

Country Programme Performance Summary

A. Country Information		
Country name: Lao PDR		
Category per decision 2013/31: Orange	Current programme period: 2012-16	Cycle of assistance: 5

B. Country Programme Outputs Achievement <i>(please complete for all your CP outputs)</i>			
Output 1 (Reproductive Health): The Ministry of Health (MoH) and other relevant institutions at the central level are better able to improve the coverage and quality of sexual and reproductive health information and services			
Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Percentage [and number] of 5 MOH initiatives that result, in part, from the UNFPA support to an improved MOH coordination mechanism 	0%	100 % (5 out of 5)	80%, 4 out of 5 of MoH initiatives improved MoH coordination mechanism
<ul style="list-style-type: none"> % [and Number] of health facilities (Health Centre (HC) & District Health Hospitals (DH)) in target provinces with accredited skilled birth attendants 	33%	75% 100 additional community midwives (CMWs) trained and deployed	Only 42% of health facilities in target provinces with accredited skilled birth attendants. However in coming year (2016) MOH has priority to allocate 500 quotas of Government deployment for midwife countrywide. 110 CMWs trained and deployed at health centres and district hospitals.
<ul style="list-style-type: none"> Number and % of [35] fixed site health facilities (HC & DH) in 4 target districts of Savanakheth (SVNK) equipped to provide adequate EmOC services appropriate to the level of service provision 	0%	100% (35 of 35 HCs and DHs) in four target districts in SVNK	100% equipped of EmOC in 4 districts in SVNK. Staff have been trained in using the equipment and provided instructions to the facilities.

<ul style="list-style-type: none"> • % of Service Delivery Points (SDPs) in 4 target districts of SVNK with no stock outs of any RH commodities in the last six months recorded 	35%	90%	85% of service facilities now have at least 3 modern contraceptives in SVK with no stock out in the last 6 months (FDD FMV visit reports 2015). The target is expected to be achieved at the end of 2016.
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Key Achievements

- RH Policy framework strengthened. Through the support and advocacy of UNFPA, the revision of the Maternal, Neonatal and Child Health Strategy was revised with strengthened RH components in particular ASRH. The new Reproductive, Maternal, Neonatal and Child Health Strategy (RMNCH) was approved in 2015.
- FP advocacy, dialogue and programme strengthened. With UNFPA support, the National Action Plan on Family Planning was developed and endorsed in 2014. The FP choices in particular long-term methods were expanded. The introduction of implant contraceptive method started in 2015 with good reception. The Government has also increased its budget for contraceptive procurement from 25,000 USD in 2012 to around 50,000 USD in 2016 and has commitment up to 100,000 USD per year. With UNFPA support, the MoH launched its commitment to FP2020 in early 2016 and is preparing for the costed implementation plan.
- Capacity of 110 Community Midwives (CMWs) strengthened in 2015, increasing the total number of CMWs trained and deployed with UNFPA support to 612. As a result, 42% of health facilities now have accredited skilled birth attendants to provide quality SRH information and services.
- The Midwifery Improvement Plan (MIP) 2016-2020 was developed and endorsed by MOH. Under Strategic Objective 1 of MIP (on Governance), activities for 2016 include RMNCH workforce assessment, mapping and analyzing of midwifery deployment and the development of a projection to address gaps based on population needs and government target.
- Logistics Management Information Systems (LMIS) improved through capacity building of 85 health staff in 4 districts, which are now able to manage stock tracking by using mSupply software. The programme management at district, provincial and central levels receives monthly stock reports and are able to review and respond to the needs for RH commodities in order to avoid stock out at facilities.
- 10 staff (MPSC/MCHC/FDD/DHC/DHHP/Statistics) had their skills and knowledge on forecasting of RH commodities upgraded. A quantification report was produced, shared and used for resource mobilization for FP commodities.
- 85% of service facilities have at least 3 modern contraceptives in SVNK with no stock out in the last six months, as reported by Department of Food and Drugs during the Filed Monitoring visit.
- EmoC strengthened. The National EmoC Action Plan was developed and endorsed based on the Need Assessment. Health facilities were equipped with necessary equipment.
- Coordination within MoH on SRH strengthened. UNFPA support was able to bring all relevant departments together under the leadership and coordination of the Department of Planning and International Coordination. UNFPA provided both tools (including financial and programme management, monitoring, etc) and assistance to build coordination skills.

The evaluation of the midwifery component of skilled birth attendant development plan was carried out in 2014. The evaluation highlights significant progress in terms of the acceptance and ownership of the SBA Development Plan. The initiative is supported both locally and nationally and its importance is well understood. However, there were some major gaps and challenges identified. The evaluation suggest the importance to focus on quality; quality of teachers and teaching, quality of clinical practice and the enabling environment, quality of coordination and planning. The evaluations lay out a set of short-term and long-term recommendations including the development of a harmonized curriculum, a direct-entry midwifery education and the introduction of supportive supervision, among other things.

Output 2 (Reproductive Health): Individuals, families and communities in priority areas have access to an integrated package of services on maternal, neonatal and child health

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Proportion of pregnant women in target villages who give birth in health facilities in the 4 target districts in SVNK 	28.4%	55%	47.2%, the final target is expected to be achieved at the end of 2016
<ul style="list-style-type: none"> Percentage [and number] of health facilities in the 4 target districts in SVNK province meeting 7 out of the ten minimum standards¹ for safe delivery in remote areas and for vulnerable population 	0%	90%	94.4%
<ul style="list-style-type: none"> Percentage of women age 15-49 years who are using (or whose partner is using) a modern contraceptive method in 4 target districts in SVNK province 	37.1%	55%	59%

¹Minimum standards refers to 10 Minimum requirements (MR) that are being used as tools to improve quality of health services provided at a health centre. It is not quality standards of health care. Minimum standards/requirements require limited resources currently available in health centre to respond the needs and require a consistent and systematic approach”

Key Achievements

- Access to modern contraceptive increased through the introduction of implants to target provinces, by:
 - Training 229 providers on provision of implant services, which led to 10,049 women with implant inserted;
 - Capacity of 390 village chiefs, health volunteers, youth leaders, and members of the women's union strengthened to provide information on family planning and reproductive health issues, resulting in 250 more couples accessing MNCH care at health centres;
- Capacity of 69 CBDs strengthened on FP information and services, resulting in 5,440 women in remote areas of target districts receiving FP services through CBDs.
- Contributed to 47.2% of women giving birth in health facilities through:
 - Deployment of 47 Community Midwives (CMWs) to health facilities (so far covers 90% of facilities in 4 target districts);
 - Capacity of Village Health Committees (VHCs) in 193 villages strengthened to mobilise communities and ensure that women use MNCH services and give birth in health facilities;
 - Emergency Birth Preparedness Plan (EBPP) established in 161 villages to support women and families to access MNCH services in health facilities when needed;
- 94.40% of health centres improved the quality of MNCH services and management based on 10 minimum standard requirement (10 MR), especially MR 9 that allows facilities to provide safe delivery.
- CO supports two out of 5 interventions that were mentioned in the SP indicators (1 and 3). This has led to increased access to MNCH care as described above.

The Family Planning Situation Analysis (FPSA), published in 2015 with the main objective to assess the environment for family planning in Lao PDR by analysing existing policies and programmes, their implementation and existing barriers to family planning. The main findings of the FPSA suggest that efforts must be put on evidence-based advocacy to increase governmental commitment and promote increased health expenditure on family planning to enable sustainable provision of a range of family planning methods and to avoid stock-outs, a commonly reported problem at facility level. Moreover, the promotion of a rights-based approach to family planning, giving women a choice of a range of methods is absent in current policy documents and must be acknowledged and implemented. To bridge the inequities in use of family planning services, communication strategies must be tailor-made to target population and reach out to all ethnic groups.

Output 3 (Reproductive Health): Young people who are vulnerable and most at risk in priority urban areas have increased participation in and access to youth-friendly, gender-sensitive and socially inclusive sexual and reproductive health information and services.

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> MoH and Ministry of Education and Sport (MoES) endorse and implement the ASRH-related recommendations of the Adolescent and Youth Situation Analysis (AYSA) 	No comprehensive situation Analysis on Adolescent and Youth	AYSA report endorsed and action plan based on recommendations is being implemented	AYSA report completed and launched in 2014 and some key issues concerning young people are now reflected in the 8 th National Socio-Economic Development Plan (NSEDP). Comprehensive Sexual Education is now integrated into the Education 5-year Plan Provision of ASRH information and services are integrated into the new Reproductive, Maternal, Neonatal and Child Health (RMNCH) Strategy 2016-2020.
<ul style="list-style-type: none"> Number of departments that have implemented curricula to SRH needs of young people 	40%	100%	100% (5 Departments: Non-Formal Education, Secondary Education, Technical and Vocational Education, Teacher Training, and Inclusive Education with DPPE have trained and implemented the integrated curricula).
<ul style="list-style-type: none"> Proportion of target district hospitals providing SRH information to adolescents and young people 	0%	83 % (5 out of 6 facilities)	50% of DHs in 4 district hospitals of SVNK has provided youth friendly services by 2015.

Key Achievements

- Increase understanding and awareness of youth issues through data and evidence generation. Through UNPFA support and in collaboration with UNICEF and WHO, the first Adolescent and Youth Situation Analysis was published by the Lao Youth Union in 2014. This report lays out an overview of the needs of young people including health and argues for the importance of focusing on young people in Lao PDR due to their absence in many policy documents and limited number of target interventions and programs for young people in particular. Some of the main findings in relation to health were the high adolescent birth rate, the increasing use of drugs and the increasing opportunities to engage in risky behaviour with a direct effect on the health of young people. There was an identified need for improved sexuality education in and out of school as well as enabling access to adolescent sexual and reproductive health services.
- Through UNFPA support, ASRH guidebook was published and used by 5 departments of MoES (Department of Secondary Education, Department of Non-Formal Education, Department of Teacher Training, Department of Technical and Vocational Education and Training, Department of Primary Education) in providing SRH curricular for young people both in- and out-of school. In total, 385 male teachers and 253 female teachers were trained and implementing the guidebook.
- In addition, as a result of UNFPA evidence-based advocacy with MoES, Comprehensive Sexuality Education (CSE) is now integrated in to the Five Year Plan of the Education Sector. This will include the integration of CSE into the proposed revision processes of the primary curriculum, which will start in 2016 with the definition of learning competencies.
- Following UNFPA advocacy based on the Adolescent and Young People Situation Analysis (AYSA) key issues concerning young people are now reflected in the 8th National Social Economic Development Plan.
- Through UNFPA support, the coordination among MoES, MoH and other actors on providing youth-friendly services has increased.
- The capacity of the health sector to provide youth-friendly health and reproductive health services for young people increased in particular in the target areas. UNFPA continued to provide support to the only youth-friendly centre (Vientiane Youth Centre) to provide services and information for young people. The VYC has become a resource centre providing training and advice on ASRH. Moreover, with the support from the VYC, MoH was able to establish youth-friendly services within the five district hospitals in Savanakheth Province. In addition, the Teacher Training Institute in Savanakheth Province was able to provide counseling services for young people.
- Capacity of youth in participation increased through number of events and activities supported by UNFPA. Young people were involved in the Adolescent and Youth Situation Analysis as the technical members as well as the field workers. They were trained on interviews and data analysis. Youth and MPs forum provided a significant opportunity for strengthening youth leadership skills including presentation, public speaking and team work.

The UNDAF Evaluation Report that was published by the end of 2015 revealed that UNFPA supported the improved coverage of sexual and reproductive health services and managed to reach out to 60% of young people with adolescent sexual and reproductive health life-skills education through primary, secondary and non-formal education.

The Family Planning Situation Analysis (FPSA), published in 2015 with the main objective to assess the environment for family planning in Lao PDR by analysing existing policies and programmes, their implementation and existing barriers to family planning. Adolescent Sexual and Reproductive Health services must be developed and streamlined to cater to the needs of young people and services must be strengthened through the institutionalization of updated pre- and in-service training as well as support for infrastructure of service provision to ensure quality.

Output 4 (Population and Development): The Ministry of Planning and Investment, as well as sectors and provinces, are better able to develop, implement and monitor plans and policies based on up-to-date data and analysis

Output 5 (Population and Development): National training and research institutions are better able to contribute to the analysis of demographic changes and social development

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Percentage of the five key MDG-5 indicators based on the Lao Social Indicator Survey (LSIS) data are up-to-date, disaggregated and available to key decision-makers including MOH and MPI 	0%	100%	100% ‘The five key MDG-5 indicators are available through the LSIS 2011-2012. The data have been used in number of reports including the MDG progress report 2013 and the summary report of MDG implementation in 2015.
<ul style="list-style-type: none"> Percentage [and number] of UNFPA supported surveys 	40% (2/5, LSIS and Annual Stock Availability Survey)	100% (5/5: LSIS, VAW survey, AYSA, SAS, Census)	100%
<ul style="list-style-type: none"> Developed guidelines for Ministry Planning and Investment to integrate population, gender into National Socio-Economic Development Plan (NSEDP) 	No guideline	1 guideline completed, and used for 8 th NSEDP	Guideline existed. Population dynamics including changes in age structure, youth, gender and demographic dividend is reflected in the 8th NSEDP to a satisfactory extent.

Key Achievements

- Provisional results of the 5th Population and Housing Census released on 10 December 2015. CO ensured acceptable quality of census results, through various means, such as supporting the conduct of first ever PES in Lao PDR. Capacity of middle level staff at Lao Statistics Bureau strengthened in the areas of data processing, editing (using CSPro) and management.
- Demographic analyses, including PSA and a study on “Population and Development in Lao PDR” were carried out and the results were disseminated to planners of various ministries and incorporated into the 8th National Socio-Economic Development Plan (2016-2020), including the formulation of SMART indicators on UNFPA areas of work in the M&E framework of the 8th NSEDP.
- Based on UNFPA supported analyses (such as AYSA and PSA), a participatory forum for dialogue was held among various ministries and stakeholders to discuss the revision of the National Population and Development Policy, in order to focus it more on youth issues. Line ministries agreed that there is a need for an independent overarching national youth policy with strengthened sectoral coordination.
- UNFPA Co has continued to provide support to strengthen the national capacity in population/demographic research and analysis. Key achievements are availability of key studies, such as ‘Population and Development in Lao PDR’ and ‘The Population Situation Analysis.’
- Basic National Transfer Accounts (NTA) for Lao PDR constructed with technical support from East-West Centre under the Regional Programme. Findings highlighted key issues that need to be explored further, including the demographic dividend period, and pattern of consumption and incomes. Capacity and knowledge of the NTA team (12 government officials) has been strengthened through training conducted by the East-West Centre and as a result, the NTA team is able to understand techniques to overcome the limitation of data at the individual level and construct the NTA for Lao PDR.
- Draft curriculum for a Masters Programme on Population Studies is available. UNFPA was able to initiate a partnership between the National University of Laos and Mahidol University and Chulalongkorn University in Thailand.

The UNDAF Evaluation Report that was published by the end of 2015 revealed UNFPA’s efforts in supporting the Government to generate disaggregated data to provide evidence with regard to women, children, young people and rural populations.

Output 6 (Population and Development): The National Assembly is better able to provide advocacy, oversight, legislation and representation on population, reproductive health and gender issues.

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> • Number of laws reviewed and improved by NA which include population, RH and/or gender issues using evidence 	0	1 (draft law on VAW)	As the process is led by UN WOMNE and UNICEF; UNFPA provided only technical inputs. It was agreed that this indicator is not relevant under UNFPA support

<ul style="list-style-type: none"> Number of inter-sessions which include specific agenda items on RH & ASRH, GBV (cumulative) 	0	8	6 (2014) The programme was stopped due to the internal issues and changes including the preparation for the new election in 2016.
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Key Achievements

- Awareness and understanding on MPs on issues related to demographic dividend, youth, family planning and gender including VAW has increased. For instance, as a result of the dialogue between young people and parliamentarians supported by UNFPA, issues of teenage pregnancy and drug use among young people were taken up for discussion by the MPs at the Intersession of the National Assembly, with a view to formulating programmatic and policy interventions.
- 132 parliamentarians and National Assembly staff have been reached through a Policy Brief on the Demographic Dividend, in order to increase their awareness on the importance of maximizing benefits from the demographic dividend in Lao PDR.

Output 7 (Gender): Institutions at central and sub-national levels are better able to promote gender equality and follow up on the recommendations of the Committee on the Elimination of Discrimination against Women.

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Gender sensitive data available and used to influence government response on GBV/VAW 	No report	National VAW report completed, and evidence based national VAW action plan in place.	National Report completed and endorsed by the Steering Committee. National Action Plan was endorsed in 2014 not based on the results of VAW study. Revision and prioritization of the action plan will be based on the study.

Key Achievements

- With continued support from UNFPA, prevalence data on Violence Against Women (VAW) is now officially available for the first time in the country. UNFPA together with UN WOMEN and WHO provided the support to the National Commission for the Advancement of Women and Lao Statistics Bureau in carrying out the National Survey on Women's Health and Life Experiences: A Study on Violence against Women. The study provides the national representative data to highlight issues and gaps for policy and programme development in GBV prevention and response. The study was launched in March 2016. Extensive interest on the issue has been generated by Development Partners and various sectors of the government, including the Health and Education Sector, the EU and UNICEF who have expressed their intention of supporting the Government in addressing VAW. The process of study also strengthened the capacity of NCAW in coordinating VAW and Lao Statistics Bureau in collecting and analysing data on VAW.
- The MoH is committed to continue disseminate the results of the study and use the evidence to support its implementation of the National Action Plan on Eliminating Violence against Women and Children.

C. National Progress on Strategic Plan Outcomes ²	Start value	Year	End value	Year	Comments
Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access					
Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list	78%	2012	58%	2015	Based on availability of Oxytocine and Magesium Sulphate at the Health Centre level (Annual Stock Availability Survey)
Contraceptive prevalence rate (total)	50%	2012	Available in 2017	2016	LSIS 2011-12 LSIS 2016-2017
Proportion of demand for contraception satisfied (total)	71%	2012	Available in 2017	2016	
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months	70%	2012	89%	2015	SAS: 39.9% of outlets were verified to be stock out of at least one of the types of modern contraceptives they are supposed to offer 2015 – no-stock out 3 month
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	42%	2012	Available in 2017	2016	LSIS 2011-2012 LSIS 2016-17
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	Yes	2012	Yes	2016	

² The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)					Not available
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	No	2012			Increased budget for the procurement of FP commodities from 25,000 USD in 2012 to around 50,000 USD in 2016.

Summary of National Progress

- Health sector reforms have focused towards a decentralized and results-based Health Service Delivery approach.
- Lao PDR has achieved the MDG target of reducing its maternal mortality ration by three-quarters since 1990.
- The Maternal, Neonatal and Children Health Strategy was revised with strengthened the Reproductive Health component in particular unmarried young people.
- The Government achieved the goals of producing 1,500 midwives in 2015. The improved Midwifery Implementation Plan (MIP) focusing on improving quality of midwifery programme was finalized in 2015 and starts to be implemented.
- The Government has increased its commitment to Family Planning through increasing the budget for FP programme such as the training of implants and the procurement of FP commodities, and improving logistics management system as well as through its commitment to FP2020. The National Action Plan on Family Planning was endorsed in 2013.

UNFPA's Contributions

- Led the support to the Ministry of Health in the area of family planning programme. UNFPA provides both technical and financial support to improve the quality of family planning and expand the services to the remote communities and young people, such as through the CBD programme, the expansion of choices and providing assistance to MoH in FP2020 commitments. UNFPA is the only key donor that supports the Government in the area of FP.
- Supported the logistics management system including capacity strengthening in the area of forecasting.
- Supported village health workers and committee in reaching out to the rural and remote communities as well as generating demand.
- Led the assistance to the Ministry of Health in improving midwifery programme in all areas including the development of MIP, south-south collaboration with the Government of Thailand, midwifery training and advocacy for midwifery deployment.
- Supported in providing inputs and evidences to ensure the integration of SRH and ASRH in the health sectoral plan and programmes.
- Continuous advocacy to increase support to FP, gender and GBV in the health sector, ASRH, midwifery and maternal health.

Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health

Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)	F: 24% M: 28%	2012	Available in 2017	2016	LSIS 2011-12 LSIS 2016-17
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	Yes	2012	Yes	2016	National Population and Development Policy 2006 RH Policy 2006

Summary of National Progress

- Increased understanding and support of youth development and investments on young people by the Government.
- Comprehensive Sexuality Education is integrated into the Education Sectoral Plan (2016-2020).
- Sexuality Education is integrated into secondary education as well as non-formal education and technical and vocational training.
- Capacity of teachers in delivering sexuality education has been increased.
- Youth friendly services have been expanded and capacity of service providers in selected areas has been increased.

UNFPA's Contributions

- Led the support to the Lao Youth Union in conducting the Adolescent and Youth Situation Analysis which provides evidence for advocacy to increase focus on young people including adolescent girls.
- Advocacy and consultancy to support MoES to improve the teaching quality of the CSE at the secondary, non-formal and vocational level and to plan for the integration of CSE at the primary education level.
- Supported the Lao Youth Centre, MoH and MoES in expanding the youth friendly services and information to young people including rural youth and urban marginalized young people.
- Strengthened the capacity of young people in the areas of leadership and information provision.
- Supported the participation of young people in the national forums, such as the Youth-Parliamentarians Forum and the NSEDP consultation.

Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth

Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	No (Partially in the National Strategy for the Advancement of Women)	2012	No	2016	The National Gender Equality Plan (2016-2020) includes outputs and targets related to improve maternal and reproductive health.
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<p>Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle</p>					<p>In the first cycle (2011), the Government fully supported 71 of the 107 recommendations and partially supported 15 recommendations.</p> <p>In the second cycle (2015), the Government accepted 116 of the 196 recommendations.</p>
<p>Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances</p>	<p>58%</p>	<p>2012</p>	<p>Women who have experienced violence by their partners are more likely to agree that husbands are justified in hitting his wife for any reasons.</p>	<p>2015</p>	<p>LSIS 2011-12 VAW study 2015</p>

Summary of National Progress

- Significant advances have been made in gender-focused policy and legislation over the past five years. Lao PDR passed the National Law on Preventing and Combating Violence against women and children in 2015 and adopted the National Action Plan on Eliminating Violence against Women and Children in 2014. The first National Survey on Women’s Health and Life Experience, 2014: A Study on Violence against Women was finalized in 2015 and launched in early 2016.
- Capacity of the three main institutions responsible for gender-related work has been strengthened.
- Disaggregation of data by sex and age has improved.
- Lao PDR has amended the Labour Law with important new provisions for women in occupational safety, health and maternal benefits and protection.
- The gender equality gap has narrowed in all three levels of education enrolment.

UNFPA’s Contributions

- Led the support to the Government in conducting the first National Survey on Women’s Health and Life Experience, 2014: A Study on Violence against Women.
- Supported the data collection and analyses, such as LSIS and the Population and Housing Census, that will ensure
- Coordinated with UNICEF and UN WOMEN in providing the inputs to the development of the National Law on Preventing and Combating Violence against women and children and adopted the National Action Plan on Eliminating Violence against Women and Children.
- Contributed to capacity building of the National Commission for the Advancement of Women Secretariat in order to coordinate gender related issues including VAW.
- Inputs to the development of the National Gender Equality Plan and the 8th National Socio-Economic Development Plan and the Health and Education Sectoral Plans to ensure gender integration.

Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality

Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	0	2012	1	2016	Population and Housing Census 2015
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	1	2012	1	2016	LSIS 2011-12 LSIS 2016-17
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	0	2012	1	2015	Population Situation Analysis 2015
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	0	2012	1	2016	8 th NSEDP

Summary of National Progress

- Demographic analysis has been integrated into the 8th NSEDP (2016-2020). Key RH indicators have been included into the 8th NSEDP M&E Framework.
- Capacity for international standard quality population census has been increased.
- Capacity to conduct Lao Social Indicator Survey with SRH and gender has been increased.
- Capacity for demographic analysis and use of the SRH and population has been increased.
- Increased availability of disaggregated data by age, sex, education, geographic location, wealth quintile and ethnicity.
- Understanding and support to youth investment has been increased.

UNFPA's Contributions

- Led the support the Population and Housing Census 2015. UNFPA is a key partner in providing both financial and technical support the Lao Statistics Bureau in carrying out the PHC.
- In coordination with UNICEF, supported the Lao Social Indicator Survey 2011-2012 and the development of the LSIS 2016-17.
- Supported numbers of analyses to provide evidence for planning and programming including the National Transfer Accounts (demographic dividend), the Adolescent and Youth Situation Analysis, the Population and Development in Lao PDR, the Population Situation Analysis, and so forth. These evidences have been used in the 8th NSEDP formulation.
- Supported the curriculum development of the Master Programme on Population and Development at the National University of Laos.
- Advocacy and consultation in particular with involvement and participation of young people in the development planning process by using evidence.

D. Country Programme Resources						
SP Outcome Choose only those relevant to your CP	Regular Resource (Planned and Final Expenditure)		Others (Planned and Final Expenditure)		Total (Planned and Final Expenditure)	
Increased availability and use of integrated sexual and reproductive health services	3,658,040	2,716,818	5,027,855	3,647,600	8,685,895	6,364,418
Youth policies and programmes, and increased availability of comprehensive sexuality education	1,685,040	1,331,547			1,685,040	1,331,547
Advanced gender equality, women's and girls' empowerment, and reproductive rights	4,263,007	3,364,492	67,071	67,061	4,330,078	3,431,553
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	779,256	689,042			779,256	689,042
Programme coordination and assistance	934,619	638,889			934,619	638,889

Total	11,319,962	8,740,788	5,094,926	3,714,661	16,414,888	12,455,449
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Note: COGNO FMR, 2012 – 2016 dated 25 March 2016. Planned budgets and expenditures include personnel costs. The expenditures include the 2016 to-date expenditures i.e upto 25 March 2016.