REPRODUCTIVI	E HEALTH: [\$15.8	EPRODUCTIVE HEALTH: [\$15.8 million (\$5.8 million from regular resources and \$10 million from other resources]					
UNDAF		By 2015, the people in the Lao People's Democratic Republic benefit from equitable, promotive, curative and rehabilitative health services					
Outcome 4							
UNFPA SP		Access to and utilization of quality maternal and newborn health services increasedy					
Outcome /DRF 2							
	CP5 RH	By 2015, people in the Lao People's Democratic Republic will benefit from equitable, promotive, preventive, curative and rehabilitative					
	Outcome1	health services					
	CP5 Outcome 1	●% of women who desire to delay or prevent pregnancy and are not currently using any contraceptive method					
	Indicators	•% of births attended by trained health workers (excluding traditional birth attendants)					
		●% of health facilities with a trained midwife in place in selected provinces					
	CP5 Output 1	The Ministry of Health 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					
	Target Group/s	Primary target: policy and decision makers, training institutions; Secondary Target: health providers, sub-national planners					
	_						
	Geog. Location	National level and 4 targeted provinces: Savannakhet (Nong, Sepon, Vilabourly and Thapangthong districts), Oudomxai, LuangNamtha and					
		Phongsaly provinces					

Results/Deliverable at	Indicators/Baseline and	Strategies to achieve each Result	Key actions	Partners
Output Level (1)	Targets (2)	(3)	(4)	(5)
	Indicator1: Percentage [and number] MOH initiatives that result, in part, from the UNFPA support to an improved MOH coordination mechanism  Baseline: 0% [0 of 5]  Target: 60% [3 of 5]. These are: 1) MOH evidence based advocacy and programming to address MDG5; 2)	Strategy 1:Conducting evidence based advocacy and building strategic partnership to fast-track response to MDG5 targets  Strategy 2: Utilise existing coordination	Provide financial and technical support to MOH to:  Utilize information from LSIS and relevant studies & surveys to advocate for increased commitment and support for policy reviews and formulation, and inform programme planning on services and delivery to respond to MDG5  Enhance its institutional preparedness for service provision in response to SRH needs including GBV and in times of humanitarian disasters  Coordination between DTR and DOP in the deployment of certified midwifes  Coordinate the implementation of MNCH package	Cabinet/MO H National Assembly LWU, LYU Prof medical associations UNICEF, WHO, WFP,
	institutional preparedness for humanitarian disasters; 3) deployment of certified midwifes; 4) Coordinatedelivery of MNCH	mechanism and further strengthen capacity building of the MOH for sectoral coordination	comprehensively  Finalise, implement and monitor a comprehensive sectoral M&E framework that includes SRH indicators and targets.	JICA, UNFPA

Results/Deliverable at Output Level	Indicators/Baseline and Targets	Strategies to achieve each Result	Key actions	Partners
(1)	(2)	(3)	(4)	(5)
Result 2: Improved quality of	package; 5) design and implement a sectoral M&E framework that includes SRH indicators and targets MoV: Ministry of Health (MOH)'s Annual health Sector Reports  Indicator 2:% [and number] of health facilities (HC and DH) in	Strategy 1: Capacity building of DTR	Provide financial and technical support to MOH to:  Conduct training and supportive supervision for better	DTR/DOP/D HC/
care of pregnancy and child birth	target provinces with accredited skilled birth attendant  Baseline: 38 % [453 HC and DH]National  - 37 % [45HC and DH]Savanakhet province  - 0.57 % [9HC and DH]Oudomxay province  - 28 % [9HC and DH]Phongsaly province  - 31 % [17HC and DH]Lunagnamtha province  Target: 70% [834 HC and DH] National  - 70 % [85 HC and DH] Savanakhet province  - 70 % [23HC and DH] Oudomxay province  - 70 % [22 HC and DH] Phongsaly province  - 70 % [38 HC and DH] LunagNamtha province  MOV: Annual Report of Department of Training and	to sustain the production of competent health care providers for skilled birth attendances  Strategy 2: Strengthen capacity of DHC to support quality and coverage of maternal neonatal health services including EmONC in target provinces	implementation of Health planning, management and service provision of MNCH, EmONC, FPA, SRH information and services and disaster preparedness and response plans  Provide oversight to the training institutions and follow up with trainees  Review, revise and monitor the implementation of the national SBA Plan  Conduct training and supportive supervision to increase the number and quality of midwife teachers  Implement quality assurance system to produce accredited and licensed midwives; and enhance the skills of other service providers for the provision of SBA services  Provide financial and technical support to MoH in the target provinces to:  Equip selected facilities for the provision of skilled birth attendance appropriately by level, including EmONC  Review referral system from communities-Health Centre-district-province with focus on effective communication from health centre to other hospitals	OBGY soc.  UNFPA/WH O/UNICEF /JICA / Medicines du Monde  DOP/OBGY soc./MCHC UNFPA/WH O/UNICEF/ WB/ADB/L ao-Lux Dev. proj/JICA

Results/Deliverable at	Indicators/Baseline and	Strategies to achieve	Key actions	Partners
Output Level (1)	Targets (2)	each Result (3)	(4)	(5)
(1)	Research, MOH	(3)	(4)	
	Indicator 3: % [35 HC and			
	<b>DH</b> ] of health facilities (HC and			
	DH) in 4 target districts of			
	Savannakhet province equipped			
	to provide adequate EmOC			
	services [Note: equipped refers			
	to equipment and not RH			
	commodities and Adequate			
	EmOC services refers to provide the essential MNH and			
	basic EmOC equipment for			
	health centres in the same four			
	Districts so they can provide			
	quality care in pregnancy,			
	during and after birth including			
	early first line treatment of			
	complications prior to referral]			
	<b>Baseline</b> : 0% [0 of 35] of HC			
	and DHequipped in 4 target			
	districts in SVNK			
	<b>Target:</b> 100 % [35 of 35] of HC			
	and DH equipped in four target			
	districts, Savanakhet province			
	MOV: Annual walk through			
	audit reports, department of			
	health care			
	incartii care			
Result 3:	Indicator 4:% of health	Strategy 1: Capacity	Provide financial and technical support to MOH to:	MPSC/Provi

	ts/Deliverable at Output Level	Indicators/Baseline and Targets	Strategies to achieve each Result	Key actions	Partners
logistic system commo	ved integrated es management for RH odities – Food and department -	facilities (HC and DH) in 4 target districts of Savanakhet province with no stock outs of any RH commodities in the last six months recorded in selected districts in target provinces.  Baseline: 35 % in 4 target districts of Savanakhet province  Target:85% 4 target districts of Savannakhet province  MOV: Annual stock availability survey.	building of MPSC/FDD to manage integrated LMIS in target provinces.	Conduct training and supportive supervision on integrated logistics management system in SVK, LNT, ODX, PSL provinces for all levels of service provision.  Procure and distribute EmOC equipment and supplies as well as contraceptives  Establish new partnerships to increase distribution channels for RH commodities [includes Private Sector]  Expand contraceptive choice	nces/FDD, MCHC/ DHC/DHHP
	CP5 Output 2	child health		have access to an integrated package of services on maternal, neona	atal and
	Target Group/s	Primary target: Communities Second	ondary Target: Health Service	providers and managers	
D 1/	Geog. Location:	SVK, LNT, ODX, PSL	G	Date to the state of the state	DIIG/DOD/
remote popula compre matern health plannin preven	ved access for e and vulnerable ation to ehensive hal, neonatal care, family ng, STI and HIV ation and youth by information	Indicator 1: Percentage [and number] of villages with community health volunteers and committees with capacity to provideSRH services(including delivery quality FP commodities, and information)in the 4 target districts in SVNK province  Baseline: To be estimated. Target: 50% [60] of target villages of 4 target districts of	Strategy 1: Institutional capacity development to improve quality of care for maternal neonatal health including family planning, and EmOC specifically for remote areas and vulnerable population	<ul> <li>Build Capacity of MoH at all levels to monitor and improve quality of MNH care in selected facilities in collaboration with DHC with a special focus on vulnerable population and remote areas</li> <li>SupportMoH to review referral system from Health Centre -district-province with focus on effective communication from health centre to other hospitals</li> <li>Conduct facility based MDR</li> <li>Strengthen clinical supervision system, including implementation of clinical guidelines and protocols</li> <li>Support provincial staff to conduct case review and clinical seminar on case studies focusing on MNH in targeted districts and provinces</li> <li>Strengthen capacity of facilities to deliver quality FP, focusing on long term methods</li> </ul>	DHC/DOP/ DHP/LWU WHO/UNIC EF/WB/WW F/HI/BI LaoNCAW/ LWU

Results/Deliverable at Output Level	Indicators/Baseline and Targets	Strategies to achieve each Result	Key actions	Partners
(1)	(2)	(3)	(4)	(5)
	SVNK province.  MOV: Village Health Committee reports and district annual reports  Indicator 2: Percentage [and number] of health facilities that provide minimum standards in remote areas and to vulnerable population, in the 4 target districts in SVNK province Baseline: 0 Target: 95% [35;31 HCs and 4 DH TTI] of health centres of 4 target districts in SVNK province MOV: Audit report on 10 MR + village health committee reports	Strategy 2: Empowering communities to be more responsive to the sexual and reproductive health needs of women, adolescents, young people and families	<ul> <li>Joint monitoring visits, joint reviews</li> <li>Conduct and monitor outreach activities</li> <li>Use participatory community assessment approach to identify gaps and areas for support</li> <li>Scale up a community based initiative to increase access to information and services for improved health seeking behaviour for MNCH care including FP for the most vulnerable including young people and adolescents; rural women and men.</li> <li>Develop innovative partnerships to generate and provide information on MNCH and FP for the development and support of appropriate interventions to scale up access to information and services for selected groups in the target provinces and districts</li> </ul>	
	Indicator 3: Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive methodin SVNK province Baseline: 37.1% Target: At least 51.1% MoV: Annual report of MCHD of Savannakhet Province			

Outp	eliverable at ut Level (1)	Indicators/Baseline and Targets (2)	Strategies to achieve each Result (3)	Key actions (4)	Partners (5)		
	(1)		(3)	(4)	(3)		
UNFPA SP Outcome/		Young people's access to sexual	and reproductive health ser	vices and sexuality education improved			
DRF 6	CP5 RH Outcome CP5 Outcome 1 Indicators	<ul><li>% of women who desire to de</li><li>% of births attended by traine</li></ul>	By 2015, people in the Lao People's Democratic Republic will benefit from equitable, promotive, preventive, curative and rehabilitative health services  of women who desire to delay or prevent pregnancy and are not currently using any contraceptive method of births attended by trained health workers (excluding traditional birth attendants) of health facilities with a trained midwife in place in selected provinces)				
	CP5 Output 3 Target Group/s Geog. Location	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  Primary target: Teachers/Providers/Adolescent girls Secondary Target: Adolescents and young people  Eight TTIs (LNT, LPB, VTE Pro, XK, SVK, SLV, CPS, VTE Cap), Savannakhet, LuangNamtha, Odomxay, Phongsaly					
commitmer SRH needs	ES sectoral nts to the of s and young	Indicator 1: MOH and MOES endorse and implement the recommendations of the AYSA Baseline: No comprehensive situation Analysis on Adolescent and Youth Target:Report on AYSA Endorsed  Baseline: 0 % ofrecommendations acted upon Target:80%[NumberTBDwhen report is submitted] MOV:Annual sectoral plans and RTM reports	Strategy 1: Build consensus on the SRH needs of young people through a participatory process among all relevant partners	<ul> <li>Provide financial and technical assistance to conduct a comprehensive situation analysis on adolescents and young people in Lao PDR</li> <li>Provide support for the utilization of data and information from the situation analysis to fast track appropriate responses to the needs of adolescents and young people in various sectors</li> <li>Build strategic partnership with youth networks</li> <li>Advocate for a dedicated response by the health sector, MOE for SRH needs of adolescents and young people [cross MPI's reference to PD output]</li> </ul>	MoH, MOE, LYU, MPI, ILO, UNESCO, Cabinet, UNICEF, WHO, INGOs		

Results/Deliverable at Output Level	Indicators/Baseline and Targets	Strategies to achieve each Result	Key actions	Partners
(1)	(2)	(3)	(4)	(5)
Result 2:  SRH component incorporated in institutional teaching programmes in formal and non-formal settings	Indicator 2: Number of departments that have implemented curricula to SRH needs of young people  Baseline: 2 departments in MOES have implemented integrated curricula secondary and primary schools)  Target: 5 departments in MOES have implemented integrated curricula (plus TTI, Technical, vocational and nonformal departments)  MOV: Progress reports and draft curricula of relevant departments of MoES	Strategy 1: Adapting and modifying existing SRH curricula for the different levels and settings	Provide financial and technical support to MoES to:  Enhance the capacity of selected departments of MoES to prepare teachers for the implementation of rights-based, gender sensitive and socially inclusive, age appropriate SRH curricula for both formal and non-formal education settings and provide supportive supervision  Strengthen institutional capacity of MoES at selected sub-national level to implement, provide supportive supervision and monitor the implementation of SRH curricula	MoES DeptofDER , TTD, TVET, NFE, DSE
Result 3: Increased access to SRH information and services to adolescents and young people in defined target provinces	Indicator 3: Proportion of target district hospitals and TTI in Savannakhet Provinceproviding youth friendly services  Baseline: 0 out of 6 Target: At least 50% of DH (3 out of 6) and TTI in Savanakhet providing YFS  MOV: End line survey 2015  Indicator 4: Percentage [andNumber] of eligible adolescent girls (married and unmarried) provided with contraceptives by midwifes in four targetdistricts of SVNK	Strategy 1: Using existing institutional system and structures for the delivery of SRH information and services to adolescents and young people  Strategy 2: Application of operational research methodologies to respond to the needs of adolescent girls	<ul> <li>Disaggregate routine data by age for analyses, reporting, planning and advocacy</li> <li>Integrate ASRH into the MNCH Package</li> <li>Build strategic partnerships with youth networks to deliver SRH information and services alongside their responses to the needs of adolescents and young people in the target provinces</li> <li>Proactively synergize ASRH provision with other UN agencies' support to adolescents and young people in the 4 target provinces</li> <li>Develop, implement and monitor an adolescent girls initiative</li> <li>Advocacy and communication (including media) on demographic bonus data – focusing on empowering adolescent girls to be part of development</li> <li>Secondary analysis of LSIS on adolescent girls and boys (premarital sexual activity, adolescent unmet need for contraception, adolescents in ethnic minorities and unmet SRH needs etc).</li> </ul>	MoH Cabinet, DHC, DHP, MCHC, CHAS, DOP

Results/Deliverable at Output Level	Indicators/Baseline and Targets	Strategies to achieve each Result	Key actions	Partners
(1)	(2)	(3)	(4)	(5)
	province  Baseline: [To be determined]  Target: 30 %  MOV: CMW monthly report, Annual Report of MCHD of SVNK Health Department		<ul> <li>Evidence based Advocacy to MOH and MCH Commission, as well as provincial level, to make adolescent pregnancy a priority</li> <li>Policy brief on adolescent girls from findings of situation analysis</li> <li>Savannakhet pilot FP programme for outreach to married/sexually active adolescents – "Smart young women wait for healthy children"</li> <li>Focus on midwives to provide outreach contraceptive counselling and services to young married couples (and unmarried)</li> <li>Ensure that midwives follow up pregnant adolescents – specific information system in clinic</li> <li>Savannakhet pilot AFS – link with increase demand targeting adolescent girls and boys, through peer education, youth comic</li> <li>Anaemia of adolescent girls is entry point for midwives to talk to adolescent girls in community with weekly iron supplements. If WHO programme not present in project districts, consider iron supplements and deworming as an entry point.</li> <li>Link with VHDC, VEDC (similar to PTA) and district planning – keep girls in school (use of block grant effectively to reach drop out families), funding for additional midwife outreach</li> <li>Support of mobile teachers through MOE non-formal education (volunteers who receive 600,000 kip per year) which is active in Savannakhet. Additional option to reach out of school girls in village</li> <li>GBV survey - separate analysis of 15-19 adolescent girls data</li> <li>Work with TTI and midwife teachers to ensure that gender issues are highlighted in the ASRH module. Teachers to be encouraged to focus on prioritising girls - positive discrimination</li> <li>Education policy on married and pregnant students (included in 2011-2015 National Strategy and Action Plan on Inclusive education but not implemented). Advocacy at provincial level if not national level could be implemented.</li> <li>Work with LWU on awareness programme changing norms on adolescent pregnancy and GBV</li> <li>Opportunity to link with AusAID and Plan</li></ul>	

	liverable at it Level	Indicators/Baseline and Targets	Strategies to achieve each Result	Key actions	Partners		
	1)	(2)	(3)	(4)	(5)		
UNDAF Outcome 1	ION AND DE			and \$3 million from other resources] growth for poor people in the Lao People's Democratic Republic;			
UNFPA SP Outcome/ DRF 7			mprovements in data availability and analysis result in improved decision-making and policy formulation around population dynamics, exual and reproductive health, and gender equality				
	CP5 PD Outcome1	By 2015, the Government promote	es equitable and sustainable gr	rowth for poor people in the Lao People's Democratic Republic			
	CP5 Outcome Indicators		<ul> <li>Indicators in the national socio-economic development plan, which are updated annually</li> <li>Progress towards disaggregated updates on the national socio-economic development plan indicators in the annual report</li> </ul>				
Propose to combine	CP5 Output 4 CP5 Output 5	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  National training and research institutions are better able to contribute to the analysis of demographic changes and social development					
	Target Group/s	Primary target: MPI, relevant sect		Secondary Target: policy-makers			
	Geog. Location	National, Savannakhet, LuangNar					
Result 1: Increased av and accessib quality, disa population d LSIS and oth	oility to high ggregated lata through	Indicator 1: Percentage of the six key MDG-5 indicators based on the LSIS data are up-to-date, disaggregated and available to key decision-makers including MOH and MPI  Baseline: 0% [0 of 6]  Target: 100 % [6 of 6]  MOV:LSIS report	Strategy 1: Strengthening partnership with development partners to support the Government in implementing the Strategy for the Development of National Statistical System through LSIS, other national surveys and Census	<ul> <li>Provide financial and technical support to MPI/LSB to:</li> <li>Finalise data collection and analyse the LSIS, and produce the preliminary results that focuses on key ICPD and MDG related areas such as women's health and reproductive rights, issues relating to young people/adolescents and VAW/GBV</li> <li>Produce LSIS national and provincial level reports and advocacy materials in Lao and English, disseminate and integrate in Lao-Info, and initiate preparation for the next round of LSIS</li> <li>Initiate preparatory activities for the next round of Census, GBV survey, AYSA, SAS</li> </ul>	MPI (LSB) MoH UNICEF, UNDP, World Bank		

Results/Deliverable at Output Level	Indicators/Baseline and Targets	Strategies to achieve each Result	Key actions	Partners
(1)	(2)	(3)	(4)	(5)
Result 2: Increased capacity of MPI to analyse and apply appropriately disaggregated population data in planning, monitoring, reporting and policy advocacy	Indicator 2: Percentage [and number] of UNFPA supported surveys  Baseline: 40 percent[2 of 5] (LSIS, SAS), Target:At least 80 percent(4 out of 5 - LSIS, GBV survey, AYSA, SAS, Census) MoV: LSIS, SAS reports, GVB, AYSA reports  Indicator 3: Developed guidelines for MPI to integrate population, gender into NSEDP Baseline: No Guidelines Target:Guidelines developed MOV:Guidelines	Strategy 2: Strengthening understanding and skills of MPI in particular DoPin the integration of population and gender into planning through the use of evidence.	Provide financial and technical support to MPI to:  1. Develop the guidelines to integrate population, gender into NSEDP 2. Coordinate capacity enhancement for sector planning 3. Integrate population variables into national and district planning 4. Build partnership with institutions to enhance the planning and monitoring capacity of sectors to integrate population variables in their work	MPI, UNDP, Line Ministries/ Institutions, provinces, LSB, UNICEF, MoH, NUoL,

Outpu	eliverable at at Level 1)	Indicators/Baseline and Targets (2)	Strategies to achieve each Result (3)	Key actions (4)	Partners (5)
UNDAF Outcome 2		By 2015, the poor and vulnerable transparent decision-making	benefit from improved deliver	ry of public services, effective protection of their rights and greater partic	ipation in
	CP5 PD Outcome 2 CP 5 Outcome Indicators	By 2015, the poor and vulnerable transparent decision-making  • % of senior-level (level 5 upwar	rds) civil servants who are wor	ry of public services, the effective protection of their rights and greater particle.  men <sup>1</sup> t-finding reports or legislative studies on the impact of such laws on the p	
	CP5 Output 6 Target Group/s	The National Assembly is better able to provide advocacy, oversight, legislation and representation on population, reproductive health and gender issues  Primary target: MPs and NA staff  Secondary Target: communities			
	Geog. Location	National			
Result 1: Increased M RH & ASRI	IP support to	Indicator 1: Number of fact finding missions that monitor population, gender and reproductive health Baseline:0% [0 of 10] Target:100% [10 of 10] MOV:NA Mission Reports  Indicator 2: Number of inter-sessions that includes RH & ASRH, GBVin their agenda; Baseline:0% [0 of 8]	Strategy 1: Utilizing the existing structures to enhance the knowledge of MPs and NA staff on population and development	Provide financial and technical support to NA through selected committees to supportRH& ASRH, GBVconcerns in legislation	NA, UNDP, UN Women, UNICEF, LAPPD- AFPPD
		Target: 100% [8 of 8] MOV:NA Reports			

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<sup>&</sup>lt;sup>1</sup>The indicator is beyond the CP5 and implementation to measure the achievement as there are many factors influence outcome statement and indicators therefore, no results/indictors and strategy are set to link to this outcome indicator.

Results/Deliverable at Output Level (1)		Indicators/Baseline and Targets (2)	Strategies to achieve each Result (3)	Key actions (4)	Partners (5)
(1)		(2)	(3)	(4)	(3)
GENDER: UNDAF Outcome 10	\$0.7 million (	<b>\$0.2</b> million from regular resources and \$5 million from other resources]  By 2015, the people in the Lao Democratic People's Republicbenefit from policies and programmes that promote gender equality and the participation of women in formal and informal decision-making			
SP Outcome /DRF 5		Gender equality and reproductive rights advanced, particularly through advocacy and implementation of laws and policy			
CP5 By 2015,the people in the Lao Democratic People's Republicbenefit from policies and programmes that promote gender equation women in formal and informal decision-making					rticipation of
Outcome 1 Indicators  Outcome 1 Indicators  Number of actions implemented in the national strategy for the Number of recommendations of the Committee on the I				e advancement of women, 2011-2015 Elimination of Discrimination against Women acted upon by sector.	
	CP5 Output 7	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			
	Target Group/s	<u>Primary target:</u> LaoNCAW and selected Sub-CAWs <u>Secondary Target:</u> Decision-makers, sectoral ministries, communities			
	Geog. Location	National, Savannakhet, LuangNamtha, Odomxay, Phongsaly			
Result 1: Improved availability of high national quality data on GBV/VAW		Indicator 1: National GBV report Baseline:No report Target:NationalGBV report completed MOV: National GBV report	Strategy 1: Building strategic partnerships to produce the report and validate the findings	<ul> <li>Provide financial and technical support to LaoNCAW Secretariat –LSB to:</li> <li>Convene the Steering Committee to conduct and validate the survey</li> <li>Conduct the survey and produce the report</li> <li>Build strategic partnerships for technical quality and funding, and validate findings</li> <li>Build capacity of LSB on gender-based violence data collection, analysis and utilization issues</li> </ul>	LSB WHO MOJ MOH LaoNCAW LWU SubCAWs UNWomen OXFAM