



COUNTRY CASE STUDY

MID-TERM EVALUATION OF THE UNFPA SUPPLIES PROGRAMME
(2013-2016)

THE LAO PEOPLE'S DEMOCRATIC REPUBLIC

EVALUATION OFFICE

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Mid-Term Evaluation of the UNFPA Supplies Programme (2013-2016)

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ABBREVIATIONS AND ACRONYMS

ANC	Antenatal Care
APRO	Asia-Pacific Regional Office (of UNFPA)
CBD	Community Based Distributor
CDC	Communicable Disease Control
CHAI	Clinton Health Access Initiative
CIEH	Centre for Information and Education on Health (of MoH)
CO	Country Office (of UNFPA)
CPR	Contraceptive Prevalence Rate
CSB	Commodity Security Branch (of UNFPA)
DCDC	Department of Communicable Disease Control
DFID	UK Department for International Development
DHC	MoH Department of Health Care
DHHP	MoH Department of Hygiene and Health Promotion (DHHP)
DHIS	District Health Information System
DLI	Disbursement linked Indicator
DP	Development Partner
DPIC	Department of Planning and International Cooperation (of MoH)
DTR	Department of Training and Research (of MoH)
EHG	Euro Health Group
eLMIS	Electronic Logistics Management Information System
EML	Essential Medicines List
EmOC	Emergency Obstetric Care
ERG	Evaluation Reference Group
ESP	Essential Services Package
FDD	Food and Drugs Department (of MoH)
Gavi	Global Alliance for Vaccines and Immunization (The Vaccine Alliance)
GPRHCS	Global Programme for Reproductive Health Security
HC	Health Care
HMIS	Health Management Information System
IFC	Individuals, Families and Communities (approach)
Lao PDR	Lao People's Democratic Republic
LMIS	Logistics Management Information System
LTA	Long-term Agreement
MCH	Mother and Child Health
MCHC	Mother and Child Health Centre
MDGs	Millennium Development Goals
MHTF	Maternal Health Trust Fund
MMR	Maternal Mortality Ratio
MNCH	Maternal, Newborn and Child Health (package)
MoES	Ministry of Education and Sport
MoH	Ministry of Health
MPSC	Medical Products Supply Centre
MSM	Men who have Sex with Men
MSV	Monitoring and Supervision
NERI	National Economic Research Institute (of Lao)
NFEC	Non-Formal Education Centre (of MoES)
NFEDC	Non-Formal Education Centre (MoE)
NGO	Non-governmental Organisation
PFHA	Promotion of Family Health Association
PSB	Procurement Services Branch (of UNFPA)
PSI	Population Services International
QA	Quality Assurance

RH	Reproductive Health
RH/FP	Reproductive Health/Family Planning
RHCS/FP	Reproductive Health Commodity Security/Family Planning
RIES	Research Institute for Education and Science
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SCM	Supply Chain Management
SDGs	Sustainable Development Goals
SEED	Supply, Enabling Environment and Demand
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
The Global Fund	Global Fund for Aids, Tuberculosis and Malaria
TTF	Thematic Trust Fund
TMA	Total Market Approach
ToC	Theory of Change
ToR	Terms of Reference
ToT	Training of Trainers
TWG	Technical Working Group
UN	United Nations
UHS	University of Health Sciences
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
VHC	Village Health Committee
VYC	Vientiane Youth Centre
VHV	Village Health Volunteer
VV	Village Volunteer
WHO	World Health Organisation

1. INTRODUCTION

This note presents the results of the field country case study of Lao People’s Democratic Republic (Lao PDR), undertaken for the mid-term evaluation of the UNFPA Supplies programme (referred to as UNFPA Supplies). It is one of four field country case studies carried out during the evaluation (Lao PDR, Nigeria, Sierra Leone and Sudan). Another five of the 46 countries in which UNFPA Supplies operates were covered by desk-based country case studies (Haiti, Madagascar, Malawi, Nepal and Togo).

1.1 The mid-term evaluation of UNFPA Supplies

The purpose of the mid-term evaluation of the UNFPA Supplies is to assess the progress made in implementing the programme since 2013. The objectives of the evaluation are to provide an independent and valid assessment of:

- The relevance and approach of UNFPA Supplies
- Results achieved across all output areas and movement toward national sustainability
- Gender equality, social inclusion and equity
- Coordination and synergy with partners
- The catalytic role of UNFPA Supplies.¹

1.2 Objectives of the field country case studies

The country case studies aim to provide insights into the evaluation questions and a comprehensive, nuanced picture of programme actions and their results. They cover nine of the 46 programme countries of UNFPA Supplies and serve to illustrate programme results in a **wide range of contexts**. They do not form a statistically valid or representative sample of all programme countries.

Table 1: Field and Desk-Based Country Case Studies

Mid-Term Evaluation of UNFPA Supplies: Case Study Countries	
Field-Based Country Case Studies	Desk-Based Country Case Studies
Lao People’s Democratic Republic	Haiti
Nigeria	Madagascar
Sierra Leone	Malawi
Sudan	Nepal
	Togo

The specific purpose of the field-based country case studies is to allow the evaluation to explore the evaluation questions in greater depth than would be possible in desk studies.

¹ Evaluation Office, UNFPA. *Mid-term Evaluation of the UNFPA Supplies Programme (2013-2020): Terms of Reference*, October 2016. p. 9. https://www.unfpa.org/sites/default/files/admin-resource/ToR_Mid_Term_evaluation_of_UNFPA_SUPPLIES_2013-2020_F_I_N_A_L.pdf

Box 1: Evaluation Questions

Evaluation Questions

1. To what extent has UNFPA Supplies **contributed to creating and strengthening an enabling environment for Reproductive Health Commodity Security/Family Planning (RHCS/FP)** at global, regional and national level?
2. To what extent has UNFPA Supplies contributed to **increasing demand for reproductive health and family planning (RH/FP) commodities and services**, including demand by poor and marginalized women and girls in keeping with their needs and choices (including in humanitarian situations)?
3. To what extent has UNFPA Supplies, through its global operations and advocacy interventions, **contributed to improving the efficiency of the procurement and supply of RH/FP commodities** for the 46 target countries?
4. To what extent has UNFPA Supplies contributed to **improved security of supply, availability and accessibility of RH/FP commodities and services** in programme countries, especially for poor and marginalized women and girls, **in keeping with their needs and choices**, including in humanitarian situations?
5. **To what extent has UNFPA Supplies contributed to improving systems and strengthening capacity for supply chain management for RH/FP commodities in programme countries?**
6. To what extent have the **governance structures'** (UNFPA Supplies Steering Committee) **management systems and internal coordination mechanisms** of UNFPA Supplies **contributed to overall programme performance?**
7. **To what extent has UNFPA Supplies played a catalytic role by leveraging increased investment by other actors and supplementing existing programmes in RH/FP at global, regional and national levels?**²

The country case studies are not individual programme evaluations at country level. They:

- Provide input for answering the evaluation questions and assumptions for verification
- Triangulate data collected from other sources and respondents with qualitative and quantitative information collected in country
- Identify lessons learned.

The evaluation also uses other methods, including an online survey of key stakeholders, interviews undertaken at global and regional level and a comprehensive global document and data review to ensure coverage of all UNFPA Supplies programme countries.

1.3 Approach and methodology

Each field country case study uses a theory-based evaluation approach which builds on the theory of change and key causal assumptions developed for the UNFPA Supplies programme described in detail in the Inception Report of the mid-term evaluation³.

² Evaluation questions and related key causal assumptions are provided in the *Inception Report of the Mid-Term Evaluation of UNFPA Supplies*: UNFPA, September 2017. Accessible at: https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_Supplies_Mid-Term_Evaluation_-_Draft_INCEPTION_REPORT_Volume_1_-_121017.pdf

³ UNFPA, 2017. *Inception Report*: p. 31-40.

These assumptions (Annex 1), when tested using contribution analysis, allow each evaluation question to be addressed and, ultimately, provide the basis for assessing the contribution of UNFPA Supplies to outcomes in Reproductive Health and Family Planning (RH/FP) in Lao PDR.⁴

The main data collection methods used in each field country case study are:

- Identification and review of core documents at country level including: annual workplans; results frameworks and results reports; minutes of planning, review and steering committee meetings; programme review and evaluation documents; monitoring mission reports, national plans and programmes in family planning and Reproductive Health Commodity Security (RHCS); and reports and documents produced by other bilateral and multilateral agencies supporting RH/FP
- Review and profiling of quantitative data, including financial data on programme investments and data on availability and use of family planning commodities
- Key informant interviews with a wide range of stakeholders at national level (Annex 3)
- Site visits at district and local levels including: interviews and discussions with provincial and district health teams and group and individual interviews with staff of district hospitals, rural health centres and health posts, and static and mobile health clinics
- Interviews with staff of warehouses and medical stores facilities at national and district level and observation of conditions for storage, monitoring and distribution of RH/FP commodities at national, provincial, district and local levels
- Focus group discussions and group interviews with girls and young women accessing RH/FP services and using commodities supported by UNFPA Supplies
- Debriefings of key informants at national level in order to present preliminary findings and receive feedback on any gaps in the data used, and on factual errors or misinterpretation of the available data.

In each field country case study, the draft country case study note was submitted to the UNFPA Country Office (CO) for review and comments prior to submission to the Evaluation Office.

1.4 Carrying out the Lao People’s Democratic Republic field country case study

1.4.1 Data collection activities

The country case study mission was carried out by a team of three evaluators working in Lao PDR from December 4 to 15, 2017.

Document reviews

The case study mission was preceded by a review of relevant documents provided by the Lao PDR UNFPA CO. These were supplemented by documents gathered during the case study mission from key informants interviewed, as well as other documentation and data obtained from various sources. For a list of documents referred to during the case study, see Annex 4.

Key Informant interviews

The evaluation team carried out extensive interviews with key stakeholders for UNFPA Supplies in Lao PDR (See Annex 3). These included:

⁴ For a full discussion of the analytical approach and methodology used in mid-term evaluation see the *Inception Report*, Chapters Three and Four.

- The UNFPA Sexual and Reproductive Health (SRH) team and UNFPA Country Representative, in the UNFPA CO in Vientiane
- Senior managers in relevant Ministry of Health (MoH) departments in Vientiane, including the Mother and Child Health Centre (MCHC), RMNCAH Secretariat and RH/FP Division of the Department of Hygiene and Health Promotion (DHHP), the Department of Health Care's Youth Friendly Service, the Food and Drug Department (FDD), Medical Products Supply Centre (MPSC) and its national warehouse, the Department of Planning and International Cooperation (DPIC), Centre for Information and Education for Health (CIEH), and the Department of Training and Research (DTR)
- Senior managers and staff in other relevant Government departments including the Ministry of Education's Non-Formal Education Centre (NFEDC), Department of General Education, Research Institute for Education and Science (RIES), Lao PDR Women's Union and their Vientiane Youth Centre (VYC)
- Senior staff of non-governmental implementing partners (Population Services International (PSI), the Clinton Health Access Initiative (CHAI), and the Promotion of Family Health Association (PFHA)
- Staff of development partners supporting the health sector in general and RH/FP programming in particular (WHO, UNICEF, World Bank)
- Senior managers at the Savannakhet Provincial Health Office
- Savannakhet Regional and Provincial Warehouse staff
- Staff of two district health offices and district warehouse/stores in Savannakhet Province (Nong and Vilabouly Districts)
- Staff of health centres (Asing, Nakai) in two remote areas of two districts (Nong, Vilabouly) in Savannakhet Province as well as brief interviews with a client at VYC, and a district doctor being trained as a trainer of trainers in Vientiane.

Site Visits

The case study included site visits and observations (along with key informant interviews and group discussions) at a range of facilities relevant to the operation and effectiveness of UNFPA Supplies. These included:

- The main MPSC warehouse in Vientiane, Regional and Provincial warehouse in Savannakhet, district health stores in Nong and Vilabouly districts in Savannakhet province, health centre stores in two remote health centres (Asing and Nakai)
- Health centres (Asing and Nakai) in two remote districts (Nong, Vilabouly)
- Vientiane Youth Centre and clinic
- PFHA centre and clinic.

During visits to health clinics, the evaluation team interviewed managers, service providers and a client regarding supply and demand issues, choice of family planning methods, contextual and cultural issues affecting access and demand. Evaluators also observed and photographed facilities and processes for storing, stock control, and ordering of RH/FP commodities (with a physical check of stocks on hand), including facilities for maintaining the cold-chain for oxytocin (although the latter is not provided in Lao PDR under the Supplies Programme, but rather as part of the Government's budget).

The map below shows the four focus districts in Savannakhet province with targeted UNFPA support. The map on the right (Savannakhet) also indicates the locations within two of these districts

(Vilabouly and Nong) where the evaluation team visited the district health offices and two health centres. The facilities are remote and hard to reach, with the unpaved roads almost impassable in places (and reportedly worse in the rainy season), as the photo below (washed out road to Asing Health Centre in Nong District) shows.

Figure 1: Lao PDR and Savannakhet maps showing UNFPA target districts

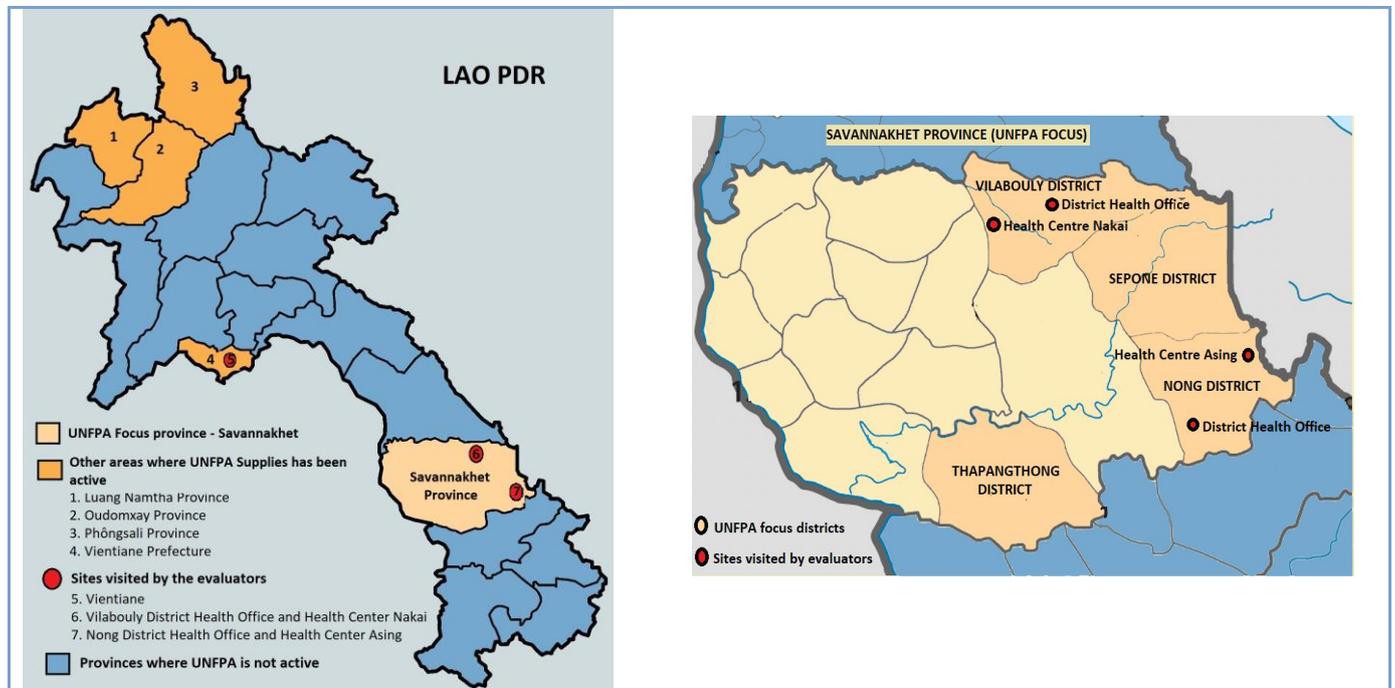


Figure 2: Washed out road to Asing HC, Nong District



1.4.2 Limitations

Although the evaluation team conducted intensive meetings and interviews with virtually all key stakeholders relevant to the Supplies Programme in Vientiane, and visited the Province (and two of the four districts) supported by the programme, the site visits cannot be considered representative of the situation in all of Lao PDR (with over 1,200 health facilities). Given time limitations, remoteness and poor roads (without other travel alternatives) to reach the sites visited, it was only possible to visit the two remote districts and two of their health centres in Savannakhet province during this two-week mission in Lao PDR.

2. COUNTRY CONTEXT AND PROGRAMME RESPONSE

Lao PDR is a landlocked, mountainous country in South-East Asia, bordered by Myanmar and China to the northwest, Vietnam on the east, Cambodia and Thailand to the south/southwest. It was a colony of France until 1953, when it gained independence as a constitutional monarchy. Following a revolution in 1975, supported by Vietnam and the Soviet Union, it became a communist country – the Lao PDR.

Lao has a population of 6.4 million, with many of its people young and rural – more than a third of the population are under 15, and approximately two thirds live in rural areas (many of which do not have paved roads – there are many remote villages with difficult access to services). Classified in recent years as a lower-middle income country, Lao PDR has seen strong economic growth and falling poverty rates, but still was ranked 138 of 186 countries on the Human Development Index in 2016.⁵ The country is ethnically very diverse, with some 49 official ethnic groups, each with its own dialect, customs, beliefs and traditions (including use of traditional or herbal medicine). The primary religion is Buddhism. The economy is dominated by agriculture (mostly rice), which contributes to approximately a third of Gross Domestic Product and employs some 80 percent of the labour force.

Lao PDR remains one of the few communist states in the world (with China, North Korea, Cuba, Russia, and Vietnam). Lao PDR has a single-party government and decrees-based governing.⁶ Following the fall of the USSR in the 1990s, Lao PDR has introduced market reforms, opened a stock market, and become a member of the Association of South-East Asian Nations and of the World Trade Organization. The country is divided into 18 provinces (including Vientiane area). Provinces are divided into districts, and these into villages. There are 184 districts, 8,507 villages, and over 1,200 health facilities (1,026 of which are health centres).

Relevant Government Policies and Plans

In 2009, the Lao Ministry of Health developed the *Strategy and Planning Framework for the Integrated Package of Maternal, Neonatal, and Child Health Services 2009-2015*. Since this began, the government has worked with development partners on efforts to improve maternal and child health as integral to overall health, through various initiatives including:

- Training community midwives
- An Emergency Obstetrics and Newborn Care Assessment and action plan
- Free Maternal and Child Health (MCH) policy
- Integrated outreach guidelines
- Supportive supervision guidelines
- Action Plans for family planning and Early Essential Newborn Care.⁷

The Lao Government published their *National Strategy and Action Plan for Integrated Services on Reproductive, Maternal, Newborn, and Child Health (RMNCH) 2016-2025*, building from the 2009-2015 Strategy and Framework, which was evaluated in 2015. The Strategy noted progress made in improving health indicators over the past decade for major service coverage, with Millennium Development Goals (MDGs) four and six on track towards achievement by 2015. The strategy also

⁵ Human Development Report 2016 - *Human Development for Everyone*. UNDP. 2016

⁶ “*Success Factors for Women’s and Children’s Health*”. Lao PDR MOH – WHO 2015.

http://www.who.int/pmnch/knowledge/publications/lao_country_report.pdf

⁷ “*Increasing Access and Utilization of Quality Maternal Health Services in Target Areas*” UNFPA WP budget commitment 2015

highlighted the fact that “demand for essential services such as family planning, vaccinations, antenatal care and facility-based delivery has increased significantly”.⁸

Training and deployment of community midwives was noted as a “major achievement”, with midwife numbers growing from 88 to 1784 by 2015, accompanied by better quality training. The Government’s endorsement of the free MCH Policy in 2013 initiated the provision of free deliveries and child care services and has currently been scaled up to cover 70 percent of districts. With this base, and working toward the Sustainable Development Goals (SDGs) for Lao, the new Strategy has 11 specific objectives, including health financing, health information, human resources and drug/equipment linked to RMNCH activities.

The Strategy incorporates priorities and principles articulated in the free MCH Policy and the Health Sector Reform Framework and Eighth Five-Year Health Sector Development Plan 2016-2020. The Strategy and action plan are aligned to programme plans including: the Family Planning Action Plan 2014-2015 and beyond; Midwifery Improvement Plan 2016-2020; National Emergency Obstetric Care Five Year action plan 2013-2017; Early Essential Newborn Care action plan 2014-2020; and the National Immunization Programme Comprehensive Multi-Year Plan 2016-2020.⁹

The national government has committed to revising their reproductive health policy to improve the enabling environment and ensure better services for sexual and reproductive health and family planning for adults and youth. The current phase (2016-2010) of Health Sector Reform aims to achieve **universal health coverage**, including an essential services package (ESP) (including family planning) defining what must be provided at each level of the health system. The ESP is yet to be fully costed, so there are concerns and potential implications for affordability, and a question of potential effect on future demand for and availability of family planning commodities.

Many respondents noted that the government that took power in mid-2016 is more pragmatic and open to including sexual and reproductive health and family planning education in schools, youth centres and youth-friendly spaces. They have also made progress on engaging midwives and enabling them to provide a wider scope of services (including family planning). The new government is also more open to including a family planning focus in their development plans (this is especially notable since the first National Family Planning Conference held in 2017 and related increased awareness of the cost-benefit of family planning for economic growth).

A key factor in Lao’s national planning and budgeting across sectors is the recent threshold the country has reached (due to its strong economic growth indicators) to graduate from low-income to lower-**middle-income country** status by 2020. According to interview respondents, when Lao PDR achieved the 1,580 USD Gross National Income average over three years, it automatically triggered the transition away from Gavi funding (with a 5-year window and accompanying Gavi grant to plan the transition).

By 2021, Gavi support will end, and the Government will have to fund all vaccines. As Lao’s economy grows, the Global Fund and other development partners are also transitioning away from support, despite still lagging social indicators. A main issue in Lao PDR presently (among government officials and partners) is how to manage the transition and have government increase its own funding and continue progress toward stated goals.

⁸ Lao PDR MOH - *National Strategy and Action Plan for Integrated Services on Reproductive, Maternal, Newborn, and Child Health 2016-2025*. (Page i)

⁹ Lao PDR MOH - *National Strategy and Action Plan for Integrated Services on Reproductive, Maternal, Newborn, and Child Health 2016-2025*. (Page i-ii)

2.1 Demand, supply and unmet need for family planning in the Lao People's Democratic Republic

2.1.1 Trends in contraceptive prevalence and demand

Lao PDR has the earliest age of marriage in the region, with one in 10 girls marrying by the age of 15. The country also has the highest adolescent birth rate in the region (approximately 76 per 1,000 girls aged 15-19), and high rates of girls never attending school, or having dropped out by age 16.¹⁰ The country has a weak health system, limited access to health services (noted by WHO in 2009);¹¹ disparities in access to reproductive health services among different groups; and a high maternal mortality rate, exacerbated by the low percentage of births attended by skilled health workers. The contraceptive prevalence rate is around 42 percent, with unmet need for family planning around 20 percent; and the adolescent birth rate is high, as mentioned above (at 76 per 1,000).¹²

Although Lao PDR has made progress in reducing the national maternal mortality ratio (MMR), it was still the highest in the region at 220/100,000 live births in 2013.¹³ By 2017, MMR had declined very slightly to 206/100,000.¹⁴ The main factors contributing to the persistently high national MMR are: early pregnancy, including among uneducated young women and those living in remote areas with little to no road access; low rates of births assisted by health workers or in health facilities; relatively low contraceptive prevalence rates (CPR); with high unmet need; low ante-natal clinic (ANC) visit rates; and disparities in health service coverage and quality levels.¹⁵

In 2016, the Government of Lao PDR committed to the FP2020 Movement, and to: a) increase the modern Contraceptive Prevalence Rate (mCPR) from 42 percent to 65 percent; b) reduce unmet need from 20 percent to 13 percent; and c) expand family planning coverage and the contraceptive method mix.¹⁶ The prevalence of use of modern contraception has risen slightly since 2012, among both all women and married women, with projected trends to continue rising gradually. In 2017, the mCPR rate was 36.75 percent for all women (50.4 percent among married women).¹⁷

¹⁰ FP2020 News Article: UNFPA, *Laos to increase investment in adolescent girls' education* (March 29, 2017). Business Day.

¹¹ From GPS Workplan 2015 – UNFPA's *"Increasing Access and Utilization of Quality Maternal Health Services in Target areas"* – Jan 7, 2015, UNFPA WP budget commitment 2015, pg. 1

¹² From GPS Workplan 2015 – UNFPA's *"Increasing Access and Utilization of Quality Maternal Health Services in Target Areas"* – Jan 7, 2015. UNFPA WP budget commitment 2015, pg.1.

¹³ UNFPA Annual Joint Reporting for the Reproductive Health Thematic Trust Funds (TTFs) and Joint Programmes (JPs), Dec 2015. Pg2

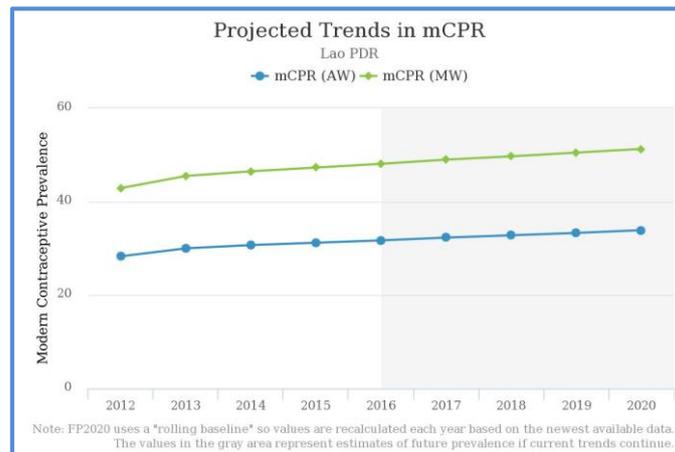
¹⁴ FP2020 Press Release – *Laos Puts Family Planning on its Economic Roadmap*, May 22, 2017

¹⁵ UNDP – *Lao PDR - From Millennium Development Goals to Sustainable Development Goals: Laying the base for 2030*. Nov 2017. Pg20

¹⁶ UNFPA Lao Country Level Narrative Report 2016, pg. 1

¹⁷ Accessible at: <http://www.familyplanning2020.org/entities/188>

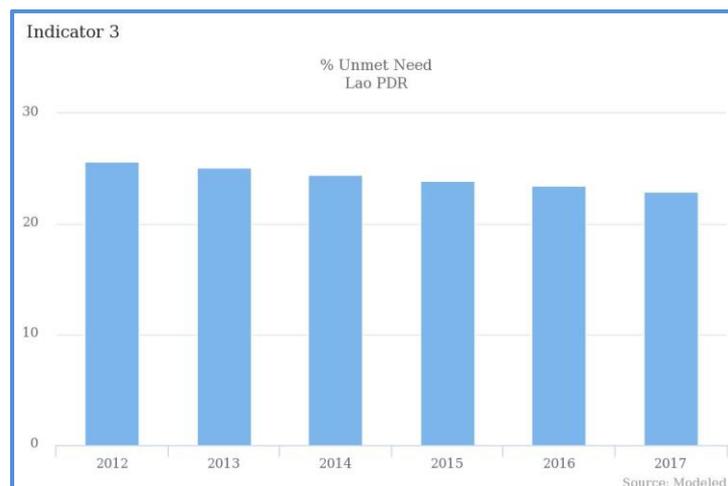
Figure 3: Past and present use of modern methods in Lao PDR



Source: FP 2020: Track 20¹⁸

Unmet need for family planning was estimated at 22.9 percent among married women in 2017, only slightly declining since its rate of 26 percent in 2012. FP2020 data indicates a total of 130,000 new users of modern contraception in 2017, up from only 40,000 in 2013. The data indicate the number of new users rising by some 20,000 per year since 2013 (from 81,000 in 2015 to 102,000 in 2016).

Figure 4: Unmet need for family planning - Lao PDR



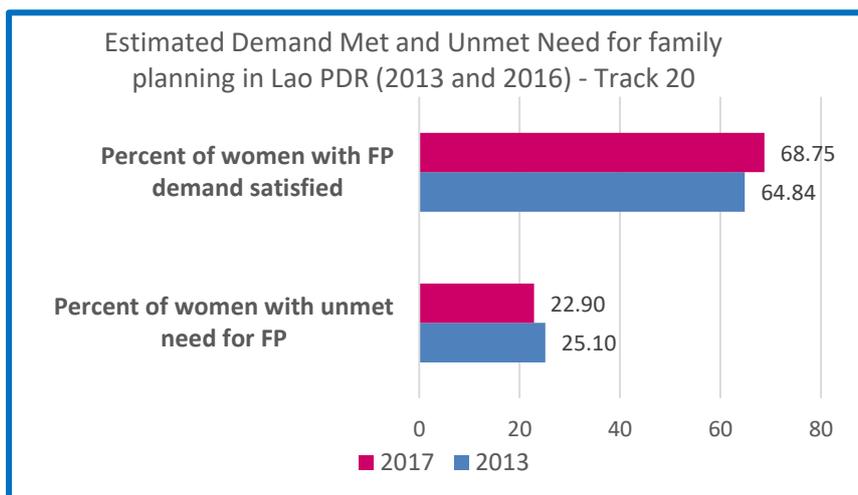
Source: FP 2020 -- <http://www.familyplanning2020.org/entities/188>

Figure 5 shows demand met and unmet need for family planning in Lao PDR at the beginning and end of the evaluation period. While there has been progress, change has been incremental, and the rates are not meeting national targets. Demand for family planning has been gradually rising, although overall gains since 2013 are modest, and levels of unmet need remain high at almost 23 percent. Zones where Community Based Distributors (CBDs) have been active have reportedly seen significant increases in family planning uptake. The evaluation of the CBD programme found: “The use of locally hired CBDs ensures culturally appropriate interactions. There is evidence of an increasing demand for family planning (especially injectables) and MNCH services”.¹⁹

¹⁸ Accessible at: <http://www.familyplanning2020.org/entities/188>

¹⁹ Evaluation of two UNFPA Lao PDR Programmes: Community Based Distribution (CBD) and Individuals, Families, and Communities (IFC). Final Draft 0.3 15 January 2014

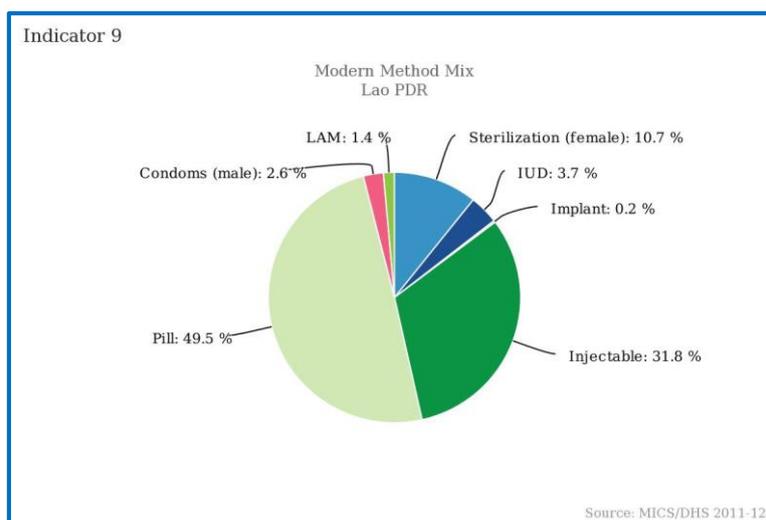
Figure 5: Demand satisfied and unmet need for family planning



Source: FP2020

The mix of modern contraceptives in use in Lao PDR is dominated by use of oral contraceptives, followed by injections, and then female sterilization (according to 2011-12 data from FP2020). The use of implants was recently introduced (2014-15), and demand for this method is growing, according to interviewed stakeholders. Many respondents also noted a decline in demand for IUDs.

Figure 6: Share of modern methods



Source: FP2020 -- <http://www.familyplanning2020.org/entities/188>

Given current trends, Lao PDR will need to increase the rate of uptake of mCPR and additional users of contraception to meet its FP2020 targets. Current trends indicate mCPR may reach 52.8 percent among married women and 38.5 percent among all women in 2020, falling short of the 65 percent target. By the same token, if roughly 100,000 additional users are added each year as has been the case in recent years, unmet need can continue to drop yet will not reach the 13 percent target from the present over 20 percent.

Some issues mentioned by respondents which can have an impact on demand for and access to SRH/FP services include: behaviour and attitude of health workers (e.g. not welcoming toward young or unmarried people), patriarchal norms with men dictating women’s choices, various traditions and beliefs (and languages) in the different ethnic groups, remoteness of many villages and poor roads, varied level and quality of service provision and hygiene standards in the health centres, and

prevalence of male health workers. The box below contains some feedback information collected during the field work on the context for SRH/FP in Lao PDR.

Box 2: Anecdotal reflections on demand for/rejection of various family planning methods in Lao PDR:

Feedback in interviews and discussions with officials and health workers in Lao:

- In many areas, women do not want to use an IUD (or even give birth in a health facility), because they are “shy” about showing their bodies
- Some health centres lack the proper level of hygiene to safely insert IUDs
- In villages, word of mouth among women is key – if one woman decides the IUD or implant is bad or should come out, others follow
- Clients like the implant, its duration (three years), and ease of use (but it is new in Lao PDR)
- Many women have their implants removed because they do not want to lose their period, feel they have lost their womanhood or option to become mothers, and/or because they heard stories about it traveling around in the body or removing a piece of the arm when it comes out.
- Implants are popular among the Mong ethnic group because they work hard in the fields, do not have to visit the Health Centre often, and do not want to have their period.
- Implants are considered a method for older, married women (most youth prefer the pill or injectable)
- For IUDs, sometimes women worry it makes them bleed; and/or men complain they can feel it, so they tell their wife to have it removed (the latter 90 percent of the time, according to DTR of the MoH)
- Condoms are only provided in health facilities, but men are often “too shy” to come in and get them
- Pregnant women are controlled by the husband and the husband’s mother: they do not allow her to eat meat, and they control her movements. Many pregnant women end up weakened/malnourished.

2.1.2 Institutional arrangements

Health System Structure

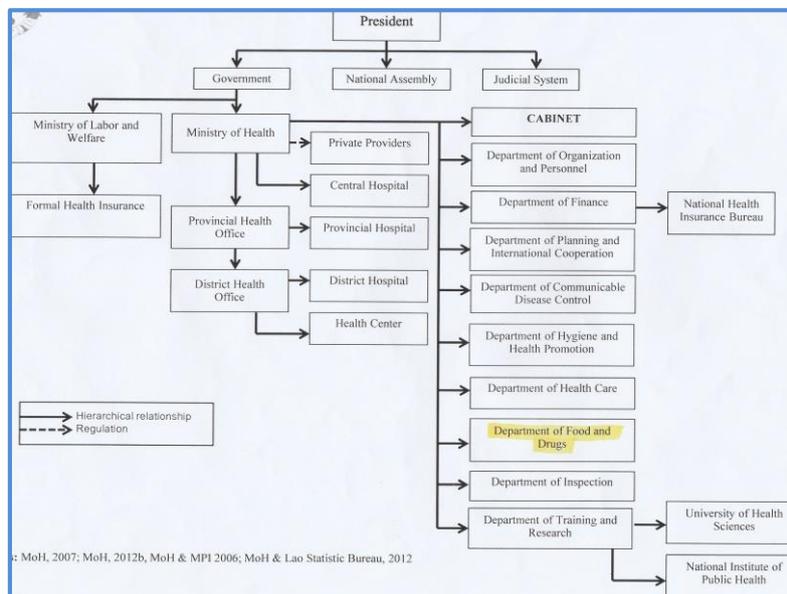
Lao PDR health system is structured with a Ministry of Health (MoH) overseeing nine main departments, including Personnel; Finance; Planning and International Cooperation (DPIC); Communicable Disease Control (CDC), Hygiene and Health Promotion (DHHP), Health Care (DHC), Food and Drugs (FDD); and Training and Research (DTR). In addition, the central MoH oversees Central Hospitals and Provincial Health Offices, and regulates private providers. Provincial Health Offices oversee provincial hospitals, as well as Districts which, in turn, oversee district hospitals and health centres (See figure 7 below for general MoH organigram).

The National Assembly recently declared that the MoH must achieve targets relating to ten indicators as it implements the 2018 health budget, including: reducing under-five stunting; reducing mortality and maternal mortality rates; increasing the numbers of births with trained attendants; increasing immunization rates; increasing access to clean water; increasing latrine use; and providing health insurance coverage to 75 percent of people.

To do this, the MoH is well aware that its departments must integrate their practice, although they are separate in structure with noted overlaps and vertical programmes. There is some movement toward increased integration. For example, DHHP, FDD, DHC and CDC are to work on an integrated plan to reach more patients with care, including youth. Reportedly, the departments now come together to determine areas of the country with low/poor indicators, and they all focus together on

going to those areas to address the issues (bringing training, commodities, etc.). With integration efforts across the health sector focusing on these 10 indicators, the MoH will reportedly also ask all development partners to focus on the same indicators as much as possible to support the government’s efforts to attain the goals set for them.²⁰

Figure 7: Structure of MoH of the Lao People’s Democratic Republic



Source: Director, FDD (Dec 5, 2017 interview)

Delivery of Reproductive Health and Family Planning Services

The health sector in Lao PDR has five levels of care: tertiary, secondary, pre-secondary, primary and community level. The MoH Health Management Information Systems (HMIS) 2016 data reports the number of facilities at each level, and the number of village health workers (who play an important role in reaching rural populations).

Table 2: Health Facilities in the Lao People’s Democratic Republic

Level of Care	Facility Type	Number	Location	Population Served
Tertiary	Central Referral Hospital	5	Vientiane capital	National
Secondary	Provincial and Regional referral hospital (including military and police)	55	Provinces	Province and regional population
Pre-secondary	District hospital (type A and B)	137	Districts	District and border population
Primary	Health Centre	1,026	Community	Community population
Community	Village Health Workers	14,560	Villages	Village populations

Source: HMIS 2016, Lao PDR MoH: <https://hmis.gov.la/dhis-web-reporting/displayOrgUnitDistribution.action>

As Table 3 illustrates, there has been an increase in the ratio of health workers to population, and an almost doubling of the staff sizes of health centres since 2012, which now average over four full-time staff. There has been a major push (with UNFPA and others’ support) toward training of midwives (almost 100 percent of whom are female) and ensuring each health centre has a midwife. (This latter is being strongly motivated now under the World Bank Disbursement Linked Indicators (DLI) programme – national indicator number three is to reduce the number of health centres without a

²⁰ Department of Health Care Youth Friendly Service – interview with director (Dec 14, 2017)

midwife). The government has also made a concerted effort to open more health centres, to reduce the longest distance from villages to a health centre to eight kilometres.

Table 3: Core HR Indicators - the Lao People’s Democratic Republic

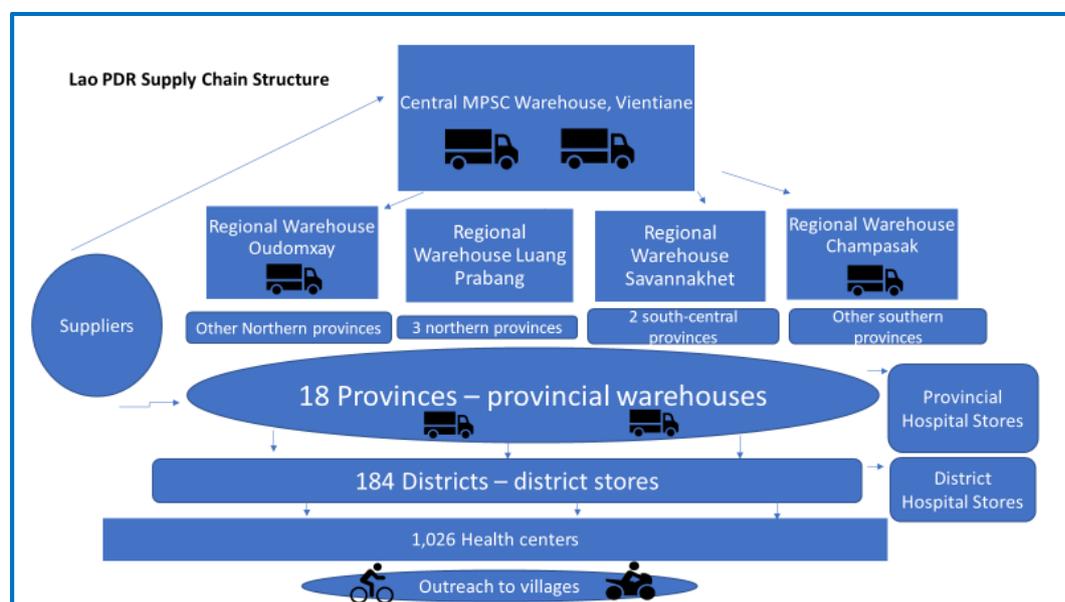
No	Indicators	2012/13	2013/14	2014/15	2015/16
1	Number and ratio of health personnel per 1,000 population	2.24	2.88	2.87	3.22
3	Average number of staff per health centre	2.8	4.3	5.2	4.3
4	Number and percent of health centres with at least one community midwife (or at least 3 staff, including 1 midwife)	33.2%	36%	35.5%	68%

Source: DOP, MoH. 2012/2013; 2013/2014, 2015/2016

Institutional structures for supply chain management

The health supply chains in Lao PDR are relatively integrated, with central government MoH bodies overseeing national medicines and supplies policy and procedures, and provincial level entities overseeing district and community-level structures and supply. The supply chain for SRH and family planning commodities shifted from a centralized one before 1990 to a more decentralized one (with provinces handling their own procurement and supply management), however, it has since then gone back to more central control. The Medical Products Supply Centre (MPSC) was established under the MoH’s FDD in 1999 to manage the health supply chain nationally, with four units (administration, procurement, logistics, and medical equipment). The government reportedly found that decentralization (and the vertical nature of donor-funded programmes and commodities) were causing price, quality, and stock management problems.

Figure 8: Structure of health supply chain in the Lao People’s Democratic Republic



In 2009, the Government decided to integrate procurement and supply management across all MoH programmes and products, and to pool procurement (with annual long-term agreements (LTAs) with suppliers selected through a tender process) for its government-funded procurement. Central level, hospitals, and later six provinces were able to procure under these LTA contracts. Stock Availability Surveys started that year (with UNFPA support) to show annual findings related to commodities at service delivery points, and in 2013 a project began with UNFPA support to improve distribution (an MoU was signed between MoH and MCHC and MPSC). However, stock outs persisted because data

was not accurate, especially from the rural areas. So, the Government began a programme to introduce the “mSupply” logistics management information system (LMIS) (now used in over 80 sites - provincial warehouses and district stores - across 13 provinces, with support from UNFPA, Global Fund, World Bank, and others. The mSupply system continues to expand across the country, with a plan to roll out to the other five provinces and all districts by 2019. It is not yet in health facilities, although a pilot is planned for 2018 to introduce it at dispensary level. Distribution and stock management have improved, with challenges remaining. The DPIC at MoH is working to enhance DHIS2 (consumption data, for all health areas including MCH, FP, EPI – products and patient numbers) on line, and eventually link it to mSupply transaction-based data (from which DHIS2 currently receives some data).

The MCHC at MoH leads forecasting for maternal, SRH and family planning commodities, with data coming from DHIS2 and mSupply. MCHC, MPSC, CHAI, PSI, and UNFPA work together to develop the national forecasts, and UNFPA procures all the family planning commodities for the country. The supply chain in Lao PDR largely uses a “push” system (with allocated volumes) for donor-funded products and a “pull” system (with orders based on need) for government-funded commodities.²¹ The essential medicines list (EML) consists of 380 items and includes family planning items; it is updated periodically and dictates what can be used at each of the five levels of health facility.

The main entities involved in procurement and supply chain management in Lao PDR are:

- FDD – the main MoH department in charge of medical products and medicines policy
- MPSC – under the FDD, acts as central body overseeing procurement and supply management
- Central Warehouse in Vientiane (Central Medical Stores) – the main warehouse of the MPSC
- Four Regional Distribution Centres (Oudomxay, Savannakhet, Luang Prabang, Champasak)
- Provincial warehouses in each province
- District Medical Stores in each district
- Health facility level stores (in hospitals, health centres)
- Community-Based Distributors (CBDs), Village Health Committees (VHCs), Village Volunteers providing outreach and information (and limited commodities) to villages.

There are several Technical Working Groups (TWGs) established for the government’s Health Sector Reform programme, some related to commodities and supply chains, including:

- Health Financing and Planning
- Health Care
- Human Resources
- HMIS
- FDD (this TWG, which UNFPA supports, includes):
 - Medical Products Task Force Committee - meets quarterly to discuss supply, planning, storage practices, human resources, capacity, etc.
 - Access to medicines - FDD including QA and Drug Inspection Bureau, Institute for Traditional Medicine, MPSC.

These groups (chaired by the co-director of each relevant MoH department) are to meet quarterly (all stakeholders, including relevant departments and development partners), to discuss issues and

²¹ MPSC interview (Director), Dec 6, 2017

solutions identified, and to develop reports and plans for the remaining quarters for submission to Cabinet and the Planning division of DPIC. The TWGs report to the Sector Working Group for Health. The Sector Working Group also is to meet every three months (chaired by the Minister of Health) to discuss problems and solutions that each TWG identified.²²

2.2 The UNFPA Supplies programme in the Lao People’s Democratic Republic

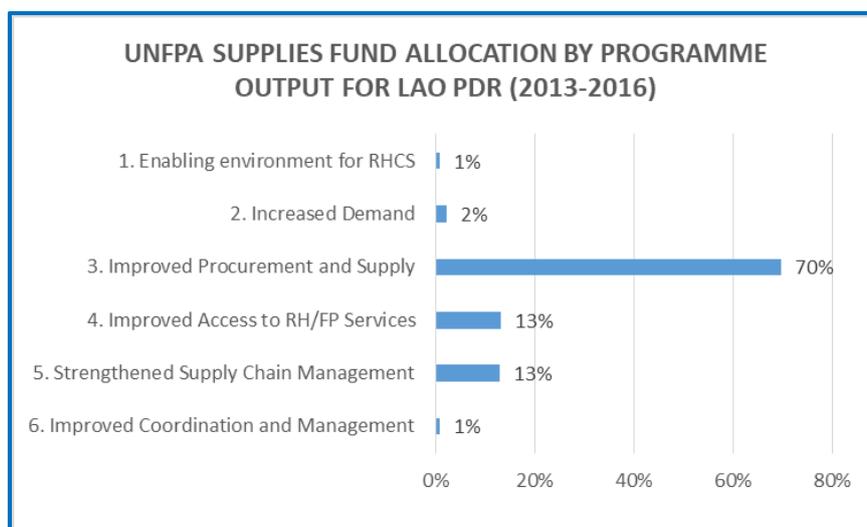
2.2.1 UNFPA Supplies support to the Lao People’s Democratic Republic 2013-2016

Value and distribution of allocations for UNFPA Supplies in Lao PDR, 2013 to 2016

From 2013 to 2016, the total value of UNFPA Supplies support allocated to the programme in Lao PDR was 5,057,482 USD. Figure 9 illustrates the allocation of those funds across the six programme outputs. Output three, “improved efficiency of procurement”, refers to the value of commodities procured. It is the largest single category of funding, accounting for 70 percent of all the funds allocated to UNFPA Supplies in Lao PDR from 2013 to 2016.

Over the four-year period, the second and third largest allocations of funds were devoted almost equally to output four (improved access to quality RH/FP services) and output five (strengthened capacity for supply chain management). Direct support to demand creation was ranked fifth of the six programme outputs in terms of the funds allocated during the 2013-2016 period.

Figure 9: UNFPA Supplies fund allocations by programme output area - the Lao People’s Democratic Republic

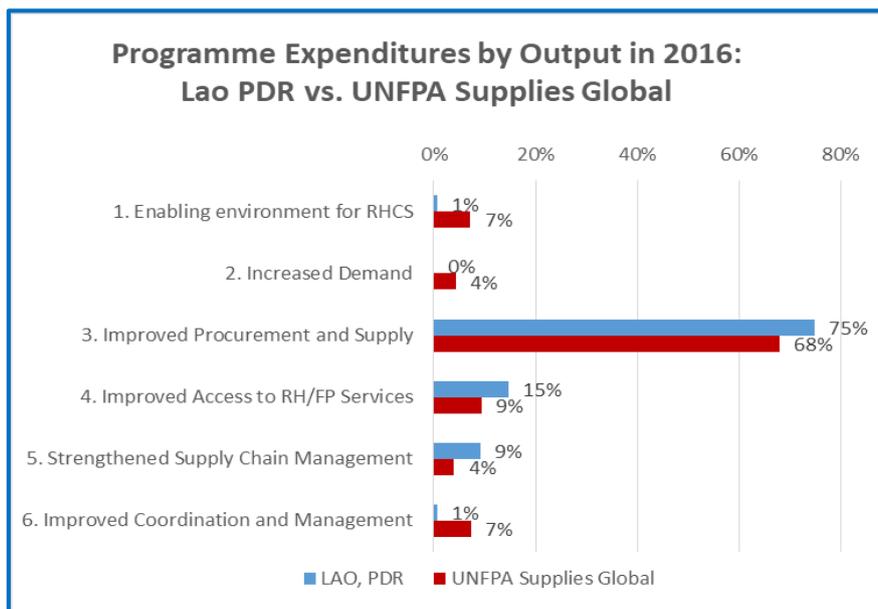


Sources: UNFPA Lao PDR Programme Office and PSB data

Figure 10 below compares allocation of UNFPA Supplies funding in Lao PDR in 2016 with allocations of all UNFPA Supply programme expenditures globally. The overall allocation pattern is generally similar, but higher proportions of funding in Lao PDR were allocated to commodity procurement (objective 3), improved access to RH/FP services (objective 4) and strengthening supply chain management (objective 5) than globally. Allocations in Lao PDR for enabling environment, increased demand and coordination and management were lower than global allocations.

²² Information note on TWGs from UNFPA CO

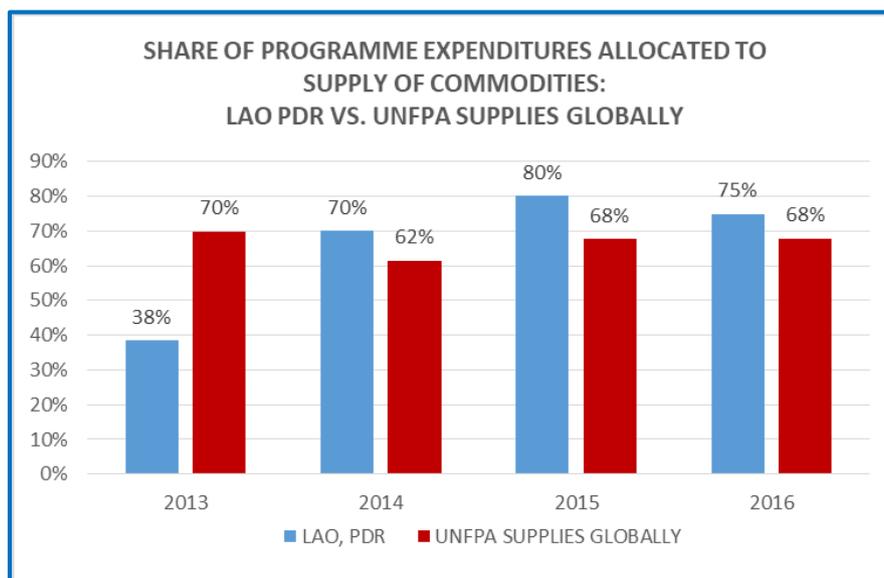
Figure 10: Funds allocated by output area - the Lao People’s Democratic Republic and globally, 2016



Sources: LAO PDR Programme Office, PSB data, UNFPA Supplies Annual Reports 2013-2016

Figure 11 below compares the percentage of programme expenditures allocated to commodity procurement in Lao PDR with the percentage globally, over the period 2013-2016. The share of programme expenditures in Lao PDR allocated to commodity procurement in 2013 was substantially less than the share of funding for commodities globally that year. In contrast, the shares of expenditures in Lao PDR for commodity procurement in the three years following were higher than the share of funding allocated to commodity procurement for the programme globally.

Figure 11: Expenditures dedicated to commodities: the Lao People’s Democratic Republic and UNFPA Supplies globally

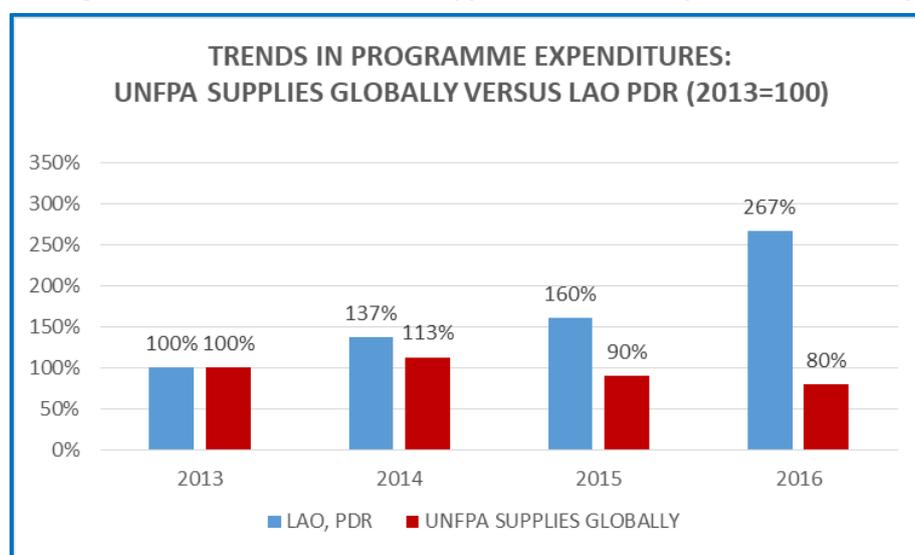


Sources: LAO PDR Programme Office, PSB data, UNFPA Supplies Annual Reports 2013-2016

As highlighted in Figure 12 below, spending from UNFPA Supplies in Lao PDR followed a continuous and fairly steep upward trend over the 2013-2016 period. This was in contrast to the trend in spending globally, which had a small increase in 2014, followed by decreases in 2015 and 2016. As a

result, UNFPA Supplies spending in Lao PDR in 2016 was 2.67 times that in 2013. In contrast, global Supplies Programme spending in 2016 was only 80 percent of spending in 2013.

Figure 12: Increasing allocation of funds to UNFPA Supplies in the Lao People’s Democratic Republic



Sources: Lao PDR Programme Office, PSB data, UNFPA Supplies Annual Reports 2013-2016

In Lao PDR, the Supplies Programme (formerly GRPHCS) has had the following focus areas and main activities in the 2013-2016 period, according to the annual workplans and financial documents:

- Provision of family planning commodities (maternal health commodities are provided by government)
- Funding annual national Stock Availability Surveys, analysis of findings
- Support to capacity building and training efforts by MoH departments (DTR, HHP) and MoES (Non-Formal Education Centre) including the National family planning Training toolkit, Midwife training
- Support to increasing access for youth, poor and remote communities through support to NGOs (VYC, PFHA), Community-Based Distributors (CBDs), Village Health Committees, Village Chiefs
- Support to installation and capacity building efforts for “mSupply” eLMIS system
- Support to national forecasting of SRH/FP requirements.

UNFPA Supplies has funded different investments and activities under each of the programme’s specified output areas:

- **Under enabling environment (output area one)**, UNFPA Supplies support has included working with national and sub-national government authorities (MoH, MoES) to ensure SRH/FP is a focus on the national agenda and in national strategies and planning.
- For **demand creation (output area two)**, supported activities have included training of village chiefs on family planning to provide counselling to young married couples, and supporting work and outreach for communities to enhance their capacity to make informed decisions to seek health care, including SRH/FP.
- To improve **efficiency of procurement and supply (output area three)**, UNFPA Supplies has provided virtually all family planning commodities for the national programme in Lao PDR –

assisting with national forecasting efforts and supply chain management, and procuring and shipping commodities through UNFPA Procurement Services Branch (PSB) in Copenhagen.

- Efforts to **enhance access (output area four)**, included: supporting training institutions to deliver quality trainings (midwifery, family planning, EmOC); supporting districts to establish and implement emergency birth preparedness and collect data on pregnant women; supporting refresher training for Village Health Committees (VHCs) and volunteers (VHVs) to ensure ethnic women and young couples have access to MCH and family planning services; supporting district health teams and HCs to provide MNCH integrated outreach services; providing motorbikes to outreach workers to work with community and provide family planning services in remote villages; supporting training of new CBDs and refresher training for existing CBDs in remote villages of target districts of Savannakhet and three other provinces (Oudomxay, Louangnamtha and Phongsaly) and supporting CBD operating costs; assist in launch of “Implanon” implant with training, monitoring and materials; supporting partners (VHC, PFHA etc.) to provide access to SRH information to adolescents and youth.
- **Improving supply chain management (output area five)**, has involved UNFPA Supplies in: conducting annual stock availability surveys and analysis; supporting capacity building of MPSC to manage LMIS in target provinces and support to launch, install and pilot the “mSupply” eLMIS system; supporting the TWG for supply chain functions, supporting national forecasting efforts; and supporting monitoring and supervision to ensure no stock outs of RH commodities occur in target provinces.

From the annual workplans for GPRHCS and UNFPA Supplies, the amounts requested under GPRHCS and Supplies Programme funding for the different outputs areas were as listed on the table below.

Table 4: Workplan funding requests (USD) – UNFPA the Lao People’s Democratic Republic

	Output Area 1 <i>enabling environment</i>	Output Area 2 <i>demand</i>	Output Area 3 <i>procurement of commodities</i>	Output Area 4 <i>access</i>	Output Area 5 <i>SCM</i>	Output Area 6 <i>management</i>	GPRHCS/ UNFPA Supplies funding total <i>Lao PDR</i>
2013	121,000	93,600	292,626		203,700	20,000	730,926
2014	13,000	109,900	730,284	40,600	201,500		1,095,284
2015			979,988	136,430	104,500		1,220,918
2016			1,523,345	322,008	187,400		2,032,753
							5,079,881

Although in 2013 and 2014, there was some funding for enabling environment and increasing demand, in subsequent years programme funding was exclusively for enhancing access and improving supply chain management (in addition to commodities).

Expenditure data provided by the UNFPA Country Office (which vary slightly from the workplan – or allocation - figures above) are in the table below: (Note: amounts that were provided by Lao CO for objective three (for TWGs, supply chain TA, forecasting) have been added to objective 5. In both tables, amounts for objective three are for procurement of commodities (from UNFPA Procurement Services Branch data).

Table 5: The Lao People’s Democratic Republic Supplies Expenses by Output Area

	2013	2014	2015	2016	Total
1. Enabling environment for RHCS	11,000	21,500		11,896	44,396
2. Increased Demand	81,800	34,200			116,000
3. Improved Procurement and Supply	292,626	730,284	979,988	1,523,345	3,526,243
4. Improved Access to RH/FP Services	130,000	91,500	149,030	298,763	669,293
5. Strengthened Supply Chain Management	214,700	161,550	91,900	187,281	655,431
6. Improved Coordination and Management	30,625	3,000		12,494	46,119
Total	760,751	1,042,034	1,220,918	2,033,779	5,057,482

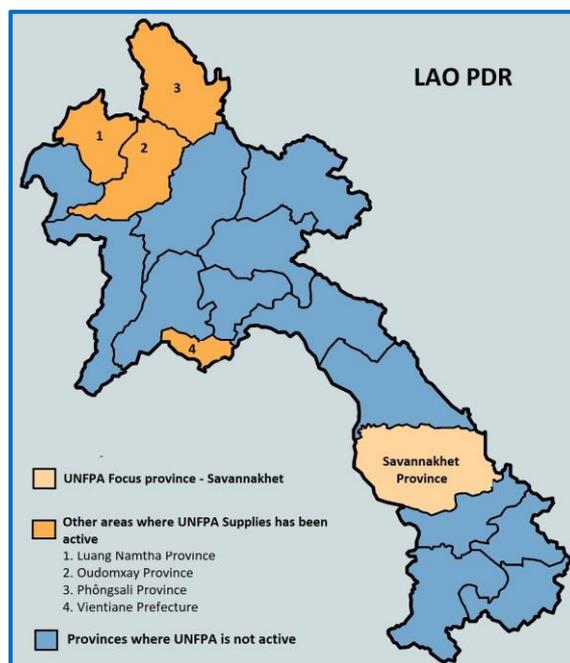
Source: Data from UNFPA Lao PDR CO, Vientiane – Nov 2017

Geographic coverage of UNFPA Supplies support

In Lao PDR, UNFPA provides family planning commodities and support to government for their efforts nationwide (eLMIS, trainings and materials for health workers and midwives, outreach to youth through various NGOs and partners, annual stock surveys, etc.).

In addition, UNFPA Supplies has supported more intensive efforts in four focus districts (Sepone, Nong, Vilabouly and Thapangthong -- considered the poorest and most remote) in Savannakhet Province (see figure 1). These efforts have included support for supply chain improvements and LMIS; monitoring and supervision; midwife training; CBD and Individuals, Families, and Communities (IFC) outreach activities; support to Village Health Committees, Village Chiefs, and Village Volunteers; and Non-Formal Education Centre (NFEC) training and materials for schools. National and Provincial Government has taken lessons from these four pilot districts to expand various efforts to the other districts in Savannakhet and beyond. The map below shows the main UNFPA focus province (Savannakhet), as well as the three provinces in the north (Oudomxay, Luangnamtha, and Phonsaly) where there was UNFPA support for the scale-up of implants, and support for the CBD efforts in 2014.

Figure 13: The Lao People’s Democratic Republic map, provinces with (various levels) of UNFPA support



2.2.2 Key partners and their roles

Departments of the Ministry of Health and Ministry of Education

The key implementing partner for UNFPA Supplies in Lao PDR is the Ministry of Health and its various Departments (and Centres) overseeing sexual and reproductive health care and policy, and service delivery and management of the supply chain for SRH/FP commodities. These include:

- FDD – Food and Drugs Department
 - MPSC - Medical Products Supply Centre
- DHHP – Department of Hygiene and Health Promotion
 - RMNCH Secretariat, Reproductive Health and Family Planning division
 - MCHC – Maternal and Child Health Centre
- DHC - Department of Health Care
 - Youth Friendly Service
 - CIEH – Centre of Information and Education on Health
- DPIC - Department of Planning and International Cooperation
- DTR – Department of Training and Research
- Provincial Health Department, Savannakhet Province

The Ministry of Education and Sport (MoES) Non-Formal Education Centre (NFEC) is also an important partner (with UNFPA support for comprehensive sexuality education and out-of-school youth programmes).

Table 6: Other (non-MoH, non-MoES) implementing partners of UNFPA in the Lao People’s Democratic Republic²³

Implementing Partners	Main Activities Supported by UNFPA Supplies
Lao Women’s Union and Vientiane Youth Centre (VYC)	Established in 1955 as part of the government system, it now has over one million women as members, with a mandate to protect the rights and interests of Lao women and children (of all ethnic groups); promote gender equality and advancement of women; educate and inform women about government policies, laws, the Constitution and their rights; protect and support customs and traditions of Lao women across all ethnic groups. ²⁴ There is a member in each village, working with Village Health Committees, helping to inform and provide outreach to girls and women. They established the VYC in 2001 (with UNFPA support), after a pilot determined youth needed a dedicated space of their own. The VYC provides outreach (to in- and out-of-school youth); a phone hotline; a clinic (with separate male/female entrances and doctors); and media outreach through Facebook and other channels.
Promotion of Family Health Association (PFHA)	A member of International Planned Parenthood Federation, PFHA has a SRH focus, including MCH, family planning, Youth health. Their Youth Project (with Lao Women’s Union) was supported by UNFPA, to provide comprehensive sexuality education and commodities (condoms) in schools. They support mobile clinics in districts (providing integrated health service), with family planning items (provided by UNFPA) for outreach as well as for HCs. They have a youth counselling centre and clinic (the latter starting operation soon). Efforts (with UNFPA support) to reach communities and overcome barriers have included work with VHCs, Village Volunteers, CBDs, and the programme to train and work with Village Chiefs to provide family planning counselling for young couples.
Clinton Health Access Initiative (CHAI)	Their supply chain support began in 2014 to address stock problems in country. They work with the MPSC at MoH on their 5-year strategic plan for

²³ Information from: interviews with staff of the implementing partners; annual and narrative reports of UNFPA Supplies.

²⁴ Statement of Lao Women’s Union - *Promotion And Protection Of Lao Women’s Rights (2010)*

Implementing Partners	Main Activities Supported by UNFPA Supplies
	capacity building and supply chain improvements, including introduction and use of mSupply logistics management information system, forecasting support, planning. They received UNFPA support to expand mSupply to four districts in Savannakhet Province.
Population Services International (PSI)	PSI works in 14 of 18 provinces, on training, condom distribution, HIV and TB testing and treatment (as a Global Fund sub-recipient), malaria (on a Gates funded effort to implement public-private mix), family planning messaging. In 2016, PSI worked with DTR, MCHC, the Lao Ob/Gyn Association, and University of Health Sciences (UHS) to develop a national comprehensive family planning training package including counselling and clinical service delivery, following WHO guidelines (with UNFPA support).
CARE International	Worked with UNFPA and CIEH to develop a SRH guideline for VHCs, to help them mobilize communities to use SRH services, with a focus on encouraging women to deliver their babies at health facilities. SRH IEC materials were developed for use of VHCs and CBDs when communicating with women and families in the communities. ²⁵

3. CASE STUDY FINDINGS

The documented evidence for the findings reported in this Chapter can be found in detail in the Evaluation Matrix (Annex 1).

3.1 The enabling environment for RHCS and family planning

UNFPA Supplies and its partners, working closely with the Lao PDR MoH and its departments and services, have ensured that the main elements of a positive enabling environment are in place. There are ongoing challenges, and a potential risk associated with the transition of Lao PDR to lower-middle-income status – with financial sustainability questions and potential negative implications for enabling growth in access to SRH and family planning products and services.

For details supporting findings in section 3.1 see Annex 1: Assumptions 1.1, 1.2, and 1.3

3.1.1 UNFPA Supplies and the enabling environment

UNFPA Supplies has contributed to the enabling environment in Lao PDR by supporting the development and implementation of national plans, priorities and strategies; advocacy conferences and workshops; and capacity building efforts to enable implementation of national strategies on RMNCH. Numerous government policies and strategies have been developed over the years to create a more conducive environment for SRH/FP in Lao PDR:

- In 2009, the MoH developed the **Strategy and Planning Framework for the Integrated Package of Maternal, Neonatal, and Child Health Services 2009-2015**. Since this began, the government has worked with development partners on efforts to improve MCH.²⁶
- The Lao Government published their **National Strategy and Action Plan for Integrated Services on Reproductive, Maternal, Newborn, and Child Health (RMNCH) 2016-2025**, building from the 2009-2015 strategy, which was evaluated in 2015. The Strategy incorporates priorities and principles articulated in the free MCH Policy and the **Health**

²⁵ Lao PDR Country Level Narrative Report 2016

²⁶ “Increasing Access and Utilization of Quality Maternal Health Services in Target Areas” UNFPA Work Plan budget commitment 2015

Sector Reform Framework and the Eighth Five Year Health Sector Development Plan 2016-2020.

- The Government's endorsement of the **free MCH Policy in 2013** initiated the provision of free deliveries and child care and has been scaled up to cover 70 percent of the districts of the country. The Strategy and action plan are also aligned to specific programme plans such as the **Family Planning Action Plan 2014-2015**, the **Midwifery Improvement Plan 2016-2020**, the **National Emergency Obstetric Care Five Year action plan 2013-2017**, the **Early Essential Newborn Care Action Plan 2014-2020**, and the **National Immunization Programme Comprehensive Multi-Year Plan 2016-2020**.²⁷
- The **"Commitment of the Lao PDR Government on Family Planning Programme"** aims to increase mCPR to 65 percent by 2020, reducing unmet need to 13 percent by 2020, and expanding coverage and method mix for family planning in health facilities (with a focus on implants and IUDs). The Statement commits to revision of the reproductive health policy to ensure an **enabling environment**, notes the 8th five-year development plan (2016-2020) emphasis on reproductive health, and commits to increasing the national budget for contraceptives. The Statement also commits to scaling up family planning services to health centre and village levels, with a focus on long-acting methods; and commits to extending training of midwives to include family planning counselling and procedures. Lastly the Statement commits to establishing youth-friendly counselling rooms in some district hospitals, and research to develop IEC materials in local languages.²⁸

UNFPA and other development partners have supported the Government in Lao PDR in building advocacy and implementing its strategies related to maternal and reproductive health and family planning. Examples of this support include:

- Through the **UN Joint Programme** with UNICEF, WHO, UNFPA, there is strengthened coordination for the government's RMNCH strategy implementation 2016-2025. UNFPA is leading Strategic Objective (SO) #1 – Family Planning with a focus on adolescents, and SO #10 (data/HMIS), as well as SO #11 (supply chain).²⁹
- In 2016, the Ministry of Education and Sports (MoES) received financial support from UNFPA Supplies to conduct an **advocacy workshop** for policymakers at provincial level with objectives to: 1) establish coordination mechanisms among partners (health, education, youth) to ensure common understanding of specific needs of young people; and 2) identify clear roles and responsibilities among the key partners.³⁰
- In May 2017, Lao PDR held the **first national Family Planning Conference in the country**, in Vientiane, led by government with UNFPA support, and with high-level decision makers including the Deputy Prime Minister, Ministers of Health and Finance, and Provincial governors in attendance. It was seen as a major milestone and turning point for Lao PDR. It brought together all major stakeholders for the first time to discuss national family planning goals as related to the country's economic and social growth, and reportedly led to a common understanding of and renewed perspectives on family planning from "reducing population" to a broader health and economic rationale (including the concept of one USD of family planning investment reaping seven USD in economic benefits). The theme was "investing in family planning for economic prosperity" and emphasized the important role of family planning in

²⁷ Lao PDR MOH - *National Strategy and Action Plan for Integrated Services on Reproductive, Maternal, Newborn, and Child Health 2016-2025*.

²⁸ Lao PDR Government - *"Commitment of the Lao PDR Government on Family Planning Program"* (2016)

²⁹ UNFPA CO interview

³⁰ UNFPA *Lao PDR Country Level Narrative Report 2016*, p.2

meeting the 2030 Sustainable Development Agenda. The Deputy Prime Minister and the Minister of Health spoke and emphasized the government's commitment to family planning in contributing to long-term prosperity and a future where "every pregnancy is wanted and every childbirth safe". Numerous stakeholders mentioned this as a pivotal event, and many noted that afterward, there was much more understanding, and a changed perspective toward family planning, with provincial governors talking about how to plan and integrate family planning into their provincial level activities.³¹

- The **CBD approach for family planning outreach**, seen as a "bottom up approach to capacity development," was conducted in 2006-2015 by the MCHC at MoH with UNFPA support. The objective was "to provide culturally appropriate and client-friendly family planning services in remote communities" through CBD agents, working with selected villages that were isolated and remote, initially in three southern provinces. The CBD model was "adapted for scale-up by the MoH and development partners" and was to be integrated within the MNCH package (with CBD agents expanding their offerings to include MNCH services).³²

UNFPA continues to support different MoH and MoES departments to create a more enabling environment through information, education, and training efforts:

- The MCHC (MoH) has UNFPA support to work with the CIEH (which has networks in all provinces, through district health offices) on **information, education and behaviour change efforts**, to increase awareness, use and acceptability of family planning in Lao PDR.
- With funds from UNFPA Supplies, PSI worked with the DDTR and MCHC (MoH), as well as with the Lao OB/GYN Association and UHS, to develop a **national comprehensive Family Planning Training package** covering counselling and clinical service delivery, based on WHO guidelines. In addition, family planning training will be a module offered to schools and colleges of Health Sciences (including Midwifery) in the country.³³
- UNFPA supported the development of the new **guidelines for Youth Friendly Service provision** (National Adolescent and Youth Friendly Health Service Guidelines 2017), for use in both in-service and pre-service training. The MoH Department of Health Care's Youth Friendly Service focuses on training and training of trainers (ToT) using the guideline document (now in draft, awaiting the Minister of Health's endorsement).³⁴
- UNFPA provided support to the MoES Non-Formal Education Centre to develop the "red book" **information/training document for youth**, conduct training and ToT, and outreach. Training covers six topics: legal rights, girls' and boys' health, signs of pregnancy, family planning, protection against STIs and HIV, and prevention of drug/alcohol abuse. The book is used in schools although it is not (yet) formally part of the MoES curriculum. Training for provinces is supported by UNFPA, with government funding to train in villages.
- Savannakhet Province Health officials report that UNFPA helped their province reach the **Millennium Development Goals (MDGs)**, especially those relating to family planning. They have seen significant improvements in the four districts with UNFPA support in enhancing capacity for service provision, providing health education for women and communities on SRH and access, and informing communities and women about their health.³⁵

³¹ FP2020 News Article: "Lao PDR holds its first ever national family planning conference". May 3, 2017. UNFPA Lao PDR; Interview with MOH RMNCH Sec, RH family planning Division, MCHC; FP2020 Press release – Lao Puts Family Planning on its Economic Roadmap (May 22, 2017)

³² UNFPA brief: Good Practice in Family Planning – "Expanding Access to Family Planning through Culturally Appropriate and Community Based Service Distribution" (2015)

³³ UNFPA Country Level Narrative Report 2016 – pg.2

³⁴ MOH DHC Youth Friendly Service interview, Vientiane, Dec 14, 2017

³⁵ Savannakhet Provincial Health Department interview Dec 11, 2017

3.1.2 Sustainability challenge of the transition to lower-middle-income status

The Government in Lao PDR is taking responsibility for a larger share of family planning service provision and commodities than in the past and already funds and procures maternal health products such as oxytocin – these do not come from the UNFPA Supplies Programme. As Lao PDR transitions to middle-income country status, donors/partners are scaling back their support to the country. One result of this change will see Lao PDR fully funding vaccine requirements (by 2021), and co-funding larger shares of programmes supported by the Global Fund and others.

This process will continue despite the fact that improvements in social indicators do not match the positive trend in economic indicators. This is leading to a more constrained funding environment for social programmes in Lao. Many key stakeholders are concerned with how this transition from predominantly external support to more national government funding will be managed.

The national Health Sector Reform strategy is now in its second phase (2016-2020), with the aim of achieving universal health coverage, including an essential services package (ESP) (including family planning) defining what must be provided at each level of the health system. The ESP is yet to be fully costed, so there are concerns and potential implications for affordability for the government, and a question of potential effect on family planning commodities demand and availability in the long term.

Following on from the successful May 2017 Family Planning Conference and round table on transition financing, the UNFPA CO in Lao PDR would like to hold a transition and sustainability conference/workshop, promoting a Total Market Approach (TMA) and engaging a financing specialist to assist in planning and building consensus and coordination among government and partners for Lao's transition planning. Given concerns among partners including UNFPA, WHO, and others about inclusion of family planning commodities in the ESP (with the funding challenge it will face), they are advising government to examine a TMA and to promote private sector participation, so that full financial responsibility does not rest only with Government.

3.2 Increasing demand for reproductive health commodities and services

UNFPA Supplies worked with Lao PDR MoH and partners on demand generation-related activities through 2015, including innovative ways to reach remote communities, marginalized groups and youth. There is no longer a specific demand generation objective under UNFPA Supplies programme. The focus is now on increasing the capacity of service providers and the quality of services they provide in order to attract new users, ensure current users continue, and ensure the proximity and full staffing (e.g. midwives) of health centres.

For details supporting findings in section 3.2 see Annex 1 matrix: Assumptions 2.1, 2.2, 2.3.

3.2.1 Support to partners and government to build demand nationally

UNFPA Supplies funding supported a limited range of demand generation activities in Lao PDR implemented by both NGO partners and the government. As CO staff pointed out, they never had a specific demand generation objective in their work with the Government of Lao. Rather they note that it is the government, not UNFPA, that works (through an integrated approach including nutrition, MCH, child survival, family planning, etc.) to build demand among population groups. The Government provides funding for different efforts (several of which have had UNFPA support) to increase demand, including outreach activities by health centre staff, Lao Women's Union and Vientiane Youth Centre work, the work of DTR (MoH) work to produce and conduct midwife trainings, DHC Youth Friendly Service guidelines for reaching youth, and the work of CIEH (MoH) in demand generation and behaviour change communication nationally.

The UNFPA Supplies programme no longer supports direct efforts at demand creation. Rather, the programme in Lao PDR focuses on improving service providers' capacity to deliver quality services and, thereby, to better retain existing clients and encourage uptake by new ones. Specifically:

- UNFPA has supported PSI (the only partner that explicitly works on demand creation) and DTR (MoH) to develop and disseminate a family planning **Comprehensive Training Tool Kit** for health workers, as an indirect driver of increasing demand (through enhanced quality of service, more trained health workers, and trained midwives). PSI recent review of their work showed strong results: more than a 50 percent increase in family planning uptake, where outreach is done (with information, people learn quickly, and want family planning, PSI finds). PSI spends a significant portion of their budget on outreach (through community health workers, etc.) and is trying to get government to do more (as PSI pulls back from demand creation in 2018).³⁶
- UNFPA provides support to the MoH Department of Health Care Youth Friendly Service for their work to develop and roll out **guidelines** (awaiting Minister's endorsement) for ToT on **Youth Friendly Service provision**, for use in both in-service and pre-service training. This MoH department focuses on youth-friendly health services, and youth-friendly corners, because it is recognized that youth do not know or do enough to protect their own sexual and reproductive health and are "shy" about seeking care.
- CIEH (MoH), with UNFPA support, plays an important role in demand generation and **behaviour change communication nationally** through: community strengthening, information/education/communication, behaviour change communication materials, training guidelines, VHC training and action plans, etc. CIEH works with women and men, understanding that in most communities, men are dominant, and women need men's agreement to seek care or begin family planning. For UNFPA, CIEH has focused on Village Health Committees in Savannakhet Province (4 target districts). They have worked with approximately 500 VHCs in these districts, and have seen results from their VHC support efforts, including increased numbers of women seeking ante-natal care and family planning, as well as counselling in these districts.³⁷

3.2.2 Addressing barriers and engaging communities to build demand

Barriers to demand in Lao PDR include the mountainous geography, with large numbers of remote and hard-to-reach villages; ethnic and cultural diversity; and the paternalistic and conservative norms, making SRH very sensitive topics. Efforts (with UNFPA support) to reach communities and overcome barriers have included work with VHCs, Village Volunteers, and CBDs – using people from the communities to communicate and work with community members to build trust, understanding and demand. These were working well to inform clients and communities, especially in rural areas, according to PFHA and other partners. UNFPA support for these activities has stopped as demand generation was removed as a UNFPA Supplies Programme objective.³⁸

UNFPA works with government, CHAI, PSI, PFHA, and other partners, but does not work directly in communities (leaving this to partners working on the ground). Specific initiatives have included:

- **Community Based Distributors** (evaluated as a good practice). The CBDs were effective in addressing concerns and generating demand at village level. UNFPA support for this activity has ended. The government has also made it a strategy to have more women go to health

³⁶ PSI interview, Vientiane – Dec 6, 2017

³⁷ UNFPA CO interview, CIEH interview, Vientiane – Dec 2017

³⁸ PFHA interview, Vientiane

facilities to give birth, to obtain long-acting methods and care. The government has built more health centres closer to villages, and increased their outreach and availability of midwives, and so has somewhat phased out the CBD effort. There are moderate increases over time in mCPR rates in Lao PDR, and gradually reducing unmet demand. Zones where CBDs were active reportedly saw significant increases in family planning uptake; district data show substantial increases in contraceptive prevalence. The evaluation of the CBD programme found: “The use of locally hired CBDs ensures culturally appropriate interactions. There is evidence of an increasing demand for family planning (especially injectables) and MNCH services”.³⁹

- UNFPA provided support to **VHCs and Village Volunteers (VVs)** in remote districts in Savannakhet to address socio-cultural barriers to demand, and positive results were observed through CIEH. A guideline for VHCs was produced, and VVs continue to work (as observed by the evaluation team).
- UNFPA supports the **Lao Women’s Union** and their **VYC** (the only one in Lao). They provide training, a clinic, mobile outreach, a phone hotline, and social media. It is a welcoming place for at-risk and youth populations. VYC helps address access barriers, increase demand and understanding, and reach youth. They hope to expand and replicate their work in youth corners in health facilities to make these more accessible and welcoming to young people seeking SRH/FP services, but this is contingent on obtaining support. VYC also conducts training sessions (as observed by the evaluation team) in high schools, to inform and reach more youth.
- Previously, UNFPA worked in Savannakhet (four districts) with **Village Chiefs counselling family planning for young couples** on an initiative that began in 2013. Partners included PFHA, local authorities, the District Commission for Mother and Child Health, VHCs, and health care providers. It reportedly worked well (having village chiefs – as major influencers in the community – inform/advise young couples on planning their families), but UNFPA funding for this effort was discontinued, and it is unclear whether any other partner or entity is actively funding it to continue. The initiative was seen as high-impact, low cost, and culturally sensitive. In particular, key results noted: a) increased capacity for village authorities in 40 villages in four target districts of Savannakhet province (10 for each district) in knowledge of family planning, dangers of early pregnancy and counselling for young couples; and b) district authorities now support village chiefs to provide family planning counselling to young couples prior to issuing marriage licenses through an established system.⁴⁰
- UNFPA support to the Non-Formal Education Centre (NFEC) at MoES helps them support **Community Learning Centres** to address barriers to access among youth. Each centre serves five villages, to serve everyone (all ages), but with a key target of youth. The centres provide information, support, and condoms.

UNFPA Supplies support for demand generation through these many smaller initiatives has shown some results, within the limited geographic scope and funding levels available. Some of the efforts continue with government support, while others may expire due to lack of funding.

³⁹ *Evaluation of two UNFPA Lao PDR Programmes: Community Based Distribution (CBD) and Individuals, Families, and Communities (IFC)*. Final Draft 0.3 15 January 2014

⁴⁰ UNFPA CO interview; UNFPA Brief on: “LAO PDR- Working with village chiefs to promote family planning among young couples requesting license to get married”

3.3 Improved efficiency of procurement – forecasting and family planning commodities

UNFPA Supplies has contributed to improving the efficiency of procurement and supply of SRH/FP commodities for Lao PDR, through efforts to improve forecasting and introduction of the new LMIS system “mSupply,” which enables capture and use of higher-quality and more complete data at all levels. UNFPA Supplies has provided the full complement of family planning commodities required for the national programme in Lao PDR, with significant increases in volume and value of commodities over time.

For details supporting findings in section 3.3 see Annex 1: Assumptions 3.1, and 3.3

3.3.1 Access to adequate funding to meet the need for RH/FP commodities

UNFPA CO staff explained that they submit a request to the Asia and the Pacific Regional Office (APRO) for the annual needs for family planning commodities for Lao, after the annual forecasting exercises are completed in the country. CSB at UNFPA in New York receives all country requests from Regional Offices, and then allocates (a provisional ceiling) for each country for the year to come. CO staff noted that whereas the commodities ceiling for 2017 was approximately 800,000 USD, they have been informed this will drop to less than 400,000 USD for 2018 (despite the expressed need for 2018 at 1.9M USD).⁴¹ Each CO plans around the ceiling allocation they are given, and reportedly augments that amount with core funding and other sources when possible to fill the gap. Lao PDR is transitioning to a lower level of UNFPA support eligibility, so funding is being reduced. This raises a question of sustainability and affordability for the programme going forward.

UNFPA **CO Workplans** for 2013, 2014, 2015, and 2016 indicate the following budget requests for Lao PDR, under the Thematic Trust Fund (TTFs) from GPRHCS/Supplies and MHTF (which funds one of the two full-time SRH staff positions in the CO). Column four shows the PSB procurement figures from orders delivered to Lao PDR under the Supplies Programme each year.

Table 7: Workplan funding requests (USD) under TTFs, and PSB procurement

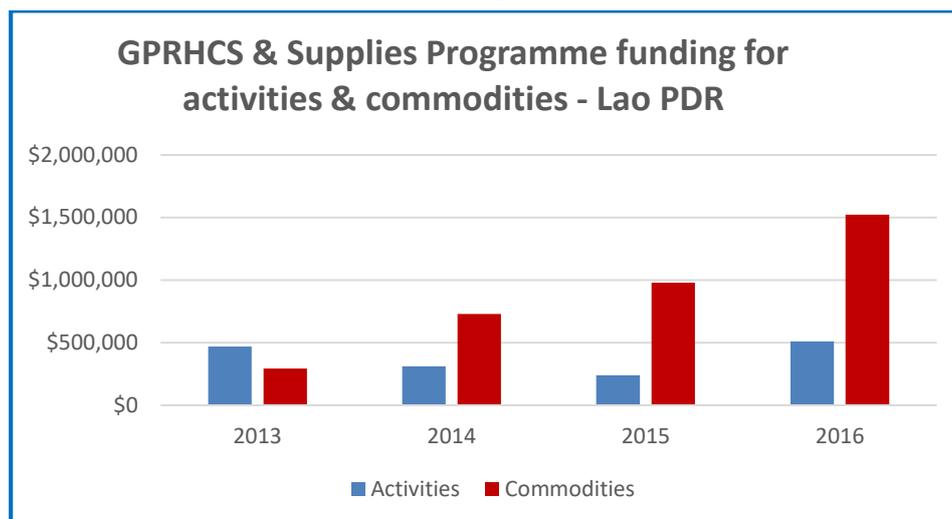
	Total Lao UNFPA budget request from TTFs	GPRHCS/Supplies programme activities in country	PSB Procurement under GPRHCS/ Supplies programme (PSB POs)	MHTF funding
2013	968,729	468,981	292,626	499,749
2014	673,137	390,550	730,284	282,587
2015	325,230	240,930	979,988	84,300
2016	826,567	509,408	1,523,345	317,159

Supplies Programme Funding for procurement of commodities for Lao:

Procurement of commodities for Lao PDR has risen steadily over the 2013-2016 period. UNFPA PSB data show Purchase Orders to Lao PDR totalling 292,626 USD in 2013, 730,284 USD in 2014, 979,988 USD in 2015, and 1,523,345 USD in 2016 (a five-fold increase). The percentage of Supplies Programme funding for Lao PDR going to procurement of commodities has also grown, from 38 percent in 2013 to 75 percent in 2016.

⁴¹ UNFPA Lao CO discussions with SRH team

Figure 14: Programme activities and commodity funding by UNFPA Supplies



Sources: Annual Workplans, PSB data

Some respondents expressed concerns for the long-term sustainability of funding for family planning products including *Sayana Press* (piloted in Lao, significantly more expensive than *Depo Provera*), and implants instead of more use of IUDs and more inexpensive methods. Especially as Lao PDR transitions out of low-income-country status and faces funding decreases from international donors, this becomes an important question.

3.3.2 Forecasting support

UNFPA provides support, working with Government departments (MCHC, FDD, and MPSC) and other development partners on forecasting of family planning commodities, to ensure quantities requested are appropriate for national needs. MCHC at MoH leads the forecasting effort, with data coming from the DHIS2 and mSupply, as well as records from districts and sites that are not yet using mSupply. DHIS2 and mSupply are not yet integrated, but there are plans to begin integrating the systems.

Under the TWG for Health Sector Reform 2016-2020, there are two groups managed by FDD, with UNFPA support, which meet quarterly and include all key stakeholders:

- Medical Products Task Force Committee meets to discuss supply, planning, storage practices, HR, capacity
- Access to medicines – which FDD leads to focus on medicines and regulatory issues, and includes QA and Drug Inspection Bureau, Institute for Traditional Medicine, MPSC.

The groups discuss issues and solutions identified and develop reports and plans (including forecasts) for the remaining quarters for submission to Cabinet and the Planning division of DPIC. Stakeholders in Lao PDR appreciate the support provided by UNFPA for forecasting and provision of family planning commodities, and do not note any issues or challenges with volumes and products provided over the years.

3.3.3. Procurement and prices

UNFPA PSB procures from suppliers under long-term agreements for delivery to Lao, based on CSB orders. They also ship to countries from PSB stocks (mainly condoms and emergency kits), although nothing was shipped to Lao PDR from PSB stocks during the period under evaluation. Prices from PSB appear to be quite constant, across commodity types and years. The Government of Lao PDR

has reported no problems with procurement service by UNFPA over the years. The table below lists the quantities of each type of commodity procured for Lao PDR in 2013-2016.

Table 8: Commodities procured by PSB for the Lao People’s Democratic Republic under the Supplies Programme – units procured

Product category	2013	2014	2015	2016
Combined OC Pills	120,960	890,640	1,530,000	828,480
Injectables	558,400	764,000	660,000	1,253,400
IUD		2,860	32,000	29,000
Implants		3,024	20,768	53,200
Progestogen Pills		250,560		519,840
EC			960	
Male Condoms			15,550	
Transportation & Handling services	5	6	10	9
Art work & Packaging RH communications			15,550	
Anatomical Models			152	
Medical & Surgical Instruments			756	
Sampling/inspection of condoms			1	
Sampling/Testing medical equip			1	

Source: PSB data (Purchase Orders)

As the table above and graphic below indicate, products procured for Lao PDR over the 2013-2016 period under the Supplies Programme have been predominantly combined oral contraceptive pills and injectables. There has been almost no procurement of IUDs, implants (before 2016), or condoms. The Supplies Programme does not provide oxytocin and other maternal health products, which are funded under the Government’s programme budgets in Lao PDR. The prices of the family planning commodities procured for Lao PDR have remained stable over the years, with only slight variations in unit prices of some products.

Figure 15: PSB procurement quantities for the Lao People’s Democratic Republic Supplies Programme

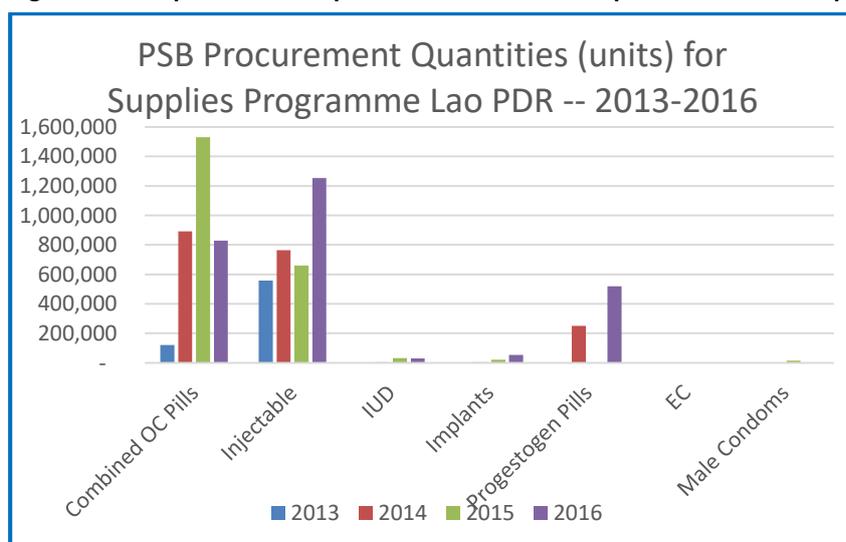
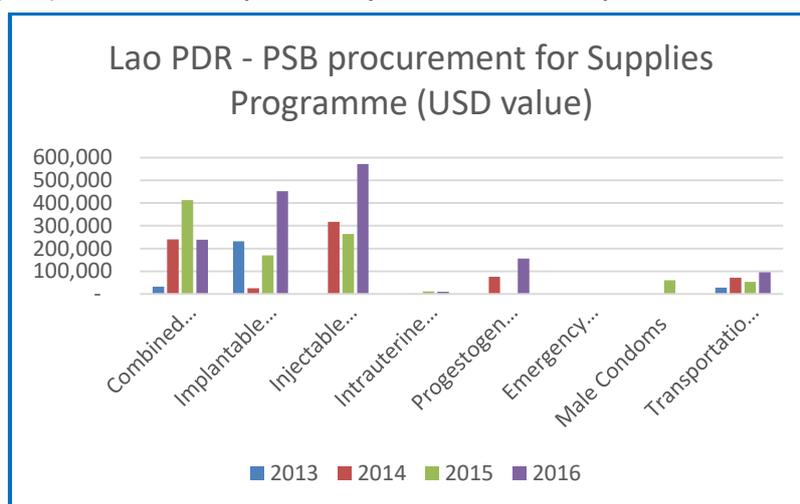


Table 9: Unit Prices calculated from PSB volume and cost data

	2013	2014	2015	2016
Combined Low Dose OC Pills	0.27	0.27	0.27	0.29
Implantable Contraceptives		8.50	8.19	8.50
Injectable Contraceptives	0.415	0.415	0.400	0.456
Intrauterine Device (IUD)		0.33	0.33	0.35
Progestogen only (Mini) Pills		0.30		0.30

Source: PSB volume and cost data (Purchase Orders)

Figure 16: Value (USD) of commodities procured by PSB for the Lao People’s Democratic Republic by method



The PSB procurement values (USD) for Lao PDR were predominantly for combined pills, implants, and injectables with the latter two types representing higher procurement values in 2015 and 2016.

UNFPA has supported the **introduction of newer products** (e.g. implants) to the market in Lao, to increase choice of methods. The UNFPA CO worked with the government to launch the use of implants in 2014 (prior to that, there were only IUDs, pills, injectables, and condoms on the market). Some key informants indicate the introduction lacked a comprehensive approach with a narrow focus on implants resulting in a missed opportunity to also promote other methods. One respondent noted that implants are expensive (50 USD in the private sector compared to the cost of the health service of 8.50 USD), so wondered whether this is the best option in a low-resource environment, especially when IUDs are priced at less than one USD.⁴²

The *Sayana Press* injectable has been provided in a pilot for Savannakhet and Oudomxay provinces in Lao, at a cost of one USD per unit (with reportedly 90,000 ordered). MoH at central level advised provinces and districts to use it. However, district health officials indicate that the price is expected to rise when the pilot ends, and that the national assessment of *Sayana Press* did not report a positive result. Consequently, district health officials said they plan to return to using *Depo Provera*, which is available at a cost of 0.36 USD per unit. The advantage of *Sayana Press* is its auto-inject function (women can inject themselves), but national policy reportedly opposes this practice in principle. As a result, district level staff reported that women are “afraid to use it.”⁴³ The detailed results of the review of the piloting of *Sayana Press* were not available for review at the time of the evaluation and it is unclear to what extent this method will be mainstreamed into practice at either district or national level. A large volume of *Sayana Press* was observed in the central warehouse in

⁴² PSI interview, Vientiane

⁴³ Nakai HC interview

Vientiane (75,750 units), with an even larger stock of *Depo Provera* on hand (135,300 units) – both expiring in 2020. Significant stocks of *Sayana Press* were also seen at Savannakhet regional stores (5,500) and Vilabouly district stores (1000).

Data on commodities procured for Lao PDR provided to the evaluation by PSB do not indicate the brand name or supplier for each commodity procured. As a result, they do not indicate the share of any method which are WHO pre-qualified generic commodities, although PSB documentation indicates that UNFPA Supplies has delivered generic medicines to 40 different countries.⁴⁴

3.4 Improving access for poor and marginalized women and girls

UNFPA has primarily targeted youth among vulnerable populations in Lao PDR, including through efforts to enhance the capacity of health workers to address youth-specific needs, and by supporting educational materials and activities targeted to reach both in- and out-of-school youth. In addition, UNFPA has worked with NGOs, CBDs, VHCs, and Village Chiefs to support outreach and communications activities in remote communities. The availability of family planning commodities has improved, but access remains varied, especially at the last mile (Health Centres).

For details of the evidence supporting findings in section 3.4 see Annex 1: Assumptions 4.1, and 4.2

UNFPA supports government and partners in Lao PDR to increase access to SRH/FP through: efforts to strengthen service delivery to poor and marginalized populations in remote communities; human resources capacity building efforts to expand access; and tailored activities aiming to reach youth and adolescents. The overall level of UNFPA Supplies programme support to improving access was at its most significant in 2016, before the decision to remove demand creation as a formal programme output. Interviews and site visits indicate that efforts to improve access have shown promise and helped extend the reach of RH/FP services. However, significant challenges remain in this very rural country of so many remote villages and diverse ethnic groups. Some activities were given strong credit for improving access by key stakeholders (for example, support of CBDs and work with Village Chiefs) yet no longer receive UNFPA Supplies funding.

3.4.1 Targeting remote populations

Remote and marginalized groups are mainly targeted through outreach efforts by PFHA, PSI, Lao Women's Union, and other NGOs. UNFPA has provided support to numerous national activities aiming to reach marginalized women and girls with RH/FP services and commodities, including enabling midwives in health centres to offer integrated care to women and to conduct outreach services. The programme has also supported community engagement by CBDs, VHCs and Village Chiefs. Each village has a Lao Women's Union representative, who participates in the VHC (which meets monthly) and helps health centre staff to support women and girls' needs during outreach and discussions with village people.

Women's sensitivity and "shyness" around SRH (especially among certain rural/ethnic groups) is often noted as a factor negatively affecting access. Health workers trained in family planning including midwives (who are almost all women, unlike most health workers who are men) are able to build trust and positively influence the willingness of women to ask for care. UNFPA support has focused on midwifery within the overall objective of increasing health workers' capacity. Midwives are trained in family planning services, and the number of trained midwives is growing (a growth which is encouraged by the inclusion of related results indicators under the World Bank-funded

⁴⁴ PSB brief – "Choices not Chance – Innovator or Generic Medicine, What's the Difference" - UNFPA PSB, Oct 2016

Results-Based Financing programme). As a result, more trained midwives are being posted to health centres. In addition to their work, midwives join other health centre staff in conducting outreach to surrounding villages, to target harder-to-reach populations. The net effect is an increase in the availability of RH/FP services in remote communities.

3.4.2 Capacity building to expand access

The Centre for Information and Education on Health (CIEH) at MoH, with UNFPA support, provides capacity building services to VHCs in Savannakhet Province (covering four districts and approximately 500 VHCs to the end of 2017). These efforts focus on behaviour change communication for villagers on matters relating to SRH, family planning, and the health of pregnant women. According to CIEH, observed indirect results include increased numbers of pregnant women attending ANC visits, and seeking family planning and counselling support. The CIEH has begun providing guidance on capacity development to health authorities in the remaining 17 provinces through letters and guidelines (but not yet by providing training or conducting visits to these provinces). UNFPA Supplies support for capacity building of VHCs ended in 2017, so funding is now limited to continue this effort.

UNFPA provided support to PSI for their work with the Department of Training and research (DTR) at MoH on a comprehensive family planning training toolkit for all government health workers. UNFPA also supports the community midwife programme, to help provide access to counselling on family planning as well as services for expectant mothers. This effort aims to overcome women's reluctance to seek RH/FP services from health workers who are usually men in Lao, exacerbating the resistance of some communities and clients. Almost all midwives are women able to provide support to pregnant women in antenatal, natal, and post-natal care, including family planning. Midwives are now being trained (with UNFPA support) to increase the numbers in HCs, as is explained further in section 3.7.2.⁴⁵

UNFPA has also provided support to the Non-Formal education Centre (NFEC) at MoES (in four districts in Savannakhet province) to develop the "red book" information/training document, and conduct training, and outreach, with youth training in six areas (legal rights; girls' and boys' health; signs of pregnancy; family planning; protection against STIs and HIV; and prevention of drug/alcohol abuse). The red book is used in schools although is not formally part of the MoES curriculum. The NFEC surveyed schools in three districts, before producing the book and conducting ToT with village volunteers (to work in community learning centres), and peer educators to reach youth out of school.

3.4.3 Other efforts to reach youth

Youth are a major target group and focus of the programme in Lao. Efforts to reach youth and adolescents supported by UNFPA Supplies include:

- The new **National Adolescent and Youth Friendly Health Service Guidelines (2017)** document (produced by the Department of Health Hygiene Promotion, DHHP at MoH) is addressed at health workers, and ensuring they provide service and support that is sensitive to the needs of youth.
- In 2016, the MoES with financial support from UNFPA Supplies conducted an **advocacy workshop** for provincial leaders to: 1) establish coordination mechanisms among partners

⁴⁵ As explained in section 3.7.2 below, one of the World Bank's Disbursement Linked Indicators in its performance-based programming with Lao PDR is: National DLI Number Three – reduction in the number of health centres without a midwife. This indicator provides an incentive to engage more (women) midwives, which used to be few in number in the health sector

across sectors to ensure understanding of needs of young people; and 2) identify clear roles and responsibilities among the key partners.

UNFPA Lao's new **"Noi" campaign** (not under Supplies Programme support) is focused on young girls (with a nutrition focus) and may be welcome in drawing more attention to the needs and challenges of young girls in Lao. However, any campaign focused on youth should also contain a SRH/FP component, especially given the young age of marriage and childbirth in Lao. At this stage, it is not clear how "Noi" intersects with the youth-oriented SRH efforts already under way.

Box 2: The Vientiane Youth Centre

Reaching youth and adolescents at the Vientiane Youth Centre

UNFPA has supported VYC since 2001. The VYC is run by the Lao Women's Union and is a youth-friendly space where young people can obtain information, counselling, treatment, and family planning commodities anonymously. The VYC undertakes four main activities: outreach on SRH topics to in- and out-of-school youth (including factory workers); a telephone hotline where youth can call for information and assistance; a clinic; and use of media. The clinic now sees some 400 cases per month for treatment of Sexually Transmitted Infections (STIs) and for family planning services. There are a female and a male doctor on staff, with separate entrances for boys and girls. The doctors also attend a mobile clinic (in a rented van) for outreach to provide family planning services. For 2017, they requested UNFPA support for outreach, for the clinic, and for printed materials (but reportedly only received funds for outreach and printing in the fourth quarter).⁴⁶ VYC also provides technical support to health services in the provinces and hopes to install youth-friendly spaces in health facilities, with a priority for three provinces in 2018-21. The centre reports that more young men who have sex with men (MSM) have been attending recently (approximately 200 per year in 2017). The VYC does not turn away patients who cannot afford to pay the fee, and they also see street children, sex workers, and other marginalized groups (such as migrant workers in industrial zones) in addition to general youth clients. VYC has low levels of support, and their UNFPA support is reduced every year.

3.4.4 Applying a human-rights based approach and the impact of stock outs

Increasing numbers of health workers in Lao PDR (including midwives) are receiving specific training in family planning and sexual and reproductive health services. Training and materials supported by UNFPA Supplies emphasize a human-rights-based approach, with a focus on youth and rural populations as important target groups. Health workers noted that they provide counselling to girls and women first, explain various methods and options (as well as their potential side effects), and offer them a choice. However, there are cultural and structural challenges in Lao PDR that make it difficult to ensure that women, girls, and youth have full and free access to SRH and family planning. Comments received in Lao PDR by the evaluation team related to the human-rights-based approach included the following challenges/opportunities (all of which the MoH staff indicate are being addressed, as they open more health centres and train more health workers):

- Health Centres lack privacy – they are open to the community, with often open front porch areas where everyone can see who is seeking services. This is especially problematic for youth and unmarried community members
- Health workers are mostly men, and given the conservative culture and "shy" nature of many community members, women and girls often do not feel free or welcome or able to go to these male providers
- Midwives in health centres (and providing outreach) are making a difference, in making it easier for women and girls to seek care. This provides an opportunity to enhance the human-rights-based approach.

⁴⁶ VYC interview, Vientiane

Although health workers and officials met for this review did not see stock outs as a major challenge restricting their ability to offer clients a choice, stock outs (and absence of some methods) do appear to be a factor (as reported in the annual stock surveys). Stock outs of various items at district stores impact the ability of service points to offer the full range of products to their patients. The impact of this factor on family planning uptake and continuation has not been measured or reported on. HCs visited by the evaluation team noted that they do have some items they are missing at times (e.g. an autoclave machine, so they could not provide IUDs; and one HC didn't have the tape necessary to seal the implant – for a young couple who came in specifically seeking an implant – so the couple left). These are but two examples of how supply chain weaknesses and the limited availability of key commodities and consumables affect access and choice for women and girls. The HC staff indicated that they recommend (during HC visits, outreach clinics and VHC meetings) that men use condoms, but “most men say no, it’s the woman’s role to do family planning.”⁴⁷

The annual GPRHCS/UNFPA Supplies Facilities Surveys include an exit interview of clients in a sample of health facilities nationwide dispensing modern family planning methods. Table 10 illustrates the results of surveys carried out in 2013, 2014, 2015 and 2016. The exit interview data are overwhelmingly positive with almost 100 percent of clients saying they were provided with the family planning method of their choice. However, a substantial percentage (almost half of clients, in the last two years) have reported feeling forced or pressured into accepting a specific family planning method. These findings seem contradictory, perhaps indicating that the “method of their choice” question has an inflated positive response rate. It is quite possible that this rise in clients reporting they were pressured to accept a given method results directly from the lack of stock of some methods.

Table 10: GPRHCS/Supplies Facilities Survey Exit Interview Responses (percent) – the Lao People’s Democratic Republic

Client Responses to Exit Interview Questions	2013	2014	2015	2016
Provided with the method of their choice	96.4	98.5	99.0	100
Provider took clients preferences and wishes into consideration	98.1	98.8	99.8	99.6
Client taught how to use the method	98.3	99.3	99.5	99.2
Client told about common side effects of the method	95.0	97.5	98.8	99.2
Provider informed client about what can be done re: side effects	94.5	97.8	99.3	99.2
Provider informed client what to do in case of serious complications	95.3	97	98.3	95.0
Client given date to return to the SDP for check-up and/or supplies	98.1	98.8	98.8	95.8
Client indicated he/she was treated with courtesy and respect by staff	99.2	99	99.3	99.2
Client responded yes to “forced to accept” family planning method	18	8	56	45

3.5 Strengthening systems and capacity for supply chain management

UNFPA Supplies has contributed to improving systems and capacity for supply chain management for SRH/FP commodities in Lao PDR. The focus has been on improving availability and access to family planning commodities through improved forecasting, strengthened supply planning, and capacity building in LMIS, and monitoring and supervision (MSV) support.

⁴⁷ CIEH interview Vientiane; and Asing and Nakai Health Centre visits

For details supporting findings in section 3.5 see Annex 1: Assumptions 5.1, and 5.2.

3.5.1 Efforts to strengthen supply chain management

Identifying areas of supply chain management needing support

The Medical Product Supply Centre (MPSC) at MoH is responsible for all commodities supply and distribution (under a 2009 decree from MoH mandating that this role be given to MPSC nationwide, only implemented since 2014).

The main challenges in the supply chain identified during site visits and key informant interviews include:

- Distribution – few distributions are carried out from provincial stores to health centres due to the lack of an available transport fleet and inadequate budgets for distribution (so most health facilities must arrange to pick up commodities at central or provincial or district stores)
- Stock outs persist at district and HC stores
- Incomplete data and weak reporting – the new mSupply computerized LMIS system is gradually expanding to more levels and more sites, but still faces challenges in ensuring that complete, accurate, and timely data is provided from service points. While integration of mSupply data into DHIS2 is planned, it is not yet a reality
- With decentralized procurement by provinces and hospitals (using their drug revolving funds), procurement of commodities outside the approved EML still takes place
- Limited capacity and high turn-over rates among health service staff lead to under-staffing for critical supply chain functions at all levels
- Customs clearance processes are excessively time consuming and require approvals from many government bodies including the MoH, Ministry of Foreign Affairs, Ministry of Transport and Ministry of Finance).

The supply chain in Lao PDR uses a “push” system (with specific volumes allocated to facilities) for donor-funded products and a “pull” system (based on orders) for government-funded commodities. UNFPA Supplies procures all family planning products. The SRH/FP supply chain is integrated with other supply chains, and faces the same challenges relating to forecasting, human resource capacity and inventory management, stock outs, distribution and infrastructure. The Global Fund, the World Bank, UNFPA, and CHAI are the main providers of support to the Government of Lao PDR in supply chain management improvements.

Integrated distribution (across health programmes) has been initiated at central level on a limited basis (using only two trucks). However, distribution and delivery to health facilities and stores nationwide is almost non-existent, due to the lack of vehicles or distribution system.

As noted, there are only two trucks available at the central MPSC warehouse, and reportedly only two of the four regional warehouses and few provincial stores have their own vehicle (although the MPSC in an interview said there are plans in store to furnish each provincial store with a truck for deliveries to their districts). At the moment, provincial stores staff pick up commodities from central and regional stores (usually when visiting for other purposes), and districts pick up from their provincial stores (usually by motorbike, so often one item type at a time). Key informants report serious fragmentation at district level (e.g. the malaria person from the district can only pick up the malaria products). They also note, however, that operations are more integrated at peripheral levels: health centres (many are hard to reach, especially in the rainy season) pick up all products at once from their district stores when they visit the District Health Office for monthly meetings.

Overall, budgets for distribution remain inadequate and no partners are currently focused on this area of supply chain management.

Health facilities have their own drug revolving funds for essential medicines (non-programme commodities). They are able to sell these, using the small margin from these sales to help pay for fuel and other costs. This serves as an interim solution to the transport/distribution gap.

UNFPA Supplies support to strengthening supply chain management

UNFPA in Lao PDR work to complement what other entities and donors/partners are doing, contributing to the larger whole rather than duplicating or conducting activities in parallel. UNFPA Supplies work focuses geographically on four of the poorest and most remote districts in Savannakhet province. At national level, the programme provides support for broader supply chain related efforts including Stock Availability Surveys at facilities, roll-out of the “mSupply” eLMIS, and supportive supervision by the MCHC and MPSC to oversee implementation in provinces and districts.⁴⁸

UNFPA has worked with the MoH MPSC since 2009 to ensure there would not be stock outs of SRH/FP products in Lao, in support of the five-year strategic plan of the MPSC to improve the supply chain (2016-2020). The Stock Availability Surveys began in 2010 with UNFPA support, but stock outs continued because information/data on consumption and needs was not accurate. With Global Fund, UNFPA and CHAI support, the government decided to try using the eLMIS system “mSupply” to rectify this problem. The mSupply eLMIS platform has been introduced and (with CHAI support) is expanding to more districts and sites, with the goal of implementation in all districts by 2019. Vilabouly District stores staff indicated that mSupply makes it easier to manage stocks. District data is entered daily (using data provided by HCs), shared with the district medical director first, and then submitted on line and in hard copy to the Province on a monthly basis.

The national **DHIS2 system** came on line in 2015, providing real-time tracking of health data (including products and users) across all programmes (maternal and child health, family planning, vaccines) nationwide for both outpatients and inpatients. At national level, UNFPA provides support to the MoH Department of Planning and International Cooperation (which focuses on six nutrition and seven family planning products in the system) to train their own staff and to train district staff on DHIS2. The system provides monthly reports: HCs report to districts, districts enter the data into the DHIS2 system from their HCs and district hospitals, provincial hospitals enter that data into the DHIS2 also, and Provinces check and verify the data for their province and do quality assurance of the data routinely. Each province is required to hold six months of stock of each item on hand. Multiple donors provide support for monitoring and supervision visits to be done (quarterly) from province to district, and district to health centre level. CHAI has recently done a proof of concept review to show the potential of linking the DHIS2 and mSupply systems as planned (the DHIS2 system already includes some mSupply data).

Capacity building for LMIS and improved forecasting: UNFPA supported strengthening of LMIS in Lao PDR through the training of 85 health workers in four districts in 2015. According to UNFPA, this capacity building enabled the staff to manage and track stocks using the mSupply software platform, providing monthly stock reports to management. UNFPA also provided support to train 10 MoH staff from MPSC, MCHC, FDD, DHC, DHHP, and the Statistics Division on forecasting of reproductive demand for reproductive health products. This provided the basis for a quantification report used to mobilize needed resources for family planning products for two years (2016-17) with projections to 2020. An e-learning course on RHCS including procurement, distribution and follow-up was translated into Lao and reviewed by MPSC. The intent is that this course will be uploaded by UNFPA

⁴⁸ UNFPA Country Narrative Report 2016

learning branch to be used by UNFPA Lao staff, as well as government staff working in commodity logistics.⁴⁹

A FDD TWG meets quarterly to provide support to the **Forecasting Technical Committees** to improve monthly reporting from health facilities and build results into annual forecasting. UNFPA provides **forecasting support and jointly leads the family planning forecasting process along with the MCHC**. This forecasting process draws on data from DHIS2 and mSupply, as well as written records from districts and sites that are not yet using mSupply. After the forecasting is completed for the year ahead, the UNFPA CO submits a request to the Regional Office (APRO) on the annual needs for family planning commodities for Lao PDR for inclusion in the annual workplan of the country programme.

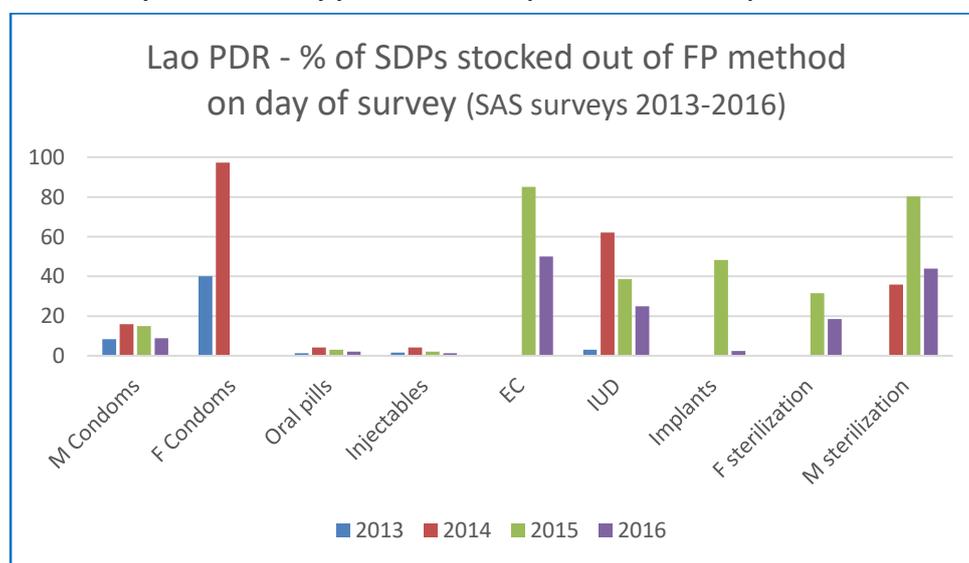
3.5.2 Continuing supply chain challenges in the Lao People’s Democratic Republic

Stock outs

The definition of stock out appears to be an issue in Lao: stock outs may not be reported by health centres (and districts), if they have at least one other family planning method in stock (when asked, they often say they don’t have stock outs because staff do not seem to believe it’s a stock out, if one or two or 3 types of commodities are stocked out, as long as they can provide an alternative).

According to UNFPA and FP2020 data, over 30 percent of facilities had stock outs of contraceptives in 2015, with female condoms, implants and IUDs having the highest stock out rates. According to UNFPA 2016 Workplan, “the primary reason given for stock outs of contraceptive commodities including injectables and oral contraceptives were poor re-supply practices of staff and delays in delivery from sources. Lack of female condoms was simply attributed to a lack of demand. In contrast, the reasons given for stock outs (that is, lack of availability) of IUDs and male and female sterilization were related to a lack of trained staff”.⁵⁰

Figure 17: Stock outs by method and by year, the Lao People’s Democratic Republic



GPRHCS/UNFPA Supplies Facilities Surveys: 2013, 2014, 2015 and 2016.

(NOTE: SAS 2016 notes that female condoms, EC, implants are not in the Lao policy to provide)

⁴⁹ Technical Division UNFPA - Country Annual Joint Reporting for the Reproductive Health Thematic Trust Funds (Ttfs) and Joint Programmes (JPs), December 2015. pg.4.

⁵⁰ Technical Division UNFPA - Country Annual Joint Reporting for the Reproductive Health Thematic Trust Funds (Ttfs) and Joint Programmes (JPs), December 2015. pg.4

The annual Stock Availability Surveys also indicate this is an ongoing issue, but mainly with certain products (female condoms, IUDs, emergency contraception) which may also not be ordered due to lack of client demand and/or lack of health facility capacity to offer the method.

Table 11: Percent of Service Delivery Points reporting stock out of a modern method on day of survey (2013-2016) - the Lao People's Democratic Republic

	2013	2014	2015	2016
Male Condoms	8.4	16	15	8.9
Female Condoms	40	97.3	N/A	N/A
Oral Contraceptives	1.4	4.2	3.1	2.2
Injectables	1.7	4.2	2.1	1.4
Emergency Contraceptives	0		85.1	50
IUDS	3.1	62.1	38.7	24.9
Implants	0	0	48.3	2.5
Female sterilization	0	0	31.6	18.5
Male sterilization	0	35.9	80.3	44

GPRHCS/UNFPA Supplies Facilities Surveys: 2013, 2014, 2015, 2016.

(NOTE: SAS 2016 notes that female condoms, EC and implants are not within the Lao PDR policy to provide)

Human resources

A supply chain constraint mentioned by most respondents involves challenges in the overall level of staffing (with many vacancies) and a high turnover rate of staff at main warehouses. The same key informants pointed to low skills and inadequate staffing levels at district level. The mSupply system also introduces challenges for human resources in terms of training (the need to incorporate mSupply into staff training curricula) and infrastructure (computer services). Discussions are currently under way with the Ministry of Technology around the issue of computers and mSupply licenses and training at national level.

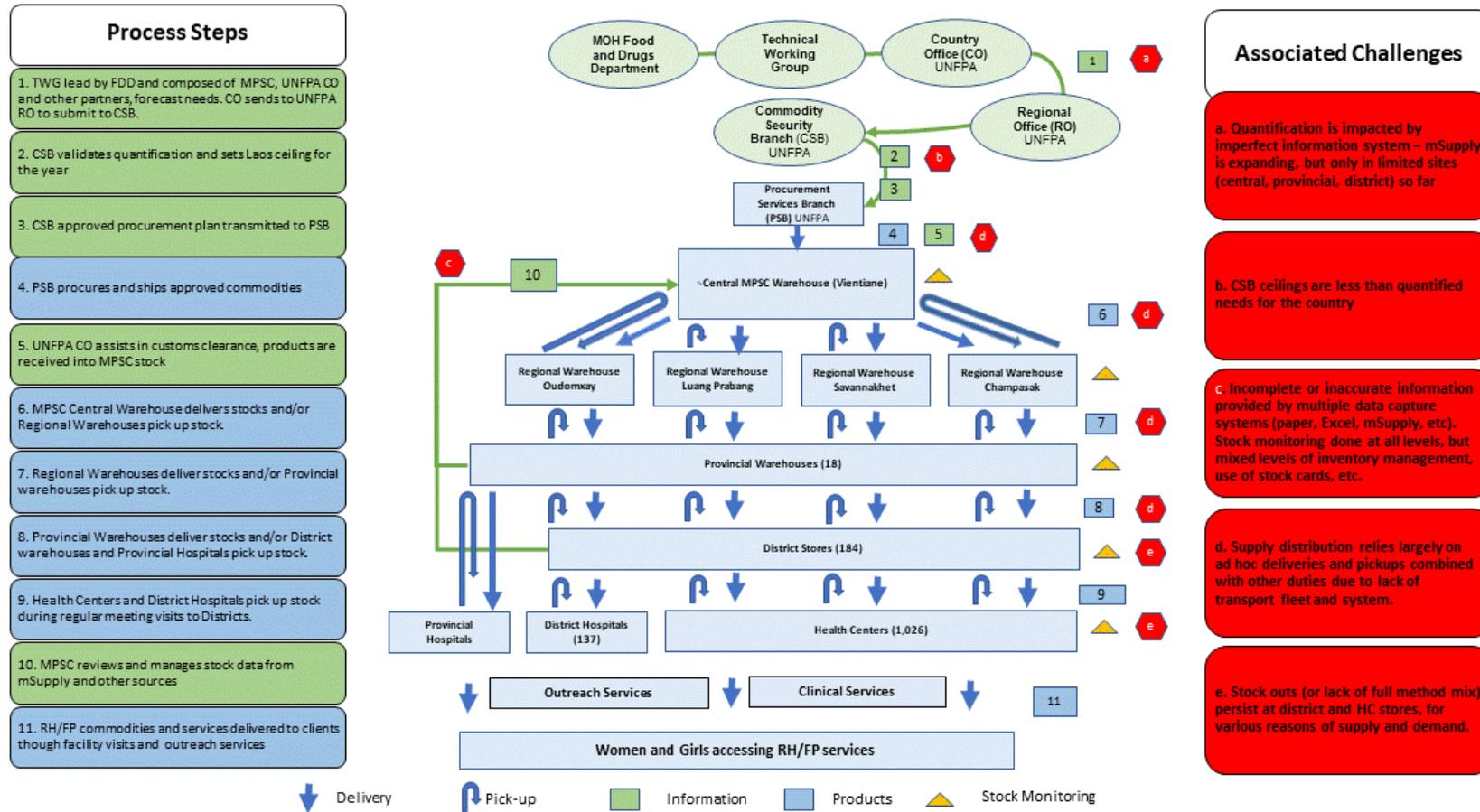
District level staff in Savannakhet reported numerous challenges with inventory/stock management faced by health centre staff in 2014-15. However, they noted significant improvements since the provincial FDD and MPSC conducted training at all health centres in the province in 2015. Districts report that health centres now plan better, ordering their stocks from the district in the third month of each quarter after reviewing their stock levels and calculating their needs. Provincial Health Office managers visit the districts on a regular schedule during the year to follow up on this and other issues.

Distribution

The largest gap and outstanding area of weakness in the system appears to be distribution. There are few vehicles, no transport or distribution plan, and a patchwork of drop-offs and pick-ups at all levels (although most respondents indicated that this system, though not ideal, does work). Evaluation team observation of stocks at central stores in Vientiane, and at regional warehouses and district stores identified a mismatch between plentiful stocks at the provincial and regional warehouses and notable stock outs at district stores, especially in Nong District (implants and injectables). IUDs were only seen at central and regional warehouse (not at district warehouses or health centres). Districts and health centres reported that there is not much demand for IUDs (and that women worry they will fall out) while female condoms were not seen in stock anywhere.

Figure 18 below provides an overview of the challenges facing the supply chain for RH/FP commodities in Lao PDR.

Figure 18: Supply Chain for RH/FP Commodities



3.6 Improved coordination and management

UNFPA is an integral part of coordination efforts around SRH/FP in Lao PDR and operates in a participatory manner contributing to government and other partners' efforts. UNFPA also faces some management, funding and structural challenges of its own.

For details supporting findings in section 3.6 see Annex 1: Assumptions 6.1 and 6.2.

3.6.1 Coordinating action in support of RH/FP in the Lao People's Democratic Republic

UNFPA coordinates and contributes to the efforts of government and partners in Lao PDR, to assist in reaching national objectives, and is appreciated as a partner who works in an integrated, not parallel way. Under the Government's Health Sector Reform Agenda (with five pillars – health financing, service delivery, governance, human resources, and data) there are technical working groups for each area; UNFPA participates actively in these groups.

Through the UN Joint Programme, UNICEF, WHO, and UNFPA contribute to strengthening coordination for the implementation of the government's RMNCH strategy (the Lao Government's new *National Strategy and Action Plan for Integrated Services on Reproductive, Maternal, Newborn, and Child Health (RMNCH) 2016-2025*). UNFPA is leading coordination for Strategic Output number one (family planning with a focus on adolescents), strategic output number 10 (data/HMIS), as well as strategic output number 11 (supply chain).

Several key informants, including staff at the World Bank, noted the need for greater streamlining of the coordination mechanisms across programmes and partners, especially as Lao PDR transitions away from low-income-country status and as partners like Gavi scale back their support. Many suggested that a more pooled, coordinated effort is needed to build sustainability. The UNFPA CO recently suggested that Lao PDR would benefit from a joint Sustainability and Transition conference, a suggestion welcomed and agreed to by the national government and development partners. The UNFPA CO takes part in the development partners' Health Financing sub-group convened by WHO, which could be a good forum to coordinate planning in SRH/FP during the transition.

3.6.2 Funding and continuity challenges

Staff of two NGO implementing partners noted that it had been extremely difficult for them to work with the UNFPA funding support that was provided to them in 2015-2016. They made particular reference to the administrative and bureaucratic burdens UNFPA places on implementing partners. Delays in funding from UNFPA, frequent demands for information and complex, bureaucratic procedures lead these partners to say they will not seek UNFPA support again in future. The process for allocation and disbursement of funds and the unpredictability of support from one year to the next constitute real difficulties for implementing partners in planning and staffing. Partner staff also referred to lengthy arrears in receipt of their funds from UNFPA (which in some cases pass to implementing partners through government channels). Implementing partners also report they have difficulty adhering to plans and budgets developed and approved by provincial health authorities (provinces develop budgets each year), as plans and budgets of UNFPA may not match those of the health authorities.

A challenge noted by government officials is that with each new Country Programme, UNFPA changes priorities and focus areas. As an example, in the transition from Country Programme Four (2007-2011) to Country Programme Five (2012-2016), the CO changed its geographic focus. As the national government's contribution must go up each year, it is important for officials to know what UNFPA plans to support. This information is critically important to the development of the national

five-year plan and budget. The UNFPA CO staff pointed out, however, that their budget horizon does not allow them to provide advance information on multi-year budget allocations and even annual budget information is provided late in the preceding year. Because core funding available to the UNFPA CO is limited, trust-fund programmes like UNFPA Supplies and the RMNCH trust fund have been essential to maintaining programming in RH/FP in Lao PDR.

The Lao PRD CO has faced some challenges in securing support from the Asia-Pacific Regional Office and from UNFPA Headquarters for the aforementioned “Transition Conference” in Lao PDR (desired by government and partners). In particular, there is a need to fund participation by one or more experts in Total Market Approach and in financing models for RH/FP. The idea for this conference was born out of the National Family Planning Conference in May 2017, during which government and development partners held a round table on concrete planning for the next five years. One result of this conference was a commitment by the national government to invest more in family planning and procurement of more commodities. The proposed Transition conference was originally planned to take place in 2017 but has been delayed. The UNFPA CO reported that approval from the Regional Office was conditional on making the transition conference regional (multi-country) in scope. The UNFPA CO staff noted that a regional conference would not meet the objectives of the national government or development partners which were concerned with the Lao PDR-specific challenges of transition.

3.6.3 Capacities of the UNFPA country office

UNFPA CO has only two staff engaged in RH/FP (one funded under the Maternal Health Trust Fund programme), with increasing numbers of staff allocated to a growing youth-focused programme. As the UNFPA CO shifts resources into more general youth-focused programming, there is a risk that the specific RH/FP needs of youth and adolescents in Lao PDR will receive less attention from UNFPA. This seems contradictory to the critical importance of RH/FP services to the needs of, in particular, poor and marginalized young women and to UNFPA efforts to strengthen family planning.

National, provincial and district level government staff and staff of development partners appreciate the “integrated” (not parallel or duplicative) and contributory approach of UNFPA to planning and implementing their programme support. They also remarked on the level of attention provided, the willingness to engage in dialogue and the technical capacity of the UNFPA CO SRH team as strengths of the programme in Lao PDR.

3.7 The catalytic role of UNFPA Supplies

UNFPA, as a leader in RH/FP commodity procurement in Lao PDR, is well placed to ensure a catalytic role across related RH/FP areas. The UNFPA Supplies programme procures all family planning commodities, contributes to the expansion and implementation of the new eLMIS (mSupply), and contributes to outreach services and capacity building in family planning. UNFPA Supplies also plays an important role in supporting progress toward achieving the RH/FP related indicators of the World Bank-funded Results-Based Financing programme in the health sector (for example in training and fielding midwives), and could effectively lead a Transition Workshop for sustainability planning in Lao PDR.

For details of the evidence supporting findings in section 4.7 see Annex 1: Assumption 7.1

3.7.1 UNFPA Supplies as a core element in family planning programming

UNFPA is regarded as a key partner and supporter of family planning in Lao PDR, and the only entity providing family planning products. UNFPA works closely with the national health authorities, development partners, and NGO implementing partners and, as a result, UNFPA Supplies-driven

advocacy efforts have shown important results. As an example, by launching and supporting the pivotal first National Family Planning Conference (May 2017) UNFPA Supplies helped disseminate the now widely accepted concept that family planning investments generate seven USD for each dollar invested. Many key informants noted the effect of this conference on government leaders and, in particular, on the attitude of the MoH and its motivations towards expanding SRH/FP in Lao.

Under current efforts to achieve universal health care, an Essential Service Package (ESP) is being designed to define exactly what must be provided at each level of care. The World Bank is developing a programme with its main focus on health financing under universal health coverage. The programme includes initiatives to provide free MCH services, establish a health equity fund (access for the poor), and specific initiatives to fund health care at the civil service, private sector, and community levels. UNFPA takes part in these planning efforts along with national government officials and staff of the World Bank, WHO, and development partners that support the health sector.

3.7.2 Leveraging resources and planning for transition

There is concern for sustainability of SRH/FP products and services, given the transition of Lao PDR from low-income to lower-middle-income country status, and the expected loss of donor support. There are many coordination bodies in Lao PDR which could contribute to transition planning, but these require streamlining and coordination, as there are “too many meetings.” Effective and efficient (streamlined) coordination mechanisms are particularly important in an era when many partner organizations are in transition, scaling back support to Lao PDR at the same time as social indicators lag behind national economic indicators.

Partners note the need to **manage integration and reinforce better coordination** during the transition and phasing-out of donor programmes, to mitigate any risk of returning to vertical programmes which could result from competition among development partners as they seek government commitments to specific programmes. There is an opportunity for UNFPA to take a leading role in the effort to bring partners who are active in support of RH/FP together for improved coordination. A UNFPA-led “**Transitioning Workshop**” with all programmes and partners in attendance could provide an effective coordinating platform. Many stakeholders note that a holistic approach to transition planning, integrated across programmes and involving MoH, MoF, and other key ministries and government departments is required. Without a coordinated approach, programmes supported in the past by different development partners will potentially face budget shortfalls which could undermine their effectiveness and sustainability. As a result, all development partners have an interest in a coordinated, government-led approach to transition planning.

Based on lessons from other countries, UNFPA is engaged in **advocacy using cost-benefit analysis** data to encourage greater government investments in SRH/FP. UNFPA Laos has worked together with the National Economic Research Institute to analyse the cost-benefits of the national family planning programme with technical support from Asia Pacific Regional Office of UNFPA.⁵¹ This support was critical to the success of the May 2017 first national Family Planning Conference.

UNFPA provides support which assists national and local health authorities in achieving the DLIs required by the national health systems strengthening programme. The programme is funded by the World Bank and uses a Results-Based Financing approach, with national (four) and provincial level (eight) indicators and targets, including targets in family planning. These DLIs are intended to encourage improvements in the effectiveness of the health system, using the data from the DHIS2

⁵¹ UNFPA Country Level Narrative Report 2016

system and attaching funds and disbursements to performance. The main indicators effected by UNFPA Supplies programme support are:

- National DLI Number One – entry of complete and timely data into DHIS2.
- National DLI Number Two – 14 sub-indicators relating to the availability of family planning and nutrition commodities
- National DLI Number Three – reduction in the number of health centres without a midwife. This indicator provides an incentive to engage more (women) midwives, which used to be few in number in the health sector
- Provincial DLI Number One – increasing the percentage of births attended by a skilled birth attendant - at home or in a health centre
- Provincial DLI Number Three – percentage increase in new women using family planning (this target was subsequently revised to increased numbers of continuous users of family planning).⁵²

UNFPA supports research and monitoring efforts which produce reports and findings on the results of pilot projects and interventions. Health authorities at the national and provincial level indicate there is a need to ensure more and better **knowledge management** (for all programmes), to systematically assess and evaluate interventions, reporting on best practices and lessons learned so that promising initiatives can be taken to scale and help achieve targets for national and provincial performance indicators.

4. CONCLUSIONS

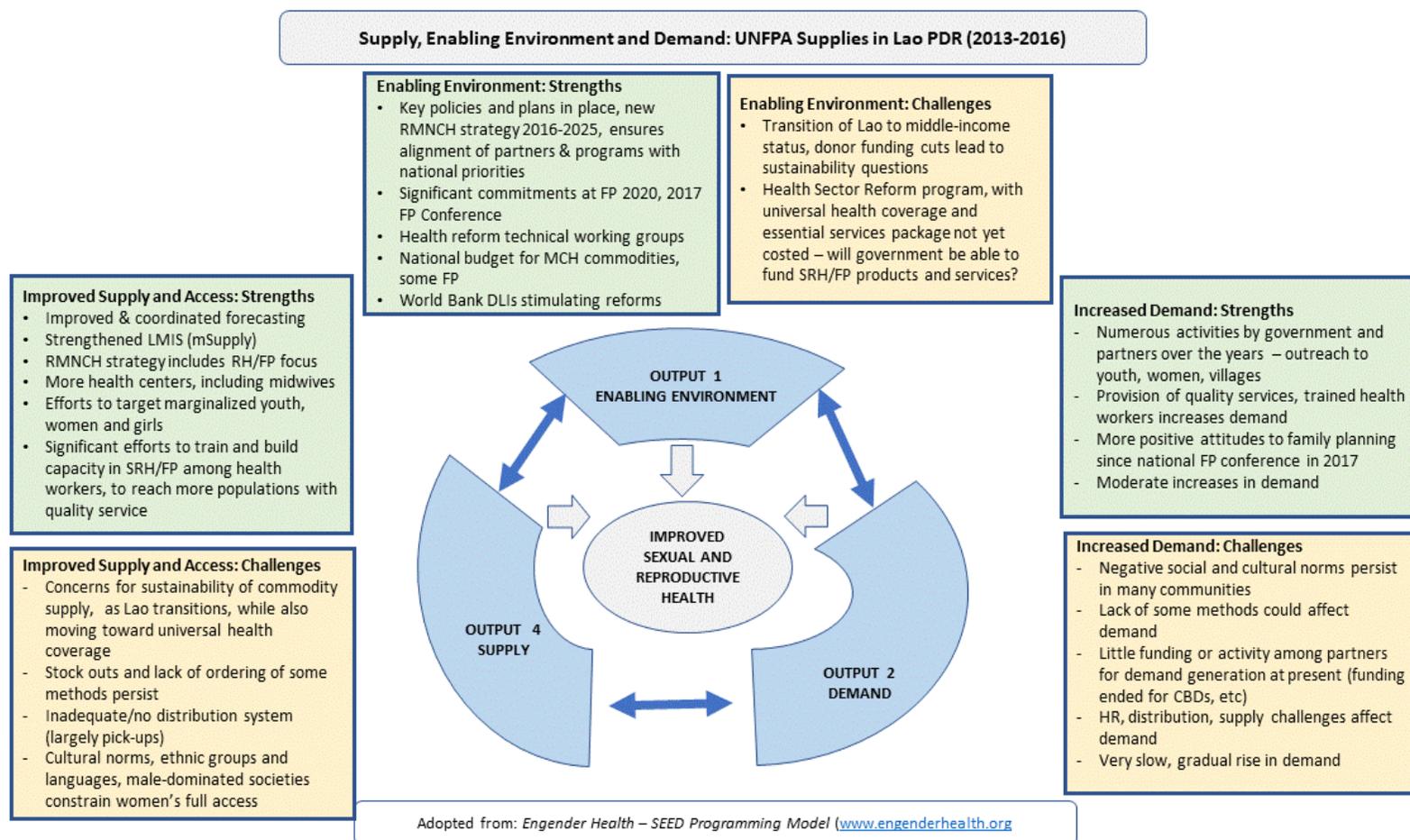
4.1 Strengths and challenges

The conclusions presented here are based on findings reported in section 3 above. In keeping with the role of a Mid-Term evaluation, the conclusions are intended to provide an overall summary of the contribution made by UNFPA Supplies in Lao PDR from 2013 to 2016 and to point out some of the most important strategic choices facing the programme going forward. The conclusions presented are those of a country case-study, not an evaluation of UNFPA programming or of the UNFPA Supplies Programme in Lao PDR.

Figure 19 provides an overview of the strengths and challenges of the UNFPA Supplies Programme in Lao PDR in relation to improved supply, a strengthened enabling environment and increased demand for RH/FP commodities and services.

⁵² World Bank interview, Vientiane

Figure 19: Strengths and Challenges – UNFPA Supplies in the Lao People’s Democratic Republic



Adapted From: EngenderHealth · The SEED™ Assessment Guide for Family Planning Programming

The situation for RH/FP services and commodities in Lao PDR reveals the need for a strong UNFPA Supplies Programme continuing its support to the country, as the lead partner (among very few active partners) supporting RH/FP. The enabling environment contains many of the elements needed to generate significant progress toward meeting national objectives and FP2020 commitments. However, the slow pace of demand growth, and the modest reductions in unmet need for family planning in recent years reveal the need to accelerate and intensify efforts to overcome constraints. It is unclear whether the UNFPA Supplies programme policy (as of 2017) of not investing UNFPA Supplies resources in direct demand creation activities is appropriate in the context of Lao PDR, given the importance of cultural barriers to family planning, non-supply-related constraints, and the very slow pace of growth in demand.

4.2 Contributing to reproductive health and family planning (2013-2016)

1. **UNFPA Supplies has been an essential component of reproductive health commodity security in Lao PDR** and has been vital to the operations and provision of commodities for the family planning programme from 2013 to 2016.
2. **UNFPA Supplies has worked with government and non-governmental partners and helped to positively influence attitudes towards family planning – especially with the pivotal May 2017 (first-ever) National Family Planning Conference.** This contribution can be consolidated and extended through a “Transition Conference/workshop” to coordinate and drive concrete planning for the sustainability of programmes in the years ahead as Lao PDR graduates to lower-middle income status.
3. **UNFPA Supplies has played a catalytic role in some ways in supporting family planning programming in Lao PDR as the principal donor in SRH/FP, and as a contributor to numerous ancillary activities related to training of midwives and other health workers and peer trainers as well as direct support to outreach services.** However, UNFPA remains the only supplier of family planning commodities, and therefore UNFPA Supplies’ effects on national investment and sustainability (an increasingly urgent issue, as Lao graduates away from some donor support) have been limited thus far.
4. UNFPA has contributed to **progress toward the integration of SRH/FP into broader health efforts and capacities of health workers** (as part of the Government’s RMNCH Strategy).
5. **UNFPA Supplies support to various efforts to generate demand at community level and increase access has contributed to positive results** although more evaluation and measurement of results is needed. **Access and demand are closely linked** - with the numerous population groups that are hard to reach, building awareness of the need for family planning is a component of building access to services.
6. **UNFPA Supplies has targeted marginalised women and girls by working with the Ministry of Health, the Ministry of Education and Sport and NGO implementing partners.** There are opportunities to increase support to targeted actions and entities such as the Lao Women’s Union’s Vientiane Youth Centre to reach youth, girls, and others.
7. **Demand for family planning is linked to the supply of services.** Where services are available (including commodities), they are increasingly used, and prevalence is rising (albeit gradually) in Lao PDR. There is a need to improve measurement and documentation of this increase. Demand and access are constrained by geography, availability and choice of methods, as well as cultural issues and limited health worker knowledge and capacity. Constraints are less a function of supply chain challenges, but rather of community awareness and demand, health worker knowledge, capacity and reach, and physical and societal barriers.

4.3 Strategic choices

Given trends and **funding constraints** to the global UNFPA Supplies programme, UNFPA Supplies in Lao PDR faces choices in its priorities going forward. With the higher costs of and growing demand for methods including injectables and implants and the transition of Lao PDR to lower-middle-income status (with the resulting loss of significant donor programmes and funding), financial constraints will increase in the years ahead. UNFPA will need to consider options to ensure limited funding is as effective as possible to meet needs in family planning in Lao PDR. This includes efforts to enhance its market shaping activities, build government commitment to procure more commodities, negotiate with suppliers to reduce prices and procure more prequalified generic products.

As part of **transition planning**, UNFPA will work with the national government to apply more national resources to RH/FP products and services. This could be part of the deliberations and planning central to a Transitioning Workshop. A concrete plan is needed indeed to ensure that gaps are addressed in priority activities going forward.

Although **demand creation** was removed as an output of the Supplies Programme, prior investments (with CBDs, Village Chiefs, VHCs, etc.) were effective in reaching marginalized communities and stimulating demand by rural and remote populations and multiple ethnic groups (although this needs more review) but were limited in geographic scope and coverage. Given the weak increases in demand (and slow reduction of unmet need), there is a need for more efforts to reach women and girls who are not currently accessing these SRH/FP services and products. Given the ongoing work and investments by other entities (e.g. Global Fund, CHAI, World Bank) to address supply chain challenges, UNFPA may wish to consider re-focusing on the other side of the equation to complement its commodity support – expanding efforts to improve access, in concert with the ongoing efforts to train and place midwives in health centres. The results of the efforts should be evaluated and measured to inform any future investments.

5 ANNEXES

5.1 Annex 1: Evaluation Matrix

LAO PDR

An enabling environment for Reproductive Health Commodity Security and Family Planning	
Evaluation Question 1:	To what extent has UNFPA Supplies contributed to creating and strengthening an enabling environment for RHCS/FP at global, regional and national level?
Sub-Questions:	<p>To what extent has UNFPA Supplies been effective in engaging with global and regional partners to secure commitments and mobilize resources in support of country needs in RHCS/FP?</p> <p>To what extent has UNFPA Supplies been effective in advocating with national partners so that RHCS and family planning are integrated into and prioritized in national budgets, programmes, and health policies and strategies (including guidelines, protocols and tools)?</p> <p>To what extent has UNFPA Supplies been effective in strengthening and participating in coordination mechanisms at all levels to ensure support and programming aligns with global and national strategies to expand access to RH/FP commodities and services, especially (but not exclusively) for poor and marginalized women and girls and other new users?</p> <p>To what extent has UNFPA Supplies been effective in advocating for and supporting a total market approach strategy for marketing of family planning commodities and services?</p>
Question 1: Key Assumptions and Observations	Sources of Evidence
Assumption 1.1: UNFPA Supplies advocacy efforts at global, regional and national level are coordinated and aligned with national and global strategies to expand access to RH/FP services and commodities.	
Supporting the development of national plans, priorities and strategies	
UNFPA Supplies in Lao coordinates with national partners (Government and NGOs) – MoH DTR, CIEH, DPIC, FDD, MPSC; MOES, implementing partners (PFHA, Youth Centre), Lao Women’s Union, as well as development partners (WHO, CHAI, PSI, World Bank) in planning, strategies, setting priorities.	UNFPA CO discussions, interviews with government departments and development partners
Through the UN Joint Programme with UNICEF, WHO, UNFPA, there is strengthened coordination for the government’s RMNCH strategy implementation (the Lao Government’s new National Strategy and Action Plan for Integrated Services on Reproductive, Maternal, Newborn, and Child Health (RMNCH) 2016-2025). UNFPA is leading SO1 – Family Planning with a focus on adolescents, SO10 (data/HMIS), and SO11 (supply chain).	UNFPA CO discussions, UNICEF, WHO interviews
In 2016, Ministry of Education and Sports with financial support from UNFPA Supplies conducted an advocacy workshop for policy makers at provincial level with objectives to: 1) establish coordination mechanisms among partners (health, education, and youth) to ensure common understanding of specific needs of young people; and 2) identify clear roles and responsibilities among the key partners. As a result, the Lao Youth Union (LYU) will be responsible for coordination of family planning outreach activities while health and education will provide technical inputs to the outreach activities with oversight from Vientiane Youth Centre (VYC) and Promotion of Family Health Association (PFHA).	UNFPA Lao PDR Country Level Narrative Report 2016, pg.2
In May 2017 , Lao PDR held the first national family planning conference in the country, in Vientiane , led by government with UNFPA support, and with high-level decision makers -- deputy PM, MOF, province governors. It was seen as a major milestone and turning point for Lao – bringing together all major stakeholders for the first time to discuss national family planning goals “in the context of economic and social growth” (FP2020 press release), and reportedly leading to a common understanding of and renewed perspectives on family planning (from “reducing population” to broader health and	-FP2020 News Article: “Lao PDR holds its first ever national family planning conference”. May 3, 2017. UNFPA Lao PDR

Question 1: Key Assumptions and Observations	Sources of Evidence
<p>economic rationale). The theme was “investing in family planning for economic prosperity” and emphasized the important role of family planning in meeting the 2030 Sustainable Development Agenda. The Deputy Prime Minister and the Minister of Health of Lao spoke at the conference and emphasized the government’s commitment to family planning in contributing to long-term prosperity and a future where “every pregnancy is wanted and every childbirth safe”. Numerous stakeholders mentioned this as a pivotal event, and many noted that after this conference, there was much more understanding, and a changed perspective toward FP. Afterward, each provincial governor talked about how to plan, integrate family planning into their provincial level activities (micro and macro planning).</p>	<p>-Interview with MoH RMNCH Sec, RH family planning Division, MCHC -FP2020 Press release – Lao Puts Family Planning on its Economic Roadmap (May 22, 2017)</p>
<p>Actions taken by UNFPA CO to increase domestic funding allocation to family planning programmes: Based on lessons from other countries, UNFPA is engaged in advocacy using cost-benefit analysis data to encourage greater government investments in FP. UNFPA Laos is working together with the National Economic Research Institute (NERI), the government think tank on policy issues, to analyse the cost-benefits of Family Planning programme with Technical support from APRO’s Health Economist.</p>	<p>UNFPA Country Level Narrative Report 2016</p>
<p>UNFPA support for government’s CBD and IFC approaches: The Community Based Distribution (CBD) approach uses trained community members or retired health workers from the community to provide health services (including SRH and FP) directly to members of the community. CBDs have been supported in 4 UNFPA Lao target provinces: Savannakhet, Phongsali, LuangNamtha and Oudomxai, with a focus on remote villages. CBDs received 5-day training course, followed by 3-day refresher training. By 2015, there were 62 UNFPA-supported CBDs travelling monthly to villages in the target provinces, and covering more than of 280 communities/villages, with an estimated 5,098 active family planning clients. UNFPA covers the CBDs’ travel costs and allowances. The (Individuals, Families, Communities) IFC approach, developed by WHO, helps enable people and groups to increase control over, and to improve, their health and quality of life. Interventions at the IFC level are meant to foster supportive environments for healthier mothers, new-borns, families and communities. Interventions are organized into four priority areas: 1. Developing capacities to stay healthy and respond to obstetric and neonatal emergencies; 2. Increasing awareness of the rights, needs and potential problems related to MNCH; 3. Strengthening links for social support between communities and the health care system; 4. Improving quality of care and health services, and of their interactions with IFCs. UNFPA Lao PDR began its IFC component in 2009, under CP4, and adapted it under CP5 for four districts in Savannakhet Province. The focus is on identifying needs of the population through participatory workshops, then working to address these needs through Village Health Committees (VHCs) who organize health education and health promotion activities to raise awareness and promote access to services and establishment of Emergency Birth Preparedness Plans (EBPPs). Under the CP5 programme, a total of 74 IFC training events were held since 2012 for VHCs and VHV on EBPP, trainings for VHCs and village health volunteers (VHVs) on Maternal Neonatal Child Health (MNCH), and trainings on the counselling needs of adolescents. As of 2013, there were more than 1,009 trainees, with over 25 percent of these (272) women. MNCH training for VHCs achieved a coverage for almost two thirds of target villages. These activities appear to fall under GPRHCS CP Output 2 (Individuals, families and communities in priority areas have access to an integrated package of services on maternal, neonatal and child health) which had a budget of 83,600 USD in 2013 under GPRHCS. In 2014 these activities fall under 2.2 (Demand Generation), Activity 1.12: Enhance capacity of</p>	<p>Evaluation of two UNFPA Lao PDR Programmes: Community Based Distribution (CBD) and Individuals, Families, and Communities (IFC). Final Draft 0.3. 15 January 2014</p> <p>UNFPA CO Finance reports, expenditure reports 2013, 2014, 2015</p>

Question 1: Key Assumptions and Observations	Sources of Evidence
<p>communities to make informed decisions for health seeking in relation to SRH areas (with a 34,200 USD budget). In 2015 mention of this activity is no longer listed in the CO expenditure report.</p>	
<p>The CBD approach for family planning outreach, seen as a “bottom up approach to capacity development,” was conducted 2006-2015 by MCHC (MoH) with UNFPA support “to provide culturally appropriate and client-friendly family planning services in remote communities” through community-based distribution agents, working with selected villages that were isolated and remote, initially in 3 southern provinces. The brief states that CBDs achieve results by:</p> <ul style="list-style-type: none"> • Visiting each household in their village(s) to discuss and provide family planning information and services • Providing such services and information without discrimination to adolescents and young people as well as married couples • Undertaking follow-up visits to every household each month to provide counselling and services to all people with reproductive health needs, including those who are unmarried • Submitting an online report to the Contraceptive Logistics Management Information System • The CBD model was “adapted for scale-up by the MoH and development partners” and was to be integrated within the MNCH package (with CBD agents expanding their offerings to include MNCH services). <p>Key results reported include:</p> <p><i>(i) Increased use of contraception:</i> Family planning uptake in CBD catchment areas has increased to 45.4 per cent in 2011, up from 12 percent in 2007. The contraceptive prevalence rate has increased sharply in many remote areas, and reached 60 percent in March 2012 from a baseline of 13.2 percent in 2006 in the Ah Gnor catchment area, Taoi District, Saravan Province.</p> <p><i>(ii) Increased capacities of community service providers:</i> Enabling community providers to deliver culturally appropriate services has yielded positive results. In some districts, the extent of family planning services provided by CBD agents exceeds that of district hospitals. (e.g. in Feb 2012 in one district, CBDs provided more contraceptives to more clients than health facilities had in Feb 2011).</p>	<p>UNFPA brief: Good Practice in Family Planning – “Expanding Access to Family Planning through Culturally Appropriate and Community Based Service Distribution” (2015)</p>
<p>Government of Lao PDR’s “Commitment of the Lao PDR Government on Family Planning Programme” states the government’s commitment to increasing mCPR to 65 percent by 2020, reduce unmet need to 13 percent by 2020, and expand coverage and method mix for family planning in health facilities (with focus on implants and IUDs). The Statement commits to revision of the reproductive health policy to ensure an enabling environment, notes the 8th five-year development plan (2016-2020) emphasis on RH, and commits to increasing national budget for contraceptives. The Statement also commits to scaling up family planning services to HC and village levels, with a focus on LARMS; and commits to extending training of midwives to include family planning counselling and procedures. Lastly the statement commits to establishing youth friendly counselling rooms in some district hospitals, and research to develop IEC materials in local languages.</p>	<p>Lao PDR Government - “Commitment of the Lao PDR Government on Family Planning Programme” (2016)</p>

Question 1: Key Assumptions and Observations	Sources of Evidence
<p>To increase the use of family planning in Lao, the MCHC director believes they need to update their policies, combine planning with Ministry of Planning and Investment, and expand the family planning training efforts to the classroom (make these new guidelines part of the curriculum). There is also a need for more ToT, translation of more materials into at least the three main languages (Mong, Kamu, Lao), and more media broadcasting of information (e.g. every village has a radio). MCHC (with UNFPA support) works with CIEH on information, education and behaviour change efforts, and need more materials to distribute more widely.</p>	<p>MoH Department of Health and Hygiene Promotion (DHHP) and Maternal and Child Health Centre (MCHC) interview</p>
<p>With funds from UNFPA Supplies, UNFPA supported Population Services International (PSI) in 2016 to work with Department of Training and Research (DTR), the Mother and Child Health Centre (MCHC), the Lao OBGYN Association, and University of Health Sciences (UHS), to develop a national comprehensive Family Planning Training package covering counselling and clinical service delivery, based on WHO guidelines. In addition, family planning training will be a module offered to schools and colleges of Health Sciences (including Midwifery) in the country.</p>	<p>Country Level Narrative Report 2016 – pg.2</p>
<p>The Savannakhet Province Health officials report that UNFPA helped their province reach the Millennium Development Goals (MDGs), especially on FP. They have seen significant improvements in the 4 districts with UNFPA support - Sepone, Nong, Vilabouly and Thapangthong - (enhancing capacity for service provision, health education for women and communities on SRH and access, informing communities and women about their health). It is not only capacity building, but UNFPA supports EMOC (emergency obstetric care equipment), and family planning commodities with “good results”. They have seen a fall in maternal deaths, because health services are better equipped. They would like UNFPA support to continue, and sustainability to be built (especially as their transition deadlines (to lower-middle-income status) are coming soon, by 2021). They would like support with training, written guidelines and SOPs, community mobilization and advocacy, demand generation. There is a need to keep following up (with CBDs, VHWs, elders, etc.)</p>	<p>Savannakhet Provincial Health Department interview</p>
<p>A focus of the MoH Department of Health Care Youth Friendly Service is on training and training of trainers (ToT) using the new guidelines for Youth Friendly Service provision (National Adolescent and Youth Friendly Health Service Guidelines (2017)), for use in both in-service and pre-service training. (The guideline document 2017 is now in draft, awaiting the Minister of Health’s endorsement). The DHC director notes that this is much needed, in the Lao context, given the culture, beliefs, low education, prevalence of male health workers, high MCH mortality. His service focuses on youth, because “they are not coming in for service enough,” and do not know well enough what they should do for their SRH needs. Because of cultural constraints, bad roads, and “shyness” youth do not go to health facilities enough. Youth need more privacy in health centres, which are very open. He notes that there are many health centres in Lao, but a lack of adherence to standards (though the MOH is working on this), and no minimum standard for youth. His unit receives good support from UNFPA (for the guidelines, and in the provinces where they work), and he only wishes UNFPA could expand their efforts to more provinces. He also would like to see more support for assessing lessons learned, best practices, etc. – to help inform MOH on what works and what does not work, to help in deciding on future efforts.</p>	<p>MoH DHC Youth Friendly Service interview, Vientiane</p>
<p>HR, capacity building efforts to enable implementation of national strategy</p>	
<p>UNFPA has supported PSI to work with DTR, develop HW comprehensive family planning toolkit, and ToT toolkit. PSI has worked with DTR to conduct trainings and ToT in 10 provinces, expanding to 2 more.</p>	<p>PSI interview, Vientiane</p>

Question 1: Key Assumptions and Observations	Sources of Evidence
<p>MoH Department of Training and Research acts as a training centre for midwives and nurses and medical assistants, with donor support (including UNFPA). DTR conducts 10-day family planning training courses for these health workers, and also operates a ToT centre (trainers from the provinces go to DTR for ToT training). ToT training is 10 days, with each province represented. After the ToT training at DTR, they return to their province and conduct their own nurse-midwife trainings there, using the WHO manual. So far 14 provinces have completed this ToT. Three levels get trained here twice per year (university level, primary college, and faculty of nurses). Government supports training and refresher training for 8 provinces; while UNFPA supports Savannakhet province (4 districts) with training of nurse-midwives and commodities; and some family planning in every province. Korean funding is used for two other provinces. In 2016, UNFPA also funded commodities for the training kits (15 sets per province) including IUDs, implants, other commodities. In 2017, UNFPA support has gone to support training of 184 trainers in ToT courses.</p> <p>DTR reports to UNFPA quarterly, including the feedback from the trainees/trainers at province and district levels. In Dec 2017, UNFPA support was provided to conduct monitoring and supervision visits in two provinces to review the effects of the trainings. These MSV visits will be done in Feb-March 2018. Other provinces use combined MSV visits to also follow up on their trainees. DTR wants to ensure trainings are done at least once a year for provinces and districts.</p>	<p>MoH DTR interview, Vientiane</p>
<p>UNFPA support to MOES Non-Formal Education Centre (in 4 districts in Savannakhet province) to provide the “red book” information/training document, and training and training of trainers, outreach (including on gender equity in schools), with training in 6 topics (legal rights, girls’ and boys’ health, signs of pregnancy, family planning, protection against STIs and HIV, and prevention of drug/alcohol abuse. The book is used in schools although it is not formally part of the MOES curriculum. The NFEC surveyed schools in three districts, then produced the book, then conducted ToT with village volunteers (to work in community learning centres), and then did ToT for young peer trainers (teenagers), and training for youth out of school. Training for provinces is supported by UNFPA, with government funding to train in villages.</p>	<p>MOES - Non-Formal Education Centre interview</p>
<p>Assumption 1.2: Drawing on global, regional and national sources for financial support, national health authorities have been able to achieve (and to varying degrees, sustain) increased budget allocations and expenditures for RHCS/FP.</p>	
<p>Trends in Lao government expenditures on RH commodities have risen each year since 2013, with an increase in allocation for contraceptives from 25,000 USD in 2013 to 38,000 USD in 2014, to 45,000 USD in 2016. These data appear incomplete, however, and do not include any data on MCH medicines, whereas it is certain that oxytocin (and other MCH products) are procured and supplied by the Government (as observed and discussed in country during the field work).</p>	<p>UNFPA Supplies Programme Annual Report 2016 – Finances and Resources</p>
<p>In 2016, the Government committed to be part of FP2020, with a commitment including: 1) increase mCPR from 42 to 65%; 2) reduce unmet need from 20 to 13%; and 3) expand family planning coverage and contraceptive method mix. The government committed to adopt supporting policies to allow full delivery of family planning services, develop a national IEC strategy on family planning and increase government’s budget allocation for contraceptive procurement. The FP2020 Secretariat provided support in reaching consensus on the mCPR estimate for 2016, and development of a Costed Implementation Plan (CIP) (with support from Track20 Project, and UNFPA core funds) and technical inputs from government.</p>	<p>Country Level Narrative Report – Lao PDR, 2016</p>

Question 1: Key Assumptions and Observations	Sources of Evidence
<p>The Government in Lao is taking responsibility for a larger share of service provision and commodities than in the past (and already funds the maternal health products such as oxytocin themselves – these do not come from UNFPA). As Lao transitions to being a lower-middle-income country (losing low-income status), numerous donors/partners including GAVI and the Global Fund are scaling back their support to the country, and Lao will transition to fully funding their own vaccines (by 2021), while co-funding larger shares of GF and other programmes.</p>	<p>UNICEF interview, World Bank interview, UNFPA CO discussions</p>
<p>Assumption 1.3: National programmes, policies and strategies (including guidelines, protocols and tools prioritize improving access to RH/FP services and commodities, including access for poor and marginalized women and girls).</p>	
<p>In 2009, the Lao Ministry of Health developed the Strategy and Planning Framework for the Integrated Package of Maternal, Neonatal, and Child Health Services 2009-2015. Since this began, the government has worked with development partners on efforts to improve access to quality MCH through various initiatives including:</p> <ul style="list-style-type: none"> • Producing community midwives as part of the SBA Plan • Emergency Obstetrics and Newborn Care Assessment leading to an action plan • Free MCH policy • Integrated outreach guidelines • Supportive supervision guidelines • FP Action Plan and Early Essential Newborn Care (EENC) Action. 	<p><i>“Increasing Access and Utilization of Quality Maternal Health Services in Target Areas”</i> UNFPA WP budget commitment 2015</p>
<p>The Government committed to revising their reproductive health policy to improve the enabling environment and ensure better services for sexual and reproductive health and family planning for adults and youth. The government also emphasized reproductive health in their 8th five-year development plan (2016-2020).</p>	<p>Lao PDR Government’s “Commitment of the Lao PDR Government on Family Planning Programme”</p>
<p>The MoH Department of Health Care’s Youth Friendly Service focuses on training of health workers (both pre- and in-service) on provision of health services in a youth-friendly manner. They have produced a guideline (with UNFPA support) document for all health workers, to enhance service provision for youth.</p>	<p>MoH DHC Youth Friendly Service interview, Vientiane</p>
<p>The Lao Government published their National Strategy and Action Plan for Integrated Services on Reproductive, Maternal, Newborn, and Child Health (RMNCH) 2016-2025. This Strategy ensures alignment of development partners to government-led policies. This Strategy builds from the Strategy and Planning Framework for the Integrated Package of MNCH Services 2009-2015, which was evaluated in 2015, with findings including progress in improving health indicators over the past decade for major service coverage and MDGs 4-6 were on track towards achievement by 2015. Demand for essential services such as family planning, vaccinations, antenatal care and facility-based delivery has increased significantly. Training and deployment of community midwives under the SBA Development Plan is a major achievement. Midwives have been trained and dispatched in 2010-2015, with their numbers growing from 88 to 1784 by 2015, with better quality of training. The Government’s endorsement of the free MCH Policy in 2013 initiated the provision of free deliveries and child care and has currently been scaled up to cover 70 percent of the districts of the country. With this base, and working toward the Sustainable Development Goals for Lao, the new Strategy has 11 specific objectives, including health financing, health information, HR and drug/equipment linked to RMNCH activities. The Strategy incorporates priorities and principles</p>	<p>Lao PDR MoH - National Strategy and Action Plan for Integrated Services on Reproductive, Maternal, Newborn, and Child Health 2016-2025.</p>

Question 1: Key Assumptions and Observations	Sources of Evidence
articulated in the free MCH Policy and the Health Sector Reform Framework and the Eighth Five Year Health Sector Development Plan 2016-2020. The Strategy and action plan are also aligned with specific programme plans such as the family planning action plan 2014-2015 and onward, the Midwifery Improvement Plan 2016-2020, the National Emergency obstetric care Five Year action plan 2013-2017, the Early essential newborn care action plan 2014-2020, and the National Immunization Programme Comprehensive Multi-Year Plan 2016-2020.	
First phase of Health Sector Reform was 2013-2015, and it is now in the second phase (2016-2020), with the aim of achieving universal health coverage , including an essential services package (including family planning) defining what must be provided at each level of the health system. The ESP is yet to be fully costed, so there are concerns and potential implications for affordability for the government, and a question of potential effect on family planning commodities demand and availability.	WHO interview, Vientiane
UNFPA and the Lao Ministry of Education and Sport agreed in March 2017 to continue building on their “Noi” campaign (launched in 2016 on the International Day of the Girl Child) to focus on keeping girls in school, and strengthening their social, health and economic conditions.	FP2020 News Article: UNFPA, Laos to increase investment in adolescent girls’ education (March 29, 2017). Business Day.
Numerous RMNCH technical standards and policies in Lao PDR including: National Birth Spacing Policy (1997), Safe Motherhood, Deliveries and Neonatal Care Policy (1997), Establishment of the National Commission for Mother and Child (1999), National Population and Development Policy (1999), IMNCI Strategy and Guidelines (2002), Regulation on the Promotion of MCH (2004), National Reproductive Health Policy (2005), National Code on Marketing of Breastmilk Substitutes (1995), National Breastfeeding Policy (2007), Baby Friendly Hospital Initiative, National Nutrition Policy (2008), National Plan of Action for Nutrition (1996), National Nutrition Strategy 2010-2015 (2009), Technical standards for immunizations, HIV, Malaria.	WHO – Success Factors for Women’s and Children’s Health – Lao PDR. 2015. Table on Health Sector Policy and Programme Inputs which have contributed to improvements in MCH 1999-2012
The CBD approach to family planning outreach (conducted 2006-2015 with UNFPA support) was to be adapted by MoH and development partners for integration into the MNCH package of service – to help reach remote ethnic populations with SRH/FP information and services.	UNFPA brief: Good Practice in Family Planning – “Expanding Access to Family Planning through Culturally Appropriate and Community Based Service Distribution” (2015)
Assumption 1.4: National authorities are receptive to a total market approach strategy for RH/FP services and commodities which encourages increased participation by NGOs, civil society and the private sector and potentially can contribute to improved marketing and increased demand.	
Following on from the successful May 2017 family planning Conference and round table on transition financing, UNFPA CO would like to hold a transition and sustainability conference/workshop in Lao, bringing in a TMA and financing specialist to assist in planning and building consensus and coordination among government and partners for Lao’s transition planning. The hope is to use TMA (including private sector) and other efforts to assist in Government transition as it comes out of LDC status and donor funding (e.g. GAVI) is reduced. As UNFPA, WHO, and others worry about having family planning commodities as part of the essential services package (with the funding challenge it will face), they are advising government	UNFPA CO discussions

Question 1: Key Assumptions and Observations	Sources of Evidence
to look at TMA (to include private sector, other support) so that it does not only fall on Government's shoulders. UNFPA CO put TMA in their workplan this year, but it has been somewhat side-lined, and is now reportedly on the plan for next year.	
PSI had a programme working on IUD provision in the private sector, but that effort stalled when a Prime Ministerial decree was issued in 2014 stating that MoH forbids provision of IUDs or other internal devices outside of a public health facility or other clinical setting managed by trained health workers. This meant that no private or NGO entity could provide IUDs or similar methods outside of clinics or hospitals. As PSI was not working in a clinic or health facility, they could not proceed with IUDs or other internal family planning methods.	Interview with UNFPA CO SRH team, PSI interview
Some question the sustainability of SRH commodity supply , for example of UNFPA funding ends. There is a need to get private sector involved more, work with little pharmacies, etc., to make it sustainable, with social marketing, fee for service, etc. There is now a public-private mix programme for malaria (working with little pharmacies where many people seek their malaria treatment), so perhaps there is a need for a public-private mix effort for SRH/FP.	PSI interview, Vientiane
The government has shown willingness to work with various outlets and channels to reach communities with care and counselling and treatment (Community Health Volunteers, CBDs, Lao Women's Union reps, VHCs, PFHA, etc.) but there is no apparent involvement or work with the private sector to broaden the reach of SRH/FP service.	CIEH interview, UNFPA Brief on CBDs, PSI interview
As UNFPA CO worries about having family planning commodities as part of the essential services package (with the funding challenge it will face), they are advising government to look at TMA (to include private sector, other support) so that it does not only fall on Government's shoulders. UNFPA CO put TMA in their workplan this year, but it has been somewhat side-lined, and is now on the plan for next year. UNFPA CO would like to hold a transition and sustainability conference/workshop in Lao, bringing in a TMA and financing specialist to assist in planning and building consensus and coordination among government and partners for Lao's transition planning.	UNFPA CO interview with SRH team

Increased demand for RH commodities by poor and marginalized women and girls	
Evaluation Question 2:	To what extent has UNFPA Supplies contributed to increasing demand for RH/FP commodities and services , including demand by poor and marginalized women and girls in keeping with their needs and choices (including in humanitarian situations)?
Sub – Questions:	<p>Has UNFPA Supplies advocated effectively for policies and programmes to strengthen demand and address barriers to access (including but not limited to harmful socio-cultural norms) while taking account of the needs of marginalized women and girls?</p> <p>Has UNFPA Supplies been effective in supporting engagement by community leaders, service providers, adolescents and women to build demand and address barriers to access?</p> <p>To what extent have policies and programmes supported by UNFPA Supplies contributed to improving knowledge and attitudes, reducing barriers and improving the capacity of women and girls to demand services and exercise choice in accessing RH/FP commodities in a range of settings?</p>

<p>From 2017, with UNFPA Supplies no longer providing direct support to increasing demand, what processes and mechanisms have been/will be used to ensure that improvements in supply complement and are coordinated with demand generation actions of partners?</p>	
Question 2: Observations	Sources of Evidence
<p>Assumption 2.1: UNFPA COs advocate effectively for sustainable policies, programmes and investments addressing socio-cultural norms and other barriers to improve the knowledge and capacity of marginalized women and girls to demand access to RH/FP commodities, including through community engagement and use of a total market approach.</p>	
<p>Overview of Family Planning Use and Acceptance in Lao PDR (2013-2016)</p>	
<p>There are moderate increases over time in mCPR rates in Lao PDR, and gradually reducing unmet demand. Zones where Community Based Distributors (CBDs) are active have reportedly seen significant increases in family planning uptake. District level data show substantial increases in contraceptive prevalence. The evaluation of the CBD programme found: “The use of locally hired CBDs ensures culturally appropriate interactions. There is evidence of an increasing demand for family planning (especially injectables) and MNCH services.”</p>	<p>Evaluation of two UNFPA Lao PDR Programmes: Community Based Distribution (CBD) and Individuals, Families, and Communities (IFC). Final Draft 0.3 15 January 2014</p>
<p>Since 2016, UNFPA CO no longer supports the CBD activities in Lao because demand generation was removed as an objective (communicated to them by email from CSB). Now the focus is on quality of service providers (pre- and in-service training and ToT, guidelines, equipment, commodities) to attract and retain family planning users. The government has also made it a strategy to have more women go to health facilities to give birth, to obtain long-acting methods and care there. The government has built more health centres closer to villages, and increased their outreach and availability of midwives, and so has somewhat phased out the CBD effort.</p>	<p>Interview with UNFPA CO SRH team</p>
<p>UNFPA Supplies Efforts to Improve National Strategies and Focus on Demand Creation</p>	
<p>UNFPA CO has never had a specific demand generation objective, in their work with the Government of Lao. Rather they note that it is the government, not UNFPA, that works (through an integrated approach including nutrition, MCH, child survival, family planning, etc.) to build demand among population groups.</p>	<p>Interview with UNFPA CO SRH team</p>
<p>UNFPA supported PSI and DTR to develop and disseminate the family planning Comprehensive Training Tool Kit for health workers is an indirect driver of increasing demand (through enhanced quality of service, more trained health workers, midwives)</p>	<p>Interview with UNFPA CO SRH team, DTR interview</p>
<p>PSI is the only partner that explicitly works on demand creation – working with village volunteers who explain methods, demonstrate them, help make appointments and provide other support to “make it easy” for the village communities to access SRH/FP services. PFHA would like to do this work too, but are limited by resource constraints. Government is trying to do media outreach, but it is limited, and remote areas lack media access.</p>	<p>PFHA interview, PSI interview</p>
<p>UNFPA has provided some support to PSI, for development and use of a training toolkit on family planning for health workers. PSI’s recent review of their work showed strong results: more than a 50 percent increase in family planning uptake, where outreach is done (with information, people learn quickly, and want family planning, PSI finds). PSI spends a lot of their budget on outreach (through community health workers, etc.) and is trying to get government to do more (as PSI pulls back in 2018 somewhat from demand generation).</p>	<p>PSI interview</p>

Question 2: Observations	Sources of Evidence
<p>PFHA has a youth counselling centre and clinic (the latter starting operation soon) – UNFPA under the previous Country Rep supported the idea of their new clinic offering family planning to youth coming to their centre, as well as their mobile clinic. However, the new UNFPA rep is perceived as being less in favour of the mobile clinic, and prefers a focus on advocacy work, according to PFHA.</p>	<p>PFHA interview</p>
<p>UNFPA Lao’s support for efforts with Community Based Distributors (CBDs) as discussed elsewhere was evaluated as a good practice, but not funded by government and discontinued in 2016 under UNFPA funding. The CBDs were effective in addressing concerns and generating demand at village level.</p>	<p>UNFPA CO interview; UNFPA brief: Good Practice in Family Planning – “Expanding Access to Family Planning through Culturally Appropriate and Community Based Service Distribution” (2015)</p>
<p>UNFPA support to Village Health Committees (VHCs) and Village Volunteers (VVs) is seen as an excellent way to address socio-cultural barriers to demand, and positive results have been observed through CIEH. A guideline for VHCs was produced, and VVs continue to work (as observed by the evaluation team). There is a need for supportive supervision, refresher trainings to ensure sustainability, evaluation to replicate and/or scale up. There is now UNFPA support in one province (Savannakhet), in 4 districts.</p>	<p>CIEH interview</p>
<p>MoH MCHC feels that they have sufficient commodities presently, but to increase demand for family planning in Lao there is a need to update government policies, work with Ministry of Planning and Investment (to ensure sustainability in the budget), expand more family planning training efforts into the classroom/curricula, do more ToT for health workers doing outreach in communities, translate more materials into at least the 3 main languages, and broadcast more in media (e.g. every village has a radio).</p>	<p>MoH Department of Health and Hygiene Promotion (DHHP) and Maternal and Child Health Centre (MCHC) interview</p>
<p>Assumption 2.2: UNFPA Supplies supports policies and programmes including effective community engagement to directly address socio-cultural barriers to improving the knowledge and ability of marginalized women and girls to demand appropriate RH/FP commodities of their choice.</p>	
<p>Addressing Barriers and Engaging Communities</p>	
<p>Barriers include the mountainous geography, with large numbers of remote and hard-to-reach villages; the ethnic and cultural diversity (with various cultural norms, languages, practices), and the paternalistic and conservative norms, making SRH very sensitive topics. Efforts (with UNFPA support) to reach communities and overcome barriers have included work with Village Health Committees (VHCs), Village Volunteers, Community Based Distributors (CBDs) – using people from the communities to communicate and work with community members to trust, understand and build demand. These were working well to inform clients and communities, especially in rural areas, according to PFHA. UNFPA support for these activities has stopped as demand generation was removed as a Supplies Programme objective.</p>	<p>PFHA interview</p>
<p>Part of UNFPA’s “Ten Good Practices in Essential Supplies for Family Planning and Maternal Health” of 2015 reports on “Reaching Underserved Communities” (section 1 entitled “Opening Doors to family planning in remote, ethnic households of Lao PDR”). This chapter focuses on use of “trained agents visit every household once a month to provide counselling and services, including to adolescents and young people, married or unmarried.” Using trained community based distribution agents (CBDs) since 2006 (MoH with support from UNFPA) has been found to be a culturally appropriate approach,</p>	<p>“Ten Good Practices in Essential Supplies for Family Planning and Maternal Health” of 2015 – UNFPA. “Reaching Underserved Communities” (section 1 entitled</p>

Question 2: Observations	Sources of Evidence
<p>especially to reach the large portion of people living in remote, mountain areas of the country. The CBDs deliver family planning services (condoms, oral contraceptives, injectables) for free to communities on their monthly visits, in addition to providing information and counselling as needed. Being from the communities, with the same traditions and language and social norms, these CBDs are accepted and listened to. The CBD approach has seen good results and is expanding to more areas and provision of more services as part of the integrated Maternal, Newborn and Child Health (MNCH) package. The “client-friendly” and “free-of-charge” family planning provided to these remote and ethnic groups are making these groups “more receptive to using them”, reportedly. The report notes that “overall, the family planning uptake in CBD catchment areas has gone up from 12 per cent in 2007 to 45.42 per cent in 2011,” with CPR rising “sharply in many of these remote areas.” This approach of “developing capacity locally and using a participatory approach that respects local culture and values” is reportedly welcomed by communities and producing results in increased demand and use of family planning.</p>	<p>“Opening Doors to family planning in remote, ethnic households of Lao PDR”).</p> <p>UNFPA brief: Good Practice in Family Planning – “Expanding Access to Family Planning through Culturally Appropriate and Community Based Service Distribution” (2015)</p>
<p>UNFPA supports the Lao Women’s Union and Vientiane Youth Centre (the only one in Lao). They provide training, a clinic, mobile outreach, a phone hotline, and social media. It is a welcoming place for at-risk and youth populations. VYC helps address access barriers, increase demand and understanding, and reach youth. They hope to expand, replicate their work in youth corners in health facilities to make these more accessible and welcoming to young people seeking SRH/FP services, contingent on support to build a costed strategy. VYC also conducts training sessions (as observed by the evaluation team) in high schools, to inform and reach more youth.</p>	<p>CIEH interview, VYC interview, health centre interviews</p>
<p>UNFPA support to the work of Village Health Committees, and outreach efforts by health centre staff and Village Volunteers has helped reach and inform remote villages and women/girls without access to health facilities.</p>	<p>CIEH interview, interviews at Asing and Nakai Health Centres</p>
<p>UNFPA support to NFE helps them support Community Learning Centres to address barriers to access among youth. Each centre serves 5 villages, to serve everyone but with a key target of 15-40 year-olds. The centre provides information, support, and condoms. After that, the clients can visit a pharmacy or health centre for other family planning products. More support is needed to help increase the information and support for kids in rural areas, to improve their ability to protect themselves.</p>	<p>MOES –Non-Formal Education interview</p>
<p>UNFPA provides support to the MoH Department of Health Care Youth Friendly Service for their work to develop and roll out guidelines (2017 in draft, awaiting Minister’s endorsement) for training and training of trainers (ToT) on Youth Friendly Service provision, for use in both in-service and pre-service training. This MoH department focuses on youth-friendly health services, and youth friendly corners, because it is recognized that youth do not know or do enough to protect their own sexual and reproductive health.</p>	<p>MoH DHC Youth Friendly Service interview, Vientiane</p>
<p>Whereas IUDs have a long history in Lao, implants are new, only introduced in the last 1-2 years (UNFPA worked with MoH to launch it). PFHA believes the relative lack of use of these LARMs is due to a counselling quality issue (without proper and accurate counselling, people are afraid of the methods), not really a lack of demand creation. There is poor understanding of village people around side effects, effectiveness, etc. So, fear is very much a factor.</p>	<p>PFHA interview</p>
<p>Assumption 2.3: UNFPA Supplies support to increasing demand in partnership with governments and others for RH/FP commodities complements and is coordinated with support from other sources at national and sub-national levels.</p>	

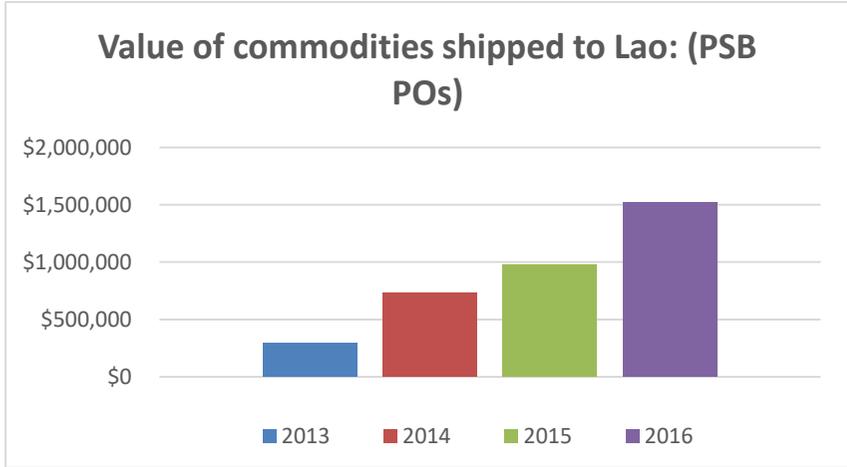
Question 2: Observations	Sources of Evidence
UNFPA is appreciated as a partner that works in an integrated approach with government and other partners, rather than in parallel.	CHAI interview, UNICEF
Government provides funding for various efforts (several of which have UNFPA support) to increase demand, including outreach activities by health centre staff, Lao Women’s Union work, Vientiane Youth Centre’s work, etc. MoH’s Centre for Information and Education on Health (CIEH) , which has UNFPA support for approximately 8 years now (CP4 and 5), is a big player in demand generation and behaviour change communication nationally – through community strengthening, information/ education/communication, behaviour change communication materials, training guidelines, Village Health Committee training and action plans, etc. CIEH works with women and with men, understanding that in most communities, men are dominant, and women need men’s agreement to seek care or begin family planning. For UNFPA, CIEH’s focus has been on VHCs in Savannakhet Province (4 target districts). They have worked with approximately 500 VHCs in these districts, and have seen results from their VHC support efforts, including increased numbers of women seeking ANC and FP, as well as counselling in these districts. CIEH hoped to scale up their VHC effort to their whole government network, but UNFPA support is limited, and government funding is also limited (although respondent said UNFPA is lobbying government for more support in this area).	UNFPA CO interview, CIEH interview
UNFPA works with government, CHAI, PSI, other partners , but does not work directly in communities (leaving this to PSI, PFHA and other partners). UNFPA works with MoH at policy level, supporting staff capacity building to assist in the demand/access side. UNFPA does not lead on the demand generation side, although perhaps they (UNFPA) are best placed to play this key role, some partners believe. PSI respondent noted: there is a whole World Bank grant based on performance. If Lao increases the use of LARCs, they will get more funds. So, why not coordinate all parties to increase demand and meet the performance targets?	PSI interview, UNFPA CO interview
Previously, UNFPA worked in Savannakhet (4 districts) on working with Village Chiefs (who were trained) to provide counselling family planning for young couples – an initiative that began in 2013 in UNFPA focused areas (but began in 2003 and is still ongoing by Lao Women’s Union in Vientiane). Partners in the initiative included Local not-for-profit association (NPA), Promotion of Family Health Association (PFHA), Local authorities, District Commission for Mother and Child Health, Village health committees, and health care providers. It reportedly worked well (having village chiefs – as major influencers in the community – inform/advise young couples on planning their families), but UNFPA funding for this effort was discontinued, and it is unclear whether any other partner or entity is actively funding it to continue. The initiative was seen as high-impact, low cost, and culturally sensitive. Key results noted included 1) capacity building for village authorities in 40 villages in 4 target districts of Savannakhet province (10 for each district) in knowledge of family planning, dangers of early pregnancy and counselling for young couples; and 2) district authorities now support village chiefs to provide family planning counselling to young couples prior to issuing marriage licenses through an established system (couples received counselling and also went to their HCs for services).	UNFPA CO interview; UNFPA Brief on: “LAO PDR - Working with village chiefs to promote family planning among young couples requesting license to get married”
In 2016, UNFPA CO used some Supplies Programme funds for MOES and community mobilization, VHCs, village volunteers, outreach (for demand generation).	UNFPA CO interview

Question 2: Observations	Sources of Evidence
<p>The World Bank has a 41M USD “Health, Governance, Nutrition and Development” programme with MoH, which started in late 2015. There are 4 components including: 1) Governance; 2) Health Systems Strengthening through Disbursement Linked Indicators (DLIs) (70 percent of the funding); 3) Nutrition; and 4) M&E. UNFPA works with the World Bank on the HSS/DLI component, which is a Results-Based Financing (RBF) programme with a number of national-level (4) and provincial level (8) indicators and targets, including family planning. These DLIs are major “carrots” that encourage performance by the health system, using the national DHIS2 data system and attaching funds and disbursements to performance. The main indicators with which UNFPA is involved are:</p> <p>National DLI#1 – entry of complete and timely data into DHIS2 (for which UNFPA provides support to DPIC and province/district for training, computer system, etc.</p> <p>National DLI#2 – stock of essential family planning and nutrition commodities (14 items must be in stock (2 quarters’ worth of stock) at province level (initially 4 provinces, 8 in the 2nd year, 12 in the 3rd year)</p> <p>National DLI#3 – reduce number of health centres without a midwife (if government opens more health centres, they also have to include midwives on staff) (this relates to UNFPA work with MoH DTR on midwife training). This is reportedly proving to be a major “carrot” for the health system to engage more (women) midwives, which used to be few in number</p> <p>Provincial DLI#1 – ensuring birth is with a skilled birth attendant (at home or in health centre). 10 percent increase per year is the target (provinces are reportedly doing well on this)</p> <p>Provincial DLI#3 – new women using family planning (initially target was to increase 10 percent in year 1, 20 percent year 2, 30 percent in year 3. But provinces found this impossible, so target was revised to be increased numbers of continuous users of family planning, with 5 percent increased uptake per year as the goal).</p>	<p>World Bank interview, Vientiane</p>

Improved efficiency for procurement and supply of RH commodities (global focus)	
Evaluation Question 3:	To what extent has UNFPA Supplies, through its global operations and advocacy interventions, contributed to improving the efficiency of the procurement and supply of reproductive health and family planning commodities for the 46 target countries?
Sub-Questions:	<p>To what extent has UNFPA Supplies contributed to improving the efficiency of global procurement of SRH/FP products across all critical dimensions of performance (quality, mix, price, lead time, supplier performance, etc.)?</p> <p>Is there evidence that UNFPA Supplies has helped to improve global forecasting, prequalification, pricing and long-term agreements with a variety of suppliers.</p> <p>To what extent has UNFPA Supplies, in coordination with national authorities and partners, helped to avoid global supply disruptions, over-stocking, over-paying, and quality issues?</p> <p>Is there evidence of increased choice (prequalified suppliers and products), competitive pricing, reduced lead times, and increasing volumes distributed to key populations, including populations experiencing humanitarian crises?</p> <p>To what extent has UNFPA Supplies helped to improve the global supply chain of these commodities, and to shape the global market for them (influencing price, quality, innovation, and availability), using its global reach and purchasing power?</p>

Question 3: Key Assumptions	Observations	Sources of Evidence
<p>Assumption 3.1: UNFPA Supplies had the necessary funding/resources made available at the appropriate time in the 2013-2016 period to meet its mandate in procurement and supply of RH/FP commodities for focal countries.</p>		
<p>Trends in UNFPA Supplies Funding and Other Funding Sources in Lao PDR</p>		
<p>Total UNFPA Supplies Programme funds (not including commodities) to Lao dipped in 2014 and 2015, then doubled in 2016 (510,434 USD), to reach above the funding level of 2013 (468,125 USD).</p> <p>Commodity values (from PSB) shipped to Lao have increased significantly over the years since 2013, growing from under 300,000 USD that year to over 1.5M USD in 2016. The percentage of Supplies programme funding for commodities has also grown, for Lao, from 38 percent to 75-80 in 2015-16. The area with the largest gain in funding from 2013 to 2016 (from 130,000 USD to 298,763 USD) is improving access for poor and marginalized women and girls.</p>		<p>UNFPA Lao CO, Vientiane (their completed financial template sheet provided by EHG) -PSB procurement data</p>
<p>Funding for the programme areas from other (non-Supplies programme) funding have fallen overall since 2013. The output area with the greatest funding from these other sources is improving access for poor and marginalized women and girls (292,380 USD in 2016, or 54 percent of that year's non-Supplies programme funding).</p>		<p>UNFPA Lao CO, Vientiane (financial template sheet provided by EHG)</p>
<p>UNFPA CO Workplans for 2013, 2014, 2015, 2016 indicate the following budget limits for the Supplies programme: 2013: 499,748 USD, 2014: 390,550 USD, 2015: 240,930 USD, 2016: 509,408 USD</p>		<p>Annual Workplans from UNFPA CO (2013-2016)</p>
<p>UNFPA Budget Allocation limits for 2018 indicate that UNFPA Lao will receive up to 1,284,055 USD (360,281 USD of which for commodities) from the UNFPA Supplies budget in 2018; and up to 428,238 USD from MHTF, for a total indicative budget ceiling of 1.6M USD.</p>		<p>UNFPA Allocation Limits 2018 as of 18 Oct 2017</p>
<p>As Lao enters into transition toward lower-middle-income country status (given its strong economic indicators) by 2020, funding from many sources (GAVI, Global Fund, and others) will be reduced. This despite the fact that social indicators are lagging the economic indicators (e.g. whereas 9 percent of GNI should be for health, in Lao it is 3 percent -- investment in health is not keeping up with economic growth). This is leading to a more constrained funding environment in Lao, with many focusing on the issue of how this phasing out (with government phasing in) of funding will be managed.</p>		<p>UNICEF interview, World Bank interview</p>
<p>Assumption 3.3: UNFPA Supplies actively participates in national commodity forecasting and planning processes and collaborates with national authorities to provide appropriate commodities delivered on time to the 46 countries. It also collaborates with national authorities and with other global and country-based partners, to ensure forecasting and supply functions are efficient and not duplicative.</p>		
<p>Improvements/deficiencies in quantification of demand/need at country level in Lao PDR</p>		
<p>UNFPA provides forecasting support, working with Government departments (MCHC, FDD, MPSC) on forecasting of family planning commodities. MoH's MCH leads the forecasting effort, with data coming from the DHIS2 and mSupply, as well as records from districts and sites that are not yet using mSupply. DHIS2 and mSupply are not yet integrated. MCH, MPSC, CHAI, PSI and UNFPA do work together on these forecasting exercises, however, there are still over- and under-estimations. MPSC believes forecasting should be done at province level rather than national level because the provinces "know their people, understand their cultural differences and what they want" [...] why force health facilities to have 4 choices of methods? People know what they want to use".</p>		<p>MPSC interview, Vientiane</p>

Question 3: Key Assumptions	Observations	Sources of Evidence
UNFPA procures all family planning commodities for the public health system.		
UNFPA is a donor to the MPSC strengthening technical assistance provided by CHAI. CHAI works with UNFPA on forecasting and supply planning efforts. UNFPA has been supporting the programme, leading the effort for MPSC and MCH forecasting working group (which meets twice a year).		CHAI interview
Procurement for Lao PDR under the Supplies Programme		
<p>UNFPA Procurement Services Branch (PSB) in Copenhagen procures from suppliers under long-term agreements for delivery to Lao, and also from PSB stocks. Prices from PSB appear to be fairly constant, across commodity types and years. Government has reported no problems/issues with procurement service by UNFPA over the years.</p> <p>Funding for procurement of commodities for Lao: -PSB products shipped from stocks to Lao 2013-2016: Nil</p> <p>-PSB value of Purchase Orders for Lao:</p> <p>2013: 292,626 USD 2014: 730,284 USD 2015: 979,988 USD 2016: 1,523,345 USD</p> <p>From the Purchase Order data provided by PSB, it is evident that the value of commodities shipped to Lao have increased dramatically since 2013 (by five times), and the volumes of certain products (e.g. injectables) have also risen substantially.</p>	<p>PSB procurement data</p>	<p>PSB procurement data</p>
PSB's Market Shaping efforts globally – and effects for Lao PDR		
From the PSB Copenhagen procurement data, it is clear that the prices of the family planning commodities procured for Lao PDR have remained very stable over the 4-5 years , with only slight variations in unit prices of some products.		PSB procurement data



Question 3: Key Assumptions	Observations				Sources of Evidence
UNIT PRICES (CALCULATED FROM PSB VOLUME AND USD DATA)					
	2013	2014	2015	2016	
Combined Low Dose OC Pills	0.27	0.27	0.27	0.29	
Implantable Contraceptives		8.50	8.19	8.50	
Injectable Contraceptives	0.415	0.415	0.400	0.456	
Intrauterine Device (IUD)		0.33	0.33	0.35	
Progestogen only (Mini) Pills		0.30		0.30	
The Supplies programme does not provide oxytocin and other maternal health products, which are funded under the Government's programme budgets in Lao PDR.					UNFPA CO interview
UNFPA has supported the introduction of newer products (e.g. implants) to the market in Lao, to increase choice of methods. UNFPA worked with the government to launch the implant in 2014 (prior to that, there were no implants, but only IUDs, pills, injectables, and condoms on the market). But some say this was not done as a comprehensive approach, including other family planning methods, but had a narrow focus on the implant only, which may have been a missed opportunity to also promote other methods. Respondent noted that implants are expensive (50 USD in private sector) (government gets preferential price of 8.50 USD), so wondered whether this the best option in a low-resource environment, especially when IUDs are less than 1 USD.					PSI interview
The Sayana Press injectable has been provided in a pilot for Savannakhet and Oudomxay provinces in Lao, at 1 USD per (with reportedly 90,000 ordered -- a large volume of stock in Lao). MoH at central level advised provinces and districts to use it. But the price is expected to rise when the pilot ends, and the government's assessment of Sayana reportedly was not positive, so districts said they plan to discontinue and use Depo instead (which they used to use, at 36 cents per). The benefit of Sayana is that it has an auto-inject (women can inject themselves), but in Lao this is problematic as government is against this, so women are afraid to do it (Nakai HC interview). It is unclear what the review/assessment of the pilot has revealed in Lao. A large volume of stock was observed in the central warehouse in Vientiane (75,750 units), with an even larger stock of Depo Provera on hand (135,300 units) – both expiring in 2020. Significant stocks of Sayana press were also seen at Savannakhet regional stores (5,500) and Vilabouly district stores (1000)					Nakai Health Centre visit (Vilabouly District), and Savannakhet regional warehouse interview
It is unclear from the PSB data what the products are (brands/suppliers) and whether there is a choice of suppliers and their products, and whether any are prequalified generics which may offer better value for money. It is also unclear whether PSB and CSB engage in any proactive market shaping efforts to influence the market for SRH/FP commodities globally.					PSB data, phone call with DFID market shaping specialist

Improved access to quality RH/FP commodities and services	
Evaluation Question 4:	To what extent has UNFPA Supplies contributed to improved security of supply, availability and accessibility of RH/FP commodities and services in programme countries, especially for poor and marginalized women and girls, in keeping with their needs and choices, including in humanitarian situations?

Sub-Questions:	<p>To what extent has UNFPA Supplies contributed to the development of effective strategies and approaches for making high-quality RH/FP commodities and services available and accessible for marginalized women and girls?</p> <p>To what extent has UNFPA Supplies been effective in supporting efforts to strengthen the capacity of service providers for the delivery of quality RH/FP services and related commodities and to integrate family planning into other services?</p> <p>Has UNFPA Supplies been effective in brokering and managing partnerships that maximize the reach of efforts by all partners to locate and provide a secure and constant supply of high-quality RH/FP services and commodities to poor and marginalized women and girls?</p> <p>To what extent has UNFPA Supplies worked effectively with national authorities, and other partners to provide a timely, secure and constant supply (and related services) of RH/FP commodities to women and girls in areas affected by humanitarian crises, using the MISP kits and guidance as well as other necessary commodities and services where appropriate?</p>
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Question 4: Key Assumptions	Observations	Sources of Evidence
Assumption 4.1: UNFPA Supplies works effectively to ensure procured commodities match demand and help address gaps in national supply chains (including gaps resulting from crises), to enhance the secure flow and constant availability of affordable RH/FP commodities that are accessible to marginalized women and girls.		
Expanding Service Coverage		
	<p>UNFPA provides support to efforts implemented by various government departments and development partners to ensure availability of family planning commodities in service delivery points at all levels in the health system. The availability of all methods at the last mile remains an issue, as discussed elsewhere in this document.</p>	<p>UNFPA CO, MPSC interview</p>
	<p>UNFPA has supported various government efforts to reach remote populations and the many diverse ethnic groups with an integrated health care service delivery – CBDs (now a responsibility of the Government), advocacy with village chiefs, VHCs (work continues through CIEH, including addressing the issue of multiple languages), and Village Volunteers doing outreach on motorbikes.</p>	<p>UNFPA CO discussions, CIEH, Savannakhet Provincial Health interview</p>
	<p>Government has increased its efforts to open more health centres to alleviate the problem of rural people having no access, with a strategy for all villages to have access to a health centre within an 8-10 km radius. Midwives are now being trained (with UNFPA support) so that the numbers of HCs without midwives are greatly reduced (stimulated by World Bank disbursement linked indicator on this). Drug kits were previously provided for remote villages (more than a 2-hr walk from a clinic).</p>	<p>Savannakhet Provincial Health Department interview, World Bank interview</p>
	<p>UNFPA, under the 5th country programme worked with CBDs – trained non-professional or retired health workers to provide information and modern temporary family planning methods (pills, condoms) in communities. Government had a programme of CBDs in 4 target provinces, each working with 3-6 selected villages (hard to reach). CBDs received a 5-day training course before deployment; with an additional, refresher training (3 days) afterwards. As of 2014, there were 62 UNFPA-supported CBDs travelling monthly to villages in the target provinces, and covering more than 280 communities/villages, with an estimated 5,098 active family planning clients. In Savannakhet, there were 31 CBDs who visited approximately 2,700 family planning clients in 137 villages. UNFPA covered the CBDs’ travel costs and allowances. The CBDs are now managed by the MoH with CBDs reporting to the DHOs. CBDs report every 1 to 3 months, when they also replenish their stocks of contraceptives, Vitamin A, Iron, etc. Report conclusions: “UNFPA Lao PDR support for CBD programmes remains a valid strategy for remote areas without access to Health Centres (HCs). UNFPA supported CBDs clearly provide access to family planning for women in remote rural hard-to-reach</p>	<p>Evaluation of two UNFPA Lao PDR Programmes: Community Based Distribution (CBD) and Individuals, Families, and Communities (IFC). Final Draft 0.3. 15 January 2014</p>

Question 4: Key Assumptions	Observations	Sources of Evidence
	areas. “CBDs are contributing to use of family planning among women in remote villages. District level data show substantial increases in contraceptive prevalence”.	
	Access for other marginalized groups in Lao are only addressed by the Lao Women’s Union (which has a representative in each village), the Vientiane Youth Centre (seeing youth, MSM, street children (including sex workers), migrant workers and reporting increased visits.	VYC interview
General Strategies and Approaches to Targeting Poor and Marginalized Women and Girls		
	Reaching marginalized groups and remote populations is mainly done through outreach efforts by PFHA and others. There are cultural barriers – families want young girls out of their house and married off (sometimes well before the legal age of 18), many do not want to hear discussion of family planning for unmarried and young girls.	PFHA interview
	Women’s sensitivity and “shyness” around SRH (especially among certain rural /ethnic groups) is often noted as a factor. Health workers trained in family planning including midwives (who are almost all women, unlike most health workers who are men) help improve trust and willingness of women to ask for care. UNFPA support has had a focus on midwifery within an overall objective of increasing health workers’ capacity. Midwives are trained on family planning, and numbers of midwives are growing (stimulated by the RBF indicator from World Bank).	MoH DTR interview, MoH CIEH interview
	Village Health Committees, CBDs, Lao Women’s Union reps (in each village), village chiefs all play a role in reaching remote women and girls through outreach, ongoing work with communities, information campaigns, etc. UNFPA has supported these initiatives (see previous notes on Village Chiefs, CBDs).	UNFPA CO discussions, CIEH interview UNFPA Briefs on CBD programme, and initiative with Village Chiefs counselling young couples
	The Government of Lao completed the first phase of their Health Sector Reform (2013-2015), and is now in the second phase (2016-2020), with the aim of achieving universal health coverage (access for all) , including an essential services package (including family planning) defining what must be provided at each level of the health system. The ESP is yet to be fully costed, so there are concerns and potential implications for affordability for the government, and a question of potential effect on family planning commodities demand and availability.	WHO interview
Assumption 4.2: UNFPA Supplies and COs work effectively (with national authorities, and other partners) to develop new approaches to address and resolve barriers preventing poor and marginalized women and girls (including those in humanitarian crises) from accessing RH/FP commodities and services across the entire market (public, private, NGOs, etc.).		
HR, capacity building efforts to expand access		
	UNFPA supports the community midwife programme , to help provide access to expectant mothers, but also to provide family planning products and information – Health workers are usually men in Lao, exacerbating the resistance of some communities and clients (who are “shy”) to come in for family planning or other services....The midwives are almost 100 percent women, and provide support to pregnant women in antenatal, natal, and post-natal (including family planning) care.	Interview at MoH CIEH

Question 4: Key Assumptions	Observations	Sources of Evidence
	UNFPA provided support to PSI for their work with DTR on a comprehensive family planning training toolkit for all government health workers . UNFPA support was for the toolkit for health workers, and also a ToT toolkit. These are used for training midwives (under the government's plan to have a midwife in each health centre).	PSI interview
	CIEH, with UNFPA support, provides capacity building to village health committees (VHCs) in Savannakhet Province (4 districts) (approx. 500 VHCs), with behaviour change communication for villages on SRH, family planning, health of pregnant women, etc. Indirect results they have seen including increased numbers of pregnant women going for ANC visits, as well as seeking family planning and counselling support. They have begun sharing with the other 17 provinces, through letters, guidelines but not yet training or visits to these other provinces. UNFPA support for VHC work stopped in 2017, so funding is now limited to continue this effort.	Interview at MoH CIEH
	UNFPA support to MOES Non-Formal Education Centre (NFEC) (in 4 districts in Savannakhet province) to provide the "red book" information/training document, and training and training of trainers, outreach (including on gender equity in schools), with training in 6 topics (legal rights, girls' and boys' health, signs of pregnancy, family planning, protection against STIs and HIV, and prevention of drug/alcohol abuse. The book is used in schools although it is not formally part of the MOES curriculum. The NFEC surveyed schools in 3 districts, then produced the book, then conducted ToT with village volunteers (to work in community learning centres), and then did ToT for young peer trainers (teenagers), and training for youth out of school. Training for provinces is supported by UNFPA, with government funding to train in villages.	MOES - Non-Formal Education Centre interview
Approaches to Reaching Adolescents: Especially Unmarried Women and Teenage Girls		
	In 2016, Ministry of Education and Sports with financial support from UNFPA Supplies conducted an advocacy workshop for policy makers at provincial level with objectives to: 1) establish coordination mechanisms among partners (health, education, and youth) to ensure common understanding of specific needs of young people; and 2) identify clear roles and responsibilities among the key partners. The Lao Youth Union (LYU) will be responsible for coordinating family planning outreach, with technical inputs and help/oversight from Vientiane Youth Centre (VYC) and Promotion of Family Health Association (PFHA) .	UNFPA Country Level Narrative Report 2016, pg.2
	A major focus of UNFPA in Lao is on youth: e.g. UNFPA support for National Adolescent and Youth Friendly Health Service Guidelines (2017) – training of trainers and health workers to build their capacity and confidence to create youth friendly environment	UNFPA CO discussions, NFEC interview, MoH DHC Youth Friendly Service interview
	UNFPA has supported Vientiane Youth Centre (VYC) since 2001. VYC is run by the Lao Women's Union, and is a youth friendly space where young people can obtain information, counselling, treatment, and family planning commodities anonymously. Services are no longer provided free of charge (because of reduced donor support), but are still cheaper than at a private clinic. The VYC has 4 main activities (outreach on SRH topics to in- and out-of-school youth (including factory workers), a phone hotline where kids can call in for information and help, a clinic, and media. The clinic now sees some 400 cases per month (mostly for STIs, some family planning). There are a female and a male doctor on staff, with separate entrances for boys and girls. The doctors also go out on mobile clinic (in a rented van) outreach to provide counselling, family planning. For 2017, they requested UNFPA support for outreach, the clinic, printed materials (but only received funds for outreach and printing in Q4 so far). VYC also provides technical support to provinces, and hopes to install youth-friendly spaces in health facilities, with a priority for 3 provinces in 2018-21. The centre reports that more MSM have been coming (~200 per year now). The VYC does not turn away patients who cannot	VYC interview

Question 4: Key Assumptions	Observations	Sources of Evidence																																								
	afford to pay the fee, and they do see street children, sex workers, and other marginalized groups. VYC has low levels of support, and their UNFPA support is reduced every year.																																									
	UNFPA provided a motorbike for Nakai HC (remote, in Vilabouly district), which is used for quarterly outreach visits (out to 7 other villages, on a regular schedule) for SRH, family planning, vaccines, general health, advice (the nearby gold mine company provided the other motorbike used for this purpose).	Nakai HC interview																																								
Applying a Human-Rights Approach to Family Planning Services, Impact of Stock outs on Efforts to Reach Marginalized Women and Girls																																										
	There are numerous national activities to reach marginalized women and girls with RH/FP services and commodities, including midwives in health centres offering integrated care to women (and conducting outreach), CBDs, Village Health Committees (VHCs) and work with village chiefs to advise people in the community, etc. VHCs meet monthly. Each village has a Lao Women’s Union representative, and these women participate in the VHCs and help HCs to support women and girls’ needs during outreach and discussions with village people. Stock outs of various items at district stores impact the ability of service points to offer the full range of products to their patients. The impact of this has not been measured or reported on. Health Centres visited by the evaluation team noted that they do have some items they are missing at times (e.g. an autoclave machine, so they could not provide IUDs as they couldn’t ensure proper equipment cleaning; and one time a HC didn’t have the tape necessary to seal the implant on the arm of the woman – young couple who came in seeking an implant – so the couple left). These are but two examples of how supply chain and availability of key commodities and consumables affects access and choice for women and girls. The HCs also noted they wished they had materials for informing youth – to hand out to people in their community. The Health Centres say they talk to the women first, explain all methods as well as potential side effects, pros and cons, and let the women decide which method (if any) they want. Women sometimes change methods – e.g. to get their period back, or to avoid side effects experienced. HCs also note that they recommend (during HC visits, outreach, and VHC meetings) that men use condoms, but “most men say no, it’s the woman’s role to get family planning”.	CIEH interview Asing and Nakai Health Centre visits																																								
	The new National Adolescent and Youth Friendly Health Service Guidelines (2017) document (produced with UNFPA support) is addressed at health workers, and ensuring they provide service and support that is sensitive to the needs of youth.	UNFPA CO discussions, MOES Non-formal education centre (NFEC) interview, MoH DHC Youth Friendly Service interview																																								
	<table border="1" data-bbox="210 1054 1487 1385"> <thead> <tr> <th colspan="5" data-bbox="210 1054 1111 1090">GPRHCS/UNFPA Supplies Survey Findings on Exit Interviews: Primary Care Level Facilities (Lao PDR) (%)</th> </tr> <tr> <th data-bbox="210 1090 1111 1139"></th> <th data-bbox="1111 1090 1207 1139">2013</th> <th data-bbox="1207 1090 1303 1139">2014</th> <th data-bbox="1303 1090 1400 1139">2015</th> <th data-bbox="1400 1090 1487 1139">2016</th> </tr> </thead> <tbody> <tr> <td data-bbox="210 1139 1111 1189">Provided with the method of their choice</td> <td data-bbox="1111 1139 1207 1189">96.4</td> <td data-bbox="1207 1139 1303 1189">98.5</td> <td data-bbox="1303 1139 1400 1189">99</td> <td data-bbox="1400 1139 1487 1189">100</td> </tr> <tr> <td data-bbox="210 1189 1111 1238">Provider took clients preferences and wishes into consideration</td> <td data-bbox="1111 1189 1207 1238">98.1</td> <td data-bbox="1207 1189 1303 1238">98.8</td> <td data-bbox="1303 1189 1400 1238">99.8</td> <td data-bbox="1400 1189 1487 1238">99.6</td> </tr> <tr> <td data-bbox="210 1238 1111 1287">Client taught how to use the method</td> <td data-bbox="1111 1238 1207 1287">98.3</td> <td data-bbox="1207 1238 1303 1287">99.3</td> <td data-bbox="1303 1238 1400 1287">99.5</td> <td data-bbox="1400 1238 1487 1287">99.2</td> </tr> <tr> <td data-bbox="210 1287 1111 1337">Client told about common side effects of the method</td> <td data-bbox="1111 1287 1207 1337">95</td> <td data-bbox="1207 1287 1303 1337">97.5</td> <td data-bbox="1303 1287 1400 1337">98.8</td> <td data-bbox="1400 1287 1487 1337">99.2</td> </tr> <tr> <td data-bbox="210 1337 1111 1385">Provider informed client about what can be done re: side effects</td> <td data-bbox="1111 1337 1207 1385">94.5</td> <td data-bbox="1207 1337 1303 1385">97.8</td> <td data-bbox="1303 1337 1400 1385">99.3</td> <td data-bbox="1400 1337 1487 1385">99.2</td> </tr> <tr> <td data-bbox="210 1385 1111 1434">Provider informed client what to do in case of serious complications</td> <td data-bbox="1111 1385 1207 1434">95.3</td> <td data-bbox="1207 1385 1303 1434">97</td> <td data-bbox="1303 1385 1400 1434">98.3</td> <td data-bbox="1400 1385 1487 1434">95</td> </tr> </tbody> </table>	GPRHCS/UNFPA Supplies Survey Findings on Exit Interviews: Primary Care Level Facilities (Lao PDR) (%)						2013	2014	2015	2016	Provided with the method of their choice	96.4	98.5	99	100	Provider took clients preferences and wishes into consideration	98.1	98.8	99.8	99.6	Client taught how to use the method	98.3	99.3	99.5	99.2	Client told about common side effects of the method	95	97.5	98.8	99.2	Provider informed client about what can be done re: side effects	94.5	97.8	99.3	99.2	Provider informed client what to do in case of serious complications	95.3	97	98.3	95	UNFPA/GPRHCS Facility Surveys: 2013, 2014, 2015, 2016
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Question 4: Key Assumptions	Observations				Sources of Evidence
Client given date to return to the SDP for check-up and/or supplies	98.1	98.8	98.8	95.8	
Client indicated he/she was treated with courtesy and respect by staff	99.2	99	99.3	99.2	
Client responded yes to “forced to accept” family planning method	18	8	56	45	
The exit interview data in the Facility Assessment reports are overwhelmingly positive (almost 100 percent on virtually all main parameters, indicating a solid human-rights based approach in general. The question about clients’ feeling as if the health providers forcing them to accept, or insisting that they accept a certain family planning method is the one that shows some possible concern, especially in 2015 and 2016, when almost half of clients reported feeling this pressure from health providers. Given the stock outs of some methods, and lack of availability of some methods (e.g. IUDs, if the HC doesn’t have the proper equipment/hygiene) at sites, it is likely that women are often limited in their actual choice of methods – they have to take what is available at the service delivery point.					UNFPA/GPRHCS Facility Surveys: 2013, 2014, 2015, 2016
Although stock outs are not reported to be a prevalent problem by health facilities and district stores visited by the evaluation team, it was clear that some have a different understanding of what is meant by stock out – rather than understanding it to mean any product that is out of stock, some stores/facility staff seem to think it is not a stock out as long as they have another method to offer the client. This has definite implications for the real choices being offered to women/clients.					Vilabouly and Nong District stores, and Nakai and Asing Health Centres
Assumption 4.3: UNFPA Supplies works effectively with national authorities, and other partners, to enhance availability and ease of access to RH/FP services and commodities using a total market approach (engaging a full range of public, NGOs, and private sector providers including social insurers and social marketing outlets and kiosks/dispensers for condoms, etc.).					
See observations and evidence sources provided under assumption 1.4 above.					
Assumption 4.4: UNFPA Supplies procures, packages and delivers emergency RH/FP kits and individual products with the appropriate range, quantity and quality reaching populations in a timely way at the start of and during humanitarian crises , to enable those affected to meet their RH/FP requirements.					
This is not applicable in Lao PDR, as there have been no humanitarian crises during the period under evaluation.					
Assumption 4.5: UNFPA Supplies has provided effective support to RH/FP services as one element in a national response to humanitarian crises (not only through the provision of commodities).					
This is not applicable in Lao PDR, as there have been no humanitarian crises during the period under evaluation.					

Strengthened systems and capacity for Supply Chain Management	
Evaluation Question 5:	To what extent has UNFPA Supplies contributed to improving systems and strengthening capacity for supply chain management for reproductive health and family planning commodities in programme countries?
Sub-Questions:	To what extent has UNFPA Supplies enhanced the ability of programme countries to move commodities from their point of arrival through various supply channels to the last mile and service delivery points ?

To what extent has UNFPA Supplies strengthened supply chains for RH/FP commodities in areas affected by **humanitarian crises**? To what extent has UNFPA Supplies contributed to strengthening the **capacity of supply chain managers and service providers** to forecast, order, receive, store, distribute and report on commodities? Has programme support addressed the capability, opportunity and motivation of supply chain managers and service providers?

Has UNFPA Supplies been effective in **improving systems (both computerized and manual) and procedures** for supply chain management (including LMIS) and systems for inventory management, distribution, tracking and tracing of products), by working with **public, NGO and private sector actors**? Have countries reported positive results in tracking and managing these products?

To what extent have UNFPA Supplies interventions incorporated a focus on **sustainability of supply** (to mitigate the potential risk of supply disruptions) through increased national ownership and support?

Question 5: Key Assumptions	Observations	Sources of Evidence
Assumption 5.1: UNFPA Supplies engages with national supply chain managers and development partners in countries to discern key areas of supply chain management requiring support (while seeking consensus among stakeholders regarding gaps and requirements to address them), and works to supply targeted training, technology, and innovations to address the identified gaps.		
Identifying elements of the supply chain that required support		
<p>MPSC notes that before 1990, there was a very centralized supply chain system in Lao, then it became somewhat decentralized with two systems in place – one (centralized) for donor-provided products, one (decentralized) for government-funded products. MPSC was established in 1999 to manage the health supply chains. It had four units: administration, procurement, logistics, and medical equipment/devices. The government found that the decentralized approach brought problems including higher prices and lower quality. So, in 2009, the government started to have pooled procurement under long-term agreements (LTAs) with annual tenders with suppliers. This system was used for hospitals, central level, and then 6 provinces to do their medical procurements.</p> <p>On the other hand, with donor-funded products, “everything was vertical,” and stock outs and other problems were still being experienced. In 2009, the government decided to integrate all products across programmes. The annual Stock Availability Surveys started with UNFPA support. Stock outs were prevalent because of inaccurate/incomplete data/information (which is why mSupply has been introduced as explained below). mSupply is expanding and continuing (with UNFPA, CHAI support) to address challenges of HR, computer capacity, etc.</p> <p>Distribution is improving but still a major challenge, with MPSC only having two vehicles and many provincial and district warehouses having none. Goal is for each province to have a truck, deliver to their districts. But MoH/MPSC also is considering pooled procurement for the whole country, to allow suppliers to deliver all the way to district level. Health centres are problematic, as many are remote and very hard to reach (especially in rainy season). But health centres have monthly meetings with districts (and pick up their supplies then). Health facilities have drug revolving funds for their essential medicines (non-programme). They sell these, using the small margin from these sales to help pay for their fuel and other costs. At health centre level, distribution is in fact integrated (because the HC staff pick up all their products at once), whereas when districts pick up from the province it is fragmented because they may only pick up one product type (e.g. malaria products or nutrition products) on a province visit.</p>		<p>MPSC interview, Vientiane</p>

Question 5: Key Assumptions	Observations	Sources of Evidence
	<p>Although forecasting has improved (and partners work together with government on their forecasts), he feels it would improve if it was done at provincial level (“they know their own people better”) rather than at national level.</p>	
	<p>Support by UNFPA to conduct the annual Stock Availability Surveys have helped the Government and partners to clearly identify stock and supply chain management issues throughout the health system.</p>	<p>MPSC interview, Vientiane</p>
	<p>The 2015 UNFPA Stock Availability Survey states: “The primary reason given for stock outs of contraceptive commodities including injectables, and oral contraceptives were poor re-supply practices of staff and delays in delivery from sources. Lack of female condoms was simply attributed to a lack of demand. In contrast, the reasons given for stock outs (that is, lack of availability) of IUDs and male and female sterilization were related to a lack of trained staff”.</p>	<p>UNFPA Stock Availability Survey 2015</p>
	<p>CHAI did a rapid assessment of family planning commodity availability in Savannakhet province last year, which they shared with UNFPA. This was in context of CHAI’s work with MPSC on their 5-year strategic plan to improve the supply chain (2016-2020), and to gain a better understanding of some continuing supply chain challenges. CHAI notes that UNFPA, Global Fund, CHAI, and World Bank are the four funders involved, and a strength of UNFPA is that theirs is an integrated programme (not operating outside or in parallel with government and others). CHAI support started in 2014 to address stock shortages and expiry problems, with data then seen as the main challenge (lack of real-time data). CHAI started with mSupply eLMIS and relevant tools and capacity building for health workers. UNFPA provided support in 2015 to expand the pilot to four more districts in Savannakhet (while Global Fund provided support to expand it to Champasak province in the south).</p>	<p>CHAI interview, Vientiane</p>
	<p>The WHO works closely with the MoH, and both entities identified procurement and supply chain management of health commodities a major public health concern in Lao PDR in 2012. There was rampant HIV test kit stock outs and a three-fold increase in malaria incidence rates in 2012. There is infrastructure in place to reach the provinces, the government acknowledges weaknesses in PSM, and GF has ensured funding for HIV and malaria programming. This makes the HIV and malaria supply chain failures in Lao PDR perplexing...HIV test kits have been in low supply or stocked out countrywide.... Delays in receiving bed nets and delays in distributing them to the provinces have caused a significant malaria outbreak in the South.....There is no one reason why commodities are not reaching patients, but rather a complex web of coordination and management issues.. ranging from systematic challenges (i.e. HR available) to implementation/ technical challenges (i.e. storage of goods).”</p>	<p>Duke Univ. Global Health Institute: “Why Health Commodities Aren’t Reaching People Who Need Them in Laos”. January 7, 2013 https://globalhealth.duke.edu/media/blogs/voices-of-dghi/why-health-commodities-arent-reaching-people-who-need-them-laos-0</p>
<p>Working to strengthen different dimensions of the supply chain</p>		
	<p>UNFPA is providing support for Supply Chain Management strengthening in various ways:</p> <p>UNFPA supports Technical Assistance to MPSC</p> <ul style="list-style-type: none"> • Support to expand mSupply logistics management information system (also with CHAI and Global Fund support), now in 87 sites (across 13 provinces, 59 district stores), provides real-time stock data. UNFPA support for training, equipment, licenses, maintenance • Support for DHIS2 training (for DPIC at MoH) • Support and work with FDD and MCHC on forecasting (province level staff), support to Forecasting Working Group on Family planning commodities 	<p>MPSC interview, CHAI interview, DPIC interview, 2016 Country Level Narrative Report</p>

Question 5: Key Assumptions	Observations	Sources of Evidence
	<ul style="list-style-type: none"> Support to Medical Products Task Force of Health TWG (meeting each quarter re: good storage practices (GSP), planning, supply, capacity issues, HR, uptake rates, etc.) UNFPA supports quarterly DPIC monitoring and supervision visits to province level (2 provinces so far) – includes supply chain oversight Stock Availability Surveys done annually with UNFPA support 	
	<p>UNFPA has worked with the MoH Medical Products Supply Centre (MPSC) since 2009 to ensure there would not be stock outs of SRH/FP products in Lao. The Stock Availability Surveys began in 2010 with UNFPA support, and then an effort began in 2013 with UNFPA support to improve distribution. However, stock outs continued because information/data was not accurate, especially from the rural areas. So, with Global Fund and UNFPA and CHAI support, the government decided to try using the eLMIS system “mSupply”. Now mSupply is expanding to more districts and sites, with a goal of being in all districts nationwide in 2019. It is helping “when it is used properly” but still faces problems of internet connectivity (and problems when people use the off-line Excel sheets), and HR gaps (computer knowledge and ability).</p> <p>UNFPA supported (from 2013-14) a pilot in Savannakhet’s 4 poorest districts to establish better logistics systems. They have learned much from this pilot about what works, where the challenges are. Now the effort is extending to other districts. The work supported by UNFPA is mainly for monitoring and supervision, and for introduction and use of mSupply in Savannakhet (and extending to one more province – Phongsali, in the north – in 2018).</p>	MPSC interview, Vientiane
	UNFPA provides forecasting support , working with Government departments (MCHC, FDD, and MPSC) and partners including CHAI on forecasting of family planning commodities. There is annual forecasting (integrated across product categories) which started 2-3 years ago, with an ICH committee actively involved. MoH’s MCH leads the forecasting effort, with data coming from the DHIS2 and mSupply, as well as records from districts and sites that are not yet using mSupply.	UNICEF interview, Savannakhet regional warehouse interview, UNFPA CO interview with SRH team
	A project started with UNFPA in 2013 to improve distribution, when MoH signed an MoU with MCHC and MPSC. But stock outs persisted because data was not accurate, especially from the rural areas. So, with Global Fund support, the Government began a programme to use mSupply eLMIS (now in over 80 sites, reportedly) – provincial warehouses and district stores - across 13 provinces, 59 districts, with support from UNFPA, GF, World Bank, and others. The goal is that by 2019 all districts will be using mSupply . Distribution and stock management have improved, with challenges remaining. MSupply continues to be expanded across the country, expanding to the other 5 provinces by 2019. It is not yet in health facilities, although a pilot is planned for 2018 to introduce it at dispensary level	MPSC interview, Central Warehouse Vientiane interview
	<p>In 2014, UNFPA initiated a pilot project to implement an electronic logistics management information system (eLMIS), mSupply.</p> <ul style="list-style-type: none"> In Phase 1 of the project (May 2014 – April 2015), mSupply was piloted at 5 locations across 3 provinces, including the UNFPA-supported province of Savannakhet. In Phase 2 (May 2015 – February 2016), the pilot was extended to cover warehouses, and some key units in provincial hospitals and all district hospitals in two other provinces. <p>A review was conducted following the second phase. It was agreed that the project helped to increase stock visibility and reduce stock management work burden; however, capacity of provincial level users should be strengthened.</p>	Country Level Narrative Report 2016, pg.4

Question 5: Key Assumptions	Observations	Sources of Evidence
	<p>A scale up plan was recommended, and the plan is to scale up to cover all 18 provinces and all districts by 2020. UNFPA Supplies fund will complement World Bank funding, as well as Global Fund and government’s own funding to ensure that the entire health care system is covered.</p>	
	<p>The national DHIS2 system tracks health data (products, users) across all programmes (MCH, EPI, family planning, vaccines) nationwide for outpatients, inpatients. The system provides monthly reports: HCs report to districts, districts enter data into the DHIS2 system on their HCs and district hospitals, provincial hospitals enter that data into the DHIS2 also, and Provinces check and verify the data for their province and do quality assurance of the data.</p> <p>The system red flags potential data entry errors. There are monitoring and supervision visits quarterly, from province to district, and district to health facility level. These visits have support from multiple donors. UNFPA has supported DPIC staff to be trained in DHIS2 (and provided computer and set-up support), and for district people to go to their province to be trained (so far in two provinces since 2013). Additional support is provided by WHO, the World Bank, the Norwegians, and CHAI.</p>	<p>DPIC interview, Vientiane</p>
	<p>Family planning plays an important role in reducing the maternal mortality rate, but the stock surveys supported by UNFPA revealed that stock outs were still a problem. Commodities used to be vertically distributed (by programme), but the supply chain is working better now that MPSC is responsible for all commodities supply and distribution (under a 2009 decree from MoH mandating that this role be given to MPSC nationwide, only implemented since 2014). The director noted that sometimes there is confusion around who should be planning for the financing the commodities needs – MPSC or MCHC.</p> <p>Although the director acknowledges the challenge with distribution (and lack of budget for this), she believes the interim measures in place (with staff picking up supplies when they go for meetings, etc.) are working. UNFPA has provided support to MCHC in their forecasting and other planning. In fact, they learned from UNFPA that they may face a budget gap, which they had to address. To increase the use of family planning in Lao, the MCHC director believes they need to update their policies, combine planning with Ministry of Planning and Investment, and expand the family planning training efforts to the classroom (make these new guidelines part of the curriculum). There is also a need for more ToT, translation of more materials into at least the three main languages (Mong, Kamu, Lao), and more media broadcasting of information (e.g. every village has a radio). MCHC works with CIEH on information, education and behaviour change efforts, and need more materials to distribute more widely.</p>	<p>MoH Department of Health and Hygiene Promotion (DHHP) and Maternal and Child Health Centre (MCHC) interview</p>
	<p>The supply chain in Lao PDR uses a largely “push” system for donor-funded products, and a “pull” system for government-funded commodities. UNFPA procures all family planning products. Global Fund, World Bank, and UNFPA are the main providers of support to the Government of Lao in supply chain management improvements.</p>	<p>MPSC interview</p>
	<p>MPSC has a 5-year strategic plan (2016-2020) to improve the health products supply chain. UNFPA is a donor to the MPSC strengthening TA provided by CHAI. CHAI works with UNFPA on forecasting and supply planning. CHAI’s supply chain support began in 2014 to address identified stock shortages, expiries, etc. Data was a major challenge, so the “mSupply” eLMIS system was introduced, piloted in one district in Savannakhet province. UNFPA provided support to expand to 4 more districts in 2015 (with GF funding complementing this, to expand south to Champasak province). UNFPA is active in the family planning forecasting working group formed by MCHC and MPSC, which meets twice per year.</p>	<p>Interview with CHAI team</p>
<p>Key challenges and weaknesses in the supply chain for RH/FP commodities (2017)</p>		

Question 5: Key Assumptions	Observations	Sources of Evidence
	<p>The main identified challenges in the supply chain include:</p> <ul style="list-style-type: none"> • Distribution – currently little delivery of commodities, more pick-ups, due to lack of transport fleet, delivery system (budgets for distribution still weak) • Stock outs – persist at district and HC stores • Data/reporting – mSupply is gradually expanding to more levels, more sites. Still a challenge with HCs and ensuring complete, accurate, timely data. Integration of mSupply data into DHIS2 is planned • Decentralized procurement by provinces, hospitals (using drug revolving funds), some procurement outside EML • Capacity issues among health workers (and turnover of staff) • Customs clearance – long process involving many approvals (MoH, MOFA, MOT, MOF) <p>The SRH/FP supply chain is integrated with other supply chains, and faces the same challenges around forecasting, HR capacity and inventory management, understanding of stock outs, distribution and infrastructure challenges, etc.</p>	MPSC interview, Vientiane regional warehouse interview, CHAI interview
	<p>Definition of stock out: Stock outs may not be reported by health centres, if they have at least another family planning method in stock (when asked, they often say they don't have stock outs – although facility surveys and other reports show otherwise – because staff do not seem to believe it's a stock out, if one or two or 3 types of commodities are stocked out, as long as they can provide an alternative).</p>	Health centre interviews, district stores observations and interviews
	<p>Distribution – insufficient vehicles, no cohesive distribution plan – integrated distribution is starting (at central level, where there are 3 trucks). Most provinces don't have trucks, and districts pick up from their provincial stores (usually by motorbike, so one item at a time). There is serious fragmentation at district level (e.g. the malaria person can only pick up the malaria products). Budgets for distribution are still weak (and CHAI was not allowed to work on distribution, as they began their supply chain support TA).</p>	CHAI interview, MPSC interview
	<p>Data and data utilization are a weakness, which mSupply is helping to alleviate. UNFPA has been supporting the programme, leading the effort for MPSC and MCH forecasting working group (which meets at least twice a year). They have developed tools and are using them to assist with forecasting. They use DHIS2 data (reported consumption data), and in time it is planned that the mSupply dispensing/stock data (which is transaction based) will be integrated into the DHIS2.</p>	CHAI interview
	<p>Stock shortages do cause delays in outreach activities by PFHA and others. (PFHA notes that IPPF, of which they are a member) asks them each year if they need more commodities. However, PFHA is not able to manage the tax and customs burdens of any products they might receive from IPPF, so they decline and rely on government and UNFPA for their stocks. PFHA are now negotiating to have IPPF give supplies to UNFPA for provision in Lao</p>	PFHA interview
	<p>High levels of stock outs of female condoms were also noted as due to lack of demand. The SAS report of 2016 also notes that female condoms, EC and implants are not within the LAO PDR policy to provide. Respondents noted that there is no demand for female condoms.</p>	SAS report 2016
<p>The prevalence of stock outs and their effects</p>		
	<p>From the Stock Availability Surveys (conducted annually) in Lao, it is evident that stock outs remain an issue, with some products out of stock in a large percentage of facilities. In the 2016 survey, reasons given for the stock outs were explained as follows: “The</p>	Stock Availability Surveys for Lao (SAS surveys) 2013-2016

Question 5: Key Assumptions	Observations	Sources of Evidence																																																	
	<p>same responses were seen in 2016 as in 2015: lack of trained staff is the most frequent issue for services that require advanced training including sterilization, implants, and IUDs. Many of the outlets that reported lack of trained staff had, however, been provided with training. In many cases, lack of demand for permanent and long- term contraceptive services has limited availability. Delays by staff, or by the supplying institution were also commonly cited as reasons for stock out, in particular for oral contraceptives. Central storehouses being out of stock limited access of SDPs to condoms, and oral contraceptives”.</p>	<p>NOTE: SAS 2016 notes that female condoms, EC and implants are not within the LAO PDR policy to provide)</p>																																																	
	<p>2015 SAS: “As in 2014 EC and implants are not included in this figure because training has not yet been completed, female condoms have been excluded because they are not part of the family planning procurement, and IUDs have been excluded in 2014 from all outlets, and from HC only in 2015.”</p>	<p>Stock Availability Surveys for Lao PDR (SAS surveys) 2013-2016 NOTE: SAS 2016 notes that female condoms, EC and implants are not within the LAO PDR policy to provide)</p>																																																	
	<p>Although stock outs were not reported to be a prevalent problem by health facilities and district stores visited by the evaluation team, it was clear that some have a different understanding of what is meant by stock out – rather than understanding it to mean any product that is out of stock, some stores/facility staff seem to think it is not a stock out as long as they have another method to offer the client. There is a clear need to clarify this with district and health facility staff.</p>	<p>Vilabouly and Nong District stores, and Nakai and Asing Health Centres interviews</p>																																																	
<p>Percent of Service delivery points reporting a stock out of a modern contraceptive method on the day of the survey (2013-2016) (Lao PDR)</p> <table border="1" data-bbox="203 791 1319 1246"> <thead> <tr> <th data-bbox="203 831 703 863">Year</th> <th data-bbox="703 831 871 863">2013</th> <th data-bbox="871 831 1039 863">2014</th> <th data-bbox="1039 831 1207 863">2015</th> <th data-bbox="1207 831 1319 863">2016</th> </tr> </thead> <tbody> <tr> <td data-bbox="203 871 703 903">Male Condoms</td> <td data-bbox="703 871 871 903">8.4</td> <td data-bbox="871 871 1039 903">16</td> <td data-bbox="1039 871 1207 903">15</td> <td data-bbox="1207 871 1319 903">8.9</td> </tr> <tr> <td data-bbox="203 911 703 943">Female Condoms</td> <td data-bbox="703 911 871 943">40</td> <td data-bbox="871 911 1039 943">97.3</td> <td data-bbox="1039 911 1207 943">N/A</td> <td data-bbox="1207 911 1319 943">N/A</td> </tr> <tr> <td data-bbox="203 951 703 983">Oral Contraceptives</td> <td data-bbox="703 951 871 983">1.4</td> <td data-bbox="871 951 1039 983">4.2</td> <td data-bbox="1039 951 1207 983">3.1</td> <td data-bbox="1207 951 1319 983">2.2</td> </tr> <tr> <td data-bbox="203 991 703 1023">Injectables</td> <td data-bbox="703 991 871 1023">1.7</td> <td data-bbox="871 991 1039 1023">4.2</td> <td data-bbox="1039 991 1207 1023">2.1</td> <td data-bbox="1207 991 1319 1023">1.4</td> </tr> <tr> <td data-bbox="203 1031 703 1062">Emergency Contraceptives</td> <td data-bbox="703 1031 871 1062">0</td> <td data-bbox="871 1031 1039 1062"></td> <td data-bbox="1039 1031 1207 1062">85.1</td> <td data-bbox="1207 1031 1319 1062">50</td> </tr> <tr> <td data-bbox="203 1070 703 1102">IUDS</td> <td data-bbox="703 1070 871 1102">3.1</td> <td data-bbox="871 1070 1039 1102">62.1</td> <td data-bbox="1039 1070 1207 1102">38.7</td> <td data-bbox="1207 1070 1319 1102">24.9</td> </tr> <tr> <td data-bbox="203 1110 703 1142">Implants</td> <td data-bbox="703 1110 871 1142">0</td> <td data-bbox="871 1110 1039 1142">0</td> <td data-bbox="1039 1110 1207 1142">48.3</td> <td data-bbox="1207 1110 1319 1142">2.5</td> </tr> <tr> <td data-bbox="203 1150 703 1182">Female sterilization</td> <td data-bbox="703 1150 871 1182">0</td> <td data-bbox="871 1150 1039 1182">0</td> <td data-bbox="1039 1150 1207 1182">31.6</td> <td data-bbox="1207 1150 1319 1182">18.5</td> </tr> <tr> <td data-bbox="203 1190 703 1222">Male sterilization</td> <td data-bbox="703 1190 871 1222">0</td> <td data-bbox="871 1190 1039 1222">35.9</td> <td data-bbox="1039 1190 1207 1222">80.3</td> <td data-bbox="1207 1190 1319 1222">44</td> </tr> </tbody> </table>	Year	2013	2014	2015	2016	Male Condoms	8.4	16	15	8.9	Female Condoms	40	97.3	N/A	N/A	Oral Contraceptives	1.4	4.2	3.1	2.2	Injectables	1.7	4.2	2.1	1.4	Emergency Contraceptives	0		85.1	50	IUDS	3.1	62.1	38.7	24.9	Implants	0	0	48.3	2.5	Female sterilization	0	0	31.6	18.5	Male sterilization	0	35.9	80.3	44	<p>GPRHCS/UNFPA Supplies Stock Availability Surveys: 2013, 2014, 2015 and 2016. (NOTE: SAS 2016 notes that female condoms, EC and implants are not within the LAO PDR policy to provide)</p>
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	<p>Some improvement was seen from 2015 to 2016: The 2015 UNFPA Stock Availability Survey states: “On the day of the survey, 39.9 percent of outlets were verified to be stocked out of at least one of the types of modern contraceptives they are supposed to offer. This does not compare favourably with 2014 when only 23 percent of outlets were out of stock of at least one modern contraceptive”. The 2016 AS survey states: “On the day of the survey, 32 percent of outlets were</p>	<p>Stock Availability Surveys for Lao (SAS surveys) 2015, 2016</p>																																																	

Question 5: Key Assumptions	Observations	Sources of Evidence
	verified to be stocked out of at least one of the types of modern contraceptives they are supposed to offer. This compares favourably with 2015 when 40 percent were out of stock of at least one modern contraceptive”.	
Assumption 5.2: UNFPA Supplies (through COs) collaborates effectively with country officials , to enable introduction and roll-out (with requisite training) of required new manual and automated supply chain management systems and procedures including LMIS , inventory management, distribution to the last mile, track-and-trace mechanisms, etc.		
	Data and data utilization are a weakness, which mSupply is helping to alleviate. UNFPA has been supporting the programme, leading the effort for MPSC and MCH forecasting working group (which meets twice a year). They have developed tools and are using them to assist with better forecasting. They use DHIS2 data (reported consumption data), and in time it is planned that the mSupply dispensing/stock data (which is transaction based) will be integrated into the DHIS2	CHAI interview
	UNFPA support MPSC supply chain strengthening efforts by supporting CHAI and other efforts to introduce and train and support installation and use of mSupply eLMIS system at province and district level . UNFPA supported (from 2013-14) a pilot in Savannakhet’s 4 poorest districts to establish better logistics systems. With Global Fund, UNFPA and CHAI support, the government decided to pilot the eLMIS system “mSupply” to alleviate some of the supply chain challenges related to poor and incomplete data. Now mSupply is expanding to more districts and sites, with a goal of being in all districts nationwide in 2019. It is reportedly helping with data and reporting, as well as inventory management. They have learned much from this pilot about what works, where the challenges are. The work supported by UNFPA is mainly for monitoring and supervision, and for introduction and use of mSupply in Savannakhet (and extending to one more province – Phongsali, in the north – in 2018). CHAI has now worked on a proof of concept on the feasibility of linking mSupply with the DHIS2 information system nationally. Work will be done on that in 2018.	MPSC interview, CHAI interview
Assumption 5.3: UNFPA Supplies has access to high-quality supply chain management systems and to capability/expertise , and the ability to convey these and to share technologies (for example CHANNEL software) with the 46 programme countries.		
	In Lao, UNFPA does not use its CHANNEL eLMIS system, unlike in many other countries. In Lao, UNFPA coordinates and integrates with government and other partners for supply chain, and supports CHAI and MoH in their efforts to introduce and roll out the “mSupply” eLMIS system to enhance stock visibility and management in the system	UNFPA CO, CHAI, MPSC interviews
	The SRH team in Lao CO is small (two people), so it is challenging for them to be able to attend every potentially relevant meeting or discussion with government and partners related to SRH commodities and supply chain. But they support and work closely with government and partners such as CHAI which is working on the ground with government on supply chain system improvements.	UNFPA CO discussions
Assumption 5.4: At the country level, UNFPA Supplies support focuses on providing incremental value (adding to the efforts of government and others without duplication), supporting sustainability .		
	UNFPA in Lao works to complement what other entities and donors/partners are doing , contributing to the larger whole rather than duplicating or conducting activities in parallel. UNFPA’s work focuses geographically on four of the poorest and most remote districts in Savannakhet province, as well as providing support for more nationwide efforts including mSupply, trainings and toolkits for health workers and new midwives, supporting outreach to youth and other groups through Lao Women’s Union, Vientiane Youth Centre, APHA, Non-Formal Education Centre, and others.	UNFPA Country Narrative Report 2016

Question 5: Key Assumptions	Observations	Sources of Evidence
	The 2016 Country Narrative report states: “As the focal point for the FP2020 movement in Lao PDR, UNFPA plays an important role of bringing partners together . The Government of Lao PDR made its Commitment to FP2020 in early 2016, since then efforts have been made to develop a Costed Implementation Plan (CIP), based on the existing Reproductive, Maternal, Neonatal and Child Health (RMNCH) Strategy. UNFPA assisted MoH to convene several meetings to bring key partners together to support the process. Final consultation was conducted in late 2016 as part of a bigger planning workshop that brought all eighteen provinces together with development partners including NGOs to finalise the plan.”	
	UNFPA is appreciated as a partner that works in an integrated approach with government and other partners , rather than in parallel. UNFPA works with government departments to support efforts toward capacity building, outreach, provision of family planning products, and transition planning. Some feel UNFPA is well placed to take the lead among donors on supporting the government and partners toward a more coordinated approach to transition planning and building sustainability for programmes.	CHAI interview, UNICEF interview, MoH MCH department, FDD interview, World Bank interview, PSI interview

Improved programme coordination and management	
Evaluation Question 6:	To what extent have the governance structures (UNFPA Supplies Steering Committee) management systems and internal coordination mechanisms of UNFPA Supplies contributed to overall programme performance?
Sub-Questions:	<p>To what extent have the UNFPA Supplies Steering Committee and UNFPA programme managers (HQ, Regional and COs) been effective in providing strategic direction and oversight to UNFPA Supplies as well as internal programme coordination at the global, regional and national level? Are Steering Committee members satisfied with the current governance structure?</p> <p>Have systems for work programming, budgeting, review and approval been effective at the global, regional, and country level? Has UNFPA Supplies been effectively integrated into UNFPA country programmes?</p> <p>Has UNFPA Supplies been able to assemble and deploy the required human resources with the appropriate mix of skills and capabilities to effectively support programme implementation at global, regional and national levels?</p> <p>To what extent have the systems for results-monitoring, reporting and accountability for UNFPA Supplies been effective? Have they contributed to learning and knowledge management and to ongoing programme management?</p>

Question 6: Key Assumptions	Observations	Sources of Evidence
Assumption 6.1: Systems for work planning, budgeting, approval and review of UNFPA Supplies at the country level incorporate meaningful participation by national health authorities, implementing partners and other key stakeholders.		
	Two INGO implementing partners (CHAI, PSI) noted that UNFPA funding was less desirable due to the administrative and bureaucratic burdens UNFPA places on these implementing partners. Delays in funding from UNFPA, demands and bureaucracy lead these partners to say they will not seek UNFPA support again in future. The process for allocation, disbursement, year-to-year unknowns is difficult, they note. UNFPA uses government-led but also UNFPA-led plans (provinces develop budgets each year, but UNFPA “already has the budget in mind” and they don’t match. CHAI is funded through government allocation from UNFPA, which places CHAI in an odd position because the funds have become government money, and government has to justify each release of funds to CHAI (causing large arrears due – e.g. all of the 2017 funding from UNFPA to CHAI was in arrears to CHAI at the time of this Dec 5 interview).	PSI and CHAI interviews

Question 6: Key Assumptions	Observations	Sources of Evidence
	<p>A challenge noted by government officials is that with each new Country Programme (CP) year, UNFPA changes priorities and focus areas, e.g. from CP4 to CP5 UNFPA changed its geographic focus. As the government’s contribution must go up each year, it is important for government to know from UNFPA earlier what they plan to support, as government needs to do a 5-year plan for government budgeting. But UNFPA does not inform government in advance, making their planning and budgeting process difficult. (UNFPA CO notes they also do not know their budget in advance, and must wait until very late to learn from Headquarters what their actual budget will be for the year). Their core funding for UNFPA CO is limited, so they rely on programmes including Supplies, and the MCH Trust Fund (the latter which funds one of the two SRH staff at CO).</p>	<p>MPSC interview, MoH interviews, UNFPA CO interview</p>
	<p>UNFPA is part of various TWGs and coordination entities, but World bank and others note a need for greater streamlining of the coordination mechanisms across programmes and partners, especially as Lao enters transition away from LDC status and as donors like GAVI scale back their support. A more pooled, coordinated effort is needed to build sustainability (a TMA conference is needed). UNFPA CO is part of the Development Partners’ Health Financing sub-group convened by WHO...this could be a good forum to coordinate SRH planning around transition.</p>	<p>World Bank interview, UNFPA CO interview</p>
	<p>Through the UN Joint Programme with UNICEF, WHO, UNFPA, there is strengthened coordination for the government’s RMNCH strategy implementation (the Lao Government’s new National Strategy and Action Plan for Integrated Services on Reproductive, Maternal, Newborn, and Child Health (RMNCH) 2016-2025). UNFPA is leading SO1 – Family Planning with a focus on adolescents, and SO10 (data/HMIS), as well as SO11 (supply chain).</p>	<p>UNFPA CO discussions, UNICEF, WHO interviews</p>
<p>Assumption 6.2: UNFPA Supplies has been able to access appropriate and needed human resources at the global, regional and national level.</p>		
	<p>CO has reportedly had some challenges with regional office and HQ, to secure their support and approval for a desired “Transition Conference” in Lao (desired by government and partners) to include bringing in a recognized expert in TMA, financing. The idea for this conference was born out of the National family planning Conference in May 2017, during which USAID, PSI, government and other development partners held a round table to do concrete planning for the next 5 years with government investing more in family planning, procuring more commodities. It was originally planned to take place in 2017, but UNFPA HQ would not support it unless it were made a regional (multi-country) conference (which was not the objective of this Lao-focused transition conference). The hope and plan was to bring in the recognized expert from HQ on TMA and costing to lead the conference’s working sessions, to make concrete financial plans for Lao’s future.</p>	<p>UNFPA CO discussions</p>
	<p>Regional Office appears to act more like a “mailbox” or pass-through entity, rather than a true support for COs. The CO would like RO to negotiate with CSB for funding, etc. for their countries including Lao. Information and decisions rather pass through RO from CSB to COs</p>	<p>Interview with UNFPA CO SRH team</p>
	<p>UNFPA CO has a small number of staff (two) for sexual and reproductive health, but more staff in their growing youth programmes. Prioritization of youth over SRH/FP efforts may impact SRH. The new “Noi” campaign focused on young girls (with a nutrition focus) may be welcome in drawing attention to the needs and challenges of young girls in Lao, but any such campaign focused on youth should also contain a SRH/FP component, especially given the young age of marriage and childbirth in Lao.</p>	<p>Interview with UNFPA CO SRH team</p>

Question 6: Key Assumptions	Observations	Sources of Evidence
Assumption 6.3: The systems and processes for the governance of UNFPA Supplies (including the UNFPA Supplies Steering Committee) have been effective in balancing the viewpoints of donor partners, programme country health authorities, programme managers and other key stakeholders in providing strategic direction and oversight which is responsive to differing contexts and changing conditions .		
Assumption 6.3 is not applicable at country level.		

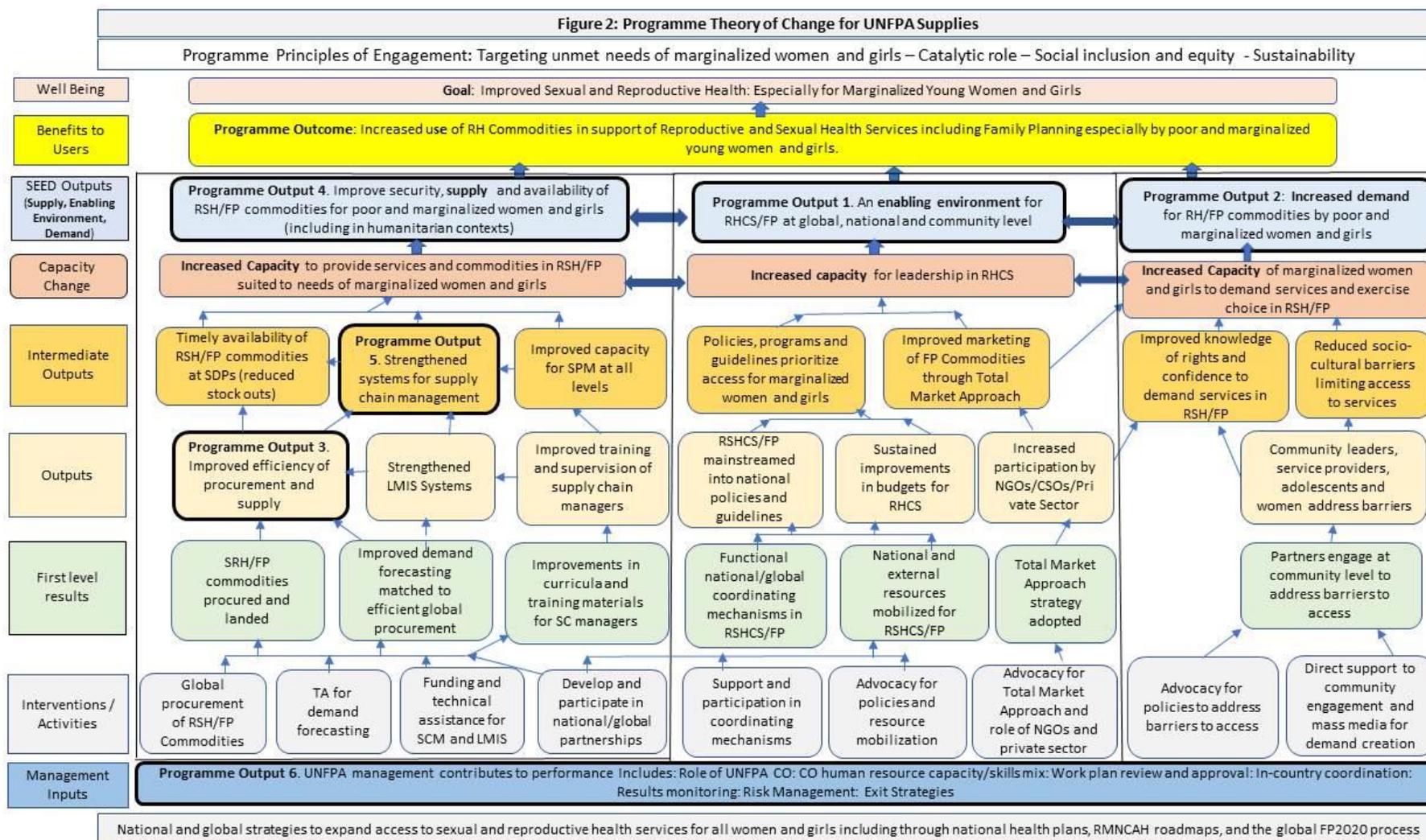
7 - Cross Cutting Theme: The Catalytic Role of UNFPA Supplies		
Evaluation Question 7:	To what extent has UNFPA Supplies played a catalytic role by leveraging increased investment by other actors and supplementing existing programmes in RH/FP at global, regional and national levels?	
Sub-Questions	<p>To what extent has UNFPA Supplies been able to leverage increased investments and commitments by other actors in support of RH/FP commodities and services at global, regional and country level?</p> <p>To what extent has UNFPA Supplies programming been sufficiently flexible and responsive to changing country needs and priorities, including during and after humanitarian crises?</p> <p>To what extent has UNFPA Supplies supported effective action to mitigate environmental risks in procurement and disposal of RH/FP commodities?</p>	

Question 7: Key Assumptions	Observations	Sources of Evidence
Assumption 7.1: The design of UNFPA Supplies as reflected in strategic documents and in systems and processes for programme planning, approval and review, takes account of the roles of other actors and sources of support to RH/FP and attempts to influence them in their programming and leverage their resources.		
<p>UNFPA, as a leader in SRH/FP commodity procurement in Lao PDR can play a catalytic role:</p> <ul style="list-style-type: none"> • RBF as a catalytic mechanism - with UNFPA support for various DLIs as a driver for change • Managing Integration and reinforcing coordination during transition and phasing out of programmes to mitigate risk of returning to vertical programmes (e.g. competition among partners for government commitments to specific programmes). UNFPA could lead the effort to bring partners together for renewed coordination (remove duplication of WGs / avoid competition). E.g. through UNFPA-led “Transitioning Workshop” with all programmes, partners in attendance. • Building knowledge management to address the need to systematically assess and evaluate pilots/projects/interventions – reporting on best practices to enable the government to replicate and scale up promising interventions and build national policies/practices • Anchoring all adolescent interventions into an SRH/FP perspective is key. E.g. “Noi” initiative: focus on young girls’ needs (but should have a SRH/FP anchor) 		World Bank interview, WHO, UNICEF, UNFPA CO discussions
UNFPA is regarded as a key partner and supporter of family planning in Lao, and the only entity providing family planning products. UNFPA is working closely with Government, partners, and having important effect through, e.g. conducting the pivotal first National Family Planning Conference (May 2017) (explaining the now widely known concept of the 1 USD -7		CHAI, World Bank interviews, MoH MCHC interview

Question 7: Key Assumptions	Observations	Sources of Evidence
	<p>USD cost benefit of family planning), etc. Many have noted the catalytic effect this conference has had on government leaders' and MoH's attitudes and motivations towards expanding SRH/FP in Lao. After the conference, for the first time each provincial governor was talking about how to plan, how to integrate.</p>	
	<p>During the May 2017 National family planning Conference, round table session of government and development partners worked to produce a concrete plan for the next 5 years to have government increase their investment in FP, procure more commodities.</p> <p>UNFPA CO had the idea to have a Financial Sustainability Workshop for family planning Programmes (originally July 2017), focusing on commodities but also programme sustainability as Lao transitions (as GAVI, Global Fund, and other donors reduce their support). The conference in Lao would assist and bring partners together with government around planning for Lao's transition from LDC status toward state funding of programmes. However, UNFPA HQ refused to fund it unless it were a regional workshop (to include PNG, Myanmar, Timor Leste and Lao). But the government balked at having other countries involved in what was meant to be a national planning workshop to address Lao's unique situation.</p> <p>As UNFPA CO worries about having family planning commodities as part of the essential services package (with the funding challenge it will face), they are advising government to look at TMA (to include private sector, other support) so that it does not only fall on Government's shoulders as the country transitions toward more self-funding of their programmes. UNFPA CO put TMA in their workplan this year, but it has been somewhat side-lined, and is now on the plan for next year.</p>	<p>UNFPA CO interview</p>
	<p>UNFPA has been key in pushing for integration reform of the supply chain in Lao, advocating and listening, and "willing to undo anything that was fragmented before." The World Bank investments wouldn't be possible without UNFPA, note partners.</p>	<p>CHAI interview, World Bank interview, MPSC interview</p>
	<p>With the effort toward universal health care in Lao, an Essential Services Package is being designed (WHO is working with MoH on this) to define exactly what must be provided at each level of care. The World Bank is designing their next project, to focus on health financing under universal health coverage, with government priorities and initiatives/schemes including free MCH, health equity fund (access for the poor), civil service, private sector, community. UNFPA is part of these discussions and plans with government, World Bank, WHO, and other partners. A question/concern some have is around family planning commodities being included in the ESP and part of (or not) the revolving funds used by health facilities. Some believe family planning should be centrally procured and free to the facilities, so that family planning availability doesn't have to rely on demand. People note that there is a history of products being provided centrally, e.g. from a donor, but when the donor's support ends, these products are not in stock anymore because the facilities don't request them.</p>	<p>WHO interview, World Bank interview</p>
	<p>There are many coordination bodies and groups in Lao (TWGs on vaccines, separate DPs' meetings on nutrition, financing, RMNCH, etc.), but these require streamlining and coordination, as there are "too many meetings." This is more critical now as many partner organizations are in transition, scaling back support in Lao (and as Lao's fiscal situation becomes more and more constrained) whereas social indicators lag behind the economic indicators in the country. Development partners could be better coordinated especially around transition discussions occurring now -- rather than isolated discussions by</p>	<p>World Bank interview</p>

Question 7: Key Assumptions	Observations	Sources of Evidence
	each DP with the government, with a one-way dialog, a more holistic approach should be taken, integrated across programmes and involving MoH, MOF, etc. It should be government led, and pull together all DPs with timelines and plans for transition. All DPs know that Government budget shortfalls affect programmes, so there should be interest in this among all.	
Assumption 7.2: The process for planning, budgeting, implementing, reviewing and monitoring UNFPA Supplies at country level is responsive to the needs of national stakeholders (national authorities, development partners, NGOS, civil society and the private sector) including in humanitarian settings. It also contributes to strengthened/increased action to address needs.		
	UNFPA works with government, CHAI, PSI, other partners. But UNFPA does not lead on the demand generation side , although perhaps they (UNFPA) are best placed to play this key and catalytic role. E.g. there is a whole World Bank grant based on performance (with disbursement linked indicators to encourage performance). If Lao increases the use of LARCs, they will get more funds. So, why not coordinate all parties to increase demand and meet the performance targets? Partners should be coordinated to support government in meeting the DLI (RBF) targets.	PSI interview, World Bank interview
	UNFPA works with the World Bank on their Disbursement Linked Indicators (DLIs) (results-based financing) programme for health system strengthening, with family planning a major indicator (of 4 national and 8 provincial level indicators). National indicator #3 is to reduce the number of health centres without a midwife (this is directly linked to and supported by UNFPA’s work with DTR to provide training for midwives). This is proving a major “carrot” for the health system to engage more (women) midwives, which used to be few in number.	World Bank interview
	UNFPA CO is working with government to encourage greater government investment in family planning, using cost-benefit analyses (as expressed in the 2017 National family planning Conference), and economic studies.	UNFPA Country Level Narrative Report 2016
	Some questions are raised by government officials around continuity vs. changing priorities of UNFPA (from CP to CP, and as new Country Representatives come in, with different areas of desired focus). Government officials all express appreciation for the vital role played by UNFPA, but express concern about budget unknowns (and shifts), geographic focus areas (and changes in these), and focus on limited numbers of districts.	MPSC interview, MoH interviews, UNFPA CO interview
	There are questions around the focus on the new “Noi” campaign programme for youth (with a focus on nutrition), with increased UNFPA CO staffing and funding for Youth activities, whereas SRH staff in CO number only two, and funding is reduced for other activities (CBDs, village chiefs counselling couples on family planning, etc.). Does “Noi” divert attention from the bigger picture? Is it not integrated with PSI’s and others’ SRH efforts? Is there some lack of continuity at UNFPA, as different reps, and different CPs change focus?	PSI interview, UNFPA CO

5.2 Annex 2: Comprehensive theory of change for the UNFPA Supplies Programme



5.3 Annex 3: Persons Interviewed

Organization	Person Interviewed	Position
UNFPA CO	Ms Siriphone Sally Sakulku	Programme Officer, SRH team
	Ms Oulayvanh Sayarath	Programme Coordinator, SRH team
	Ms Frederika Meijer	Representative
MoH Centre for Information Education for Health (CIEH)	Dr Visith Khamleusa	IEC/BCC Coordinator
UNICEF	Dr Hendrikus Raaijmakers	Chief of Health and Nutrition section
WHO	Dr Shogo Kubota	Health system strengthening specialist
MoH Department of Planning and International Cooperation (DPIC)	Dr Chansaly Phommavong	HMIS/DHIS2 data manager
MoH Food and Drug Department (FDD)	Dr Bounxou Keohavong	Deputy director
MoH Department of Training and Research (DTR)	Mrs Sengmany khamseng	Deputy director
Clinton Health Access Initiative (CHAI)	Mr Garrett Young	Country director
	Ms Oriel Fernandes	Country coordinator
Promotion of Family Health Association (PFHA)	Dr Souphon Sayavong	Director
	Dr Manisone Oudom	Deputy director
	Dr Khemphon Phonekhamphou	Health counsellor
PSI	Mr. Eric Seastedt	Country Director
MOES Non-Formal Education Centre (NFEDC)	Mr Hongthong, director	Director
	Ms Amphone Lorkham	Trainer, ToT
MoH Medical Product Supply Centre (MPSC)	Dr Thanom Insall	Director
	Dr Mani Thammavong	Deputy director
Vientiane Youth Centre (VYC)	Ms Dalayvanh Keonakhone	Director of VYC
	Dr Phoummalinne	Health counsellor
MoH National MPSC Warehouse in Ban Noi Xiengda	Dr Kitsada Senthap	Deputy director MPSC
	Ms Viphalack Sayaline	mSupply manager
MOES Department of General Education	Ms Somphone Vilaysom	Head of division of Lower Secondary Education at Ministry of Education and Sport
MOES Research Institute for Education and Science (RIES)	Mr Khamchanh Bounhom	Deputy head of division, product curriculum of biology
World Bank	Ms Banthida Komphasouk	Health specialist
	Ms Emiko Masaki	Senior Health Economist

Organization	Person Interviewed	Position
Provincial Health Office, Savannakhet	Dr Bongsouvanh Phanthavongsa	Director of PHO
	Dr Keovilay Phounsavann	Deputy head of planning and international cooperation unit
Asing Health Centre, Nong district, Savannakhet	Mr. Boungrer Keosombath	Chief of the village community (covers 9 villages, 506 households, 629 families (total population 3356))
	Ms Phammaha Nongthilath	Midwife - qualified in 2015
	Ms Phonevilay Somsiya	secondary nurse - qualified in 2015
Nong District Health Office	Mr Souksamay PongOunkham	Acting director of DHO
	Mr Phonethong Khangsanong	Coordinator UNFPA project
	Mr Santisouk Phetsavann	Food and drug unit responsible on mSupply
	Ms Phongsaly Vongchanmixay	Responsible on MCH
Nakai Health Centre, Vilabouly District	Mr Khammany Sisamran	acting HC head & secondary nurse
	Ms Kieng Keobounhuam	secondary nurse
	Ms Piengthai Karasin	midwife
Vilabouly District Health Office	Ms Souksavan Ponoukham	pharmacy
	Ms Naly Samlan	pharmacy
	Ms Sengmany Ms Kainchanh	MCH
Savannakhet Regional warehouse (serves 2 provinces: SVK and Khammouane)	Dr Pathoumvanh Rajvong	Chief of the warehouse
	Dr Thavisan Inthisarn	mSupply head
	Dr Phethanongsay Sayavong	
	Mr Khonsavan Ms Souvanthong Bounlieng	
MoH Department of Health Care (DHC), Youth Friendly Service, Ministry of Health	Dr Bounnack Saysanasongkham	Associate Professor
	Dr Oraphinh Phouthavong	Director DHC
	Dr Vilavanh Vilayseng	External relations unit working with all UN projects under DHC
MoH Department of Hygiene and Health Promotion (DHHP) Mother and Child Health Centre (MCHC), RMNCH Secretariat & RHFP Division	Dr Kaison Chounlamany	Director
	Dr Sengpaseuth Vanthanouvong	Coordinator
Training session (ToT) of health workers, by UNFPA	Ms Soukphansa Saysamone	Programme Associate UNFPA
	Dr Kanchana Simmanivong	Nasaithong district hospital
Grand Duchy of Luxemburg Embassy in Lao PDR (Lux Development)	Mr Claude Jentgen	Chargé d'affaires

Debriefing at UNFPA office on mission for midterm evaluation of UNFPA Supplies Programme December 15, 2017				
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6.	Dr Chanthavone Luangkhot	MCHC	Deputy di rector	020 5576 2404
7.	Ms Chandavieng Phimmavong	Vientiane Youth Centre	Coordinator	0205689 4872 meenoy-pinta@hotmail.com
8.	Dr Somana Rattana	DHC	Deputy director	020 5561 4968
9.	Mr Thongly Pumavong	PSI	Technical staff	020 5566 9883
10	Dr Souphon Sayavong	PFHA	Director	020 5568 3156
11	Dr Visith Khamleusa	IEC/BCC	coordinator	Tel. 020 22502862
12	Mr Vangxay Phuangmany	World Bank	Technical staff	Tel. 020 5588 9897
13	Ms Vilay	MoE	Technical staff	
14	Dr Bounxou Keohavong,	FDD	Deputy director	Tel. 020 5566 8439 kbounxou@yahoo.com
15	Ms Frederika Meijer	UNFPA	Representative	
16	Ms Siriphone Sally	UNFPA	Programme Coordinator for SRH programme	020 2288 7631
17	Ms Oulayvanh Sayarath	UNFPA	Programme Analyst for HSS	020 5550 5604

5.4 Annex 4: References

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