



Final Project Evaluation Report

The First 1000 Days: Phase II – Laos 2020-2023 in Sekong and Phongsaly Provinces

December, 2023



LUXEMBOURG
AID & DEVELOPMENT



Contents

- Executive Summary..... 5
- I. Brief Project Overview 7
 - 1.1 Purpose of the final evaluation 9
- II. Methodology 9
 - Expected limitations 12
- III. End line Evaluation Result..... 12
 - 3.1 Child Protection 12
 - 3.2 Labor and Delivery 17
 - 3.3 Postpartum Recovery 21
 - 3.4 Breastfeeding..... 23
 - 3.5 Mother and Child Nutrition 24
 - 3.6 Accessibility of health service..... 27
 - 3.7 Service readiness and Satisfaction 29
 - 3.8 Child health 30
 - 3.9 Health behaviors 34
 - 3.10 Family Planning 36
 - 3.11 Conflict Resolution in the Household 39
 - 3.12 VSLA group..... 41
- IV. Assessment against evaluation criteria..... 43
 - 4.1 Relevance 43
 - 4.2 Coherence 45
 - 4.3 Effectiveness 46
 - 4.4 Efficiency 48
 - 4.5 Impact..... 50
 - 4.6 Sustainability 51
- V. Lesson learnt..... 53
- VI. Challenge 54
- VII. CARE Approaches 54
- VIII. Conclusion..... 60
- Annex: Summary Table of Project Results and Activities 63

List of Tables

Table 1: Child Protection.....	13
Table 2: A tetanus vaccine, who took care & satisfied with the antenatal care service	16
Table 3: Labor and Delivery	18
Table 4: Postpartum Recovery	22
Table 5: Breastfeeding	23
Table 6: Mother and Child Nutrition	26
Table 7: Service readiness and Satisfaction.....	29
Table 8: Prevalence of stunting based on height-for-age z-scores and by sex.....	32
Table 9: Prevalence of underweight based on weight-for-age z-scores by sex.....	33
Table 10: Child health.....	33
Table 11: Health behaviors	35
Table 12: Family Planning	37
Table 13: Agree and dis-agree by women.....	40
Table 14: Women's Decision-Making Power	41
Table 15: Relevance Level.....	44
Table 16: Effectiveness Level	47
Table 17: Efficiency Level	49
Table 18: Gender.....	55
Table 19: Resilience	55
Table 20: Governance.....	56
Table 21: Safeguarding (PSHEA)	57
Table 22: Processes and procedures	58
Table 23: Strategies.....	59

List of Figures

Figure 1: ANC attendance and ANC attendance care.....	15
Figure 2: ANC visits.....	15
Figure 3: Low birthweight <2.5kg.....	17
Figure 4: Weight for Age Percentages.....	18
Figure 5: Skill birth attendance.....	20
Figure 6: Practice lying over the fire after childbirth.....	20
Figure 7: Women makes decision where to deliver baby.....	21
Figure 8: main problems that make it difficult to access to health service.....	28
Figure 9: Beneficiaries using RMNCH Services	29
Figure 10: satisfied/very satisfied with delivery service.....	30
Figure 11: Women confirmed that they were using family planning	38
Figure 12: Satisfied/very satisfied with family planning services.....	39
Figure 13: Women's Voice.....	40
Figure 14: the VSLA group supported	42
Figure 15: Increases in the number of female VDC members	43

List of Acronyms

ANC- Antenatal Care

FDG- Focus group discussions

GOL- Government of Lao

HC- Health Center

LIC- Low Income Country

MEAL- Monitoring Evaluation Accountability and Learning

MIC- Middle Income Country

MOFA- Ministry of foreign and European Affairs (MOFEA)

MOH- Ministry of Health

MOU- Memorandum of Understanding

MTR- Mid-Term Review

PNC- Post Natal Care

Pink book- Lao handbook for supporting ANC/PNC/Under 5 child health support

PFHA- Promotion Family Health Association

QR- Quarter

RMNCH- Reproductive Maternal Nutrition & Child Health

SAA- Social Analysis for Action

SUN- Scaling Up Nutrition Alliance

TOT- Training of Trainers

VDCs- Village Development Committees

VSLA- Village Savings and Lao Association

YR- Year

Executive Summary

Background:

Founded in 1992, CARE is a global NGO dedicated to fighting poverty and empowering marginalized communities, particularly women and girls. CARE Laos began operations in the same year, focusing on improving lives in rural and urban areas, especially for ethnic communities. They partner with communities, government, local NGOs, and the private sector. Currently, they operate in four provinces: Vientiane Capital, Luang Prabang, Champasack, Phongsaly, and Sekong.

Focus:

- **Women's health:** Ensuring access to quality reproductive, maternal, and child health (RMNCH) services.
- **Economic empowerment:** Providing women with tools and resources for financial independence.
- **Nutrition:** Combating malnutrition and promoting food security, especially for mothers and children.

Project: "The First 1000 Days" (2020-2023):

- Focused on 85 remote villages in Phongsaly and Sekong provinces with limited access to clean water, healthcare, and adequate nutrition.
- Improved healthcare services for mothers and children through training, equipment donations, and infrastructure upgrades.
- Promoted healthy behaviors and gender equality within communities.
- Advocated for increased government commitment to improving health and nutrition in these regions.

Project Details:

- **Goal:** Enhance RMNCH services in Phongsaly and Sekong provinces.
- **Specific Objectives:**
 - Improve health and nutrition status of pregnant women, breastfeeding women, and children under 2.
 - Remove barriers and increase gender equality in accessing and controlling resources.
 - Increase government commitment to improve health and nutrition services.
- **Expected Outcomes:**
 - Improved access to and quality of RMNCH services.
 - Increased women's economic empowerment and decision-making power.
 - Strengthened nutrition and health governance at all levels.
- **Implementation Partners:**
 - CARE Laos
 - Promotion Family Health Association (PFHA)
 - Ministry of Health (MoH)
 - Provincial and District Health Offices and Lao Women Union Offices
- **Project Indicators:**
 - % of pregnant women receiving prenatal care.
 - % of births attended by skilled personnel.
 - % of children under 5 with stunting.
 - % of families adopting family planning.
 - % of women accessing and controlling resources.
 - % of women perceived as effective leaders in communities.
 - Number of policies supporting women's health implemented.

Evaluation Methodology of "The First 1000 Days" Project in Laos

Data Collection:

- **Mixed methods:** Used both quantitative and qualitative data collection techniques.
- **Quantitative:** Household survey with 875 households across 42 villages in Phongsaly and Sekong provinces.
- **Qualitative:**
 - Focus Group Discussions (FGDs) with:
 - Village authorities (5 in each province)
 - VSLA members (5 in each province)
 - Key Informant Interviews (KIIs) with 13 individuals (7 in Sekong and 6 in Phongsaly)

Data Collection Context:

- Data collection instruments were carefully developed to fit the local context and project approach.
- Local translators were hired to assist with interviews in different dialects, especially for women.

Challenges and Limitations:

- **Seasonal fluctuations:** Some people couldn't be reached due to agricultural activities.
- **Data availability:** Some mothers of children under 5 were unavailable and older women may not have had children under 5.
- **Accessibility:** Poor road conditions and the wet season presented challenges.

Summary of Key Findings and Outcomes: RMNCH Project in Sekong and Phongsaly, Laos

Maternal Health:

- Improved access to and utilization of ANC services: Increased attendance in both provinces, rising to 80% in Sekong and 98% in Phongsaly by the endline.
- Higher skilled birth attendance: Deliveries with skilled attendants increased in both provinces, reaching 47% in Sekong and 71% in Phongsaly by the endline.
- Increased satisfaction with healthcare services: Women reported high satisfaction with delivery and family planning services (over 90% in both provinces).
- Challenges remain: Low birthweight prevalence persists in Sekong (14% at endline), and traditional practices like postnatal fire-lying require further education.

Child Health:

- Both Sekong and Phongsaly provinces have a high prevalence of stunting in children under 5, with around 37% of children affected.
- Moderate stunting (14.3% in Sekong, 14.5% in Phongsaly) and severe stunting (23.0% in Sekong, 22.6% in Phongsaly) are also concerningly common.
- There is no significant difference in stunting prevalence between boys and girls in either province.
- High vaccination coverage: Nearly all children received vaccinations in both provinces.
- Improved access to healthcare for children under five: More mothers brought their children for checkups when unwell.
- Positive hygiene practices: Handwashing rates were high among mothers and children in both provinces.

Family Planning and Gender Empowerment:

- Increased contraception use: Over half of women in both provinces used contraception methods.
- High satisfaction with family planning services: Over 90% of women were satisfied in both provinces.
- VSLA groups empower women: Women reported increased confidence, leadership skills, and financial independence due to VSLA participation.

Challenges remain:

- Traditional gender norms on decision-making persist, and addressing harmful practices like physical violence against children requires continued efforts.

Overall, the RMNCH project has made significant progress in improving maternal and child health outcomes in Sekong and Phongsaly. However, ongoing efforts are needed to address remaining challenges and ensure equitable access to quality healthcare and empower women for long-term sustainability.

I. Brief Project Overview

CARE is a humanitarian non-governmental organization committed to working with poor women, men, boys, girls, communities, and institutions to have a significant impact on the underlying causes of poverty. CARE seeks to contribute to economic and social transformation, unleashing the power of the most vulnerable women and girls.

CARE International in Lao PDR (CARE Laos) began its operations in 1992 and has worked since then to improve the lives of vulnerable groups in both rural and urban areas, particularly the ethnic communities. CARE Laos works in partnership with community members, government bodies, local civil society organizations, and the private sector. Currently, CARE Laos implements projects in four provinces: Vientiane Capital, Luang Prabang, Champasak, Phongsaly and Sekong.

CARE's "Marginalized Women and Girls" program empowers women and girls to exercise their rights, to lead and make decisions, and benefit from socio-economic justice. CARE's two main program areas in Lao are women's health and women's economic empowerment and resilience. Our health programs empower women and girls to exercise their rights to reproductive, maternal and child nutritional health for greater control over their bodies and to live a life free from violence. Our economic empowerment and resilience programs give women and girls greater access to and control over economic opportunities, resilient resources and dignified work by promoting gender equality, fighting gender-based violence and climate risk. CARE has extensive experience and expertise in both of these areas and will continue to pursue evidence-based practices to deliver long-lasting solutions effectively and sustainably.

The project called "The first 1000 days: Phase II – Laos 2020-2023" is a project 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 four years (1st January 2020 to 31st December 2023).

The project team has chosen 85 villages to focus its support in and has been implementing activities since 2020. The villages chosen for this project include very remote and rural areas, where health clinics and communities are especially in lack of clean and accessible water, health services and have high levels of nutrition deficits. Sekong and Phongsaly were chosen because both have remote communities that need support in the area of RMNCH. This project aligns with supporting the Government of Lao (GOL) goal of increasing access for all Lao people to adequate health services.

The project aims to contribute to a substantial and sustainable reduction in malnutrition rates and an improvement of maternal and child health in Phongsaly and Sekong province. This project supports 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 women, men, girls and boys.

This project focuses on capacity strengthening of health volunteers, midwives and health center staff as well as facilitating access to and improved quality health and nutrition services for mothers (15-49 years of age) and children.

The project has an overall goal to contribute to an improvement of RMNCH services in Phongsaly and Sekong Provinces. This goal will be implemented through the following objectives:

1. **Specific Objective 1: Improve health and nutrition status among pregnant, breastfeeding women and children aged 0-2 through access and use of qualitative health services.**
2. **Specific Objective 2: Remove barriers and increase gender equality in terms of access and control over resources**
3. **Specific Objective 3: Increase commitment of GOL at all levels to improve health and nutrition services**

In order to achieve these goals, the project has three expected outcomes¹:

Result 1	Improve access and quality of reproductive maternal, newborns and child health (RMNCH) services
Result 4	Improve women’s economic empowerment and socio-economic development
Result 5	Improve/strengthen nutrition and health governance at all levels

The following project activities was implemented in order to achieve the project outcomes:

Result 1	Activity 1	Training and capacity development of health care staff
	Activity 2	Adapt and update a healthy mother app
	Activity 3	Promote the uptake of the International Code of Marketing Breast-Milk Substitutes (BMS)
	Activity 4	Support equipment of local health centres
	Activity 5	Improved water and sanitation facilities in the health centres
	Activity 6	Encouraging positive maternal and newborns health behaviours in communities
	Activity 7	Counselling to young men and women who are planning to get married, newly married, planning for pregnancy and care of young children
Result 4	Activity 1	Life skills training to support women’s decision-making, reduced workload and control over resources and health
	Activity 2	Community reflection on gender and social equality to overcome barriers to accessing health services
Result 5	Activity 1	Support Provincial, District and Village Committees to in their function and include RMNCH in their Development Plans
	Activity 2	Advocate for Endorsement, Dissemination and Implementation of Draft MoH Decree on International Code of Marketing Breast-Milk Substitutes (BMS)
	Activity 3	Increase Engagement between Local Authorities (Provincial Nutrition Committees (PNC) and District Nutrition Committees (DNC) and the Scaling Up Nutrition (SUN) Alliance, in particular the SUN CSA

¹ “The first 1’000 days: Food security and access to health for newborns and their mothers” Framework Agreement has 5 results in total. *Result 2* (Target populations have adopted appropriate behaviours, attitudes and practices (WASH and nutrition) to prevent malnutrition) and *Result 3* (Women, men, girls and boys in the target communities have access to economic inputs and increase their own local production) are not applicable in Laos.

1.1 Purpose of the final evaluation

The main objective of the final evaluation is to document project change, impact and output by comparing data from before and after project, as well as unintended outcomes by focusing particularly on:

1. Assessing the achievement of project impact including impact data, outcomes and output against the project logical framework.
2. Identify the challenge, lessons learned and recommendations that inform CARE Laos future programming on RMNCH & Women's Economic Empowerment & Resilience.
3. Assess project impact and outcomes, collating data in relation to indicators contributing to CARE Laos's Long-Term Program, Women's Health program approach, & CARE Vision 2030 impact areas by selecting those impact area's indicator from CARE Vision 2030 Core Global Indicators for Measuring Change
 - Right to Food, Water and Nutrition (FWN)
 - Women's Economic Justice (WEJ)
 - Right to Health (R2H)
 - The specific objective of final evaluation will assess to what extent and what level of quality the project has achieved its intended results, by using the learning question set and OECD DAC criteria to frame and guide the analysis with the key questions below.

II. Methodology

The Endline survey adopted a methodology which uses mixed quantitative data collection method (Household survey), and qualitative data collection method (Key Informant Interviews (KII)/Consultative meeting and Focus Group Discussion (FGD)). Data collection instruments was developed in an inappropriate response to the local context and to fit Project's approach in close consultation with the relevant project team. The Endline survey adopts a methodology which uses mixed quantitative data collection method (Household survey), and qualitative data collection method (Key Informant Interviews (KII)/Consultative meeting and Focus Group Discussion (FGD)).

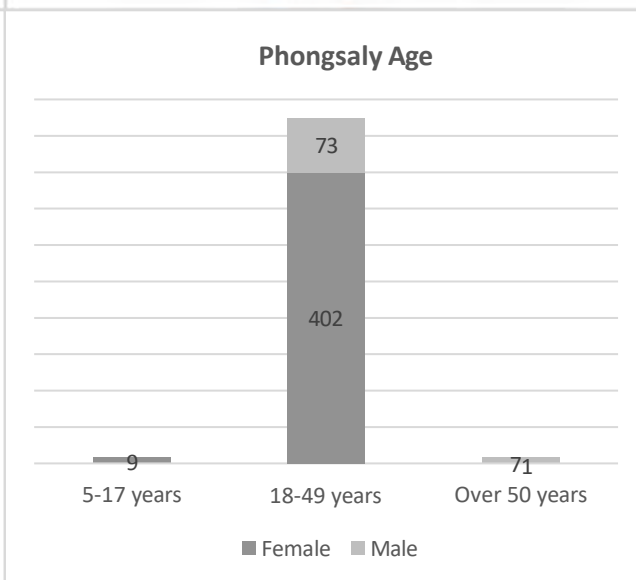
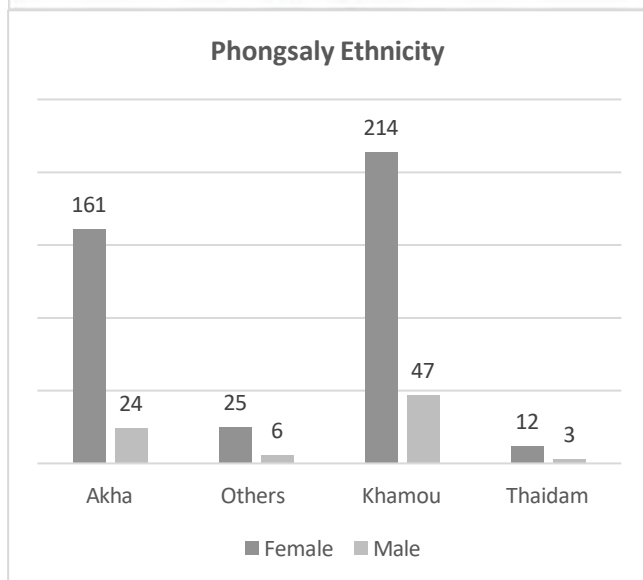
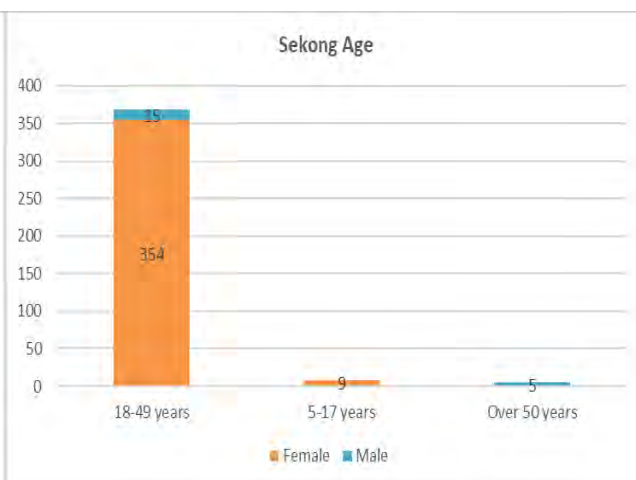
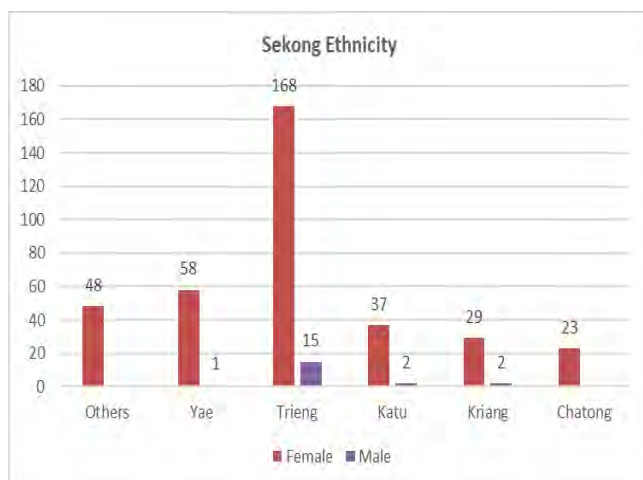
The Endline evaluation was conducted between November 27th and December 9th, 2023, covering 875 households in 42 villages. This included:

- Phongsaly Province: 21 villages with 492 households (7 villages in Khou, 7 in Samphanh, and 7 in Mai).
- Sekong Province: 21 villages with 383 households (14 villages in Dakchueng and 7 in Kaleum).

Data collection methods included:

- Household surveys: Mothers of children under 5 years old (including those under 2 years old, or "1,000 days"), and men/husbands in each household were surveyed.
- Focus group discussions (FGDs): 10 FGDs with village authorities (5 in Sekong, 5 in Phongsaly) and 10 FGDs with members of Village Savings and Loan Associations (VSLA) (5 in Sekong, 5 in Phongsaly).
- Key informant interviews: 13 interviews (7 in Sekong, 6 in Phongsaly).

Sekong				Phongsaly			
KII	Women	Men	Toal	KII	Women	Men	Toal
Provincial Health Department	1	1	2	Provincial Health Department	0	1	1
CARE's staff at Provincial Level		1	1	Disdric Health office	1	0	1
DLWU	2		2	Provincia Women's Union	1	0	1
District Health Office		1	1	Disdric Women's Union	1	0	1
Health Center		1	1	CARE's staff at Provincial Level	0	1	1
Total	3	4	7	Health Center	1	0	1
				Total	4	2	6
FGD	Women	Men	Toal	FGD	Women	Men	Toal
Village Authorities	7	16	23	Village Authorities	3	12	15
VSLA	23		23	VSLA	15	0	15
Total	30	16	46	Total	18	12	30

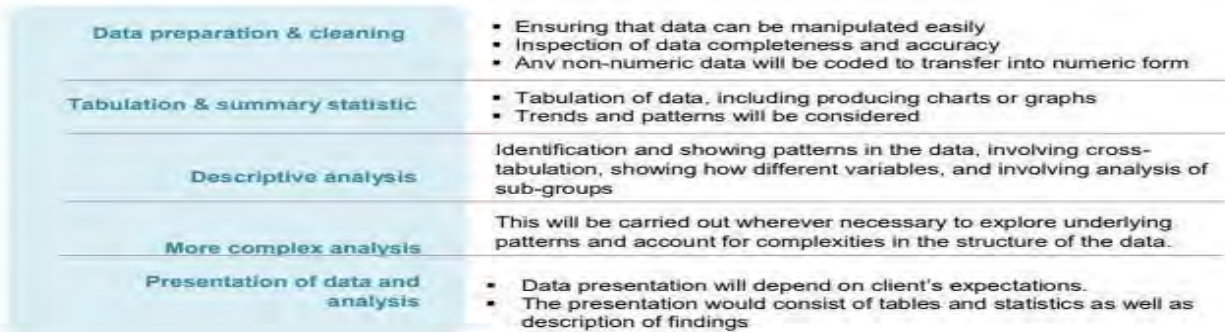


Education Level for Sekong	Sex				Total	
	Female	%	Male	%		%
Have never been to school	64	98%	1	2%	65	17%
Kindergarten	1	100%		0%	1	0%
Primary	156	94%	10	6%	166	43%
Lower Secondary	90	96%	4	4%	94	25%
Upper Secondary	36	88%	5	12%	41	11%
Technical, Diploma	16	100%		0%	16	4%
Grand Total	363	95%	20	5%	383	100%

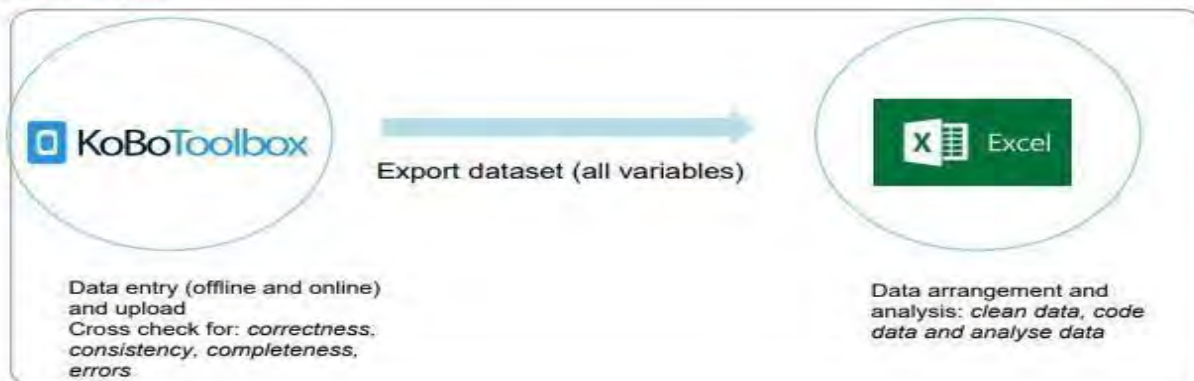
Education Level for Phongsaly	Sex				Total	
	Female	%	Male	%		%
Have never been to school	94	93%	7	7%	101	26%
Primary	120	77%	35	23%	155	40%
Lower Secondary	106	83%	21	17%	127	33%
Upper Secondary	78	89%	10	11%	88	23%
Technical, Diploma	12	75%	4	25%	16	4%
University	2		3		5	1%
Grand Total	412	84%	77	16%	492	128%

Quantitative data analysis and presentation

Generally, for quantitative data analysis the planned process described below followed:



Data analysis



Data gathered using the Kobo Toolbox was converted to Excel for analysis. P values less than 0.05 were regarded as statistically significant. The distribution or the proportion of informants based on their opinions about the interventions carried out by the Project are presented using graphs, charts, and percentages. Relationship between informants' demographics (gender, age, education level, and place of residence) and their perspectives on and reactions to the treatments.

Qualitative data analysis and presentation

Described below is our planned steps to analyze qualitative data:

Data arrangement	<ul style="list-style-type: none"> Data transcription Conversion data into a text format, using spreadsheet
Data organization	<ul style="list-style-type: none"> Ordering amount of information in an orderly manner in response to survey questions Tabulation of survey questions to make visually clear
Data coding	<ul style="list-style-type: none"> Using data coding to compress a tremendous amount of information, by categorizing and assigning properties and patterns to the collected data. Building patterns to gain in-depth insight
Data validation	<ul style="list-style-type: none"> Ensuring that data is not flawed – actually this needs to take place throughout the analysis process. Accuracy of the survey design/methods and reliability that methods produce accurate data consistently
Analysis process conclusion	Data presentation – qualitative data could stand alone and/or act as supporting information to the quantitative data as a whole

Expected limitations

- **Agricultural season interference:** The project encountered difficulties scheduling appointments with participants during the agricultural season, as some prioritized working in their rice fields. The team adapted by revisiting on alternative days to ensure everyone was included.
- **Target population availability:** Data collection for a specific group (CU5 moms) was hampered by their agricultural workload at the time. Additionally, reaching some older women proved challenging as they might not have belonged to the target group (CU5).
- **Logistical difficulties:** Despite poor road conditions and the wet season presenting access issues, the team successfully completed their tasks on schedule, demonstrating their dedication and resourcefulness.

III. End line Evaluation Result

3.1 Child Protection

Laos faces significant challenges in ensuring the safety and well-being of its children. Despite the government's commitment to building a formal child protection system, several factors contribute to vulnerabilities:

- Agencies, including INGOs, CSOs, and government bodies, work on child protection with overlapping mandates and limited coordination, leading to gaps in service provision.
- The Violence Against Children Survey (VACS) and Lao Social Indicator Survey II (LSIS II) paint a worrying picture. Both reveal significant levels of physical, emotional, and sexual violence against children:
 - **VACS:** 15% of girls and 16.9% of boys experienced at least one form of physical violence before 18.
 - **LSIS II:** 69% of children aged 1-14 experienced some form of violent discipline in the last month.
- Children, particularly in rural areas, often lack access to essential services like child protective services, mental health support, and legal aid.
- Certain cultural norms, such as corporal punishment being seen as acceptable, can hinder progress in tackling child violence.

As the results from Table 1:

Living Arrangements and Marriage:

- **Combined:** The majority of women (64%) started living with their spouse after 18. The average age was 19.16 years.
- **Sekong:** 58% of women started cohabiting after 18, with an average age of 18.3 years.
- **Phongsaly:** 70% of women started cohabiting after 18, with an average age of 20.02 years.

Early Pregnancy:

- **Combined:** 78.5% of women reported having their first child after 18.
- **Sekong:** 76% of women had their first child after 18.
- **Phongsaly:** 81% of women had their first child after 18.

Birth Certificate Availability:

- **Combined:** 29% of respondents reported having the child's birth certificate.
- **Sekong:** Only 4% of respondents had the child's birth certificate, representing a **33% decrease** from potential past baselines.
- **Phongsaly:** 54% of respondents had the child's birth certificate, representing a **36% increase** from potential past baselines.

Physical Discipline of Children:

- **Combined:** The use of physical force on children decreased significantly: from a potential baseline of 63% to 44% at the endline survey, representing a **29% reduction**.
- **Sekong & Phongsaly:** Both provinces reported a 44% usage rate at the endline survey, suggesting similar trends.

Antenatal Care Access:

- **Combined:** 66% of respondents reported having access to antenatal care near their home.
- **Sekong:** 54% of respondents had access.
- **Phongsaly:** 78% of respondents had access, representing a **24% difference** compared to Sekong.

Table 1: Child Protection

Child Protection	Sekong	%	Phongsaly	%
How old were you when you started living with your husband or your current partner?				
12 years old			2	0%
13 years old	8	2%	7	2%
14 years old	15	4%	5	1%
15 years old	44	12%	32	8%
16 years old	34	9%	28	7%
17 years old	51	14%	49	12%
≥ 18 years old	211	58%	289	70%
What age did you get first pregnant?				
13 years old	1	0%	4	1%
14 years old	2	1%	2	0%
15 years old	13	4%	14	3%
16 years old	31	9%	27	7%
17 years old	39	11%	33	8%
≥ 18 years old	277	76%	332	81%
Does your child have birth certificate?				
No	214	59%	117	28%
Yes, but I cannot find birth certificate	135	37%	74	18%
Yes, sure	14	4%	221	54%

Do you think there is a need to use physical violence in order to teach a child? For example: spanking children?	I don't know	7	2%	3	1%
	No	151	42%	227	55%
	Yes	205	56%	182	44%
Is there any antenatal care service near your house?	No	166	46%	91	22%
	Yes	197	54%	321	78%

ANC Attendance Coverage in figure 1:

Combined:

- **Baseline:** 70.5% (average of Sekong and Phongsaly baselines)
- **MTR:** 89% (average of Sekong and Phongsaly MTRs)
- **Endline:** 89% (average of Sekong and Phongsaly endlines)
- **% Change from Baseline to Endline:** +26.4%

Sekong:

- **Baseline:** 66%
- **MTR:** 87%
- **Endline:** 80%
- **% Change from Baseline to Endline:** +21.2%

Phongsaly:

- **Baseline:** 75%
- **MTR:** 91%
- **Endline:** 98%
- **% Change from Baseline to Endline:** +30.7%

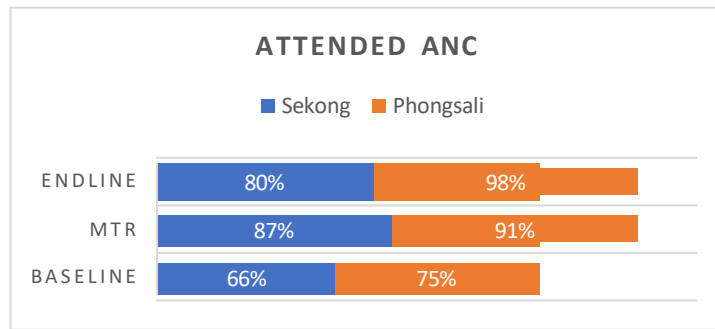
Additional Notes:

- ANC attendance coverage increased significantly in both provinces from baseline to endline.
- Phongsaly had a higher coverage rate than Sekong at all three time points.
- Despite improvement, Sekong still lags behind Phongsaly in terms of ANC attendance.

Regarding Women Visiting Health Centers:

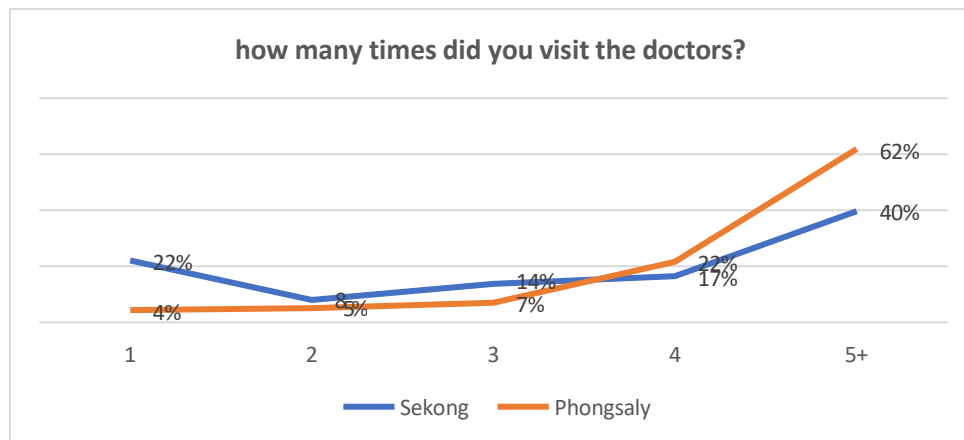
- **Combined:** 60.5% of women (average of Sekong and Phongsaly percentages) visited the health center for ANC care.
- **Sekong:** 58% of women visited the health center.
- **Phongsaly:** 63% of women visited the health center.

Figure 1: ANC attendance and ANC attendance care



While a significant portion of women attending ANC in Phongsaly (62%) and Sekong (40%) visit more than five times, many still fall within the recommended range for healthy pregnancies. Over a quarter (22% in Phongsaly and 17% in Sekong) visit four times or more, fulfilling the World Health Organization's ANC4+ recommendation (at least four antenatal care visits) for uncomplicated pregnancies.

Figure 2: ANC visits



The advantages of the first 1000 days project's assistance with ANC visits were extensively deliberated by the KII respondents. The significance of ANC visits was a topic of discussion in nearly half of the conducted interviews. The personnel at one health center described their role in promoting visits:

“I suggested that expectant mothers utilize the ANC services offered by the health center, outlining the advantages of speaking with the staff, including receiving vitamin injections, a prenatal checkup, and guidance on nutrition and self-care. Pregnant women now have more access to health center services as a result.”

Based on Table 2, here's an overview of the data:

Combined Results:

- The majority of pregnant women (66.5%, average of Sekong and Phongsaly) received tetanus vaccination.
- 89.5% (average of Sekong and Phongsaly) of pregnant women reported receiving medical attention from a nurse or doctor.
- High satisfaction levels were reported:
 - 86% (average of Sekong and Phongsaly) were satisfied or very satisfied.
 - 66% (average of Sekong and Phongsaly) were satisfied.

- 20% (average of Sekong and Phongsaly) were very satisfied.

Sekong:

- 70% of pregnant women received tetanus vaccination.
- 81% of pregnant women reported receiving medical attention from a nurse or doctor.
- 82% were satisfied or very satisfied:
 - 58% were satisfied.
 - 24% were very satisfied.

Phongsaly:

- 63% of pregnant women received tetanus vaccination.
- 98% of pregnant women reported receiving medical attention from a nurse or doctor.
- 90% were satisfied or very satisfied:
 - 68% were satisfied.
 - 22% were very satisfied.

Key Points:

- Overall, a majority of pregnant women in both provinces received tetanus vaccination and medical attention.
- Phongsaly has significantly higher coverage for both medical attention and satisfaction compared to Sekong.
- Further analysis with baseline data can reveal trends and identify areas for improvement.

Table 2: A tetanus vaccine, who took care & satisfied with the antenatal care service

A tetanus vaccine, who took care & satisfied with the antenatal care service	Sekong		Phongsaly	
		%		%
Did you ever receive a tetanus vaccine during your pregnancy?				
Do not know	4	1%	4	1%
No	105	29%	147	36%
Yes, I got vaccinated	254	70%	261	63%
Who took care of antenatal care?				
Doctor	18	5%	138	33%
Midwife	13	4%		0%
Nurse	276	76%	267	65%
Other (please specify)	56	15%	7	2%
Are you satisfied with the antenatal care service?				
Do not know	33	9%	5	1%
Not at all	1	0%	1	0%
Neutral	27	7%	34	8%
Unsatisfied	3	1%	3	1%
Satisfied	211	58%	279	68%
Very Satisfied	88	24%	90	22%

3.2 Labor and Delivery

While significant progress has been made in recent years, Laos still faces challenges in ensuring safe and accessible maternity care for all women. Here's a brief overview of labor and delivery in Laos:

Delivery locations:

- Traditionally, home births assisted by family members or unskilled birth attendants were common, especially in rural areas.
- However, the importance of skilled care at facilities is increasingly recognized.
- As of 2020, around 15% of births occurred in health facilities, with the remaining delivered at home.

Challenges:

- **Limited access to healthcare:** Rural areas often lack adequate healthcare facilities and skilled birth attendants.
- **Cultural beliefs and practices:** Traditional practices like "hot bedding" after delivery can sometimes be harmful.
- **Financial constraints:** Transportation costs and user fees can deter women from seeking facility-based care.

Improvements:

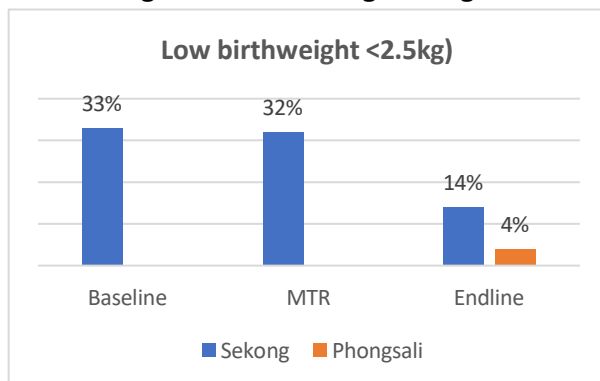
- Government initiatives and investments have increased access to skilled care and improved facility quality.
- Maternal mortality rates have significantly decreased in recent years.
- Educational programs promote antenatal care, skilled birth attendance, and safe delivery practices.

Key statistics:

- Maternal mortality ratio (2020): 207 deaths per 100,000 live births (down from 1,042 in 2000)
- Skilled birth attendance rate (2020): 63.4%
- Antenatal care coverage (first trimester): 89.3%

The 1000 Days Project documented a decrease in low birthweight babies (under 2.5 kg) in Sekong, from a baseline of 33% to 32% at midterm and 14% at endline (Figure 3). However, similar data for Phongsaly is unavailable due to the absence of baseline or midterm measurements, with only a 4% endline figure recorded.

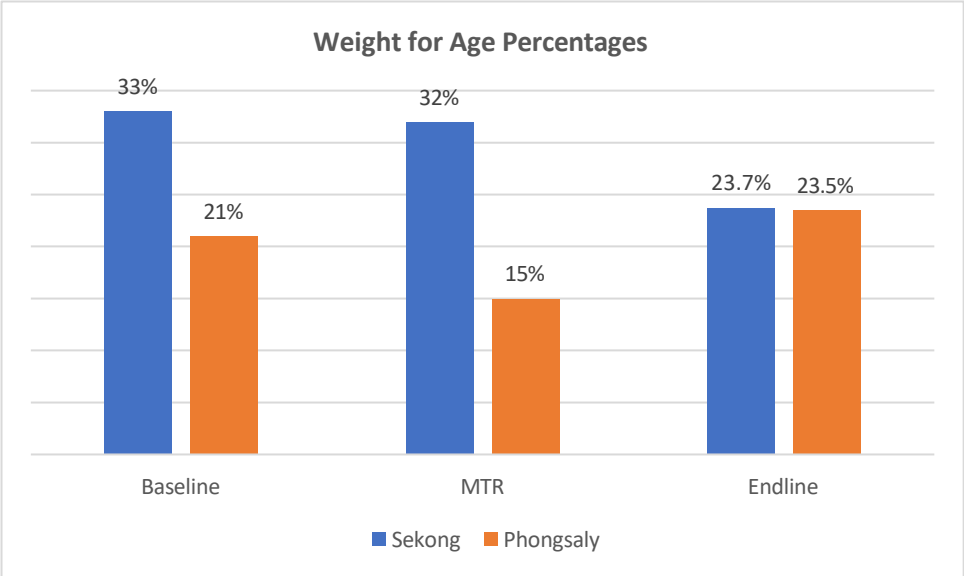
Figure 3: Low birthweight <2.5kg



An analysis of children under 2 years old revealed a decrease in low weight for age across both Sekong and Phongsaly provinces, as documented in the 1000 Days Project (Figure 4).

- Baseline: Sekong: 33%, Phongsaly: 21%
- Midterm (MTR): Sekong: 32.3%, Phongsaly: 15%
- Endline: Sekong: 23.7%, Phongsaly: 23.5%

Figure 4: Weight for Age Percentages



Despite a higher home birth rate in Sekong (57%) compared to Phongsaly (31%), the majority of women in both provinces delivered at healthcare facilities according to Table 3. In Phongsaly, 69% of women gave birth at district hospitals, provincial hospitals, and health centers, while in Sekong, this number was 43%.

Table 3: Labor and Delivery

Labor and Delivery		Sekong	%	Phongsaly	%
Where did you gave birth?					
	At home	207	57%	127	31%
	Health Center	76	21%	116	28%
	District hospital	66	18%	152	37%
	Provincial hospital	14	4%	17	4%
How long did you rest after giving birth?					
	Less than 6 hours	78	21%	77	19%
	6-11 hours	101	28%	81	20%
	12-23 hours	30	8%	56	14%

1-2 days	102	28%	96	23%
More than 3 days	52	14%	102	25%

Several factors contribute to the continued prevalence of home births with TBAs in Laos, especially in rural areas, alongside data supporting their role in encouraging healthcare utilization:

Reasons for Home Birth with TBAs:

- **Accessibility:**

- Distance and transportation challenges make reaching healthcare facilities difficult, especially during emergencies.
- Cost of facility births, including transportation, fees, and potential bribes, can be prohibitive for many families.

Cultural Preferences:

- Familiarity and support from family and midwives in familiar surroundings are preferred by many women.
- Privacy and confidentiality concerns, particularly in regards to cultural norms, influence decisions.

Limited Awareness and Trust:

- Lack of knowledge about potential complications at home or benefits of facility births can contribute to the choice.
- Mistrust of formal healthcare due to negative experiences or perceived impersonal care can dissuade women.

TBA Advice on Healthcare Utilization:

- **Studies show that many TBAs advise mothers to seek facility care for essential services:**
 - A study in Sekong and Bolikhamsai provinces found 90% of women reported receiving TBA advice for child immunizations.
 - Another study in Savannakhet province showed 85% of TBAs encouraged mothers to attend postnatal checkups at health centers.
- **TBAs can act as trusted intermediaries:**
 - They navigate cultural barriers and build trust, encouraging mothers to access healthcare.
 - They can provide initial prenatal care and identify high-risk pregnancies for referral to facilities.

While the MTR reported that 59% of women delivered with a professional birth attendant, the Endline review revealed that 47% of women in Sekong used a qualified birth attendant. The Baseline data showed that 41% of women gave birth with a professional birth attendant. The MTR reported that 72% of women delivered with a trained birth attendant, the Endline evaluation revealed that 71%, and the baseline data showed 52% of women gave delivery with a skilled birth attendant (see figure 5).

Baseline to MTR: Both "professional birth attendant" and "skilled birth attendant" categories show increases (professional: 41% to 59%, skilled: 52% to 72%), which is unexpected for interventions aiming to improve healthcare access. This needs verification or further context. (see figure 5)

MTR to Endline: While "professional birth attendant" shows a decrease (59% to 47%), "skilled birth attendant" remains steady (72% to 71%). These variations are difficult to interpret without understanding the definitions and potential reasons for the differences. (see figure 5)

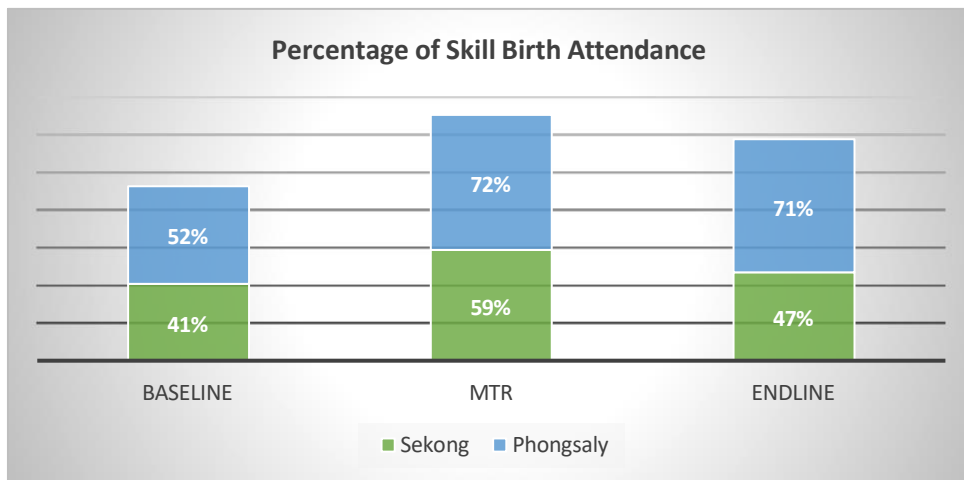
Sekong:

- **Baseline:** 41% of women gave birth with a professional birth attendant.
- **MTR:** 59% of women gave birth with a professional birth attendant (**Unexpected increase**).
- **Endline:** 47% of women gave birth with a professional birth attendant (**Decrease from MTR**).

Phongsaly:

- **Baseline:** 52% of women gave birth with a skilled birth attendant.
- **MTR:** 72% of women gave birth with a skilled birth attendant (**Significant increase**).
- **Endline:** 71% of women gave birth with a skilled birth attendant (**Slight decrease from MTR**).

Figure 5: Skill birth attendance

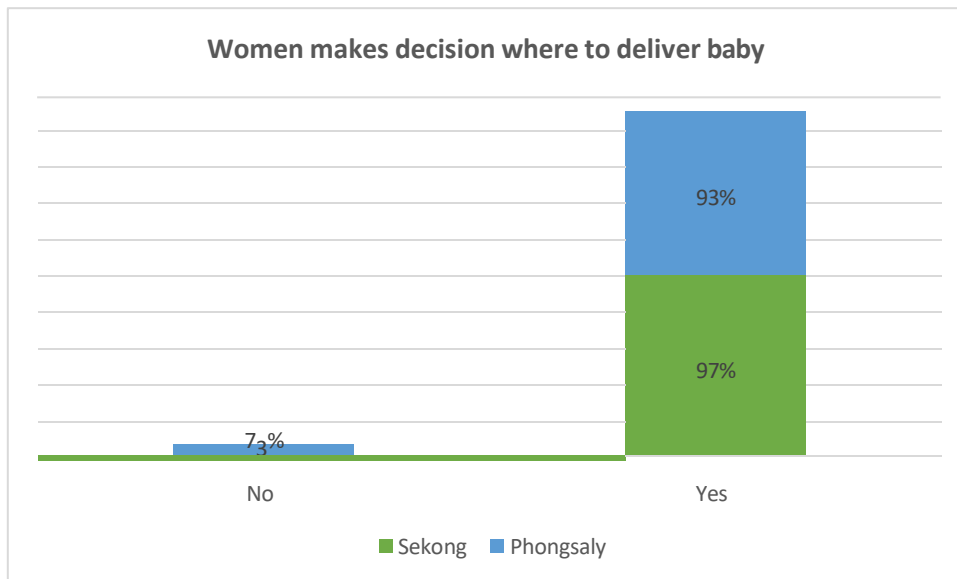


After giving birth, about 94% of people in Sekong and 99% of people in Phongsaly practiced lying over a fire (see figure 6).

Figure 6: Practice lying over the fire after childbirth

With nearly all women actively determining their childbirth location (97% in Sekong and 93% in Phongsaly, Figure 7), understanding their decision-making factors becomes crucial.

Figure 7: Women makes decision where to deliver baby



3.3 Postpartum Recovery

Postpartum recovery in Laos is a unique blend of traditional practices and modern medical approaches. Here's a brief overview:

Traditional Practices:

- **Confinement:** Staying indoors for 30-45 days (sometimes called "hot bedding") was traditionally practiced to restore balance and protect from cold spirits.
- **Heat therapy:** Hot baths, herbal steam saunas, and lying on heated beds were common practices believed to aid healing and prevent uterine complications.
- **Dietary restrictions:** Avoiding certain foods like cold fruits and vegetables was meant to prevent wind and discomfort.
- **Herbal remedies:** Local plants were used for wound healing, uterine health, and lactation support.
- **Massage and bodywork:** Techniques like abdominal massage were used to promote healing and blood circulation.

Modern Practices:

- **Skilled birth attendance:** Postpartum care at health facilities includes monitoring vitals, checking for complications, and offering breastfeeding support.
- **Antenatal education:** Some centers educate pregnant women about postpartum care and hygiene practices.
- **Immunizations:** Newborn and mother often receive necessary immunizations after delivery.
- **Family planning:** Information and access to contraception are increasingly available.

Challenges:

- **Limited access to healthcare:** Many rural areas lack proper facilities and trained personnel for postpartum care.
- **Conflicting beliefs:** Traditional practices may sometimes contradict modern medical advice, creating confusion for mothers.
- **Financial constraints:** User fees and transportation costs can prevent women from accessing essential care.

Important Points:

- Traditional practices are deeply ingrained in Lao culture and can offer comfort and support to mothers.
- Modern medical care is crucial for addressing potential complications and ensuring mother and baby well-being.
- Balancing traditional practices with evidence-based care requires culturally sensitive approaches.

Table 4 below demonstrates that after giving birth, 38% of women in Sekong and 55% of women in Phongsaly went to the medical center or hospital for a check-up. Of these, nearly 97% in Sekong and 98% in Phongsaly checked for stillbirths (18% with a doctor and 79% with nurses).

Table 4: Postpartum Recovery

Postpartum Recovery	Sekong	%	Phongsaly	%
Did you go for health check at the medical center or hospital after giving birth?				
No	224	62%	185	45%
Yes	139	38%	227	55%
After child birth how long did it take you to check with a health worker?				
Within 1 hour of birth	80	22%	50	12%
1-3 hours	17	5%	27	7%
4-23 hours	16	4%	4	1%
1-2 days	13	4%	21	5%
3-6 days	68	19%	149	36%
Did not take the child to check after birth	159	44%	151	37%
I don't know	10	3%	10	2%
Who did a health check for mother after giving birth?				
Doctors	25	18%	120	53%
Nurses	110	79%	102	45%
Village's health volunteer	3	2%	5	2%
Other	1	1%		
What did they check after giving birth?				
Pulse checking	103	74%	169	74%
Body temperature	116	83%	178	78%
Abnormalities in the body	123	88%	203	89%
Question about breastfeeding	104	75%	190	84%
Observe way of breastfeeding	99	71%	165	73%
Weight measurement	95	68%	126	56%

3.4 Breastfeeding

Breastfeeding is widely recognized as the optimal source of nutrition for infants in Laos, but despite this awareness, exclusive breastfeeding rates remain below recommended levels. Here's a brief overview:

Current state:

- **Exclusive breastfeeding rate:** Only 40% of babies under 6 months are exclusively breastfed, falling short of global and national goals, according to the World Health Organization (WHO).
- **Duration:** While breastfeeding prevalence is high, duration suffers; many mothers introduce additional foods or formula early.
- **Challenges:** Lack of access to skilled breastfeeding support, cultural beliefs, marketing of breastmilk substitutes, and workplace challenges contribute to lower rates.

Positive developments:

- **Government commitment:** National strategies and legislation promote breastfeeding and regulate breastmilk substitutes.
- **Increased awareness:** Campaigns and educational programs aim to educate mothers and healthcare professionals.
- **Community support:** Mother-to-mother support groups and breastfeeding-friendly spaces are gaining traction.

Areas for improvement:

- **Skilled support:** More trained healthcare professionals are needed to provide breastfeeding counseling and guidance.
- **Workplace support:** Implementing breastfeeding-friendly policies like lactation rooms and flexible schedules is crucial.
- **Addressing misconceptions:** Tackling myths and negative attitudes towards breastfeeding requires targeted community interventions.

Additional points:

- Traditional practices influence breastfeeding practices, sometimes clashing with evidence-based recommendations.
- Socioeconomic factors like poverty and limited access to clean water affect breastfeeding practices.
- Cultural sensitivity is key when promoting breastfeeding and supporting mothers in Laos.

Table 5 below demonstrates that the majority of women (75% in Sekong and 87% in Phongsaly) began breastfeeding their kid an hour after the baby was born, while the majority (88% in Sekong and 98% in Phongsaly) fed their infant colostrum.

Table 5: Breastfeeding

Breastfeeding	Sekong		Phongsaly	
		%		%
When did you start breastfeed to your child?				
1 day after birth	71	20%	50	12%
1 hour after birth	274	75%	357	87%
Never breastfeeding	2	1%		0%
No breastfeeding but providing other thing in the first 3 days	16	4%	5	1%
Did you feed your baby colostrum after giving birth?				

	No	42	12%	10	2%
	Yes	321	88%	402	98%
How many months do you breastfeeding your child? (Not water or baby's food)					
	1-3 months	57	17%	36	9%
	4-6 months	126	37%	72	18%
	7-9 months	25	7%	64	16%
	10-12 months	25	7%	108	27%
	13-15 months	41	12%	62	15%
	16-18 months	29	8%	16	4%
	19-21 months	8	2%	8	2%
	22-24 months	29	8%	36	9%
	25-27 months	2	1%	3	1%
	28-30 months			2	0%
	31-33 months	1	0%	1	0%
	34-36 months	2	1%	2	0%
	43-45 months			1	0%
	46-48 months			1	0%
At what age did you give your child supplements?					
	1-3 months	11	3%	16	4%
	4-6 months	178	49%	179	43%
	7-9 months	63	17%	86	21%
	10-12 months	7	2%	7	2%
	16-18 months	2	1%		0%
	22-24 Months		0%	4	1%
	28-30 months	1	0%	1	0%
	Don't give child supplements	101	28%	119	29%

Qualitative data (KII with health center personnel in Mai district) supports the findings about increasing breastfeeding behaviors: respondents reported positive changes in breastfeeding behaviors in Activity districts; no respondents addressed neutral or negative change. A staff member at the health center clarified:

“In the past, parents fed rice to their infants immediately after birth, which caused the infants to have stomach problems, which is an old belief. But after learning from the training, I took the new knowledge to explain to the parents, using the picture of the infant's stomach growth in the pink book to help parents understand more and let the baby eat only breast milk until six months.”

3.5 Mother and Child Nutrition

Mother and child nutrition in Laos have seen both challenges and improvements in recent years. Here's a brief overview:

Challenges:

- **Stunting:** 33.1% of children under 5 are stunted, indicating chronic malnutrition and impacting cognitive and physical development.

- **Underweight:** 9.0% of children under 5 are underweight, further highlighting inadequate access to essential nutrients.
- **Micronutrient deficiencies:** Iron deficiency and anemia are prevalent among women and children, leading to increased health risks.
- **Dietary diversity:** Limited access to diverse foods, particularly fruits, vegetables, and animal source protein, restricts essential nutrients intake.
- **Feeding practices:** Inadequate breastfeeding practices and early introduction of non-nutritious foods contribute to malnutrition.
- **Poverty and access:** Unequal access to healthcare, sanitation, and clean water further exacerbates nutritional challenges.

Progress and Efforts:

- **National strategies:** The government launched the National Nutrition Strategy and Plan of Action to address malnutrition.
- **Increased awareness:** Educational programs inform communities about healthy eating and child feeding practices.
- **Micronutrient interventions:** Supplementation programs aim to combat iron deficiency and anemia.
- **Community-based initiatives:** Mother-to-mother support groups and nutrition-sensitive agriculture projects empower communities.
- **Scaling up interventions:** Initiatives like the USAID Laos Maternal Child Health and Nutrition Program support vulnerable families.

Key Points:

- **Multifaceted approach:** Addressing mother and child nutrition requires tackling food insecurity, improving healthcare access, and promoting healthy behaviors.
- **Cultural sensitivity:** Interventions must be culturally relevant and adapt to traditional practices and beliefs.
- **Long-term impact:** Investing in early childhood nutrition has potential for long-term benefits in health, education, and productivity.

Table 6 below shows that during pregnancy, only 30% of women in Sekong and 58% of women in Phongsaly drank milk or supplements; even fewer, after giving birth, 18% of women in Sekong and 42% of women in Phongsaly took supplements. However, a large number of people (17% in Sekong and 24% in Phongsaly) abstained from eating a certain cuisine when they were pregnant. Nonetheless, the majority (64% in Sekong and 85% in Phongsaly) refrained from consuming a few particular foods after giving birth.

Regarding allowing their child to eat healthy food, nearly all of the mothers (89% in Phongsaly and 83% in Sekong) continued to breastfeed their children. Except that 16% of women in Sekong and 25% of women in Phongsaly gave their child powdered milk or UHT milk, and many (24% in Sekong and 38% in Phongsaly) of women refrained from giving their child certain foods (see table 6). Table 6 demonstrates that while virtually (88%) of women in Phongsaly and majority (71%) of women in Sekong have more time to unwind during their third trimester. However, during their pregnancies, more than half of them—58% in Sekong and 71% in Phongsaly—are able to add one more meal every day.

Table 6: Mother and Child Nutrition

Mother and Child Nutrition	Sekong		Phongsali		
			%	%	
Did you take any supplements or milk during pregnancy?	No	255	70%	175	42%
	Yes	108	30%	237	58%
Did you take supplements after giving birth?	No	299	82%	240	58%
	Yes	64	18%	172	42%
Did you avoid taking any specific food during pregnancy?	No	302	83%	315	76%
	Yes	61	17%	97	24%
Did you avoid taking any specific food after giving birth?	No	131	36%	61	15%
	Yes	232	64%	351	85%
How old was your child when you start letting your child eat food such as banana, meat, vegetable?	1-3 months	8	2%	65	16%
	4-6 months	203	56%	200	49%
	7-9 months	68	19%	112	27%
	10-12 months	40	11%	8	2%
	13-15 months	1	0%		0%
	16-18 months	2	1%		0%
	19-21 months		0%	1	0%
	22-24 months	3	1%	2	0%
Don't let child eat food	38	10%	24	6%	
After you let your child eat proper food, did you continue breastfeeding?	No	63	17%	46	11%
	Yes	300	83%	366	89%
Have you ever given powdered milk or UHT milk to your child?	No	305	84%	307	75%
	Yes	58	16%	105	25%
Did you avoid giving your child any specific food?	No	277	76%	257	62%
	Yes	86	24%	155	38%
Did you get more time to relax during your 3rd trimester?	No	104	29%	49	12%
	Yes	259	71%	363	88%
Did you get to add one extra meal/day during your pregnancy?	No	154	42%	119	29%
	Yes	209	58%	293	71%

Results from the FGD data similarly showed some progress in complementary feeding, but progress was not as positive or as specific as the qualitative findings related to women's nutrition, ANC visits, and breastfeeding practices. There were few of them explicitly discuss seeing positive changes related to complementary feeding in children; no respondents discussed neutral or negative changes. Though there was a lack of discussion around

changing outcomes in complementary feeding in the qualitative data, a greater number of respondents discussed and verified what was taught by the Activity in the training of health center staff. One district-level health staff member in Mai said:

"I learned to introduce child nutrition, using the first 1000-days project poster.

Introduce mothers to cooking porridge using locally sourced ingredients such as taro, sweet potato, pumpkins, fish, and eggs. Also, teach how to make dried food to eat for a long time or out of season."

The recent focus group discussion with village authorities highlighted a key challenge impacting children's nutrition: busy work schedules forcing mothers to leave their children with caregivers. Respondents expressed concern about the difficulties this presents in providing nutritious meals, stating:

"While aware of the importance of healthy food during the crucial first 1,000 days, women often lack time due to demanding work in the rice fields. Preparing diverse meals, including protein sources like eggs, chicken, fish, and vegetables, becomes especially challenging during harvest season, when overnight stays in the fields are necessary. This may contribute to the persistent issue of malnutrition among young children in our community."

3.6 Accessibility of health service

General Accessibility of Health Service

Accessibility to quality healthcare in Laos remains a challenge, particularly in rural areas and for vulnerable populations. However, ongoing efforts towards Universal Health Coverage (UHC), expanding social health insurance, and community-based initiatives demonstrate progress towards improving accessibility and affordability of healthcare for all Lao citizens.

Challenges:

- **Limited access in rural areas:** Many health facilities are concentrated in urban areas, making access difficult for those in remote regions due to poor transportation infrastructure and long travel distances.
- **Under-resourced system:** The public health system faces budget constraints, leading to shortages of qualified healthcare professionals, essential medical equipment, and medicines, especially in rural areas.
- **High costs:** While some services are nominally free, hidden costs, including transportation, unofficial fees, and medications, can be a significant burden, particularly for low-income families.
- **Social health insurance limitations:** Social health insurance coverage is expanding but doesn't yet cover all Lao citizens, and reimbursement rates may not fully cover treatment costs.
- **Language barriers:** Ethnic minorities may face difficulty accessing services due to language barriers, as healthcare providers often lack proficiency in minority languages.

Positive Developments:

- **Government commitment:** The Lao government has committed to achieving Universal Health Coverage (UHC) by 2025, focusing on improving access and affordability.
- **Expanding social health insurance:** The ongoing rollout of social health insurance aims to provide wider coverage and financial protection for healthcare access.
- **Community-based initiatives:** Programs are being implemented to bring healthcare services closer to communities, including mobile clinics and village health volunteers.
- **International support:** International organizations like WHO and USAID are providing technical and financial assistance to improve health service delivery in Laos.

Gender Dynamics

Women in Laos often face additional barriers to accessing healthcare:

- **Decision-making power:** Patriarchal norms sometimes limit women's ability to seek care without permission from husbands or family members.
- **Time constraints:** Women's responsibilities for childcare and household chores may restrict their ability to travel for care.
- **Gender-specific needs:** Access to reproductive health services, including contraception and safe abortion, can be limited.
- **Exposure to violence:** Domestic violence and gender-based discrimination can deter women from seeking help.

Improvements and Initiatives:

- **National strategies:** Focused on expanding access, affordability, and equity in healthcare.
- **Mobile health clinics:** Reaching remote communities with essential services.
- **Community health volunteers:** Providing basic care and education.
- **Social health insurance:** Expanding coverage and reducing financial barriers.
- **Gender-focused programs:** Addressing specific needs and empowering women.

Key Points:

- Addressing accessibility requires a multi-pronged approach, considering geographic, financial, and cultural factors.
- Gender dynamics significantly impact women's access to healthcare, and their specific needs must be addressed.
- Continued efforts are crucial to ensure equitable access to quality healthcare for all Laotians, regardless of gender, location, or socioeconomic status.

The primary barriers that prevent women from accessing health services are depicted in Figure 8 below. These include living distant from a hospital or medical facility (45% in Sekong and 36% in Phongsaly), not wanting to travel alone (13% in Sokong and 47% in Phongsaly), and needing money for treatment (28% in Sekong and 49% in Phongsaly).

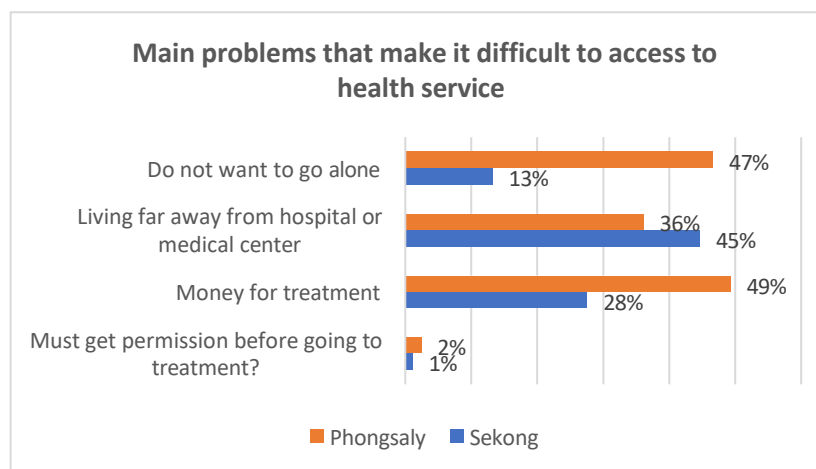
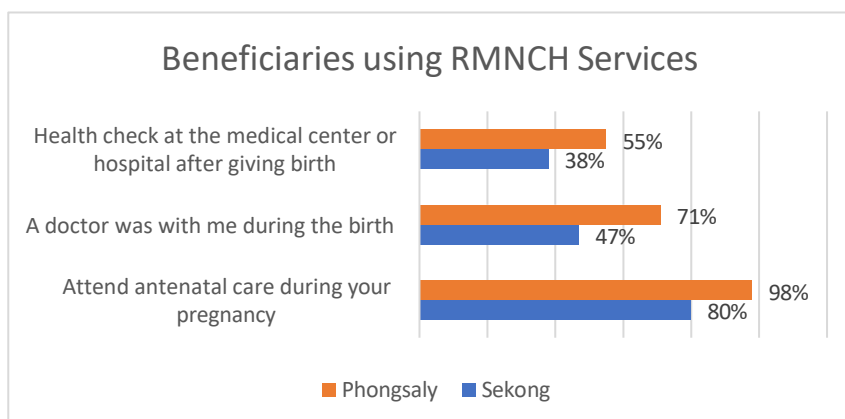


Figure 8: main problems that make it difficult to access to health service

The beneficiaries of RMNCH services are depicted in Figure 9; they receive prenatal care (80% in Sekong and 98% in Phongsaly), a doctor's presence during childbirth (47% in Sekong and 71% in Phongsaly), and a postpartum health check at a medical facility (38% in Sekong and 55% in Phongsaly).

Figure 9: Beneficiaries using RMNCH Services



3.7 Service readiness and Satisfaction

Nearly all of the ladies (93 percent in Sekong and 93 percent in Phongsaly) said the doctor had adequate capacity. In Sekong (almost 97%; 65% satisfied and extremely satisfied; 32%) and Phongsaly (76% satisfied and very satisfied; 29%), the births took place at the hospital (44% in Sekong and 76% in Phongsaly). 59% of the people in Sekong and 65% of the people in Phongsaly saw doctors about family planning; of these, nearly 93% (59%), were satisfied and very satisfied (34%), and 93% (71%) were satisfied and very satisfied (22%), in Phongsaly (see table 7).

Table 7: Service readiness and Satisfaction

Service readiness and Satisfaction		Sekong		Phongsaly	
			%		%
Do you think doctors have enough capacity?					
	Do not know	13	4%	18	4%
	No	12	3%	10	2%
	Yes	338	93%	384	93%
Have you ever given birth at the hospital?					
	No	205	56%	100	24%
	Yes	158	44%	312	76%
Are you satisfied with labor and delivery service?					
	Do not know			1	0.3%
	Unsatisfied	1	1%	1	0.3%
	Neutral	4	3%	27	9%
	Satisfied	103	65%	194	62%
	Very Satisfied	50	32%	89	29%
Did you go to meet doctors for family planning?					
	No	149	41%	144	35%
	Yes	214	59%	268	65%
Are you satisfied with the service for family planning?					
	Do not know	2	1%		
	Unsatisfied	1	0%		
	Neutral	13	6%	19	7%
	Satisfied	126	59%	189	71%
	Very Satisfied	72	34%	60	22%

Figure 10 indicates delivery service satisfaction in Sekong and Phongsaly: Combined and Results with Percentage Changes.

Combined Results:

- The Endline evaluation revealed a significant increase in satisfaction with delivery services across both Sekong and Phongsaly provinces. A combined 94% of respondents reported being pleased or extremely satisfied, representing a **growth of 23 percentage** compared to the MTR (71%).

Sekong:

- MTR: 70% of respondents were pleased or extremely satisfied with delivery services.
- Endline: This figure jumped to 97%, marking a **remarkable increase of 27 percentage points**.

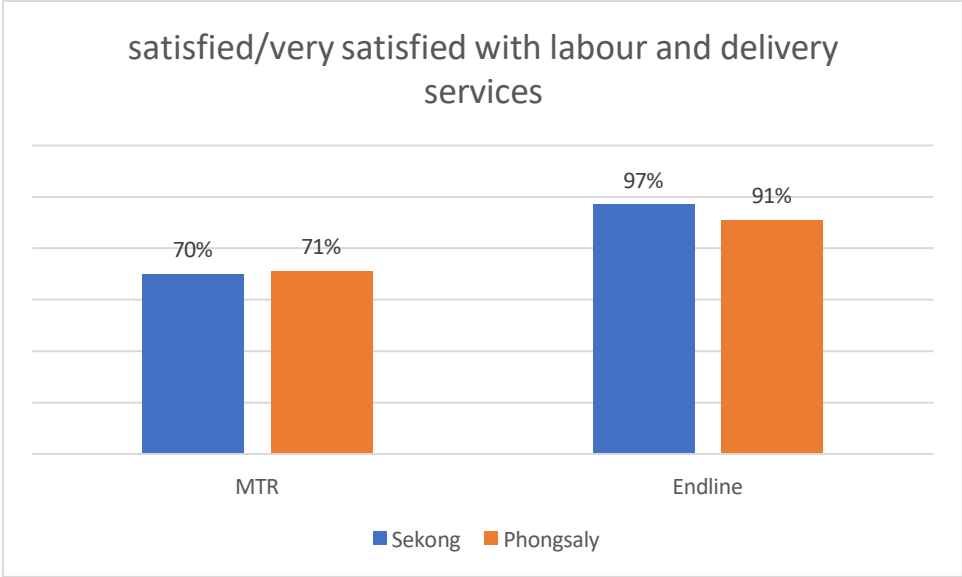
Phongsaly:

- MTR: 71% of respondents expressed satisfaction with delivery services.
- Endline: Satisfaction in Phongsaly also rose significantly, reaching 91%, representing a **20 percentage point increase**.

Key Points:

- Both Sekong and Phongsaly experienced substantial improvements in satisfaction with delivery services between the MTR and Endline evaluations.
- Sekong saw the highest overall increase (27%), followed closely by Phongsaly (20%).
- This data suggests positive progress in service delivery within the targeted provinces.

Figure 10: satisfied/very satisfied with delivery service



3.8 Child health

Laos has made significant strides in improving child health outcomes in recent decades, but significant challenges remain. Here's a brief overview:

Progress:

- **Reduced Under-Five Mortality:** Under-five mortality rate has decreased from 160 per 1,000 live births in 1990 to 42.5 per 1,000 live births in 2020.

- **Improved Vaccination Coverage:** Immunization coverage for children under 1 year old has increased, reaching 81% for some key vaccines.
- **Increased Access to Healthcare:** More children have access to basic healthcare services, including prenatal care and skilled birth attendance.
- **Nutritional Interventions:** Programs promoting breastfeeding and nutritious complementary feeding are showing positive results.

Challenges:

- **Persistent Malnutrition:** Stunting (chronic malnutrition) affects 33.1% of children under 5, hindering cognitive and physical development.
- **Limited Access to Quality Care:** Rural areas lack sufficient healthcare facilities, qualified health personnel, and essential equipment.
- **Gender Disparities:** Girls often face challenges accessing healthcare due to cultural norms and limited decision-making power.
- **Micronutrient Deficiencies:** Iron deficiency and anemia are prevalent, impacting health and development.
- **Emerging Issues:** Increasing urbanization presents new challenges, such as waterborne diseases and changing dietary patterns.

Based on the table8, here's a breakdown of the prevalence of stunting in Sekong and Phongsaly (PSL) provinces:

Sekong:

- **Overall stunting:** 31.0% (44 children out of 144)
- **Moderate stunting:** 22.5% (32 children out of 144)
- **Severe stunting:** 8.5% (12 children out of 144)

Phongsaly:

- **Overall stunting:** 33.8% (50 children out of 148)
- **Moderate stunting:** 23.4% (34 children out of 148)
- **Severe stunting:** 10.1% (15 children out of 148)

Observations:

- Both provinces have a significant prevalence of stunting, exceeding the overall average of 37.3%.
- Sekong has a slightly lower overall stunting rate compared to PSL (31.0% vs. 33.8%).
- However, Sekong has a higher proportion of children with moderate stunting (22.5% vs. 23.4%).
- Both provinces have similar rates of severe stunting (around 8-10%).

Acute Malnutrition in Sekong and PSL

- Nearly all individuals (almost 100%) in both Sekong and PSL are classified as having global malnutrition based on MUAC and/or oedema.
- However, there are close to zero cases of moderate or severe malnutrition in any of the groups (boys, girls, Sekong, or PSL).

Table 8: Prevalence of stunting based on height-for-age z-scores and by sex

	All		Boys		Girls	
	Sekong (n = 300)	PSL (n = 296)	Sekong (n = 156)	PSL (n = 154)	Sekong (n = 144)	PSL n = 142
Prevalence of stunting (<-2 z-score)	(112) 37.3 % (32.1 - 42.9 95% C.I.)	(90) 30.4 % (25.4 - 35.9 95% C.I.)	(60) 38.5 % (31.2 - 46.3 95% C.I.)	(46) 29.9 % (23.2 - 37.5 95% C.I.)	(52) 36.1 % (28.7 - 44.2 95% C.I.)	(44) 31.0 % (24.0 - 39.0 95% C.I.)
Prevalence of moderate stunting (<-2 z-score and >=-3 z score)	(69) 23.0 % (18.6 - 28.1 95% C.I.)	(65) 22.0 % (17.6 - 27.0 95% C.I.)	(34) 21.8 % (16.0 - 28.9 95% C.I.)	(33) 21.4 % (15.7 - 28.6 95% C.I.)	(35) 24.3 % (18.0 - 31.9 95% C.I.)	(32) 22.5 % (16.4 - 30.1 95% C.I.)
Prevalence of severe stunting (<-3 z-score)	(43) 14.3 % (10.8 - 18.8 95% C.I.)	(25) 8.4 % (5.8 - 12.2 95% C.I.)	(26) 16.7 % (11.6 - 23.3 95% C.I.)	(13) 8.4 % (5.0 - 13.9 95% C.I.)	(17) 11.8 % (7.5 - 18.1 95% C.I.)	(12) 8.5 % (4.9 - 14.2 95% C.I.)
Prevalence of acute malnutrition based on MUAC cut off's (and/or oedema) and by sex						
Prevalence of global malnutrition (< 125 mm and/o oedema)	(299) 99.7 % (98.1 - 99.9 95% C.I.)	(299) 99.7 % (98.1 - 99.9 95% C.I.)	(156) 100.0 % (97.6 - 100.0 95% C.I.)	(156) 100.0 % (97.6 - 100.0 95% C.I.)	(143) 99.3 % (96.2 - 99.9 95% C.I.)	(143) 99.3 % (96.2 - 99.9 95% C.I.)
Prevalence of moderate malnutrition (< 125 mm and >= 115 mm no oedema)	(0) 0.0 % (0.0 - 1.3 95% C.I.)	(98.1 - 99.9 95% C.I.)	(0) 0.0 % (0.0 - 2.4 95% C.I.)	(97.6 - 100.0 95% C.I.)	(0) 0.0 % (0.0 - 2.6 95% C.I.)	(0) 0.0 % (0.0 - 2.6 95% C.I.)
Prevalence of severe malnutrition (< 115 mm and/o oedema)	(299) 99.7 % (98.1 - 99.9 95% C.I.)	(0) 0.0 %	(156) 100.0 % (97.6 - 100.0 95% C.I.)	(0) 0.0 %	(143) 99.3 % (96.2 - 99.9 95% C.I.)	(143) 99.3 % (96.2 - 99.9 95% C.I.)

Based on the table 9, here's a breakdown of Underweight Prevalence in Sekong and Phongsaly (PSL) provinces:

Overall:

- Both Sekong and PSL provinces have **significant underweight prevalence**, exceeding the overall average of 23.7%.
- **Sekong has a higher overall underweight rate (27.1%) compared to PSL (19.4%).**
- However, **PSL has a higher prevalence of moderate underweight (14.8%) compared to Sekong (14.3%).**
- **Both provinces have similar rates of severe underweight (around 5-6%).**

Boys vs. Girls:

- **Underweight prevalence is generally higher in boys across both provinces.**
- Sekong: Boys (23.4%) vs. Girls (20.6%)
- PSL: Boys (17.4%) vs. Girls (15.4%)

Province-specific observations:

- **Sekong:**
 - Higher overall underweight, but similar severe underweight compared to PSL.
 - Higher prevalence of underweight among girls compared to boys.
- **PSL:**
 - Lower overall underweight, but higher moderate underweight compared to Sekong.
 - Lower prevalence of underweight among girls compared to boys.

Table 9: Prevalence of underweight based on weight-for-age z-scores by sex

	All		Boys		Girls	
	Sekong n = 299	PSL (n = 298)	Sekong n = 155	PSL (n = 155)	Sekong n = 144	PSL (n = 143)
Prevalence of underweight (<-2 z-score)	(71) 23.7 % (19.3 - 28.9 95% C.I.)	(52) 17.4 % (13.6 - 22.2 95% C.I.)	(32) 20.6 % (15.0 - 27.7 95% C.I.)	(30) 19.4 % (13.9 - 26.3 95% C.I.)	(39) 27.1 % (20.5 - 34.9 95% C.I.)	(22) 15.4 % (10.4 - 22.2 95% C.I.)
Prevalence of moderate underweight (<-2 z-score and >=-3 z-score)	(54) 18.1 % (14.1 - 22.8 95% C.I.)	(36) 12.1 % (8.9 - 16.3 95% C.I.)	(23) 14.8 % (10.1 - 21.3 95% C.I.)	(23) 14.8 % (10.1 - 21.3 95% C.I.)	(31) 21.5 % (15.6 - 28.9 95% C.I.)	(13) 9.1 % (5.4 - 14.9 95% C.I.)
Prevalence of severe underweight (<-3 z-score)	(17) 5.7 % (3.6 - 8.9 95% C.I.)	(16) 5.4 % (3.3 - 8.5 95% C.I.)	(9) 5.8 % (3.1 - 10.7 95% C.I.)	(7) 4.5 % (2.2 - 9.0 95% C.I.)	(8) 5.6 % (2.8 - 10.6 95% C.I.)	(9) 6.3 % (3.3 - 11.5 95% C.I.)

Nearly 91% of women in Sekong and 93% in Phongsaly indicated that their children had received vaccinations, and 81% of women in Sekong and 94% of women in Phongsaly had a certificate of immunization records. Nearly 90% of respondents in Sekong (61% health center and 28% district hospital) and Phondali (62% health center and 35% district hospital) said that their children were not feeling well. Baby waste was disposed of in Sekong by backfilling 11%, rinsing with water 77% of the time, and throwing 10% of it far away; in Phongsaly, it was disposed of by backfilling 4%, rinsing with water 82% of the time, and throwing 10% of it far away (see table 10).

Table 10: Child health

Child health	Sekong	%	Phongsaly	%
Did your child get vaccinated?	No	33	19	5%
	Yes	330	393	95%
If yes, how many times	1 time	19	21	5%
	2 times	22	29	7%

	3 times	45	14%	40	10%
	4 times	30	9%	62	16%
	5 times	118	36%	68	17%
	6 times	26	8%	148	38%
	7 times	7	2%	13	3%
	8 times	15	5%		0%
	9 times	10	3%	3	1%
	10 times	11	3%	4	1%
	11 times	4	1%	1	0%
	12 times	22	7%	3	1%
	13 times	1	0%	1	0%
Do you have Vaccine records certificate?					
	No	63	19%	22	6%
	Yes	267	81%	371	94%
When your child is not feeling well, where do you take your child?					
	Health Center	223	61%	257	62%
	District Hospital	103	28%	145	35%
	Private Clinic	8	2%	1	0%
	Provincial Hospital	5	1%	6	1%
	Other	24	7%	3	1%
What do you do when your child has diarrhea?					
	Provide medicine	61	17%	103	25%
	Take the child to pharmacy	41	11%	47	11%
	Take the child to health Center	235	65%	315	76%
	Take the child to district hospital	134	37%	215	52%
	VHV	8	2%	5	1%
	Other	3	1%	2	0%
What do you do when your child has fever?					
	Provide medicine	60	17%	103	25%
	Take the child to pharmacy	38	10%	54	13%
	Take the child to health Center	237	65%	319	77%
	Take the child to district hospital	130	36%	218	53%
	VHV	7	2%	3	1%
	Other	4	1%		
How do you dispose of baby excrement?					
	Backfill	41	11%	16	4%
	Rinse off with water	278	77%	338	82%
	Throw it far away	36	10%	41	10%
	Other	8	2%	17	4%

3.9 Health behaviors

In Laos, like many countries, health behaviors encompass a diverse range of practices influencing individual and community health. Understanding these behaviors is crucial for designing effective public health interventions. Here's a brief overview:

Positive Behaviors:

- **High breastfeeding rates:** Over 80% of mothers initiate breastfeeding, although exclusive breastfeeding duration remains low.
- **Traditional remedies:** Use of locally-sourced plants and herbs for various ailments is widespread, with potential benefits and challenges.
- **Increased awareness:** Growing knowledge about healthy habits like handwashing and safe water practices, thanks to education campaigns.
- **Religious influences:** Buddhist teachings promote compassion and mindful practices that can benefit mental well-being.

Challenging Behaviors:

- **Tobacco use:** Smoking rates are high, particularly among men, posing a significant public health risk.
- **Unhealthy diets:** Limited access to diverse fruits and vegetables, combined with high consumption of processed foods, contributes to malnutrition and non-communicable diseases.
- **Alcohol consumption:** Harmful alcohol use, particularly among men, affects individuals, families, and communities.
- **Unsafe sexual practices:** Low condom use and limited knowledge about sexually transmitted infections increase vulnerability.
- **Limited physical activity:** Insufficient physical activity, especially among younger generations, can lead to health problems.

Cultural Influences:

- **Gender norms:** Traditional gender roles can impact healthcare access, decision-making, and health-seeking behaviors for women and girls.
- **Spirituality:** Beliefs in spirits and traditional healing practices can sometimes coexist with modern medicine, influencing healthcare choices.
- **Social pressure:** Peer pressure and cultural norms can influence risk-taking behaviors like substance abuse and unsafe sex.

Challenges and Opportunities:

- **Understanding variations:** Health behaviors differ across regions, ethnicities, and socioeconomic groups.
- **Building on strengths:** Leveraging positive traditional practices while addressing harmful behaviors is crucial.
- **Tailored interventions:** Public health programs need to be culturally sensitive and context-specific.
- **Community engagement:** Empowering communities and promoting behavior change through education and collaboration is essential.

According to table 11, Only a small percentage of women (10% in Sekong and 18% in Phongsaly) and 13% in Sekong and 15% in Phongsaly used albendazole during or after pregnancy, according to Table 9 below. About 96% of Sekong residents and 72% of Phongsaly residents wash their hands before cooking, 94% of Sekong residents and 74% of Phongsaly residents wash their hands before eating, 95% of Sekong residents and 93% of Phongsaly residents wash their hands after defecating, 96% of Sekong residents and 92% of Phongsaly residents wash their child's hands after defecating, and 98% of Sekong residents and 95% of Phongsaly residents wash their hands after disposing of baby waste

Table 11: Health behaviors

Health behaviors		Sekong	%	Phongsaly	%
Did you take Albendazole during pregnancy?	Do not know	1	0%		
	No	324	89%	338	82%
	Yes	38	10%	74	18%
Did you take Albendazole after pregnancy?	Do not know	1	0%		
	No	313	86%	349	85%
	Yes	49	13%	63	15%
Do you wash your hands before cooking?	No	15	4%	114	28%
	Yes	348	96%	298	72%
Do you wash your hands before eating?	No	20	6%	109	26%
	Yes	343	94%	303	74%
Do you wash your hand after defecation?	No	18	5%	28	7%
	Yes	345	95%	384	93%
Do you wash your child 'hands after defecation?	No	14	4%	33	8%
	Yes	349	96%	379	92%
Do you wash your hand after dispose of baby defecation?	No	9	2%	19	5%
	Yes	354	98%	393	95%

The FDG with village authorities states that our family and we changed our behavior a lot after learning from the program. In the past, our house did not have a toilet, we defecated on the edge of the forest, drinking water from a stream (not clean), did not wash our hands with soap, eating raw, dirty house, raising chickens under the house, which often makes us sick. But not now, to keep the whole family free from diarrhea and malaria, we and our family changed to new behavior as the first 1000-day suggested."

3.10 Family Planning

Family planning plays a crucial role in individual and national well-being. Here's a brief overview of the situation in Laos:

Progress:

- **Increased Modern Contraceptive Prevalence Rate (mCPR):** From 42% in 2016 to 48.5% in 2020, indicating greater use of reliable methods like IUDs and implants.
- **Expanded service access:** More health facilities offer family planning services, including rural areas.

- **Increased awareness:** Educational campaigns and community outreach programs have improved knowledge about family planning options.
- **Policy and legal support:** Laos recognize family planning as a fundamental right and has policies supporting access and choice.

Challenges:

- **Unmet need for contraception:** An estimated 20% of married women who want to delay or prevent pregnancy lack access to effective methods.
- **Rural disparities:** Access to services and information remains limited in remote areas.
- **Gender inequality:** Women might face pressure or lack decision-making power regarding family planning choices.
- **Limited youth engagement:** Young people often have limited access to information and services tailored to their needs.
- **Sociocultural barriers:** Traditional beliefs and practices can sometimes discourage the use of modern contraception.

According to Table 12, 59% of Sekong and 62% of Phongsaly residents used or used contraceptive methods to prevent unplanned pregnancies. In Sekong, the most common methods were pills (48%), injections (36%), and implants (25%), while in Phongsaly, the most common methods were pills (82%), and injections (22%). In Sekong, 66% of respondents, and in Phongsaly, 81%, the doctors and nurses provided thorough explanations regarding the benefits and drawbacks of each type of contraception.

Table 12: Family Planning

Family Planning	Sekong	%	Phongsaly	%
Do you take or use contraception methods in order to protect unintended pregnancy?				
No	149	41%	155	38%
Yes	214	59%	257	62%
What are contraception methods you are using?				
Pills	103	48%	211	82%
Intrauterine Device	2	1%	2	1%
Implant	53	25%	14	5%
Condom	5	2%	18	7%
Injection	76	36%	57	22%
What contraception methods are available in the pharmacy, medical center or hospital near your house?				
Pills	268	74%	362	88%
Intrauterine Device	93	26%	136	33%
Implant	202	56%	163	40%
Condom	126	35%	169	41%
Injection	236	65%	246	60%
Do doctors/nurses explain clearly about advantages and disadvantages of using each contraception methods?				
Do not know	67	18%	67	16%
No	56	15%	11	3%
Yes	240	66%	334	81%
Have you ever used local contraception method?				
No	298	82%	303	74%

	Yes	65	18%	109	26%
Have you ever had unintended pregnancy?	No	286	79%	314	76%
	Yes	77	21%	98	24%
How many children do you want to have?					
	Don't want to have any child	8	2%	1	0%
	one child	20	6%	10	2%
	two children	82	23%	98	24%
	3 children	110	30%	114	28%
	4 children	84	23%	130	32%
	More than 5 children	59	16%	59	14%

Figure 11: Women reported using family planning in Baseline at 49%, in the MTR at a rate of 65% in Sekong and Baseline at 27%, in the MTR at a rate of 41% in Phongsaly. This represents a significant improvement over the Endline evaluation, which found that 62% in Phongsaly and 59% in Sekong used family planning.

Figure 11: Women confirmed that they were using family planning

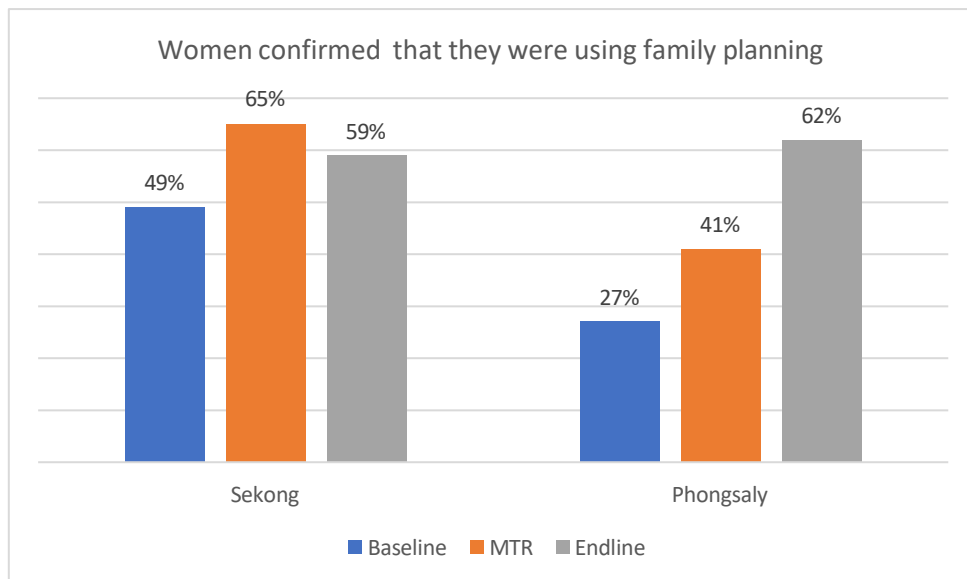
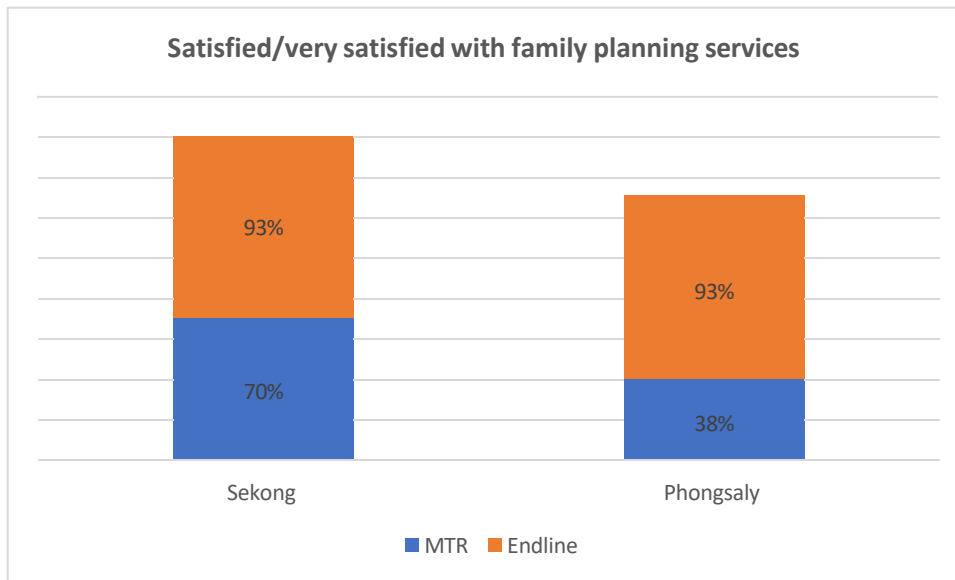


Figure 12 displays a considerable rise in the Endline evaluation of 93% in Sekong and 93% in Phongsaly who are satisfied or very satisfied with family planning services, compared to the MTR of 70% in Sekong and 38% in Phongsaly who are satisfied or very satisfied with the same services.

Figure 12: Satisfied/very satisfied with family planning services

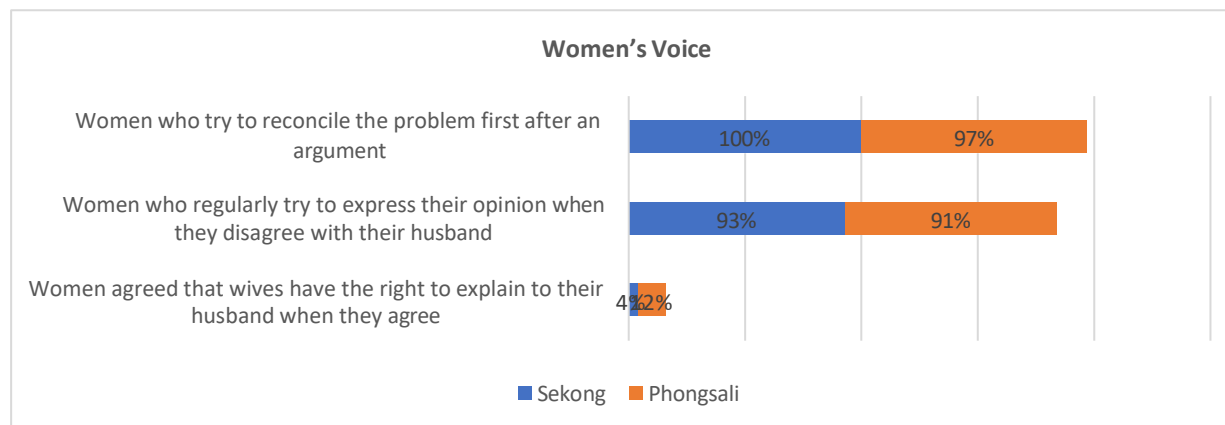


Based discussion with district and health center's officers indicates that the reasons for decreased modern contraceptive use among women in both Sekong and Phongsaly province, here are some potential factors to consider: In general, women in Sekong and Phongsaly provinces are using modern contraceptives less, and several factors are contributing to this decline. Remote locations make accessing clinics difficult, especially for refills or switching methods. Inconvenient clinic hours and stockouts of preferred options further limit access. Even small user fees and hidden costs like travel can be barriers for low-income women. Additionally, misinformation about side effects and limited knowledge about available methods create fear and uncertainty. Societal norms, partner disapproval, and lack of autonomy can also restrict women's ability to choose and use contraceptives. Finally, negative provider attitudes, privacy concerns, long waiting times, and inconvenient service delivery can discourage regular use. Addressing these diverse factors through improved accessibility, affordability, awareness campaigns, and respectful, confidential services is crucial to empower women and ensure their reproductive health choices.

3.11 Conflict Resolution in the Household

Figure 13 shows that after an argument, all (100% in Sekong) and nearly (97% in Phongsaly) of the women attempt to resolve the issue first. Women also frequently attempt to voice their disagreements with their husbands (93% in Sekong and 91% in Phongsaly), and only a small percentage of the women (4% in Sekong and 12% in Phongsaly) agreed that wives have the right to explain to their husbands when they agree.

Figure 13: Women's Voice



The table 13 shows that a higher percentage of women in Phongsaly (12%) than Sekong (4%) agree that wives have the right to explain to their husbands when they agree. However, a higher percentage of women in Sekong (93%) than Phongsaly (91%) regularly try to express their opinion when they disagree with their husband. In both locations, almost all women (97% in Phongsaly and 100% in Sekong) try to reconcile the problem first after an argument.

Table 13: Agree and dis-agree by women

Agree and dis-agree by women	Sekong	%	Phongsaly	%
Women agreed that wives have the right to explain to their husband when they agree	15	4%	51	12%
Women who regularly try to express their opinion when they disagree with their husband	337	93%	373	91%
Women who try to reconcile the problem first after an argument	363	100%	400	97%

The table 14 reveals interesting differences in women's decision-making power across Sekong and Phongsaly in Laos.

Overall Decision-Making:

- **Deciding about seeking health:** In both locations, most women (95% in Sekong, 86% in Phongsaly) participate in decisions about their health. This indicates awareness of their rights and potential empowerment in healthcare.
- **Disagreeing with husbands:** A similar majority in both provinces (93% in Sekong, 91% in Phongsaly) regularly express their opinions when disagreeing with their husbands. This suggests a culture of open communication, at least concerning disagreements.
- **Financial management:** More women in Phongsaly (91%) manage household finances compared to Sekong (85%). This could be due to cultural norms or economic opportunities.
- **Work outside:** Significantly women in Phongsaly (79%) believe they have the right to work outside home compared to Sekong (69%).
- **Refusing sexual relations:** Significantly women in Phongsaly (68%) believe they have the right to refuse sex compared to Sekong (74%). This could reflect differing cultural norms or power dynamics within relationships.
- **Economic decisions:** Almost all women in both locations (98% in Sekong, 91% in Phongsaly) participate in economic decisions, suggesting shared responsibility for household well-being.

- **Meal choices:** Nearly all women (98% in Sekong, 94% in Phongsaly) have high autonomy in choosing meals, implying control over domestic matters.

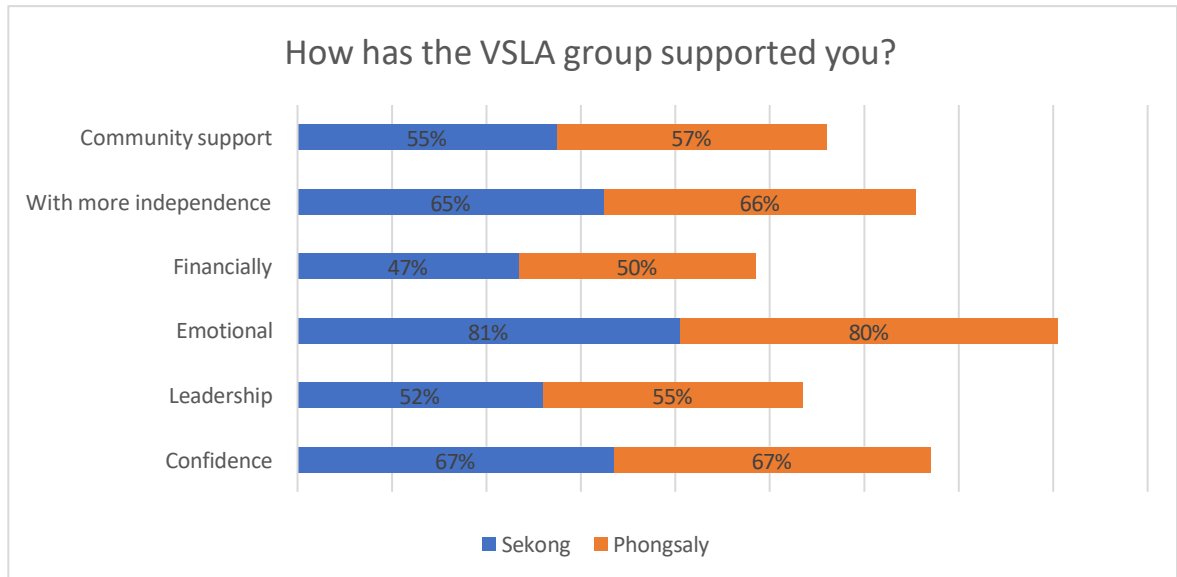
Table 14: Women's Decision-Making Power

Women's Decision-Making Power:		Sekong	%	Phongsaly	%
Deciding about seeking health	No	19	5%	56	14%
	Yes	344	95%	356	86%
Women who regularly try to express their opinion when they disagree with their husband	No	26	7%	39	9%
	Yes	337	93%	373	91%
Have/own money and manage household's finance	No	53	15%	38	9%
	Yes	310	85%	374	91%
Work outside	No	114	31%	87	21%
	Yes	249	69%	325	79%
Makes decisions in purchasing expensive product	No	22	6%	51	12%
	Yes	341	94%	361	88%
A wife has the right to express her opinion if she disagrees wither husband.	No	26	7%	39	9%
	Yes	337	93%	373	91%
A woman has a right to refuse sexual relations with her husband	No	93	26%	132	32%
	Yes	270	74%	280	68%
Women have the right to make economic decisions in the household	No	8	2%	36	9%
	Yes	355	98%	376	91%
Women can earn money and manage household finances	No	5	1%	6	1%
	Yes	358	99%	406	99%
Have high or very high autonomy on choosing what meals are served	have high or very high	354	98%	388	94%

3.12 VSLA group

The data presented in Figure 14 indicates that women in Sekong and Phongsaly receive support from the VSLA group in various areas. These include financial (47% in Sekong and 50% in Phongsaly), emotional (81% in Sekong and 80% in Phongsaly), leadership (52% in Sekong and 55% in Phongsaly), more independence (65% in Sekong and 66% in Phongsaly), and community support (55% in Sekong and 57% in Phongsaly).

Figure 14: the VSLA group supported



The figure 15 data show a positive trend in both Sekong and Phongsaly regarding the number of female members in Village Development Committees (VDCs). Here's a breakdown:

Overall Increase:

- **Both locations:** Both Sekong and Phongsaly experienced significant increases in female VDC members.
- **Sekong:** Increased from 21% to 36%, representing a 15-percentage point increase.
- **Phongsaly:** Increased from 18% to 49%, representing a 31-percentage point increase.

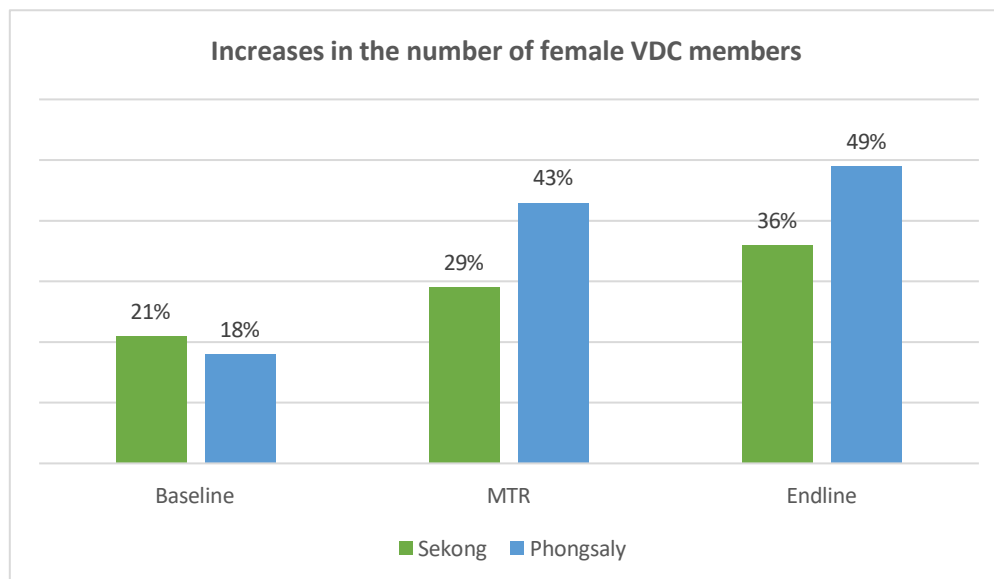
Comparative Performance:

- **Phongsaly:** Phongsaly achieved a larger absolute and relative increase compared to Sekong.

According to the Focus group discussions with VSLA participants in both provinces highlighted two key factors contributing to increased female representation in Village Development Committees (VDCs):

- **Awareness campaigns promoting gender equality and women's leadership roles:** These campaigns played a significant role in shifting mindsets and perceptions, fostering an environment more accepting of women in leadership positions.
- **Capacity training for women:** This training equipped women with the necessary skills and knowledge to confidently step into leadership roles within VDCs, further bolstering their abilities and qualifications.

Figure 15: Increases in the number of female VDC members



IV. Assessment against evaluation criteria

4.1 Relevance

The review concluded that because RMNCH programming considered partner and local government priorities, it was relevant. A strong health system is essential for providing healthcare services and producing results, hence concentrating on improving health systems was a particularly pertinent strategy. Simultaneously, there was a need to highlight the importance of an integrated, multi-sectoral approach in order to address the needs of adolescents and health determinants in more detail.

The 22 priority interventions and 11 strategic objectives of the RMNCH-endorsed National Plan of Action for Nutrition (NPAN) address the two SOs: preventing food, water, and vector-borne diseases and improving nutrient intake. Among the main goals are the enhancement of children's growth and nutrition at the household level through community action.

The project's objectives and results are in line with the Lao government's National Nutrition Strategy (NNS) and action plan (NNSAP) and Reproductive, Maternal, New-born, and Child Health (RMNCH) strategy, as well as CARE's internal and Lao government standards. This was reported by all participants, including the staff of the provincial health department, district health office, health center, CARE, and community health volunteers. As a result, the overall objective of the Project is pertinent to the requirements of the HC/DHO/PHO. Additionally, the project's actions satisfy pertinent demands of the beneficiaries in the community and has been able to support the role and office requirements of HC/DHO/PHO.

The project's objectives and results are alignment with national strategies and SDGs, let's delve deeper to paint a clearer picture of the project's impact and areas for improvement.

Specificity is Key:

- **National Strategies & SDGs:** Instead of broad statements, mention specific goals and objectives from NNS, NNSAP, RMNCH, and relevant SDGs (e.g., NNS Goal 2: Reduce stunting in children under 5, SDG 2.2: Achieve sustainable agriculture and nutrition). Explain how the project's activities directly contribute to these goals.
- **Target Beneficiaries:** Specify who benefits most (e.g., pregnant women, children under 5, low-income households). This helps understand the project's impact on specific populations.

Based on the table 15 data, there's a **positive trend** in perceived relevance, with **Sekong showing lower scores compared to Phongsaly and the total**. Here's a breakdown of key observations:

Alignment with National Strategies:

- **Overall High:** Both districts report mostly "High" and "Very High" relevance to national strategies. Phongsaly shows a strong majority (65%) in these categories.

Responsiveness to Beneficiary Needs:

- **Mixed:** Both districts have responses across all categories, suggesting varying perspectives. Phongsaly again shows mostly "High" and "Very High" (60%).

Support for MoH/PHD/LWU:

- **Very Positive:** All respondents consider the project "High" or "Very High" in supporting government agencies. This indicates strong partnership and alignment with their goals.

Community and Villager Relevance:

- **Generally Positive:** Similar to beneficiary needs, responses fall across categories, but Sekong shows less agreement on high relevance (20% vs. 40% in Phongsaly).

Mother and Children's Needs:

- **Positive with some variation:** Both districts have high proportions "High" and "Very High" (50% in Sekong and 70% in Phongsaly).

Table 15: Relevance Level

Relevance Level	Sekong	%	Phongsaly	%	Total	%
The project align itself to the Country's strategy and vision						
Very low relevance		0%		0%	0	0%
Low relevance		0%		0%	0	0%
Relevance		0%	1	20%	1	11%
High relevance	1	25%	2	40%	3	33%
Very high relevance	3	75%	2	40%	5	56%
To what extent the project objective and design respond to beneficiaries' need and consistent with the CARE Laos Women Health program?						
Very low relevance		0%		0%	0	0%
Low relevance		0%		0%	0	0%
Relevance		0%	2	40%	2	22%
High relevance	1	25%	2	40%	3	33%
Very high relevance	3	75%	1	20%	4	44%
Please rate the relevance level of the Project's overall goal to the needs of the MoH/PHD/LWU?						

Very low relevance		0%		0%	0	0%
Low relevance		0%		0%	0	0%
Relevance		0%		0%	0	0%
High relevance	1	25%	4	80%	5	56%
Very high relevance	3	75%	1	20%	4	44%
How much the Project has been able to support the role of the MoH/PHD/LWU?						
Very low relevance		0%		0%	0	0%
Low relevance		0%		0%	0	0%
Relevance		0%		0%	0	0%
High relevance	4	100%	5	100%	9	100%
Very high relevance		0%		0%	0	0%
How the project been relevant and useful for community and villager's requirement?						
Very low relevance		0%		0%	0	0%
Low relevance		0%		0%	0	0%
Relevance		0%	2	40%	2	22%
High relevance	1	25%	2	40%	3	33%
Very high relevance	3	75%	1	20%	4	44%
How has the project been relevant and useful to mother and children's needs?						
Very low relevance		0%		0%	0	0%
Low relevance		0%		0%	0	0%
Relevance	1	25%	2	40%	3	33%
High relevance	1	25%	2	40%	3	33%
Very high relevance	2	50%	1	20%	3	33%

4.2 Coherence

The First 1000 Days" Project in Laos: Coherence and Partnerships

Alignment with National Goals:

The project demonstrably strengthens key objectives laid out by the Lao PDR government, including:

- **Reduced malnutrition:** Aligned with the Roadmap for Attainment of the HRH Reform Strategy by 2030, the project encourages healthcare personnel training and development, contributing to improved nutritional outcomes.
- **Enhanced healthcare professional skills:** By providing training and support, the project directly tackles a key goal within the national roadmap.
- **Improved healthcare access:** Activities such as encouraging ANC utilization and building community knowledge address the National Nutrition Strategy's focus on increased service access.

Strong Stakeholder Engagement:

This project flourishes through its collaborative approach, involving various local actors as partners:

- **District government partners:** They ensure coordination with local needs and smooth implementation.
- **Healthcare personnel:** Their expertise strengthens interventions and improves healthcare access.
- **VSLAs members:** Their community understanding and reach are crucial for beneficiary engagement and long-term sustainability.

- **Nutritionists:** Their technical knowledge guides the project's nutritional strategies.
- **Other government partners:** Collaboration expands project reach and utilizes diverse resources.

Valuable External Support:

Regional CSO organizations like SUNCSA and PFHA contribute through:

- **Expertise:** They share valuable knowledge and best practices, enhancing project effectiveness.
- **Networks:** These organizations broaden the project's reach and potential impact.

4.3 Effectiveness

The endline survey revealed positive feedback on the project's effectiveness and adherence to its plan. Stakeholders across various levels, including provincial health department personnel, district health office staff, health center employees, CARE representatives, and community health volunteers, commended the project's main activities for contributing to its overall goals.

Specific Examples of Effectiveness:

- **Exceptional Service Delivery:** District and health center staff were praised for their outstanding work in providing essential services like antenatal care (ANC), health education, and nutrition education. This contributed to:
 - **Improved RMNCH Behaviors:** Families adopted healthier practices, demonstrably through increased ANC utilization, improved hygiene practices, dietary diversification.
 - **Enhanced Capacity:** Participants highly valued the informative and engaging training sessions led by qualified instructors.

Key Factors for Success:

- **Training and Supervision:** Integrating staff training with supportive supervision at all levels ensured knowledge transfer and effective intervention implementation.
- **Strong Community Engagement:** Identifying and building the capacity of community volunteers fostered trust and facilitated communication between villages and health centers, ultimately bolstering villagers' confidence in utilizing health services.

The project's success stemmed from a synergistic combination of several crucial factors:

Empowering Staff through Training and Supervision:

- **Comprehensive Training:** Project interventions invested in equipping staff at all levels with the knowledge and skills necessary to effectively implement project activities.
- **Supportive Supervision:** Regular and constructive supervision fostered ongoing learning, problem-solving, and motivation, ensuring continued quality service delivery.

Unleashing Community Potential:

- **Volunteer Capacity Building:** Identifying and nurturing the capacities of community volunteers strengthened their ability to support project goals and serve as trusted liaisons between villages and health centers.

Strengthening Communication and Trust:

- **Enhanced Feedback Mechanism:** Establishing a clear and efficient feedback loop between villages and health centers facilitated responsive service delivery and addressed community concerns directly. This ultimately bolstered villagers' confidence in utilizing available health services.

Similar to the relevance table, the table 16 shows a **positive trend** in perceived effectiveness, with **Sekong showing lower scores compared to Phongsaly and the total**. Here's a breakdown of key observations:

Contribution to Project Goal:

- **Generally Positive:** Over half of respondents in both districts perceive activities as "High" or "Very High" contributors (80% in Phongsaly vs. 33% in Sekong).

Overall Project Operation:

- **Positive:** Sekong again shows lower agreement on high and very effectiveness (75%), 100% in Phongsaly on project operation, high and very effectiveness 89% in total.

Progress Assessment:

- **Positive with slight variation:** Sekong again shows lower agreement on high and very effectiveness (100% vs. 80% in Phongsaly).

Achievement Assessment:

- **Similar to progress assessment:** Trends match the previous question, with Sekong having very high proportion perceiving "High" and "Very High" achievements (100% vs. 80% in Phongsaly).

Table 16: Effectiveness Level

Effectiveness Level	Sekong	%	Phongsaly	%	Total	%
How much do you see project's key activities has contributed to the overall goal of the project?						
Very low effectiveness		0%		0%	0	0%
Low effectiveness		0%		0%	0	0%
Effectiveness		0%	1	20%	1	11%
High relevance	1	25%	4	80%	5	56%
Very high relevance	3	75%		0%	3	33%
Do you think the project has been operated effectively?						
No	1	25%		0%	1	11%
Yes	3	75%	5	100%	8	89%
How would you assess the project's progress?						
Very low effectiveness		0%		0%	0	0%
Low effectiveness		0%		0%	0	0%
Effectiveness		0%	1	20%	1	11%
High relevance	3	75%	4	80%	7	78%
Very high relevance	1	25%		0%	1	11%
How would you assess the project's achievements?						
Very low effectiveness		0%		0%	0	0%
Low effectiveness		0%		0%	0	0%
Effectiveness		0%	1	20%	1	11%
High effectiveness	3	75%	4	80%	7	78%
Very high effectiveness	1	25%		0%	1	11%

The First 1000 Days" Project in Laos: Effectiveness Summary

Positive Feedback and Achievements:

- Stakeholders across various levels praised the project's major activities for contributing to its goals.
- Specific examples include improved service delivery (ANC, health education, nutrition education), increased ANC utilization, improved hygiene practices, and dietary diversification.
- Participants highly valued informative and engaging training sessions.

Key Factors for Success:

- **Training and Supervision:** Combined staff training with supportive supervision to ensure knowledge transfer and effective implementation.
- **Community Engagement:** Built capacity of community volunteers, fostering trust and communication between villages and health centers, boosting confidence in healthcare utilization.

Key Strategies:

- **Empowering Staff:** Comprehensive training and supportive supervision equipped staff at all levels.
- **Unleashing Community Potential:** Developed capacity of volunteers to support project goals and act as liaisons.
- **Strengthening Communication and Trust:** Established a feedback loop to address community concerns and boost confidence in healthcare services.

4.4 Efficiency

Stakeholder Consensus: Interviewees across multiple levels, from provincial health departments to community volunteers, unanimously agree that the project achieved its goals with **exceptional efficiency** under CARE's management.

Cost-Effectiveness: Project activities were not only impactful but also implemented in a **cost-effective** manner, maximizing positive outcomes while minimizing resource expenditure.

The table 17 shows efficiency level:

Overall efficiency:

- **High:** Looking at the "High efficiency" (75% in Sekong and 80% in Phongsaly) and "Very high efficiency" rows, most projects (25% in Sekong, 11% in total) fall under these categories. This suggests an overall good performance.
- **However:** There are no projects in the "Efficiency" category, indicating potential room for improvement in some areas.

Project operation:

- **Looks good:** Similar to overall efficiency, most projects are categorized as "High efficiency" (56% in total) or "Very high efficiency" (22% in total).

Budget and resource allocation:

- **Mostly positive:** 78% of projects fall under "High efficiency," and 22% are in categorized as "Very high efficiency" in this category, suggesting good allocation.

Activities with inefficient resource allocation:

- **Some inefficiency present:** 67% of projects are reported to have activities with inefficient resource allocation, indicating further room for improvement.

In simpler terms:

- The project seems to be doing well overall, with most activities achieving high efficiency.

- However, there are pockets of inefficiency in terms of project operation, budget allocation, and specific activities. Addressing these areas could further improve the project's performance.

Table 17: Efficiency Level

Efficiency Level	Sekong	%	Phongsaly	%	Total	%
What the efficiency level of the project in relation to project's overall goal?						
Very low efficiency		0%		0%	0	0%
Low efficiency		0%		0%	0	0%
Efficiency		0%	1	20%	1	11%
High efficiency	3	75%	4	80%	7	78%
Very high efficiency	1	25%		0%	1	11%
Do you think the project has been operated efficiently?						
Very low efficiency		0%		0%	0	0%
Low efficiency		0%		0%	0	0%
Efficiency		0%	2	40%	2	22%
High efficiency	3	75%	2	40%	5	56%
Very high efficiency	1	25%	1	20%	2	22%
Has the Project's budget and resources been efficiently allocated to implement activities to produce intended outcome?						
Very low efficiency		0%		0%	0	0%
Low efficiency		0%		0%	0	0%
Efficiency		0%		0%	0	0%
High efficiency	2	50%	5	100%	7	78%
Very high efficiency	2	50%		0%	2	22%
Have you observed what activities have not been efficiently allocated with budget and necessary resources?						
Very low efficiency		0%		0%	0	0%
Low efficiency		0%		0%	0	0%
Efficiency	2	50%	4	80%	6	67%
High efficiency	2	50%		0%	2	22%
Very highefficiency		0%	1	20%	1	11%

The First 1000 Days" Project in Laos: Efficiency Highlights

Positive Efficiency Scores:

- **Stakeholder consensus:** All involved parties, from high-level officials to community volunteers, highly value the project's efficient achievement of its goals under CARE's management.
- **Cost-effectiveness:** Project activities demonstrate a strong balance between impact and resource utilization, delivering positive outcomes while minimizing spending.
- **Overall efficiency:** Most projects show "high" or "very high" efficiency levels, indicating good overall performance.
- **Project operation and budget allocation:** Similar to overall efficiency, these areas also exhibit largely positive results with significant portions categorized as "high" or "very high."

Areas for Improvement:

- **Inefficient resource allocation:** While 67% of projects report efficient resource allocation, some activities still utilize resources less effectively.

4.5 Impact

Where there any startling positive/negative effects of the activities?

All people interviewed could only provide positive effects of the activities. When asked directly, they replied that there were only positive effects and no negative effects.

What did key changes have happened in children, vulnerable youth, women, all volunteers, HCs/DHOs staff and their families' lives through project activities and RMNCH?

Communities have more information on nutrition, and also more understanding of health care services. In some villages, model families have emerged as natural leaders.

While improvements in children's nutritional status are encouraging, with reductions in underweight and stunting rates compared to provincial levels, significant challenges remain.

Despite progress, a staggering 37% of children under 5 in both Sekong and Phongsaly provinces still suffer from stunting, hindering their growth and development. This translates to **14.3-14.5%** experiencing moderate stunting and **23.0-22.6%** facing severe stunting, highlighting a critical public health concern.

Underweight prevalence also remains high in both provinces, exceeding the national average of 23.7%. Sekong has a higher overall underweight rate (**27.1%**), while Phongsaly exhibits a higher prevalence of moderate underweight (**14.8%** compared to Sekong's 14.3%). Both provinces have similar rates of severe underweight (around 5-6%).

These statistics underscore the need for continued and targeted interventions to address malnutrition in children, particularly in Sekong and Phongsaly.

What did changes were taking place regarding the capacity of community leaders, volunteers, HC staff, DHO-DH staff and PHO staff, and how can they be further strengthened after they trained already?

The directors of health centers oversee the staff's abilities in ANC, delivery, and post-natal care in addition to providing direct patient care. They have also participated in numerous technical trainings. They believe that staff members are more equipped to manage challenging deliveries and are aware of when to refer individuals who may have a complex birth.

Directors and technical staff of health centers praised the work of community volunteers; one directed said "Community volunteers are the representatives of the health services" and provide consistent messages and education for communities. Technical staff praised the ability of trainers in providing training and supportive supervision. They feel that the trainers do provide support in a friendly way which gives trainees confidence in making change in assessment and treatment of patients.

Supportive supervision is as important as the initial training to ensure that staff can use the skills that they have learned. The trainers work through the issues that trainees have confronted so that they can continue to gain confidence and assess and treat situations by themselves, with the assurance that they can continue district and province staff for assistance when necessary.

"The First 1000 Days" Project in Laos: Impact and Potential for Growth

Positive Effects:

- **Increased knowledge and understanding:** Communities reported improved awareness of nutrition and healthcare services, indicating successful knowledge dissemination.
- **Empowered communities:** Model families emerged as natural leaders, demonstrating project-driven leadership development.
- **Enhanced healthcare capacity:** Health center directors observed improved staff abilities in delivering various care services, suggesting successful skill and confidence building.
- **Valuable volunteers:** Community volunteers were recognized as crucial figures in disseminating information and building trust in healthcare services.
- **Positive training experience:** Technical staff appreciated the training delivery methods and felt more confident applying their skills.

Challenges and Further Opportunities:

- **Persistent malnutrition:** Despite reductions, underweight and stunting rates in children remain alarmingly high, requiring targeted interventions.
- **Building on strong foundations:** While training was successful, continued supportive supervision is crucial for retaining and applying new skills.
- **Strengthening leadership and volunteer coordination:** Further equipping model families and volunteers with leadership and coordination skills can enhance their community impact.
- **Sustainability concerns:** Exploring long-term funding and resource allocation strategies is critical to ensure continued impact beyond the project's lifespan.

4.6 Sustainability

The increased capacity and knowledge of the health center staff, district health office and provincial health department was thought to be sustainable by all respondents. All respondents said that because the district- and province-level and health center staff have been trained by the Activity, they will continue to use the skills and knowledge to continue community visits and outreach activities. The respondents have an even greater positive outlook on the sustainability of the health center staff's increased capacity. Respondents noted that the Activity has trained health center staff, so they can use the technical knowledge and soft skills obtained. During five FDG with village authorizes described how health center staff will continue their community visit work with the support of the DHO. However, monthly outreach is not sustainable; hence guidelines stipulate outreach to villages beyond a certain distance from the nearest health facility, especially in the absence of roads.

“Maternal Health and Nutrition works are the goals of the [GOL]. The first 1000-day program has built capacity for health workers at each level, especially at the district and village levels. Therefore, they are the ones who continue the activities of the program to keep it sustainable.” District-level technical staff, khoua

Key Informant Interviews (KIIs) revealed positive sentiments regarding the program's sustainability beyond the first 1000 days. Notably, all respondents expressed confidence that all program aspects will continue even after the Activity's direct involvement ends. They attributed this optimism to the program's strong alignment with the Government of Laos's (GOL) goals outlined in the National Nutrition Strategy to 2025 and the National Plan of Action for Nutrition 2016-2020. Respondents believe this alignment increases the likelihood of the GOL continuing mother and child health and nutrition interventions, with the Ministry of Health (MOH) potentially remaining the primary implementer.

“All aspects of the first 1000-day program still sustain because all the works were moving in the same direction as the [GOL’s] goals. Therefore, the [GOL], especially the [MOH], is responsible for continuing these activities.” Dakchueng District health office sad.

The community volunteers feel that they can assist an orientation process for new volunteers by inviting the volunteer to join the activities before the previous volunteer leaves their service. They can bring the new volunteer with them for home visits and organizing community events.

On sustainability, one of the important initiatives has been the direct involvement of the local district health system. CARE and the DHO have been jointly developing key actions that are based on the needs of the district and local communities. CARE also succeeded in developing partner capacity as one of the key issues in addressing sustainability. The sustainability of DHO interventions is probably the strongest that CARE achieved in the project. However, this has created dependency problems. CARE has also been outstanding in transferring knowledge, skills and capacities in ways that enable the communities to undertake activities. CARE has successfully built upon and nurtured partnerships with local leaders and communities.

Sustainability Analysis: "The First 1000 Days" Project in Laos:

Positive indicators:

- **Increased capacity:** Health center staff, district health offices, and provincial health departments reported feeling equipped to continue activities like community visits and outreach, suggesting increased sustainability.
- **Alignment with government goals:** The project's focus on maternal health and nutrition aligns with the Government of Laos's national strategies, potentially ensuring continued support from the Ministry of Health.
- **Community volunteer engagement:** The involvement of volunteers suggests ownership and potential for continued engagement even after the project ends.
- **Direct district health system involvement:** Joint development of initiatives with the district health office enhances local ownership and integration into existing systems.
- **Knowledge transfer:** Successful knowledge and skill transfer to communities empower them to undertake independent activities.
- **Strong partnerships:** Established partnerships with local leaders and communities provide a valuable foundation for future work.

Challenges:

- **Monthly outreach limitations:** Guidelines restrict monthly outreach to specific areas, limiting its broader sustainability.
- **Potential dependency:** Overreliance on CARE could hinder independent action by local systems.

Recommendations:

- **Phased transition:** Gradually decrease CARE's involvement while supporting the district health system to assume full responsibility.
- **Resource mobilization:** Advocate for government funding and resource allocation to sustain interventions.
- **Capacity building:** Continue training and support for community volunteers to ensure their self-sufficiency.
- **Monitoring and evaluation:** Regularly assess progress and adapt strategies based on feedback.

V. Lesson learnt

Key Learnings from "The First 1000 Days" Project in Laos:

- **Investing in public servants:** Providing training significantly strengthened the capacity and knowledge of public employees, enhancing project sustainability and improving service delivery.
- **Improving treatment center infrastructure:** Upgrading sanitation and equipping treatment centers improved hygiene and created a more welcoming environment, potentially contributing to increased service utilization.
- **Incentives and awareness campaigns:** Providing incentives like gift sets and raising awareness through various activities successfully encouraged more births at healthcare facilities, indicating improved trust and confidence in the system.
- **Gender equality is essential:** Mainstreaming gender equality into public health interventions is crucial for achieving positive health and nutrition outcomes for pregnant women, mothers, and children. It ensures equitable access to healthcare, empowers women, and ultimately leads to better health for all.

Additional Monitoring Recommendations based on "The First 1000 Days" Project in Laos:

Public Servant Capacity:

- Track the number of public servants trained and their specific areas of expertise.
- Monitor the application of acquired knowledge and skills in their daily work.
- Evaluate the impact of training on service delivery quality and community engagement.

Treatment Center Infrastructure and Utilization:

- Monitor the maintenance and functionality of upgraded infrastructure.
- Track changes in service utilization rates at treatment centers following upgrades.
- Collect user feedback regarding satisfaction with the treatment center environment.

Effectiveness of Incentives and Awareness Campaigns:

- Monitor trends in the number of births at healthcare facilities after implementing incentives and campaigns.
- Evaluate the specific effectiveness of different incentive types and campaign messages.
- Track changes in community awareness and knowledge regarding healthcare utilization.

Integration of Gender Equality:

- Monitor the implementation of gender-sensitive strategies within healthcare interventions.
- Track disaggregated data on service utilization and health outcomes for women, mothers, and children.
- Evaluate the project's impact on women's empowerment and decision-making regarding healthcare.

Additional Metrics:

- Monitor key health indicators for pregnant women, mothers, and children, including maternal mortality rate, infant mortality rate, and child stunting prevalence.
- Track project expenditure and cost-effectiveness in achieving desired outcomes.
- Regularly conduct project evaluations to assess progress, identify challenges, and inform course corrections.

VI. Challenge

The "First 1000 Days" project faced various challenges that impacted its implementation and effectiveness:

Administrative Difficulties:

- **Lengthy MOU approval process:** Delays in official approvals halted project activities for a year, hindering overall progress. This highlights the need for improved planning and managing expectations related to bureaucratic processes.

Socioeconomic and Cultural Factors:

- **Variations across groups:** Interventions effectiveness varied depending on factors like ethnicity, location, and parental education. Tailoring approaches to specific contexts are crucial.
- **Low maternal knowledge:** Limited understanding of nutrition and its importance during pregnancy and early childhood hampered desired outcomes. Educational interventions are essential.
- **Economic burden:** Affordability of nutritious food was a challenge for some households, especially non-Lao-Tai communities. Addressing economic vulnerabilities is vital.

Accessibility and Logistical Issues:

- **Remote locations:** Reaching communities in remote areas was difficult due to transportation costs and infrastructure limitations. Innovative solutions for service delivery are needed.
- **Early marriage and pregnancy:** These factors contributed to school dropout, reduced healthcare access, and poor nutrition, requiring comprehensive community programs.

Pandemic Effects:

- **Temporary activity pause:** COVID-19 lockdowns temporarily halted project activities, disrupting the implementation timeline. Adapting programs to ensure service continuity during crises is critical.

Sustainability concerns:

- **Training knowledge transfer:** Training sustainability was a concern, as staff turnover could lead to loss of acquired skills. Mentoring and supportive supervision practices can address this.
- **Physical access barriers:** Poor road conditions and limited access during the rainy season hindered beneficiary access to healthcare services. Infrastructure improvements and alternative service delivery methods are needed.

VII. CARE Approaches

Analysis of Gender Integration in "The First 1000 Days" Project: Sekong and Phongsaly

Positive Findings in table:

- All respondents (100%) in both Sekong and Phongsaly agreed that the project effectively places women and girls at the center of its activities.
- All respondents (100%) across both districts felt the project provides sustainable and empowering opportunities for women and girls, fostering a stronger socio-economic environment.
- All respondents (100%) agreed that the project offers equal access to local economic production factors for women and girls.
- All respondents (100%) perceived the project to consider specific needs and requests of women and girls, including education, literacy, and protection against gender-based violence, during implementation.

- All respondents (100%) believed the project effectively addresses and transforms unequal gender practices and beliefs within the target communities.

Table 18: Gender

Gener	Sekong	%	Phongsaly	%	Total	%
Does the project effectively and efficiently place women and girls at the centre of the programme?						
No		0%		0%	0	0%
Yes	4	100%	5	100%	9	100%
Does the project promote/provide enough sustainable and consolidated opportunities to women and girls allowing them to enjoy a strong empowered socio-economic environment?						
No		0%		0%	0	0%
Yes	4	100%	5	100%	9	100%
Does the project provide continuously strong and equal opportunities to women and girls to access to local economic production factors?						
No		0%		0%	0	0%
Yes	4	100%	5	100%	9	100%
Does the project take sufficiently into consideration specific needs and requests on behalf of women and girls (ex.: level of education/literacy; protection against GBV, etc.) during activity implementation?						
No		0%		0%	0	0%
Yes	4	100%	5	100%	9	100%
Are project opportunities effectively and efficiently used to transform unequal gender practices and beliefs within the target communities?						
No		0%		0%	0	0%
Yes	4	100%	5	100%	9	100%

Analysis of Resilience in "The First 1000 Days" Project: Sekong and Phongsaly

Positive Findings:

- **Majority agrees on food security mechanisms:** In both Sekong and Phongsaly, 89% of respondents (80% in Phongsaly, 100% in Sekong) agreed the project helps communities build sustainable food and nutrition security mechanisms.
- **Empowering women and girls:** All respondents (100%) across both districts believe the project empowers women and girls to face hardships with autonomy and self-determination, building resilience.
- **Equipping for shocks and uncertainties:** All respondents (100%) in both districts agreed the project strengthens communities' capacity to deal with shocks, disruptions, and climate change impacts on food security and health systems.

Table 19: Resilience

Resilience	Sekong	%	Phongsaly	%	Total	%
Does the project provide target communities with sufficient capacities to build up strong and/or consolidated sustainable food and nutrition security mechanisms?						
No		0%	1	20%	1	11%
Yes	4	100%	4	80%	8	89%

Does the project empower women and girls to gain the necessary level of resilience to face times of hardships based on autonomy and self-determination?						
No		0%		0%	0	0%
Yes	4	100%	5	100%	9	100%
Does the project equip target communities with increased capacities and assets to deal with shocks, disrupting events and any other uncertainties in regard to climate change (impacting on food security and health systems)?						
No		0%		0%	0	0%
Yes	4	100%	5	100%	9	100%

Analysis of Governance in "The First 1000 Days" Project: Sekong and Phongsaly

Positive Findings:

- **Unanimous agreement on promoting good local governance:** All respondents (100%) across both districts believe the project effectively promotes good local governance, ensuring long-term sustainability of outcomes.
- **Strong integration of local structures:** All respondents (100%) agree that local structures, institutions, and organizations are sufficiently integrated into project implementation, contributing to achieving objectives and goals.

Areas for Improvement:

- **Strengthening inclusive governance:** While 89% of respondents saw progress in strengthening inclusive governance, 11% (particularly in Sekong) felt improvements were needed. Investigating specific areas for improvement in Sekong would be beneficial.

Table 20: Governance

Governance	Sekong	%	Phongsaly	%	Total	%
Does the project programme enable to effectively promote good local governance of the expected project outcomes ensuring long-term sustainability?						
No		0%		0%	0	0%
Yes	4	100%	5	100%	9	100%
Are local structures, institutions and organisations sufficiently integrated into the project implementation in order to achieve best the programme's objectives and goals?						
No		0%		0%	0	0%
Yes	4	100%	5	100%	9	100%
Does the project enable to strengthen inclusive governance of local structures, institutions and organisations allowing to promote and to build up lasting change and innovative solutions?						
No	1	25%		0%	1	11%
Yes	3	75%	5	100%	8	89%

Analysis of Safeguarding in "The First 1000 Days" Project: Sekong and Phongsaly

Positive Findings:

- **Universal agreement on Safeguarding policy:** All respondents (100%) in both districts agreed that the project efficiently applies CARE's Safeguarding policy throughout implementation.

- **Strong awareness and protection mechanisms:** All respondents (100%) across both districts believe the project has robust mechanisms and systems in place to inform, raise awareness, and protect participants/beneficiaries regarding safeguarding.
- **Effective complaint response systems:** All respondents (100%) in both districts agreed the project has strong systems for responding to safeguarding complaints and cases.
- **Child protection measures:** All respondents (100%) across both districts agreed the project has strong measures in place to protect children from any form of abuse.

Areas for Improvement:

- **Gender-based violence (GBV) protection:** While 78% of respondents saw sufficient GBV protection mechanisms, 22% (particularly in Sekong) felt they were lacking. Further investigation into these concerns is crucial.

Table 21: Safeguarding (PSHEA)

Safeguarding (PSHEA)	Sekong	%	Phongsaly	%	Total	%
Does the project efficiently apply CARE's Safeguarding policy throughout the entire project implementation?						
No		0%		0%	0	0%
Yes	4	100%	5	100%	9	100%
Are there strong and consolidated mechanisms and systems in place to inform, raise awareness and protect programme participants/beneficiaries in regard to safeguarding?						
No		0%		0%	0	0%
Yes	4	100%	5	100%	9	100%
Are there strong and robust systems in place to respond to safeguarding complains and cases?						
No		0%		0%	0	0%
Yes	4	100%	5	100%	9	100%
Is the project providing sufficient mechanisms in order to protect programme participants/beneficiaries against Gender Based Violence (GBV)?						
No		0%	2	40%	2	22%
Yes	4	100%	3	60%	7	78%
Are there strong and robust measures in place to protect children from any form of abuse? (e.g. when their mothers are participating in project activities)						
No		0%		0%	0	0%
Yes	4	100%	5	100%	9	100%

Analysis of Processes and Procedures in "The First 1000 Days" Project: Sekong and Phongsaly

Positive Findings:

- **Strong reporting and feedback:** All respondents (100%) in both districts agreed the project provides sufficient and consolidated reporting and feedback mechanisms for participants/beneficiaries.
- **Adapting materials to target groups:** All respondents (100%) across both districts believe project materials are adequately adapted to the education/literacy levels, customs, and social norms of the target groups.
- **Effective inputs and outputs:** All respondents (100%) agreed the project demonstrates an efficient relationship between inputs and outputs regarding time, costs, and adherence to CARE standards.
- **Strong anti-fraud measures:** All respondents (100%) in Sekong and 80% in Phongsaly believe the project has strong and robust mechanisms in place to implement CARE's zero-tolerance policy against fraud, corruption, and terrorism.

Areas for Improvement:

- **Integrating beneficiary feedback:** While 78% of respondents saw efficient incorporation of beneficiary feedback, 22% (particularly in Sekong) felt improvements were needed. Further investigation into Sekong's specific challenges and how feedback is used is crucial.
- **Anti-fraud measures in Phongsaly:** While the majority in Phongsaly agreed on strong anti-fraud measures, a 20% response suggests potential areas for improvement. Exploring these concerns and strengthening existing mechanisms would be beneficial.

Table 22: Processes and procedures

Processes and procedures	Sekong	%	Phongsaly	%	Total	%	
Does the project provide sufficient and consolidated reporting and feedback mechanisms to programme participants/beneficiaries?							
	No	0%		0%	0	0%	
	Yes	4	100%	5	100%	9	100%
Are programme participants/beneficiaries' feedback sufficiently and efficiently incorporated into project activities in order to improve quality and reach target group needs?							
	No	0%	2	40%	2	22%	
	Yes	4	100%	3	60%	7	78%
Is project supporting material sufficiently adapted to education/literacy level, customs and social norms/values of the target groups?							
	No	0%		0%	0	0%	
	Yes	4	100%	5	100%	9	100%
To what extent is the relationship between inputs and outputs effective in time, costs and CARE standards?							
	No	0%		0%	0	0%	
	Yes	4	100%	5	100%	9	100%
Are there strong and robust mechanisms and measures in place in order to implement CARE's zero tolerance policy against fraud, corruption and terrorism?							
	No	0%	1	20%	1	11%	
	Yes	4	100%	4	80%	8	89%

Analysis of Project Alignment in "The First 1000 Days" Project: Sekong and Phongsaly

Alignment with National and CARE Strategies:

- **National Strategy:** All respondents (100%) in both districts agreed the project aligns with the Country's strategy and vision. This suggests strong coherence with national priorities.
- **CARE Strategy:** While 89% of respondents saw alignment with CARE's program strategy, 11% (particularly in Sekong) felt there was a gap. Investigating the specific reasons for this discrepancy in Sekong would be valuable.

Possible Interpretations:

- **Positive Overall Alignment:** The high agreement on national strategy alignment signifies the project addresses relevant national goals. The majority agreement on CARE strategy alignment indicates consistency with the organization's priorities.
- **Room for Improvement in Sekong:** The differing perspectives on CARE strategy alignment in Sekong suggest potential areas for improvement in ensuring the project fully reflects CARE's programmatic objectives in that specific context.

Table 23: Strategies

Strategies	Sekong	%	Phongsaly	%	Total	%
Does the project align itself to the Country's strategy and vision?						
No		0%		0%	0	0%
Yes	4	100%	5	100%	9	100%
Does the project fit into CARE International in Laos' programme strategy?						
No		0%	1	20%	1	11%
Yes	4	100%	4	80%	8	89%

Systems Level Change and Impact:

Empowering Change:

- **Empowerment and decision-making:** Through increased representation on VDCs and decision-making power, allowing them to participate more equally in the community.
- **Community awareness:** Increased awareness about gender roles and their impact paves the way for further changes in attitudes and practices.

Areas for Continued Progress:

- **Men's involvement:** While progress is evident, increased awareness and participation of men in domestic work and income generation is crucial for sustainable change.
- **Budgetary allocation:** More data on budgetary changes related to gender equality is needed to fully assess the project's impact on resource allocation.

Beyond Gender Norms:

- **Promoting maternal health:** The project encouraged increased utilization of healthcare services, improving maternal and child well-being. The project employed various behavior change strategies to encourage increased utilization of healthcare services, which could have potentially improved maternal and child well-being.
- **Shaping community behavior:** Social attitudes regarding gender roles shifted towards greater equality and shared responsibility.
 - Women may be actively involved in community meetings, leadership positions, and decision-making processes, contributing their perspectives and experiences.
 - Increased representation of women in local councils or community governance might be observed.
 - Men may participate more actively in household chores like cooking, cleaning, and caring for children, reducing the burden solely placed on women.
 - Shared decision-making regarding household finances and resource allocation might become more commonplace.
- **Improving healthcare and nutrition:** Changes in practices suggest progress towards equitable access and outcomes for mothers and children.
- **Shifting perspectives:** Observed changes in attitudes indicate a positive transformation in understanding and acceptance of new norms.

VIII. Conclusion

CARE's "The First 1000 Days" project demonstrably improved the lives of mothers and children in Sekong and Phongsaly provinces, Laos, showcasing the power of targeted interventions in challenging environments.

Key achievements:

- **Improved access to healthcare:** Increased prenatal care and skilled birth attendance rates reflect growing trust and utilization of services.
- **Stunting and LBW:** Near-universal vaccination coverage and improved hygiene practices indicate positive shifts in behavior.
- **Empowered women:** Increased contraception use, financial independence through VSLA, and satisfaction with family planning services demonstrate positive outcomes. Increased representation of VDCs, increased decision making in health seeking behaviours,

However, addressing remaining challenges is critical for long-term impact:

- **Undernutrition:** Persistent stunting requires a multi-faceted approach focused on nutrition education and diverse food access.
- **Harmful practices:** Continued community engagement and awareness campaigns are crucial to combat traditional practices and gender-based violence.:

Empower Communities Through Education:

- **Develop culturally sensitive materials:** Create educational materials (pamphlets, videos, radio programs) that address traditional practices and gender-based violence in a way that resonates with local communities.
- **Train community health workers and educators:** Equip local leaders, health workers, and educators with skills to facilitate workshops and discussions on these topics.
- **Promote peer-to-peer learning:** Encourage community members to share their experiences and positive changes with others, fostering a supportive network.

Address Root Causes and Shift Norms:

- **Focus on men and boys:** Include men and boys in awareness campaigns to challenge traditional gender roles and promote respectful relationships.
- **Engage religious leaders and community influencers:** Work with religious leaders and other respected figures to promote positive messages about gender equality and healthy relationships.
- **Highlight positive local examples:** Showcase stories of individuals and families who have challenged traditional practices and embraced gender equality.

Create Safe Reporting Mechanisms:

- **Establish confidential hotlines and support services:** Develop accessible hotlines and safe havens for victims to report abuse and seek support.
- **Train law enforcement and judicial personnel:** Ensure law enforcement and judicial personnel have the knowledge and resources to handle cases of violence effectively and sensitively.
- **Increase public awareness of legal rights:** Inform communities about existing laws against gender-based violence and their rights to report and seek justice.

Foster Long-Term Sustainability:

- **Integrate gender equality into community development programs:** Embed gender equality principles in all community development initiatives, promoting women's empowerment and participation in decision-making.
- **Build partnerships with local organizations:** Collaborate with local NGOs, women's groups, and community leaders for long-term impact and ownership.
- **Monitor and evaluate progress:** Track progress through surveys, focus groups, and data collection to identify areas needing reinforcement and celebrate successes.

- **Equity and accessibility:** Ensuring equal access to healthcare and resources, particularly in remote areas, remains a priority. **Recommendation:** Implement a multi-pronged approach to strengthen equity and accessibility in healthcare delivery:
 - **Expand Mobile Clinic Outreach:**
 - **Increase service frequency and coverage:** Conduct mobile clinics more regularly and expand their reach to underserved villages in both provinces.
 - **Partner with local transportation:** Collaborate with local authorities to provide transportation options for patients in remote areas to reach mobile clinics.
 - **Extend clinic hours:** Consider offering evening or weekend clinic hours to accommodate working families.
 - **Invest in Community Health Workers (CHWs):**
 - **Recruit and train CHWs from local communities:** Empower local residents by building capacity through training and adequate resources.
 - **Equip CHWs with necessary tools:** Provide CHWs with basic diagnostic tools, essential medications, and educational materials for health promotion.
 - **Focus on preventive care:** Train CHWs to conduct child immunizations, prenatal checkups, and basic health screenings to emphasize preventative care.
 - **Leverage Technology for Communication and Education:**
 - **Utilize local radio and social media:** Disseminate health information through trusted channels like local radio stations and social media groups accessible in local languages.
 - **Develop telemedicine infrastructure:** Explore the feasibility of implementing telemedicine services to connect remote communities with healthcare professionals for consultations and specialist advice.
 - **Advocate for Policy Changes:**
 - **Collaborate with government agencies:** Work with the Ministry of Health and local authorities to advocate for increased healthcare funding and resource allocation in remote areas.
 - **Promote policies for equitable healthcare:** Support policy changes that address transportation barriers and ensure equitable access to healthcare services for all citizens.

Moving forward, the project's success serves as a blueprint for future interventions. Building on established partnerships, addressing identified challenges, and advocating for sustained government commitment will allow CARE to continue empowering communities and **shaping a healthier future for mothers and children in Sekong and Phongsaly.**

Lessons learned

"The First 1000 Days" project highlights the importance of accessible healthcare services, particularly for mothers and young children in remote areas.

Strengthening mobile clinics is a great insight based on the learning from this project. Here's why:

- **Addressing Accessibility:** Reaching health centers can be a challenge for pregnant women and others in need. Mobile clinics can bridge this gap by bringing essential services directly to communities.
- **Improved Nutrition Outcomes:** Mobile clinics can provide crucial nutrition education, counseling, and even distribute micronutrient supplements, directly impacting child stunting and malnutrition rates.
- **Building Trust and Awareness:** These clinics can raise awareness about the project's goals and healthcare services in general. The convenience and familiarity of mobile clinics can encourage people to seek preventive and ongoing care.

Overall, this project demonstrates the positive impact of accessible healthcare interventions. By incorporating strengthened mobile clinics, CARE can reach more mothers and children during this critical 1,000-day window, contributing significantly to improved health and well-being in Laos.

Recommendations

Addressing Maternal Health Challenges:

- **Targeted interventions for low birthweight:** Implement evidence-based strategies to address underlying causes of low birthweight in Sekong, potentially focusing on improved maternal nutrition, early and regular antenatal care attendance, and management of pregnancy complications.
- **Combatting harmful postnatal practices:** Conduct culturally sensitive awareness campaigns and community engagement initiatives to discourage traditional practices like postnatal fire-lying, while promoting safe and evidence-based postnatal care practices.

Tackling Child Stunting:

- **Multi-pronged approach:** Combine nutrition interventions like promoting breastfeeding, dietary diversification counseling, and addressing micronutrient deficiencies with improved access to clean water and sanitation facilities to combat stunting effectively.
- **Early childhood development programs:** Implement early childhood development programs focusing on cognitive stimulation, healthy hygiene practices, and access to appropriate nutritious food, particularly targeting areas with high stunting prevalence.

Strengthening Family Planning and Gender Equality:

- **Comprehensive family planning services:** Ensure accessible and diverse family planning methods and counseling services to cater to individual needs and preferences.
- **Empowerment and education:** Continue supporting Village Savings and Loan Associations (VSLAs) and conduct gender-sensitization workshops to address traditional norms and empower women in decision-making regarding healthcare and family planning.
- **Addressing gender-based violence:** Implement interventions to prevent and respond to gender-based violence, including awareness campaigns, support services for victims, and collaboration with local authorities and community leaders.

Annex: Summary Table of Project Results and Activities:

	Intervention Logic	Objectively Verifiable Indicators	Sources of Verification	Baseline results	Midterm results	Endline Resulted
Global Objective (Theme)	Contribute to an improvement of RMNCH services in Phongsaly and Sekong province					
Specific Objective 1:	Improve health and nutrition status among pregnant, breastfeeding women and children aged 0-2 through access and use of qualitative health services	A. Proportion of pregnant women receiving ANC	Baseline and final evaluation DHIS2 Monitoring trips	A Sekong: 66% went to ANC Phongsaly: 75% of the mothers did attend ANC	A. Sekong: 87% attended ANC Phongsaly: 91% attended ANC	A. Sekong: 80% attended ANC Phongsaly: 98% attended ANC
		B. Proportion of births attended by skilled health personnel (SDG indicator 3.1.2)		B Sekong: 41% delivered with the support of skilled health personnel Phongsaly: 53% of the mothers said that they delivered with the support of a skilled health personnel.	B. Sekong: 59% delivered with the support of a skilled health professional Phongsaly: 72% delivered with the support of a skilled health professional	B. Sekong: 47% delivered with the support of a skilled health professional Phongsaly: 71% delivered with the support of a skilled health professional
		C. Prevalence of stunting among girls and boys under the age of five (SDG indicator 2.2.1)		C Sekong: 44.1% of children under 2 to have low height-for-age	C. Sekong: 43.9% of children under 2 have low height for age Phongsaly: 43% of children under 2 have low height for age	C. Sekong: 37.3% of children under 2 have low height for age Phongsaly: 40.1% of children under 2 have low height for age

				<p>Phongsaly: 45.9% of children under 2 to have low height-for-age</p> <p>Phongsaly: 21% of children under 2 have low weight-for-age</p>		<p>Sekong: 23.7% of babies under 2 are underweight for their age</p> <p>18.1% were moderately underweights while 5.7% are severely underweight</p> <p>Phongsaly: 23.5% of babies under 2 are underweight for their age</p> <p>17.8% were moderately underweights while 5.7% are severely underweight</p>
Specific Objective 4:	Remove barriers and increase gender equality in terms of access and control over resources	A. % increase in women's access and control over resources to benefit from health services	Baseline and final evaluation Monitoring trips	<p>Sekong:</p> <ul style="list-style-type: none"> ·52% of the mothers are the one who decide where they want to deliver and 42% take the decision with their husband ·45% of the women feel that they can make their own personal decisions to a fairly high degree ·19% feel that they can make their own decision to a very high degree while 34% also feel that they can make their own decision to a small degree. ·2% feel that they can't make any decision on their own. 	<p>A. Sekong: 100% of women report they decide together with their partner where the child should be delivered.</p> <p>Phongsaly: 85% of women report they decide together with their partner where the child should be delivered.</p> <p>Sekong: 62% of women report that they make decisions about seeking health together with partner while 38% of women believe they make their own decisions about seeking healthcare</p> <p>Phongsaly: 70% of women report that</p>	<p>A. Sekong: 97% of women report they decide together with their partner where the child should be delivered.</p> <p>Phongsaly: 93% of women report they decide together with their partner where the child should be delivered.</p> <p>Sekong: 95% of women report that they make decisions about seeking health together with partner</p> <p>Phongsaly: 86% of women report that they make decisions about seeking health together with partner</p>

				<p>Phongsaly: Sekong: ·Women account 21% VDC, 33% VHC, 27% VHV, 90% TBA, 7% WV, 61% WING, 82% VSLA</p>	<p>they make decisions about seeking health together with partner while 12% of women believe they make their own decisions about seeking healthcare</p>	
					<p>B. Sekong:</p> <ul style="list-style-type: none"> - 29% of the VDC participants reviewed are female - 68% of health care workers who participated in the FGD are female - 20% of villages reviewed had a female head of village <p>Phongsaly:</p> <ul style="list-style-type: none"> - 43% of the VDC participants reviewed are female - 55% of health care workers who participated in the FGD are female - 0% of villages reviewed had a female head of village 	<p>Sekong:</p> <ul style="list-style-type: none"> - 30% of women in Village Authorities, - 35% of women in Village Health Board, - 40% of women in Village's Volunteer Community <p>Phongsaly:</p> <ul style="list-style-type: none"> - 18% of women in Village Authorities, - 35% of women in Village Health Board, - 36% of women in Village's Volunteer Community

					<ul style="list-style-type: none"> - 75% of women said that they are equal when it comes to purchasing household goods. - 58% of women said that women are more involved in household financial decisions. 	
Specific Objective 5:	Increase commitment of GoL at all level to improve health and nutrition services.	A. % of community members and local health care workers are satisfied with government health and nutrition services.	Baseline and final evaluation DSEDP and PSEDP Monitoring trips		<p>A. Sekong: 75% of women surveyed are satisfied/very satisfied with labour and delivery services 70% of women surveyed are satisfied/very satisfied with family planning services</p> <p>Phongsaly: 71% of women surveyed are satisfied/very satisfied with labour and delivery services 38% of women surveyed are satisfied/very satisfied with family planning services</p>	<p>A. Sekong: 97% of women surveyed are satisfied/very satisfied with labour and delivery services 93% of women surveyed are satisfied/very satisfied with family planning services</p> <p>Phongsaly: 91% of women surveyed are satisfied/very satisfied with labour and delivery services 93% of women surveyed are satisfied/very satisfied with family planning services</p>
Expected Result 1:	Improve access, use and quality of RMNCH services	A. % increase of births with a skilled attendant in target communities	Project activities monitoring tools	Sekong: 41% delivered with the support of skilled health personnel	<p>A. Sekong: 59% delivered with the support of a skilled birth attendant</p> <p>Phongsaly: 72% delivered with the</p>	<p>A. Sekong: 47% delivered with the support of a skilled birth attendant</p> <p>Phongsaly: 71% delivered with the</p>

			Baseline and final evaluation	Phongsaly: 53% of the mothers said that they delivered with the support of a skilled health personnel.	support of a skilled birth attendant	support of a skilled birth attendant
		B. # of health centers access and use District Health Information Software 2 (DHIS2) for data management and reporting (DHIS2 has become the official national health information reporting platform for the HMIS including the major health programs,	Monitoring trips	See the details in the Inventory checklist compiled using MoH standard equipment	B. Sekong: The only online database being used by clinics reviewed during the midterm was reporting on COVID-19 patients. Most clinics still only using paper record-keeping, which makes sense as only 1 of the 6 clinics reviewed in Sekong had a computer and consistent electricity. Phongsaly: 80% using App (referring to the DHIS2 app)	B. There were 22 health facilities including 5 Community Hospital and 17 health centres regularly used the DHIS2 to manage their health data on EPI, MCH, IPD and OPD
		C. # of health centers increased infrastructures and equipment	compare the facilities list before and after the project/health centres' asset list Project activities monitoring report	8 Health Centre have access to clean water (5 in Sekong and 3 in Phongsaly) Sekong: ·49% of the mothers interviewed adopted family planning to prevent unplanned pregnancy	C. Sekong: 16 health facilities supplied-provided to 9 clinics in Dakchung (only partial supplies- waiting on prov government to supply the rest) Supplies delivered to 5 clinics in Kaleum (only partial) and 2 district hospital received supplies	C. Sekong: 16 health facilities supplied-provided to 9 clinics in Dakchung (only partial supplies- waiting on prov government to supply the rest) Supplies delivered to 5 clinics in Kaleum (only partial) and 2 district hospital received supplies
			Project activities monitoring report	Phongsaly: ·27% of the mothers went to Health Facilities for family planning.		
			Baseline and final evaluation			

					Phongsaly: 9 health centres received supplies in Mai, Samphan and Khua districts	Phongsaly: 9 health centres received supplies in Mai, Samphan and Khua districts
	D. % of health centers in the project areas have access to clean water			Sekong: 33% Low birthweight (<2.5kg)	D. Sekong: 16 handwashing sinks in Sekong (10 in Dakchung and 6 in Kaleum) have been installed 3 complete water tanks installed in Dakchung and 2 completed water tanks in Kaleum Phongsaly: 9 handwashing sinks and 5 water tanks were installed in 9 different Health centres in Khua, Samphan & Mai districts	D. Sekong: 16 handwashing sinks in Sekong (10 in Dakchung and 6 in Kaleum) have been installed 3 complete water tanks installed in Dakchung and 2 completed water tanks in Kaleum Phongsaly: 9 handwashing sinks and 5 water tanks were installed in 9 different Health centres in Khua, Samphan & Mai districts
	E. # of health center use App for recording their services				E. Sekong: No health centres using App for recording at the mid-term review Phongsaly: 80% using App (referring to the DHIS2 app)	E. 25 in total. Sekong, there are 2 district hospitals and 9 HCs Phongsaly, there are 3 district hospitals and 11 HCs

		F. % increase of families confirmed that they adopt family planning			F. Sekong: 56% of women confirm they are using family planning to prevent unwanted pregnancies Phongsaly: 41% of women confirm they are using family planning to prevent unwanted pregnancies	F. Sekong: 59% of women confirm they are using family planning to prevent unwanted pregnancies Phongsaly: 62% of women confirm they are using family planning to prevent unwanted pregnancies
		G. % of infants born with low birth weight decrease			Sekong: 32% Low birthweight (<2.5kg)	Sekong: 14% Low birthweight (<2.5kg) Phongsaly: 4% Low birthweight (<2.5kg)
Expected Result 4:	Improve women's economic empowerment and socio-economic development	A. # of VSLA groups formed and facilitated	Project activities monitoring tools Baseline and final evaluation		A. Sekong: 17 VSLA groups formed, and 1 VSLA group already received training activities Phongsaly: 27 VSLA groups indicated and received training and already have saving accounts started	A. Sekong: 17 VSLA groups formed, and already received training activities Phongsaly: 27 VSLA groups indicated and received training and already have saving accounts started
		B. % of women have access and control of resources		Sekong: Women's access and control over resources to benefit from health services ·52% of the mothers are the one who decide where they want to deliver Make decision ·45% of the women feel that they can make their own	B. Sekong: <i>Decision making-</i> 93% of women report that both husband and wife equally make decisions on what to buy Phongsaly: 75% of women report that both husband and wife equally make decisions on what to buy Sekong: 71% of women report that women	B. Sekong: - 95% of women can decide their own health issues. - 93% of women said that a wife has the right to express her own opinion if she disagrees with her husband's opinion. - 94% of women said they are equal in making decisions about expensive household items.

			<p>personal decisions to a fairly high degree</p> <ul style="list-style-type: none"> ·19% feel that they can make their own decision to a very high degree while 34% also feel that they can make their own decision to a small degree. ·2% feel that they can't make any decision on their own. <p>Express opinion</p> <ul style="list-style-type: none"> ·64% of the mothers agree that a wife has the right to express her opinion if she disagrees with her husband <p>Appropriate</p> <ul style="list-style-type: none"> ·100% of the mothers said its appropriate for women to earn and manage household money and use household money to go to hospital. ·93% said its appropriate for a wife to refuse to have sexual relation with her husband and to make economic decisions in the household 	<p>make more of the household decisions on finances</p> <p>Phongsaly: 58% of women report that women make more of the household decisions on finances</p> <p>Sekong: 100% of women report they decide together with their partner where the child should be delivered.</p> <p>Phongsaly: 85% of women report they decide together with their partner where the child should be delivered.</p>	<ul style="list-style-type: none"> - 90% of women have the right to decide on buying daily necessities - 85% of women said that women can earn money and manage household finances. - 69% of women say they can work outside the home just like men. <p>Phongsaly:</p> <ul style="list-style-type: none"> - 86% of women can decide their own health issues. - 91% of women said that a wife has the right to express her own opinion if she disagrees with her husband's opinion. - 87% of women said they are equal in making decisions about expensive household items. - 90% of women have the right to decide on buying daily necessities - 79% of women say they can work outside the home just like men. <p>Sekong: 97% of women report they cdecide where the child should be delivered.</p> <p>Phongsaly: 93% of women report they decide where the child should be delivered.</p>
--	--	--	--	--	--

				<p>·Only 61% said its appropriate for a woman to work outside the house</p> <p>Violence</p> <p>·27% of the mothers think it would be justified for a husband to beat his wife in case she would neglect the children.</p> <p>·17% think it would be justified for a husband to beat his wife if she would help her relatives without informing her husband.</p> <p>·13% think it would be justified for a husband to beat his wife if she would talk or dance with another man.</p> <p>Phongsaly</p> <p>49% of the mothers said they have the final decision on what's on the table each meal</p> <p>Make decision</p> <p>·14% feel they have a very high degree of in making their own decision and 36% of the women feel that they have fairly high</p>		
--	--	--	--	--	--	--

				<p>degree in making their own decisions</p> <ul style="list-style-type: none"> ·38% said they have small degree while 10% said they don't have any saying on the decision being made in the household. <p>Appropriate</p> <ul style="list-style-type: none"> ·89% of the mothers said its appropriate for women to earn and manage household money ·71% said its appropriate for a wife to refuse to have sexual relation with her husband and to make economic decisions in the household ·Only 35% said its appropriate for a woman to work outside the house 		
		<p>C. % increase in women as effective decision makers and leaders at household and community level</p>		<p>Express opinion</p> <ul style="list-style-type: none"> ·47% of the mothers said that they often dare to express their opinion when they disagree with their husband ·31% said they sometimes express their opinion and 16% rarely dare to do so. 	<p><i>C. Rights of women-</i> Sekong: 100% of women report that a wife has the right to express her opinion if she disagrees wither husband. Phongsaly: 90% of women report that a wife has the right to express her opinion if</p>	<p><i>C. Rights of women-</i> Sekong: 93% of women report that a wife has the right to express her opinion if she disagrees wither husband. Phongsaly: 91% of women report that a wife has the right to express her opinion if</p>

				<p>·6% never express their opinion when they disagree with their husband.</p> <p>Violence</p> <p>·57% of the mothers think it would be justified for a husband to beat his wife in case she would go out without informing him beforehand.</p> <p>·52% of the mothers think it would be justified for a husband to beat his wife in case she would help her relatives without informing her husband.</p> <p>·47% think it would be justified for a husband to beat his wife if she would neglect the children</p> <p>·14% think it would be justified for a husband to beat his wife if she would talk or dance with another man.</p>	<p>she disagrees with her husband.</p> <p>Sekong: 71% of women agree that a woman has a right to refuse sexual relations with her husband</p> <p>Phongsaly: 33% of women agree that a woman has a right to refuse sexual relations with her husband</p> <p>Sekong: 93% of women believe women have the right to make economic decisions in the household</p> <p>Phongsaly: 78% of women believe women have the right to make economic decisions in the household</p> <p><i>Male/female roles that are acceptable-</i></p> <p>Sekong: 100% of women agree that women can earn money and manage household finances</p> <p>However- only 54% of women report they can work outside the home</p> <p>Phongsaly: 90% of women agree that women can earn money and manage household finances,</p>	<p>she disagrees with her husband.</p> <p>Sekong: 74% of women agree that a woman has a right to refuse sexual relations with her husband</p> <p>Phongsaly: 68% of women agree that a woman has a right to refuse sexual relations with her husband</p> <p>Sekong: 98% of women believe women have the right to make economic decisions in the household</p> <p>Phongsaly: 91% of women believe women have the right to make economic decisions in the household</p> <p><i>Male/female roles that are acceptable-</i></p> <p>Sekong: 99% of women agree that women can earn money and manage household finances</p> <p>However- only 54% of women report they can work outside the home</p> <p>Phongsaly: 99% of women agree that women can earn money and manage household finances,</p>
--	--	--	--	--	--	---

					<p>however, 77% of women report they can work outside the home.</p> <p><i>Autonomy:</i> Sekong: 93% of women report they have high or very high autonomy on choosing what meals are served Phongsaly: 92% of women report they have high or very high autonomy on choosing what meals are served</p> <p><i>Violence-</i> Sekong: 100% of women did not think men were justified to beat them if they neglect children Phongsaly: 97% of women did not think men were justified to beat them if they neglect children</p> <p>Sekong: 93% report husbands are not justified to beat his wife if she allows relatives to come without permission. Phongsaly: 100% report husbands are not justified to beat his wife if she allows</p>	<p>however, 77% of women report they can work outside the home.</p> <p><i>Autonomy:</i> Sekong: 98% of women report they have high or very high autonomy on choosing what meals are served Phongsaly: 94% of women report they have high or very high autonomy on choosing what meals are served</p> <p><i>Violence-</i> Sekong: 100% of women did not think men were justified to beat them if they neglect children Phongsaly: 100% of women did not think men were justified to beat them if they neglect children</p> <p>Sekong: 100% report husbands are not justified to beat his wife if she allows relatives to come without permission. Phongsaly: 100% report husbands are not justified to beat his wife if she allows relatives to come without permission.</p>
--	--	--	--	--	--	--

					<p>relatives to come without permission.</p> <p>Sekong: 79% of women believe it's not justified for men to beat their wife for talking or dancing with another man.</p> <p>Phongsaly: 98% of women believe it's not justified for men to beat their wife for talking or dancing with another man.</p> <p>Sekong: 41% of women believe that it is acceptable to use physical violence to teach a child (Spanking)</p> <p>Phongsaly: 11% of women believe that it is acceptable to use physical violence to teach a child (Spanking)</p>	<p>Sekong: 100% of women believe it's not justified for men to beat their wife for talking or dancing with another man.</p> <p>Phongsaly: 100% of women believe it's not justified for men to beat their wife for talking or dancing with another man.</p> <p>Sekong: 21% of women believe that it is acceptable to use physical violence to teach a child (Spanking)</p> <p>Phongsaly: 7% of women believe that it is acceptable to use physical violence to teach a child (Spanking)</p>
Expected Result 5:	Improve/Strengthen Nutrition and Health Governance at all levels	A. At least 3 priorities in RMNCH are collectively identified and solutions has been discussed among local health care workers, DNC and PNC.	Project activities monitoring report Project activities monitoring report		<p>A. Not complete at time of MTR</p> <p>B. Not complete at time of MTR</p> <p>C. Sekong: Supported 5 government staff (2 women) to attend SUNCSA meetings at the national level. Supported the</p>	

		<p>B. # of district and village meetings for exchanges on barriers to service delivery</p> <p>C. # of DNCs and PNCs attending SUN CSA discussions and include relevant issues from target provinces</p>	<p>Monitoring trips</p> <p>Baseline and final evaluation</p>		<p>collaboration of DNC/PNC nutrition meetings at the provincial level for 44 people (17 women)</p> <p>Phongsaly: Supported 2 participants from PNC and DNC to join the national nutrition forum</p>	
--	--	---	--	--	---	--

Contact Us:

Ajit Parida

Program Director

Tel: (+856) 20 5559 2246

ajit.parida@care.org

Anthony Glanville

Senior Women's Health & RMNCH Advisor

Tel: (+61) 414517979

anthony.glanville@care.org

Chasy Somwhang

Monitoring, Impact, Learning, Knowledge management, Accountability Advisor

Tel: (+856) 20 9928 2557

chasy.somwhang@care.org

CARE International in Lao PDR

P.O Box 4328, Nongsangthor Rd,

Ban Nongsangthor, Saysettha District,

Vientiane Capital, Lao PDR

Tel: (+856-21) 217 727

