Final Project Evaluation Report

Improving Sexual and Reproductive Health through Reducing Early Marriage in Remote Ethnic Minorities in Lao PDR

Sekong Province, Lao PDR
April 2022

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ACKNOWLEDGEMENT

This final evaluation study would not have been possible without the full support and participation of many people. Special thanks are due to the village, district, and provincial health authorities, all of whom welcomed and organized our field work including staff from health centres and village health volunteers. They offered great support and insight in the field and facilitated relations with communities and gathering community members, especially target group adolescents, for the interview. This work would not have been possible without them.

Many thanks are also due to all the village committee members, married teenagers, and parents or grandparents of married children who gave their time to answer our questions and provide us with valuable information.

We are also grateful for the sincere commitment of the CARE project management team in Vientiane and Sekong for their kind support.

LIST OF ACRONYMS

ASEAN:	Association of Southeast Asian Nations
ASRHR:	Adolescents Sexual Reproductive Health and Rights
CCPWC:	Counseling and Protection Centre for Women and Children
CEDAW:	Convention on the Elimination of all Forms of Discrimination Against Women
CRC:	Convention on the Rights of the Child/ Committee on the Rights of the Child
CSEC:	Commercial and Sexual Exploitation of Children
DHO:	District Health Office
ECM:	Early Child Marriage
EFCM:	Early and Forced Child Marriage
FB Page:	Facebook Page
GBV:	Gender Based Violence
GDP:	Gross Domestic Product
IUD:	Intra uterine Device
LWU:	Lao Women's Union
LYU:	Lao Youth Union
MoU:	Memorandum of Understanding
NCAWMC:	National Committee for the Advancement of Women – Mothers and Children
NGO:	Non-governmental Organisation
NNS:	National Nutrition Strategy
OECD DAC:	Organisation for Economic Co-operation and Development (Development Assistance Committee)
SBCC:	Social and Behaviour Change Communication
SGBV:	Gender Based Violence
SPSS:	Statistical Package for the Social Sciences
SRH:	Sexual and Reproductive Health
SRHR	Sexual Reproductive Health and Rights
STD:	Sexually Transmitted Disease

SVAC:	Sexual Violence Against Children
UN:	United Nations
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs (OCHA)
UNDP:	United Nations Development Programme
UNFPA:	United Nations Population Fund
YFS:	Youth Friendly Service
YLYC:	Your Life Your Choice

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EXECUTIVE SUMMARY

Even though the legal marriage age is 18 in Lao PDR, the country has the highest rates of early marriage in the region[1]. In remote places, rules and policies are frequently not enforced and implemented by sub-national authorities, and citizens frequently are not aware of them. Teenagers who want to have sexual activity and be independent from their families frequently start early marriages on their own, often with no knowledge on the long-term effect of early marriage. While in the initial stage of the project, many families frequently recognize the short-term benefits of early marriage, such as a reduction in household size and associated savings on living expenses, such perception has been changed through the project as they learnt long term impact of getting married early. Societal convention dictates that young brides discontinue their study after marriage and start having children. Young brides are more susceptible to unwanted pregnancy and sex abuse from their partners. Due to early marriage, poor knowledge of sexual & reproductive health, and limited access to suitable services[2], Lao PDR has the highest prevalence of adolescent pregnancies in the region[3]. Women in ethnic communities have significant knowledge gaps about reproductive health, according to a CARE Gender and Ethnicity Study in the Lao People's Democratic Republic (2018).

In addition, in diverse ethnic cultures, girls are limited to their domestic and reproductive responsibilities; hence, a girl's marriage is of greater economic importance to her family than her education. One of the main justifications for early marriage in poor households is the alleged short-term benefits, such as lower household expenses due to fewer household members. According to social norms, newlyweds cease their schooling and start having children as soon as they get married. Overall early marriage is an expression of gender inequality and the powerless of children.

The Improved Sexual Reproductive Health (ISRH) project's ultimate goal was to reduce early marriage though improving sexual and reproductive health in which it focuses on three main target groups: 1) Targeting 10 ethnic minority communities in Laman and Dakcheung districts in Sekong province , adolescents and their parents are educated about early marriage and its effects; 2) Health Center staff, village health volunteers, peer mobilizers, and LYU members improve their ability to educate and provide SRH services that are geared toward young people, including bringing attention to early marriage and its detrimental effects on children and communities. 3) Provincial and district administrations will increase communication and understanding with youth.

The direct beneficiaries of the project were 250 ethnic groups of adolescent girls between 12-19 years, 250 ethnic groups of boys, parents (500. Health Centre staff (10), village health volunteers (10), peer mobilisers (20) and LYU members (20), Provincial Health Department staff (2), District Health Department staff (5) and Health Center Staff (10), serving a total of 1,077 direct beneficiaries and indirect beneficiaries of 4,500 locals from 10 villages, or an average of 450 people each village, had indirectly benefited from the project through better Youth Counselling Friendly Services health services and public debates, gained strengthened knowledge, skills and capacity to understand the underlying reasons for child marriage and its consequences, responded to the sexual and reproductive health needs of adolescent girls and promote social behaviour change messages in their field of work, increased their capacity in working with adolescents and benefited from the Project's social behaviour change communication (SBCC) tool and trainings in SAA.

[1] https://www.unicef.org/laos/adolescence-and-youth

[2]Determinants of adolescent pregnancy and access to reproductive and sexual health services for married and unmarried adolescents in rural Lao PDR (a qualitative study conducted by Sychareun et.al 2018)

[3] https://www.unicef.org/laos/adolescence-and-youth

Communities were getting married young without understanding the effects prior to the project as well as no initiatives have been taken to increase public understanding of the wider effects of early marriage in the communities before ISRH.

The final evaluation provided comparison data against baseline data to assess the impact of the project's activities. The evaluation was conducted by a team of research consultants during the months of January and February 2023, with the field work in Lamam and Dakcheung districts in Sekong Province. The field work included a cross-sectional population survey in the 6 villages and three lower secondary schools that were included in the 2021 during the mid-term review with a total of 287 surveys were conducted.

Focus group discussions, in depth interviews with key informants, monitoring documents, annual reports and additional project research were used to further evaluate the relevance, sustainability, efficiency, effectiveness and coherence of the program.

The survey results showed an improvement in almost all project areas such as the increase in adolescents starting conversations about SRH and family planning from 0% at baseline to 75% and the decrease in early marriage rates (marriage before 15 from 9.5% to 0.5% and before 18 from 28.6% to 1.5%) at the project's conclusion, both of which are very significant changes.

Although there was a reduction of female students attending high school year 4 in which it is inconsistent with the focus group and in-depth study information reporting that one the biggest changes from resulting from the project is the increase of students attending schools and reduction of students dropping out of school. Some of the factors for this discrepancy could be that the baseline data had included the overall number of females enrolled in Sekong province's fourth year of high school, rather than the actual number of schools or community where the project could have an influence to create impact.

A summary of the main findings is found in the Indicator Tracking Table (Annex 4). These results should guide stakeholders involved with the final evaluation and provide sufficient objective and contextual information.

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.

The project called "Improving Sexual and Reproductive Health through reducing Early Marriage in Remote Ethnic Communities in Lao PDR (ISRH)" is a project funded by the Federal Ministry for Economic Cooperation and Development (BMZ), with a project duration of 44 months (1st August 2019 to 30th April 2023).

This project overall objective is to improve sexual reproductive and maternal health (SRMH) in remote ethnic communities in Sekong with a specific objective of adolescents using SHR information and services and do informed decisions on their family planning independently. Project Goal

Project Goal:

Improved sexual reproductive and maternal health (SRMH) in remote ethnic communities in Sekong.

Specific objective:

Adolescents use SHR information and services and do informed decisions on their family planning independently

Outcome Indicator #1

75% out of the 500 Adolescents initiate discussions on sexual and reproductive health as well as family planning in their families (documented by health volunteers and peer mobilisers during household visits

Outcome Indicator #2

Reduction of early marriage by 5% from baseline for boys and girls before 15 years old and 15% for boys and girls before 18 years old

Results

Result 1
Availability of relevant and understandable information on sexual reproductive and maternal health (SRMH) information, policies and rights for adolescents and their parents

Result 2
Adolescent girls use youth-friendly sexual reproductive health services

Result 3
Local partners (CSOs, Ministry of Health, Health committees) have the capacity to deliver key messages on the link between child marriage and pregnancy risks to the targeted ethnic minority communities

Result 4
# of girls finishing secondary school

PURPOSES AND EVALUATION OBJECTIVES

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

- To determine the achievement of project impact, outcomes and output in relation to the project logical framework.
- Assessment of the specific management arrangements, such as staffing structure, quality of partnership arrangements, technical assistance provided.
- To identify the challenge, best practices, lessons learned and recommendations to improve future programming.

The objective of final evaluation also assessed to what extent and what level of quality the project has achieved its intended results, by using the OECD DAC criteria to frame and guide the analysis with the following components:

- Relevance
- Coherence
- Effectiveness

- Efficiency
- Impact and
- Sustainability

A. Cross-cutting issues

- Gender Inclusion
- Disability Inclusion
- Meaningful Youth Participation

B. Organizational Learning

Drawing from the above two areas, an assessment of project implementation challenges and evidence of promising practices and lessons learnt, ultimately resulting in a set of recommendations to inform both future project design and CARE's Education programming. A detail of recommendation can be found at the section "Recommendations and Conclusions" below.

METHODOLOGY AND STUDY DESIGN

The final evaluation used mixed quantitative and qualitative methods for data collection which comprised of two main parts of secondary data by reviewing of related/existing documents and primary data from actual data collection process:

A. Secondary Data

The evaluation team will review secondary data and all existing project monitoring data/relevant data such as:

1) Revision of project documents, including proposal and Logframe
2) Baseline report, MTR report and annual report
3) CARE Vision 2030 (Impact areas of right to health especially sexual reproductive health)
4) CARE Laos' program strategies (e.g., Gender Strategy, Women's Health program approach).

B. Primary Data

After review of secondary data providing current information, the team had identified the gap, and then planned to collect additional information from communities and key stakeholders (project staff; local authorities, community authorities as needed).

The data collection for final evaluation was conducted in collaboration with project staff (organizational staff) provincial, district and village stakeholders and divides into four parts:

1. Survey Questionnaires

Kobo Toolbox was utilized to collect data that measure all other performance management indicators in an efficient and more reliable way than a paper copy as data was collected via tablets and exported to excel for cleaning and analyzed by SPSS.

2. Focus Group Discussion

Focus Group Discussion (FGD) was used to collect qualitative and participatory data for in depth study of the community's perception, knowledge, attitudes and practices.

3. Direct Observation and Transect Walk

Selected data collection team members were assigned to do direct observation[4] through transect walk to observe community/youth's movement in community and school conditions.

4. Individual Interview

Key informant interviews (KII) was conducted with peer mobilizers, village authorities, staff of District and Provincial/District Education/Health Offices, school principals/teachers, and the project management staff of CARE and partners. The information collected in these interviews helped to clarify the goals of the project, the barriers encountered as they observed the project from different angles and information on the Relevance, Coherence, Effectiveness, Efficiency, Impact and Sustainability for the use of evaluation.

5. Case Study[5]

To better understand the primary difficulties experienced by project beneficiaries and the effects of how the initiative has changed their life, a thorough research based on in-depth interviews with people was compiled. Additionally, this gathered some historical data on how the situation or condition of the target areas was in the past compared to at present.

C. Data Collection Tools Training and Practice

1. Training

Prior to the actual data collection, the consultant and field survey manager conducted 1 day training for the surveyors/data collectors and practices which covered:

a. Project Overview
    1. Brief overview of project description
    2. Project goal
    3. Project objectives
    4. Project duration and purpose of the final evaluation

b. Kobo Toolbox (Tablets Survey)
    1. Getting familiar with the mobile phone for surveying

[4] Direct observation, also known as observational study, is a method of collecting evaluative information in which the Final Evaluation study team watches the subject in his or her usual environment without altering that environment

[5] a process or record of research into the development of a particular person, group, or situation over a period of time.

2. How to operate the cell phone (its functions, especially related to performing the survey)
3. Review of the questionnaires
4. Practice sessions
5. How to upload to the server and download the results.

D. Data Management and Analysis

Data analysis included:

- Assessment against key performance indicators,
- Development of recommendations for project implementation

1) Data Management

Kobo Toolbox platform was used to collect and manage data. Data were entered onto mobile tablets with SIM cards that enabled the data to be uploaded onto the Kobo Toolbox central server each time an internet connection was available. All data was stored on Kobo's UN OCHA secure server in a password-protected account. All data was securely backed up on a daily basis. Data were downloaded from the server into Excel for review, cleaning and then analyzed by SPSS.

2) Descriptive Statistics (Quantitative)

Descriptive statistical analysis was analyzed using Microsoft excel and SPSS.

3) Qualitative Data Analysis (Focus group discussion)

Data from focus group discussions were transcribed for analysis and interpretation of in-depth study to support the quantitative data and better understanding of the knowledge, attitudes and practices of the community.

E. TOOLS

1) Observation Checklist
2) Transect walk to interact with teachers and students to collect some[6] key information (Grid Form)
3) Questionnaires (Kobo Toolbox in tablets)
4) Focus Group Discussion
5) Case Studies[7]
6) Key Informants Interview (KII)

F. Data collection team

The final evaluation team consisted of consultant team who took lead of the study design and data collection tools while government staff and CARE employees handled logistics and

6
A transect walk is a systematic walk along a defined path (transect) across the community/project area together with the local people to explore the community's movement by observing, asking, listening, and looking at practices.

7 Framed by theory of change, such longer open interviews would allow to understand better what are the main challenges faced by mothers enduring time and how to their face them, what strategies do they implement and how do their lives are affected by lack of food and risks.

coordinated with local partners and stakeholders in order to complete the project's final evaluation.

Table #1: Number of Data Collectors

No.	From	Number of people
1	Consultant Team	6
2	Provincial Health Department	2
3	District Health Office	2
4	CARE	2
5	Provincial Education Department	2
6	District Education Office	2
7	Health Center Staff	4
Total		20

G. Monitoring of Data Quality

In close coordination with the enumerators, the lead consultant kept an eye on the accuracy of the data gathering procedure. The lead consultant was present during the whole data collection process to supervise the work of the enumerators, offered helpful criticism and problem-solving techniques through sporadic spot-checks, and verified the obtained data before uploading it to the Kobo server. The consultants answered direct inquiries from the enumerators, helped them with specific problems that came up, and, if necessary, conferred with organizational staff.

Both quantitative and qualitative data was triangulated and validated to ensure no biases being input into the data. Data from focus group discussions was transcribed for analysis and interpretation of in dept study to support the quantitative data and better understanding of the knowledge, altitudes and practices of the community.

H. Language being used

Detailed grids and questionnaire for the final evaluation was produced in English (also in Laos if required) and appropriate database to process the data was in Microsoft Excel and SPSS. 50% of the project team was able to speak local languages such as Talieng, Katu and Alak to do necessary as required, although only some parents in the target villages required translation/interpretation from local languages to Lao.

I. Survey Sample Size and Criteria for Selection

Data was collected using a population sample by specifically taking into account local diversity (gender, ethnicity, location, etc.) with a sample size of the maximum proportion of 50% as the value indicator for the sample size. This evaluation sample will be beneficiaries (70% direct and 30% indirect) based as shown by the following table:

Table #2: ISRH Final Evaluation Sample Size

No	Category	Female	Male	Total
1	Adolescent boys and girls between 12-19 years:	125	125	250
2	Peer mobilizers[8]:	5	5	10
3	Parents of adolescents and village authorities	25	25	50
4	District health office (DHO) including HC staff	4	4	8
5	District Education and Sport Bureau (DESB)	2	2	4
6	District the Lao Women Union (DLWU):	1	1	2
7	Provincial Health Office (PHO)	1	1	2
8	Provincial Education and Sport Bureau (PESB)	1	1	2
9	Promotion Family Health Association (PFHA)	2	2	4
10	CARE International in Laos	2	2	4
Total		168	168	336

Table #3: Survey Matrix

No	Type of Data	From	Type of Data Collection	Number of Participants	Total Forms
1	Form #1 ISRH Final Evaluation - KII - CARE and Partner Staff_ Final	CARE	KII	4	4
2	Form #2 ISRH Final Evaluation - KII - Government Staff_Final	PFHA	KII	6	6
3	Form #3 ISRH Final Evaluation - FGD - Parents_Final	Community	FGD	50	5
4	Form #4 ISRH Final Evaluation - KII - Health Center Staff_Final	Health Center	KII	2	2
5	Form #5 ISRH Final Evaluation - Survey Questionnaires _ Final	Community/ School	Survey	170 (127 direct + 50 indirect)	177
6	Form #6 ISRH Final Evaluation - School Observation Form_Final	School	Check List	N/A	2
7	Form #7 ISRH Final Evaluation - Community Observation Form_Final	Community	Check List	N/A	6
8	Form #8 ISRH Final Evaluation - Case Study_Final	Community	Case Study	4	4
9	Form #9 ISRH Final Evaluation - KII Village_Authority_Final	Community	KII	6	6

[8] Peer mobilizers consisted of youth leader or village leaders such as Lao Women Union or any selected adolescents to receive special training, capacity to increase leadership skills, knowledge on how to use SBCC package ' Your Life Your Choice' in order to support the boys and girls clubs as well as mobilizing adolescents to attend the project activities

10	Form #10 ISRH Final Evaluation - FGD - Adolescents Final	Community/ School	FGD	80 (34 direct + 46)	8
11	Form #11 ISRH Final Evaluation - KII_Village _ Youth Leaders (Peer Mobilizers - Mentor) _ Final	Community/ School	KII	10	10
12	Form #12 ISRH Final Evaluation - KII Teacher_School Principal	School	KII	4	4
	Total			336	227

1. All project target group of beneficiaries were included during data collection process.
2. The data collection will be disaggregated by age and gender and any other relevant diversity criteria in line with the project's Theory of Change and comparable with the baseline data. The data sampling was discussed and decided together with CARE International in Laos. The assessment did not cover all target villages, but the sampling was purposeful and represents local diversity (i.e., distance to roads, ethnicity, type of production, access to land, etc.).
3. All raw data (including data entry forms, database of entered data, graphics and analysis for each village) were made available to CARE Staff and submitted with the final evaluation.

J. Selected Villages for the final evaluation

Table #4: Sample Villages and Schools

No	Province	District	Type of location	Name
1	Sekong	Dak Cheung	Village	Dakvai
2	Sekong	Dak Cheung	Village	Dakmouan
3	Sekong	Dak Cheung	Village	Daktriem
4	Sekong	Lamam	Village	Phonephai
5	Sekong	Lamam	Village	Paheung
6	Sekong	Lamam	Village	Ta oune
7	Sekong	Lamam	School	Tok Ongkeo Secondary School
8	Sekong	Dak Cheung	School	Xieng Louang Secondary School
9	Sekong	Dak Cheung	School	Dark Tiem Secondary School

ETHICAL CONSIDERATION OF THE STUDY

The evaluation was participatory, inclusive (consultations with all stakeholders, such as gender, age, disability and other vulnerability considerations), sensitive of social norms and practices, and was considered of ethical data collection.

Prior to the interview, the enumerators had inform the respondents about the purpose of the interview and would requested them to give consents before proceeding with the interview as well as informed the respondents that they had the rights not to answer any questions or could stop the interview at any time.

The consultant had developed key approaches that comprised of safety and ethics consideration for during the consultations with children beneficiaries in evaluation such as: do-no-harm and ensure that the child was always accompanied by a guardian and limiting number of enumerators Data collection methods was age and gender appropriate and caregiver consent was taken in consideration (or sign the consent form) for child survey under age 18 years old.

The final evaluation of working in close coordination with the Lao Women Union at all relevant levels (National, provincial, district, village) will be adequately informed and consulted to ensure effective carry-out of the evaluation. Induction of CARE Laos Child Safe Guarding Policy (CSG) will be provided during the training to enumerators to ensure that the policy is practiced and followed strictly by the evaluation team.

The final evaluation team leader, team members, supervisors and survey enumerators are required to review, sign, and adhere to a child protection and code of conduct.

Referral mechanism

Prior to fieldwork, the consultants will train surveyors to be prone to identify any immediate needs, especially related to safeguarding and health if plausible, how CARE and partners might help alleviate those needs (This can be discussed with CARE whether there are any existing strategy or mechanism in place).

KEY LIMITATION TO FINAL EVALUATION DATA

Risks and limitations that may undermine the reliability and validity of the evaluation results will be finally analyzed as the ultimate value of an evaluation depends on the quality and credibility of the recommendations offered. Recommendations will therefore be as realistic, operational and pragmatic as possible and will be carefully targeted to the appropriate audiences at all levels providing reliable information concerning the **potential** project activities

During the baseline study, data on early marriage on the specific target villages were not made available as this information was sensitive and there was a need to build rapport and trust with community in order to obtain such information. The data were only taken from Lao Social Indicator Surveys (LSIS 2017) and it was for the whole Sekong province to serve as baseline result; therefore, the final evaluation data may not be comparable fully but had produced insights on how the project improved early marriage to some extent.

RESULTS

Survey Demographics:

Table #5: Survey Participants

No	Village Name	Frequency	Percent
1	1. Dakvai	13	7%
2	2. Dakmouan	34	19%
3	3. Daktriem	32	18%
4	4. Phonephai	25	14%
5	5. Paheung	14	8%

6	6. Ta oune	17	10%
7	7. Tok Ongkeo Secondary School	21	12%
8	8. Xieng Louang Secondary School	13	7%
9	9. Dark Triem Secondary School	8	5%
	Total	177	100%

Table #6: Type of survey participants

No	Type of participants	Frequency	Percent
1	1. Peer mobilizer (direct)	46	26%
2	2. Peer learner (direct)	75	42%
3	3. In-direct beneficiary (used Youth Counseling Friendly Service, participate in SAA) – (In-direct)	56	32%
	Total	177	100%

Table #7: FGD – Parents (Guardians)

Village	Female	Male	Total	Percent
1. Dakvai	12	4	8	21%
2. Dakmouan	10	6	4	17%
3. Daktiam	9	4	5	16%
4. Phonephai	13	7	6	22%
5. Paheung	11	7	5	19%
6. Ta oune	3	2	1	5%
Total	58	30	29	100%

Table #8: FGD – Adolescents

Village	Female	Male	Total	Percent
Dak moun	18	11	29	17%
Dak Triem	7	3	10	7%
Dak Triem Secondary School	12	10	22	12%
Dak Wai	13	8	21	13%
Xieng Louang Secondary School	8	4	12	8%
Phathueng	11	5	16	11%
Tok Ongkeo Secondary School	12	7	19	12%
Ta Oune	11	7	18	11%
Phahueng	11	5	16	11%
Total	103	60	163	100%

Findings

Outcomes:

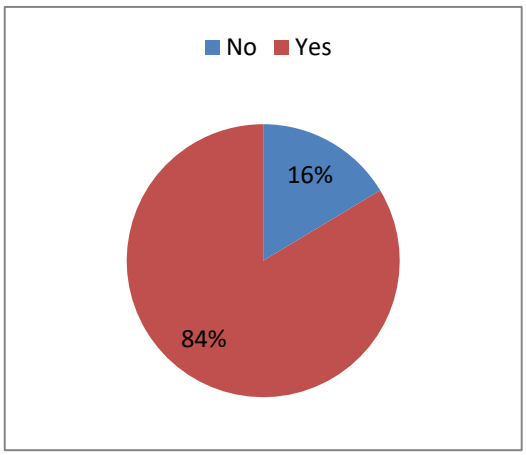
Specific objective (Outcome):	Indicators		
	Baseline	Endline	Target
Adolescents use SHR information and services and do informed decisions on their family planning independently	Baseline: 0%	Endline: 75% SRH = 78% Family Planning: 71.2%	75% out of the 500 Adolescents initiate discussions on sexual and reproductive health as well as family planning in their families (documented by health volunteers and peer mobilisers during household visits
	Child marriage: 10% of girls and 8.3% of boys married before 15 (average 9.15%) years old in Sekong province; 37.8% of the girls and 19.5% of the boys married before 18 years old (average 28.65%).	Early marriage of boys and girls before 15 is at 0.5%, before the age of 18 is at 1.5%	Reduction of early marriage by 5 % from baseline for boys and girls before 15 years old; and by 15% for boys and girls before 18 years old.

Outcome indicator #1

75% out of the 500 adolescents initiates discussions on sexual and reproductive health as well as family planning in their families (documented by health volunteers and peer mobilisers during household visits).

The survey result shows 75% of adolescents initiate discussion on sexual and reproductive health as well as family planning in their families against a baseline of 0%. This shows significant changes and the project target at 75% was met.

Figure #1: percentage of adolescents receiving information regarding SRH from friends/peers or family members



The survey further shows that 84% of adolescents confirmed that they have received information regarding SRH from their friends/peers or family members, similarly with 80% of adolescents confirmed that they have shared the SRH information to other adolescents or peers.

In addition, 50% of the sample villages being observed that discussion on SRH related conversation were overheard during the project's team transect walk around the villages, which is consistent with aforementioned accomplishments

While sexual and reproductive health can be a sensitive topic and many places around the world it is taboo to speak openly about sex[9]. This results in making it difficult to access information and services around sexual and productive health, especially in places where religious or cultural beliefs restrict access to contraception and/or any information about SRH for example, in Dakvai village, the village elders would not allow the project team to conduct some drama shows related to SRH in their own community as it violates their traditional beliefs while refusing to disclose the exact reasons. On the other hand, the village elders only restrict the drama shows activity but allow other activities related to SRH to be carried out in the village. Despite the limitation, the project still achieved 63% of adolescents reporting to have initiate discussion about SRH and Family Planning at their household level in Dak W ai village which is already a huge success compared to the baseline of 0%.

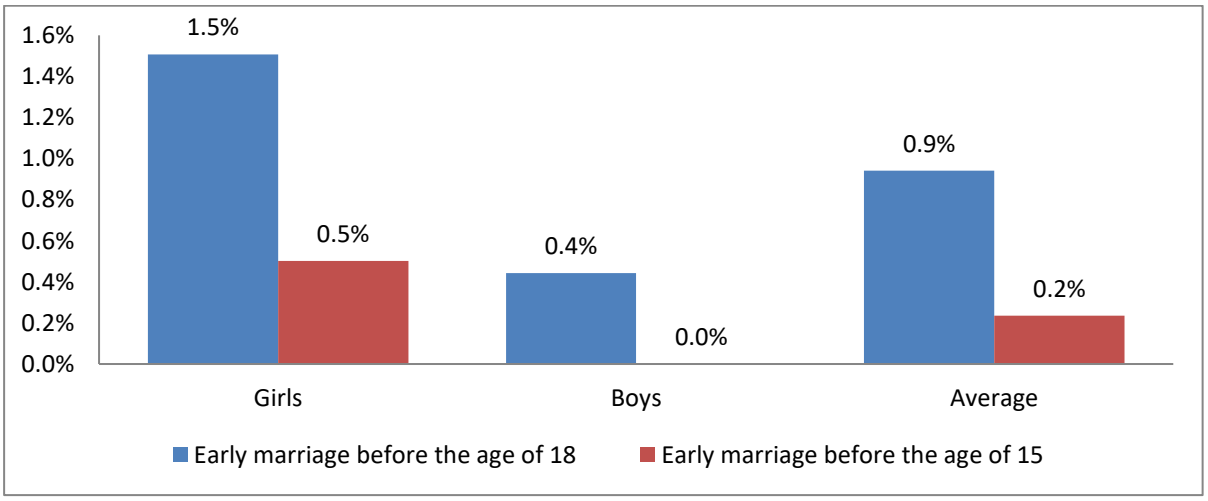
"No reason to be shy to discuss about our own body which is very essential to our lives and our own happiness "stated by a girl (age 19) at Daktiam village during a focus group discussion session.

Some contribution factors to this success are the availability of youth counselling friendly services, the training of health care workers as well as the construction of private space supported by the project that enable adolescents to feel that their information is confidential and not being shared to public evidenced by 80% of adolescents confirmed they received counseling on SRH in a private space at health centers where they can express their sexual health without being afraid to be heard by others. Additionally, information from Focus Group Discussion (FGD) with parent groups showed that 4 out of 6 groups (67%) believed that they should let female adolescents make their own decisions regarding family planning and which contraceptives to use, which is also a contribution to allowing adolescents, especially girls, to feel free to initiate discussion on SRH and family planning.

Outcome Indicator #2

Reduction of early marriage rate of boys and girls before 15 years old and 18 years old by the end of the project

Figure #2: Early Marriage Rate



Information from village authority records shows an average 0.9% (4/425) of boys and girls getting married before the age of 18 and 0.2% (1/425) of before the age of 15 by end of year 2022. There is a huge significant decrease from the baseline of 26.65% or about 25.75% reduction exceeding the

[9] https://www.healthpovertyaction.org/how-poverty-is-created/women-girls/sexual-reproductive-health/

project's target at 15% for under 18 years old and a reduction of 8.95% for under 15 years old also exceeding the project's target of 5% to achieve by end of the project. This is also consistent with the baseline result that early marriage among girls was higher than boys among the target villages where girls account for 75% of the cases from the end of project data.

Furthermore, the focus group discussions with both adolescents and parents also showed that one of the biggest changes from this project is the reduction of early marriage as they know the consequences of getting married early which it both impacts their education opportunities and their health as well as their futures. The parents also stated that they had seen so many adolescents getting married between the ages of 12-18 but now it has been decreased. 1/6 Key Informant Interviews (KIIs) from village authority reported that since the project to provide knowledge on SRH and the Early Marriage, adolescents in the village started seeking consultation from the village elders regarding marriage and they had provided guidance as well as information on legal age of marriage to be 18 and older to adolescents as part of their promotion to end early marriage.

A high school boy in Dakmouan village said, "I will not get married until I have a job, any kind of jobs I would take as long as I have something to do before getting married, as I know the consequences of getting married at early age and I will not do it."

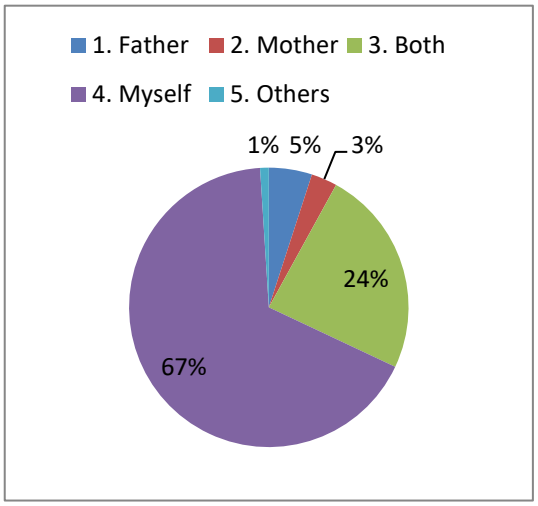
Results:

1. Availability of relevant and understandable information on sexual reproductive and maternal health (SRMH) information, policies and rights for adolescents and their parents

Result	Baseline	Endline	Target
Availability of relevant and understandable information on sexual reproductive and maternal health (SRMH) information, policies and rights for adolescents and their parents	Baseline: 0%	Endline: 84%	75% of 500 targeted women (250) and girls (250) use the material on SRMH information, policies and their rights by EoP (social media users statistic) and exercise their rights (dialogue in families on early marriage)

The survey result shows 84% of women and girls use the materials on Sexual Reproductive and Maternal Health (SRMH) information polices and rights as well as exercise their rights against a baseline of 0%. The result exceeds the project's target at 75% as it created significant changes.

Figure #3: Person making decision regarding marriage



Further information (figure #2) shows that 67% of adolescents reported to make their own decision regarding marriage with about 28% being made by either father or mother or both. Out of those adolescents whose parents made the decision regarding their marriage, 68.4% reported if adolescents did not give consent they would seek help. While the team was not able to obtain information on how they are going to seek help, the result above reported that adolescents sought advice as such as consultation on the legal proceedings of marriage and provide information the legal age of marriage. The contribution toward this achievement is the increase of knowledge and capacity to voice out their ideas or comments. Information from FGDs with adolescents group also stated since the project came, they are not shy to voice out or express their comments as they received capacity and skills from project's activities or trainings.

2. Adolescent girls use youth friendly sexual reproductive health services

Result	Baseline	Endline	Target
Adolescent girls use youth friendly sexual reproductive health services	Baseline: 0	Endline: 8	# of district and provincial health staff designed the treatment facilities considering guidelines on youth friendly health services and treat adolescent girls with respecting their privacy (Interview of examined girls)
	Baseline: 19,4% of women age 15-19 have given birth or are pregnant with first child in Sekong province[17]	15% (72/489)	# of reported adolescent pregnancies are reduced by 7% in targeted villages by EoP.
	Currently no youth friendly sexual reproductive health services are available in targeted districts and community health centres. Baseline: 0%	79% (82/104)	60% of adolescent girls in target district receive sexual reproductive health service by EoP

Indicator 2.1 # of district and provincial health staff designed the treatment facilities considering guidelines on youth counselling friendly health services and treat adolescent girls with respecting their privacy (Interview of examined girls)

> *"Since YFS was established in our health center, there is an increasing number of teenagers are coming in to use the program both over the phone and in person. They have a lot of questions regarding their sexual health, as evidenced by the fact that one girl travelled to the province to meet with me when she couldn't find me at the health center "Xieng Louang Health Center nurse*

According to project's record, 8 representatives from Lamam and Dakcheung districts along with other participants from different partners and stakeholders (Provincial Health Department, District Health Offices, Health Centers and Local Partners) with total of 25 participants (17 female) attended the training only Youth Friendly Service (Y FS) by Ministry of Health (MoH) trainers. Information from the 2 health centers visited during the field data collection for final evaluation reported that they have also shared the knowledge and skills with their colleagues upon returning from the training, so others can also provide YFS to patients for continuity of care and management.

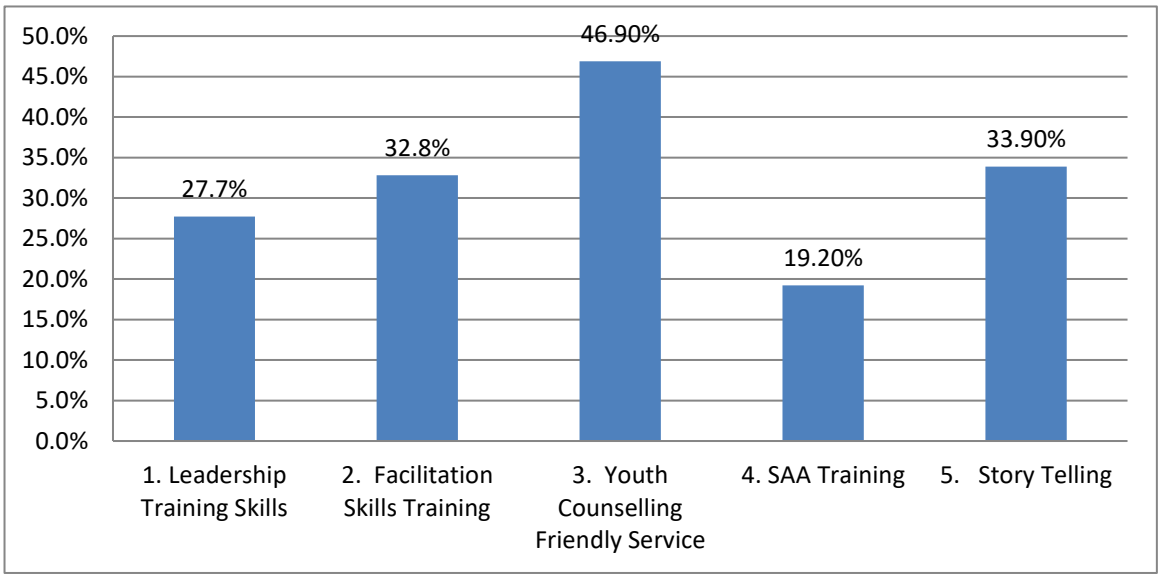
Table #9: # of Adolescents using Youth Friendly Services

Type of participants	2021	2022
Girls	220	779
Boys	122	160
Total	342	939

Health center log – book (Table #9) showed an increase of adolescents coming to use Youth Friendly Service in the first year (2021) of total 342 (girls 220, boys 122) adolescents to 939 (girls 779, boys 160) or about 275% increase from 2021 against 0 at the baseline where there was no YFS in place. It further showed a huge increase in adolescent girls from 220 to 779 against of boys from 122 to 160. This result showed that girls are currently realizing that they have to take care of their own health specifically to seek health care when they have any health concerns, and this is confirmed by many adolescents who stated during focus group discussion that they need not to be shy about their own bodies. There has been no information from the health center staff why there are more girls seeking health care than boys, although some study suggested that 1) boys often believed they need to be strong, 2) the fear of the diagnosis, 3) the feeling of being uncomfortable for exams[10]. In addition to the trainings on YFS, the project's provision of 8 private spaces (either renovated or built an extension room) to 8 health centers has contributed to create such significant changes.

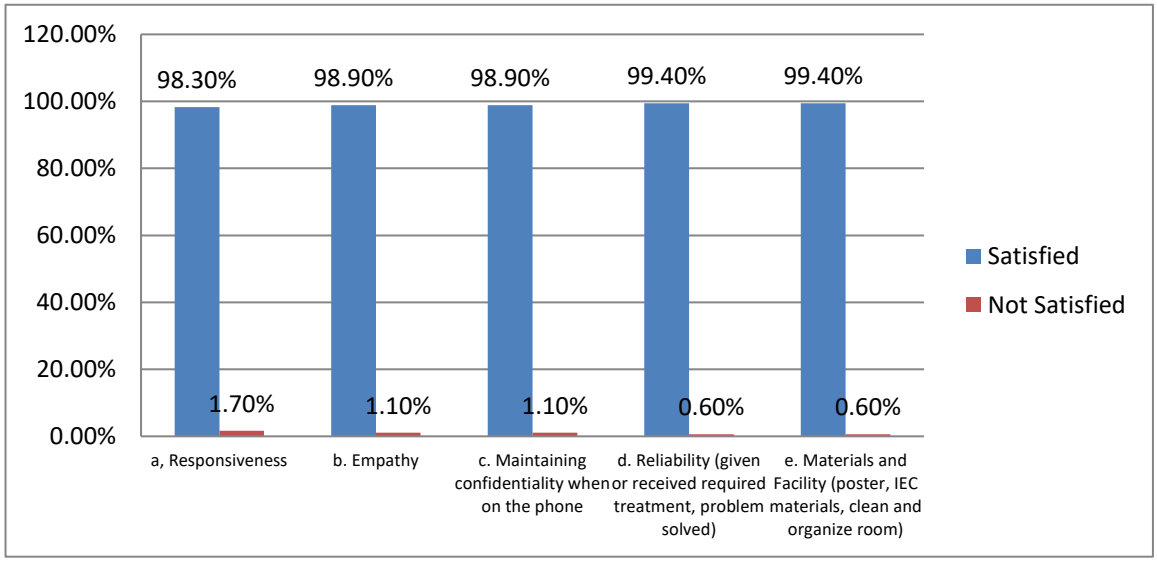
Figure #4: Activity creating the highest impact/changes

[10] https://www.tricitymed.org/2017/06/dont-men-go-doctor-often-women/



As there has never been a service like YCFS available in the province, 46.9% of respondents who were asked to rate the activity being undertaken in their schools or communities that had the most influence or resulted in the most significant improvements said that it was YFS. Since SRH is a difficult subject for teenagers in their local environment, the availability of private locations and confidential information greatly appeals to teenagers, who utilize these services more frequently. According to additional survey results, 80.2% of teenagers reported that the doctor or nurse had given a consultation in a private setting, while 19.8% said they still gave consultations in public settings or in an opening space without a private room.

Figure #5: Quality Services on YCFS rating by adolescents



Survey respondents reported above 98% of being satisfied with the youth friendly services which include health staff being responsive, showing empathy, maintaining confidentiality when on the phone, reliable as well as being satisfied with the materials and facilities. Youth occasionally use WhatsApp and Messenger or phone credit to call the doctors or nurses when they do not wish to come in person to discuss SRH matters, and this has been increasing, according to information from health center staff. The Vientiane Youth Center (VYC) is the center for providing youth friendly services where there is a toll free number, but none have been available in Sekong province. There is currently no disaggregated data

accessible, despite the fact that they have noted down both the adolescents who came in person and those who called in the same group and have not divided them.

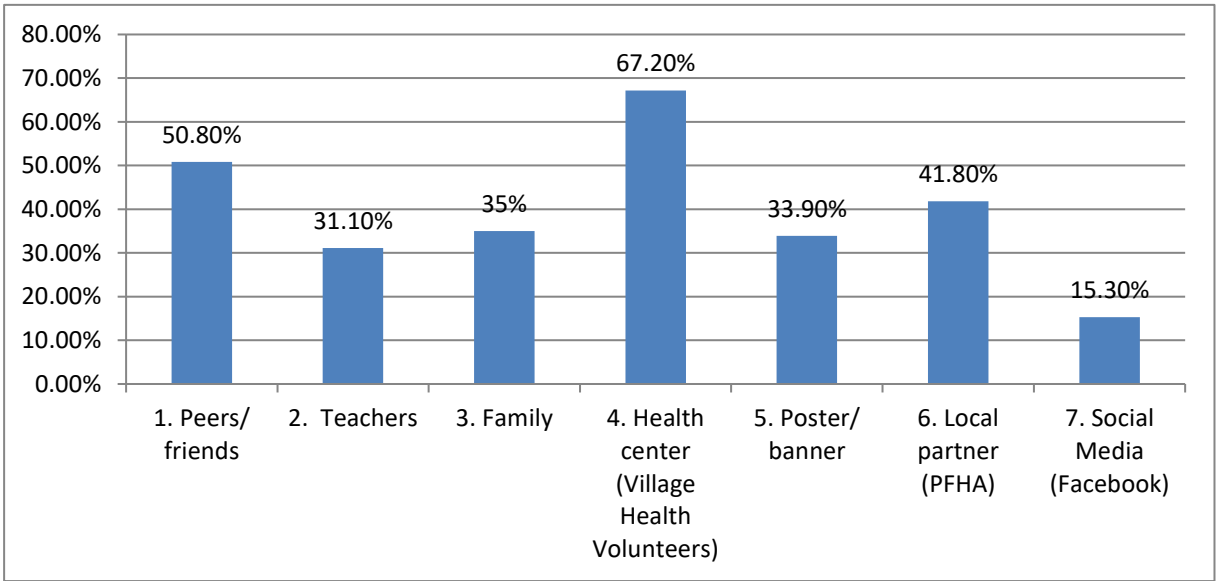
Indicator 2.2 Number of reported adolescent pregnancies are reduced by 7% in targeted villages by EoP.

Record from 8 target health centers showed a decrease of adolescent pregnancies (12-17 years old) from the beginning (2019) of the project at 25% (85/357) to 15% (72/489) in 2022 which is reduced by 10% against a target of 7% by end of project. While the project were not able to collect such data at baseline study and the baseline result was extracted from the LSIS 2017 at 19.4% in which the age range were for women 15-19 years old who had given birth or are pregnant with first child in Sekong province which is not appropriate for comparison. Although the health center records from their logged books provided clarification for the baseline data, and the comparison shows significant improvement. Some contributions toward this achievement came from increase knowledge on SRH, the use of family planning (contraceptives to prevent unwanted pregnancies) as well as improved knowledge on health seeking behavior as well as the availability of youth friendly service in the districts.

Indicator 2.3 % of adolescent girls in target district receive sexual reproductive health service by EoP

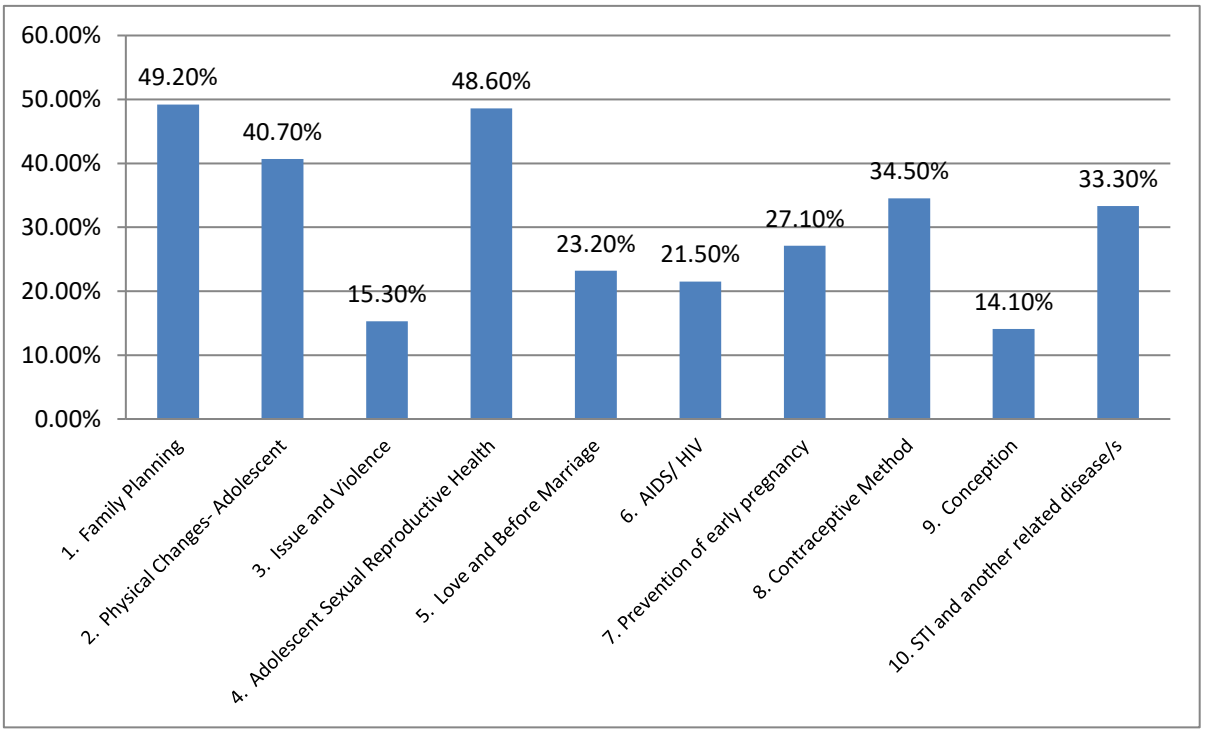
79% (82/104) of adolescents survey respondents confirmed have received SRH service against baseline of 0% exceeding a final target at 60% to achieve by end of the project.

Figure #6: Where they learned about access to sexual and reproductive health services



The survey also found that 67.2% of teenagers learned about access to sexual and reproductive health services through health centers and village health volunteers, followed by 50.8% through friends and peers, and least 15.3% through social media (Facebook). According to the aforementioned data, adolescents trust village health volunteers and doctors/nurses the most when seeking medical attention for SRH issues, and they utilized the youth-friendly services that the project brought in.

Figure #7: Youth Friendly Services those adolescents used when coming to the health centers



The survey's findings (figure 7) demonstrate that 49.2% of teenagers are interested in family planning, 48.6% are interested in adolescent sexual and reproductive health, and at least 15.3% and 14.1% are interested in issues with violence and conception. Adolescents further emphasized that they had not called the health clinic to get tested for HIV/AIDS but rather to learn more about the virus, particularly regarding prevention measures. Sexual and gender-based violence appears to be prevalent in the community, particularly when it comes to sexual rights. A member of the health center staff claimed she had heard over the phone about a girl who had been made to have sex until her genitals swelled, though she had not looked into the matter further.

3. Local partners (CSOs, Ministry of Health, Health committees) have the capacity to deliver key messages on the link between child marriage and pregnancy risks to the targeted ethnic minority communities

Result	Baseline	Endline	Target
Local partners (CSOs, Ministry of Health, Health committees) have the capacity to deliver key messages on the link between child marriage and pregnancy risks to the targeted ethnic minority communities	Currently local partners have an understanding of SRMH policies and the consequences of child marriage but do not have youth friendly tools and the capacity to facilitate interactive information sessions reflecting local culture and context. **Baseline: 0%**	Endline: 156% (25/16)	80 % out of 16 partner organisation staff members (province and district health department, health centres and civil society organisations) apply youth friendly methods for interactive information sessions

	Currently there was no community members per targeted communities participate in information sessions on youth friendly sexual and reproductive health information. **Baseline: 0**	256/118	100 Community members per targeted communities (10 villages) participate in 12 information sessions on youth friendly sexual and reproductive health information (in total 120 information sessions) and prove their knowledge through a final test.

Indicator 3.1/ of 16 partner organisation staff members (province and district health department, health centres and civil society organisations) apply youth friendly methods for interactive information sessions

The project report states that a total of 25 staff members from partner organizations (provincial and district offices, health centers, and civil society organizations) participated in the training and applied youth-friendly services during interactive sessions, exceeding the project's target of 80% (target of 16 staff) against a baseline of 0% at 156% (25/16). The front line, which delivers the actual services, is under the control of the staff at the health center. The province and district health offices as well as civil society organizations focus more on providing monitoring and support. Furthermore, health center staff stated that they have shared the knowledge and skills to other colleagues so they can also provide youth friendly services when one is not available. In addition, they also reported that upon receiving training from the project, they had changed their approach in terms of providing care and counseling services to the community by providing a two-way communication where it allows patients to share their ideas and what they can do, which ensures that patients are confident to take action on the recommendation, rather than doing a direct one-way communication like demanding the patients to do this and that without realizing whether the patients have the capacity to do it or not.

Indicator 3.2 Number of community members in target communities (10 villages) attended the youth friendly sexual and reproductive health information sessions

According to the project report, there were total 256 (women 118) attended the youth friendly sexual and reproductive health information sessions against a baseline of zero (0) in which it exceeded the final target of 100 community members. Information from FGDs show that community members especially women and girls are very interested in the project's activities especially sexual and reproductive health information as they came to realize that they need to know how to take good care of their own sexual health in which many had make decision to have space between child (having less children) by adopting family planning as well as using contraceptive to prevent sexual and reproductive health. In addition 100% or all the FGDs confirmed they would like to have the project continued to provide health information and other activities as they are still keen to learn more as they know that SRH is very essential to their lives and their future.

One of the women during FGD session said "If we did not take good care of our own bodies, who would do that for us? Therefore there is no need to be shy of our own body."

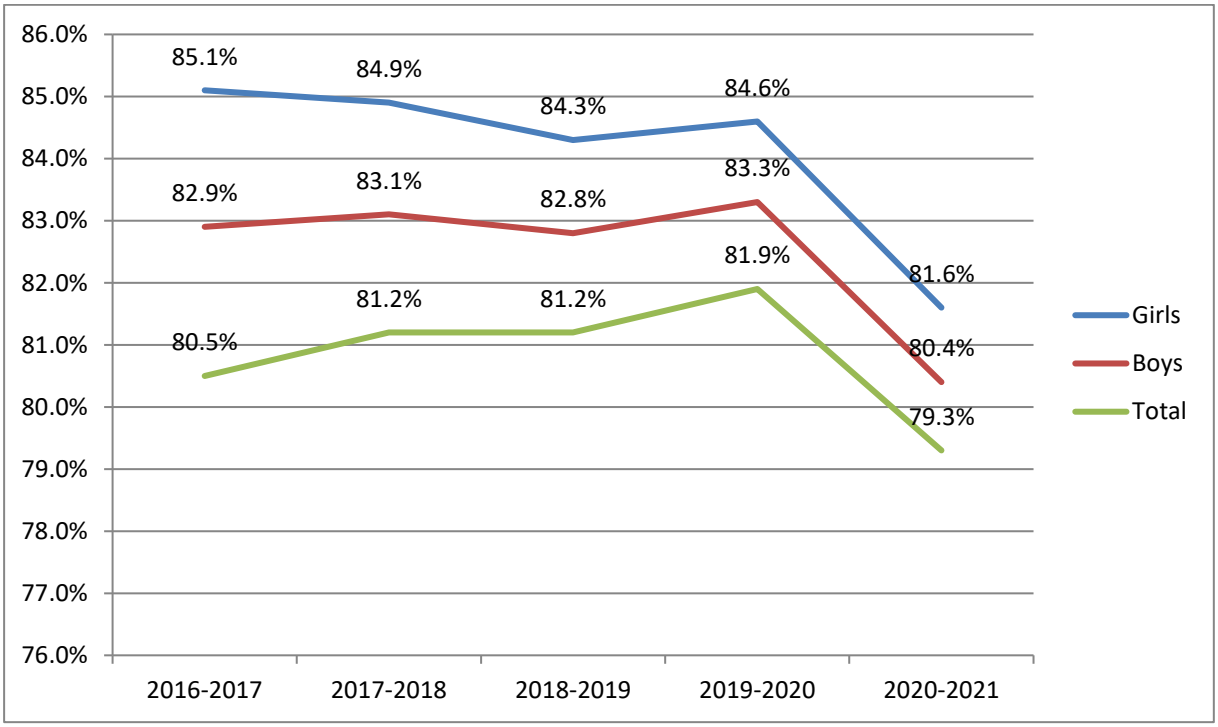
4. Increase numbers of girls finishing secondary school

Result	Baseline	Endline	Target
Increase numbers of girls finishing secondary school	Currently : In Lamam and Dakcheung, 559 girls (14 years or above of age) finish year 4 of secondary school in 2020	472	615 (increase by 10%) girls finish year 4 of secondary school by EoP.
	In Lamam and Dakcheung, 414 girls (17 years or above of age) finish year 7 of secondary school in 2018	445	455 (increase by 10%) girls finish year 7 of secondary school by EoP.

Indicator 4.1 Numbers of girls completing high school year 4

Information from district education offices in Lamam and Dakcheung shows a decrease of students attending high school year 4 in 2021–2022, from 559 at baseline to 472, accounting for about 16%, missing the project's target. This is not only happening among the project target's area to have numbers of students enrollment decreasing but nationwide, as shown in figure 8 below:

Figure 8: Gross Enrollment Ration – Lower Secondary School[11]



This is consistent with the Annual School Census 2020-2021 for public and private schools, Ministry of Education and Sports, Lao PDR, showing a trend of gross enrollment ration among lower secondary schools decreasing significantly, especially from the school year of 2019-2020 at 81.9% to 79.3% by the end of the school year 2021.

[11] Annual School Census 2020-2021 Public and private schools, Ministry of Education and Sports, Lao PDR, http://www.moes.edu.la/moes/index.php/2021-01-13-09-40-39/77-2020-08-05-09-14-58

Although it is inconsistent with the information from FGDs among students, parents, teachers and village leaders which all mentioned that they have seen the rate of students dropping out of school decreasing and more children attending school while the actual numbers of students from district offices showing decreasing numbers of students attending school. In addition, the project team and government stakeholders reported that COVID-19 greatly impacted the community's social economic in which after the COVID-19 and longtime lockdown had urged the students specially to leave schools to seek employment in order to recover the economic issues for the families. As a reason, post-covid-19 results into decrease numbers of students attending school especially in lower secondary school.

Indicator 4.2 Numbers of girls completing high school year 7

Records from district education offices reveal that 445 girls were enrolled in high school for the high school year 7 during the academic year 2021–2022, a rise of nearly 7%. The project failed to achieve the final goal of 10%, or around 455 females, finishing high school year 7 by project's completion. This is in line with information from FGDs and KIIs in which parents, teachers, village officials, peer mobilizers, and adolescents themselves report that one of the biggest changes they had noticed is that there are more students attending school and the rate of students dropping out of school is declining. They further stated that if the project continues, it will create greater impact as it is just the begging of changes.

Overall, there has been some improvement in the attendance of children at school, particularly among students in high school years 5 to 7[12], who are more courageous in continuing their education past that point, particularly in terms of enrolling in college or looking for employment before getting married. Although there has been some discouragement due to the government's lack of quota for employment within the government offices such as public teachers, nurses/doctors, and others that resulting in many graduate students do not have employment and some even had been working as volunteers for about 5-10 years without any salary and many had given up when they reached the age of 35 because the government offices no longer accepted to be included to be public workers.

For instance, a nurse at the Xieng Louang Health Center has been working as a volunteer for approximately 4 years, living on a night shift pay of less than $10/month and doing extra work like selling goods on the weekends or in her free time to make ends meet. Although the project's story-telling activities had a significant behavioral influence and fostered views among the students to strive and still hope to seek higher education in addition to the limited government quotas as they can look for alternative employments, it had a positive impact on behavior.

ANALYSIS/DISCUSSION

Relevance

The project is aligned with the intervention priorities of the National Strategy and Plan of Action for Integrated Services on Reproductive, Maternal, Newborn and Child Health 2016 – 2025 specifically on Adolescent Sexual Reproductive Health and address critical aspects of SRH in by revising Reproductive Health Policy and designing services to ensure the environment supports reproductive rights, and to improve the sexual and reproductive health of men women and adolescents[13].

Along with the local and national contexts in Laos, there is also the global context of the Sustainable Development Goals (SDG) like SDG 2 (zero hunger), SDG 3 (good health and well-being), SDG 4 (quality

[12] Data from district education offices of Laman and Dakcheung 2021 - 2022

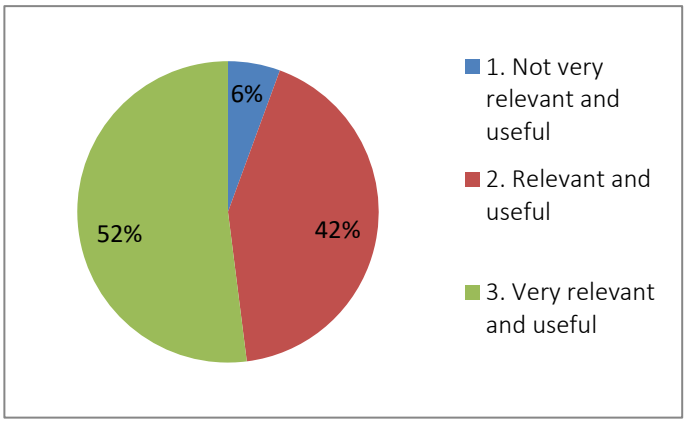
[13] National Strategy and Plan of Action for Integrated Services on Reproductive, Maternal, Newborn and Child Health 2016 – 2025 page. 22

education), SDG 5 (gender equality), SDG 8 (decent work) and SDG 9 (economic growth) that needs to be improved and raised to raise awareness of early marriage and early pregnancy.

The National Adolescent and Youth Friendly Services (NAYFS) Guideline was adapted from the World Health Organization (WHO) guide on Adolescent Health for Health Care Providers, and is currently being developed for the Lao context by the Ministry of Health (MoH) with assistance from the United Nations Population Fund (UNFPA) and other development partners[14]. The project's support of youth-friendly services is therefore in line with the Ministry of Health Strategy.

The initiative is relevant to the local context, according to government officials, and it does directly address the community's largest need, particularly given the high prevalence of early marriage and school dropouts in the project's target areas.

Figure #9: Relevancy of the project's program on SRMH



The project's program on SRMH is relevant and useful, according to 94% of survey respondents (52% said it is very relevant and valuable, and 42% said it is relevant and useful). Information obtained from focus groups with adolescent also supported their perception that the project was highly pertinent to the area's circumstances because it encouraged adolescents to speak up, seek sexual health care that improved their health, avoid dropping out of school, and reduce early pregnancy rate.

Coherence

The project is entirely centered on the convergence between organization and government plan of action as well as between health and education and its effect to reduce early marriage and pregnancy. Cross-organizational collaboration between the ISRH as well as with local NPA such as Family Health Promotion Association (PFHA) and government stakeholders are leveraged to create provincial and district-level plan for implementation of the priority actions and activities supported by several-disciplinary teams.

Newly developed SBCC package (Your Life Your Choice) was implemented to ensure standardized communication of core aspects of sexual reproductive health and rights, marriage issues and gender equality both at community and at school to address reproductive health and early marriage issues at all level.

Working closely with health centre staff, village volunteers (community-based facilitators) and adolescent peer facilitators (mentors and mobilizers) allow them to take ownership and initiative to implement the project within their communities as part of their village development plan of action.

[14] https://lao.unfpa.org/en/news/launch-national-adolescent-and-youth-friendly-services-guideline-ensuring-health-care-providers

Engagement with Ministry of Health and UNFPA to implement the Government Initiative Youth Friendly Service across civil society agencies engaged in improving sexual reproductive health and early marriage in Lao PDR. The use of nationally accepted indicators such as the rates of girl's completion high school (year 4 and year 7) and early marriage prevalence measures allows comparison of results across national and regional indicators collected by relevant agencies working in Lao PDR.

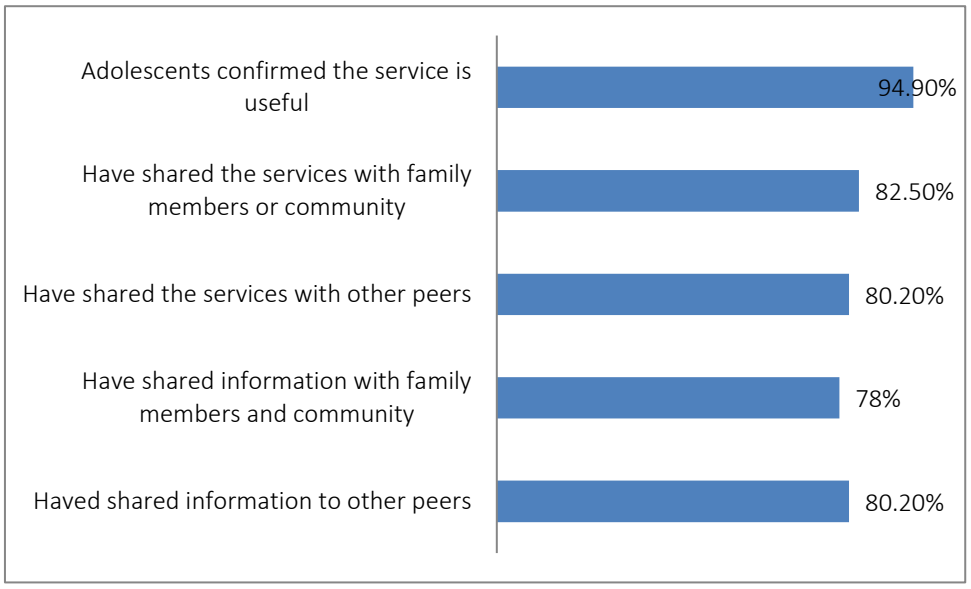
Effectiveness and Impact

Impact on sexual reproductive health and rights

The project was effective at improving sexual reproductive health and rights across all indicators.

In terms of access to SRH information, Youth Friendly Services, the decline in early marriage, and the reduced percentage of girls dropping out of school, adolescents exhibit remarkable improvement, which is confirmed by FGDs with parent groups. The survey results, which showed that 91% of respondents agreed that women and girls have equal rights at the household and community levels, also supported the growing awareness of sexual reproductive health and rights and the improvement of related practices. More than 78% of respondents indicated that the teenagers also told their friends, family, and community members about the information and services they had received.

Figure #10: Have shared information and services gained from the project with others



Impact on Early Marriage

Early marriage has changed significantly; it dropped from an average of 26.65% at baseline to 0.9% by the end of project, a major improvement. With adolescents having a stronger understanding of the effects of getting married young, there is also strong evidence of increased awareness and improved behavior around marriage-related concerns. As indicated by 67% of teenagers who responded confirming they have the right to choose when and who to be married with, and 68% of those whose parents are the ones making the decision for their marriage, adolescents are also asserting their rights regarding marriage more frequently if they are not consent with the proposal by seeking health from others.

Impact on Education

While there were fewer students in high school year 4 who used dropping out as a coping mechanism to find work to support the family, there have been notable changes among students in high school years 5 through 7, who are still aiming to finish school and seeking employment as an alternative to getting married at early age.

Impact on capacity empowerment

The project is successful at building teenage capability, particularly for girls and women. In the past, women and girls lacked the bravery to express their thoughts or worries, but the project's activities gave them the courage to share their perspective with others, according to both the adolescent and parent FGDs. In addition to building capacity, the project helped young people see beyond the confines of their immediate environment, and this had a significant impact on how many of them wanted to graduate from high school and pursue post-secondary education as well as work.

Efficiency

The project's total budget was 600,000 Euros. Over a three-year period, the project sought to reach 10 villages and three secondary schools across two districts (Lamam and Dakcheung) in Sekong province, resulting in an average annual investment per village of almost 20,000 euros. Despite the lengthy MoU procedure in Lao PDR, which was exacerbated by the COVID-19 outbreak, which limited travel to implement the project at the local level, the project was still able to reach aimed target communities on time and some activities such as he SBCC tool YLYC and FB Page are being continued by the government partners. The project's efficiency was severely harmed as a result of these concerns as result of COVID-19. ISRH project staff gave an opinion that there were enough funds but less time to implement the project that would create greater impact if time allowed doing more.

Sustainability

Sustainability of the project is delivered in various ways such as:

Some teenagers are still reluctant to visit a health center to talk about SRH issues, but phone consultations have filled in the gaps, thanks to the health center's doctors and nurses' strong commitment to providing this service. In many cases, teenagers made up their minds to visit the health center after the phone call discussion, either to get a health check-up or to get contraceptives. Large-scale posters advertising the toll-free number for the Vientiane Youth Center have also been produced as part of the project so that youth can call and discuss SRH issues for free. The teens will eventually have access to SRH information and consultation thanks to this choice in a long run once the project ends.

The new SBCC with the theme "Your Life Your Choice" has been a good strategy because the name "Your Life Your Choice" is meaningful enough for adolescents to take action on their own health as well as their future in terms of making the decision to get married at their choice or being able to refuse or seeking help from others in case their parents make the proposal if they are not consenting. Teenagers who participated in the project attest to the need to continue adopting this perspective and spreading it to their peers since they are aware that, even outside of their own neighborhood, living choices do not end with marriage at an early age if they cannot afford to attend college.

Providing more trainings to government staff and village volunteers as well as peer mobilizers to improve their skills and confidence in instructing villages to adopt new approaches and provide them with real-life examples to assist avoid blunders and increase success. Furthermore, when the government staffs have the skills and capacity, they can continue to monitor the community and offer assistance after the project has been completed, particularly with the youth-friendly services that the MoH has established in its Plan of Action and which are a MoH initiative.

Durable equipment such as the extension (nearly constructions) of private rooms and guidebook for youth friendly service would enable them to continue providing services to the community beyond the project.

In the same province, the ISRH Project was launched in conjunction with CARE Project's First 1,000 Days effort. One of the duties the team integrates into the project is village counseling and SRHR service promotion, including gender mainstreaming and family planning. While ISRH may be coming to an end, the First 1,000 Days Initiative will continue until the end of 2023, allowing the organization to follow up on and support the youth-friendly services and other initiatives set up by ISRH to ensure the project's sustainability.

Barriers to sustainability also exist; especially the COVID-19 pandemic in addition to the time spent for MoU processing that did not allow the project to fully implement as plan. While most of all FGDs confirmed they would continue to carry on the project activities once the project ended, they still need some support such as additional training peer to peer mobilization, leadership skills and how to inspire team members to boys and girls clubs, and finally government stakeholders would need funding support or durable resources. Lastly community members reported that there is a need to have a closing project event at village level to hand over of responsibilities and all activities to the village and government partners to take ownership which would be a proper saying of good bye to the target villages that there are no longer projects to continue implementing.

RECOMMENDATIONS AND CONCLUSIONS

RECOMMENDATIONS

The following recommendations are submitted based on interpretation of all available data and field visitation during final project evaluation. Additional input from CARE and government staff, and village authorities following their review of the results are essential steps to ensure these recommendations are appropriately framed.

Equity

Make sure the adolescents from the poorest families can participate in these activities because many of the boys and girls in this group would prefer to leave the community in search of work or stay overnight/sleep in the field, which would prevent them from being able to take part in the project. Similar to how poorer teenagers would drop out school to help their parents on the farm, where they would have no access to either at school or in their community. A suggestion to address this would be to produce IEC materials in audio format so that people who enjoy listening to music through an MP3 player can access SRH information and services, inspiring them to give up their free time to participate in the project or at the very least making information more accessible. A different option is to broadcast SRH and YFS information via the district and provincial stations in order to reach the unreachable underprivileged communities.

Time Allocation

Expect behavioral change to require several years to “bear fruit”, and plan accordingly to implement them at the start of the project.

Refresher course is necessary to continue the information dissemination of SRHR and to scale up to other local community.

Leaders in the community expressed sadness at learning that the initiative would soon come to an end because the people have only recently just worked up from their sleep and are now prepared to learn more and make changes. If the project can be continued, more project activities would need to be implemented going forward to produce more change. An exit strategy was established among different stakeholders to sustain the programmatic activities and the positive outcomes.

Communication

The language and cultural barriers are unconquerable for community members in the target villages unless the project staff speak their languages and can deeply understand their cultural practices. The cultural practices have been a major challenge, as one of the target villages would not permit the conduct of drama shows, which is one of the best ways to share information with those who have lower levels of education or are illiterate and which has been proven to be useful by other CARE projects. Although some project staff members can speak local dialects that can help mitigate language barriers. It is encouraged to look more closely at cultural practices in order to address social norms and learn how to make an influence within their constraints.

The use of pictures, props and demonstration would assist the community members who have limited education to gain more understanding of the concepts being presented. In addition, drama show would be an ideal approach to provide better picture and understanding to the community easily which is already part of the SBCC package.

Capacity building village volunteers to conduct a circle group discussion of women’s and girls’ concerns and sharing their experiences of how they address such issues to each other would promote learning and network building among village members to get to know each other so they can support one another even once the project ends.

Lastly, it is encouraged to provide various sessions to address parents' own perspectives rather than focusing solely on adolescents so that they can encourage and support their children to attend school rather than discouraging or mandating that they drop out of school to assist with farm labor in future project.

Scaling Up the Approach (SBCC, Your Life Your Choice and Youth Friendly Services)

Overall, the project created significant changes among adolescents both knowledge and practices, therefore it is recommended to scale up this project to other communities and integrating Comprehensive Sexual Education (CSE) to scale up the access to SRHR information and services in order to create impact to wider population.

Strengthening Referral System

Since the schools, especially teachers, can only provide knowledge and information regarding SRH and early marriage, while they cannot provide technical support or clinical diagnosis and treatment to adolescents, it is recommended to create a proper referral mechanism in the form of a confidential referral to health care facilities so that there is a better connection between the school and the health facilities to work together to address those issues.

Disaster-Risk Management

Examples of occurrences that can happen simultaneously in these settlements include land sliding/flooding and outbreaks of both human and animal sickness. Make sure the villagers are aware of the direct links between these disasters and poor land usage, hygiene, and animal husbandry, as well as how their actions might reduce the risk and effect of disasters. The aforementioned disasters frequently had an influence on household finances, forcing adolescents to leave school to work in other cities to support their families or to leave school and get married to help with the family's farm labor to improve output for household consumption. A disaster risk response mechanism should be set up at the village level to assist the community in recovering quickly, especially the poor households to survive and those who have not received the vaccine in order to reduce the requirements for adolescents to drop out of school, which will reduce early marriage as well.

Job Opportunity Awareness

Members of the FGD group stated that they did not want their children to pursue education because there are so few openings in government positions and it is so hard for graduates of higher education to find employment. They noted that many people are currently working as volunteers without pay, and some even gave up after providing free services for five to ten years. Because of this, many question the need to spend so much time on schooling before returning to work on the farm. With this in mind, it is necessary to offer training on job-seeking opportunities, including the introduction of job searching via 108jobs and INGO directory websites, newspapers, as well as providing knowledge that to be employed and earn a good income, have a good life, which does not need to only be included in the government employment where there are a very few quotas.

While many people especially parents were not literate, therefore they would not be able to access to online information regarding job opportunities, it is recommended to work with the government partners to provide a job fares or awareness sessions at village level so parents can access to information and thus be courageous to send their children to school as well as support them to complete education even beyond high school.

CONCLUSIONS

ISRH project achieved impressive improvement in all indicators, while some indicators are not realistic to achieve whether it is too high or too low:

- All measures on sexual reproductive health and rights as well as early marriage and school attendance of adolescents show improvement
- All substantial and measurable changes in SRH and Early Marriage created behavioral changes and habits for adolescents in term of mind set to get married later when they are ready as well as health seeking behavior to health center for both adolescents at community and at school.
- Teachers' skills and techniques in teachings diversify to create better classroom environments for the students to enjoy and acquiring more knowledge especially address SRH issues and school attendance
- Inform adolescents (students) about job opportunities so that they are aware that there are more positions available outside of the government's limited quotas, such as in 108jobs, INGO Job Directory, and other social media. This will encourage students to pursue higher

education rather than dissuade them by telling them there will be no jobs for them after they graduate, which will lead them to believe that continuing their education is a waste of time.

- Parent's involvements in adolescents' SRH both at school and at home improved and resulted in creating greater support to send students to school and also created better bonding between parents and children making children behave better toward learning habit as well as family planning or the discussion of the use of contraceptive to prevent early or unwanted pregnancy.
- Stakeholders engaged in this project have contributed substantially to the improvement of the SRH, health seeking behavior, marriage and practices of adolescents in these communities.

The work has not been without challenges however:

- Natural disaster such as COVID-19 pandemic that prevented the project to be able to fully implement the project activities as plan especially movement has been restricted for regular monitoring to support the implementation.
- The traditional practices of remote villages resist rapid change and require intensive and long-term programs to understand, educate and influence behaviors. The changes required are both ideological and structural and relate to the support of children's education, relationship, and belief-based practices, arranged or forced marriage which have been long-held and will require a change in mindset of not only parents of adolescents and teachers, but the older influential members of the community whose decisions extend to areas where they are no longer directly involved.

Overall, the project has been very successful due to the excellent working relationship between project, government, villagers and teachers and suitability of the interventions selected.

Future work planned for these schools/communities will benefit from the extensive learning that has occurred over the course of this project, and continued engagement with these schools/communities is welcome by villagers and teachers as well as students and indeed all participants in the final evaluation have requested to for the project continue as they are still curious to learn more and to acquire more knowledge and skills.

LIMITATION, BEST PRACTICES AND CHALLENGES

The final evaluation timing was arranged during a last day of mid-term examination in where actual observation was not possible to be conducted and adolescents (students at school) tend to be in a hurry to go on holidays in which they have less attention to the group discussion as well as lower efforts to share their knowledge about the project and its achievement. Similarly with community, as it was right in the peak of harvesting season of cassava and many adolescents (including parents) were not home especially those who actively participate in the project activities that can provide more insight about the project's achievement.

COVID-19 pandemic made baseline study to be conducted in a rush way in which could not capture more information on what gaps need to take into attention during the final evaluation. In addition to that many baseline results were obtained from Lao Social Indicators (LSIS 2017) which were also ready two years before the project started and the data was at provincial wide in which it does not disaggregate the project district or targets for better comparison with the final evaluation data.

ANNEXES

ANNEX 1: ACTIVITY MAPPING MATRIX

Project Activity Mapping Ud by KH.xls

ANNEX 2: INDICATOR MAPPING MATRIX

Indicator Mapping Matrix.xlsx

ANNEX 3: TOOLS

Form #2 ISRH Final Evaluation - KII - Gov

Form #1 ISRH Final Evaluation - KII - CAF

Form #12 ISRH Final Evaluation - KII Teacl

Form #11 ISRH Final Evaluation - KII_Villag

Form #10 ISRH Final Evaluation - FGD - Ad

Form #9 ISRH Final Evaluation - KII Villag

Form #8 ISRH Final Evaluation - Case Stu

Form #7 ISRH Final Evaluation - Communi

Form #6 ISRH Final Evaluation - School O

Form #5 ISRH Final Evaluation - Survey Q

Form #4 ISRH Final Evaluation - KII - Hea

Form #3 ISRH Final Evaluation - FGD - Pa

ANNEX 4: INDICATOR TRACKING TABLE

Indicator Tracking Table.docx

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