



United Nations Population Fund

UNFPA Management Response to Evaluation

Country, Region or HQ Division/Unit that Commissioned the Evaluation	Lao-ASIA
Evaluation Title	Evaluation of two UNFPA Lao PDR Programmes:
Year of the Evaluation	2014
Type / Focus Area of Evaluation	ReproHealth
MR Submission Date	March 11, 2015
Approved By	
Evaluation Manager	

General Management Response

UNFPA Laos accepts most of the recommendations of this CBD/IFC evaluation, and will take concrete actions to address the issues identified. These have been outlined in the detailed management response. Our team was however not able to accept all recommendations, as some recommended aspects would not be sustainable or are not in line with Government policies and UNFPA strategic objectives.

Recommendations

Recommendation 1 : Overall: UNFPA Lao PDR should continue to support CBD programmes with the understanding that current problems (stock

outs, delay in payments, lack of training, lack of supportive supervision field visits, and insufficient HH visits) need to be addressed. CBD clients in remote areas are highly vulnerable to interruption of contraceptive supplies; they should be receiving more than just one month-supply of contraceptives per month. At the same time, there should be recognition that CBDs are a stop gap measure until alternate cadre, such as Village Health Workers (VHWs), midwives, and/or HC services or HC Outreach services are available to all women in remote rural areas. The continuation of UNFPA Lao PDR support will require close consultation with National, Provincial and District level MoH counterparts to develop a detailed work plan that a) resolves mutually agreed priority problems, and b) assigns clear responsibilities to Provincial and District level counterparts for training, supportive supervision and improved monitoring.

Management Response : Accepted

Key Actions :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments
1. Train MCHC staff on projection, analysis of consumption data and re ordering of commodities	December 31,2015	SVK PHD UNFPA RH Team	December 19,2016,Completed	From 2015 to now, 30 MCHC staff were trained on the projection, analysis of commodities data.
			December 19,2016,Completed	By December 2015, MCHC staff trained
			July 14,2015,On Schedule	
			March 11,2015,On Schedule	
2. Revised CBD training manual to include collecting data on No of WRA in target villages, so that correct amount of commodities can be provided	March 31,2015	MCHC, UNFPA RH team	July 14,2015,Completed	CBDs trained in Q1, now collecting data
			March 11,2015,On Schedule	
3. Joint planning and monitoring with SVK provincial team	March 31,2015	SVK PHD UNFPA RH Team	July 14,2015,Completed	HSS Officer conducted FMV with MoH. Future visits to Savannakhet are planned.
			March 11,2015,On Schedule	

Recommendation 2 : Overall: The CBD Plus model appears to be promising and should be considered in remote areas not served by a HC Outreach programme, with the reservation that this should only be considered if and when current CBD programme problems (mentioned in R1 above) have been resolved. The institution of the CBD Plus model requires a mid- to long-term consultation and planning process that achieves a consensus with key stakeholders (GoL MoH, UNICEF, JICA, WB and other interested donors and NGOs) on priority Provinces and Districts and sources of funding. It should include a district level piloting process with a costing study that weighs the costs of the additional services against their potential benefits.

Management Response : Partially Accepted

Recommendation 3 : Relevance/effectiveness: As recommended by WHO and other internationally recognized RH authorities, CBDs with a suitable background should be trained to provide injectable contraception. The CBDs should also be trained to effectively counsel and refer women for longer-term options of IUDs and implants. In the short-term, it is acknowledged that the current legal constraints may limit training to CBDs with health experience. Given the logistical challenges and the need for intensive training to assure quality of care, this activity requires piloting at the Province and District level to develop and test an injectable service delivery protocol in close consultation with the relevant MoH cadre responsible for overseeing the CBDs (currently at the DHO level). While the MCHC is clearly capable of providing training for the introduction of injectables, consideration should be given to using international technical assistance from clinical experts who have prior experience with lessons learned in the introduction of injectables within other CBD programmes. UNFPA Lao PDR should develop a concrete time-bound advocacy strategy toward revising current regulations on the types of CBDs who are permitted to provide injectables.

Management Response : Partially Accepted

Recommendation 4 : An explicit CBD TOR should be developed in consultation with CBDs so that it reflects realistic performance standards. CBDs should be trained based on this revised TOR. The development of an updated CBD TOR requires in-depth consultation with key stakeholders in the MCHC at the National, Provincial and District level, including the CBDs. The development of this CBD TOR will require UNFPA support to cover the costs of the consultation process. An independent national or international consultant should be hired to take responsibility for the completion of this task. This is a matter of considerable urgency and should be prioritized for completion in 2015 in coordination with the activity described in R5 below.

Management Response : Accepted

Key Actions :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments
1. Revise CBD TOR	March 31,2015	MCHC, UNFPA RH team	July 14,2015,Completed	Completed in Q1, including evaluation recommendations and training on revised TOR
			March 11,2015,On Schedule	

Recommendation 5 : The finding that CBDs are only visiting current users for re-supply needs to be further explored and confirmed. Efforts are needed to increase CBD interaction with non-users (both men and women). Guidelines for CBD visits to HHs need to be revised so as to increase contacts with non-users, especially women whose husbands are not supportive of family planning. These guidelines should include practical suggestions for regular village meetings to provide outreach to husbands to inform them on FP and MNCH issues and allay fears concerning contraceptive side effects. UNFPA Lao PDR should use existing funds and staffing for monitoring and evaluation visits to confirm the findings at the District level. Assuming these findings are confirmed, the above mentioned consultation in R4 should be used to develop guidelines to ensure greater contact with non-users of contraception. This is a matter of considerable urgency and should be prioritized for completion in 2015.

Management Response : Accepted

Key Actions :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments

1. Revise CBD training and guideline to include gender and working with men	March 31,2015	MCHC, UNFPA RH team	July 14,2015,Completed	CBD trained on Gender and men involvement
			March 11,2015,On Schedule	
2. Conduct joint monitoring with district team	March 31,2015	MCHC, UNFPA RH team	July 14,2015,Completed	Joint FMV in Phongsally and Savannakhet, promoting proactive approach of CBDs
			March 11,2015,On Schedule	
3. Ensure that TOR of CBD includes actively seeking out clients, using no miss opportunity	March 31,2015	MCHC, UNFPA RH team	December 19,2016,Completed	TOR was revised with included a duty for CBD to reach out a single household. the TOR was revised at the end of 2015 and conducted refresher training for CBD in 2016.
			July 14,2015,On Schedule	TOR revised and includes proactive approach.
			March 11,2015,On Schedule	

Recommendation 6 : Promote the introduction of long-term family planning methods (IUD and Implants) and improve CBD knowledge and understanding for effective counselling for these long-term methods to be credible sources of referrals. The promotion of the introduction of these long-term methods requires a long-term strategic planning process that builds on existing UNFPA Lao PDR activities in support of introduction of the IUD and implants (collaboration with MoH). The process of introduction should be piloted at the District level with careful attention to the training needs of CBDs for referrals and follow-up for interested clients.

Management Response : Accepted

Key Actions :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments

1. Revise CBD training and guidelines to include counselling on long term methods	March 31,2015	MCHC, UNFPA RH team	May 25,2017,Completed	counselling on long term methods integrated in the training and guidelines for HCs.
			July 14,2015,Completed	
			July 14,2015,On Schedule	Training on LT methods (implants, Sayana press, etc.), enabling CBDs to provide information and refer to HCs
			March 11,2015,On Schedule	
2. Supportive supervision of CBDs while working	April 30,2015	MCHC, UNFPA RH team	July 14,2015,Completed	District MCHC doing, and ongoing
			March 11,2015,On Schedule	
3. Support to establish/integrate into exiting referral system	December 31,2015	MCHC, UNFPA RH team	December 19,2016,Completed	it has been integrated in the existing referral system.
			July 14,2015,On Schedule	CBDs trained on referring clients to HCs if needed
			March 11,2015,On Schedule	

Recommendation 7 : Provide regular annual refresher training (in minority languages as needed in all Provinces) for CBD counselling skills, especially to address women's and men's concerns for contraceptive side effects. More culturally-specific training is urgently needed to reduce these cultural barriers. The CBDs need training to go beyond standard approaches to address the local cultural issues. The monthly to quarterly CBD visits to the DHO for reporting and resupply present a good opportunity for regular in-service training and should be used accordingly. An external national or international consultant with expertise in SRH counselling, especially concerning side effects for hormonal methods, should be hired to do a short term assessment of CBD counselling needs and develop refresher training curricula based on this assessment. This is a matter of considerable urgency and should be prioritized for completion in 2015.

Management Response : Accepted

Key Actions :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments
1. Refresher training had been planned, using revised CBD training manual and guidelines	June 30,2015	MCHC, UNFPA RH team	July 14,2015,Completed	Refresher training completed, based on revised material, shared with CBDs
			March 11,2015,On Schedule	

Recommendation 8 : Fund capacity building for adequate Supportive Supervision for CBDs at least 2 times per year. The capacity building for supportive supervision for CBDs has to be informed by the updated CBD TOR and the ground-truthing of the current realities of CBD performance (See R4 and R5). The process of instituting genuine supportive supervision will require considerable planning and development efforts. It needs to be based on a common vision of the CBD TOR achieved among all key stakeholders from the CBD programme, including MCHC staff at the National, Province and District level. HC staff should also be consulted. The current management structure for Supportive Supervision requires active participation of DHO staff but HC staff should also be actively involved. Both DHO and HC staff need to be sensitized to the current problems with CBD performance and trained on the concept of supportive supervision in a participatory, non-judgemental basis.

Management Response : Accepted

Key Actions :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments

1. UNFPA is currently supporting MOH to finalise SS mechanism, which CBD SS will be part of	November 30,2015	DHC, MCHC, UNFPA RH team	May 25,2017,Delayed	SS mechanism is ongoing in 2017.
			December 19,2016,Delayed	The SS mechanism of MOH is still ongoing. the delay is due to number of challenges including the coordination and technical capacity of MOH. SS mechanism will be continued in 2017.
			July 14,2015,On Schedule	Currently working on the development of guidelines with DHC
			March 11,2015,On Schedule	

Recommendation 9 : If CBD activities were not to be funded anymore, UNFPA should develop an “exit strategy” for the CBD programme that ensures a gradual phase out, with a minimum of three-month advance notice that allows women sufficient time to find credible alternate sources of FP. The decision to end funding for CBD activities should be made within a dialog with the implementing partners at the National and Provincial and District level that anticipates the consequences for both clients and implementing staff, the CBDs. Lead time is critical to ensure that CBDs have been fully briefed on how to notify clients well in advance, providing them with at least three months extra supply of their current contraceptive. The CBDs should be trained to counsel FP clients on the alternative sources of their current method or sources of alternative methods of FP available from the nearest HCs or District Hospital. Transport should be provided for those women who are currently using OCs, but decide they would like to opt for longer term methods, such as injectables, IUD or Implants and need to go to a HC or District Hospital.

Management Response : Accepted

Key Actions :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments
1. Exit strategy will be developed this year	June 30,2016	MCHC, UNFPA RH team	December 19,2016,Completed	exited strategy is avialble
			July 14,2015,On Schedule	
			March 11,2015,On Schedule	

Recommendation 10 : While it is acknowledged that CBD programme is not currently sustainable, in the short term UNFPA should advocate for GoL and other donor agencies to fund CBD programmes in future. A concrete, time-bound (through 2015) advocacy plan should be developed to encourage alternate donor support for the CBD programme, the highest priority being for the inclusion of the CBD programme within ongoing GoL budget. This could be done with external assistance from a national or international consultant with expertise in developing cost estimates to provide a basis for developing a compelling rationale for GoL funding for CBD programmes in terms of births averted, reduced infant and child deaths and reduced maternal morbidity and mortality (See R11 below). In the longer term, UNFPA should, along with other partners, support efforts to integrate family planning services in remote areas within a GoL MNCH integrated service package.

Management Response : Accepted

Key Actions :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments
1. Advocacy with MOH	December 31,2015	MCHC, UNFPA RH team	December 19,2016,Completed	Exited strategy is available, the CBD programme has been integrated into RMNCH. strategy.
			July 14,2015,On Schedule	
			March 11,2015,On Schedule	
2. Provide inputs into VHW training and TOR	December 31,2015	MCHC, UNFPA RH team	December 19,2016,Completed	UNFPA worked with DRT through integrated FP HR to VHW training.
			July 14,2015,On Schedule	
			March 11,2015,On Schedule	

Recommendation 11 : Adapt existing PSI IPC or similar cost effectiveness models to the CBD programme in order to better assess comparative District and Provincial performance, especially to identify new clients. UNFPA Lao DPR should establish a dialog with PSI Laos to identify opportunities for sharing experience and expertise in cost effectiveness methods that can be adapted to the UNFPA PDR CBD Programme. If PSI Laos is unable to provide assistance, it should be possible to identify a short term national or international consultant with the required expertise to develop a model tailored to UNFPA Lao PDR requirements.

Management Response : Partially Accepted

Recommendation 12 : Also consider collaboration with PSI IPC management for sharing and/or adaptation of IPC systems for monitoring for more rigorous and regular supportive supervision of CBDs. As outlined in R11, PSI Laos has developed rigorous monitoring systems for its IPC programme that might be pertinent for the CBD programme monitoring, such as systematic random follow up of clients to verify the number and quality of CBD visits with FP clients. As with R11, in the absence of PSI Laos collaboration, a short term national or international consultant would be able to address this need.

Management Response : Accepted

Key Actions :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments
1. Consult with PSI on their monitoring system and supportive supervision	June 30,2015	MCHC, UNFPA RH team	July 14,2015,Completed	Information received, however approach different and not fully relevant.
			March 11,2015,On Schedule	

Recommendation 13 : Fund capacity building to enhance the Provincial and District level M&E data collection and reporting, especially for capacity

building to improve the validity of village level denominators for CBD indicators. UNFPA Lao PDR should seek to achieve a coordinated effort between its Population and Development staff and SRH staff to reach out to the responsible entities at the National, Provincial and District level who have recently overseen efforts by HC staff to collect estimates of catchment populations at the sub-district level. The CBD programme's need for accurate village-level estimates of women of reproductive age is closely aligned with these ongoing efforts and should be coordinated to ensure a) access of current data b) coordination and capacity building to ensure improved validity of future data collection.

Management Response : Accepted

Key Actions :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments
1. During the refresher training for CBD there is one section that will discuss on data collection and CBD will collect the number of women in reproductive age of their catchment areas	July 31,2015	MCHC, UNFPA RH team	July 14,2015,Completed	
			March 11,2015,On Schedule	
2. Work with provincial and district health teams to understand/assess current M&E system to improve data collection and use	December 31,2015	M&E team and provincial and district health + RH team	July 14,2015,Completed	Being done continuously, recently with a multi-divisional team from Moh, and in Q3 supporting specifically Savannakhet
			March 11,2015,On Schedule	

Recommendation 14 : Given the cultural barriers to access and use of MNCH services, future CBD training should have a gender component . Strengthen CBD refresher training to include gender awareness for CBDs with the goal of improved counselling skills for working with husbands and young men in support of women's needs for access and use of MNCH service, especially to address husband and wife opposition to FP based on concerns for side effects. UNFPA Lao PDR should seek technical assistance to adapt or develop an appropriate gender training module from gender experts, such as from UN Women, or from centres of excellence in gender training with men such as Instituto Promondo or the International Centre for

Research on Women.

Management Response : Accepted

Key Actions :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments
1. The CBD training manual will be revised and include the gender component	December 31,2015	MCHC, UNFPA RH team	July 14,2015,Completed	Gender included and CBDs trained in Q1
			March 11,2015,On Schedule	

Recommendation 15 : Strengthen UNFPA Lao PDR budget and project management procedures to avoid unexpected gaps in disbursements. UNFPA Lao PDR should seek support for an external short-term management consultant to conduct a short-term review of UNFPA Lao PDR’s financial and management systems to identify opportunities to streamline reporting and fund disbursement both for short- and long-term programme implementation. This consultant should ideally be from outside UNFPA, but have prior experience in providing technical assistance to UNFPA to reduce financial and management bottlenecks.

Management Response : Partially Accepted

Recommendation 16 : Support capacity building for provincial and District level counterparts for project management and reporting. Based on the outcome of R15, UNFPA Lao PDR financial and management staff should develop a short-term training program to assist implementing partners to anticipate and respond to UNFPA reporting and budget requirements and deadlines.

Management Response : Accepted

Key Actions :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments
1. The financial training will be conducted for SVK	November 30,2015	DIC, UNFPA RH and finance teams	December 19,2016,Completed	Regular training, including financial management, was conducted for IPs including SVNK in 2015.
			July 14,2015,On Schedule	
			March 11,2015,On Schedule	

Recommendation 17 : Obtain funding for designated UNFPA staff or competent local national NGOs (such as Care, PSI or Save the Children, etc.) to have an on-going field presence to provide longer term support for CBD capacity building, especially for CBD Plus. UNFPA Lao PDR should review options for establishing a full time province level presence in support of the management, monitoring and evaluation of both the CBD and IFC programmes. This could involve seconding a national staff member to be placed within the Provincial Health Offices or awarding a contract with a competent NGO to assume administrative responsibility for providing oversight for key management functions of the CBD and IFC programmes.

Management Response : Partially Accepted

Recommendation 18 : UNFPA Lao PDR should consider continued capacity building for VHCs and VHVs (for EBPPs, Husband support for pregnant women, and empowerment to insist on free quality services) in the four Savannakhet Districts, building on the CIEH work (such as the new VHC VHV manual) and informed by the District level PCA report findings and recommendations. While much work has already been done to provide training for VHCs, stronger oversight from UNFPA Lao PDR is needed . The new VHC VHV manual provides a basis for a new round of capacity building. This should be implemented through the CIEH at the National, Provincial and District level in close collaboration with UNFPA Lao PDR staff with regular monitoring visits to ensure that the trainings are well designed and implemented.

Management Response : Accepted

Key Actions :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments
1. The refresher training for VHV and VHC will be organised for all 4 district of SVK.	August 31,2015	CIEH, SVK PHD, UNFPA RH team	July 14,2015,Completed	Done in Q1 and Q2
			March 11,2015,On Schedule	
2. The VHV and VHC training manual will be revised	April 30,2015	CIEH, SVK PHD, UNFPA RH team	December 19,2016,Completed	VHV and VNC training manual was revised and completed in 2015. the manual was printed in Q2 2016.
			July 14,2015,Delayed	Currently doing
			March 11,2015,On Schedule	
3. The budget for monitoring for UNFPA staff allocated and will be integrated with CBD monitoring.	January 31,2015	SRH Program Analyst	March 11,2015,Completed	

Recommendation 19 : Where feasible, trainings should be done in local minority languages. VHC training impact may have been limited by lack of comprehension among Ethnic language speakers. UNFPA Lao PDR should review Lao based training materials for IFC to ensure that they are appropriate for non-Lao speaking participants. Funds need to be allocated for non-Lao training materials and non-Lao speaking training staff. IEC materials should be disseminated gradually over the life of the programme to avoid stock outs. Where feasible, future training of trainers should be conducted with trainers who are able to speak the local languages.

Management Response : Accepted

Key Actions :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments
1. The refresher training for VHC and VHV will be accompany by district staff who can speak ethnic language to ensure that the participant understand clearly	August 31,2015	CIEH, SVK PHD, UNFPA RH team	December 19,2016,Completed	4 refresher trainings were conducted by district and health center staff who are able to speak ethnic languages.
			July 14,2015,On Schedule	
			March 11,2015,On Schedule	
2. New IEC/BCC material will be produced to fit with target population and for non Lao speaking people.	June 30,2015	CIEH/ UNFPA Communication s Associate	July 14,2015,Completed	New material with more images
			March 11,2015,On Schedule	

Recommendation 20 : Establish clear, measurable criteria for determining if VHCs and EBPPs are functional in all target villages. UNFPA Lao PDR should work with CIEH to support the improvement of their monitoring and evaluation (M&E) systems for IFC supported activities . As part of this process, a participatory effort involving VHC members from multiple districts, should be used identify a minimum set of VHC activities that are needed before a VHC can be considered functional. Similarly, based on a consultation with VHCs that have developed EBPPs, define a minimum set of EBPP activities as a basis for determining whether or not a village has a functional EBPP.

Management Response : Accepted

Key Actions :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments

1. The criteria and indicator for functioning VHC and EBPP will be determined, discussed and agreed with CIEH and address in refresher training for VHV and VHC.	August 31,2015	CIEH, SVK PHD, UNFPA RH team	December 19,2016,Completed	Tasks and Duties of VHV were identified in the guideline and TOR. However, there are no specific criteria and indicators developed. EBPP was determined and discussed with CIEH, the refresher training was conducted for VHC on EBPP.
			December 19,2016,Completed	Tasks and duty of VHC were identified in the guidelines and TOR. however, there are no specific criteria and indicators developed.
			July 14,2015,On Schedule	
			March 11,2015,On Schedule	
2. M&E and report writing training workshop will be conduct for all IP that including CIEH and SVK PHD	August 31,2015	UNFPA RH team, M&E Programme Officers	July 14,2015,Completed	M&E training for MoH conducted, including participants from Savannakhet
			March 11,2015,On Schedule	

Recommendation 21 : Support the implementation of six-month supportive supervisory visits for VHCs and monitor VHC and EBPP functionality. As noted in R8 above, the process of instituting genuine supportive supervision will require considerable planning and development efforts. As noted in R20, the implementation of supportive supervisory visits presumes that a consensus has been achieved on definitions for functional VHCs and EBPPs. An international consultant with prior experience with the WHO IFC protocols should be hired to assist in the development of a district level approach for supervision of IFC activities. This approach needs to be based on a common vision of the role of VHCs achieved among all key stakeholders from the IFC programme, including MoH, MCHC and CIEH staff at the National, Province and District level. The current management structure for Supportive Supervision requires active participation of DHO and HC staff who need to be sensitized to the current problems with VHC performance and trained on the concept of supportive supervision in a participatory, non-judgemental basis.

Management Response : Rejected

Key Actions :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments
1. Revised TOR of VHC and VHV and ensure implementation	June 30,2015	CIEH, UNFPA RH team	December 19,2016,Completed	TOR of VHC and VHV was revised and completed.
			July 14,2015,Delayed	Currently ongoing
			March 11,2015,On Schedule	
2. Develop tool and set the time line for SS for VHC	June 30,2015	CIEH, UNFPA RH team	December 19,2016,Completed	tool for SS is integrated in the guideline. schedule is set once per quarter.
			July 14,2015,Delayed	Currently ongoing
			March 11,2015,On Schedule	

Recommendation 22 : Develop local language (for example, Bru in Savannakhet; Khamu, Hmong in Northern provinces) radio segments for encouragement of ethnic audiences on access and use of MNCH services. These segments should be developed and pre-tested in close consultation with informants from ethnic groups that speak these languages, taking into account their traditions as pertinent to MNCH. UNFPA Lao DPR should proceed on an incremental basis to use a participatory approach to development of just one or two carefully pre-tested radio episodes for a well-established local language radio broadcast programme in Savannakhet Province with a large Bru-speaking audience. The decision to proceed to develop additional episodes in other languages should be based on the outcome of a brief external assessment of these pilot local language episodes that measure the level of coverage and retention of content of key messages.

Management Response : Accepted

Key Actions :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments

1. New materials will be based on the BCC strategy.	December 31,2015	CIEH, UNFPA RH team	March 11,2015,Completed	
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Recommendation 23 : Consider development of local language video segments compatible with smart phone applications for IFC VHC/VHV and CBD use during household visits. As outlined above in R22, UNFPA Lao DPR could proceed incrementally to adapt one or two local language radio episodes for use on smart phones. The proposed external assessment of the pilot radio programmes in R22 would be responsible the assessment of this initiative.

Management Response : Accepted

Key Actions :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments
1. New materials will be based on the BCC strategy.	December 31,2015	CIEH, UNFPA RH team	July 14,2015,Completed	New materials develop, with ethnic sensitivity
			March 11,2015,On Schedule	

Recommendation 24 : Coordinate VHC capacity building with other ongoing Province and District programmes, including especially the SBA, when and where applicable, the UNICEF-supported Integrated HC Outreach Programmes, and CBD activities (as well as other NGO supported programmes). UNFPA Lao PDR should maintain regular contact with other agencies that provide training or related capacity building for VHCs. In view of the central role of VHCs in multiple public health and community service interventions, UNFPA Lao PDR should ensure that VHC capacity building is coordinated with other GoL and multilateral supported programmes. For example, if there are other national campaigns being considered by UNICEF or major NGOs, there may be opportunities to leverage these efforts through coordination.

Management Response : Accepted

Key Actions :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments
1. Ensure collaboration with other agencies and DPs using existing mechanism	December 31,2015	CIEH, UNFPA RH team	December 19,2016,Completed	Discussions were made with INGO; CARE Int to coordinate on work of VHC. Related VHC work were discussed under health sector WG.
			July 14,2015,On Schedule	Ongoing
			March 11,2015,On Schedule	

Recommendation 25 : UNFPA Lao PDR should consolidate its capacity for IFC activities by working with and/or through NGOs to conduct future community MNCH PCAs and IFC MNCH related empowerment activities in Districts. The IFC process would benefit from a sustained field presence at the District level by an established NGO with prior experience with community consultations related to public health, such as CARE. While UNFPA Lao PDR has acquired considerable capacity to support IFC activities, a more sustained role from local field staff is needed to support CIEH and DHO teams in follow-up on VHC training.

Management Response : Partially Accepted

Recommendation 26 : The UNFPA Lao PDR supported IFC PCA process needs to be shortened and simplified to permit a more efficient and rapid community consultation at the District level. UNFPA Lao PDR should support a short-term international consultant to collaborate with CIEH to streamline the IFC PCA process based on the Savannakhet experience in four districts.

Management Response : Accepted

Key Actions :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments
1. Review PCA and community involvement approach in case IFC approach is extended to other villages or districts	December 31,2015	CIEH, UNFPA RH team	December 19,2016,Discontinued	No decision to extend IFC approach.
			July 14,2015,On Schedule	No decision to extend IFC approach yet
			March 11,2015,On Schedule	

Recommendation 27 : UNFPA Lao should not attempt future IFC PCAs without a) revising the process to be more efficient, as mentioned above, and b) continuing to use external international consultants.

Management Response : Accepted

Key Actions :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments
1. Review PCA and community involvement approach in case IFC approach is extended to other villages or districts	December 31,2015	CIEH, UNFPA RH team	December 19,2016,Discontinued	No decision to extend IFC approach to other villages.
			July 14,2015,On Schedule	No decision to extend yet
			March 11,2015,On Schedule	

Recommendation 28 : Villagers and local village authorities gave compelling testimony about expensive fees at HCs and district hospitals that are being charged against national and district policies. This is a clear barrier to access to MNCH services. While this issue needs be addressed (or even audited) by the GoL, UNFPA Lao PDR needs to develop a clear time-bound advocacy plan, preferably in collaboration with other UN sister agencies, such as the WHO and UNICEF, to encourage action before the end of 2015.

Management Response : Accepted

Key Actions :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments
1. Take up issue together with other agencies through Health Sector working groups.	December 31,2015	CIEH, UNFPA RH team	December 19,2016,Completed	Gol and DPs understand the issues, however there will be ongoing discussion on the issues in new programme.
			July 14,2015,On Schedule	Evaluation discussed in SWG, however discussions and coordination continuously ongoing
			March 11,2015,On Schedule	