Final Report: Baseline Survey

The First 1000 Days, Phase III in Sekong and Phongsaly Provinces

28 June 2024

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List of Acronyms

AFS	Adolescent Friendly Services
ASRH	Adolescent Sexual and Reproductive Health
ANC	Antenatal Care
BS	Baseline Survey
CU5	Children Under 5 years of age
CU2	Children Under 2 years of age
CSOs	Civil Society Organization
CSA	Civil Society Alliance
CSE	Comprehensive Sexuality Education
FDG	Focus group discussions
GBV	Gender-Based Violence
Govt	Government
HC	Health Center
HH	Household
HPV	Human papillomavirus
IPD	Inpatient Department
KII	Key Information Interview
LAK	Laotian Kip
LWU	Lao Women's Union
MCH	Maternal and child health
MDD-S	Minimum Dietary Diversity Score
MOFA	Ministry of foreign and European Affairs (MOFEA)
MOH	Ministry of Health
NHI	National Health Insurance
NSEDP	National Socio-Economic Development Plan
NGOs	Non-Governmental Organizations
PSL	Phongsaly Province
RMNCH	Reproductive Maternal Nutrition & Child Health
RMNCANH	Reproductive, Maternal, Newborn, Child and Adolescent Health.
SBCC	Social and Behavioral Change Communication
SO	Specific Objective
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually transmitted infections
SOP	Standard Operating Procedure
SUN	Scaling Up Nutrition
SK	Sekong Province
SDGs	Sustainable Development Goals
OPD	Outpatient Department
VSLA	Village Savings and Loan Association
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WEE	Women's Economic Empowerment
WHO	World Health Organization

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- **Research Team:** Their expertise, dedication, and commitment to rigorous methodology ensured the quality and value of this study.

Executive Summary

The First 1000 Days Project Phase III focuses on improving maternal and child mortality, improving health outcomes for women, adolescents, and children in the first 1,000 days of the life of children in Sekong and Phongsaly Provinces as well as to support poor and vulnerable households in remote, rural areas to facilitate access to and improve the quality of nutrition-related health services for mothers and children and improve food and nutrition security for community members. The project also integrates adolescent sexual reproductive health, women's economic empowerment, responses to gender based violence, and stakeholder engagement in health.

This report examines the health, nutrition, and economic empowerment of women, adolescents, and children in Phongsaly and Sekong provinces of Laos. The baseline assessment aimed to understand the current situation and identify areas where interventions could have the greatest impact. Data was collected through a combination of surveys, focus group discussions, key informant interview with key stakeholders and interviews with mother of CU5, adolescent (age 15-19), men, healthcare providers, and community leaders.

The results showed that despite high antenatal care (ANC) utilization rates in both Phongsaly and Sekong, there remains room for improvement in overall healthcare delivery, particularly around childbirth. Home births remain common, highlighting the need for increased access to skilled birth attendants at health facilities and mobile outreach services. Sekong lags behind Phongsaly in skilled birth attendance rates.

Another area requiring attention is postnatal care. While attendance is satisfactory, there's potential to improve these services. Additionally, a concerning practice of some women lying over fire after childbirth needs to be addressed due to potential health risks.

Regarding family planning, awareness and usage vary significantly between the two provinces, with Phongsaly showing higher rates. Sekong especially needs increased access to family planning services, while both provinces could benefit from addressing confidentiality concerns surrounding these services, particularly in Phongsaly.

Food and nutrition security presents a significant challenge, as nutrition indicators showed poor nutritional status of children. Stunting rates among children under five are high, particularly in Sekong. Both provinces struggle with low dietary diversity, lacking adequate consumption of fruits, vegetables, legumes, and animal source proteins. While breastfeeding practices show positive trends in early initiation and colostrum feeding, there remains poor long-term rates of exclusive breastfeed. Sekong has lower rates of early initiation and exclusive breastfeeding duration compared to Phongsaly, and even in Phongsaly, many mothers wean before the recommended 6 months.

Encouragingly, a high percentage of men and boys had participated in activities promoting gender equality in nutrition. However, lack of awareness and traditional gender norms remain significant barriers. Interventions should

specifically target these issues, focusing on promoting dietary diversity for children under five, pregnant mothers, and breastfeeding mothers. This could involve educational workshops and male-focused dialogues to raise awareness about the importance of a balanced diet for the whole family.

Women's economic empowerment is another area requiring focus. Shared decision-making is common in both locations for household chores, finances, and children's well-being, However, land ownership remains significantly lower for women in Sekong. Both provinces face challenges in accessing education, training, financial resources, and information technology. A significant portion of women lack control over resources despite some access. Programs are needed to address these issues and promote shared decision-making within households.

Local stakeholder engagement in health and nutrition services is crucial. While maternal and child health services are widely available, access to family planning services, treatment for common illnesses, and nutritional counseling is limited, particularly in Sekong. Increased collaboration and information sharing between stakeholders like the government, villages, and civil society organizations is essential to address these limitations. Phongsaly's approach to including communities in Reproductive Maternal Nutrition & Child Health(RMNCH) planning could be a valuable model for Sekong.

Overall, both Phongsaly and Sekong need to improve access to healthcare services beyond maternal and child health, with a particular focus on family planning, treatment for common illnesses, and nutritional counseling. Programs are needed to address gender norms that limit women's opportunities and justify violence against them. Improved access to education, training, and support systems can empower women and girls in both provinces. Strengthening Adolescent Friendly Health Services and public awareness campaigns challenging the social acceptance of violence against women and children are also essential.

I. Background

The first 1000 days: Phase III Project is a co-financed by the Ministry of Foreign and European Affairs (MoFA) Luxembourg and CARE Luxembourg a.s.b.l. (CARE LUX), with a project duration of 48 months (from January 2024 to December 2027). Its goal is to reduce maternal and child mortality and improve health outcomes for women, adolescents, and children in the first 1,000 days of the life of a child in Sekong and Phongsaly Provinces as well as to support poor and vulnerable households in remote, rural areas to facilitate access to and improve the quality of nutrition-related health services for mothers and children, as well as improve food and nutrition security for women, men, girls and boys in the targeted areas. To achieve these objectives, it focuses on health and nutrition related capacity strengthening of health volunteers, peer mobilisers, midwives and health center(HC) staff as well as facilitating access to and improved quality health and nutrition services for mothers (15-49 years of age) and children (below 2 years of age, CU2).

The project is mainly implemented through CARE International in Laos (CARE Laos) and with the Ministry of Health (MoH) together with technical support by Mother and Child Health/ Nutrition Centers at the national level and works closely with Provincial Health Office, Provincial Lao Women Union, District Health Office District Lao Women Union Offices, and the Provincial and District Education and Sports Bureau to ensure local ownership and alignment of national objective subsequently from the central level down to district level.

The specific objective (SO) is to:
Improve access to good quality health services for mothers and children, improve food security/nutrition of women of reproductive age, men, children and other vulnerable groups in the targeted communities,
strengthen the economic/financial independence of women and young boys/girls, and
develop strong partnerships with local stakeholders such as Govt authorities, village authorities and locally led CSOs.

The following activities and their expected outputs will contribute to achieve the project goal and objectives.

R1: Improve access to good quality health services for mothers and children

- R1A1 Support Equipment, Construction & and WASH facilities of health centres
- R1A2 Improving access to CSE information & ASRH services
- R1A3 Support and Scaling of Healthy Mother App
- R1A4 Support Government for Health System Strengthening including GBV response and referral
- R1A5 Support Training of Health Care staff

R2: Improve food security/nutrition of women of reproductive age, men children and other vulnerable groups in the targeted communities

- R2A1 Encouraging positive RMNCANH behaviours in communities
- R2A2 Build capacity and encourage positive nutrition behaviours that improve food security

R3: Strengthen the economic/financial independence of women and young boys/girls

- R3A1 Skill training and support to increase control over resources and health
- R3A2 Support the identification and access of markets to improve economic opportunities
- R3A3 Community reflection gender & social barriers to accessing health & GBV services

R4: Develop strong partnerships with local stakeholders such as Govt authorities, village authorities and locally led CSOs

- R4A1 Support improved RMNCH governance and engagement at provincial, district and village level
- R4A2 Support capacity building of locally led CSOs & SUN CSA that focus on locally led solutions for health, GBV, and disability inclusion.

Purpose of the baseline survey

The baseline survey's main goal is to establish a data base that will be used to track and evaluate the impact(goal) and outcome(objective) indicators included in the project Logical Framework (LogFrame), as well as the efficacy of the planned actions both during and after the project's completion.

II. Approach and Methodology

The project was employing a mixed-methods approach for the baseline assessment, utilizing both quantitative and qualitative data collection methods. This comprehensive strategy was furthered enriched by a participatory process, ensuring the perspectives of key stakeholders and project participants (beneficiaries) are included.

The Four Stages of the Assessment

The baseline assessment was implemented through four stages:

- **Preparation (Stage 1):** This initial stage involves an introductory meeting with the CARE team to establish a clear scope and expectations for the baseline survey. Additionally, a desk review was conducted to examine relevant documents, including proposals, project documents (Logframe, baseline reports, interim reports, and annual reports), CARE Vision 2030 (core global and supplemental indicators for measuring change), and CARE Laos' program strategies (e.g., Gender Strategy and WEE program approach).
- **Implementation – Data Collection (Stage 2):**
    - Instruments and Methods: A combination of quantitative and qualitative data collection tools was utilized, including surveys, focus group discussions, and key informant interviews.
    - Participatory Approach: To gain a well-rounded understanding, the baseline survey was actively capturing the perspectives of key stakeholders and project participants/beneficiaries through the chosen data collection methods.
    - Gender and Target Group Sensitivity: The methodology is designed to be sensitive to considerations of gender and target group (ethnicity).
- **Data Analysis and Report Development (Stage 3):** Quantitative data was entered into KOBO Toolbox and undergo a cleaning process before being presented in various forms (tables, graphs, and charts disaggregated by local diversity, gender, age, ethnicity, location, etc.). Comprehensive narratives will be

developed alongside the data. The data will then be analyzed and interpreted using appropriate statistical methods. Finally, a comprehensive report was prepared, outlining key findings and recommendations.

- **Report Presentation (Stage 4):** A draft report was submitted to the CARE team for review, feedback, and input. Once their comments are incorporated, the final report will be submitted.

Developing Culturally Appropriate Data Collection Instruments

Data collection instruments were carefully designed to be relevant to the local context and align with the project's approach. This development process involved close collaboration with the project team.

A Mixed-Methods Approach

The baseline survey employed a mixed-methods approach, utilizing both quantitative and qualitative data collection methods. Quantitative data was gathered through household surveys, while qualitative insights were obtained through key informant interviews (KIIs) and consultative meetings.

Sample Selection Criteria: Location

Within each province, the survey covered two village types:

- Villages located within towns
- Villages located farther from town, within a two-hour travel distance (approximately 60 kilometers) from the district town

The baseline survey participants at the health center and village level:

Target Groups:

- Mothers of children under 5 years old
- Children under 5 years old
- Children under 2 years old (1,000-day)
- Unmarried adolescents aged 14-19 years old

Overall Participation: There were 716 participants in total.

Provincial Participation:

- Phongsaly: 433 participants
- Sekong: 321 participants

Participation by Group:

- Mothers under-5 consistently had the highest participation rate in both provinces (48% in Phongsaly, 26% in Sekong).
- Adolescents also had high participation rates (39% in Phongsaly, 24% in Sekong).
- Husband/men participated in total 162 (79 in Phongsaly and 83 in Sekong).

Table 1: Baseline Survey Participants

Province	Health Center	School	No. village	Participant	Data in May, 2024	Participated in BS	% Participant in BS
Phongsaly	8	6	16	Mothers of under 5 years old, children under 5years old, children under 2 years (1,000 days) not 45 years.	433	206	48%

				Adolescents' boys and girls (age between 14-19 years old) Not married	282	110	39%
				Husband/men		79	
				Total		**395**	
Sekong	11	6	16	Mothers of under 5 years old, children under 5years old, children under 2 years (1,000 days)	483	124	26%
				Adolescents' boys and girls (age between 14-19 years old)	470	114	24%
				Husband/men		83	
				Total		**321**	
Total	**19**	**12**	**32**			**716**	

- 11 focus group discussions (FGD) with 37 village authorities (5 FGD in Phongsaly and 6 FGD in Sekong) (8 women and 27 men) .
- 14 Key Informant Interview (KII) (4 KII in Phongsaly and 10 KII in Sekong) with Provincial and district stakeholders.

Challenges Faced During Village Interviews: First 1000 Days Project
Communication Hurdles:

- **Language Barriers:** Interviewing women in ethnic communities required male translators, potentially introducing gender bias.
- **Translation Challenges:** Finding translators fluent in minority languages like Akha posed logistical difficulties.

Logistical Obstacles:

- **Seasonal Availability:** Beneficiaries were unavailable during planting and harvesting seasons, requiring extended stays.
- **Travel and Time Constraints:** Rough roads caused delays, extending fieldwork beyond the planned schedule.
- **Outdated Population Data:** Inaccurate village demographics made it difficult to calculate target sample sizes.
- **Weather Delays:** Rain slowed down travel and extended interview times.
- **Travel Obstacles:** Certain areas had challenging roads or were inaccessible due to rain.

Target Group Challenges:

- **Teenager and Married Man Availability:** Teenagers were busy with studies or farm work, and married men slept away from home, limiting their participation.
- **Non-cooperation:** Some young people were unwilling to be interviewed.
- **Target Group Identification:** The lack of target group lists from village chiefs made it difficult to locate desired participants.

Ethical Data Collection Procedures

Enumerators received comprehensive training on how to introduce themselves, explain the data collection process, and obtain informed consent from interviewees. Additionally, they were trained to seek permission for photography when appropriate.

The consultant team adheres to "Privacy by Design" principles to ensure ethical data collection:

- **Informed Consent:** Data collection requires explicit consent from respondents. Without consent, no data was collected.
- **Minimizing Personal Data:** We only collect personal data (names, phone numbers, emails, locations) if absolutely necessary. The purpose of collecting this data will be clearly explained (e.g., verification by internal/external parties, quality control, or sampling methodology verification).
- **Data Access Control:** Personal data is only accessible to authorized personnel with a legitimate need based on their roles and responsibilities. Unauthorized project staff has not access.
- **Data Retention:** Personal data is securely stored only for as long as it's required. Once no longer needed, it was completely deleted. Anonymized datasets may be retained indefinitely.

III. Baseline Survey Result

Demographic Data & Respondent Characteristics

This table 2 appears to show the distribution of ethnicities across two provinces Phongsaly and Sekong in Laos.

Percentage Breakdown: The rightmost column shows the percentage each ethnicity contributes to the total population. Akha makes up the largest portion (30%), followed by Khmou (21%), Katu (16%), Talaing (12%) and Yea (9%).

Table 2: Ethnicity of CU5's mother and husband

Ethnicity		Phongsaly		Sekong		Grand Total	%
		Women	Men	Women	Men		
ກະຕູ	Katu			47	33	80	16%
ກຼຽງ	Kraing			12	3	15	3%
ຂະມຸ	Khamu	71	31		1	103	21%
ຕະລຽງ	Talaing			31	30	61	12%
ອາຂ່າ	Akha	111	39			150	30%
ແຢ	Yea			32	14	46	9%
ໄທດຳ	Taidam	5	5			10	2%
ລາວລຸ່ມ	Laoloum				1	1	0%
ອື່ນໆ	Others	19	4	2	1	26	5%
Grand Total		**206**	**79**	**124**	**83**	**492**	**100%**

This table 3 shows the distribution of ethnicities among adolescents in two provinces, Phongsaly and Sekong. Here's a breakdown of the key findings: The data reveals nine ethnicities represented among the adolescents. Akha is the largest

Table 3: Ethnicity of Adolescents

Ethnicity of Adolescents	Phongsaly		Sekong		Grand Total	%
	Boy	Girl	Boy	Girl		

ກະຕູ	Katu			25	18	43	19%
ກຼຽງ	Kriang			1	5	6	3%
ຂະມຸ	Khmou	18	14	1		33	15%
ຕະລຽງ	Trieng			16	14	30	13%
ອາຂ່າ	Akha	45	26			71	32%
ແຢະ	Yea			14	20	25	15%
ໄທດຳ	Taidam	3	2			5	2%
ອື່ນໆ	Other	1	1			2	1%
Grand Total		**67**	**43**	**57**	**57**	**224**	**100%**

Overall, the largest percentage of the population (36%) has a primary education. This is followed by those who have never been to school (19%) and lower secondary education (24%).

Table 4: Education Level of CU5's mother and husband

Education Level	Phongsaly		Sekong		Grand Total	%
	Women	Men	Women	Men		
Have never been to school	63	4	22	3	92	19%
Kindergarten	1		1		2	0%
Primary	58	40	44	34	176	36%
Lower Secondary	57	18	31	13	119	24%
Upper Secondary	21	14	22	27	84	17%
Technical, Diploma	5	2	3	3	13	3%
University	1	1	1	3	6	1%
Grand Total	**206**	**79**	**124**	**83**	**492**	**100%**

Education Level of Adolescents:

- **Primary:** This is the most common education level, with 38% of adolescents enrolled.
- **Lower Secondary:** Enrollment drops slightly at this level (45%) compared to primary.
- **Upper Secondary:** Enrollment drops significantly again (11%) at upper secondary level.
- **Higher Education:** No adolescents are enrolled in technical/diploma programs or university.

Regional Differences:

- While the data is limited to two provinces, Phongsaly seems to have slightly more adolescents who have never been to school compared to Sekong.

Overall:

- A significant portion (6%) of adolescents have never been to school.
- There's a concerning drop in enrollment rates after primary school.
- Lack of data on higher education makes it difficult to assess access to university or technical programs.

Table 5: Education Level of Adolescents

Education Level of Adolescents	Phongsaly		Sekong		Grand Total	%
	Boy	Girl	Boy	Girl		
Have never been to school	3	4	5	2	14	6%
Kindergarten				1	1	0%

Primary	18	13	24	29	84	38%
Lower Secondary	38	22	21	19	100	45%
Upper Secondary	8	4	7	6	25	11%
Technical, Diploma					0	0%
University					0	0%
Grand Total	**67**	**43**	**57**	**57**	**224**	**100%**

Overall, the largest percentage of the population (51%) earns less than 500,000 LAK/month. This is followed by those who earn more than >2,000,000 LAK/ month (30%).

Table 6: Income Generation

Income Generation	Phongsaly		Sekong		Grand Total	%
	Women	Men	Women	Men		
< 500,000 LAK/month	101	40	70	40	251	51%
500,001-1,000,000 LAK/ month	83	19	34	13	149	7%
1,000,001-2,000,000 LAK/month	13	13	15	18	59	12%
>2,000,000 LAK/ month	9	7	5	12	33	30%
Grand Total	**206**	**79**	**124**	**83**	**492**	**100%**

Output: Specific objective 1: Improve access to good quality health services for mothers and children.

- Laos has national strategies focusing on improving maternal and child health. One such example is the **National RMNCH Strategy (2016-2025)** which outlines goals for improving access to quality healthcare for mothers, newborns, and children [1]
- **International Collaboration:** Laos collaborates with international organizations like UNICEF and WHO to improve its healthcare system. These organizations provide support and resources for various health initiatives, including maternal and child health.
- **UNICEF Laos:** UNICEF works with the Lao government on various RMNCH programs. You can find information about their work on the UNICEF Laos website[2]
- **World Health Organization (WHO):** WHO also supports health programs in Laos. Their website might have information on specific initiatives related to improving access to maternal and child health services [3]

Outcome Indicator #1.1: % of pregnant women receiving 4 ANC

The Baseline survey on antenatal care services in Phongsaly and Sekong found good accessibility for both provinces. Most people in both areas have services nearby, with Sekong higher (75% vs. 60% with nearby services). Travel times to the nearest service center vary. In Phongsaly, many residents travel 30-60 minutes (41%) while others travel 1-2 hours (21%) or 5-10 minutes (14%). In Sekong, most residents live within a 5-10-minute drive (51%) with some traveling 30-60 minutes (8%) or 10-20 minutes (15%).

The baseline survey revealed high utilization rates ANC services. Over 93% of women in both locations attended antenatal care during their pregnancy. Interestingly, Phongsaly women visited doctors more frequently during pregnancy, with a higher percentage reporting "4 times and More than 4 times" visits (84%) compared to Sekong

[1] (http://www.laoshealth.org/assets/national-rmnch-strategy-2016-2025.pdf).
[2] (https://www.unicef.org/laos/).
[3] (https://www.who.int/laos).

(65%). The remaining women had a varying number of visits, with some visiting only once (2% in Phongsaly and 9% in Sekong) and others visiting 2-3 times (1% + 15% in Phongsaly and 1% + 19% in Sekong).

Health centers were the most frequented location for antenatal care in both areas. A higher percentage of women in Phongsaly used health centers (91%) compared to Sekong (86%). There remain improvements to be made in service utilization, with 4 or more ANC visits the recommended amount. In Phongsaly, 16% mothers did not meet these criteria nor did 35% of mothers in Sekong

Satisfaction with antenatal care services was generally high with Phongsaly indicating 26% were "very satisfied" category (26%) compared to Sekong (24%). However, Sekong had a larger neutral group (16%) compared to Phongsaly (3%). Overall, the survey suggests good access, high utilization rates, and positive experiences with antenatal care services in both Phongsaly and Sekong.

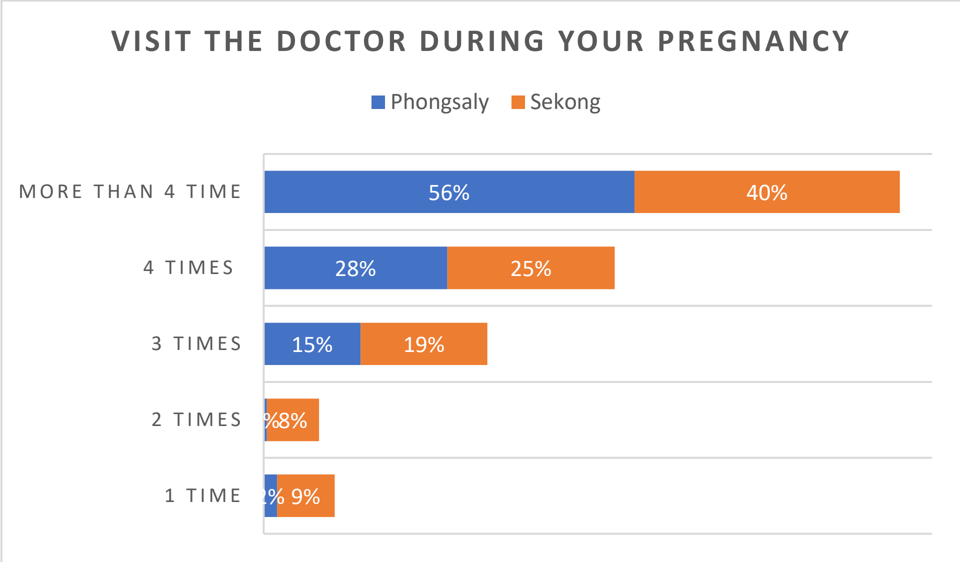


Table 7: pregnant women receiving 4 ANC

Pregnant women receiving 4 ANC	Phongsaly	%	Sekong	%
Is there any antenatal care service near your house?				
No	83	40%	31	25%
Yes	123	60%	93	75%
How far the antenatal care service from your house?				
10-20 minutes' drive	16	8%	18	15%
20-30 minutes' drive	31	15%	13	10%
30-60 minutes' drive	84	41%	10	8%
5-10 minutes' drive	28	14%	63	51%
1-2 hours' drive	44	21%	11	9%
More than 2 hours' drive	3	1%	9	7%
Did you attend antenatal care during your pregnancy?				
No	6	3%	8	6%
Yes	200	97%	116	94%
During your pregnancy, how many times did you visit the doctors?				

1 time	4	2%	10	9%
2 times	1	1%	9	8%
3 times	29	15%	22	19%
4 times	55	28%	29	25%
More than 4 times	111	56%	46	40%
Where did you go for you antenatal care?				
At home	1	1%	1	1%
health Center	182	91%	100	86%
District hospital	15	8%	15	13%
Provincial hospital	2	1%		
Are you satisfied with the antenatal care service?				
Not at all	0		0	
Unsatisfied	0		0	
Neutral	5	3%	19	16%
Satisfied	144	72%	69	59%
Very Satisfied	51	26%	28	24%

Outcome Indicator # 1.2: % of births attended by skilled health personnel

Place of Delivery

In both Phongsaly and Sekong, a significant number of births still take place at home (46% and 40% respectively). This highlights the need for increased access to skilled birth attendance at health facilities and mobile outreach services

- **Phongsaly:** The most common place of delivery in Phongsaly is at home (46%), followed by health centers (29%) and district hospitals (18%).
- **Sekong:** Deliveries are more evenly distributed across facilities in Sekong, with 40% at home, 44% at health centers, and 13% at district hospitals.

Skilled Birth Attendance

The data in table 8 shows a higher percentage of births attended by skilled health personnel in Sekong (76%) compared to Phongsaly (58%). This suggests that Sekong has better access to skilled birth attendants at health facilities.

- **Phongsaly:** Only 58% of births in Phongsaly were attended by a doctor, midwife, nurse, or other skilled health professional.
- **Sekong:** In Sekong, a significantly higher proportion of births (76%) were attended by a skilled health professional.

Type of Skilled Birth Attendant

Doctors are the most common type of skilled birth attendant in both Phongsaly (58%) and Sekong (24%). However, nurses are also relatively common in Sekong (40%).

- **Phongsaly:** Doctors were the most common type of skilled birth attendant in Phongsaly (58%), followed by midwives (22%) and nurses (15%).
- **Sekong:** Nurses were the most common type of skilled birth attendant in Sekong (40%), followed by doctors (24%) and midwives (16%).

Overall

The data suggests that there is room for improvement in access to skilled birth attendance in both Phongsaly and Sekong. Increasing the availability of skilled birth attendants at health facilities, particularly in Phongsaly, could help to improve maternal and newborn health outcomes.

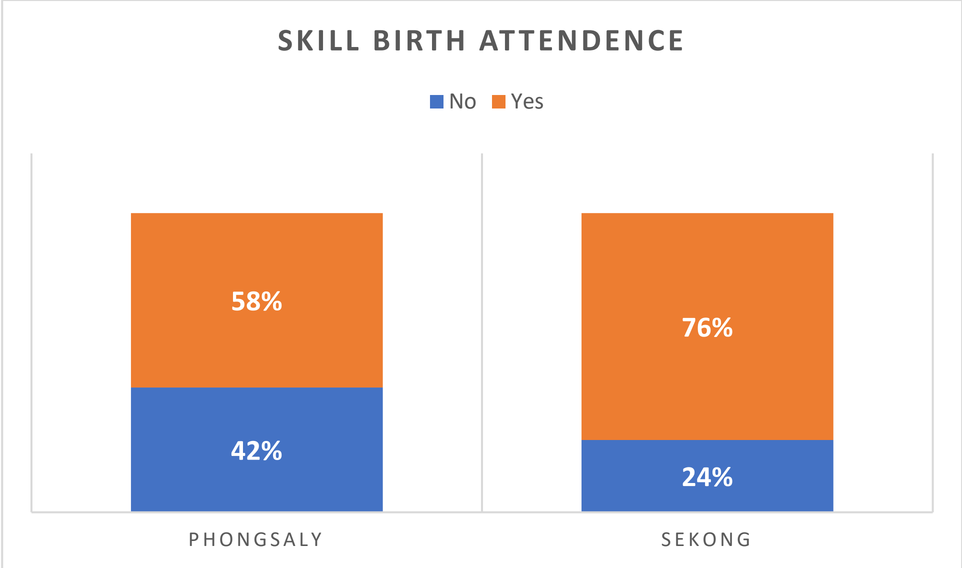


Table 8: Births attended by skilled health personnel

Births attended by skilled health personnel	Phongsaly	%	Sekong	%
Where did the delivery take place??				
At home	95	46%	50	40%
Health Center	60	29%	55	44%
District hospital	37	18%	16	13%
Provincial hospital	8	4%	3	2%
Other (please specify)	6	3%		
When you were giving birth, was there any skilled health personnel in the room with you?				
No	86	42%	30	24%
Yes	120	58%	94	76%
Who attended the delivery?				
Doctor	69	58%	23	24%
Midwife	26	22%	15	16%
Nurse	18	15%	38	40%
Village Health Volunteers	3	3%	2	2%
Traditional birth attendant (trained or untrained)	4	3%	16	17%

(Output 1) Expected Result 1.1: Improve access, use and quality of RMNCANH services

Output Indicator #1.1.1: % increase of births with a skilled attendant in target communities

The table 9 presents data on childbirth experiences in Phongsaly and Sekong provinces of Laos. Here are some key takeaways:

Place of Birth:

- Home births are still common, with 46% in Phongsaly and 40% in Sekong.

- Healthcare facilities like health centers, district hospitals, and provincial hospitals see a significant portion of deliveries (around 51% in Phongsaly and 60% in Sekong).

High home delivery rates in Sekong and Phongsaly stem from a combination of factors. Limited access to reliable transportation and distance to health centers, particularly in remote areas, pose logistical challenges. Culturally, some ethnicities feel safer with family support during childbirth at home, while misconceptions about facility care or a focus solely on newborn health might exist. Further research is needed to understand the specific reasons behind the variations between provinces.

In Phongsaly, majority of the mothers who just gave birth claimed that they delivered their newborn child at home due to lack of transportation to the health centres, or the distance they have to travel; some mothers also mentioned that the expected date of deliver of their babies are either delayed or ahead of time. However, despite mothers delivering their babies at home, they regularly visit for ANC checkups and PNC check-ups especially for the immunizations of their children. Majority of the mothers both in Akha and Khmu ethnic minorities feel safer at home as they are being supported by their mother in laws and husband during birth.

Skilled Birth Attendance:

- A majority of births in both provinces had a skilled attendant present (58% in Phongsaly and 76% in Sekong).
- Doctors (obstetricians) were the most common skilled attendants in Phongsaly (58%), followed by midwives (22%).
- Sekong saw a higher proportion of births attended by nurses (40%) compared to Phongsaly (15%).

Traditional Practices:

- A large percentage of women practiced lying over fire after childbirth (93% in Phongsaly and 100% in Sekong). This traditional practice might not be medically recommended and could have health risks.

The DHO staff with other healthcare staff home visited newly delivered mother in her 7th day to monitor the health condition of the mother and child. In Akha people belief is animism where one of their practices after the delivery of the newborn child is putting some dried leaves on top of the doorway as a protection and warding off bad spirits to the mother and child. In the 1st image, after the umbilical cord stump fell off from the belly button of the child, they wrapped it with leaves and fish net to wrapped around a pillar near the door opening as another way of protecting the family.

Post-Natal Care:

- There's a positive trend with a significant number of women going for post-natal check-ups (71% in Phongsaly and 58% in Sekong).

Family Planning:

- Family planning counselling seems to be reaching a good portion of the population (83% in Phongsaly and 64% in Sekong).
- Oral contraceptive pills are the most common modern contraception method used (51% in Phongsaly and 27% in Sekong).

Possible Areas for Improvement:

- Encouraging facility-based deliveries, especially in Phongsaly where home births are more prevalent.
- Raising awareness about potential risks of traditional practices like lying over fire after childbirth.
- Increasing the utilization of modern contraceptive methods, particularly in Sekong where pill usage is lower.

Table 9: Births with a skilled attendant

Births with a skilled attendant	Phongsaly	%	Sekong	%
Where did you gave birth?				
At home	95	46%	50	40%
Health Center	60	29%	55	44%
District hospital	37	18%	16	13%
Provincial hospital	8	4%	3	2%
Other (please specify)	6	3%		
How long did you rest after giving birth?				
Less than 6 hours	33	16%	24	19%
6-11 hours	11	5%	21	17%
12-23 hours	1	0%	4	3%
1-2 days	22	11%	17	14%
More than 3 days	139	67%	58	47%
When you were giving birth, was there any health care staff or person who has experience with labor and delivery in the room with you?				
No	86	42%	30	24%
Yes	120	58%	94	76%
If yes, who helped you deliver baby?				
Village Health Volunteers	3	3%	2	2%
Midwife	26	22%	15	16%
Nurse	18	15%	38	40%
Doctor(obstetrician)	69	58%	23	24%
Other (please specify)	4	3%	16	17%
If no, any health care staff or person who has experience with labor and delivery in the room with you who helped you deliver baby?				
My mother	59	69%	12	40%
Husband	15	17%	14	47%
Other (please specify)	12	14%	4	13%
Did you practice lying over the fire after childbirth?				
No	15	7%		
Yes	191	93%	124	100%
After giving birth, do you go for a post-natal check-up?				
No	59	29%	52	42%
Yes	147	71%	72	58%
Have you received family planning counseling?				
No	35	17%	45	36%
Yes	171	83%	79	64%
What type of modern contraception do you use?				
Condom	5	2%	1	1%
Implant	2	1%	12	10%
Injection	31	15%	37	30%

Intrauterine Device	1	0%		0%
Pills	106	51%	34	27%
Don't use	59	29%	39	31%
Other	2	1%	1	1%

Output Indicator #1.1.2: % increase of adolescents confirmed that they adopt family planning

This table 10 highlights some key findings on family planning awareness, usage, and accessibility among adolescents in Phongsaly and Sekong.

Awareness

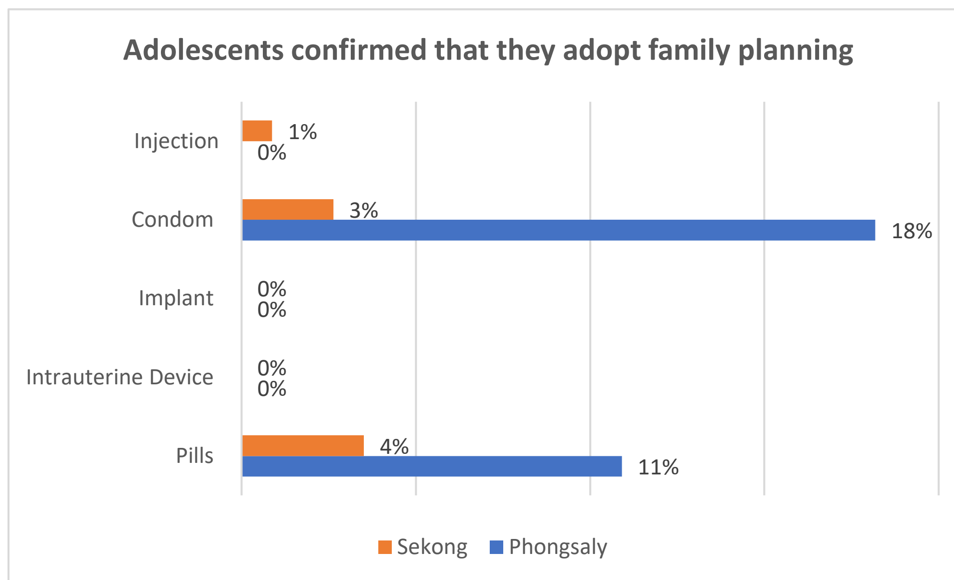
- A significantly higher percentage of adolescents in Phongsaly (46%) have not heard of family planning methods compared to Sekong (39%).

Knowledge of Specific Methods

- Condoms are the most recognized method in both Phongsaly (35%) and Sekong (18%).
- Pills are another commonly recognized method, with slightly higher awareness in Sekong (30%) than Phongsaly (27%).

Usage

- Condoms are the most commonly used method in both locations, but with a much higher usage rate in Phongsaly (18%) compared to Sekong (3%).
- Pills are also commonly used method in both locations in Phongsaly (11%) compared to Sekong (4%).



Sources of Information

- Peer discussions are the primary source of information on family planning methods in Phongsaly (52%), followed by school education (28%).
- Parents are a more prominent source of information in Sekong (26%) compared to Phongsaly (12%).

Comfort Discussing Family Planning

- A significantly higher proportion of adolescents in Sekong feel comfortable discussing family planning with healthcare providers (82%) compared to Phongsaly (45%).

Attitudes on Importance

- The vast majority of adolescents in both locations believe family planning is very important (75% in Phongsaly, 78% in Sekong).

Accessibility

- A higher percentage of adolescents in Sekong believe there are easily accessible family planning services (61%) compared to Phongsaly (53%).

Desired Services

- Educational workshops are the most desired service in both locations (71%).
- Confidential consultations with healthcare providers are also highly desired, with a higher preference in Phongsaly (57%) compared to Sekong (39%).

Additional Insights

- Social stigma around adolescent family planning use is very low in both locations (10% or less).
- A wider variety of family planning methods is desired in both locations, but to a greater extent in Phongsaly (54%) compared to Sekong (34%).

Possible explanations for the discrepancies between Phongsaly and Sekong:

- Cultural differences may influence family planning discussions and practices.
- Sekong may have more accessible educational programs or healthcare services.

Table 10: Adolescents confirmed that they adopt family planning

Adolescents confirmed that they adopt family planning	Phongsaly	%	Sekong	%
Have you heard of family planning methods?				
No	59	54%	70	61%
Yes	51	46%	44	39%
If yes, what's family planning methods you are aware of.				
Pills	30	27%	34	30%
Intrauterine Device	6	5%	5	4%
Implant	5	5%	9	8%
Condom	39	35%	20	18%
Injection	11	10%	20	18%
Other (please specify)	2	2%	5	4%
What's family planning methods do you use?				
Pills	12	11%	4	4%
Intrauterine Device	0	0%	0	0%
Implant	0	0%	0	0%
Condom	20	18%	3	3%
Injection	0	0%	1	1%
How long have you been using family planning methods?				
never used	30	27%	40	35%
<6 months	17	15%	4	4%
6 months to 12 months	3	3%		0%
>12 month to 24 months	1	1%		0%

More than 24 months		0%		0%
Where did you learn about family planning methods? (Select all that apply)				
School education	31	28%	19	17%
Peer discussions	57	52%	12	11%
Community health talks	12	11%	16	14%
Healthcare provider	11	10%	14	12%
Parents/Guardians	13	12%	30	26%
Media (TV, Radio, Internet)	2	2%	13	11%
Do you feel comfortable discussing family planning with a healthcare provider?				
No	61	55%	20	18%
Yes	49	45%	94	82%
How important do you consider family planning for adolescents?				
Very Important	82	75%	89	78%
Somewhat Important	11	10%	20	18%
Not Important	17	15%	5	4%
What are the main benefits of family planning for adolescents (in your opinion)? (Select all that apply)				
Preventing from Sexually Transmitted Infection (STI)	61	55%	54	47%
Improving health (reduce complication due to early pregnancy or infant mortality)	46	42%	65	57%
Support partnerships with spouse or partner	15	14%	29	25%
Don't know	37	34%	12	11%
Are there any social or cultural stigmas around family planning use by adolescents in your community?				
No	99	90%	108	95%
Yes	11	10%	6	5%
Do you feel there are easily accessible family planning services available to adolescents in your community?				
No	52	47%	44	39%
Yes	58	53%	70	61%
What types of family planning services would you like to see available in your community? (Select all that apply)				
Educational workshops	78	71%	81	71%
Confidential consultations with healthcare providers	63	57%	44	39%
A wider variety of family planning methods	59	54%	39	34%
More youth-friendly clinics	18	16%	11	10%
Other (Please Specify)	14	13%	11	10%

Output Indicator #1.1.3: # adolescents that access ASRH services

This table 11 highlights key findings on awareness, access, and satisfaction with ASRH services among adolescents in Phongsaly and Sekong.

Awareness

- A slightly higher percentage of adolescents in Sekong (35%) have heard of ASRH services compared to Phongsaly (31%).

Knowledge of Specific Services

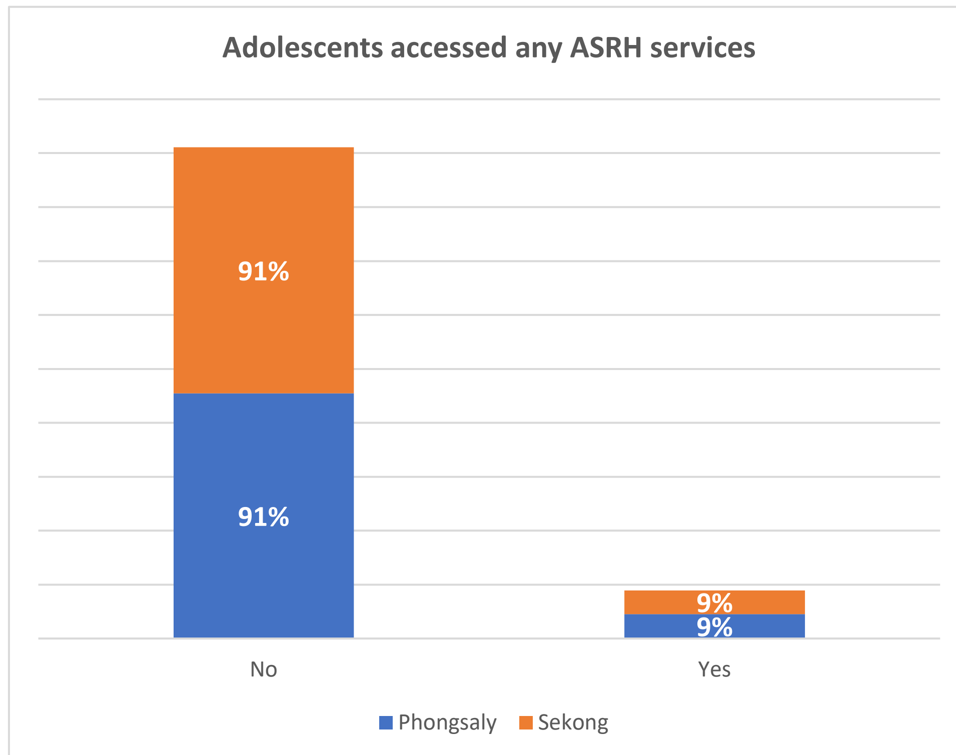
- Sexual and reproductive health education is the most recognized service in both locations (around 24%).
- Awareness of other services like STI testing and treatment is significantly lower, particularly in Sekong.

Sources of Information

- School education is the primary source of information on ASRH services in both locations (around 30%).
- Friends and peers are a more prominent source in Phongsaly (30%) compared to Sekong (13%).
- Media is not a significant source of information in either location.

Access

- A very low percentage of adolescents in both locations (around 9%) have ever accessed ASRH services.



Sekong offers a SRHR hotline, yet access remains low likely due to a mix of factors. People might be unaware of the service, lack phone access, or have privacy concerns. Cultural norms and alternative preferences for SRHR might also play a role. Even with the hotline, physical barriers like distance or transportation costs could hinder access. Phongsaly's lower access, despite lacking a hotline, could be due to lower overall SRHR awareness, greater geographical challenges, or stricter cultural norms.

Type of Services Accessed

- Sexual and reproductive health education and contraceptive services are the most accessed services in both locations (around 5%).

Location of Service Providers

- Public health facilities are the most common location for accessing services in Phongsaly (38%), while NGOs are more prominent in Sekong (11%).

Challenges to Access

- Confidentiality concerns are a significant barrier in Phongsaly (11%) compared to Sekong (4%).
- Lack of awareness of available services is also a challenge in both locations (around 10%).

Satisfaction with Services

- A significantly higher proportion of adolescents in Sekong are satisfied (90%) with the services they received compared to Phongsaly (49%).

Possible explanations for the discrepancies between Phongsaly and Sekong:

- Higher awareness of services in Sekong may translate to better access and satisfaction.
- The greater use of NGOs in Sekong could indicate more youth-friendly service delivery.
- Confidentiality concerns may be a stronger deterrent in Phongsaly, requiring a focus on privacy practices.

Key takeaways:

- Awareness of ASRH services is generally low among adolescents in both locations.
- Access to services is very limited, highlighting a need for improvement. Despite the presence of Adolescent Friendly Services (AFS) in Sekong schools and communities, overall access to health services remains limited. This highlights the need for a multi-pronged approach that addresses not only service availability but also factors like awareness, accessibility, and cultural sensitivity.
- Confidentiality concerns are a significant barrier, particularly in Phongsaly.
- Sekong appears to have a more developed service network leading to higher satisfaction.

Recommendations:

- Increase educational campaigns on ASRH services, including utilizing media channels.
- Improve access to services through school-based clinics, youth centers, and mobile outreach programs.
- Emphasize confidentiality and create youth-friendly service environments.
- Invest in training healthcare providers on adolescent sexual and reproductive health.

Table 11: Adolescents access ASRH services

Adolescents access ASRH services	Phongsaly	%	Sekong	%
Have you heard of ASRH services?				
No	76	69%	74	65%
Yes	34	31%	40	35%
what types of ASRH services are you aware of? (Select all that apply)				
Sexual and reproductive health education	26	24%	26	23%
Contraceptive counseling and services	23	21%	19	17%
Sexually transmitted infection (STI) testing and treatment	9	8%	3	3%
HIV testing and counseling	5	5%	6	5%
Pregnancy testing and counseling	6	5%	3	3%
Mental health services related to ASRH	2	2%	5	4%
Where did you learn about ASRH services? (Select all that apply)				
School education	34	31%	31	27%
Community health talks	15	14%	14	12%
Healthcare provider	18	16%	20	18%
Parents/Guardians	15	14%	29	25%
Friends/Peers	33	30%	15	13%
Media (TV, Radio, Internet)	0	0%	21	18%
Have you ever accessed any ASRH services?				
No	100	91%	104	91%
Yes	10	9%	10	9%

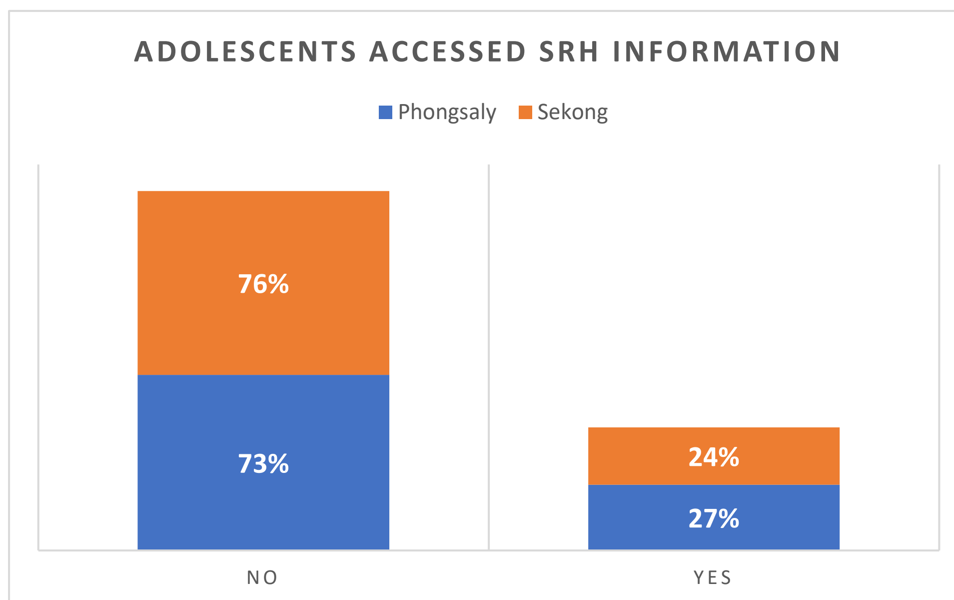
Which specific services did you access? (Select all that apply)				
Sexual and reproductive health education	8	7%	5	4%
Contraceptive counseling and services	6	5%	6	5%
Sexually transmitted infection (STI) testing and treatment	3	3%	4	4%
HIV testing and counseling	2	2%	2	2%
Pregnancy testing and counseling	2	2%	1	1%
Mental health services related to ASRH	0	0%	0	0%
Other (Please Specify)				
Where did you access these services? (Select all that apply)				
Public health clinic/hospital	42	38%	16	14%
Private clinic/hospital	7	6%	3	3%
School-based health clinic	1	1%	1	1%
Youth center	0	0%	5	4%
NGO/Community organization	0	0%	12	11%
Other (Please Specify)				
Did you face any challenges accessing these services?				
No	91	83%	107	94%
Yes	19	17%	7	6%
please describe the challenges you faced. (Select all that apply)				
Cost	5	5%	5	4%
Confidentiality concerns	12	11%	4	4%
Lack of awareness of available services	11	10%	6	5%
Distance to service providers	9	8%	2	2%
Long wait times	3	3%	1	1%
Unfriendly or judgmental staff	0	0%	1	1%
Other (Please Specify)	1	1%	0	0%
Could you please rate the level of satisfaction on the service your received from the health center in terms of sexual reproductive health.				
Not satisfied	29	26%	2	2%
Satisfied	54	49%	103	90%
Very satisfied	27	25%	9	8%

Output Indicator #1.1.4: % adolescents that accessed SRH information

This table 12 sheds light on how adolescents in Phongsaly and Sekong encounter information about SRH and their comfort level discussing it with healthcare providers.

Access to Information

- A relatively low percentage of adolescents in both locations have ever encountered SRH information (27% in Phongsaly, 24% in Sekong).



Topics Encountered (Percentages denote proportion of adolescents who encountered the topic among those who received SRH information)

- Anatomy and physiology are the most common SRH topic encountered in Phongsaly (73%), followed by puberty and physical development (57%).
- In Sekong, safe sex practices (37%) and puberty and physical development (48%) are the most encountered topics.
- Topics like healthy relationships and sexual orientation are rarely encountered by adolescents in either location.

Sources of Information

- Friends and peers are the primary source of SRH information in Phongsaly (41%), whereas school education is the leading source in Sekong (24%).
- Media plays a minor role in Phongsaly (3%) but a more prominent role in Sekong (14%).

Comfort Discussing SRH with Healthcare Providers

- A significantly higher proportion of adolescents in Sekong feel comfortable discussing SRH with healthcare providers (91%) compared to Phongsaly (55%).

Barriers to Discussing SRH (Percentages denote proportion of adolescents reporting discomfort who mentioned the reason)

- Fear of judgment is the main barrier in both Phongsaly (40%) and Sekong (50%).
- Lack of privacy is a concern for a higher proportion of adolescents in Sekong (60%) compared to Phongsaly (14%).

Possible explanations for the discrepancies between Phongsaly and Sekong:

- Sekong may have more comprehensive SRH education programs in schools, explaining the higher awareness of puberty and safer sex practices.
- The greater use of media in Sekong could contribute to wider information access on a broader range of topics.

- Although fear of judgment is a concern in both locations, Sekong might have a more established network of youth-friendly healthcare providers leading to less concern about privacy.

Key takeaways:

- Many adolescents lack access to accurate SRH information, relying on potentially unreliable sources like peers, particularly in Phongsaly.
- Friends are a significant information source, highlighting the need for peer education programs that provide accurate information.
- Fear of judgment and lack of privacy are significant barriers to communication with healthcare providers in both locations, but to a greater extent in Sekong for privacy concerns.

Recommendations:

Concept: Create peer education groups for adolescents (10-19 years old) to discuss Sexual and Reproductive Health and Rights (SRHR) in a safe, open, and informative environment. These groups will empower teens to become reliable sources of information for themselves, their peers, and their families.

Benefits:

- **Increased SRHR Knowledge:** Adolescents can learn accurate information about puberty, sexual development, contraception, healthy relationships, and more.
- **Reduced Stigma:** Open discussions can normalize conversations about SRHR, reducing embarrassment and judgment.
- **Improved Decision-Making:** Knowledge empowers teens to make informed choices regarding their health and well-being.
- **Peer Support:** Groups provide a safe space to ask questions and share experiences with trusted peers.
- **Information Dissemination:** Peer educators can become reliable sources of SRHR information for their wider social circles, including friends and family.

Structure:

- **Group Size:** 8-12 participants is ideal for fostering interaction and creating a safe space.
- **Meetings:** Weekly or bi-weekly meetings of 1-2 hours, led by trained peer educators.
- **Activities:** Interactive activities can include discussions, role-playing, quizzes, guest speakers from health services, and creating informational materials for peers and families.
- **Topics:** Puberty, sexual development, body image, healthy relationships, contraception, sexually transmitted infections (STIs), communication skills, and navigating social pressures.

Peer Educators:

- **Selection:** Adolescents who demonstrate leadership, communication skills, and a genuine interest in SRHR can be recruited through applications or nominations.
- **Training:** Peer educators will undergo training on SRHR topics, facilitation methods, communication skills, and creating a safe and inclusive environment.
- **Support:** Ongoing support and mentorship will be provided to peer educators by program coordinators or health professionals.

Sustainability:

- **Partnerships:** Collaboration with schools, youth organizations, health departments, and NGOs can ensure wider outreach and sustainability.
- **Mentorship:** Graduating peer educators can become mentors for new groups, fostering continuity and leadership development.
- **Monitoring & Evaluation:** Regular monitoring and evaluation will ensure the program's effectiveness and identify areas for improvement.

Sharing Information:

- **Peer Educators:** They can share information with their peers through casual conversations, group presentations, or creating informational materials like posters or pamphlets.
- **Social Media:** Peer educators can create a social media page (with appropriate privacy settings) to share educational content and resources with a wider audience.
- **Family Events:** Organize workshops or information sessions for parents alongside adolescent group meetings, fostering open communication within families.

By creating peer education groups, adolescents can gain valuable knowledge about SRHR and become champions for sexual health awareness in their communities. This approach empowers teens to make informed decisions, reduce stigma, and create a healthier future for themselves and their peers.

Table 12: Adolescents that accessed SRH information

Adolescents that accessed SRH information	Phongsaly	%	Sekong	%
Have you ever encountered information about Sexual and Reproductive Health (SRH)?				
No	80	73%	87	76%
Yes	30	27%	27	24%
If yes, what topics related to SRH have you come across information about? (Select all that apply)				
Anatomy and physiology (body parts and functions)	22	73%	8	30%
Puberty and physical development	17	57%	13	48%
Menstrual health	6	20%	4	15%
Safe sex practices	9	30%	10	37%
Contraception and family planning methods	10	33%	9	33%
Sexually transmitted infections (STIs)	2	7%	4	15%
HIV/AIDS	4	13%	3	11%
Healthy relationships	1	3%	0	0%
Sexual orientation and gender identity	2	7%	3	11%
Other (Please Specify)	1	3%	1	4%
Where have you encountered information about SRH? (Select all that apply)				
School education (classes, workshops)	32	29%	27	24%
Healthcare provider (doctor, nurse)	22	20%	18	16%
Parents/Guardians	18	16%	23	20%
Friends/Peers	45	41%	9	8%
Media (TV, Radio, Internet)	3	3%	16	14%
Community health talks/outreach programs	2	2%	12	11%
Religious leader/organization	0	0%	1	1%
Brochures/pamphlets	2	2%	4	4%
Other (Please Specify)	44	40%	57	50%
Do you feel comfortable discussing SRH topics with a healthcare provider?				
No	50	45%	10	9%
Yes	60	55%	104	91%
why not? (Select all that apply)				
Fear of judgment	20	40%	5	50%
Lack of privacy	7	14%	6	60%
Cost concerns	7	14%	3	30%

Difficulty finding a youth-friendly provider	5	10%	3	30%
Don’t know	30	60%	0	0%

Output Indicator #1.1.5: % decrease of adolescent birth rate (10-19 yrs old)

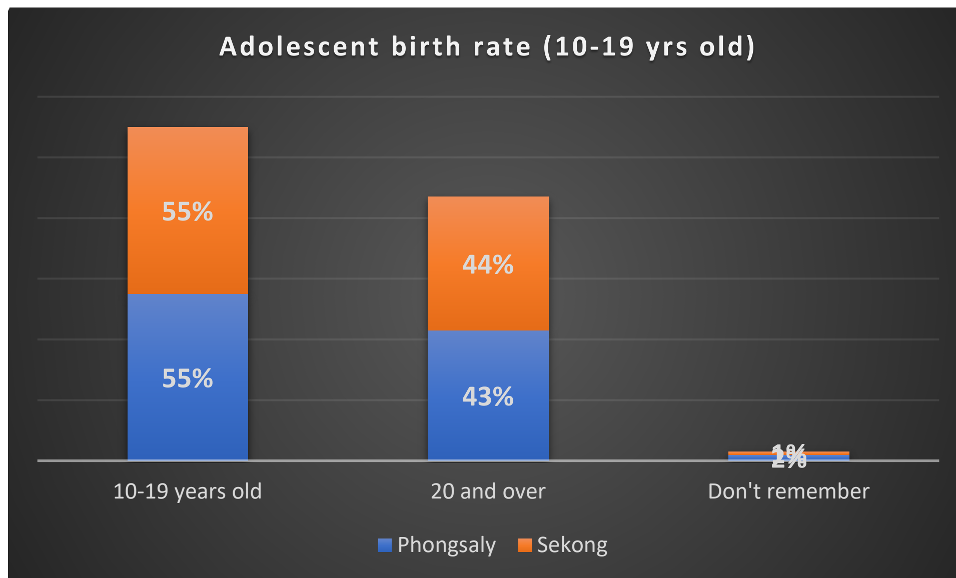
This table 13 sheds light on adolescents' understanding of adolescent pregnancy, its causes, and their views on delaying pregnancy. It also explores their awareness and utilization of resources for sex education and contraception.

Awareness of Adolescent Pregnancy

- A majority of adolescents in both locations (57% in Phongsaly and 61% in Sekong) have heard of the term "adolescent pregnancy."

Adolescent birth rate

- The adolescent birth (10-19 years old) rate is 55% in Phongsaly and 55% in Sekong.
- A significant portion of women in both districts (43% in Phongsaly and 44% in Sekong) wait until they are 20 years old or older to have their first delivery.



Perceptions of Causes

- Lack of access to sex education and contraception are identified as the leading causes of adolescent pregnancy in both locations (around 66% in Phongsaly and 65% in Sekong).
- Peer pressure and cultural expectations of early marriage/childbearing are seen as less significant factors (8% in Phongsaly and 11% in Sekong).

Importance of Delaying Pregnancy

- A strong majority of adolescents in both locations believe delaying pregnancy until adulthood is very important (85% in Phongsaly, 76% in Sekong).

Benefits of Delaying Pregnancy

- Continuing education and career goals are the most recognized benefit in both locations (around 50%).
- Developing mature relationships is considered more important in Sekong (47%) compared to Phongsaly (25%).

Social Stigma

- A very low percentage of adolescents in both locations perceive a strong social stigma associated with adolescent pregnancy (11% in Phongsaly and 10% in Sekong).

Awareness of Resources
- A significantly higher proportion of adolescents in Phongsaly (40%) are aware of resources for sex education and contraception compared to Sekong (12%).

Types of Resources Available
- School-based sex education programs are the most common resource in Phongsaly (82%), while community health clinics are most prominent in Sekong (64%).

Resource Utilization
- A majority of adolescents in both locations (64% in Phongsaly and 54% in Sekong) would consider using or recommending resources for sex education and contraception.

Barriers to Resource Utilization
- Lack of awareness of available resources is the main barrier in both locations (35% in Phongsaly and 43% in Sekong).
- Confidentiality concerns are also present, but to a similar extent (around 15%).

Possible explanations for the discrepancies between Phongsaly and Sekong:
- Phongsaly might have more established school-based sex education programs leading to higher awareness of resources.
- Sekong may rely more on community health clinics for sexual health services.
- The lower awareness of resources in Sekong could explain the higher percentage who are unsure about the benefits of delaying pregnancy.

Key takeaways:
- Adolescents in both locations understand the importance of delaying pregnancy but lack access to comprehensive sex education and contraception.
- Lack of awareness of available resources is a significant barrier to preventing adolescent pregnancy.
- Social stigma is not a major concern, but confidentiality is important for resource utilization.

Recommendations:
- Increase awareness campaigns about available resources for sex education and contraception in both locations.
- Expand school-based and peer education sex education programs in Sekong to ensure comprehensive coverage.
- Improve access to confidential sexual health services through community health clinics and youth centers in both locations.
- Address cultural or religious barriers that may hinder resource utilization in Sekong (if identified through further research).

Table 13: Adolescent birth rate (10-19 yrs old)

adolescent birth rate (10-19 yrs old)	Phongsaly	%	Sekong	%
Have you heard of the term "adolescent pregnancy"?				
No	47	43%	45	39%
Yes	63	57%	69	61%
What’s your age in first birth?				

10-19 years old	112	55%	68	55%
20 and over	89	43%	55	44%
Don't remember	5	2%	1	1%
In your opinion, what are the main reasons why some adolescents become pregnant? (Select all that apply)				
Lack of access to sex education	73	66%	74	65%
Lack of access to contraception	60	55%	52	46%
Peer pressure	18	16%	11	10%
Unwanted pregnancy	22	20%	29	25%
Cultural expectations of early marriage/childbearing	9	8%	12	11%
Don't know	25	23%	16	14%
How important do you consider delaying pregnancy until adulthood for adolescents?				
Very Important	93	85%	87	76%
Somewhat Important	8	7%	26	23%
Not Important	9	8%	1	1%
What are the main benefits of delaying pregnancy until adulthood for adolescents (in your opinion)? (Select all that apply)				
Continue education and career goals	55	50%	57	50%
Improve financial stability	44	40%	37	32%
Improve physical and mental health	55	50%	39	34%
Develop mature relationships	28	25%	54	47%
Don't know	20	18%	7	6%
In your community, is there a social stigma associated with adolescent pregnancy?				
No	98	89%	103	90%
Yes	12	11%	11	10%
Are adolescents in your community aware of resources for sex education and contraception?				
No	66	60%	100	88%
Yes	44	40%	14	12%
If yes, what types of resources are available? (Select all that apply)				
School-based sex education programs	36	82%	7	50%
Community health clinics offering sexual health services	11	25%	9	64%
Youth centers providing information and support	3	7%	4	29%
Confidential online resources	4	9%	2	14%
Other (Please Specify)	3	7%	0	0%
Have you ever used or would you consider using any of these resources yourself (or recommend them to an adolescent)?				
No	40	36%	53	46%
Yes	70	64%	61	54%
If no, why not? (Select all that apply)				
Lack of awareness of available resources	14	35%	15	43%
Concerns about confidentiality	6	15%	6	17%
Accessibility issues (location, cost)	2	5%	0	0%
Cultural or religious barriers	0	0%	2	6%
Other (Please Specify)	6	15%	5	14%

Output Indicator #1.1.6: # of health centers increased infrastructures and equipment

This table 14 analysis combines the findings from the tables below provided to give a comprehensive picture of the health centers in Phongsaly and Sekong.

Infrastructure:

- **Buildings:** Both provinces lack centers in excellent condition (Phongsaly 13% and Sekong 0%) and could benefit from upgrades.
- **Space:**
  - **Similar Proportions:** Both regions have a "similar proportion" of health centers with adequate space for most areas. This could mean they have sufficient space for essential services but might not have dedicated areas for specialized care.
  - **Consultation and Examination Rooms:** Sekong might be "better equipped" for consultation and examination rooms. This suggests Sekong health centers might have more dedicated spaces for private consultations and physical examinations.
- **Essential Services:** A "good majority" of health centers in both regions have reliable clean water and sanitation facilities. This is crucial for infection control and maintaining a hygienic environment .
- **Inpatient and Outpatient Capacity (IPD/OPD):** The report doesn't mention IPD/OPD capacity. Some health centers might only offer outpatient services for consultations and basic treatment, while others might have limited inpatient capabilities for short stays or observation.
- **Technology:** Phongsaly has an advantage in internet connectivity (75% vs 64%). Both regions have good computer availability but limited electronic medical records.

Medical Equipment:

- **Availability:** Sekong is generally better equipped, particularly for examination equipment, essential supplies, and equipment for operations. Phongsaly has concerning gaps in these areas.
- **Condition:** The majority of equipment in both regions is in fair condition.
- **Functionality:** Almost all equipment is functional in both regions.
- **Maintenance:** Both regions have systems for maintenance and calibration, but Sekong has a slight edge.
- **Electricity:** Surprisingly, both regions have similar issues with electricity access (around 50% lack it).

Overall:

- Sekong appears to be better resourced in terms of medical equipment, supplies, and functionality.
- Phongsaly has deficiencies in examination equipment, essential supplies, and building condition.
- Both regions could improve access to imaging equipment and ensure consistent electricity.

Recommendations:

- **Phongsaly:** Equip health centers with essential examination equipment as well as dedicated counselling rooms improve the supply chain for medical supplies, and prioritize building upgrades.
- **Sekong:** Invest in acquiring imaging equipment (X-ray or ultrasound).
- **Both Regions:** Address electricity deficiencies to ensure reliable equipment operation.
- **Overall:** Standardize equipment availability and maintenance practices across both regions. Consider allocating resources based on population needs.

Table 14: General Infrastructure, Medical Equipment, Other Equipment & Functionality and Maintenance

General Infrastructure, Medical Equipment, Other Equipment & Functionality and Maintenance	Phongsaly	%	Sekong	%
General Infrastructure				
Please rate the overall condition of the health center's buildings				
Excellent	1	13%		0%
Good	1	13%	6	55%

Fair	6	75%	5	45%
Poor		0%		0%
Does the health center have adequate space for the following:				
Patient waiting areas	6	75%	8	73%
Consultation rooms	5	63%	9	82%
Examination room	3	38%	9	82%
Treatment rooms	7	88%	9	82%
Pharmacy	8	100%	9	82%
Staff areas (offices, restrooms)	7	88%	8	73%
Waste disposal facilities	8	100%	8	73%
Does the health center have a reliable source of clean water and sanitation?				
No	2	25%	2	18%
Yes	6	75%	9	82%
Does the health center have access to reliable internet connectivity?				
No	2	25%	4	36%
Yes	6	75%	7	64%
Does the health center have computers and other ICT equipment for patient records management and communication?				
No	1	13%	2	18%
Yes	7	88%	9	82%
Medical Equipment				
Please indicate the availability of the following types of medical equipment (multiple choices):				
Basic diagnostic equipment (e.g., thermometers, stethoscopes, blood pressure monitors)	7	88%	8	73%
Examination equipment (e.g., otoscopes, ophthalmoscopes)	7	88%	3	27%
Laboratory equipment for basic tests (e.g., blood sugar testing, urinalysis)	6	75%	3	27%
Imaging equipment (e.g., X-ray machine, ultrasound machine)	1	13%	2	18%
Please rate the overall condition of the existing medical equipment				
Excellent		0%		0%
Good	3	38%	4	36%
Fair	5	63%	7	64%
Poor		0%		0%
Other Equipment				
Does the health center have adequate supplies of essential medical equipment (e.g., bandages, syringes, medications)?				
No	4	50%	1	9%
Yes	4	50%	10	91%
Does the health center have essential medical equipment for operations (e.g., beds, gurneys, wheelchairs)?				
No	5	63%		0%

	Yes	3	38%	11	100%
Functionality and Maintenance					
Are all available medical equipment functional and in good working order?					
	No	1	13%		0%
	Yes	7	88%	11	100%
Does the health center have a system for regular maintenance and calibration of equipment?					
	No	2	25%	1	9%
	Yes	6	75%	10	91%
Does the health center have electricity?					
	No	4	50%	5	45%
	Yes	4	50%	6	55%

Output Indicator #1.1.7: # of health facilities using Healthy Mother App for recording their services

Discussions with Project staff, district health staff, and project monitoring showed that for the project there is a total of 16 Health Centres health facilities using the healthy mother app.

- Sekong 10 HC are using the Healthy Mother App
- Phongsaly 6 HC are using the Healthy Mother App

This survey explored the health centres captured in the sample size and was not indicative of the total number of facilities using the healthy mother app.

The table 15 shows data on the awareness and adoption of the Healthy Mother App among health facilities in two districts, Phongsaly and Sekong.

- **Awareness:**
  - Phongsaly: 50% of health facilities are aware of the app.
  - Sekong: 55% of health facilities are aware of the app.
- **Adoption:**
  - Phongsaly: Of the facilities aware of the app, only 25% have adopted it.
  - Sekong: Of the facilities aware of the app, 100% have adopted it.
- **Usage:**
  - Phongsaly: Among facilities that adopted the app, 25% don't know when they started using it, and 75% have been using it for 1-2 years.
  - Sekong: Among facilities that adopted the app, 17% have been using it for less than a year, 76% have been using it for 1-2 years, and 17% have been using it for more than five years.
- **Data Recorded:**
  - Phongsaly: Facilities that use the app record prenatal checkups (50%), antenatal care services (100%), delivery information (50%), postnatal care (50%), and immunization records (75%).
  - Sekong: Facilities that use the app record prenatal checkups (100%), antenatal care services (76%), delivery information (67%), postnatal care (50%), and immunization records (33%).
- **Challenges:**
  - Phongsaly: Data on challenges faced with the app is not available.
  - Sekong: 67% of facilities that are aware of the app reported challenges in implementing or using it.

- Data on challenges with the healthcare app is missing for Phongsaly, but in Sekong, two-thirds of facilities reported issues. These might include lack of training, connectivity problems, or data security concerns. Additionally, integrating the app into busy workflows, limited features, or language barriers could hinder its use. Focus groups and app usage data can help pinpoint the specific problems in Sekong to improve the app and its implementation.

- **Benefits:**
  - Phongsaly: Facilities that use the app reported benefits in improved data collection and record keeping (75%), Enhanced communication and collaboration between healthcare providers (50%), and easier access to patient information (50%), improved service delivery for mothers and newborns (25%), and other benefits (25%).
  - Sekong: Facilities that use the app reported benefits in improved data collection and record keeping (100%), improved service delivery for mothers and newborns (100%), and other benefits (17%).

Both districts report benefits in improved data collection and record keeping and improved service delivery for mothers and newborns.

Table 15: Mother App for recording their services

Mother App for recording their services	Phongsaly	%	Sekong	%
Is your health facility aware of the Healthy Mother App?				
No	4	50%	5	45%
Yes	4	50%	6	55%
If yes, has your health facility adopted the Healthy Mother App for recording patient data and services?				
No	3	75%		0%
Yes	1	25%	6	100%
Since when has your health facility been using the Healthy Mother App? (Month/Year)				
Don't know	1	25%		0%
Less than one year		0%	1	17%
1-2 years	3	75%	4	67%
More than five years		0%	1	17%
Which aspects of maternal health care are primarily recorded using the Healthy Mother App? (Select all that apply)				
Prenatal checkups	2	50%	6	100%
Antenatal care services	4	100%	4	67%
Delivery information	2	50%	4	67%
Postnatal care	2	50%	3	50%
Immunization records	3	75%	2	33%
Other (Please Specify)	1	25%	0	0%
How many healthcare providers in your facility are currently using the Healthy Mother App on a regular basis?				
No. currently using the Healthy Mother App on a regular basis	9		15	
Have you encountered any challenges in implementing or using the Healthy Mother App?				
No	4	100%	2	33%
Yes		0%	4	67%
In your opinion, what are the main benefits of using the Healthy Mother App for recording maternal health data? (Select all that apply)				
Improved data collection and record keeping	3	75%	6	100%

Enhanced communication and collaboration between healthcare providers	2	50%	2	33%
Easier access to patient information	2	50%	3	50%
Improved service delivery for mothers and newborns	1	25%	6	100%
Other (Please Specify)	2	50%	1	17%

Output Indicator #1.1.8: # health staff trained in GBV response Health SOP

- **Overall Training Rates**

In Phongsaly, none of the health staff have been trained on the GBV Response SOPs, while in Sekong, 18% have been trained.

- **Training Providers**

In Phongsaly, half of the staff who received training were trained by the government and the other half by an NGO (Care International). Data on training providers in Sekong is missing.

Table 16: Health staff trained in GBV response Health SOP

Health staff trained in GBV response Health SOP	Phongsaly	%	Sekong	%
Have you received any training on the GBV Response SOPs developed for health facilities?				
No	8	100%	9	82%
Yes		0%	2	18%
Who conducted the training (e.g., government agency, NGO)?				
government			1	50%
NGO (Care international)			1	50%

Output Indicator #1.1.9: # & % women and girls that access GBV services

This table 17 shows the awareness of gender-based violence (GBV) and related services among women and girls in Phongsaly and Sekong.

Key Points:

- **Awareness of GBV:** A significant portion of women and girls in both locations (77% in Phongsaly, 81% in Sekong) have not heard of the term "gender-based violence" Or “violence against women”.
- **Concern about GBV:** Despite a lack of awareness of the term, a similar percentage of women (23% in Phongsaly, 19% in Sekong) expressed concern about experiencing violence. This suggests they might not recognize the specific term but have encountered situations they consider violence.
- **Recognition of Specific Types of GBV:**
    - Physical violence was the most recognized type of GBV in both locations (22% in Phongsaly, 17% in Sekong).
    - Awareness of other forms of GBV, such as sexual violence, emotional/psychological abuse, and economic abuse, was lower.
- **Awareness of GBV Services:**
    - The vast majority of women and girls in both locations (79% in Phongsaly, 88% in Sekong) were unaware of available services for GBV survivors.
    - This suggests a significant gap between the need for support and access to resources.

Possible Solutions:

- Implement awareness campaigns to educate women and girls about GBV, including different forms of violence and available support services.
- Utilize community outreach programs to disseminate information in local languages and culturally appropriate ways.

- Train healthcare providers, law enforcement officials, and community leaders to identify and respond to GBV cases effectively.
- Increase visibility and accessibility of GBV support services through clear communication channels.

Table 17: Women and girls that access GBV services

Women and girls that access GBV services		Phongsaly	%	Sekong	%
Have you heard of the term "gender-based violence" (GBV)?					
	No	158	77%	100	81%
	Yes	48	23%	24	19%
Do you concern about experiencing GBV?					
	No	158	77%	100	81%
	Yes	48	23%	24	19%
If yes, what types of violence do you consider to be GBV?					
Physical violence (hitting, kicking, shoving)		46	22%	21	17%
Sexual violence (rape, unwanted sexual touching)		33	16%	10	8%
Emotional/psychological abuse (threats, humiliation, intimidation)		24	12%	7	6%
Economic abuse (controlling finances, denying resources)		12	6%	2	2%
Stalking		4	2%	0	0%
Harmful traditional practices (female genital mutilation, child marriage)		9	4%	1	1%
Are you aware of any services available in your community to support survivors of GBV?					
	No	163	79%	109	88%
	Yes	43	21%	15	12%

(Outcome)-Specific objective 2: Improve food security/nutrition of women of reproductive age, men children and other vulnerable groups in the targeted communities.

Outcome Indicator #2.1: % of stunting among girls and boys under the age of five

The table 18 shows the prevalence of stunting among children in Phongsaly and Sekong, Laos. Stunting is defined as a height-for-age below -2 standard deviations from the WHO growth reference.

- **Stunting Prevalence Between Provinces:** We can see that Sekong has a higher overall prevalence of stunting (48.8%) compared to Phongsaly (42.2%). This suggests a potentially more significant stunting problem in Sekong. The latest LSIS III results showed that the national average for stunting was 32.8%. These results are significantly higher than this.
- Severe stunting (>3 standard deviations) was 17.1% in Phongsaly and 25.2% in Sekong. The national average for severe stunting is 10.8%
- **Gender Differences:** In Sekong, boys have a slightly higher prevalence of stunting (50.7%) compared to girls (46.4%). However, the difference is within the margin of error (indicated by the 95% Confidence Intervals).

Table 18: Prevalence of stunting based on height-for-age z-scores and by sex

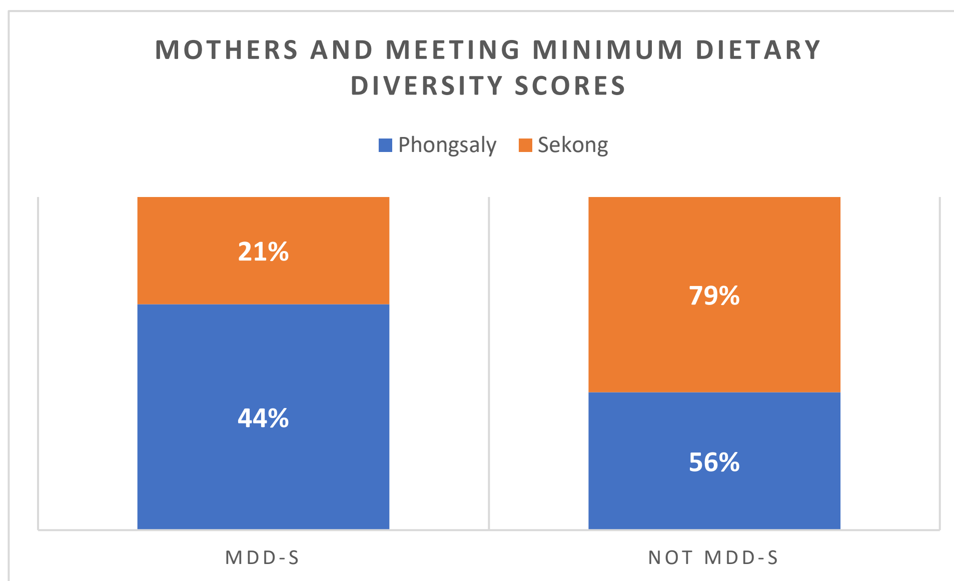
	Phongsaly			Sekong		
	All n = 199	Boys n = 106	Girls n = 93	All n = 123	Boys n = 67	Girls n = 56
Prevalence of stunting (<-2 z-score)	(84) 42.2 % (35.6 - 49.2 95% C.I.)	(47) 44.3 % (35.2 - 53.8 95% C.I.)	(37) 39.8 % (30.4 - 49.9 95% C.I.)	(60) 48.8 % (40.1 - 57.5 95% C.I.)	(34) 50.7 % (39.1 - 62.3 95% C.I.)	(26) 46.4 % (34.0 - 59.3 95% C.I.)

Prevalence of moderate stunting (<-2 z-score and >=-3 z-score)	(50) 25.1 % (19.6 - 31.6 95% C.I.)	(24) 22.6 % (15.7 - 31.5 95% C.I.)	(26) 28.0 % (19.9 - 37.8 95% C.I.)	(29) 23.6 % (16.9 - 31.8 95% C.I.)	(20) 29.9 % (20.2 - 41.7 95% C.I.)	(9) 16.1 % (8.7 - 27.8 95% C.I.)
Prevalence of severe stunting (<-3 z-score)	(34) 17.1 % (12.5 - 22.9 95% C.I.)	(23) 21.7 % (14.9 - 30.5 95% C.I.)	(11) 11.8 % (6.7 - 20.0 95% C.I.)	(31) 25.2 % (18.4 - 33.5 95% C.I.)	(14) 20.9 % (12.9 - 32.1 95% C.I.)	(17) 30.4 % (19.9 - 43.3 95% C.I.)

Outcome Indicator #2.2: % of mothers and meeting minimum dietary diversity scores

This table 19 below shows data on dietary diversity among mothers in two locations, Phongsaly and Sekong. Here are some key takeaways:

- **Overall Dietary Diversity:** A low percentage of mothers in both locations met the Minimum Dietary Diversity Score (MDD-S). In Phongsaly, only 44% of mothers achieved MDD-S, while in Sekong, it was even lower at 21%. This indicates a potential nutritional deficiency risk.
- **Grain Consumption:** Grain consumption was relatively low in both locations, with 23% in Phongsaly and 19% in Sekong of mothers reporting consuming grains in the last 24 hours.
- **Low Consumption of Several Food Groups:** There was a significant lack of consumption in several food groups, including pulses (beans, peas, lentils), nuts & seeds, milk & milk products, organ meat, and Vitamin A-rich fruits and vegetables. This suggests potential deficiencies in micronutrients like protein, calcium, iron, and Vitamin A.
- **Disparity Between Locations:** Sekong generally fared worse than Phongsaly in most food group consumption. This could be due to various factors like access to different foods, cultural preferences, or economic limitations.
- **Limited Protein Sources:** While meat consumption was moderate, organ meat and pulses consumption were very low. This suggests a potential lack of protein variety in the diets.



Recommendations

- **Promote Dietary Education:** Educational programs can help mothers understand the importance of a diverse diet and encourage them to incorporate a wider variety of food groups.
- **Improve Access to Nutritious Foods:** Efforts to increase access to affordable fruits, vegetables, pulses, nuts, and animal products can significantly improve dietary diversity.

- **Target Specific Deficiencies:** Based on the data, interventions can be designed to address specific deficiencies like Vitamin A or protein by promoting relevant food groups.

Table 19: Mothers and meeting minimum dietary diversity scores

Mothers and meeting minimum dietary diversity scores		Phongsaly	%	Sekong	%
A. Did you eat yesterday (Last 24 hours)? Food made from grain:(such as porridge, bread, rice, pasta/noodles or other grain-based foods)					
	No	158	77%	100	81%
	Yes	48	23%	24	19%
B Did you eat yesterday (Last 24 hours)? White Root and tubers and plants (such as white potatoes, white potatoes, white yams, manoic/cassava/yocco, cocoyayam, toro or any other foods made from white-fleshes roots or tuber, or plantains)					
	No	112	54%	102	82%
	Yes	94	46%	22	18%
C Did you eat yesterday (Last 24 hours)? Pulses (Beans, peas and lentils) - Mature beans or pea(fresh or dried seed), lentils or bean/pea products, including hummus, tofu and tempeh					
	No	168	82%	111	90%
	Yes	38	18%	13	10%
D Did you eat yesterday (Last 24 hours)? Nuts and seeds - Any tree nut, groundnut/peanut or certain seeds, or nut/seed "butters" or pastes					
	No	167	81%	117	94%
	Yes	39	19%	7	6%
E Did you eat yesterday (Last 24 hours)? Milk and milk products - Milk, cheese, yoghurt or other milk products but NOT including butter, ice cream, cream or sour cream					
	No	114	55%	78	63%
	Yes	92	45%	46	37%
F Did you eat yesterday (Last 24 hours)? Organ meat - Liver, kidney, heart or other organ meats or blood-based foods, including from wild game					
	No	158	77%	107	86%
	Yes	48	23%	17	14%
G Did you eat yesterday (Last 24 hours)? Meat and - Beef, pork, lamb, goat, rabbit, wild game meat, cken, duck or other bird					
	No	90	44%	67	54%
	Yes	116	56%	57	46%
H. Did you eat yesterday (Last 24 hours)? H Fish and seafood - Fresh or dried fish, shellfish or seafood					
	No	130	63%	79	64%
	Yes	76	37%	45	36%
I. Did you eat yesterday (Last 24 hours)? I Eggs - Eggs from poultry or any other bird					
	No	116	56%	87	70%
	Yes	90	44%	37	30%
J Did you eat yesterday (Last 24 hours)?Dark green leafy vegetables - List examples of any medium-to-dark green leafy vegetables, including wild/foraged leaves					
	No	56	27%	51	41%
	Yes	150	73%	73	59%

K. Did you eat yesterday (Last 24 hours)? K Vitamin A-rich vegetables, roots and tubers - Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside (see Appendix 2 for other less-common vitamin A-rich vegetables)				
No	148	72%	113	91%
Yes	58	28%	11	9%
L. Did you eat yesterday (Last 24 hours)? L Vitamin A-rich fruits - Ripe mango, ripe papaya (see Appendix 2 for other less-common vitamin A-rich fruits)				
No	119	58%	92	74%
Yes	87	42%	32	26%
M. Did you eat yesterday (Last 24 hours)? M Other vegetables - List examples of any other vegetables				
No	100	49%	65	52%
Yes	106	51%	59	48%
N. Did you eat yesterday (Last 24 hours)? N Other fruits - List examples of any other fruits				
No	106	51%	75	60%
Yes	100	49%	49	40%
Meeting Minimum Diversity				
MDD-S	91	44%	26	21%
Not MDD-S	115	56%	98	79%

(Output 2) Expected Result 2: Improve food and nutrition behaviours and food security

Output Indicator #2.1.1: % of infants born who are exclusively breast fed

This table 20 provides valuable insights into exclusive breastfeeding practices in Phongsaly and Sekong. Here are some key takeaways:

Initiation of Breastfeeding:

- **Early Initiation:** The majority of mothers in both locations-initiated breastfeeding within an hour of birth (87% in Phongsaly, 78% in Sekong). This is a positive indicator, as early initiation promotes colostrum feeding and strengthens the mother-baby bond.
- **Low Rates in Sekong:** Sekong has a significantly lower rate of early initiation compared to Phongsaly. This suggests potential need for interventions or support programs to encourage immediate breastfeeding in Sekong.
- **Minimal Delayed Initiation:** The percentage of mothers delaying breastfeeding for more than a day is vlow in Phongsaly at 10%, however is at 21% in Sekong – outlining the need for programmatic solutions to address the higher numbers.

Colostrum Feeding:

- **High Rates:** The overwhelming majority of mothers in both locations reported feeding colostrum to their babies (94% in Phongsaly, 98% in Sekong). This is crucial as colostrum provides essential antibodies and nutrients for newborns.

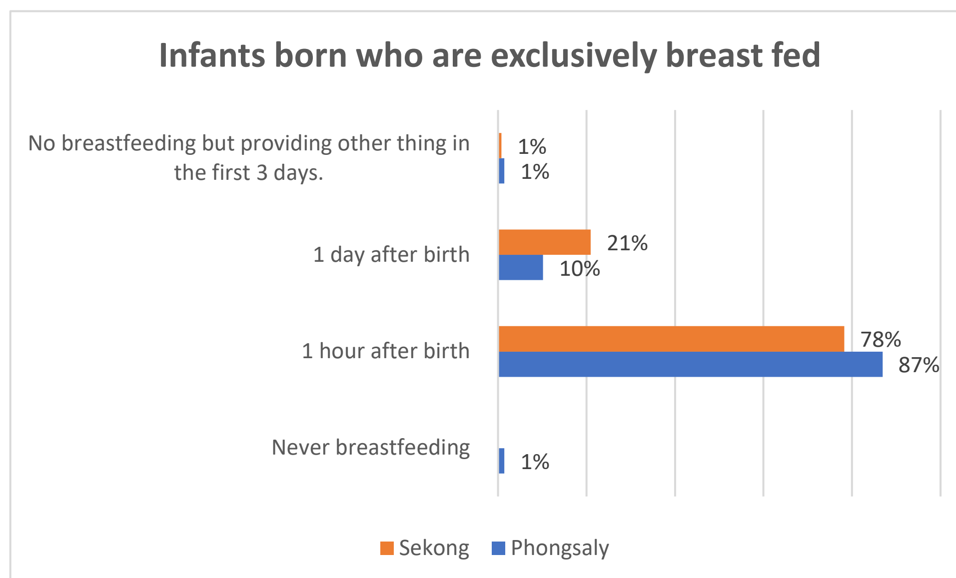
Exclusive Breastfeeding Duration:

- **Gap Between Locations:** Phongsaly shows a higher percentage of mothers exclusively breastfeeding for longer durations compared to Sekong. This could be due to various factors like cultural practices, access to support networks, or healthcare disparities.
- **Room for Improvement:** While a significant portion practices exclusive breastfeeding for 4-6 months (65% in Phongsaly, 51% in Sekong), there's still a gap in reaching the recommended duration of 6 months.

- Lack of awareness about the benefits of exclusive breastfeeding: Mothers may not be fully aware of the numerous health advantages that exclusive breastfeeding provides for both themselves and their babies. This can include improved infant immunity, reduced risk of allergies and infections, and even potential weight management benefits for mothers.
- Difficulty with breastfeeding: Some mothers might encounter challenges with breastfeeding due to problems like latching difficulties or nipple pain. These challenges can make breastfeeding frustrating and discourage mothers from continuing.
- Lack of workplace support: Short maternity leave policies or a lack of designated breastfeeding areas in workplaces can make it difficult for mothers to continue exclusive breastfeeding when they return to work.
- Cultural norms: Certain cultural norms might discourage breastfeeding in public or for extended durations. This can make it difficult for mothers to breastfeed as often as recommended, especially if they are out in public frequently.
- Limited access to support services: Mothers may not have access to lactation consultants or other breastfeeding support services that can provide guidance and assistance with overcoming challenges.

Overall Observations:

- **Positive Trends:** The high rates of early initiation and colostrum feeding indicate good practices in both locations.
- **Disparities and Room for Improvement:** Sekong shows lower rates of early initiation and exclusive breastfeeding duration compared to Phongsaly. This suggests a need for targeted interventions in Sekong to promote and support breastfeeding practices.
- **Not Reaching Recommended Duration:** Even in Phongsaly, a significant portion of mothers wean their babies before the recommended 6 months. Efforts to educate mothers on the benefits of extended breastfeeding could be helpful.



Further Considerations:

- This data doesn't provide reasons for stopping exclusive breastfeeding. Understanding these reasons could help design targeted interventions.
- Socioeconomic factors and access to healthcare might influence these practices.

Table 20: Infants born who are exclusively breast fed

Infants born who are exclusively breast fed	Phongsaly	%	Sekong	%
When did you start breastfeed to your child?				
Never breastfeeding	3	1%		
Within 1 hour after birth	179	87%	97	78%
1 day after birth	21	10%	26	21%
No breastfeeding but providing other thing in the first 3 days.	3	1%	1	1%
Did you feed your baby colostrum after giving birth?				
No	13	6%	2	2%
Yes	193	94%	122	98%
How many months do you exclusive breastfeeding your child?				
0-3 months	24	12%	13	10%
4 -6 months	134	65%	63	51%
7-9 months	32	16%	11	9%
10-12 months	9	4%	20	16%
13-15 months	3	1%	3	2%
16-18 months	2	1%	1	1%
23-25 months	1	0%	8	6%
26-28 months		0%	2	2%
29-31 months		0%	1	1%
35-37 months	1	0%	2	2%

Output Indicator #2.1.2: % increase in women of reproductive age with meeting minimum dietary diversity

This table 21 shows data on the consumption of various food groups among women of reproductive age in Phongsaly and Sekong. Here's a breakdown of the findings:

- **Low Consumption in Both Locations:** Despite some variations, both locations show a high percentage of women not consuming enough of certain food groups. This is particularly evident for legumes, vegetables, and fruits.
- **Grains:** A relatively high proportion of women in both locations (77% in Phongsaly, 81% in Sekong) did not consume enough grains. This is a cause for concern as grains are a vital source of carbohydrates, fiber, and other essential nutrients.
- **Legumes:** The situation is even more concerning for legumes, with a very high percentage of women in both locations not consuming them (81% in Phongsaly, 94% in Sekong). Legumes are a rich source of plant-based protein and essential nutrients, and their low consumption could lead to deficiencies.
- **Meat:** Meat consumption is moderately higher in Phongsaly (56%) compared to Sekong (46%). While it is important to consume protein, a balanced diet should also include other food groups like vegetables, fruits, and legumes.
- **Eggs:** Egg consumption is low in Sekong (30%) compared to Phongsaly (44%). Eggs are a good source of protein and other nutrients, but it's important to consume them in moderation.

- **Vegetables:** A significant proportion of women in both locations did not consume enough vegetables (27% in Phongsaly, 41% in Sekong). Vegetables are a vital source of vitamins, minerals, and fiber, and their low intake can lead to micronutrient deficiencies.[4]
- **Fruits:** Similar to vegetables, a considerable portion of women in both locations did not consume enough fruits (51% in Phongsaly, 60% in Sekong). Fruits are a good source of vitamins, minerals, and fiber, and their inadequate intake can lead to health problems.
- **Average:** Reproductive age people consumption is low in Phongsaly (44%) in Sekong (33%).

Overall, these findings suggest that there is a need for interventions to promote dietary diversity among women of reproductive age in both Phongsaly and Sekong. This could involve:

- Educational programs to raise awareness about the importance of a balanced diet.
- Encouraging the consumption of under-consumed food groups like legumes, vegetables, and fruits.
- Promoting kitchen gardening and local food production to increase access to diverse foods.

By improving dietary diversity, we can ensure better health outcomes for women of reproductive age and their children.

Table 21: Women of reproductive age with meeting minimum dietary diversity

women of reproductive age with meeting minimum dietary diversity	Phongsaly	%	Sekong	%
Did you consume any grains, starches, and roots (e.g., rice, bread, pasta, potatoes) did you eat yesterday?				
No	158	77%	100	81%
Yes	48	23%	24	19%
Did you consume any legumes, nuts, and seeds (e.g., beans, lentils, peanuts) did you eat yesterday?				
No	167	81%	117	94%
Yes	39	19%	7	6%
Did you consume any meat, poultry, and fish did you eat yesterday?				
No	90	44%	67	54%
Yes	116	56%	57	46%
Did you consume any eggs did you eat yesterday?				
No	116	56%	87	70%
Yes	90	44%	37	30%
Did you consume any vegetables (excluding potatoes) did you eat yesterday?				
No	56	27%	51	41%
Yes	150	73%	73	59%
Did you consume any fruits did you eat yesterday?				
No	106	51%	75	60%
Yes	100	49%	49	40%
Average	**90**	**44%**	**41**	**33%**

Output Indicator #2.1.3: # men and boys engaged in gender equitable advocacy on nutrition & RMNCH

The data in table 22 shows that a majority of men and boys in both Phongsaly and Sekong have participated in activities or discussions that promote gender equality in nutrition or RMNCH (72% in Phongsaly and 66% in Sekong).

[4] The Food and Agriculture Organization (FAO) established MDD-W as a population-level indicator for dietary diversity: https://openknowledge.fao.org/server/api/core/bitstreams/3d973c7c-ed82-4ace-a15e-6d0c7004ed75/content

The most common activities reported were community meetings (39% in Phongsaly and 78% in Sekong) and workshops (16% in Phongsaly and 51% in Sekong).

The biggest challenges men and boys face in getting involved in advocating for gender equality in these areas are lack of awareness about the issues (58% in Phongsaly and 80% in Sekong) and social norms and expectations of masculinity (25% in Phongsaly and 35% in Sekong).

The data also shows that the majority of men and boys in both Phongsaly and Sekong feel that their community would be supportive of them if they were involved in advocating for gender equality in nutrition and RMNCH (63% in Phongsaly and 37% in Sekong). The most common types of support that men and boys would find helpful are educational workshops or trainings (70% in Phongsaly and 81% in Sekong) and male-focused community dialogues (58% in Phongsaly and 42% in Sekong).

Overall, the data suggests that there is a high level of interest among men and boys in Phongsaly and Sekong in promoting gender equality in nutrition and RMNCH. However, there is a need for more awareness-raising and education on these issues. Additionally, efforts to promote gender equality would be most effective if they are tailored to the specific needs and contexts of men and boys in these communities.

Knowledge:

- **Limited knowledge:** The high percentage (58% and 80%) reporting lack of awareness about gender equality issues suggests men and boys might have limited knowledge about RMNCH services and their importance for mothers and children.
- **Focus on traditional roles:** Social norms and expectations of masculinity (25% and 35%) could indicate a knowledge gap around how men can be involved in traditionally female-seen domains like nutrition and healthcare.

Attitudes:

- **Potential for support:** The data shows a majority (63% and 37%) believe their communities would be supportive of their involvement in RMNCH advocacy. This suggests a generally positive attitude towards men's participation.
- **Need for awareness:** The desire for educational workshops (70% and 81%) indicates a willingness to learn more about RMNCH and gender equality.

Behaviors:

- **Unclear current behaviors:** The data doesn't reveal current behaviors regarding advocacy. Men and boys might not be actively involved due to lack of awareness or social norms.

Possible Supportive Behaviors:

- **Accompanying partners:** Men could accompany their partners to ANC and PNC appointments, demonstrating their support for maternal health.
- **Sharing childcare responsibilities:** Sharing childcare allows women more time to attend appointments and focus on their health.
- **Financial support:** Men can ensure access to nutritious food and healthcare services by providing financial resources.
- **Positive influence:** Men can be role models for younger boys, promoting positive attitudes towards shared responsibility in childcare and health.

Recommendations:

- Conduct qualitative research to gather in-depth information on knowledge, attitudes, and behaviors related to RMNCH advocacy.
- Develop programs that educate men and boys about RMNCH services, the importance of gender equality in healthcare, and how they can be involved.
- Create role models and success stories showcasing men who actively participate in supporting maternal and child health.

By understanding the current knowledge, attitudes, and behaviors, and through targeted interventions, programs can empower men and boys to become effective advocates for RMNCH in their communities.

Table 22: Men and boys engaged in gender equitable advocacy on nutrition & RMNCH

Men and boys engaged in gender equitable advocacy on nutrition & RMNCH	Phongsaly	%	Sekong	%
Have you ever participated in any activities or discussions that promote gender equality in nutrition or RMNCH?				
No	22	28%	28	34%
Yes	57	72%	55	66%
If yes, please describe the activities or discussions:				
Workshops	9	16%	28	51%
Community meetings	22	39%	43	78%
Social media campaigns	1	2%	12	22%
Other	0	0%	5	9%
What are the biggest challenges men and boys face in getting involved in advocating for gender equality in these areas? (Select all that apply)				
Lack of awareness about the issues	46	58%	66	80%
Social norms and expectations of masculinity	20	25%	29	35%
Feeling uncomfortable talking about women's health and nutrition	16	20%	25	30%
Limited opportunities to participate in advocacy efforts	22	28%	28	34%
How supportive do you feel your community would be of men and boys who are involved in advocating for gender equality in nutrition and RMNCH?				
Very supportive	50	63%	31	37%
Somewhat supportive	25	32%	49	59%
Not supportive	4	5%	3	4%
What kind of support would be helpful to encourage more men and boys to get involved in this type of advocacy? (Select all that apply)				
Educational workshops or trainings	55	70%	67	81%
Male-focused community dialogues	46	58%	35	42%
Positive role models and champions	16	20%	20	24%
Advocacy toolkits and resources	22	28%	20	24%
Media campaigns that challenge traditional gender norms	13	16%	23	28%
Other (Please Specify)	10	13%	4	5%
Do you think women should have more voice in the leadership of the village?				
No	1	1%	9	11%

Yes	78	99%	74	89%

(Outcome) Specific objective 3: Strengthen the economic/financial independence of women and young boys/girls

Outcome Indicator #3.1: % increase in women's access and control over resources

This table 23 provides valuable insights into women's access to resources, decision-making power, and overall empowerment in Phongsaly and Sekong. Here are the key takeaways:

Decision-Making and Control:

- **Shared Decision-Making:** A positive trend is the high percentage of women reporting joint decision-making on how earnings are spent (46% in Phongsaly, 68% in Sekong).
- **Room for Improvement in Phongsaly:** Phongsaly shows a higher percentage of husbands controlling finances (23%) compared to Sekong (15%). This suggests a need for promoting shared financial decision-making in Phongsaly.
- **Land Ownership Gap:** Land ownership is considerably lower for women in Sekong (49%) compared to Phongsaly (79%). This disparity requires further investigation into potential causes.
- **Influence on Household Finances:** The majority of women in both locations have a say in household finances (80% in Phongsaly, 74% in Sekong). This indicates some level of control over household resources.

Participation and Empowerment:

- **High Community Participation:** A high percentage of women participate in community meetings and activities in both locations (88% in Phongsaly, 93% in Sekong). This suggests a strong sense of community engagement.
- **Feeling of Empowerment Varies:** Sekong shows a higher percentage of women feeling empowered for leadership roles (66%) compared to Phongsaly (55%). This could be due to various factors like cultural norms or leadership opportunities.

  Cultural norms can significantly impact women's opportunities for leadership roles. Here's how[5]:
    - **Gender Stereotypes:** Cultures with strong gender stereotypes might view leadership as a masculine domain, making it less acceptable for women to take on leadership positions.
    - **Power Distance:** In cultures with high power distance, leadership is often reserved for those in positions of authority, typically older men. This can limit opportunities for younger women.
    - **Communication Styles:** Certain cultures might have communication styles that favor men, such as assertiveness and directness. This can disadvantage women who are socialized to be more collaborative and indirect.

  The availability of leadership opportunities also plays a crucial role in women's empowerment[6]:
    - **Mentorship Programs:** Mentorship programs can connect women with experienced leaders, providing guidance and support.
    - **Quotas and Affirmative Action:** These policies can level the playing field and ensure women are considered for leadership roles.
    - **Work-Life Balance Initiatives:** Policies that support work-life balance, such as childcare options, can make it easier for women to balance leadership roles with family responsibilities

[5] Fostering Effective Leadership in Foreign Contexts through Study of Cultural Values by Adair, Randolph M., et al. (1996) [This article explores how cultural values like power distance and uncertainty avoidance can influence leadership styles and opportunities for wome

[6] Research on Leadership in a Cross-cultural Context: Making Progress, and Raising New Questions by Earley, P. Christopher, and Miriam Erez (2007) [This article discusses the shift away from universal leadership models and highlights the importance of cultural context, including gender roles, in understanding leadership]

While cultural norms and leadership opportunities play a significant role, education and occupation can also influence women's empowerment for leadership roles[7]:

  - **Education:** Higher levels of education can equip women with the skills and knowledge necessary for leadership positions. Education can also increase women's confidence and self-belief.
  - **Occupation:** Women in certain professions, such as law, medicine, or business, might have a natural career path leading to leadership roles.

- **Comfort with Decision-Making:** While most women in Phongsaly report feeling comfortable expressing opinions (83%), a significant portion feels only somewhat comfortable (12%). This suggests potential hesitation or lack of confidence in decision-making processes. Sekong shows an even greater need for improvement in this area.

Methods and Processes:

- **Creating Safe Spaces:** Establish environments where women feel comfortable sharing their opinions without fear of judgment, ridicule, or retaliation. This could involve women-only workshops, online forums, or designated spaces within meetings.
- **Encouragement and Active Listening:** Encourage women to speak up by directly asking for their opinions and actively listening when they do. Techniques like pausing after questions, making eye contact, and avoiding interruptions can show genuine interest.
- **Role Models and Mentorship:** Provide opportunities for women to see other women successfully expressing their opinions. Mentorship programs can connect women with experienced role models who can offer guidance and support.
- **Addressing Unconscious Bias:** Train individuals and groups to recognize and challenge unconscious bias that might lead to interrupting or overlooking women's contributions.
- **Communication Skills Workshops:** Offer workshops that help women develop communication skills like assertiveness and public speaking.

Implications of the Findings:

Gender Power Dynamics:

The data suggesting a lower rate of women expressing opinions likely points to gender power dynamics at play. Cultural norms might dictate that men's voices hold more weight, leading to women feeling hesitant to speak up.

Educational Background and Knowledge:

While education and knowledge can empower women, it might not be the sole factor. Even well-educated women might feel discouraged if the environment doesn't support their participation.

Language:

Language barriers could also be a factor. Women may not feel comfortable expressing themselves in the dominant language used in certain settings.

Additional Considerations:

[7] Impact of Cultural Values on Leadership Roles and Paternalistic Style from the Role Theory Perspective by Özlem, Ünal, and Mustafa Acar (2018) [This article examines how cultural values can affect leadership roles for women and explores the concept of paternalistic leadership styles]

- **Confidence:** Low self-confidence can hold women back from speaking up. Building confidence through positive reinforcement and opportunities for success can be crucial.
- **Cultural Sensitivity:** Approaches to increasing women's voice need to be culturally sensitive, considering the specific context and avoiding imposing Western communication styles.

Access to Services and Security:

- **High Access to Basic Services:** The vast majority of women in both locations report easy access to healthcare and education (88% in Phongsaly, 97% in Sekong). This is a positive indicator.
- **Safety Concerns in Sekong:** A significant portion of women in Sekong feel only somewhat safe (38%) or not safe (1%) accessing services on their own. This requires immediate attention to address safety concerns within the community.
    - **Escort Services:** Implementing programs where trained personnel accompany women to and from health centres can significantly improve their sense of security.
    - **Improved Public Transportation:** Ensuring safe and reliable public transportation options, especially in rural areas, would provide a secure way for women to reach health centres. This could involve fixed routes, well-maintained vehicles, and proper lighting.
    - **Well-lit Pathways:** Maintaining well-lit pathways around and leading to health centres can deter potential dangers during nighttime travel.
    - **Community Awareness Campaigns:** Raising awareness within communities about the importance of women's safety while travelling promotes a culture of support and encourages men to be allies. Campaigns could address bystander intervention and the importance of reporting suspicious activity.
    - **Security Measures at Health Centres:** Investing in security measures at the health centres themselves, such as security personnel, improved lighting, or gender segregated toilets, can provide a safer environment for women once they arrive.

Overall:

This data reveals both positive trends and areas for improvement regarding women's access to resources and control over their lives. While joint decision-making and community participation are encouraging, disparities in land ownership, comfort levels in decision-making, and feelings of safety require targeted interventions. Efforts should be made to:

- Promote shared financial decision-making and financial literacy among women.
- Investigate the reasons behind the land ownership gap in Sekong and explore solutions to ensure women's land rights.
- Build confidence and encourage women's participation in leadership roles.
- Address safety concerns in Sekong to ensure women feel secure accessing services independently.

By implementing these strategies, we can empower women in both locations to make informed decisions, control their resources, and fully participate in all aspects of community life.

Table 23:Women's access and control over resources

Women's access and control over resources	Phongsaly	%	Sekong	%
Who controls how your earnings are spent?				
Husband	48	23%	19	15%
Wife	42	20%	16	13%
Both together	94	46%	84	68%
Other	22	11%	5	4%
Do you have ownership of any land, property, or assets (e.g., house, livestock)?				

No	43	21%	63	51%
Yes	163	79%	61	49%
Do you have a say in household financial decisions (e.g., budgeting, saving, spending)?				
No	41	20%	32	26%
Yes	165	80%	92	74%
Do you feel comfortable expressing your opinions and participating in decision-making processes within your household?				
Very comfortable	170	83%	69	56%
Somewhat comfortable	24	12%	53	43%
Not comfortable	12	6%	2	2%
Have you ever participated in any community meetings or activities?				
No	24	12%	9	7%
Yes	182	88%	115	93%
Do you feel empowered to participate in leadership roles within your community (e.g., community leader, elected official)?				
No	92	45%	42	34%
Yes	114	55%	82	66%
Do you feel you have easy access to basic services such as healthcare and education?				
No	24	12%	4	3%
Yes	182	88%	120	97%
Do you feel safe and secure accessing services on your own in your community?				
Very safe	183	89%	76	61%
Somewhat safe	23	11%	47	38%
Not safe		0%	1	1%

Outcome Indicator #3.2: % increase perception of women decision making within the household

This table 24 provides insights into how women participate in decision-making processes within their households in Phongsaly and Sekong. Here's a breakdown of the findings:

Shared Decision-Making is Prevalent:

- **Daily Chores:** The majority of households in both locations report shared responsibility for daily chores (66% in Phongsaly, 71% in Sekong). This is a positive indicator of shared workload within the household.
- **Financial Decisions:** A significant portion of women in both locations participate in decisions regarding household income (75% in Phongsaly, 85% in Sekong) and large purchases (76% in Phongsaly, 77% in Sekong). This suggests some level of control over household resources.
- **Children's Well-Being:** The vast majority of decisions regarding children's education and healthcare involve both partners (82% in Phongsaly, 89% in Sekong). This highlights a shared commitment to children's well-being.
- **Social Activities:** Joint decision-making is also the norm for visiting relatives and attending social events (86% in Phongsaly, 89% in Sekong). This suggests a collaborative approach to social interactions.

Variations in Decision-Making Power:

- **Wife-Led Decisions:** While less frequent, some women in both locations make decisions alone regarding daily chores (22% in Phongsaly, 18% in Sekong) and spending (10% in both locations). This might reflect situations where the wife is the primary caregiver or earner.

- **Husband-Led Decisions:** Partner-alone decisions are more common for large purchases (11% in Phongsaly, 13% in Sekong) and family planning (13% in Phongsaly, 2% in Sekong). This might be due to cultural norms or financial power dynamics.

Sekong Shows More Joint Decision-Making:

- Sekong consistently shows a higher percentage of joint decision-making across all categories compared to Phongsaly. This could be due to cultural practices or local initiatives promoting gender equality.

By understanding these nuances, we can develop targeted interventions to promote even greater gender equality in household decision-making. This could involve:

- Educational programs to raise awareness about shared decision-making and its benefits.
- Empowering women with financial literacy and knowledge about their rights.
- Encouraging open communication and fostering a collaborative decision-making environment within households.

Table 24: women decision making within the household

women decision making within the household		Phongsaly	%	Sekong	%
Daily household chores					
	Wife Alone	46	22%	22	18%
	Partner Alone	14	7%	11	9%
	Joint	136	66%	88	71%
	Other (Specify)	10	5%	3	2%
Large household purchases (furniture, appliances)					
	Wife Alone	13	6%	8	6%
	Partner Alone	23	11%	16	13%
	Joint	156	76%	96	77%
	Other (Specify)	14	7%	4	3%
Spending of household income					
	Wife Alone	20	10%	9	7%
	Partner Alone	21	10%	8	6%
	Joint	154	75%	105	85%
	Other (Specify)	11	5%	2	2%
Children's education and healthcare					
	Wife Alone	14	7%	6	5%
	Partner Alone	18	9%	8	6%
	Joint	168	82%	110	89%
	Other (Specify)	6	3%		0%
Family planning methods					
	Wife Alone	9	4%	3	2%
	Partner Alone	27	13%	2	2%
	Joint	165	80%	119	96%
	Other (Specify)	5	2%		
Visiting relatives or attending social events					
	Wife Alone	8	4%	1	1%
	Partner Alone	16	8%	12	10%

Joint	177	86%	110	89%
Other (Specify)	5	2%	1	1%

(Output 3) Expected Result 3: Improve women's economic empowerment and socio-economic development

Output Indicator #3.1.1: # of VSLA groups formed and facilitated

This table 25 shows data on Village Savings and Loan Associations (VSLA) groups in Phongsaly and Sekong. Here's a breakdown of the key findings:

VSLA Presence

- There is a similar number of VSLA groups currently operating 11 in 16 villages in Phongsaly (69%) and 12 in 16 villages in Sekong (75%).

Program Duration

- In both Phongsaly and Sekong, a significant portion of respondents reported the VSLA program operating for **less than two years** (51% in Phongsaly and 58% in Sekong). This suggests the program might be relatively new in both regions.
- A smaller percentage in both locations indicated the program has been around for **more than two years** (36% in Phongsaly and 29% in Sekong).

Initiation of VSLA Groups

- Government is the primary initiator of VSLA groups in both Phongsaly (53%) and Sekong (21%).
- Community leaders play a more prominent role in initiating VSLA groups in Sekong (44%) compared to Phongsaly (3%).

Membership

- A significantly higher percentage of people have been members of a VSLA group in Phongsaly (81%) compared to Sekong (67%).

Reasons for Joining VSLA Groups

- The primary reason for joining VSLA groups in both Phongsaly and Sekong is access to savings opportunities (63% in Phongsaly and 60% in Sekong).
- Access to loans for small businesses or income generation is another important reason, though slightly less common (39% in Phongsaly and 48% in Sekong).

Perceived Helpfulness of VSLA Groups

- The majority of respondents in both Phongsaly (83%) and Sekong (63%) believe VSLA groups have been very helpful in improving their financial well-being.

Alternative Savings Accounts

- The vast majority of people in both Phongsaly (81%) and Sekong (90%) do not have an alternative source of savings account besides VSLA groups. This highlights the importance of VSLA programs in these communities.

Overall, VSLA groups appear to be a well-established and valuable resource for people in both Phongsaly and Sekong. They provide access to savings opportunities, loans, and financial management skills, all of which contribute to improved financial well-being.

Here are some additional points to consider:

- The data suggests that the VSLA program may be relatively new in Sekong. This could explain the lower membership rate and the higher percentage of people who are unsure about the program's duration.
- Community leaders play a more important role in initiating VSLA groups in Sekong. This suggests that community-based approaches may be effective in promoting VSLA membership in Sekong.
- A significant number of people in both communities do not have an alternative source of savings account besides VSLA groups. This highlights the importance of VSLA programs for financial inclusion in these communities.

Table 25: VSLA groups formed and facilitated

VSLA groups formed and facilitated	Phongsaly	%	Sekong	%
Are there any VSLA groups currently operating in your community?				
No	5	31%	4	25%
Yes	11	69%	12	75%
How long has the VSLA program been operational in your community? (Years)				
Less than two years	53	51%	28	58%
More than two years	37	36%	14	29%
Don't remember	1	1%	5	10%
Don't know	12	12%	1	2%
Who initiated the formation of VSLA groups in your community?				
Government	55	53%	10	21%
NGO	36	35%	7	15%
Community leader	3	3%	21	44%
Other (Specify)	9	9%	10	21%
Have you ever been a member of a VSLA group?				
No	20	19%	16	33%
Yes	83	81%	32	67%
What are the main reasons why people join VSLA groups in your community? (Select all that apply)				
Access to savings opportunities	65	63%	29	60%
Access to loans for small businesses or income generation	40	39%	23	48%
Social support and networking	8	8%	9	19%
Learning financial management skills	9	9%	5	10%
Other (Specify)	0	0%	1	2%
In your experience, how helpful have VSLA groups been in improving the financial well-being of members?				
Very helpful	86	83%	30	63%
Somewhat helpful	14	14%	17	35%
Not helpful)	3	3%	1	2%
Do you have another alternative source of savings account besides VSLA?				
No	167	81%	112	90%
Yes	39	19%	12	10%

Output Indicator #3.1.2: % increase of women has better access and control of resources

This table 26 shows data on women's access and control of various resources in Phongsaly and Sekong. Here's a breakdown of the key findings:

Overall Access

- In both Phongsaly and Sekong, women have **somewhat easy** to **easy** access to most resources, with **education and training opportunities** and **financial resources** being the most limited.

Comparison Between Phongsaly and Sekong

- Women in Sekong generally have **easier access** to most resources compared to Phongsaly. This is particularly evident for **healthcare services**, **land and property ownership**, and **information and communication technologies**.

Education and Training

- A significant portion of women in both regions reported **somewhat limited** access to education and training opportunities (25% in Phongsaly and 18% in Sekong). This highlights a need for programs that improve women's access to education and skills development.

Financial Resources

- Access to **financial resources** (savings and loans) appears to be more limited for women in both Phongsaly (32% reporting easy access) and Sekong (19% reporting easy access). This suggests a need for initiatives that promote financial inclusion for women.

Information and Communication Technologies

- A relatively high percentage of women in both regions reported **very limited** to **somewhat limited** access to information and communication technologies (phones and internet) (49% in Phongsaly and 39% in Sekong). This could be a barrier to accessing information and opportunities.

Land and Property Ownership

- Women in Sekong have a clear advantage in **land and property ownership** compared to Phongsaly. A higher percentage of women in Sekong reported easy access (19% in Phongsaly vs. 40% in Sekong).

Access vs. Control

- While the previous analysis focused on access to resources, this data also reveals a gap between access and control for women.
    - A significant portion of women in both Phongsaly (67%) and Sekong (30%) reported **not having joint ownership** of assets.
    - Even though more women reported having **easy access** to financial resources in Phongsaly (32%) compared to Sekong (19%), a higher percentage of women in Sekong (73%) can make financial decisions on their own compared to Phongsaly (69%).

Challenges Faced by Women

- **Lack of education or skills** is the most common challenge faced by women in both Phongsaly (61%) and Sekong (71%), highlighting the need for educational and skills development programs.
- **Cultural norms and traditions** are another significant challenge, affecting more women in Sekong (49%) compared to Phongsaly (33%). This suggests a need for interventions that address cultural barriers to women's empowerment.
- **Limited economic opportunities** and **legal or social restrictions** on property rights are also challenges, particularly in Sekong (35% and 15% respectively).
- **Fear of vilence is a challenge in Sekong, with 10% of women highlighting this as a challenge**

Empowerment

- Despite the challenges, a majority of women in both regions feel **empowered to advocate for themselves** regarding access to resources (78% in Phongsaly and 75% in Sekong). This is still approximately 25% of women who do not feel empowered to advocate for themselves.

Key Differences Between Phongsaly and Sekong

- Women in Sekong generally have **greater control** over resources compared to Phongsaly, even though access might be similar in some cases. This could be due to factors like lower prevalence of restrictive cultural norms or more women owning assets jointly.
- Sekong also faces a bigger challenge of **limited economic opportunities** for women.

Recommendations

- Focus on improving women's access to education and training opportunities, particularly in Phongsaly.
- Implement programs that promote financial inclusion for women in both regions.
- Increase access to information and communication technologies for women in both Phongsaly and Sekong.
- Investigate the reasons behind the disparity in land ownership rights between Phongsaly and Sekong.
- Address the gap between access and control by promoting joint ownership of assets and encouraging women's participation in financial decision-making.
- Focus on educational and skills development programs for women, particularly in Phongsaly.
- Develop interventions that address cultural barriers and promote gender equality.
- Advocate for legal and social reforms that ensure women's property rights in both regions.
- Support and empower women's existing sense of agency to advocate for themselves.

Table 26: Women have better access and control of resources

Women have better access and control of resources	Phongsaly	%	Sekong	%
Education and training opportunities				
Very Limited (1)	10	5%	2	2%
Somewhat Limited (2)	51	25%	22	18%
Somewhat Easy (3)	59	29%	65	52%
Easy (4)	77	37%	32	26%
Very Easy (5)	9	4%	3	2%
Healthcare services				
Very Limited (1)	12	6%	1	1%
Somewhat Limited (2)	52	25%	16	13%
Somewhat Easy (3)	47	23%	64	52%
Easy (4)	86	42%	31	25%
Very Easy (5)	9	4%	12	10%
Land and property ownership				
Very Limited (1)	20	10%	1	1%
Somewhat Limited (2)	39	19%	46	37%
Somewhat Easy (3)	71	34%	49	40%
Easy (4)	71	34%	24	19%
Very Easy (5)	5	2%	4	3%
Financial resources (savings, loans)				
Very Limited (1)	31	15%	8	6%
Somewhat Limited (2)	48	23%	46	37%

Somewhat Easy (3)	58	28%	45	36%
Easy (4)	65	32%	23	19%
Very Easy (5)	4	2%	2	2%
Information and communication technologies (phones, internet)				
Very Limited (1)	54	26%	18	15%
Somewhat Limited (2)	47	23%	30	24%
Somewhat Easy (3)	64	31%	44	35%
Easy (4)	37	18%	28	23%
Very Easy (5)	4	2%	4	3%
Do you have joint ownership of any assets (land, property)?				
No	69	33%	87	70%
Yes	137	67%	37	30%
Can you make financial decisions on your own (e.g., spending money you earned)?				
No	63	31%	33	27%
Yes	143	69%	91	73%
What are the main challenges you face in accessing and controlling resources? (Select all that apply)				
Cultural norms and traditions	69	33%	61	49%
Lack of education or skills	126	61%	88	71%
Limited economic opportunities	35	17%	43	35%
Legal or social restrictions on women's property rights	23	11%	18	15%
Lack of childcare options	23	11%	17	14%
Violence or fear of violence	9	4%	13	10%
Other (Please Specify)	38	18%	5	4%
Do you feel empowered to advocate for yourself in your community regarding access to resources?				
No	46	22%	31	25%
Yes	160	78%	93	75%

Output Indicator #3.1.3: % increase in women as effective decision makers and leaders at household and community level

This analysis examines women's roles in decision-making at the household and community levels in Phongsaly and Sekong.

Shared Decision-Making at Home

- In both regions, most couples make decisions about daily chores (61% in Phongsaly and 73% in Sekong) and household income (77% in Phongsaly and 86% in Sekong) **jointly**. This indicates a shared approach to household management.
- Decisions regarding larger purchases and children's education/healthcare also involve both partners in a significant majority of households.

Limited Influence for Sole Decision-Makers

- A small percentage of women make decisions alone in any category. Even when a woman is the sole decision-maker, a notable portion (39% in Phongsaly and 44% in Sekong) feels they have **limited influence** on the final outcome, could be due to a combination of factors:

- **Cultural Norms and Traditions:** Traditions might dictate shared decision-making, especially for significant financial choices. In some cultures, men might hold the primary financial responsibility, while women manage daily expenses.
- **Economic Dependence:** Financial dependence on a partner could limit a woman's ability to make solo decisions, especially regarding large purchases.
- **Gender Roles and Expectations:** Societal expectations might view men as the primary decision-makers for finances and children's well-being, even if women contribute financially.
- **Communication and Negotiation:** Ineffective communication or lack of negotiation skills could hinder women from expressing their preferences and influencing joint decisions.
- **Confidence and Empowerment:** Women might lack the confidence to assert their opinions or feel less empowered to make independent financial choices.

Women in Community Leadership

- Over half the respondents in both regions (63% in Phongsaly and 58% in Sekong) report having women in leadership positions within their communities. This leaves many communities without any female leadership within them.
- Whilst nearly half of communities did not have women in leadership roles, many women still believed that believe women have **equal opportunities** for leadership roles 85% in Sekong and 74% in Phongsaly.

Aspiring Leaders and Support Needs

- Whilst some communities had women already in leadership positions, a substantial portion in both regions (53% in Phongsaly and 70% in Sekong) see themselves as leaders in their household or community.
- There is a clear demand for support for women aspiring to leadership roles. **Leadership training workshops** are the most desired form of support (88% in Phongsaly and 64% in Sekong).
- Mentorship programs, role models, and advocacy efforts to address gender norms are also seen as valuable.

Key Differences Between Phongsaly and Sekong

- Women in Sekong appear to have a **stronger perception** of equal opportunities for leadership roles compared to Phongsaly.
- A higher percentage of women in Sekong see themselves as leaders and are more interested in taking on leadership roles in the future.
- The demand for leadership training workshops is significantly higher in Phongsaly compared to Sekong.

Recommendations

- Promote female leadership in communities that do not have any. This can be accomplished through leveraging informal women leaders and providing them with more agency and skills as well as challenging community norms in having women in leadership positions
- Promote programs that encourage joint decision-making within households.
- Address the perception of limited influence for sole decision-makers, particularly women.
- Support existing women leaders in their communities and provide opportunities for mentorship.
- Implement leadership training workshops, mentorship programs, and advocacy efforts focused on gender equality in leadership roles.
- Consider the reasons behind the differences observed between Phongsaly and Sekong to tailor support programs effectively. The data reveals a significant gap in women's empowerment between Phongsaly and Sekong. To bridge this gap, we need to understand the reasons behind the differences. Phongsaly might have stronger patriarchal traditions limiting land ownership for women, while Sekong's potentially more matrilineal system could offer more opportunities. Additionally, economic factors, education levels, and the presence of support networks likely play a role. By tailoring support programs to these regional differences, we can be more effective. For example, Phongsaly could benefit from legal awareness campaigns and microfinance programs, while Sekong might need leadership training and mentorship opportunities for

women. Community engagement and data-driven monitoring are crucial for all programs to ensure they create a lasting impact on women's empowerment in both regions.

Table 27: Women as effective decision makers and leaders at household and community level

Women as effective decision makers and leaders at household and community level	Phongsaly	%	Sekong	%
In your household, who primarily makes decisions about the following areas?				
Daily household chores				
Wife Alone	50	24%	16	13%
Husband Alone	20	10%	18	15%
Joint	126	61%	90	73%
Other (Specify)	10	5%		
Large household purchases (furniture, appliances)				
Wife Alone	11	5%	7	6%
Husband Alone	19	9%	19	15%
Joint	161	78%	97	78%
Other (Specify)	15	7%	1	1%
Spending of household income				
Wife Alone	19	9%	7	6%
Husband Alone	15	7%	9	7%
Joint	158	77%	107	86%
Other (Specify)	14	7%	1	1%
Children's education and healthcare				
Wife Alone	11	5%	9	7%
Husband Alone	14	7%	2	2%
Joint	172	83%	113	91%
Other (Specify)	9	4%		0%
Major life decisions (e.g., moving house)				
Wife Alone	2	1%	1	1%
Husband Alone	19	9%	6	5%
Joint	172	83%	116	94%
Other (Specify)	13	6%	1	1%
Do you feel you have a significant influence on decision-making even if you are not the sole decision-maker?				
No	81	39%	54	44%
Yes	125	61%	70	56%
Are there any women in your community who hold leadership positions (e.g., village council member, community leader of a group)?				
No	77	37%	52	42%
Yes	129	63%	72	58%
Do you feel women have equal opportunities to participate in leadership roles in your community?				
No	53	26%	18	15%
Yes	153	74%	106	85%
Do you see yourself as a leader in your household or community?				
No	97	47%	37	30%

Yes	109	53%	87	70%
Would you be interested in taking on a leadership role in your community in the future?				
No	115	56%	68	55%
Yes	91	44%	56	45%
What kind of support would be helpful for women who want to become more involved in leadership roles within the community? (Select all that apply)				
Leadership training workshops	182	88%	79	64%
Mentorship programs with experienced leaders	106	51%	52	42%
Role models and positive examples of women leaders	86	42%	64	52%
Advocacy efforts to challenge gender norms regarding leadership	77	37%	46	37%
Childcare support to allow women to participate in meetings/activities	43	21%	28	23%
Other (Please Specify)	15	7%	2	2%

Output Indicator #3.1.4: # and % of women and girls who access GBV response services

The table 28 shows awareness of GBV services among women and girls in Phongsaly and Sekong. In Phongsaly, 79% of women and girls are not aware of any services available in their community to support survivors of GBV, while only 21% are aware. In Sekong, 88% of women and girls are not aware of any services available, and 12% are aware.

Table 28: Women and girls that access GBV services

Women and girls that access GBV services	Phongsaly	%	Sekong	%
Are you aware of any services available in your community to support survivors of GBV?				
No	163	79%	109	88%
Yes	43	21%	15	12%

(Outcome) Specific objective 4: Develop strong partnerships with local stakeholders such as Govt authorities, village authorities and locally led CSOs

Outcome Indicator # 4.1: % increase of community members and local health care workers are satisfied with government health and nutrition services.

This table reveals mixed results regarding government health and nutrition services in Phongsaly and Sekong provinces of Laos. Here's a breakdown of the key points and some areas for concern:

Service Satisfaction:

- **Positive Perception:** Community members and healthcare workers in both locations expressed satisfaction with government health and nutrition services. This suggests a generally positive perception of the services offered.

Service Utilization:

- **Low Usage:** While residents express satisfaction with government health services, a substantial number in both regions rarely or never use them (Phongsaly: 43%; Sekong: 66%). This significant discrepancy highlights a critical gap between service availability and actual utilization.

National Health Insurance (NHI):

- **Low Coverage:** A high percentage of households in both provinces lack NHI (Phongsaly: 81%; Sekong: 87%). This lack of coverage might be a significant barrier to accessing healthcare services, especially for those who cannot afford out-of-pocket payments. While some use the national health insurance (19% in Phongsaly and 13% in Sekong)

Types of Services Available:

- **Widespread Coverage:** Maternal and child health services (MCH) are the most commonly available service (Phongsaly: 85%; Sekong: 76%). This is positive as MCH is crucial for reducing infant and maternal mortality.
- **Limited Access:** Family planning services, treatment for common illnesses, and nutritional counseling have lower availability. This limited access could have negative health consequences for the communities.

Addressing the Issues:

- **Understanding Reasons for Low Use:** Further research is needed to explore why people are not using available services despite expressing satisfaction. Factors like distance, transportation costs, inconvenient clinic hours, or lack of awareness about specific services could be contributing factors.
- **Expanding NHI Coverage:** Increasing NHI enrollment can significantly improve access to healthcare, especially for vulnerable populations.
- **Promoting Service Awareness:** Information campaigns can raise awareness about available services, their importance, and how to access them effectively.
- **Improving Service Accessibility:** Strategies to improve access could include mobile clinics, extended clinic hours, or community health worker outreach programs.

Overall:

While satisfaction with government health services exists, low utilization rates and limited NHI coverage pose significant challenges. By addressing these issues and ensuring wider access to available services, the health and well-being of communities in Phongsaly and Sekong can be improved.

Table 29: Community members and local health care workers are satisfied with government health and nutrition services

Community members and local health care workers are satisfied with government health and nutrition services	Phongsaly	%	Sekong	%
How often do you or your family members use government health and nutrition services? (Select One)				
Very Often	4	2%	1	1%
Often	31	15%	11	9%
Sometimes	81	39%	31	25%
Rarely	77	37%	28	23%
Never	13	6%	53	43%
Do your family have National health Insurance (NHI)?				
No	166	81%	108	87%
Yes	40	19%	16	13%
What types of government health and nutrition services are available in your community? (Select all that apply)				
Maternal and child health services (e.g., prenatal care, immunizations)	175	85%	94	76%

Family planning services	105	51%	40	32%
Treatment for common illnesses and injuries	80	39%	49	40%
Nutritional counseling and education	76	37%	27	22%
Other (Please Specify)	17	8%	17	14%

The table 30 analysis examines user satisfaction with various aspects of government health and nutrition services in Phongsaly and Sekong.

Overall Moderate Satisfaction

- A majority of respondents in both regions expressed satisfaction (scores of 4 or 5) with service availability, quality of care, respectful treatment by health workers, and affordability.

Phongsaly vs. Sekong

- Phongsaly shows a slight edge in satisfaction with service availability (67% satisfied vs. 42% in Sekong).
- Sekong scores higher in satisfaction with wait times (49% somewhat/very satisfied vs. 60% in Phongsaly).
- Sekong also has a higher percentage of people very satisfied with the quality of care provided by health workers (20% vs. 5% in Phongsaly).

Areas for Improvement

- Despite overall moderate satisfaction, a small portion of respondents in both regions expressed dissatisfaction with some aspects.
- Wait times are an area for improvement in Phongsaly (17% somewhat/very dissatisfied).
- Affordability might be a concern for some in both regions (around 10% somewhat dissatisfied).

Positive Aspects

- The data suggests that users generally appreciate the respectful treatment they receive from health workers in both regions (over 90% somewhat/very satisfied).
- Quality of care is another positive aspect, with a significant majority satisfied in both regions (82% in Phongsaly and 83% in Sekong).

Table 30: Level of satisfaction with the following aspects of government health and nutrition services

Level of satisfaction with the following aspects of government health and nutrition services	Phongsaly	%	Sekong	%
Please rate your level of satisfaction with the following aspects of government health and nutrition services on a scale of 1 (Very Dissatisfied) to 5 (Very Satisfied):				
Availability of services				
Very Dissatisfied (1)	9	4%		0%
Somewhat Dissatisfied (2)	6	3%	5	4%
Somewhat Satisfied (3)	38	18%	57	46%
Satisfied (4)	138	67%	52	42%
Very Satisfied (5)	15	7%	10	8%
Wait times at clinics or hospitals				
Very Dissatisfied (1)	8	4%		0%
Somewhat Dissatisfied (2)	18	9%	8	6%
Somewhat Satisfied (3)	41	20%	61	49%
Satisfied (4)	124	60%	45	36%
Very Satisfied (5)	15	7%	10	8%
Quality of care provided by health workers				

Very Dissatisfied (1)	10	5%	1	1%
Somewhat Dissatisfied (2)	7	3%		0%
Somewhat Satisfied (3)	38	18%	61	49%
Satisfied (4)	141	68%	42	34%
Very Satisfied (5)	10	5%	20	16%
Affordability of services (if any fees)				
Very Dissatisfied (1)	9	4%		0%
Somewhat Dissatisfied (2)	15	7%	13	10%
Somewhat Satisfied (3)	56	27%	61	49%
Satisfied (4)	120	58%	42	34%
Very Satisfied (5)	6	3%	8	6%
Respectful treatment by health workers				
Very Dissatisfied (1)	6	3%		0%
Somewhat Dissatisfied (2)	12	6%	2	2%
Somewhat Satisfied (3)	38	18%	60	48%
Satisfied (4)	141	68%	42	34%
Very Satisfied (5)	9	4%	20	16%

This table 31analysis examines how adequate residents perceive the resources available for government health and nutrition services in Phongsaly and Sekong.

Medical Supplies and Medications

- Shortages of medical supplies and essential drugs are a concern, with over a third (38% in Phongsaly and 32% in Sekong) rating them as somewhat or very inadequate. Shortages of medical supplies and essential drugs are a major concern. This suggests a gap between service availability and the ability to deliver necessary care. Several factors could be at play, including limited funding for supplies, inefficiencies in distribution systems, or inadequate storage facilities. Further investigation is needed to pinpoint the exact causes in each region, but these shortages likely contribute to the underutilization of health services despite reported satisfaction.

Training and Staffing

- While less prevalent than shortages in medical supplies and medications, some respondents expressed concerns about the adequacy of training and skills of health workers (17% in Phongsaly and 12% in Sekong) and staffing levels (23% in Phongsaly and 15% in Sekong).

Funding

- Nearly half of the respondents in both regions (48% in Phongsaly and 42% in Sekong) consider funding for health programs to be somewhat or very inadequate. This suggests potential financial constraints limiting service delivery.

Regional Variations

- Sekong appears to have a slightly better perception of adequacy for training and skills of health workers (56% somewhat/very adequate vs. 51% in Phongsaly).
- Phongsaly shows a higher percentage rating adequacy for staff levels (48% somewhat/very adequate vs. 30% in Sekong).

Recommendations

- Address shortages in medical supplies, medications, and equipment by improving supply chain management and resource allocation.
- Invest in training and skill development programs for health workers to ensure they can provide quality care.
- Increase staffing levels to meet the needs of the communities, particularly in Sekong based on the data.
- Advocate for increased funding for government health programs to address financial limitations and improve resource availability.

Table 31: Rate the adequacy of the following resources available to provide government health and nutrition services

Rate the adequacy of the following resources available to provide government health and nutrition services	Phongsaly	%	Sekong	%
Please rate the adequacy of the following resources available to provide government health and nutrition services on a scale of 1 (Very Inadequate) to 5 (Very Adequate):				
Medical supplies and equipment				
Very Inadequate (1)	20	10%	8	6%
Somewhat Inadequate (2)	55	27%	25	20%
Somewhat Adequate (3)	47	23%	48	39%
Adequate (4)	82	40%	43	35%
Very Adequate (5)	2	1%		0%
Medications and essential drugs				
Very Inadequate (1)	25	12%	10	8%
Somewhat Inadequate (2)	53	26%	30	24%
Somewhat Adequate (3)	43	21%	44	35%
Adequate (4)	82	40%	37	30%
Very Adequate (5)	3	1%	3	2%
Training and skills of health workers				
Very Inadequate (1)	13	6%	1	1%
Somewhat Inadequate (2)	22	11%	14	11%
Somewhat Adequate (3)	63	31%	70	56%
Adequate (4)	106	51%	28	23%
Very Adequate (5)	2	1%	11	9%
Staff levels to meet community needs				
Very Inadequate (1)	13	6%	4	3%
Somewhat Inadequate (2)	36	17%	15	12%
Somewhat Adequate (3)	59	29%	63	51%
Adequate (4)	98	48%	37	30%
Very Adequate (5)			5	4%
Funding for health and nutrition programs				
Very Inadequate (1)	19	9%	5	4%
Somewhat Inadequate (2)	29	14%	29	23%
Somewhat Adequate (3)	58	28%	52	42%
Adequate (4)	99	48%	31	25%
Very Adequate (5)	1	0%	7	6%

(Output 4) Expected Result 4: Improve engagement with local stakeholders in RMNCH

Output Indicator # 4.1.1: # of district and village meetings for RMNCH planning and exchanges on barriers to health service delivery

The data in table 32 shows that the majority of villages in both Phongsaly and Sekong have meetings on RMNCH planning and exchanges on barriers to health service delivery (80% in Phongsaly and 83% in Sekong).

The most common meeting topics in both districts are RMNCH service availability and utilization (100% in Phongsaly and 80% in Sekong) and barriers to accessing RMNCH services (100% in Phongsaly and 60% in Sekong).

However, there are some differences between the two districts. For example, all respondents in Phongsaly reported that community engagement in RMNCH planning is a meeting topic, while only 40% of respondents in Sekong said the same. This suggests that there may be more focus on community engagement in Phongsaly.

Overall, the data suggests that there is a high level of awareness about the importance of RMNCH planning and service delivery in both Phongsaly and Sekong. However, there is also a need to ensure that all communities are engaged in this process.

Table 32: District and village meetings for RMNCH planning and exchanges on barriers to health service delivery

District and village meetings for RMNCH planning and exchanges on barriers to health service delivery	Phongsaly	%	Sekong	%
Are there any meetings on RMNCH planning and exchanges on barriers to health service delivery in your village?				
No	1	20%	1	17%
Yes	4	80%	5	83%
If yes, what's meeting Topics?				
RMNCH service availability and utilization	4	100%	4	80%
Barriers to accessing RMNCH services	4	100%	3	60%
Strategies for improving RMNCH service delivery	4	100%	0	0%
Community engagement in RMNCH planning	4	100%	2	40%
Other (Please Specify):	0	0%	1	20%

Additional Indicator: Health Sector

% increase of families confirmed that they adopt family planning

Discussion on Family Planning Methods

In Phongsaly (88%) and Sekong (67%), a majority of families have discussed family planning methods with their partners. This suggests a high level of awareness about family planning in these communities.

Use of Family Planning Methods

The table 33 also shows that a significant proportion of families in both Phongsaly (68%) and Sekong (54%) are currently using family planning methods. This indicates a positive trend in terms of family planning adoption in these areas.

Modern vs. Traditional Methods

Among those who use family planning methods, the vast majority in both Phongsaly (95%) and Sekong (87%) are using modern methods such as pills, injectables, IUDs, and condoms. This suggests a preference for more reliable methods of contraception.

Conclusion

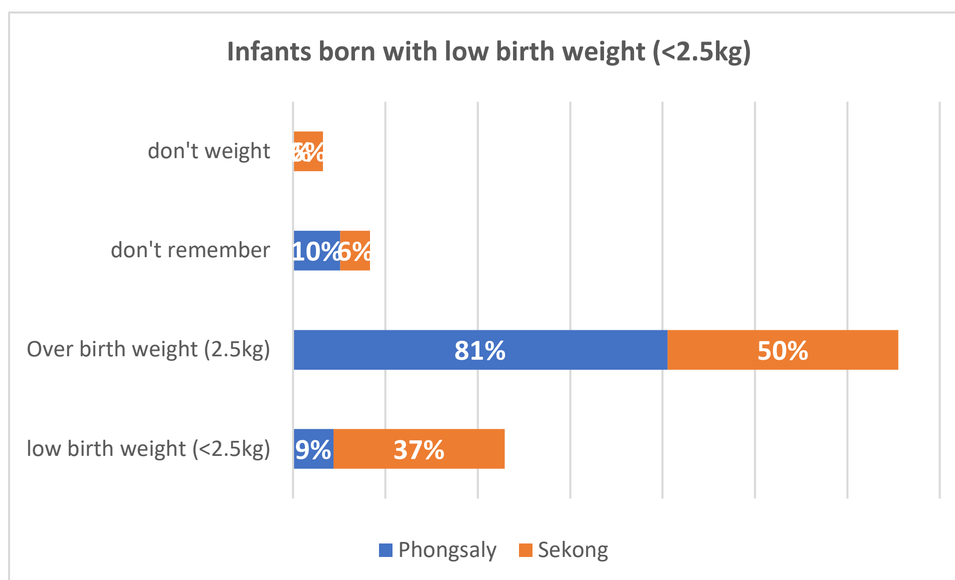
The data suggests that there is a high level of awareness and adoption of family planning methods in both Phongsaly and Sekong. This is likely due to factors such as increased access to family planning information and services, as well as a growing desire among families to plan their pregnancies.

Table 33: Families confirmed that they adopt family planning

Families confirmed that they adopt family planning	Phongsaly	%	Sekong	%
Have you and your partner discussed family planning methods?				
No	24	12%	41	33%
Yes	182	88%	83	67%
Do you and your partner currently use any family planning methods?				
No	41	20%	16	13%
Yes	141	68%	67	54%
If yes, please select the method(s) you currently use: (Check all that apply)				
Modern methods (pills, injectable, IUD, condoms, etc.)	134	95%	58	87%
Traditional methods (periodic abstinence/rhythm method, withdrawal, lactation amenorrhea, etc.)	7	5%	9	13%

% of infants born with low birth weight (<2.5kg)

- **Low birth weight:** In Phongsaly, 9% of births were reported as low birth weight (less than 2.5kg), while in Sekong, the percentage is much higher at 37%.
- **Don't remember/don't weight:** A higher percentage of births in Phongsaly (10%) had missing birth weight data compared to Sekong (6%).



It's important to note that missing data (don't remember/don't weight) can potentially bias the analysis. For example, the percentage of low birth weight infants in Sekong could be even higher than reported if some of the missing data belonged to this category.

Overall, the table suggests a potential disparity in birth weight outcomes between Phongsaly and Sekong. Sekong has a considerably higher percentage of low birth weight infants, and a lower percentage of over birth weight infants. More data and analysis are needed to determine the reasons behind this disparity.

Table 34: Birth weight

Birth weight	Phongsaly	%	Sekong	%
low birth weight (<2.5kg)	18	9%	46	37%
Over birth weight (2.5kg)	167	81%	62	50%
don't remember	21	10%	8	6%
don't weight		0%	8	6%

% Underweight children under 5

- There is a significant difference in the prevalence of underweight children between Phongsaly (23.3%) and Sekong (37.9%).
- In both locations, boys and girls have similar prevalence of underweight.
- The national average for % underweight is 24.3%, with Sekong significantly above this average.

Underweight children under 5	Phongsaly			Sekong		
	All n = 202	Boys n = 108	Girls n = 94	All n = 124	Boys n = 68	Girls n = 56
Prevalence of underweight (<-2 z-score)	(47) 23.3 % (18.0 - 29.6 95% C.I.)	(26) 24.1 % (17.0 - 32.9 95% C.I.)	(21) 22.3 % (15.1 - 31.8 95% C.I.)	(47) 37.9 % (29.8 - 46.7 95% C.I.)	(25) 36.8 % (26.3 - 48.6 95% C.I.)	(22) 39.3 % (27.6 - 52.4 95% C.I.)
Prevalence of moderate underweight (<-2 z-score and >=-3 z-score)	(40) 19.8 % (14.9 - 25.8 95% C.I.)	(25) 23.1 % (16.2 - 31.9 95% C.I.)	(15) 16.0 % (9.9 - 24.7 95% C.I.)	(28) 22.6 % (16.1 - 30.7 95% C.I.)	(16) 23.5 % (15.0 - 34.9 95% C.I.)	(12) 21.4 % (12.7 - 33.8 95% C.I.)
Prevalence of severe underweight (<-3 z-score)	(7) 3.5 % (1.7 - 7.0 95% C.I.)	(1) 0.9 % (0.2 - 5.1 95% C.I.)	(6) 6.4 % (3.0 - 13.2 95% C.I.)	(19) 15.3 % (10.0 - 22.7 95% C.I.)	(9) 13.2 % (7.1 - 23.3 95% C.I.)	(10) 17.9 % (10.0 - 29.8 95% C.I.)

% Wasting children under 5

The table 35&36 shows the prevalence of wasting and normal weight by age group in Phongsaly and Sekong. Wasting is defined as a weight-for-height below -2 z-scores. There are two categories of wasting: severe wasting (<-3 z-scores) and moderate wasting (>= -3 and <-2 z-scores).

- **Overall prevalence:** Sekong has a higher overall prevalence of wasting (6.1%+10.1%=16.2%) compared to Phongsaly (1.2% + 3.6% = 4.8%).
- **Severe wasting:** Sekong has a similar percentage of severe wasting (6.1%) compared to Phongsaly (1.2%).
- **Moderate wasting:** Sekong has a higher percentage of moderate wasting (10.1%) compared to Phongsaly (3.6%).
- **Normal weight:** Sekong has a lower percentage of children with normal weight (83.8%) compared to Phongsaly (95.2%).
- **The national average for wasting is 10.**7% with 2.7% severe. Sekong is significantly higher than this average

Age group breakdown:

- Similar to Phongsaly, wasting seems to be more prevalent in older age groups (18-29 months) in Sekong, with 13.8% having severe wasting.
- There is a higher prevalence of moderate wasting in all age groups in Sekong compared to Phongsaly.
- No children in any age group were found to have edema in Sekong, similar to Phongsaly.

Table 35: Prevalence of acute malnutrition by age, based on weight-for-height z-scores and/or oedema in Phongsaly

Phongsaly		Severe wasting (<-3 z-score)		Moderate wasting (>= -3 and <-2 z-score)		Normal (> = -2 z score)		Oedema	
Age (mo)	Total no.	No.	%	No.	%	No.	%	No.	%
6-17	55	0	0.0	2	3.6	53	96.4	0	0.0
18-29	55	1	1.8	2	3.6	52	94.5	0	0.0
30-41	30	0	0.0	1	3.3	29	96.7	0	0.0
42-53	23	1	4.3	1	4.3	21	91.3	0	0.0
54-59	4	0	0.0	0	0.0	4	100.0	0	0.0
Total	167	2	1.2	6	3.6	159	95.2	0	0.0

Table 36: Prevalence of acute malnutrition by age, based on weight-for-height z-scores and/or oedema in Sekong

Sekong		Severe wasting (<-3 z-score)		Moderate wasting (>= -3 and <-2 z-score)		Normal (> = -2 z score)		Oedema	
Age (mo)	Total no.	No.	%	No.	%	No.	%	No.	%
6-17	43	2	4.7	3	7.0	38	88.4	0	0.0
18-29	29	4	13.8	3	10.3	22	75.9	0	0.0
30-41	17	0	0.0	2	11.8	15	88.2	0	0.0
42-53	9	0	0.0	2	22.2	7	77.8	0	0.0
54-59	1	0	0.0	0	0.0	1	100.0	0	0.0
Total	99	6	6.1	10	10.1	83	83.8	0	0.0

% Children with early initiation of breast feeding (within 1 hour of birth)

The table 37shows the percentage of children who were breastfed within 1 hour of birth in both locations, a majority of mothers breastfed their infants within 1 hour of birth (87% in Phongsaly and 78% in Sekong).

It is also interesting to note that a higher percentage of mothers in both Phongsaly (66%) and Sekong (58%) received support from healthcare professionals to help them initiate breastfeeding early. This suggests that there may be a positive association between receiving support from healthcare professionals and early initiation of breastfeeding.

Table 37: Children with early initiation of breast feeding

Children with early initiation of breast feeding	Phongsaly	%	Sekong	%
How long after birth did you initiate breastfeeding for your infant?				
Never breastfeeding	3	1%		
1 hour after birth	179	87%	97	78%
1 day after birth	21	10%	26	21%
No breastfeeding but providing other thing in the first 3 days.	3	1%	1	1%
Did you receive any support from healthcare professionals to help you initiate breastfeeding early?				
No	70	34%	52	42%
Yes	136	66%	72	58%

% children who sleeked care for diarrhea (Children under 5 who seek care within the last 2 weeks)

This table 38shows how caregivers in Phongsaly and Sekong responded to diarrhea in children under 5 within the last two weeks.

Key Points:

- **Prevalence of Diarrhea:** A higher percentage of children under 5 in Sekong (42%) experienced diarrhea compared to Phongsaly (29%).
- **Care-Seeking Behavior:** All caregivers who reported their child had diarrhea (100% in both locations) sought some form of care.
- **Choice of Care Facilities:**
    - Government hospitals/clinics were the most common choice in Phongsaly (73%), followed by private clinics (14%).
    - Sekong showed a more even distribution with government facilities (44%) and private clinics (37%).
    - Pharmacies and traditional healers were used less frequently in both locations.
- **Treatment Providers:**
    - Doctors were the most common source of treatment advice in Phongsaly (59%), followed by nurses (25%).
    - Nurses were more prevalent in Sekong (44%) compared to doctors (33%).

Table 38: Children who sleeked care for diarrhea

children who sleeked care for diarrhea (Children under 5 who seek care within the last 2 weeks)	Phongsaly	%	Sekong	%
Did your child experience diarrhea (loose or watery stools) in the past two weeks?				
No	147	71%	72	58%
Yes	59	29%	52	42%
Did you take your children for seeking care for diarrhea?				
Yes	59	100%	52	100%
Where did you seek care for your child's diarrhea? (Select all that apply)				
Government hospital/clinic	43	73%	23	44%
Private hospital/clinic	8	14%	19	37%
Pharmacy	6	10%	2	4%
Traditional healer/birth attendant	2	3%	3	6%
Other (village health volunteer)	9	15%	9	17%
Who provided the main advice or treatment for your child's diarrhea? (Select One)				
Doctor	35	59%	17	33%
Nurse	15	25%	23	44%
Pharmacist	5	8%	2	4%
Traditional Healer		0%	1	2%
Other (Specify)	4	7%	9	17%

of health facilities with Adolescent Friendly Services

This table 39 reveals concerning gaps in Adolescent Friendly Services (AFS) offered by health facilities in both Phongsaly and Sekong.

Availability of AFS

- A significant proportion of facilities in both locations do not offer dedicated AFS (36% in Phongsaly, 46% in Sekong).

Components of AFS

- Confidentiality and accessibility are the most lacking components in both locations (24% in Phongsaly and 23% in Sekong).

- Youth participation in planning and evaluation is the least implemented aspect in both locations (around 7%).

Adolescent Perception of AFS

- A significant portion of adolescents in both locations are unsure whether they feel comfortable approaching staff (24% in Phongsaly, 42% in Sekong).
- There are concerns about access to accurate information (23% unsure in Phongsaly, 50% unsure in Sekong) and convenient service times (29% unsure in Phongsaly, 50% unsure in Sekong).
- The facility environment is perceived as somewhat welcoming in both locations (46% agree in Phongsaly and 31% agree in Sekong).
- Confidentiality is a concern for a considerable portion of adolescents (28% unsure in Phongsaly, 44% unsure in Sekong).

Hotline Awareness

- None of the adolescents surveyed in either location reported using the AFS hotlines.

Possible explanations for the discrepancies between Phongsaly and Sekong:

- Sekong might have a slightly higher overall availability of AFS compared to Phongsaly (although still insufficient).
- Despite having some AFS components, a lack of awareness and promotion might be leading to low utilization in both locations.

Key takeaways:

- A significant gap exists in providing comprehensive and accessible AFS across healthcare facilities in both locations.
- Confidentiality and accessibility are major concerns for adolescents seeking healthcare. By observing these aspects, the team can gain crucial insights into the challenges adolescents face at health centers. This information can then be used to recommend improvements like better physical layout for privacy, enhanced staff training on confidentiality, dedicated adolescent healthcare services, convenient service hours, reduced financial barriers, and a more welcoming environment. Addressing these issues can lead to better healthcare utilization by adolescents.
- The lack of awareness about the AFS hotlines suggests they are not effectively promoted.

Recommendations:

- Expand the availability of dedicated AFS in all healthcare facilities.
- Strengthen all components of AFS, particularly focusing on confidentiality, accessibility, and youth participation.
- Train healthcare staff on adolescent-friendly communication and service provision.
- Conduct awareness campaigns promoting AFS facilities, hotlines, and their services.
- Utilize youth-friendly communication channels to increase awareness and encourage hotline usage.
- Continuously monitor and evaluate the effectiveness of implemented AFS programs.

Table 39: Health facilities with Adolescent Friendly Services

Health facilities with Adolescent Friendly Services	Phongsaly	%	Sekong	%
Does this health facility offer dedicated Adolescent Friendly Services (AFS)?				
No	40	36%	53	46%
Yes	70	64%	61	54%
Please check all the AFS components offered in this facility:				

Confidentiality: Services are confidential and respect adolescent privacy.	17	24%	14	23%
Accessibility: Services are accessible in terms of location, cost, and hours of operation.	15	21%	5	8%
Approachability: Staff are welcoming, respectful, and non-judgmental towards adolescents.	13	19%	5	8%
Competency: Staff have the knowledge and skills to provide appropriate healthcare services for adolescents.	13	19%	7	11%
Comprehensiveness: A range of services are offered, including sexual and reproductive health, mental health, and basic healthcare.	7	10%	4	7%
Youth Participation: Adolescents are involved in planning, implementing, and evaluating AFS.	5	7%	2	3%
Please rate your level of agreement with the following statements on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree)				
Adolescents feel comfortable approaching staff with their health concerns.				
Strongly Disagree (1)	7	6%		0%
Disagree (2)	5	5%	6	5%
Neither agree nor disagree (3)	26	24%	48	42%
Agree (4)	48	44%	37	32%
Strongly Agree (5)	24	22%	23	20%
Staff provide accurate and up-to-date information on adolescent health.				
Strongly Disagree (1)	7	6%		0%
Disagree (2)	3	3%	11	10%
Neither agree nor disagree (3)	25	23%	57	50%
Agree (4)	55	50%	30	26%
Strongly Agree (5)	20	18%	16	14%
Services are available during times that are convenient for adolescents.				
Strongly Disagree (1)	6	5%	1	1%
Disagree (2)	2	2%	9	8%
Neither agree nor disagree (3)	32	29%	57	50%
Agree (4)	50	45%	35	31%
Strongly Agree (5)	20	18%	12	11%
The facility environment is welcoming and youth-friendly.				
Strongly Disagree (1)	9	8%	1	1%
Disagree (2)		0%	12	11%
Neither agree nor disagree (3)	36	33%	51	45%
Agree (4)	51	46%	35	31%
Strongly Agree (5)	14	13%	15	13%
Staff respect the privacy and confidentiality of adolescents seeking services.				
Strongly Disagree (1)	8	7%	1	1%
Disagree (2)	2	2%	10	9%
Neither agree nor disagree (3)	31	28%	50	44%
Agree (4)	51	46%	32	28%
Strongly Agree (5)	18	16%	21	18%

Have you ever used the hotline number for AFS :1361 (for female) and 137 (for male)in consulting for any related to SRH?				
No	110	100%	114	100%
Yes		0%		0%

of adolescent birth rate (among women aged 10–14, 15–17 and 18–19)Proportion of births to women with unplanned pregnancy

Here is the analysis of the table 40 on unplanned pregnancies:

- The average age of first pregnancy is similar in both Phongsaly (19.78 years old) and Sekong (19.80 years old).
- In Phongsaly, 26.4% of pregnancies were unplanned, while in Sekong, 32.5% of pregnancies were unplanned.

Possible reasons for unplanned pregnancies:

- Lack of access to family planning services or contraception
- Lack of education about sex and contraception

These are just some possible reasons for unplanned pregnancies. More data would be needed to determine the exact reasons for the differences in unplanned pregnancy rates between Phongsaly and Sekong.

Table 40: Proportion of births to women with unplanned pregnancy

Proportion of births to women with unplanned pregnancy	Phongsaly	%	Sekong	%
What's your age in first pregnancy?				
10-14 years old	1	0.5%	6	5%
15-17 years old	40	19%	21	17%
18-19 years old	71	34%	41	33%
20 and over	89	43%	55	44%
Don't remember	5	2%	1	1%
Average age in first pregnancy	19.78		19.80	
what the pregnancy planned or unplanned?				
No	53		49	40%
Yes	153		75	60%

of female <18 years of age dropped out of school due to pregnancy

Here is the analysis of the table 41 on factors affecting school dropout due to pregnancy:

- **Comprehensive Sex Education (SRHR information):** not more than percentage of students in Phongsaly (41%) reported having access to SRHR information compared to Sekong (32%).
- **Pregnancy rate:** The percentage of students who got pregnant while in school was similar in both Phongsaly (5%) and Sekong (2%).
- **Dropout due to pregnancy:** Among those who got pregnant, a higher percentage of students in Phongsaly (3 in 5 persons or 60%) dropped out of school compared to Sekong (two person or 100%).
- **Returning to school after childbirth:** None of the students who dropped out due to pregnancy in Sekong returned to school, whereas 2 in 5 persons or 40% of those in Phongsaly did.

These findings suggest that access to SRHR information may be protective against dropping out of school due to pregnancy. However, more data would be needed to determine the causal relationship between SRHR information and dropout rates. It is also important to note that this table only considers students who reported ever being pregnant, and may not capture the full picture of factors affecting school dropout.

Table 41: Dropped out of school due to pregnancy

dropped out of school due to pregnancy		Phongsaly	%	Sekong	%
Are you able to receive information of Comprehensive Sex Education at school or have you consulted any health care provider for SRHR information?					
	No	122	59%	84	68%
	Yes	84	41%	40	32%
Were you pregnant during your schooling?					
	No	201	98%	122	98%
	Yes	5	2%	2	2%
Did you drop out of school due to your pregnancy?					
	No	2	40%		
	Yes	3	60%	2	100%
female < 18 years of age returned back to school after giving birth					
female < 18 years of age returned back to school after giving birth					
	No	3	60%	2	100%
	Yes	2	40%	0	

of female of age vaccinated with HPV vaccine

Here is the analysis of the table 42 on HPV vaccine awareness and vaccination rates:

- **Awareness:** A higher percentage of women in Sekong (45%) are aware of the HPV vaccine compared to Phongsaly (18%).
- **Vaccination:** Among women who are aware of the HPV vaccine, a higher percentage of women in Sekong (45%) have received the vaccine compared to Phongsaly (18%).
- **Reasons for not being vaccinated:** In Phongsaly, the most common reasons for not being vaccinated among women aware of the HPV vaccine are lack of knowledge about the benefits (36%) and other reasons (36%). In Sekong, the most common reason is lack of knowledge about the benefits (60%).

Possible reasons for the differences in awareness and vaccination rates:

- **Healthcare provider recommendation:** The table shows that in Phongsaly, 2 women (14%) who did not receive the HPV vaccine reported that it was never recommended by a healthcare provider. This suggests that healthcare providers in Phongsaly may not be routinely recommending the HPV vaccine to women.
- **Cost concerns:** Cost concerns may also be a barrier to vaccination in Phongsaly, although only 1 woman (7%) reported this as a reason for not being vaccinated.

These are just some possible reasons for the differences in awareness and vaccination rates. More research would be needed to determine the exact reasons.

Overall, the table suggests that there is a need for increased awareness and education about the HPV vaccine in both Phongsaly and Sekong. There may also be a need to address specific barriers to vaccination, such as lack of recommendation by healthcare providers or cost concerns.

Table 42: Vaccinated with HPV vaccine

vaccinated with HPV vaccine		Phongsaly	%	Sekong	%
Are you aware of the HPV vaccine?					
	No	168	82%	68	55%
	Yes	38	18%	56	45%

Have you received the HPV vaccine?				
No	14	7%	5	4%
Yes	24	12%	51	41%
why you have not received the HPV vaccine (select all that apply):				
Never recommended by a healthcare provider	2	14%	0	0%
Cost concerns	1	7%	0	0%
Concerns about the safety of the vaccine	1	7%	0	0%
Lack of knowledge about the benefits of the vaccine	5	36%	3	60%
Other reasons (Please Specify)	5	36%	2	40%

Additional Indicator: Women's Economic Empowerment

and % of women who have increased capability to participate equitably in economic activities.

Here's the analysis of the table 44 on women's economic participation:

Perception of equal opportunity:

- A higher percentage of women in Sekong (85%) feel they have equal opportunities to participate in economic activities compared to men, compared to Phongsaly (75%).

Financial confidence:

- The gap in financial confidence is smaller, with a majority in both locations feeling confident (66% in Phongsaly and 69% in Sekong).

Challenges faced by women:

- Lack of access to education and training is the most commonly reported challenge in both locations (79% in Phongsaly and 84% in Sekong).
- Other significant challenges include:
  - Lack of access to finance and credit (36% in Phongsaly, 35% in Sekong)
  - Societal expectations and gender roles (17% in Phongsaly, 36% in Sekong)
  - Limited childcare options (22% in Phongsaly, 20% in Sekong)

Possible reasons for the differences:

- **Societal expectations:** A higher percentage of women in Sekong perceive societal expectations and gender roles as a challenge, suggesting these norms may be more restrictive there.
- **Other factors:** While not the most common concern, "Other" is a significant category in Phongsaly (16%) compared to Sekong (2%). This suggests there may be other location-specific challenges for women in Phongsaly that the table doesn't capture.

Overall:

The data suggests that while there are positive aspects like a high proportion of women feeling confident financially, there are still significant challenges hindering women's full economic participation in both locations. Sekong appears to have a more positive perception of equal opportunity, but societal expectations remain a hurdle.

Table 43: Women who have increased capability to participate equitably in economic activities

women who have increased capability to participate equitably in economic activities	Phongsaly	%	Sekong	%

Do you feel you have equal opportunities to participate in economic activities compared to men in your community?				
No	51	25%	19	15%
Yes	155	75%	105	85%
Do you feel confident in your ability to make financial decisions and manage your own income?				
No	70	34%	38	31%
Yes	136	66%	86	69%
In your opinion, what are the main challenges women face in participating in economic activities? (Select all that apply)				
Lack of access to education and training	163	79%	104	84%
Lack of access to finance and credit	74	36%	43	35%
Limited childcare options	46	22%	25	20%
Societal expectations and gender roles	35	17%	45	36%
Discrimination in the workplace	16	8%	10	8%
Other (Please Specify)	32	16%	2	2%

% of women and girls who report confidence in their own negotiation and communication skills

This table 45 compares women and girls in Phongsaly and Sekong regarding their confidence in negotiation and communication skills.

Negotiation Confidence:

- **Overall:** Women in Phongsaly appear to be more confident in negotiation compared to Sekong. A higher percentage of women in Phongsaly reported being confident (34%) and very confident (8%) compared to Sekong (14% and 2%).
- **Breakdown:** Phongsaly has a higher proportion in both "Not Confident" (21%) and "Very Confident" (8%) categories compared to Sekong (6% and 2%). This suggests a wider range of confidence levels in Phongsaly.

Communication Skills:

- **Feedback:** A higher percentage of women in Phongsaly reported receiving positive feedback on their communication skills (30% agreeing or strongly agreeing) compared to Sekong (29%).
- **Experience:** Both locations have similar proportions who agree or strongly agree on having experience successfully negotiating (around 50%).
- **Comfort expressing opinions:** Similar proportions across locations feel comfortable expressing opinions (around 40% agreeing or strongly agreeing).
- **Role models:** A higher percentage of women in Phongsaly reported having role models with strong communication skills (41% agreeing or strongly agreeing) compared to Sekong (30%).

Possible reasons for the differences:

- **Cultural factors:** Communication styles and confidence in negotiation might differ culturally between Phongsaly and Sekong.
- **Exposure to negotiation:** Women in Phongsaly might have had more opportunities to practice negotiation skills, leading to higher confidence.
- **Role models:** The higher presence of female role models in Phongsaly could be influencing communication confidence there.

Overall:

A significant portion of women in both locations report feeling neutral or lacking confidence in some aspects. This highlights the need for programs that can help women develop their empowerment, negotiation, and communication skills.

Table 44: Women and girls who report confidence in their own negotiation and communication skills

women and girls who report confidence in their own negotiation and communication skills	Phongsaly	%	Sekong	%
Rate your confidence in your ability to negotiate for what you want or need in different situations (e.g., salary negotiations, discounts, resolving conflicts).				
Not Confident	44	21%	8	6%
Somewhat Confident	25	12%	41	33%
Neutral	49	24%	56	45%
Confident	71	34%	17	14%
Very Confident	17	8%	2	2%
Please rate your level of agreement with the following statements on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree):				
I have received positive feedback on my communication skills.				
Strongly Disagree (1)	22	11%		0%
Disagree (2)	21	10%	12	10%
Neither agree nor disagree (3)	71	34%	66	53%
Agree (4)	62	30%	36	29%
Strongly Agree (5)	30	15%	10	8%
I have experience successfully negotiating for what I want or need.				
Strongly Disagree (1)	17	8%	1	1%
Disagree (2)	25	12%	14	11%
Neither agree nor disagree (3)	63	31%	66	53%
Agree (4)	66	32%	29	23%
Strongly Agree (5)	35	17%	14	11%
I feel comfortable expressing my opinions and ideas in different settings.				
Strongly Disagree (1)	17	8%	1	1%
Disagree (2)	28	14%	14	11%
Neither agree nor disagree (3)	72	35%	63	51%
Agree (4)	62	30%	33	27%
Strongly Agree (5)	27	13%	13	10%
I have role models who demonstrate strong negotiation and communication skills.				
Strongly Disagree (1)	18	9%	3	2%
Disagree (2)	24	12%	18	15%
Neither agree nor disagree (3)	79	38%	68	55%
Agree (4)	58	28%	27	22%
Strongly Agree (5)	27	13%	8	6%

 # and % of women and girls who have actively participated in decision-making in (a) the household and/or (b) their workplace/community

This table 46 shows how women and girls in Phongsaly and Sekong participate in decision-making within households, workplaces, and communities.

Key Points:

- **Household Decisions:**
  - In Phongsaly, women and girls reported high participation in daily chores (82% agreeing/strongly agreeing) and 19% in Sekong.
  - Participation in major purchases and financial management was lower, with more women in Phongsaly reporting a say in these decisions.
  - Educational decisions showed the highest participation, particularly in Phongsaly (77% agreeing/strongly agreeing).
  - The majority of women and girls in both locations felt their family decisions were respected.
- **Workplace/Community Decisions:**
  - Phongsaly showed a higher overall level of participation compared to Sekong in workload, team projects, problem-solving, and salary discussions (if applicable).
  - In both locations, a significant portion of women reported "always" participating in workload decisions (41% in Phongsaly, 8% in Sekong).
  - Participation in team projects and problem-solving was more frequent than salary discussions.

Table 45: Women and girls who have actively participated in decision-making in in (a) the household and/or (b) their workplace/community

women and girls who have actively participated in decision-making in	Phongsaly	%	Sekong	%
To what extent do you participate in the following household decisions? (Please rate on a scale of 1 (Never) to 5 (Always))				
Daily household chores (e.g., cooking, cleaning)				
Strongly Disagree (1)	3	1%	1	1%
Disagree (2)	3	1%	50	40%
Neither agree nor disagree (3)	32	16%	49	40%
Agree (4)	61	30%	24	19%
Strongly Agree (5)	107	52%		0%
Major household purchases (e.g., furniture, appliances)				
Strongly Disagree (1)	28	14%	4	3%
Disagree (2)	19	9%	13	10%
Neither agree nor disagree (3)	57	28%	60	48%
Agree (4)	68	33%	36	29%
Strongly Agree (5)	34	17%	11	9%
Educational decisions for younger family members				
Strongly Disagree (1)	9	4%	1	1%
Disagree (2)	8	4%	6	5%
Neither agree nor disagree (3)	51	25%	62	50%
Agree (4)	58	28%	39	31%
Strongly Agree (5)	80	39%	16	13%
Financial management and budgeting				
Strongly Disagree (1)	9	4%	4	3%
Disagree (2)	7	3%	16	13%
Neither agree nor disagree (3)	47	23%	59	48%

Agree (4)	65	32%	34	27%
Strongly Agree (5)	78	38%	11	9%
Do you think your family decisions are respected and considered?				
No	36	17%	16	13%
Yes	170	83%	108	87%
In your workplace/community, to what extent do you participate in the following decisions? (Please rate on a scale of 1 (Never) to 5 (Always))				
Your own workload and tasks				
Never (1)	12	6%		0%
Rarely (2)	25	12%	3	2%
Sometimes (3)	45	22%	65	52%
Very Often (4)	40	19%	48	39%
Always (5)	84	41%	8	6%
Team projects and collaboration				
Never (1)	15	7%		0%
Rarely (2)	30	15%	8	6%
Sometimes (3)	39	19%	72	58%
Very Often (4)	33	16%	34	27%
Always (5)	89	43%	10	8%
Problem-solving and brainstorming				
Never (1)	36	17%	2	2%
Rarely (2)	30	15%	20	16%
Sometimes (3)	52	25%	63	51%
Very Often (4)	40	19%	33	27%
Always (5)	48	23%	6	5%
Salary and benefits discussions (if applicable)				
Never (1)	46	22%	9	7%
Rarely (2)	31	15%	22	18%
Sometimes (3)	49	24%	57	46%
Very Often (4)	38	18%	34	27%
Always (5)	42	20%	2	2%

Additional Indicator: Gender-Based Violence (GBV)

Percentage of women and men age 15-49 years who state that a husband is justified in hitting or beating his wife in at least one of the following circumstances

This summary shows the percentage of women and men aged 15-49 in Phongsaly and Sekong who believe a husband is justified in hitting or beating his wife under at least one of the following circumstances:

- **Going out without telling him:** In Phongsaly, 11% of women and 4% of men believe wife beating is justified in this situation. Sekong has a much lower percentage, with only 3% of women and 1% of men agreeing. The average is 7% of women agree and 3% of men.
- **Neglecting the children:** Phongsaly again shows a higher justification rate, with 4% of women and 7% of men, with average 7% endorsing wife beating. Sekong is lower at 1% of women and 5% of men. The average is 2% of women agree and strongly agree 1%, which 5% of men agree.

- **Arguing with him:** This justification has a similar prevalence for both genders in Phongsaly (9% women, 7% men). Sekong shows a significant difference, with only 2% of women agreeing and no men endorsing wife beating for this reason. The average is 5% of women agree and strongly agree 0.5%, which only 3% of men agree.
- **Refusing sex with him:** This is the most common justification among women in Phongsaly (15%), with a much lower percentage of men (4%) agreeing. Sekong follows the trend, with 6% of women and only 1% of men endorsing wife beating in this case. The average is 10% of women agree and 3% of men agree.
- **Burning the food:** Interestingly, no women and men in Sekong believe wife beating is justified for burning food. Phongsaly shows a small percentage (16% women, 4% men) who endorse wife beating for this reason. The average is 8% of women agree and 2% of men agree.
- **Overall Averages:** There's a concerning percentage of people who believe violence is justified in some situations. The average agreement across all scenarios is 6% of women and 3% of men.

Key points remain the same:

- Phongsaly women have a significantly higher justification rate for wife beating compared to Sekong women across all scenarios.
- Men in both locations are much less likely than women to justify wife beating under any circumstance.
- "Refuses sex with him" and "Argues with him" are the most common justifications for Phongsaly women.

Table 46: women and men age 15-49 years who state that a husband is justified in hitting or beating his wife in at least one of the following circumstances

women and men age 15-49 years who state that a husband is justified in hitting or beating his wife in at least one of the following circumstance	Phongsaly	%	Sekong	%	Average (%)
she goes out without telling him:					
Women					
Strongly Disagree (1)	62	30%	11	9%	19%
Disagree (2)	112	54%	102	82%	68%
Neither agree nor disagree (3)	8	4%	7	6%	5%
Agree (4)	23	11%	4	3%	7%
Strongly Agree (5)	1	0%			0%
Men					
Strongly Disagree (1)	29	38%	3	4%	21%
Disagree (2)	38	50%	56	68%	59%
Neither agree nor disagree (3)	6	8%	22	27%	17%
Agree (4)	3	4%	1	1%	3%
Strongly Agree (5)		0%		0%	0%
she neglects the children:					
Women					
Strongly Disagree (1)	83	40%	16	13%	27%
Disagree (2)	104	50%	106	85%	68%
Neither agree nor disagree (3)	10	5%	1	1%	3%
Agree (4)	6	3%	1	1%	2%
Strongly Agree (5)	3	1%		0%	1%
Men					

Strongly Disagree (1)	29	38%	4	5%	22%
Disagree (2)	39	51%	52	63%	57%
Neither agree nor disagree (3)	3	4%	22	27%	15%
Agree (4)	5	7%	4	5%	5%
Strongly Agree (5)		0%		0%	0%
she argues with him:					
Women					
Strongly Disagree (1)	61	30%	19	15%	22%
Disagree (2)	112	54%	84	68%	61%
Neither agree nor disagree (3)	14	7%	19	15%	11%
Agree (4)	16	8%	2	2%	5%
Strongly Agree (5)	3	1%		0%	0.5%
Men					
Strongly Disagree (1)	30	39%	3	4%	22%
Disagree (2)	36	47%	51	62%	55%
Neither agree nor disagree (3)	5	7%	28	34%	20%
Agree (4)	5	7%		0%	3%
Strongly Agree (5)		0%		0%	0%
she refuses sex with him:					
Women					
Strongly Disagree (1)	60	29%	13	10%	20%
Disagree (2)	97	47%	51	41%	44%
Neither agree nor disagree (3)	18	9%	53	43%	26%
Agree (4)	30	15%	7	6%	10%
Strongly Agree (5)	1	0%		0%	0%
Men					
Strongly Disagree (1)	31	41%	3	4%	22%
Disagree (2)	41	54%	38	46%	50%
Neither agree nor disagree (3)	1	1%	40	49%	25%
Agree (4)	3	4%	1	1%	3%
Strongly Agree (5)		0%		0%	0%
she burns the food:					
Women					
Strongly Disagree (1)	58	28%	12	10%	19%
Disagree (2)	102	50%	79	64%	57%
Neither agree nor disagree (3)	13	6%	33	27%	16%
Agree (4)	32	16%		0%	8%
Strongly Agree (5)	1	0%		0%	0%
Men					
Strongly Disagree (1)	31	41%	5	6%	23%
Disagree (2)	40	53%	44	54%	53%
Neither agree nor disagree (3)	2	3%	33	40%	21%
Agree (4)	3	4%		0%	2%

Strongly Agree (5)	0%	0%	0%
The average agreement across all scenarios			
Women	10%	2%	6%
Men	5%	1%	3%

Additional Indicator: Safeguarding

%of women and men age 18-24 years who were first married or in union

In Phongsaly, 78% of women aged 18-24 were married after the age of 18, while 19% were married before the age of 18 (excluding "Don't remember"). In Sekong, 77% of women aged 18-24 were married after the age of 18, while 17% were married before the age of 18.

For men, all respondents in both Phongsaly and Sekong reported being married after the age of 18.

It is important to note that the data for "Don't remember" is not included in the calculation of the percentage married before age 18.

Table 47: age 18-24 years who were first married or in union

age 18-24 years who were first married or in union	Phongsaly	%	Sekong	%
Women				
age 18 and after	160	78%	96	77%
before age 15	1	0.5%	6	5%
before age 18	40	19%	21	17%
Don't remember	5	2%	1	1%
Men				
age 18 and after	76	100%	82	100%
before age 15		0%		0%
before age 18		0%		0%
Don't remember		0%		0%

% of women and men age 15-19 years who are married or in union

The table 49 shows the percentage of women and men aged 15-19 who are married or in union by age group in Phongsaly and Sekong.

In Phongsaly, 54% of women aged 15-19 are married or in union, while 50% of women in Sekong are married or in union. There are very few men aged 15-19 who are married or in union in both Phongsaly and Sekong.

Table 48: women and men age 15-19 years who are married or in union

women and men age 15-19 years who are married or in union	Phongsaly	%	Sekong	%
Women				
Age 13-14 years old	1	0.5%	6	5%
Age 15-19 years	111	54%	62	50%
Age 20 and over	89	43%	55	44%
Don't remember	5	2%	1	1%
Men				
Age 13-14 years old		0%		0%

	Phongsaly	%	Sekong	%
Age 15-19 years		0%	1	1%
Age 20 and over	76	100%	81	99%

% of boys and girls age 15-19 migrated domestically

The table 50 shows the percentage of boys and girls aged 15-19 who migrated domestically in Phongsaly and Sekong.

In both Phongsaly and Sekong, 100% of girls aged 15-19 migrated domestically and 100% of boy aged 15-19 migrated domestically.

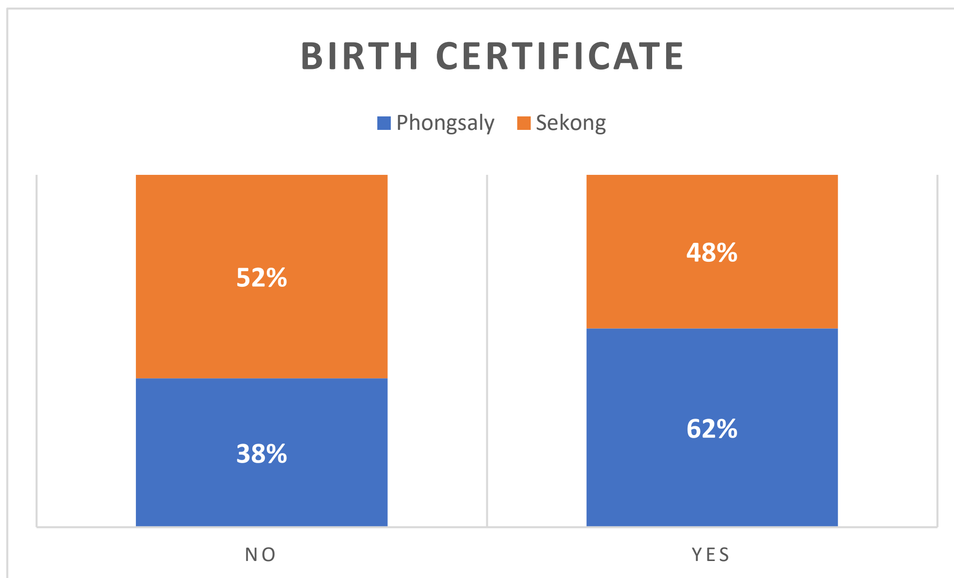
Table 49: boys and girls age 15-19 migrated domestically

boys and girls age 15-19 migrated domestically		Phongsaly	%	Sekong	%
% of boys and girls age 15-19 migrated domestically					
Girl					
	migrated domestically	206	100%	124	100%
	migrated outside Laos		0%		0%
Boy					
	migrated domestically	76	100%	82	100%
	migrated outside Laos				

% of children registered with civil authorities (e.g. birth certificates)

An interesting trend emerges in the figure below. In both Phongsaly and Sekong, a higher percentage of people who **don't have a birth certificate** hold a specific belief compared to those who do.

For instance, in Phongsaly, 38% of people without a birth certificate hold this belief, while that number drops to 62% for those with one. Similarly, Sekong shows 52% of people without a birth certificate endorsing this belief, compared to 48% with a birth certificate.



of social nets, care and support pathways that exist for adults and children at risk or child protection networks (e.g. social welfare, asylum)

The table 52 shows data on social nets, care and support in Phongsaly and Sekong. Here is an analysis of the data:

Corporal punishment

- In Phongsaly, 66% of people believe corporal punishment is not acceptable, whereas 34% believe it is acceptable.
- In Sekong, 97% of people believe corporal punishment is not acceptable, whereas 3% believe it is acceptable.

Social nets, care and support pathways

- In Phongsaly, 58% of people reported that there are no social nets or care and support pathways, whereas 42% reported that there are.
- In Sekong, 68% of people reported that there are no social nets or care and support pathways, whereas 32% reported that there are.

Satisfaction with services

- In Phongsaly, the most common response regarding satisfaction with services was "Somewhat Satisfied" (28%), followed by "Satisfied" (13%) and "Very Satisfied" (9%).
- In Sekong, the most common response regarding satisfaction with services was "Somewhat Satisfied" (48%), followed by "Satisfied" (46%) and "Very Satisfied" (5%).

Information from village authorities

- In Phongsaly, 87% of people reported receiving information from village authorities, whereas 13% did not.
- In Sekong, 92% of people reported receiving information from village authorities, whereas 8% did not.

Overall, the table51 shows that a significant majority of people in both Phongsaly and Sekong believe that corporal punishment is not acceptable. There is a lower percentage of people who reported that there are social nets or care and support pathways available. The majority of people who responded indicated that they were somewhat or satisfied with the services provided. Finally, a large majority of people reported receiving information from village authorities.

Table 50: Social nets, care and support

Social nets, care and support	Phongsaly	%	Sekong	%
What do you think of corporal punishment, is this acceptable in the HH?				
No	136	66%	120	97%
Yes	70	34%	4	3%
Are there any social nets, care and support pathways that exist for adults and children at risk or child protection networks?				
No	120	58%	84	68%
Yes	86	42%	40	32%
Are you satisfied with their services?				
Very Dissatisfied (1)	3	1%	1	1%
Somewhat Dissatisfied (2)	15	7%	1	1%
Somewhat Satisfied (3)	57	28%	59	48%
Satisfied (4)	113	55%	57	46%
Very Satisfied (5)	18	9%	6	5%
Have you received any information from the village authorities				
No	26	13%	10	8%
Yes	180	87%	114	92%

Percentage of women and men age 15-49 years who state that a father or mother is justified in hitting or beating their child

This table 53 shows how people in Phongsaly and Sekong view corporal punishment for various child misbehaviors. Here are some key observations:

- **Overall, there is a higher percentage of people who disagree (strongly disagree + disagree) with corporal punishment in Phongsaly compared to Sekong.** This is true for all scenarios presented.
- **The most common response in both locations is disagreement with corporal punishment for bad grades.** A significant majority (over 75%) in both Phongsaly and Sekong believe spanking or hitting is not justified for poor academic performance.
- **Disrespect and lying are the behaviors where the highest percentage of people find corporal punishment somewhat acceptable (agree + strongly agree).** However, even in these scenarios, a combined disagree + strongly disagree response is still the majority in Phongsaly (over 70%).
- **A significant portion of respondents in both locations (around 40%) were unsure (neither agree nor disagree) about corporal punishment for disobeying, damaging something, and lying.** This suggests a lack of clear opinion or potential cultural factors influencing responses.
- **Sekong has a higher percentage of people who strongly agree with corporal punishment compared to Phongsaly.** This is most evident in the "shows disrespect" and "damages something" categories.

Overall, the data suggests a potential shift away from corporal punishment in Phongsaly compared to Sekong. However, a significant portion of the population in both locations is unsure or seems to find corporal punishment acceptable in some situations.

Table 51: A parent is justified in spanking or hitting their child if they:

A parent is justified in spanking or hitting their child if they:	Phongsaly	%	Sekong	%
The child disobeys them				
Strongly Disagree (1)	64	31%	3	2%
Disagree (2)	76	37%	31	25%
Neither agree nor disagree (3)	8	4%	52	42%
Agree (4)	55	27%	33	27%
Strongly Agree (5)	3	1%	5	4%
The child gets bad grades in school				
Strongly Disagree (1)	84	41%	2	2%
Disagree (2)	79	38%	38	31%
Neither agree nor disagree (3)	11	5%	59	48%
Agree (4)	28	14%	25	20%
Strongly Agree (5)	4	2%		0%
The child lies to them				
Strongly Disagree (1)	73	35%	4	3%
Disagree (2)	71	34%	29	23%
Neither agree nor disagree (3)	14	7%	41	33%
Agree (4)	45	22%	42	34%
Strongly Agree (5)	3	1%	8	6%
The child shows disrespect				
Strongly Disagree (1)	72	35%	5	4%
Disagree (2)	76	37%	33	27%
Neither agree nor disagree (3)	10	5%	42	34%

Agree (4)	45	22%	33	27%
Strongly Agree (5)	3	1%	11	9%
The child damages something belonging to them				
Strongly Disagree (1)	69	33%	10	8%
Disagree (2)	83	40%	25	20%
Neither agree nor disagree (3)	12	6%	39	31%
Agree (4)	39	19%	38	31%
Strongly Agree (5)	3	1%	12	10%

Key findings from the informant interview with provincial and district stakeholders

Maternal and Child Health (MCH)

Awareness of the 1000-Day Window:

- A gap exists between Phongsaly and Sekong in awareness regarding the critical first 1000 days of child development (pregnancy and first two years).
- Sekong shows higher awareness (50% very familiar) compared to Phongsaly (25% very familiar).
- Educational initiatives are needed in Phongsaly to address this gap.

Main Challenges During the 1000-Day Window:

- Malnutrition is the most pressing concern for both districts (75% and 80% of respondents in Phongsaly and Sekong, respectively).
- Access to quality healthcare services also presents a significant challenge.
- Lack of awareness about the importance of the 1000-day window and best practices further hinders progress.

Importance of the 1000-Day Window:

- This period is crucial for establishing a child's cognitive, physical, and social well-being.
- Proper nutrition, healthcare access, and a nurturing environment are essential during this time.

Addressing the Challenges:

- A multi-pronged approach is needed:
    - **Nutritional interventions:** Programs providing access to nutritious food, maternal health education, and dietary guidance.
    - **Improved healthcare access:** Enhance infrastructure, educate providers on child development, and promote preventive care.
    - **Targeted awareness campaigns:** Educate communities about the 1000-day window, child development milestones, and healthy practices.

Existing MCH Programs:

- Positive aspects:
    - Broad scope, covering key areas: antenatal care, vaccination, nutrition, and family planning.
    - Community outreach through collaboration with local authorities.
    - Regularity of awareness campaigns.
- Potential improvements:
    - Emphasize the significance of the 1000-day window within existing programs.
    - Tailor education to local needs and cultural contexts.
    - Implement monitoring and evaluation systems to assess program effectiveness and identify areas for improvement.

Overall, existing programs provide a good foundation. By incorporating the recommendations above, these programs can be further strengthened to improve maternal and child health outcomes during the critical 1000-day window in Phongsaly and Sekong.

Table 52: Concept of the 1000-day

Concept of the 1000-day	Phongsaly	%	Sekong	%
How familiar are you with the concept of the 1000-day and its importance for child development?				
Very Familiar	1	25%	5	50%
Somewhat Familiar	3	75%	5	50%
Not Familiar		0%		0%
What are the most significant challenges facing pregnant women, mothers, and young children within your province/district during the first 1000 days?				
malnutrition	3	75%	8	80%
access to healthcare	2	50%	7	70%
lack of awareness	2	50%	5	50%

Project Implementation

This summary focuses on key takeaways from the interview regarding a 1000-day child development project.

Existing Resources and Opportunities:

- Stakeholders identified existing programs like MCH (maternal and child health), Care International as valuable resources.
- Utilizing personnel with expertise in healthcare, nutrition, and education can strengthen the project.
- Collaboration with local authorities can facilitate community outreach and program implementation.

Potential Challenges:

- **Limited awareness:** Some areas, particularly Phongsaly, may require targeted communication efforts.
- **Coordination complexities:** Ensuring collaboration across different departments (health, education, agriculture) is crucial but can be challenging.
- **Resource constraints:** Budget limitations, limited healthcare infrastructure, and personnel shortages could hinder project effectiveness.
- **Geographical and cultural barriers:** Difficult access to remote areas, language barriers, and cultural sensitivities need to be considered.
- **Community engagement:** Coordinating project activities with busy schedules and addressing potential resistance to new practices are important.

Enhancing Collaboration:

- Establishing a central coordinating body with representatives from all involved departments.
- Developing a comprehensive project plan that outlines roles, responsibilities, and communication channels.
- Conducting regular meetings to facilitate information sharing and problem-solving.
- Providing capacity building for provincial and district personnel on the 1000-day window and their project roles.
- Implementing monitoring and evaluation systems to track progress and inform adjustments.

By leveraging existing resources, addressing these challenges, and promoting collaboration, a successful 1000-day project can be implemented across the province/district.

Stakeholder Engagement

This summary focuses on key takeaways from the interview regarding strategies for engaging stakeholders in a 1000-day child development project.

Encouraging Local Ownership and Sustainability:

- **Effective communication:** Clearly communicate project goals and benefits to village authorities and communities beforehand.
- **Collaborative planning:** Involve village authorities and community members in planning project activities.
- **Regular meetings:** Conduct regular meetings to gather feedback and address concerns.
- **Capacity building:** Equip village leaders with the skills and knowledge to manage project activities.
- **Building trust:** Establish trust with local authorities and community leaders.

Existing Government Strategies:

- **National and sub-national development plans:** Leverage existing government plans that align with project goals (e.g., 5-year strategies, maternal and child health strategies).
- **Education initiatives:** Utilize existing education programs to raise awareness and promote healthy behaviors.
- **Gender equity strategies:** Integrate gender considerations into project design and implementation.

Strategies for Stakeholder Awareness and Support:

- **Workshops and trainings:** Organize workshops and trainings for healthcare providers, educators, and social workers to build capacity and address knowledge gaps.
- **Data collection and monitoring:** Regularly collect and analyze data to demonstrate project effectiveness and justify continued support.
- **Communication materials:** Develop clear and targeted communication materials to raise awareness among stakeholders.
- **Success stories:** Share success stories and positive outcomes to inspire continued support.

Monitoring and Evaluation:

- **Data collection systems:** Utilize existing data collection systems (e.g., DIH2 system) to track project impact on maternal and child health outcomes.
- **Indicators:** Develop and monitor relevant indicators to assess project effectiveness (e.g., malnutrition rates, immunization coverage).
- **Sustainability planning:** Plan for project continuation beyond the initial funding period by building local ownership and capacity.

By implementing these strategies, the project can effectively engage stakeholders, raise awareness, and ensure project sustainability.

Sustainability of the 1000-Day Project

This summary focuses on key informant interview takeaways regarding strategies to ensure the 1000-Day Child Development Project's long-term sustainability in Phongsaly and Sekong.

Building Local Capacity for Continued Impact:

- **Empowering Local Personnel:** Train healthcare providers, educators, and community leaders on project activities and best practices for maternal and child health during the critical 1000-day window. This equips them to continue the project's work independently after the initial funding phase.
- **Integration with Existing Programs:** Integrate project interventions into existing government healthcare and education programs. This leverages existing resources and ensures the project's long-term sustainability within established systems.
- **Fostering Community Ownership:** Involve local stakeholders in project design, implementation, and monitoring. This fosters a sense of community ownership, leading to increased local commitment and continued support beyond the project's initial timeframe.

- **Developing a Clear Exit Strategy:** Establish a well-defined exit strategy outlining the gradual transfer of ownership and responsibility to local authorities before project completion. This ensures a smooth transition and empowers local leadership to maintain the project's momentum.

Securing Resources for Long-Term Support:

- **Funding Diversification:** Explore various funding sources beyond initial project grants. This could involve public-private partnerships, social impact investments, or community fundraising initiatives.
- **In-Kind Contributions:** Encourage in-kind contributions from local stakeholders. Examples include providing space for community meetings or volunteers to support project activities.
- **Resource Mobilization Training:** Equip local authorities with skills in resource mobilization. This empowers them to secure funding for ongoing project activities after the initial grant period.
- **Advocacy for Increased Budgetary Allocation:** Support local authorities in advocating for increased government budgetary allocation for maternal and child health programs. Here's a multifaceted approach:
  - **Data-Driven Advocacy:** Utilize data collected during project monitoring to demonstrate the project's effectiveness and positive impact on maternal and child health outcomes. This provides compelling evidence for continued government investment.
  - **Stakeholder Collaboration:** Collaborate with healthcare professionals, educators, and community leaders to advocate for increased funding. A united front presenting a strong case amplifies the message.
  - **Public Awareness Campaigns:** Raise public awareness about the importance of maternal and child health, particularly during the critical 1000-day window. This can generate public pressure for increased government funding.

Dok Champa Accreditation Data: Alternative Approach

While specific data on health centers based on Dok Champa Accreditation is unavailable due to privacy concerns, consider collaborating with CARE, the implementing agency. They might have anonymized data on the Dok Champa Accreditation status of target health centers.

This anonymized data can be used to identify areas where the 1000-day project can have the most significant impact in strengthening the capacity of healthcare facilities to deliver services for mothers and children.

By implementing these comprehensive strategies, the 1000-Day Project can ensure its interventions have a lasting positive impact on maternal and child health outcomes in Phongsaly and Sekong, even after the initial funding period concludes.

Key Finding from FGD with Village authorities

Limited Awareness of the 1000-Day Window:

- Data from the Focus Group Discussion (FGD) suggests a significant knowledge gap regarding the critical 1000-day window (pregnancy to age 2) for child development, particularly in Phongsaly.
- 0% of respondents in Phongsaly indicated high familiarity with this concept, compared to 17% in Sekong.

Challenges Hinder Healthy Development:

- Both provinces face challenges that can negatively impact child development during the 1000-day window:
  - Access to quality healthcare services is a primary concern, with 80% of respondents in Phongsaly and 50% in Sekong highlighting this issue.
  - Malnutrition is another significant concern, affecting 50% of respondents in both provinces.

Additional Considerations:

- While not explicitly mentioned, hygiene may be indirectly linked to the reported challenges of access to healthcare and malnutrition.

Overall:
These findings suggest a need for immediate action in both districts. Phongsaly, with its particularly low awareness of the 1000-day window, seems to require more targeted interventions to improve access to healthcare, nutrition, and education during this critical period.

Table 53: Concept of the 1000-day window (critical period from pregnancy to age 2)

Concept of the 1000-day window (critical period from pregnancy to age 2)	Phongsaly	%	Sekong	%
How familiar are you with the concept of the 1000-day window (critical period from pregnancy to age 2)?				
Very Familiar		0%	1	17%
Somewhat Familiar	4	80%	4	67%
Not Familiar	1	20%	1	17%
What are the main challenges pregnant women, mothers, and young children face in your village?				
access to healthcare	4	80%	3	50%
malnutrition	1	20%	3	50%
hygiene		0%		0%

Existing Maternal and Child Health (MCH) Programs
Varied Program Availability and Recall:

- Awareness of existing MCH programs ranged from participants readily identifying specific programs to having no recollection.
- This suggests potential inconsistency or gaps in program visibility and reach within the communities.

Types of Existing MCH Programs (mentioned):

- **World Food Program (WFP):** Provided food assistance in 2016-2017 (no longer available).
- **Maternal and Child Nutrition Program (2018-2019):** Implemented a school lunch program (unclear if still ongoing).
- **Care International:** Focuses on promoting and delivering MCH services.
- **Local Programs:**
    - **SBCC program (no longer available):** Provided education and behavior change communication (may have covered MCH topics).
    - **Monthly allowance for mothers with children under 2:** Supports nutrition and potentially childcare practices.
    - **Programs focused on child weight management and nutritional cooking:** Aims to address malnutrition in young children.

Overall:

- While various MCH programs exist or have existed in the villages, their reach, visibility, and continuity seem inconsistent.
- A clearer picture of the current MCH program landscape is needed to assess potential overlaps, gaps, and areas for improvement.

Additional Considerations:

- The FDG did not capture details on program effectiveness or how well they address the 1000-day window specifically.
- Further investigation is needed to understand the strengths and weaknesses of existing programs and how the 1000-day child development project can complement or build upon them.

Project Focus

Village authorities identified a broad range of critical areas for maternal and child health (MCH) improvement:

1. Comprehensive MCH Needs:

- **Prenatal Care and Delivery:**
  - Encouraging hospital deliveries for access to skilled medical professionals.
  - Supporting pregnant women in understanding the benefits of hospital births.
- **Breastfeeding Practices:**
  - Promoting exclusive breastfeeding for the first 6 months.
  - Dispelling misconceptions about introducing complementary foods too early.
- **Improved Nutrition:**
  - Providing education on proper nutrition for mothers and children.
  - Emphasizing healthy eating habits and hygiene practices.
- **Access to Healthcare:**
  - Potential need for home-based healthcare support, particularly in remote areas.

2. Empowering Mothers for Better Decision-Making:

- **Education and Support:**
  - Equipping mothers with knowledge on nutrition and health through educational programs.
  - Providing resources and support to empower them to make informed choices regarding their children's well-being.
- **Project Participation:**
  - Involving mothers in the design and implementation of the project to ensure it addresses their needs and perspectives.

Challenges to Consider:

- **Cultural Norms:** The project might need to address potential cultural barriers that limit some mothers' decision-making power.
- **Financial Constraints:** Addressing financial limitations, such as supporting antenatal clinic visits, may be necessary to ensure broader participation.

3. Engaging Men and Boys for Project Success:

- **Education and Participation:**
  - Organizing community events and discussions to educate men and boys about their crucial role in supporting MCH.
  - Encouraging their active participation in project activities that promote healthy behaviors.
- **Shared Responsibilities:**
  - Highlighting the importance of men and boys sharing household responsibilities to alleviate the workload for pregnant women and mothers of young children.

Overall:

The FDG highlights the need for a comprehensive MCH project that addresses a range of critical areas. Empowering mothers through education and project involvement is crucial, while simultaneously engaging men and boys as active participants. By working together, the project can create a supportive environment for mothers to make informed decisions and ensure the well-being of their children during the vital 1000-day window.

Community Engagement

1. Strategies for Effective Communication and Participation:

- **Strong Community Spirit:** Participants expressed a willingness to cooperate and participate in the project.
- **Communication Channels:**
    - Community meetings emerged as a preferred method for disseminating information and promoting participation.
    - Utilizing existing village TV programs and public announcements were also suggested.

2. Addressing Traditional Practices and Beliefs:

- **Positive Changes:** Participants acknowledged a general shift towards embracing science-based practices, particularly in healthcare.
- **Project Adaptation:**
    - The project should be designed with sensitivity to existing cultural practices.
    - Open communication and education can address potential conflicts with project goals.
- **Example of Positive Change:** The project's success in dispelling a traditional belief about discarding breastmilk was highlighted.

3. Key Community Leaders and Influencers:

- **Village Authorities:** The village chief, village council, and other governing bodies were identified as crucial figures.
- **Community Organizations:** Existing village organizations with diverse memberships can be valuable partners in promoting the project.

Overall:

The FDG findings indicate a receptive environment for the project in the village. Utilizing effective communication strategies, addressing cultural sensitivities, and collaborating with key community leaders can ensure successful project implementation and community buy-in.

Sustainability

1. Ensuring Long-Term Project Benefits:

- **Community Ownership:** Participants expressed a strong commitment to continuing beneficial practices introduced by the project.
- **Local Leadership:** Village authorities are confident in their ability to sustain project activities with continued guidance.
- **Communication and Support:** Utilizing the village TV program for ongoing education and announcements was highlighted as a vital tool.

2. Resources Needed for Long-Term Sustainability:

- **Financial Resources:** Budgetary support is crucial for sustained project implementation.
- **Training:** Continued training opportunities, particularly for home midwives, were identified as a key need.
- **Community Mobilization:** Support for village leaders' efforts to motivate villagers and maintain project momentum is essential.

3. Measuring Project Impact:

- **Improved Health Outcomes:** Participants observed a decrease in maternal illness, malnutrition in children, and overall health improvements.

- **Increased Knowledge:** Awareness and understanding of healthy practices were identified as positive outcomes.
- **Tracking and Monitoring:** Continued monitoring and evaluation are necessary to assess project impact over time.

Overall:

The FDG findings suggest a strong foundation for project sustainability. The village community's commitment, coupled with continued support for village authorities, can ensure the project's long-term impact. Prioritizing financial resources, training opportunities, and effective communication strategies will be crucial for maintaining project momentum and demonstrably improving the health and well-being of mothers and children in the village.

Key Finding from School principal/Teacher Interview

The table 55 summarizes information on Adolescent Sexual and Reproductive Health (ASRH) in schools located in Phongsaly and Sekong. Here's a breakdown of the data:

- **ASRH information availability:** In Phongsaly, 67% of respondents reported that their school does not have ASRH information available, whereas in Sekong, only 17% reported the same.
- **Collaboration with local health providers:** A higher percentage of respondents in Phongsaly (83%) indicated that their school does not collaborate with local health providers on ASRH services compared to Sekong (33%).
- **Guidance on ASRH services:** Roughly half of the respondents in both Phongsaly (50%) and Sekong (67%) reported that their school does not provide guidance or support to students on accessing ASRH services.
- **Barriers to accessing ASRH services:** The most common barrier reported by respondents in both Phongsaly (67%) and Sekong (17%) is the concern about cost.
- **Comfort level with staff training on ASRH:** The majority of respondents in both Phongsaly (83%) and Sekong (67%) expressed comfort with school staff having basic training on ASRH services and referral procedures.
- **Parental involvement policy:** Two-thirds of the respondents in both Phongsaly (67%) and Sekong (67%) reported that their school does not have a policy on parental involvement in accessing ASRH services.

Overall, the data suggests that there is a significant need for improvement in ASRH education and access to services in both Phongsaly and Sekong schools. There are concerning gaps in information availability, collaboration with healthcare providers, and guidance offered to students. In addition, financial barriers and lack of clear policies on parental involvement seem to be hindering student access to these essential services.

Table 54: ASRH information at School

ASRH information at School	Phongsaly	%	Sekong	%
Does your school have Adolescent Sexual and Reproductive Health (ASRH) information available?				
No	4	67%	1	17%
Yes	2	33%	5	83%
Does your school collaborate with local health providers or organizations that provide adolescent sexual and reproductive health (ASRH) services?				
No	5	83%	2	33%
Yes	1	17%	4	67%
Does your school provide guidance or support to students who may need to access adolescent sexual and reproductive health (ASRH) services?				
No	3	50%	4	67%
Yes	3	50%	2	33%

Are there barriers that prevent students from accessing adolescent sexual and reproductive health (ASRH) services through school?				
Concerns about cost	4	67%	1	17%
Transportation problems	2	33%	1	17%
slander	2	33%	1	17%
How comfortable do you feel with school staff (eg counselors, nurses) having basic training on adolescent sexual and reproductive health (ASRH) services and referral procedures?				
Very comfortable	1	17%	5	83%
Comfortable	4	67%		0%
Uncomfortable	1	17%	1	17%
Does your school have a policy on parental involvement in accessing adolescent sexual and reproductive health (ASRH) services for children?				
No	4	67%	4	67%
Yes	2	33%	2	33%

Interviewer: What do you think about the importance of access to adolescent sexual and reproductive health (ASRH) services for adolescents in schools?

Principal/Teacher:
Both Phongsaly and Sekong schools recognize the critical role of access to Adolescent Sexual and Reproductive Health (ASRH) services for their students. They emphasize the importance of education and well-being, highlighting these key benefits:

- **Family Planning:** Understanding reproductive health empowers young people to make informed decisions about their families, especially important within their communities.
- **Preventing Unintended Pregnancy:** Sex education helps prevent unintended pregnancies, which can disrupt students' education and future plans.
- **Promoting Healthy Choices:** Knowledge of ASRH reduces risky behaviors and promotes healthy choices, allowing students to focus on their education.
- **Breaking Stigma:** Open communication about ASRH breaks down stigma and encourages students to seek help when needed.

Potential Differences in Implementation:
While the overall importance of ASRH services is likely similar in both regions, there might be some variations in implementation due to factors like cultural norms, available resources, and existing support networks. Each region has its own considerations:
Phongsaly:

- **Challenges:** Phongsaly might face stronger cultural barriers or a lack of established support services like youth centers or nearby clinics.
- **Focus:** Partnering with local doctors for on-site or referral services (Doctor/Clinic Collaboration) could be a high priority. Additionally, increased resources from the education department (Increased Resources) could be crucial for providing workshops for teachers to overcome cultural sensitivities and develop effective teaching materials.

Sekong:

- **Advantages:** Sekong might have a more open environment or existing youth centers, allowing for a focus on student involvement and peer education programs.

- **Strategies:** Student Involvement through campaigns or peer education programs could be a strong approach here. Additionally, workshops or talks by healthcare professionals (Expert Talks) could leverage existing youth centers or support networks to create a safe space for students.

Interviewer: How can your school be more effective in connecting students to ASRH services?

Principal/Teacher: Here are some ideas for improvement:
Both Phongsaly and Sekong schools can benefit from these strategies:

- **Student Involvement:** Engaging students in spreading awareness can create a relatable environment.
- **Doctor/Clinic Collaboration (Especially for Phongsaly):** Partnering with local doctors or clinics can offer essential services.
- **Expert Talks:** Workshops by healthcare professionals can provide accurate information.
- **Destigmatizing Services:** Creating a supportive environment encourages open communication.
- **Increased Resources (Especially for Phongsaly):** Additional resources can support effective sex education.

Overall Goal:
Equipping students with ASRH knowledge is essential for their well-being and future. By working together and implementing these strategies tailored to their specific contexts, both Phongsaly and Sekong schools can ensure all students have access to the information and services they need.

Interview with School Principal/Teacher on Adolescent Sexual and Reproductive Health (ASRH)

Interviewer: Access to ASRH services in schools is a growing topic of discussion. What are your thoughts on its importance for adolescents?

Principal/Teacher:

1. A director from Laolell Lower Secondary School in Samphan district, Phongsaly Province, voiced support for the growing discussion around access to Adolescent Sexual and Reproductive Health (ASRH) services in schools. He emphasized the importance of developing a clear communication plan to effectively explain this information to students.
2. The Director of Dakpa Secondary School in Dakchueng district is aware of the growing discussion on access to Adolescent Sexual and Reproductive Health (ASRH) services in schools. His perspective on this important topic would be valuable to include in the conversation.
3. The Deputy Director of Moujikang Lower Secondary School in Samphan district, Phongsaly province, expressed the school's readiness to cooperate with efforts to improve access to Adolescent Sexual and Reproductive Health (ASRH) services. This growing discussion around providing ASRH services in schools is a positive development for adolescents' well-being.
4. The Director of Thongkhean Secondary School in Kaluem district, Sekong province, emphasizes the importance of student education in reproductive health. The statement aligns with the growing discussion on access to Adolescent Sexual and Reproductive Health (ASRH) services in schools. Equipping adolescents with accurate information about reproductive health can empower them to make informed choices.
5. Khoua district, Phongsaly province, Director of Boumphan Secondary School, is on the right track when he emphasizes the importance of making adolescents "more knowledgeable." However, knowledge acquisition is just one piece of the puzzle. Effective ASRH services should also create a supportive environment where adolescents feel comfortable asking questions, accessing resources, and making healthy choices.
6. In Sekong, a local school official believes access to family planning education within schools is vital because adolescence is a time of change when young people need accurate information about sexual and reproductive health.
7. Sekong province, Kaluem district, Borlak-Secondary School's Director emphasizes the importance of in-school ASRH services. Providing the equipment to adolescents with the knowledge and guidance necessary to make informed decisions about their sexual and reproductive health.

8. Phongsaly province, Mai district, Director of Palun (Hourthong) Lower Secondary School:Schools said, offering ASRH services are crucial for adolescents as they provide both essential knowledge and a safe space for them to ask questions about their sexual and reproductive health.
9. Ayoun Lower Secondary School directors in Sekong, Dakchueng district emphasis the ASRH services are crucial for adolescents. These services empower students with knowledge and tools to make informed choices about their sexual and reproductive health.
10. Phongsaly, Mai district, Phonxay Lower Secondary School, said that ASRH services in schools are essential for adolescents, offering crucial support beyond academics as they navigate their development.
11. In Sekong, Dakchueng district, Deputy Director of Tangyueng Secondary School, said that Adolescents in schools need access to ASRH services because it empowers them to make informed choices about their sexual and reproductive health, going beyond just preventing risky behaviors like unwanted pregnancy.
12. Khoua district, Phongsaly province, Director of Lahangyai Lower Secondary School said offering ASRH programs empower adolescents with accurate information, promoting informed choices about their sexual health and reducing risks like unintended pregnancy and STIs.

Interviewer: The data suggests there might be room for improvement in connecting students with ASRH services. How can your school be more effective?

Principal/Teacher:

- **Student Engagement:** Involving students in spreading awareness through campaigns or peer education programs can create a more open environment where students feel comfortable asking questions.
- **Community Partnerships:** Collaborating with local doctors or clinics can provide students with on-site or referral services when needed.
- **Expert Talks:** Organizing workshops or talks by healthcare professionals can give students accurate information in a safe space for questions.
- **Supportive Environment:** We need to create a supportive school environment where students feel comfortable seeking guidance about ASRH. This might involve training teachers and counselors on sensitive communication around these topics.
- **Additional Resources:** Increased resources from the education department would be beneficial. This could include educational materials, workshops for teachers, and promoting existing support services like youth centers or counseling.

By focusing on these areas, we can ensure all our students have access to the information and services they need to make informed choices about their sexual and reproductive health.

IV. Summary Indicators

Project Goal	To reduce maternal and child mortality and improve health outcomes for women, adolescents, and children in the first 1,000 days of the life of a child in Phongsaly and Sekong Provinces.	**Baseline**
(Outcome) Specific objective 1	Improve access to good quality health services for mothers and children	
Outcome Indicator #1.1	% of pregnant women receiving 4 ANC	Overall: 74.5% PSL: 84% SKG: 65%
Outcome Indicator #1.2	% of births attended by skilled health personnel	Overall: 76% PSL: 58% SKG: 76%

(Output 1) Expected Result 1.1:	Improve access, use and quality of RMNCANH services	
Output Indicator #1.1.1	% increase of births with a skilled attendant in target communities	Overall: 76% PSL: 58% SKG: 76%
Output Indicator #1.1.2	% increase of adolescents confirmed that they adopt family planning	Overall: 18.5 PSL: 29% SKG: 8%
Output Indicator #1.1.3	# adolescents that access ASRH services	Overall: 9% PSL: 9% SKG: 9%
Output Indicator #1.1.4	% adolescents that accessed SRH information	Overall: 25.5% PSL: 27% SKG: 24%
Output Indicator #1.1.5	% decrease of adolescent birth rate (10-19 yrs old)	Overall: 55% PSL: 55% SKG: 55%
Output Indicator #1.1.6	# of health centers increased infrastructures and equipment	**Infrastructures:** Overall: Excellent & Good 34% PSL: (13% SKG: 55% **Equipment:** Overall: Good 37% PSL: 38% SKG: 36%
Output Indicator #1.1.7	# of health facilities using Healthy Mother App for recording their services	Overall: 16 HC PSL: 6 HC SKG: 10 HC
Output Indicator #1.1.8	# health staff trained in GBV response Health SOP	Overall: 4.5% PSL: 0% SKG: 9%
Output Indicator #1.1.9	# & % women and girls that access GBV services	Awareness of GBV response services: Overall: 21% PSL: 21% SKG: 21%
(Outcome) Specific objective 2	Improve food security/nutrition of women of reproductive age, men children and other vulnerable groups in the targeted communities	
Outcome Indicator #2.1	% of stunting among girls and boys under the age of five	**Over all for boy: 47%** PSL: 44.3% SKG: 50.7% **Overall for girl: 43%** PSL: 39.8% SKG: 46.4%
Outcome Indicator #2.2	% of mothers and meeting minimum dietary diversity scores	Overall: 32.5% PSL: 44% SKG: 21%
(Output 2)	Improve food and nutrition behaviours and food security	

Expected Result 2:		
Output Indicator #2.1.1	% of infants born who are exclusively breast fed	**Within an hour of birth:** Overall: 54% PSL: 87% SKG: 21% **Exclusive breastfeeding for 4-6 months:** Overall: 58% PSL: 65% SKG: 51%
Output Indicator #2.1.2	% increase in women of reproductive age with meeting minimum dietary diversity	Overall: 34% PSL: 40% SKG: 28%
Output Indicator #2.1.3	# men and boys engaged in gender equitable advocacy on nutrition & RMNCH	Overall: 69% PSL: 72% SKG: 66%
(Outcome) Specific objective 3	Strengthen the economic/financial independence of women and young boys/girls	
Outcome Indicator #3.1	% increase in women's access and control over resources	**Decision-Making & Control:** Average over all: 57% (46% in PSL & 68% in SK) **Participation and Empowerment:** Overall: 90.5% PSL: 88% SKG: 93%
Outcome Indicator #3.2	% increase perception of women decision making within the household	**Daily Chores:** Overall: 68.5% PSL: 66% SKG: 71% **Financial Decisions:** Overall: 80% PSL: 75% SKG: 85% **Children's Well-Being:** Overall: 85.5% PSL: 82% SKG: 89%
(Output 3) Expected Result 3:	Improve women's economic empowerment and socio-economic development	
Output Indicator #3.1.1	# of VSLA groups formed and facilitated	Follow up by activity

Output Indicator #3.1.2	% increase of women have better access and control of resources	**Education and Training:** Overall: 21.5% PSL: 25% SKG: 18% **Financial Resources:** Overall: 25.5% PSL: 32% SKG: 19% **ICT:** Overall: 44% PSL: 49% SKG: 39% **Land and Property Ownership:** Overall: 29.5% PSL: 19% SKG: 40%
Output Indicator #3.1.3	% increase in women as effective decision makers and leaders at household and community level	**Shared Decision-Making at Home** - Make decisions about daily chores Overall: 69% PSL: 61% SKG: 73% - household income - Overall: 81.5% PSL: 77% SKG: 86% **Women in Community Leadership** Overall: 60.5% PSL: 63% SKG: 58%
Output Indicator #3.1.4	# and % of women and girls who access GBV response services	Awareness of GBV response services: Overall: 21% PSL: 21% SKG: 21%
(Outcome) Specific objective 4	Develop strong partnerships with local stakeholders such as Govt authorities, village authorities and locally led CSOs	
Outcome Indicator #4.1	% increase of community members and local health care workers are satisfied with government health and nutrition services.	**Availability of services:** ***Satisfied:*** Overall: 54.5% PSL: 67% SKG: 42% ***Very Satisfied:*** Overall: 7.5% PSL: 7% SKG: 8%

		Wait times at clinics or hospitals ***<u>Satisfied:</u>*** Overall: 48% PSL: 60% SKG: 36% ***<u>Very Satisfied:</u>*** Overall: 7.5% PSL: 7% SKG: 8% **Quality of care provided by health workers** ***<u>Satisfied:</u>*** Overall: 58.5% PSL: 68% SKG: 49% ***<u>Very Satisfied:</u>*** Overall: 5.5% PSL: 5% SKG: 6% **Respectful treatment by health workers** ***<u>Satisfied:</u>*** Overall: 51% PSL: 68% SKG: 34% ***<u>Very Satisfied:</u>*** Overall: 10% PSL: 4% SKG: 16%
(Output 4) Expected Result 4:	Improve engagement with local stakeholders in RMNCANH	
Output Indicator #4.1.1	# of district and village meetings for RMNCH planning and exchanges on barriers to health service delivery	Follow up by activity
Output Indicator #4.1.2	# of stakeholders engaged for improved technical health programming & advocacy, LGBTQIA+ & PWD inclusion, and improved coordination & governance	Follow up by activity

Additional Indicators:

Sector	Additional Indicators:	Baseline
	- % increase of families confirmed that they adopt family planning	Overall: 61% PSL: 68% SKG: 54%
	- % of infants born with low birth weight (<2.5kg)	Overall: 23% PSL: 9% SKG: 37%
	- % Underweight children under 5	Overall: 30.6% PSL: 23.3%

Health		SKG: 37.9%
	- % Wasting children under 5	**Overall prevalence:** Overall: 3.65% PSL: 1.2% SKG: 6.1% **Severe wasting:** Overall: 6.85% PSL: 3.6% SKG: 10.1%
	- % Children with early initiation of breast feeding (waiting 1 hour of birth)	Overall: 61% PSL: 59% SKG: 63%
	- % children who seek care for diarrhea (Children under 5 who seek care within the last 2 weeks)	**Prevalence of Diarrhea** Overall: 35.5% PSL: 29% SKG: 42% **Seeking care:** Overall: 100% PSL: 100% SKG: 100%
	- % of female and male age < 18 yrs of age use modern contraception	Overall: 18.5% PSL: 29% SKG: 8%
	- # of health facilities with Adolescent Friendly Services	Overall: 59% PSL: 64% SKG: 54%
	- # of adolescent birth rate (among women aged 10–14, 15–17 and 18–19)Proportion of births to women with unplanned pregnancy	**10-14 years old:** Overall: 2.75% PSL: 0.5% SKG: 5% **15-17 years old:** Overall: 18% PSL: 19% SKG: 17% **18-19 years old:** Overall: 33.5% PSL: 34% SKG: 33%
	- # of female <18 years of age dropped out of school due to pregnancy	Overall: 2% PSL: 2% SKG: 2%
	- # of female < 18 years of age returned back to school after giving birth	Overall: 20% PSL: 40% (2 in 3 persons) SKG: 0%
	- # of female of age vaccinated with HPV vaccine	Overall: 26.5% PSL: 12% SKG: 41%
	- % of women with disabilities in community with improved access to health services	Average over all: 32,5% (36% in PSL & 29% in SK)

Women's Economic Empowerment	- # and % of women who have increased capability to participate equitably in economic activities.	Overall: 80% PSL: 75% SKG: 85%
	- % of women and girls who report confidence in their own negotiation and communication skills	**Confident** Overall: 24% PSL: 34% SKG: 14% **Very Confident** Overall: 5% PSL: 8% SKG: 2%
	- # and % of women and girls who have actively participated in decision-making in (a) the household and/or (b) their workplace/community	**(a) the household** Overall: 50.5% PSL: 82% SKG: 19% **(b) Workplace/Community Decisions:** Always participating Overall: 23.5% PSL: 41% SKG: 6%
Gender-Based Violence (GBV) Percentage of women and men age 15-49 years who state that a husband is justified in hitting or beating his wife in at least one of the following circumstances:	- women and men age 15-49 years who state that a husband is justified in hitting or beating his wife in at least one of the following circumstance	**Women** Overall: 6% PSL: 10% SKG: 2% **Men** Overall: 3% PSL: 5% SKG: 1%
	- # and % of government staff trained on responding to a GBV disclosure and providing appropriate referrals	Overall: 9% PSL: 0% (0% out of 8 health centers) SKG: 18% (2 out of 11 health centers)
	- # of health sites with a standard referral pathway for GBV survivors	Follow up by activity
Safeguarding	%of women and men age 18-24 years who were first married or in union	
	Women - (a). before age 15 - (b). before age 18	Overall: 2.75% PSL: 0.5% SKG: 5% Overall: 18% PSL: 19% SKG: 17%
	Men	Overall: 0%

	- (a). before age 15 - (b). before age 18	PSL: 0% SKG: 0% Overall: 0% PSL: 0% SKG: 0%
	- % of women and men age 15-19 years who are married or in union	Overall: 52% PSL: 54% SKG: 50%
	- % of boys and girls age 15-19 migrated domestically	**Girl:** Overall: 100% PSL: 100% SKG: 100% **Boy:** Overall: 100% PSL: 100% SKG: 100%
	- % of boys and girls age 15-19 migrated outside Laos	**Girl:** Overall: 0% PSL: 0% SKG: 0% **Boy:** Overall: 0% PSL: 0% SKG: 0%
	- % of children registered with civil authorities (e.g. birth certificates)	Overall: 55% PSL: 62% SKG: 32%
	- # of social nets, care and support pathways that exist for adults and children at risk or child protection networks (e.g. social welfare, asylum)	Overall: 37% PSL: 42% SKG: 32%
	- Percentage of women and men age 15-49 years who state that a father or mother is justified in hitting or beating their child	**The child disobeys them** Overall: 27% PSL: 27% SKG: 27% **The child gets bad grades in school** Overall: 17% PSL: 14% SKG: 20% **The child lies to them** Overall: 28% PSL: 22% SKG: 34% **The child shows disrespect** Overall: 28% PSL: 22% SKG: 27% **The child damages something belonging to them**

		Overall: 25% PSL: 19% SKG: 31%

V. Conclusion and Recommendation

5.1 Accessibility and Utilization of Antenatal Care Services

The baseline survey revealed good accessibility and high utilization rates for antenatal care services in both Phongsaly and Sekong provinces. Despite some travel time variations, a high percentage of women (over 93%) attended antenatal care during their pregnancy, however there still remains a shortfall of women accessing ANC services the recommended number of times during pregnancy (4) with Phongsaly 19 % and Sekong 35% <4 ANC. Phongsaly women visited doctors more frequently, with a higher satisfaction rate compared to Sekong. Health centers were the primary location for receiving care, with a high level of satisfaction reported by mothers in both locations.

Recommendations:

While accessibility of antenatal care is promising, a significant number of births still occur at home in both provinces. To improve maternal and newborn health outcomes, it is crucial to increase access to skilled birth attendance at healthcare facilities.

- **Phongsaly:** Invest in expanding access to skilled birth attendants, particularly midwives and nurses, in health centers and district hospitals. This will encourage facility-based deliveries and improve the quality of care for mothers giving birth.
- **Sekong:** While Sekong has a higher percentage of skilled birth attendance compared to Phongsaly, there's an opportunity to further improve by promoting facility-based deliveries, especially considering the even distribution of healthcare facilities across the province. Leverage the existing presence of nurses as skilled birth attendants.

By implementing these recommendations, both Phongsaly and Sekong can significantly improve access to quality maternal and child healthcare services.

5.2 Adolescent Sexual and Reproductive Health (ASRH) and Family Planning

This report highlights critical findings and recommendations regarding Adolescent Sexual and Reproductive Health (ASRH) and family planning services in Phongsaly and Sekong The data reveals both positive strides and concerning gaps that require immediate attention.

Current Situation

Family Planning:

- Positive trends in family planning awareness and use of modern methods in both provinces.
- Significant gap in access to services, particularly in Sekong, leading to higher unplanned pregnancies and lower access to SRH information for adolescents.
- Lack of Adolescent Friendly Services (AFS) in both locations, hindering adolescents' ability to address sexual and reproductive health concerns.
- Sekong has slightly higher AFS availability, but low awareness limits utilization.
- Potential disparities in healthcare provider recommendation for the HPV vaccine in Phongsaly, contributing to lower vaccination rates.

ASRH Services:

- Concerning lack of access to ASRH services and information among adolescents in both districts.

- While most adolescents understand the importance of delaying pregnancy, awareness of specific services and resources is low.

Recommendations

Improve Access to ASRH Services and Family Planning:

- **Education:**
    - Implement comprehensive SRH education programs in schools across both locations. These programs should cover a wider range of topics, including healthy relationships, sexual orientation, safe sex practices, and contraception.
    - Integrate comprehensive SRH information into the school curriculum for both boys and girls. Train teachers to deliver SRH education in a sensitive and age-appropriate manner.
    - Address the gap in educating parents by incorporating them into SRH education workshops. Empower them to influence and educate their children on ASRH.
- **Media and Outreach:**
    - Leverage media channels like radio and youth-oriented websites for wider dissemination of SRH information in Sekong, and explore similar options in Phongsaly.
    - Establish and effectively promote confidential hotlines specifically for adolescent health concerns.
- **Strengthen AFS:**
    - Conduct training workshops for healthcare providers on establishing and implementing comprehensive AFS according to national guidelines.
    - Ensure all health facilities offer confidential and accessible AFS with dedicated spaces and youth-friendly staff.
    - Promote AFS through youth-oriented information campaigns and awareness sessions in schools and communities.
- **Peer Support:**
    - Facilitate the creation of peer support groups in each village. These groups can serve as safe spaces for adolescents to discuss SRH issues and advocate for each other's well-being.
- **HPV Vaccination:**
    - Raise awareness about the HPV vaccine and its benefits through targeted information campaigns for women and girls in Phongsaly.
    - Ensure healthcare providers routinely recommend the HPV vaccine to all eligible women during health checkups.
    - Address cost concerns by exploring government subsidies or flexible payment options for the vaccine.
- **Accessibility for Women with Disabilities:**
    - Conduct accessibility assessments of health facilities in both provinces to identify and address barriers for women with disabilities.
    - Train healthcare providers on disability inclusion and providing person-centered care.
    - Explore transportation solutions to facilitate access to health services for women with disabilities in remote communities.
- **Data Collection and Monitoring:**
    - Regularly collect data on family planning utilization, adolescent healthcare service use, and HPV vaccination rates to monitor progress and identify areas for improvement.
    - Conduct qualitative studies to understand the specific needs and challenges faced by adolescents and women with disabilities in accessing healthcare services.

Collaboration

Information on the plans from Education and Health sectors on aligning strategies in providing service on SRHR is crucial for a comprehensive approach. This collaboration will ensure a unified message and resource allocation for maximum impact.

5.3 Food Insecurity and Nutritional Deficiencies

The baseline data reveals concerning levels of food insecurity and malnutrition among women of reproductive age, children under five, and other vulnerable groups in both Phongsaly and Sekong. Stunting rates are high, particularly in Sekong, and dietary diversity scores are low across both locations. While some positive breastfeeding practices exist, exclusive breastfeeding duration falls short of recommendations in both areas. Men's and boys' involvement in promoting gender equity in nutrition offers promise but requires addressing knowledge gaps and social norms.

Recommendations:

- **Dietary Diversity Promotion:** Implement interventions to encourage consumption of a wider range of food groups, particularly legumes, vegetables, fruits, and micronutrient-rich options like organ meats and eggs.
    - Introduce kitchen gardening programs to increase access to fresh vegetables and fruits.
    - Partner with local farmers to promote production and availability of diverse food groups.
    - Conduct nutrition education campaigns highlighting the importance of balanced diets and healthy eating practices.
- **Improved Infant and Young Child Feeding Practices:**
    - Launch breastfeeding promotion programs in Sekong to address lower early initiation rates.
    - Organize peer support groups for mothers to encourage sustained exclusive breastfeeding practices and address challenges.
    - Provide training and education to healthcare workers on promoting and supporting breastfeeding.
- **Gender Equity and Men's Engagement:**
    - Organize educational workshops and trainings for men and boys to raise awareness about gender equality in nutrition and RMNCH practices.
    - Facilitate male-focused community dialogues to address social norms around masculinity and encourage shared responsibility for child nutrition.
    - Highlight positive examples of men's involvement in promoting healthy eating habits within families.

Additional Considerations:

- Conduct regular monitoring and evaluation of implemented programs to assess their effectiveness and identify areas for improvement.
- Partner with relevant government agencies, development partners, and community leaders to ensure a comprehensive and sustainable approach.
- Consider tailoring interventions to address specific cultural contexts and needs in Phongsaly and Sekong.

5.4 Economic Empowerment and Gender Disparities

The data reveals limited economic independence and decision-making power among women in both Phongsaly and Sekong. While joint decision-making on household finances is prevalent, women in Sekong have a slight advantage in access and control over resources compared to Phongsaly. However, a significant gap exists between access and control, with many women lacking joint ownership of assets and facing limitations in making financial decisions independently. Cultural norms, lack of education and skills, and limited access to information and communication technologies are key challenges hindering women's empowerment.

A positive finding is the high level of women's participation in community activities and a sense of empowerment to advocate for themselves. Additionally, a significant portion of women in both locations aspire to leadership roles, highlighting their potential. However, a stark difference exists in awareness of Gender-Based Violence (GBV) response services, with a vast majority of women and girls lacking knowledge of available support.

Recommendations:

- **Promote Financial Inclusion:** Expand access to VSLA groups and explore alternative financial services like microloans specifically targeted towards women.
- **Education and Skills Development:** Implement training programs focusing on financial literacy, business skills development, and vocational training to improve women's economic opportunities.
- **VSLA Group Strengthening:** Provide ongoing support and training for VSLA groups to ensure their effectiveness and sustainability.
- **Addressing Cultural Barriers:** Conduct awareness campaigns and community dialogues to challenge traditional gender norms that hinder women's empowerment and decision-making power.
- **Leadership Development:** Organize workshops and training programs to equip women with the skills and confidence needed to take on leadership roles at household and community levels.
- **Mentorship and Role Models:** Establish mentorship programs connecting aspiring women leaders with established female leaders in the community.
- **Improve Access to Information:** Increase access to information and communication technologies (phones and internet) to bridge the knowledge gap and empower women with information on resources and opportunities.
- **GBV Services Awareness and Accessibility:** Launch information campaigns and raise awareness about available GBV support services in both locations. Ensure these services are accessible, confidential, and cater to the specific needs of women and girls.

Additional Considerations:

- Conduct regular monitoring and evaluation of implemented programs to assess their effectiveness and adapt them as needed.
- Partner with local NGOs, women's organizations, and community leaders to ensure a culturally sensitive and context-specific approach.
- Focus on strengthening social safety nets and legal frameworks to protect women's rights and prevent GBV.

By implementing these recommendations and fostering collaboration across stakeholders, the project can create a more enabling environment for women's economic empowerment, leadership, and overall well-being in both Phongsaly and Sekong.

5.5 Access to Government Health and Nutrition Services

While the data reveals a focus on maternal and child health services in both Phongsaly and Sekong, access to other crucial health and nutrition services remains limited. Family planning services are less available in Sekong, and access to treatment for common illnesses, nutritional counseling, and education services falls short in both locations.

However, there are promising signs regarding stakeholder engagement in RMNCH planning. The majority of villages in both provincess hold meetings to discuss service availability, barriers to access, and community involvement. This suggests a potential for collaboration with local stakeholders to improve service delivery.

Recommendations:

- **Joint Needs Assessments:** Conduct joint needs assessments with government authorities, village health workers, and community leaders to identify specific health and nutrition service gaps in each location.
- **Targeted Service Expansion:** Based on the needs assessment findings, collaborate with local health authorities to prioritize and expand access to essential services like family planning, treatment for common illnesses, and nutritional counseling.
- **Capacity Building for Village Health Workers:** Provide training and capacity building programs for village health workers on broader health and nutrition topics, including family planning and nutritional counseling.

- **Community Mobilization and Awareness Campaigns:** Organize community mobilization campaigns in partnership with local authorities and CSOs to raise awareness about available health and nutrition services, particularly focusing on family planning and the importance of seeking timely treatment for illnesses.
- **Strengthening Communication Channels:** Establish clear communication channels between health service providers, village leaders, and community members to address concerns and ensure feedback is incorporated into service delivery improvements.
- **Culturally Sensitive Service Delivery:** Work with local stakeholders to ensure culturally sensitive service delivery that addresses the specific needs and preferences of the communities.

Additional Considerations:

- Explore innovative service delivery models, such as mobile health clinics, to reach remote communities with limited access to health facilities.
- Advocate for increased government investment in the health sector to ensure the sustainability of health and nutrition services.
- Monitor and evaluate the effectiveness of implemented strategies and make adjustments as needed.

By fostering strong partnerships with local stakeholders, this project can improve access to essential health and nutrition services, promote healthy behaviors, and ultimately contribute to better health outcomes for women, newborns, children, and adolescents in Phongsaly and Sekong.

5.6 Women's Economic Empowerment Participation

While there is a positive perception of equal opportunity for economic participation in both Phongsaly and Sekong, a significant gap exists between perception and reality. Barriers such as lack of access to education and training, limited access to finance, and societal expectations that hold women back remain prevalent in both locations.

Interestingly, women in Sekong appear to perceive societal expectations and gender roles as a bigger hindrance compared to Phongsaly. Additionally, despite feeling similar levels of financial confidence, women in Phongsaly seem to have a higher level of confidence in negotiation and communication skills. This could be due to cultural factors, exposure to negotiation opportunities, or the presence of female role models.

Despite these variations, a clear trend emerges: women in Phongsaly exhibit a higher level of participation in decision-making, both within households and in workplaces/communities, compared to Sekong.

Recommendations:

- **Education and Skills Training:** Prioritize vocational training and income-generating skills development programs specifically designed for women in both districts.
    - Limited access: Women, especially in rural areas, may have limited access to training programs due to distance, transportation costs, or childcare responsibilities.
    - Program relevance: Training programs might not be tailored to the specific needs and income-generating opportunities in the local context.
    - Time constraints: Women may struggle to dedicate time for training due to existing work and household responsibilities.
- **Access to Finance:** Facilitate access to microloans, credit facilities, and financial literacy training to equip women with the tools needed to manage finances and invest in income-generating activities.
    - Financial exclusion: Women may lack collateral or credit history, making it difficult to qualify for loans.
    - High-interest rates: Microloans might carry high-interest rates, increasing the financial burden on women.
    - Limited financial literacy: Women may lack the knowledge and skills to manage finances effectively.

- **Challenge Gender Norms:** Conduct community awareness campaigns that challenge restrictive gender roles and promote shared household responsibilities. Engage men and boys in these efforts to foster a more supportive environment.
  - Resistance from tradition: Deeply ingrained cultural norms may resist change in gender roles.
  - Limited male involvement: Men may be hesitant to participate in efforts that promote shared household responsibilities.
  - Social stigma: Women challenging traditional roles might face social stigma or pressure to conform.
- **Mentorship and Role Models:** Establish mentorship programs connecting aspiring women entrepreneurs with established female business owners in their communities.
  - Lack of established women entrepreneurs: There might be a limited pool of experienced women entrepreneurs to act as mentors.
  - Time commitment: Mentors may struggle to dedicate time for mentorship due to their own business commitments.
  - Geographical limitations: Connecting women with geographically distant mentors could be challenging.
- **Business Development Services:** Provide targeted business development services such as marketing assistance and product development workshops to support women-owned businesses.
  - Limited awareness: Women entrepreneurs might not be aware of available business development services.
  - Accessibility: Services may not be readily available in rural areas or may be offered during inconvenient times.
  - Language barriers: Training materials or workshops may not be available in local languages.
- **Childcare Support:** Explore options for subsidized or community-based childcare facilities to address the challenges faced by mothers with young children when participating in economic activities.
  - Cost and availability: Subsidized or community-based childcare facilities might be limited or cost-prohibitive.
  - Quality concerns: Parents may have concerns about the quality of care provided in childcare facilities.
  - Cultural preferences: Certain cultures may prefer family-based childcare, making community facilities less appealing.
- **Tailored Strategies:** Develop context-specific strategies, considering the unique social and cultural norms in Phongsaly and Sekong, to address the challenges identified through data analysis.
  - Data collection and analysis: Gathering accurate and relevant data on social and cultural norms can be challenging.
  - Resource limitations: Developing and implementing context-specific strategies might require additional resources.
  - Flexibility: Balancing the need for tailored approaches with maintaining program consistency can be difficult.

Laos National Goals:

- **Lao PDR's 9th National Socio-Economic Development Plan (NSEDP) 2021-2025:** This plan doesn't explicitly mention women's entrepreneurship, but it focuses on **human resource development** and **poverty reduction**. The proposed recommendations can contribute to both these goals by equipping women with skills and resources to start and grow businesses, ultimately contributing to economic growth and poverty reduction.
- **Vision 2030 and Ten-year Socio-Economic Development Strategy (2016-2025):** This strategy aims for Laos to become a developing country with **upper-middle income** and **innovative** economic growth. Fostering women's entrepreneurship aligns with this vision, as women-owned businesses can contribute to a more diversified and innovative economy.

International Goals:

- **UN Sustainable Development Goals (SDGs):**
  - **SDG 2 (Zero Hunger):** Achieving food security and promoting sustainable agriculture ensures access to safe and nutritious food, a fundamental requirement for good health.
  - **SDG 3 (Good Health and Well-being):** Good health requires a balanced diet with essential nutrients. Poor diet and lack of physical activity are linked to various health problems.
  - **Goal 5: Gender Equality:** The recommendations directly target this goal by promoting women's economic empowerment through entrepreneurship.
  - **Goal 8: Decent Work and Economic Growth:** By supporting women-owned businesses, the recommendations contribute to creating new jobs and fostering economic growth in Laos.
  - **Goal 10: Reduced Inequalities:** Women entrepreneurs can contribute to reducing income inequalities within Laos.
  - **Goal 17: Partnerships for the Goals:** This goal encourages collaboration to achieve the SDGs. Laos can partner with international organizations or NGOs specializing in women's entrepreneurship to overcome challenges and leverage expertise.

Addressing Barriers in the Lao Context:

- **Tailoring Strategies:** Considering the specific cultural norms in Phongsaly and Sekong is crucial. Community engagement and culturally sensitive approaches can be key to overcoming resistance to changing gender roles and promoting shared childcare responsibilities.
- **Data Collection:** Gathering data on the specific needs and challenges faced by women entrepreneurs in these regions can inform the design of effective programs. Partnering with local women's organizations can be helpful in this regard.
- **Financial Sustainability:** Exploring microfinance options designed for women, with lower interest rates and flexible repayment schedules, can address access to finance barriers. Partnering with local financial institutions can facilitate this.

Overall, the proposed recommendations are well aligned with both Laos' national goals and international development goals. By considering the specific Lao context and addressing potential barriers, these recommendations can be even more effective in empowering women entrepreneurs and contributing to a more equitable and prosperous Laos.

5.7 Gender-Based Violence (GBV)

While the data reveals a majority of respondents in both Phongsaly and Sekong exhibit negative attitudes towards GBV a significant portion of the population still holds concerning views. Worryingly, in Sekong, many have worse attitudes towards GBV when compared to Phongsaly in all scenarios. There is also a lack of knowledge regarding what GBV/violence against women is, in what forms it can take place, and the services that exists (if any) within communities.

The justifications for domestic violence most commonly endorsed are refusing sex and burning food, highlighting a disturbing acceptance of violence for relatively minor issues. Additionally, a notable portion of respondents were unsure about their stance, potentially reflecting cultural norms that normalize male dominance or a lack of awareness about the unacceptability of GBV under any circumstance.

Recommendations:

- **Community Awareness Campaigns:** Develop and implement culturally sensitive awareness campaigns that challenge social norms that condone GBV and promote gender equality.
- **Life Skills Training:** Integrate life skills training programs in schools and communities that address healthy relationships, communication skills, and conflict resolution.

- **Male Engagement:** Organize workshops and trainings specifically targeted towards men and boys to promote positive masculinity, respectful relationships, and bystander intervention to prevent GBV.
- **Strengthening Support Services:** Increase access to confidential hotlines, counseling services, and safe shelters for survivors of GBV in both provinces.
- **Legal Awareness and Enforcement:** Train law enforcement personnel on GBV laws and procedures to ensure effective investigation and prosecution of GBV offenses.
- **Data Collection and Research:** Conduct further research to understand the root causes of GBV in Phongsaly and Sekong, including cultural beliefs, gender roles, and economic disparities. This will inform the development of targeted interventions.

These recommendations require a multi-pronged approach that tackles GBV at its roots by promoting gender equality and shifting social norms. By collaborating with local communities, government agencies, and other development partners, the project can create a safer and more supportive environment for women and girls in Phongsaly and Sekong.

5.8 Child Marriage and Birth Registration, Gaps in Safeguarding Systems

The data indicates a positive trend regarding child marriage, with a low percentage of women aged 18-24 in both Phongsaly and Sekong married before 18. However, there remains a concerning proportion of girls aged 15-19 who are already married or in union in both locations.

There are significant gaps in the existing child protection systems in both Phongsaly and Sekong. A high percentage of people in both provinces believe corporal punishment is acceptable, with Sekong exhibiting a higher tolerance for violence against children. Additionally, a large proportion of respondents reported a lack of social safety nets and support pathways for vulnerable children and adults.

Positive Trends:

- **Decreasing Rates:** Data suggests a decrease in child marriage compared to the past. Fewer women aged 18-24 in Phongsaly and Sekong are married before 18 compared to previous generations.

Areas of Concern:

- **High Prevalence:** Despite the decrease, child marriage remains prevalent. A concerning proportion of girls aged 15-19 are already married or in unions in these locations.
- **Early Marriage:** Even if not married before 18, marrying between 15-19 is still considered early marriage and carries similar risks.

Underlying Factors:

- **Social Norms:** Accepting child marriage as a cultural norm is a major obstacle.
- **Limited Education:** Lower education levels, especially for girls, contribute to child marriage.
- **Poverty:** Families may view child marriage as a way to ease economic burdens.
- **Weak Child Protection Systems:** Gaps in these systems, as mentioned, make it harder to address child marriage.

Overall:

There's a positive trend with fewer women aged 18-24 marrying young. However, early marriage among girls aged 15-19 remains a significant concern. Addressing social norms, promoting education, and strengthening child protection systems are crucial to further reduce child marriage in Laos.

Recommendations:

- **Preventing Child Marriage:** Implement awareness campaigns targeted towards parents and communities about the negative consequences of child marriage and the importance of girls' education. Enforce existing laws prohibiting child marriage.
- **Promoting Birth Registration:** Ensure universal birth registration for all children in Phongsaly and Sekong through community outreach programs and mobile registration services.
- **Positive Parenting Practices:** Develop and deliver training programs for parents and caregivers on positive discipline techniques and alternatives to corporal punishment.
- **Strengthening Social Safety Nets:** Increase investments in social protection programs that provide financial assistance, counseling, and other forms of support to vulnerable families and individuals.
- **Establishing Support Networks:** Collaborate with local NGOs and community leaders to establish child protection networks that can identify and address cases of abuse and neglect.
- **Capacity Building for Service Providers:** Provide training for social workers, law enforcement personnel, and other professionals working with children on child protection laws, identification of abuse, and appropriate referral mechanisms.
- **Public Awareness Campaigns:** Conduct public awareness campaigns to educate communities about child abuse and neglect, highlighting the reporting mechanisms available to those who suspect a child is at risk.
- **Data Collection and Research:** Conduct further research to understand the root causes of child marriage, corporal punishment, and other forms of violence against children and adults in Phongsaly and Sekong. This will inform the development of targeted interventions.

By implementing these recommendations and addressing the identified gaps, the project can contribute to creating a safer environment for children and adults in both provinces.

Annexes: 1 Baseline Survey data

Mother of CU5 - 1.xlsx

Adolesent - 2.xlsx

Husband & Men -3.xlsx

Annexes: 2 Inception report and tools

Revise Inception Report.docx

Annexes: 3 Pictures

Pictures.zip

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