. The situation improved somewhat in 2020, including thanks to an exceptional permission to transfer funds for six instead of three months. However, covid-19 has delayed implementation of regular activities, particularly during the first six months of the year when all non-urgent activities were postponed and physical mobility was restricted. As of end-June 2020, only 33% of total available funding had been expended (Table 6), largely due to the covid-19 outbreak. Nevertheless, despite delays in transferring initial instalments, no significant implementation delays seem to have occurred and annual utilisation rates during 2017-19 were very high, ranging from 94% to 100% (Table 7).

**Finding 35: The human resources situation in the UNFPA country office has been challenging, also because of corporate austerity measures. Creative temporary solutions have been found to recruit the necessary programme staff to handle the country programme.**

The UNFPA country office is located in Vientiane Capital. It comprises a representative (P5-level) and a deputy representative (P4-level) as well as programme and operations staff (Figure 9). At the start of CP6, there was no systematic review of human resources to align with the CPD. The human resources situation has been challenging, but good solutions have been found.

UNFPA SIS annual reports reveal that the country office has been short of cross-cutting competences - e.g., communications, partnerships and resource mobilisation, humanitarian aid and M&E. In addition, some regular posts were or have remained vacant because of corporate austerity measures; prolonged illness; and difficulties finding suitable national candidates.

In October 2019, as part of the CP6 mid-term review, an APRO human resources mission reviewed the UNFPA Laos country office structure and capacities. Several gaps were identified and a request was sent to UNFPA headquarters to strengthen capacities in communications and population dynamics and to recruit new programme assistants to manage the growing programme portfolio and support the IPs.<sup>147</sup> As of June 2020, no suitable candidates had been found for the still vacant UNFPA assistant representative post and the new PD analyst post. Headquarter approval of a full-time partnership and communications analyst position was pending. The country office was hoping to add more staff members to engage on gender equality issues and for the recently-started GE/GBV projects.

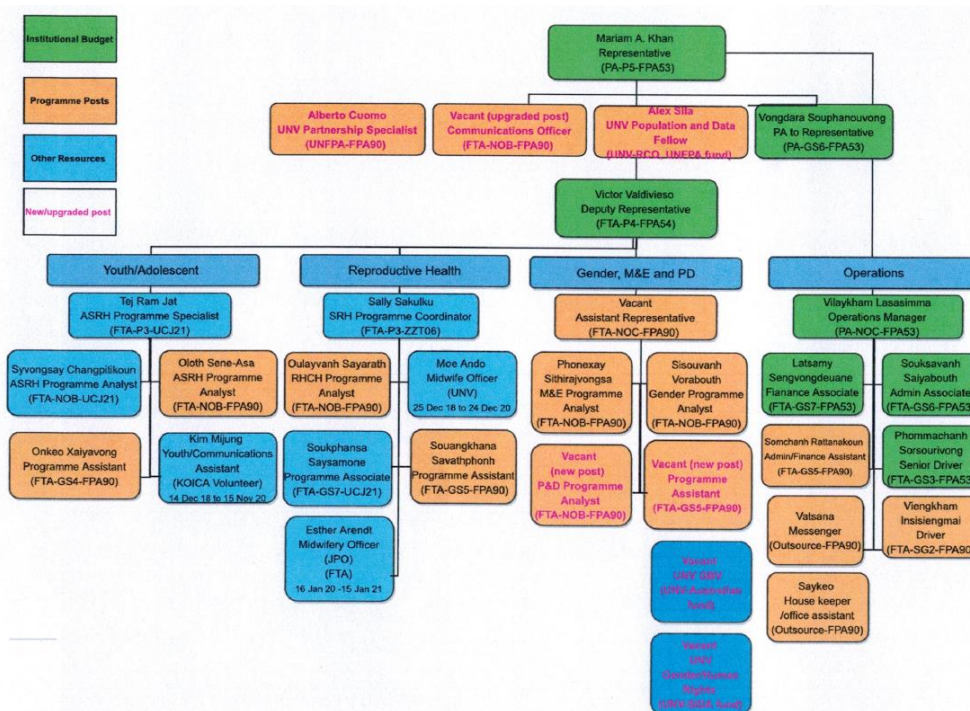
The country office has not sat back and waited, but has mitigated the difficult situation and increased its expert capacities by way of recruiting interns and consultants. With financial support from donor partners, UNFPA headquarters and the RCO, it has also hired UN Volunteers (most recently an international UNV Population Data Fellow for 12 months with the possibility of extension) and JPOs. However, funding for the necessary programme staff to handle the country programme is more and more dependent upon successful resource mobilisation.

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<sup>147</sup> See internal travel report summary and inter-office memorandum.



Figure 9: UNFPA Laos country office organogram (July 2020)



Source: UNFPA Lao country office

#### 4.8.2 Tools and approaches for smooth programme delivery<sup>148</sup>

**Finding 36:** In terms of applying NEX and DEX modalities, there has been an almost 50/50 split. The high number of implementing partners, and focus on government entities at the central level, stands out.

The financial analysis showed that the national execution (NEX) modality slightly outweighed direct execution (DEX) between 2017 and July 2020 - i.e., around 51% of funds were spent using the NEX modality. A disaggregation by programmatic areas shows that NEX was the preferred modality in SRH and GE (Table 11), but not in A&Y and PD, and that, amongst the IPs, MOH departments have been in charge of managing by far the largest amount of funds - i.e., US\$3,3m (Table 12).

Table 11: Expenditures by fund utilisation modality and programmatic area 2017-July 2020 (in US\$)

	SRH	GE	PD	A&Y	PCA	Total
<b>NEX (PG+PN)</b>	3,291,844.77 (65%)	71,082.74 (54%)	341,212.60 (29%)	713,616.02 (38%)	-	<b>4,417,756.13 (51%)</b>
<b>DEX (PU)</b>	1,763,198.00 (35%)	32,953.00 (46%)	815,454.48 (71%)	1,170,313.00 (62%)	456,616.00 (100%)	<b>4,238,534.48 (49%)</b>
<b>Total</b>	<b>5,055,042.77</b>	<b>104,035.74</b>	<b>1,156,667.08</b>	<b>1,883,929.02</b>	<b>456,616.00</b>	<b>8,656,290.61</b>

Source: UNFPA country office

Table 12: NEX utilisation by UNFPA implementing partner 2017-July 2020 (in US\$)

IP	Area	2017	2018	2019	2020	Total
<b>MOH<sup>149</sup></b>	SRH	913,885.38	1,303,363.96	709,779.00	364,844.77	3,291,873.11
<b>Lao TPHI</b>	A&Y	-	41,409.00	17,529.98	7,854.87	66,793.85
<b>MOES DP</b>	A&Y	80,096.00	72,405.87	197,982.96	150,972.40	501,457.23

<sup>148</sup> Evaluation matrix IND8.2.1, IND8.2.2.

<sup>149</sup> MOH DPC; MOH DHC; MOH DHHP; MOH FDD; MOH DOF; MOH DHPE.

VFI	A&Y	57,157.27	88,207.67	-	-	145,364.94
LWU	GE	-	-	32,365.70	38,717.04	71,082.74
MPI DIC	PD	139,285.78	41,798.24	28,824.35	20,506.00	230,414.37
MPI LSB	PD	-	58,730.56	52,068.67	-	110,799.23
<b>Total</b>		<b>1,190,424.43</b>	<b>1,605,915.30</b>	<b>1,038,550.66</b>	<b>582,895.08</b>	<b>4,417,785.47</b>

Source: UNFPA country office

The question of NEX or DEX does not seem to have been a big issue, and has been handled in a practical and flexible manner. Where the NEX modality has been used, document review points to limited but improving capacities and competencies of government partners to manage programme activities, including planning, reporting and financial management. The CP6 mid-term review found that the UNFPA country office had invested considerable time in arranging training, mentoring and providing technical support for IPs and sub-IPs at the national and provincial levels.

Some key informants suggested that dealing with twelve different IPs - six alone within the MOH - is a high work burden and has complicated planning, approval, reporting and funds allocation throughout the year. The CPE team also noted that all IPs, apart from one, are central-level government departments and centres. Only one INGO - i.e., Village Focus International (VFI) co-implemented CP6 in 2017-18. The CPE team realised that UNFPA does not work directly with provincial authorities (apart from selected provincial health departments in the area of contraceptive security), possibly explaining their little familiarity with and ownership of UNFPA-supported projects and goals, as observed by the CPE team.

**Finding 37: The CPD results framework against which UNFPA reports progress does not mirror the full range of the country office's contributions to the UNFPA strategic plan. Country programme targets appear modest and monitoring data and information are insufficiently disaggregated.**

UNFPA applies a results-based management approach to planning and implementation. According to the CPD, UNFPA and its IPs will develop and implement a monitoring and evaluation framework. Progress will be assessed during bilateral quarterly meetings, joint annual programme reviews and a government-led roundtable process.

The CPD results framework is aligned to three of the four UNFPA strategic plan outcomes. There is no gender equality-related country programme outcome and associated output(s), even though the country office, since 2019, has implemented a gender equality programme component. Furthermore, as already discussed under the relevance criterion, a broad range of contributions to strategic plan outputs and outcomes are not reflected or tracked. In terms of the number of targets already achieved or exceeded in 2018, with less financial resources than planned, the CPE team suggests that they may have been insufficiently ambitious for a five-year timeframe.

The UNFPA country office does not have a full-time M&E officer, but an M&E focal point. Despite limited capacities, the UNFPA country office has employed various monitoring instruments and promoted the involvement of implementing partners in monitoring visits. UNFPA and its IPs regularly discuss monitoring information to set priorities and shape interventions. UNFPA IPs have used the online UNFPA Global Programming Systems (GPS) to upload their quarterly and annual workplans and progress and financial reports (settlements and advance requests). The UNFPA country office, in turn, has reported progress against CP outcomes, outputs and annual milestones in the UNFPA Strategic Information System (SIS). Key informants from the UNFPA country office regretted incompatibilities between GPS and SIS, a systemic weakness. Quarterly monitoring meetings and annual country programme review meetings have been held to review progress made in implementation and for setting priorities for projects and programme activities.

The CPE team noted that monitoring data and information made available to them have not been disaggregated by province/district or vulnerable population groups - e.g., modern contraceptive prevalence rate, proportion of demand for contraceptives satisfied and % of live births attended by skilled birth attendants. Neither are disaggregated data (gender, age, ethnic group) available for direct and end beneficiaries - e.g., health staff trained on AYFS guidelines; NNGG mentors and NNGG members; A&Y accessing youth-friendly SRH services; women and girls accessing WFS services.



## 4.9. Evaluation question 9: UNCT coordination and UNFPA added value

**EQ9: To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms? What is the main UNFPA added value in Lao PDR context as perceived by UNCT partners and national stakeholders?**

**Findings:**

**Finding 38: UNFPA has led the Lao PDR UNPF results group on health and participated in UNCT-internal coordination in education and gender equality. Stakeholder feedback was positive, but results groups in general appear to have mainly served the purpose of information-sharing and progress reporting only. While for a long time, the UNJP RMNCH was the only joint programme in which UNFPA participated in Lao PDR, the number jumped to four in 2020, and a number of proposals are in the pipeline. Ensuring clarity of UNFPA's offer compared to UNICEF, WHO, UNDP and UN-Women is regarded as important.**

**Finding 39: UNFPA is a reliable and responsive partner of the Lao government. Particularly its technical expertise and global experience are of great value. Its convening power, inter alia to advance research and strategy work, is a comparative advantage.**

### 4.9.1 UNFPA contribution to UNCT coordination<sup>150</sup>

**Finding 38: UNFPA has led the Lao PDR UNPF results group on health and participated in UNCT-internal coordination in education and gender equality. Stakeholder feedback was positive, but results groups in general appear to have mainly served the purpose of information-sharing and progress reporting only. While for a long time, the UNJP RMNCH was the only joint programme in which UNFPA participated in Lao PDR, the number jumped to four in 2020, and a number of proposals are in the pipeline. Ensuring clarity of UNFPA's offer compared to UNICEF, WHO, UNDP and UN-Women is regarded as important.**

The UNFPA country office provided the CPE team with an overview of coordination mechanisms in which it has participated. UNFPA has led the Lao PDR UNPF results group 5 on health (including WASH); it has participated in results groups 4 on education and 8 on gender equality/GBV. While feedback on UNFPA's contributions was generally positive, key informants providing a view suggested that results groups in general have mainly served information-sharing and progress reporting purposes and that less use has been made for joint planning and programming. In the area of SRH and ASRH, it seemed that the government-led sector group under the RMNCH Strategy and Action Plan was more action-oriented.

UNFPA has led and collaborated with other UN agencies in public outreach campaigns and events. It has supported the same surveys (e.g., LSIS II), analyses and assessments, and engaged together in policy dialogue. However, it has contributed to only few joint projects and programmes, although the number has grown since 2020, including thanks to the facilitation of the RC/RCO, as has the extent of collaboration and number of proposals in the pipeline. Ongoing joint projects/programmes to leverage resources and develop synergies with other UN organisations include:

- UN Joint Programme on Reproductive, Maternal, Newborn and Child Health with UNICEF and WHO (2017)
- Supporting Essential Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health Services During COVID 19 In Lao PDR with UNAIDS (2020)
- Efficiency and Optimization of Lao PDR's Public Budget to Finance the SDGs Through the National Plan with UNDP and UNCDF (2020)
- Project on the Prevention and Elimination of Violence against Women for Mainstreaming Gender into the National Development Agenda in Lao PDR with UNDP (2020)

<sup>150</sup> Evaluation matrix IND9.1.1.

While the CPE team was not able to dwell on the division of labour between of UNFPA and other UN agencies, it appeared particularly important to have clarity and to clarify to external partners and government counterparts the respective roles and complementarities of UNFPA, UNICEF and WHO (RMNCH); of UNFPA, UNDP and the non-resident agency UN-Women (GE/GBV); and of UNFPA and UNICEF (early marriages). Furthermore, to coordinate with the World Bank regarding population data.

#### 4.9.2 UNFPA added value in Lao PDR<sup>151</sup>

**Finding 39: UNFPA is a reliable and responsive partner of the Lao government. Particularly its technical expertise and global experience are of great value. Its convening power, *inter alia* to advance research and strategy work, is a comparative advantage.**

Government IPs are overall very satisfied with their collaboration with and the support received from the UNFPA country office in Lao PDR. The working relationships are very good. According to them, UNFPA is reliable and responsive. Its staff are experts in their respective areas and professional. It is recognised that UNFPA cannot offer much funding or cover the entire country, but its strong technical support, including from national and international consultants and the UNFPA regional office, are mostly empowering, and lead to new assessments, context-relevant instruments and approaches.

According to key informants, UNFPA's mandate to generate quality population data and analyses of population trends for incorporation in policymaking and planning, including for a strong health sector, adds much value to development cooperation in Lao PDR. Its convening power, alongside government, *inter alia* to advance research and strategy work, is valued, as well as its ability to share practical experience from other countries and its commitment to policy implementation.

## Chapter 5. Conclusions

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Conclusions identify patterns or other systemic aspects across findings on the performance of the country programme. Conclusions typically cut across the individual themes or topics of the evaluation questions. They are the basis for practical and concrete recommendations. Country programme evaluation reports distinguish between overarching strategic-level conclusions and programmatic conclusions.<sup>152</sup>

### 5.1. Strategic level

**Conclusion 1:** Consistent with the development effectiveness agenda, UNFPA has worked closely with the host government and CP6 is well aligned with national priorities and targets. However, a continued prioritisation of implementing partners at central government-level could hamper the effectiveness and sustainability of UNFPA results and benefits on the ground.

*Origin:* Evaluation question 1, 2, 3, 4, 6

*Evaluation criteria:* Effectiveness, sustainability, connectedness

*Associated recommendation:* 1

*Rationale:* CP6 has been implemented in a highly bureaucratic environment. When choosing implementing partners, the UNFPA country office in Lao PDR has given priority to national government entities in order to strengthen national ownership and build capacities. This has also ensured strong alignment with national policies, plans and programmes.

However, subnational consultations by the CPE team revealed that local-level offices and departments of UNFPA's implementing partners - e.g., LSB, MOES or LWU - often lacked capacities and familiarity with and ownership of UNFPA's country programme activities

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<sup>151</sup> Evaluation matrix IND9.1.2.

<sup>152</sup> UNFPA Evaluation Handbook.

and their aims, which does not bode well for effectiveness and sustainability. A good example is the active involvement of provincial health offices as sub-IPs in the roll-out of mSupply.

**Conclusion 2:** The UNFPA country office in Lao PDR is working in all UNFPA transformative results areas in support of ambitious government Nairobi commitments. Given limited human and financial resources, this may be stretching the office too thin, thus lacking the necessary inputs to effectively reach zero by 2030.

*Origin:* Evaluation questions 6

*Evaluation criteria:* Relevance

*Associated recommendation:* 2

*Rationale:* In line with the Nairobi commitments of the Government of Lao PDR to end unmet need for family planning among adolescent girls by 2030; end maternal mortality by 2030 and end GBV (through the implementation through the essential service package<sup>153</sup>) and harmful practices by 2030, the UNFPA country office has been working in all UNFPA transformative results areas within the pathway of attaining the strategic plan goal of universal access to SRH and RR. It has been doing so in different ways and to different extents. Given limited human resources and possibly declining financial resources, it may be necessary to prioritise collaboration in order not to be stretched too thin and to be able to claim credit for successfully reaching zero by 2030.

**Conclusion 3:** UNFPA has worked well with sister UN agencies, but there are opportunities for closer collaboration towards common goals under the next UN Partnership Framework for greater relevance, effectiveness and impact.

*Origin:* Evaluation questions 1, 2, 3, 5, 6, 7, 9

*Evaluation criteria:* Effectiveness, relevance, connectedness, UNCT cooperation

*Associated recommendation:* 3

*Rationale:* This evaluation found that CP6 fits well with the priority areas of the current UNPF, and that the UNFPA country office has actively engaged in information sharing, has participated in and led UNCT campaigns and has worked alongside others, for instance in data and evidence (e.g., LSIS II) and humanitarian assistance (e.g., covid-19 response). For a long time, the UNJP RMNCH with UNICEF and WHO was the only formal collaboration, but the number of joint projects and programmes has recently increased.

The next UNPF is a strategic opportunity for UNFPA to strengthen its development footprint and to gather sister UN agencies around its priorities, and especially its transformative results, which would benefit from more quality inter-agency collaboration.

**Conclusion 4:** UNFPA in Lao PDR has aligned with the ambition of leaving no one behind, which it has implemented well, given the challenges, primarily through a geographical and ethnic lens. Other dimensions of vulnerability and needs for differentiated service delivery have been less prominent. Disaggregated CP6 monitoring data to track progress on leaving no one behind is missing.

*Origin:* Evaluation question 1, 2, 3, 4, 5, 6, 7, 8

*Evaluation criteria:* Effectiveness, relevance, efficiency

*Associated recommendation:* 7

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<sup>153</sup> <http://www.nairobisummitcpd.org/commitment/end-gbv-and-harmful-practices-2030>.

*Rationale:* Women and adolescent girls are at the centre of CP6, and rightly so from those disadvantaged ethnic groups and in remote areas that have a higher unmet need for family planning and are more vulnerable to maternal deaths and adolescent pregnancies. Reaching them, though, is both physically and virtually very challenging because of distances, weather conditions, missing infrastructure, cultural and linguistic barriers. However, reporting against CPD indicators has not been disaggregated by province/district or ethno-linguistic group, which makes it harder to assess progress and benefits.

The current UNFPA country programme has included other groups of women and adolescents at risk of being left behind and in need of differentiated service delivery, such as people living with disabilities, women labour migrants, LGBT people and factory workers, but at a much smaller scale and without setting disaggregated targets.

## 5.2. Programmatic level

**Conclusion 5:** UNFPA and its government implementing partners depend on the buy-in of other development actors for rolling out and scaling up UNFPA-supported and government-approved models, standards, guidelines, curricula, training packages, etc in the health and education sectors.

*Origin:* Evaluation questions 2, 3, 8

*Evaluation criteria:* Effectiveness, sustainability, efficiency

*Associated recommendation:* 6

*Rationale:* During CP6, UNFPA has provided technical and financial support to the Government of Lao PDR for developing, testing and piloting a range of new/improved public services in the areas of FP, MH, ASRH and formal life skills-CSE.

To a large extent, such reforms have already been formally approved and integrated into policy frameworks, plans and professional education, which is important for sustainability. They are applicable to the whole country, but not yet available to the entire population, for reasons of time and money. Especially rolling out in-service training of service providers and procurement of materials and equipment heavily depend on the interests of and the availability of financial and further technical support from external partners. UNFPA has already successfully helped to mobilise donors and INGOs.

**Conclusion 6:** Despite a vacant PD analyst post, the UNFPA country office in Lao PDR has contributed to important population data sets and evidence that have been used for policy-making and planning by the government and since very recently is better positioned to contribute to major statistical operations. The utilisation and usefulness of important UNFPA A&Y knowledge products and platforms is sub-optimal.

*Origin:* Evaluation questions 1

*Evaluation criteria:* Effectiveness

*Associated recommendation:* 5

*Rationale:* UNFPA has contributed to important demographic data and studies - e.g., LSIS II, population projections and the (draft) Lao 2030 study. Such UNFPA-supported data and evidence have been used in government planning (e.g., draft 9<sup>th</sup> NSEDP), policy formulation (e.g., draft NYAP, NSRMNCAH Policy) and monitoring (e.g., Noi 2030 Framework).

The country office has also specialised in research and analyses on adolescents and adolescent girls. However, the A&Y monograph and the two AGSA studies were not

widely known among consulted government counterparts and development partners, and would therefore appear to be underutilised. The virtual SDG4A platform and the ARD would benefit from some rethinking to optimise their effectiveness, including their use for policy advocacy.

Major statistical operations are ongoing (inter-census population survey), in preparation (CRVS) or are expected during the next country programme cycle (LSIS III, PHC). With the PD analyst post still vacant, but thanks to the very recent recruitment of an international UNV population data fellow, the country office is better positioned to engage actively.

**Conclusion 7:** UNFPA's immediate humanitarian response to flash floods in 2018 and the covid-19 outbreak in 2020 was relevant and effective. Two years after the flash floods, the situation of internally-displaced women and girls in Sanamxay district remains undignified. UNFPA's contribution to recovery and building back better urgently needs stepping up.

*Origin:* Evaluation questions 6, 7

*Evaluation criteria:* Humanitarian coverage and connectedness, relevance

*Associated recommendation:* 4

*Rationale:* UNFPA's humanitarian response to the flash floods in Sanamxay district, Attapeu province, in 2018 and the covid-19 outbreak in 2020 was rapid and effective. After the acute phase, UNFPA has been supporting the Government of Lao PDR to learn from and to adapt public services to longer-term implications of the pandemic. It is too early to assess these efforts in-depth, but initial feedback was positive.

In Sanamxay district, Women-Friendly Spaces are very relevant in view of delayed compensation and resettlement of villagers, but are struggling to build capacities and help women and girls to recover from the drastic natural disaster and to protect themselves. They cannot be considered a good model at this point in time. Capacity building for duty bearers and quality improvements are urgently needed.

**Conclusion 8:** UNFPA is a key partner of the Government of Lao PDR for life skills-CSE under SDG 4 on quality education.

*Origin:* Evaluation questions 3, 6

*Evaluation criteria:* Effectiveness, relevance

*Associated recommendation:* 8

*Rationale:* With its comprehensive programmatic focus on primary and secondary education and TVET, UNFPA is not only a key partner of the Government of Lao PDR in fulfilling its commitment under the ICPD to fully integrate CSE in schools. The country office can also take credit for the introduction of a Nang Noi Girls Groups model of life skills-CSE for adolescent girls from different ethnic groups in non-formal village-level settings, which it has been promoting to donors for extension to other underperforming districts.

## Chapter 6. Recommendations

### 6.1. Recommendations

UNFPA country programme evaluations make operational and feasible recommendations for actions for taking UNFPA support forward in the next programming period. Recommendations are linked to, and flow logically from, the conclusions. They are listed in order of priority.

**Recommendation 1:** In future, and as appropriate, ensure a balanced engagement of central-level and sub-national level authorities in implementing UNFPA pilots and activities to ensure quality and sustainable outcomes, and at the same time contribute to the Lao decentralisation agenda under the five-year plan to improve service delivery.

*Priority:* Very high

*Target level:* UNFPA country office, UNFPA implementing partners

*Based on conclusion 1*

*Operational implications:*

The 7<sup>th</sup> UNFPA country programme for Lao PDR should consider capacity building and delegating more implementation responsibilities to subnational authorities to ensure greater familiarity with and ownership of project goals, especially in hard-to reach provinces and districts. For all programmatic areas, UNFPA and its ministry counterparts should consider on a case-by-case basis the option to include local departments and offices as sub-IPs and, in a timely manner, undertake the necessary preparations, including capacity assessments.

**Recommendation 2:** As part of the next CPD's strategic direction and UNFPA's strategic visibility, prioritise, in the national context, UNFPA's support for achieving at least one of UNFPA's transformative results in order to be able to make a clear and credible commitment to scale up and accelerate progress towards zero by 2030.

*Priority:* Very high.

*Target level:* UNFPA country office, UNFPA implementing partners

*Based on conclusion 2*

*Operational implications:*

The next CPD needs to clearly articulate linkages and UNFPA contributions to one or more transformative result, in the narrative and its results framework, and to review its human resources and resource mobilisation and partnerships accordingly. Committing to reach at least one transformative result, importantly by mobilising partners and financing, does not exclude support and influence in other areas.<sup>154</sup>

As part its corporate drive to achieve the transformative results by 2030, UNFPA has started to calculate costs of achieving them, both globally and at the country level, the latter using so-called country investment plans.<sup>155</sup> It is recommended that the Government of Lao PDR and the UNFPA country office consider formulating a needs-based country investment plan based on available examples. Earlier UNFPA-supported costing exercises - e.g., in connection with contraceptive security, training midwives, and life skills education (NNGGs) can flow into such considerations.

**Recommendation 3:** Engage at senior level in formulating the next UNPF in order to ensure that UNFPA's mandate and interests, and particularly its transformative results, are well captured.

<sup>154</sup> In terms of relevant interim national targets, the Government of Lao PDR has committed to increase modern contraceptive prevalence rate to 70% by 2025; increase modern contraceptive prevalence rate for young people aged 15-19 years to 45% by 2025; increase the proportion of pregnant women delivering with trained skilled birth attendance to 90% by 2025; increase delivery in health facilities to 70% by 2025; and ensure that all health centres have at least one midwife by 2025.

<sup>155</sup> Reference is made to the publication "Costing the Three Transformative Results", January 2020. Also see UNFPA report on the structured funding dialogue 2019-2020: «UNFPA will also support countries in developing 'country investment cases' to mobilize domestic financing for the transformative results leveraging costing and impact modelling tools».

*Priority:* Very high

*Target level:* UNFPA country office

*Based on conclusion* 3

*Operational implications:*

At the strategic level, the CPE team suggests that the country office advocate for including the relevant UNFPA transformative results in the results framework of the next UNPF. This would give more visibility to UNFPA's mandate, facilitate inter-agency collaboration, including among the common chapter agencies, and ensure that results and UNCT contributions to progress towards the goals are tracked. Similarly, UNFPA should promote the Noi 2030 Framework as point of reference for the UNCT's support for Lao PDR.

Besides common SDG targets and indicators, the CPE team would like to suggest the following entry points for future collaboration - i.e., where agencies work with the same authorities/organisations; and where they work in the same geographical areas.

Concretely, in addition to ongoing and concrete plans for close collaboration, this evaluation has showed potential for putting heads together with mainly ILO, UNDP, UNICEF, WHO and UN-Women and joining hands to:

- support the flood-affected population in Sanamxay district
- engage the private sector to achieve the SDGs under the Noi-friendly business criteria
- elevate the early marriage agenda
- strengthen communications and outreach in ethnic languages

**Recommendation 4:** Urgently review and strengthen Women-Friendly Spaces in Sanamxay district of Attapeu province based on global standards and good practices, including their integration in formal protection and SRH/GBV referral mechanisms.

*Priority:* Very high

*Target level:* UNFPA country office, LWU

*Based on conclusion* 7

*Operational implications:*

The CPE team suggests that ongoing activities are insufficient to ensure effective WFSs. It suggests that the UNFPA country office and LWU conduct as soon as possible a rapid assessment mission to Sanamxay district to agree on necessary improvements to running and embedding the WFSs in local governance systems, in consultation with concerned local-level authorities and women and girls. The UNFPA publication "Women and Girls Safe Spaces - A Guidance Note Based on Lessons Learned from the Syrian Crisis"<sup>156</sup> could serve as a useful point of reference to this intent.

To further strengthen UNFPA's support for flood-affected adolescent girls by creating programmatic synergies, UNFPA and its partners should consider rolling out NNGGs and men and boys engagement activities to villages in Sanamxay district. LWU and UNFPA communications and partnerships staff should help raise the necessary humanitarian funding based on an improved WFS concept and proposal following the "building block approach". Based on donor interests in GBV, there is a good chance that the proposal will be successful. Since the situation in the five camps is similarly precarious, UNFPA and

<sup>156</sup> <https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA%20UNFPA%20Women%20and%20Girls%20Safe%20Spaces%20Guidance%20%5B1%5D.pdf>.



LWU should consider including the remaining two camps in the improved WFS programme.

**Recommendation 5:** Continue to invest in the country office’s technical and convening role as a competent and purposeful data and research agency for evidence-based priority-setting and development interventions.

*Priority:* High

*Target level:* UNFPA country office

*Based on conclusion 6*

*Operational implications:*

The PD component of CP7 should include technical support for the CRVS, the LSIS III and the PHC 2025, while ensuring that they address inequalities, and envisage support for mobilising the necessary funding.

A&Y data and research work should also continue. However, it would be worth revisiting the formats of the SDG4A virtual platform and ARDs. It is also suggested to leverage the AGSA studies by formulating a multi-year workplan with Lao TPHI and provincial authorities to roll out decentralised adolescent girls situation analyses to implement and monitor the Noi 2030 Framework.

Knowledge dissemination is a crucial aspect of UNFPA’s work. The next communications strategy and plan could explore innovative low-cost, high-impact and quick ways to disseminate UNFPA-supported surveys and research to stakeholders, both governmental and non-governmental, to optimise uptake. It could set out clear timelines and pathways (“roadmaps”) for feeding future surveys and studies into government policy formulation and planning.

**Recommendation 6:** To help speed up the implementation of national policies, concentrate on rolling out in an equitable manner new standards, guidelines, curricula and training packages developed under CP6, including by engaging a network of diverse partners. Limit new SRH and A&Y activities during the next country programme cycle.

*Priority:* High

*Target level:* UNFPA country office, UNFPA implementing partners

*Based on conclusion 5*

*Operational implications:*

A range of UNFPA-supported guidelines, tools and training packages have been or are in the process of being introduced to Lao PDR under the SRH and A&Y components of CP6. CP7 should largely aim to facilitate the roll out of approved instruments to ensure expected universal impact as a contribution to implementing the national policy framework, and to enable monitoring, quality implementation and knowledge management. UNFPA and its implementing partners are advised to limit the number of new activities under the next country programme. Only new activities should be introduced where UNFPA is able to deliver and make a sizeable effort and impact. For instance, while piloting and rolling out MISP and GBViE in a country at medium risk of humanitarian crises occurring is very relevant, and would be well worth increasing, it may have to take a back seat in view of ongoing work and priorities.

Lao PDR has primary responsibility for its own economic and social development and strengthening domestic public resource mobilisation is crucial, as has been seen in increased government funding for FP commodities thanks to UNFPA. However, given the negative implications of the covid-19 pandemic on fiscal budgets, it is all the more

important that the UNFPA country office continue making good use of its convening power to catalyse development actors for achieving targets under SDGs 3, 4 and 5. ODA will be sorely needed and, compared to other sources, is most likely to be made available for strengthening public service provision. UNFPA and its government counterparts should therefore seek inter-linkages with donor interests and programmes. In addition, the private sector with its networks and outreach can play an important role in communications and awareness-raising and demand generation. The CPE team welcomes the very recently launched Noi-friendly business criteria which have potential to leverage private sector engagement in SRH, ASRH and the essential service package for survivors of violence. UNFPA should attempt to include domestic businesses and businesses based in low-performing provinces.

**Recommendation 7:** Make additional efforts to reach groups who are vulnerable because of their geographic location and cultural and linguistic barriers. Consider in CP7 a new focus on women and adolescents living with disabilities, and ensure disaggregated CPD indicators, targets and annual milestones to track progress on LNOB.

*Priority:* High

*Target level:* UNFPA country office, UNFPA implementing partners

*Based on conclusion 4*

*Operational implications:*

Recognising that UNFPA cannot target all vulnerable groups, the CPE team proposes that the country office build on its initial contacts with the INGO Humanity & Inclusion to extend its focus on women and adolescent girls living with different types of disabilities. Concretely, the country office should immediately seek ways for the Disability Monograph to feed into the 9<sup>th</sup> NSEDP drafting process. Concerning CP7, the country office may wish to consider contracting Humanity & Inclusion to support mainstreaming of disabilities in forthcoming statistical, analytical and policy work and operational activities. The CPE team recommends mainstreaming the special needs of people living with disabilities across CP7 (e.g., in the LSIS III and PHC 2025) and not developing a separate disability programme.

To strengthen UNFPA's efforts to leave no one behind, and in the spirit of a human rights-based approach, the country office and its implementing partners should also look into ways to promote mechanisms for stronger participation of women and adolescent girl beneficiaries and their interests in local decision-making and planning as part of UNFPA's country programme in Lao PDR - e.g., through the NNGGs and through the WFSs.

The UNFPA communications team should be tasked to strategize how to better share information and convey messages in ethnic languages to target groups in hard-to-reach areas, possibly under the umbrella of the UN Communication Group.

Formulate indicators, targets and annual milestones that capture work and results under CP7 for the benefit of the most vulnerable and marginalised people.

**Recommendation 8:** Continue to refine the NNGG model, formulate a roll-out and sustainability strategy, and plan UNFPA's exit by the end of CP7 in 2026.

*Priority:* High

*Target level:* UNFPA country office, MOES

*Based on conclusion 8*

*Operational implications:*

UNFPA has learnt lessons from first-generation NNGGs in Savannakhet and Bokeo, which it is applying to the next set of villages in Namor district of Oudomxay province. Among

other things, the CPE team positively noted efforts to engage adolescent boys. While the CPE team would like to recommend a more gender-responsive approach by also providing structured life skills sessions to adolescent boys to reduce their own gender-specific SRHR vulnerabilities and constraints, it realises that this goes beyond UNFPA's means.

UNFPA should, however, make NNGGs more inclusive by ensuring that the NNGG members take on responsibility to share their knowledge and skills within their villages, including as regards communicating the advantages of using modern contraceptives ("social marketing"). To strengthen the human rights-based approach, project partners should look into ways for mentors to represent adolescent girls in local decision-making and planning.

Furthermore, a rigorous NNGG M&E system should be established for measuring progress and capturing positive change among mentors, adolescent girls and boys, parents and village authorities, and for learning lessons. Especially the effectiveness of the UNFPA-supported skills training for mentors in return for their voluntary services should be monitored and if necessary adapted (extent to which the NNGG programme is helping mentors to find employment or create their own businesses). Lastly, the country office and its partners should formulate a NNGG roll-out and sustainability strategy and UNFPA should plan its exit by the end of CP7.