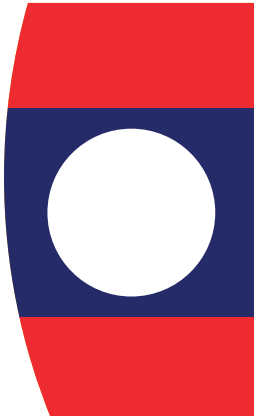


EXECUTIVE SUMMARY

EVALUATION REPORT

MID-TERM EVALUATION •

2025 • — • LAOS



Health and nutrition programme



LUXDEV
Luxembourg
Development Agency

PROJECT/PROGRAMME RATING BY THE ASSESSMENT MISSION

Criteria	Notes
Relevance	2
Coherence	2
Effectiveness	2
Efficiency	2
Sustainability	4
Project code	LAO/035
Report version	11.2025

Note : Scale from 1 (excellent results, significantly exceeding expectations) to 6 (development action unsuccessful or situation rather worse).

EXECUTIVE SUMMARY

Programme Context

The Health and Nutrition Programme (LAO/035) was designed to support the Government of Lao PDR (GoL) in improving access to essential, affordable and good-quality Health and Nutrition (H&N) services, particularly for women, children, and vulnerable groups in rural and hard-to-reach areas. The programme responds to persistent challenges in the Lao health system, including high maternal and child mortality, malnutrition, limited-service coverage, and weak institutional capacity at sub-national levels. LAO/035 represents a continuation and scaling up of Luxembourg Development Cooperation's engagement in the health sector forming a part of its fifth Indicative Cooperation Program (ICP V, 2023-2027). The programme works across multiple levels of the system, combining direct service delivery support with capacity building, governance strengthening, and policy dialogue. It is implemented in close collaboration with the Ministry of Health (MoH), provincial and district health authorities, Development Partners (DP), and other ICP V programmes. The total budget of the programme, which runs from 2023 to 2028, is EUR 46.3 million. It operates nationally with a focus on four provinces (Vientiane, Bolikhamxay, Khammouane, Bokeo) that have a total population of 1.4 million people.

Evaluation Context




The Mid-Term Evaluation (MTE) was commissioned by LuxDev in line with the programme's monitoring and accountability framework, at the halfway point of implementation. The evaluation had three main purposes:

- (i) to assess progress and performance to date;
- (ii) to provide accountability to stakeholders, including the GoL, Luxembourg Development Cooperation, and beneficiaries; and
- (iii) (iii) to generate lessons and recommendations to inform the second phase of implementation and future programming.

It was conducted independently by a *hera*-led team (July–September 2025). The evaluation covered all major programme components, with a particular focus on Development Assistance Committee - Organisation for Economic Co-operation and Development (DAC/OECD) criteria (relevance, coherence, effectiveness, efficiency, impact, and sustainability) and cross-cutting themes (Rights-Based Approach (RBA), gender equality, environment and climate, and Digital for Development (D4D)). Human Resource Capacity Development (HRCD) was a specific lens.

Evaluation Methodology

The evaluation employed a mixed methods approach consistent with international standards and the DAC/OECD evaluation criteria. It involved a comprehensive desk review of programme documents, monitoring data, and national policy frameworks; extensive stakeholder consultations at national, provincial, and district levels; field visits to health facilities; and discussions with the LAO/035 team. Quantitative data were triangulated with qualitative findings to ensure robustness. Preliminary findings were validated with the programme team and key stakeholders.

DAC/OECD Criteria	Score*
 Relevance	2
 Effectiveness	2
 Impact	(not scored)
 Coherence	2
 Efficiency	2
 Sustainability	4
Overall Score: 2 to 3	

* Scores are based on Lux-Dev’s rating scale. In this scale, a score of 1 represents a highest level of performance, while a score of 6 represents a failure.

Relevance

The programme was highly relevant to the needs of the Lao population and to national priorities. Its focus on Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH&N), and health systems strengthening directly addressed major health burdens and aligned with the MoH’s strategic goals. Stakeholders confirmed the value of improved access to services, while emphasising the programme’s role in filling capacity and resource gaps. The programme was also well aligned with Luxembourg’s development cooperation strategy, the SDGs, and commitments on Universal Health Coverage (UHC). However, the design underestimated the fiscal and workforce risks.

Coherence

LAO/035 demonstrated strong internal coherence with programme components reinforcing each other, and integrating service delivery, capacity building, systems strengthening and governance support into a cohesive package. Externally, the programme complemented the work of MoH and other DPs, filling gaps in RMNCAH&N while avoiding duplication. Monitoring of cross-cutting elements, however, was not systematic.

Effectiveness

The MTE confirmed considerable progress in achieving Intermediate Change (IC) results, despite contextual challenges. LAO/035 expanded access to and quality of maternal, newborn, and child health services, and strengthened provincial and district health workforce capacity. Joint Participatory Mechanism (JPM) was functioning strongly, and Quality Improvement (QI) systems were gradually institutionalised, while digital innovation was promising. Achievements were, however, uneven across components. For example, progress in some areas – such as Infrastructure, equipment, Health Technology Management (HTM), Health Care Waste Management (HCWM) and nutrition service expansion – lagged due to implementation delays, though foundational work was in place. Overall, the programme is broadly on track to meet objectives, but mid-course adjustments - particularly institutionalising innovations and accelerating progress in the lagged areas - are needed to maximise effectiveness in the remaining programme period.

Efficiency

The programme generally used resources efficiently, with strong financial oversight and transparent management. The pooling of resources and coordinated delivery mechanisms through JPM helped reduce duplication and transaction costs. Field evidence highlighted cost-effective training and supervision models that enhanced local capacities. However, procurement bottlenecks and delays in implementation undermined efficiency in certain components. There was heavy reliance on external Technical Assistance (TA), which could raise concerns about long-term cost-effectiveness. Progressively building local technical expertise will be critical to sustaining efficiency gains.

Impact

The MTE considered it premature to assess the long-term impact of the programme. The programme considered Leaving No One Behind (LNOB) in its design and implementation, however targeted actions to improve inclusiveness were limited. Utilisation of health services was generally low, mainly due to affordability constraints.

Sustainability

Sustainability remained an area of concern in LAO/035. Prospects for sustainability were promising in a few areas but require reinforcement. Institutional ownership for JPM and QI systems was growing, particularly at provincial and district levels, where health authorities were increasingly engaged in planning, monitoring and supervision. Early integration of programme-supported digital tools and systems into MoH structures showed promise. However, financial sustainability remained fragile, as the government's budgetary capacity to absorb recurrent costs was limited in the face of donor dependence and low public spending. Technical sustainability was also affected by workforce constraints (dependence on volunteers, weak licensing system, poor initial training and competence, brain-drain, etc.).

Cross-cutting themes

- **RBA and gender equality:** Participatory planning through JPM and focus on underserved areas are enabling, but financial barriers persist limiting access to healthcare for all. Gender equality is strong in capacity development, mixed in decision-making, and while tracking is improving, disaggregation by gender could be more largely applied.
- **Environment and climate:** HCWM remains weak generally across health facilities, but the enhanced focus of the programme on this area is likely to make significant improvements.
- **D4D:** Digital innovation (Electronic Medical Record (EMR)) in selected sites shows early success, however challenges in infrastructure, connectivity, maintenance and staff capacity need addressing while expanding it.

Human Resource Capacity Development (HRCDD)

HRCDD interventions were highly relevant to Lao PDR's pressing workforce needs. The multi-prong approach demonstrated cost-effectiveness and there was early evidence of behaviour change (effectiveness). Sustainability, however, is affected by workforce constraints.

Conclusions

The MTE concludes that LAO/035 is a **highly relevant and strategically important programme** that has delivered tangible results in strengthening health services in Lao PDR (Lao People's Democratic Republic). The programme has demonstrated effectiveness in expanding service coverage, building capacity, strengthening systems, and introducing innovations. It has generally been efficient in its use of resources, though some operational bottlenecks remain.

Sustainability is emerging but not yet assured, with financial and institutional challenges requiring continued attention. Main limitations refer to the context in which the programme is being implemented. Cross-cutting contributions to human rights, gender equality, environment and climate, and D4D are in the right track, though further deepening is necessary to consolidate achievements. Overall, the programme is on track to achieve its objectives but requires mid-course adjustments and **acceleration in some areas to maximise impact and sustainability**.

Lessons learned

- Sustainability of JPM is questionable, which is especially true in the current constrained economic environment.
- Health financing reform is essential for lasting gains in affordability.
- Sustainability requires stronger links between project mechanisms and government systems.

- Capacity strengthening must be tied to workforce planning and retention.
- Embedded TA in the Provincial Hospitals (PHs) has been instrumental in strengthening local capacity.
- Cross-cutting elements work best when integrated into routine planning and budgeting.
- Digital systems must be aligned with frontline realities.
- Continuous Quality Improvement (CQI) practice can be foundational for healthcare accreditation.

Recommendations

<p>Programme Implementation</p>	<ul style="list-style-type: none"> • Use provincial planning processes to tailor programme support more closely to local needs. • Secure the 20% national contribution to JPM annually until 2027, ensuring additionality rather than substitution. • Plan a progressive increase in domestic co-funding post-2027 for transition. • Monitor hospital autonomy to prevent financial barriers. • Pilot risk-pooling and prepayment options to reduce out-of-pocket costs. • Develop programme indicators to capture JPM outcomes in terms of service delivery beyond financial metrics. • Strengthen collaboration and joint activities among provincial clinical TA teams and build synergies with the Lao Mongolian support team (e.g. joint mentoring and/or training activities at PH level).
<p>Efficiency</p>	<ul style="list-style-type: none"> • Establish an efficiency monitoring system aligned with government processes. • From 2026, include value-for-money indicators (e.g. cost per trained staff, procurement lead times) in routine reporting. • Create an action-tracking tool for JPM and management meetings, ensuring decisions are more systematically followed through. • Target improved accountability by raising action item completion rates from 65% to 85% by 2026.
<p>Sustainability</p>	<ul style="list-style-type: none"> • Develop a sustainability transition plan by mid-2026, covering: <ul style="list-style-type: none"> ○ Financial transition: discuss a progressive increase of provincial co-financing of JPM in the upcoming IPC cycle e.g. from 20% to 60%). ○ Infrastructure/equipment maintenance: contracts or local biomedical training. ○ Technical handover: assign EMR support to MoH/provincial offices. • Begin implementing the plan in late 2026, ensuring a smooth handover before programme closure.
<p>Capacity Strengthening</p>	<ul style="list-style-type: none"> • Institutionalise capacity building by supporting MoH to establish a Continuing Professional Development (CPD) system by 2027. • Develop retention measures with the MoH: non-financial incentives, recognition schemes, and provincial CPD “champion” awards. • Aim for 80% retention of trained staff in the public system by mid-2027, with 50% remaining in their original province.
<p>Cross-Cutting Themes</p>	<ul style="list-style-type: none"> • Gender equality: Introduce male engagement initiatives in health seeking and/or management of health conditions, and track sex- and ethnicity-disaggregated data. • Human rights: Define and monitor activities for marginalised groups, including patient feedback mechanisms. • Environmental sustainability: Integrate HCWM into hospital quality audits (target 80% compliance by 2027). • Digital sustainability: Develop a handover plan with MoH’s e-health unit for EMR support and expansion.



This evaluation was commissioned by LuxDev, the Luxembourg Development Cooperation Agency and conducted independently by Hera.
Please note that the analysis, opinions, and recommendations presented in this report are solely those of the author.

