# Endline Survey Results

Plan Laos Wash Integrated Nutrition (WIN) Project

2022 – PLAN LAOS

# Introduction

The overall goal of the WIN project is: reduction in stunting of girls and boys aged 0-23 months and a progressive movement towards gender transformative MCH-WASH outcomes in 134 communities in Saravan and Oudomxay Provinces.

A baseline was conducted in late 2020, collecting data on indicators such as nutrition status of children, WASH, gender and inclusion.  Following the methodology of this baseline survey, the endline was completed in September 2022.

Data collection in the four target districts of Saravan, Ta Oy, Houn and Pakbeng was undertaken by Plan International Laos staff from the WIN Project Team working along side government counterparts from key implementation partners of district health offices.

# Methodology Overview

## Data Collection Methods

The endline study used a mix of qualitative and quantitative methods including:

- Household Survey (CU5)
- Household Survey (PWD)
- Health Centre Checklist and Interviews

The three surveys were all programmed into mobile data collection tool Kobo Collect.

# Methodology Overview

## Household Survey (CU5)

The survey began with a meeting in the centre of the village to proceed to the anthropometrics measurements. In some instances, more than one CU5 attended the measurement session with their mother.

Equipment for anthropometric measurements was provided by Plan Laos/District Health Teams and set up at a central location within the community.

When done, the surveyor went to the household and identified the gender and age of all household members, and any people with disability living within the household (using adapted Washington Group Questions).

The survey included modules on Maternal Child Health and Nutrition (MCH-N), Water, Sanitation and Hygiene (WASH), and Gender and Social Inclusion (GESI). GESI questions were drawn from gender equity and empowerment measurement tools developed and tested by CARE and Oxfam.

Survey questions were answered primarily by women of reproductive age in each household, and by male fathers of CU5. Separate modules were built into the survey to allow for this.

# Methodology Overview

## Household Survey (PWD)

A separate (short) survey was programmed into Kobo Collect for people with disability (PWD), exploring their specific interests and WASH needs. Data on disability was collected from all households using adapted Washington Group questions.

## Health Centre Checklist and Interview

A paper-based Health Centre Checklist and Interview Questionnaires was developed for use in eight health centres and one district hospital. The responses were entered into a Kobo Toolbox form by a Plan MERL Officer.

The Checklist included a mix of observational questions and data (including patient statistics) gathered from Health Centre Staff.

Short interviews were conducted with up to three staff in each Health Centre to gather further information about practices within the centre and outreach to communities. These interviews were conducted individually in some instances, or with a small group of participants.

# Research Team

The research team was led by Civitas, a research and consulting firm based in Vientiane. Civitas was responsible for the research methodology, design of collection tools and protocols, data synthesis reporting and quality control. Civitas also took care of the enumerator training, provided support to the field teams during data collection and tabulated data from the household and health centre surveys.

Four field teams were established for data collection, one per district. Each team had a minimum of ten members, led by a Civitas officer, a senior staff member from Plan Laos, and a senior representative from the District Health Office.

Survey teams broke into two smaller groups in each district, one responsible for the Household Survey in communities, and the other responsible for data collection in Health Centres. Survey teams included female enumerators to ensure that female participants felt safe and comfortable responding to the household survey.

# Sample Overview

The Endline Survey was completed in:

- 20 communities in 4 districts, 2 provinces.
- 429 households participated in the survey.
- An average of 21 households were surveyed per community, with the total number of households surveyed in each community ranging between 20 and 26 households.
- 53 of surveyed households (12%) are female-headed.

# Final Sample

| | Houn district | Pakbeng district | Saravane district | Ta Oi district | Total |
|---|---|---|---|---|---|
| # communities | 5 | 5 | 5 | 5 | 20 |
| # HH with Children under 5 years old | 96 | 89 | 98 | 103 | 386 |
| # children under 5 years old measured | 103 | 86 | 94 | 120 | 403 |
| # of PWD interviewed | 19 | 26 | 19 | 19 | 83 |
| # Health centers visited | - | 4 | 2 | 3 | 9 |

# Sample description

- The CU5 question module was completed in 352 households with 351 female respondents and 232 male respondents.
- 291 of CU5 households had CU2.
- Anthropometric measurements were collected from 408 children (294 CU2 – 109 CU5 – 5 were measured but were more than 5 years old) from 352 households. In 54 of these households, measurements were taken from more than one child.
- In total, 596 CU5 were declared by the parents. We could have more anthropometrics measurements if the parents have brought every children from the household. It was mostly the women to bring the children to the measurements, rare were the men to be present.
- A total of 83 PWDs were identified in the 429 surveyed households.
- The PWD question module was completed in 77 households.

# Anthropometrics

# Anthropometrics – Headline Indicators

- 12% of women aged 15-49 (reproductive age) with BMI score less than 18.5 (against 13% for the baseline)
- 52% of boys aged under 5 years old moderately or severely stunted (with a z-score less than 2 std deviations below mean) (against 51% for the baseline)
- 45% of girls aged under 5 years old moderately or severely stunted (with a z-score less than 2 std deviations below mean) (against 45% for the baseline)

# Stunted Children

| Proportion of CU5 who are moderately or severely stunted (Baseline) | Oudomxay Province | Saravane Province | Total |
|---|---|---|---|
| Boys | 44% | 58% | 51% |
| Girls | 51% | 39% | 45% |
| All | 48% | 48% | 48% |

| Proportion of CU5 who are moderately or severely stunted (Endline) | Oudomxay Province | Saravane Province | Total |
|---|---|---|---|
| Boys | 54% | 50% | 52% |
| Girls | 40% | 51% | 45% |
| All | 46% | 50,5% | 48% |

# Wasted and Underweight Children

| Proportion of CU5 who are moderately or severely underweight or wasted (Baseline) | ODX | SRV | BOYS | GIRLS | TOTAL |
|---|---|---|---|---|---|
| Underweight | 23% | 39% | 35% | 27% | 31% |
| Wasting | 9% | 13% | 8% | 9% | 9% |

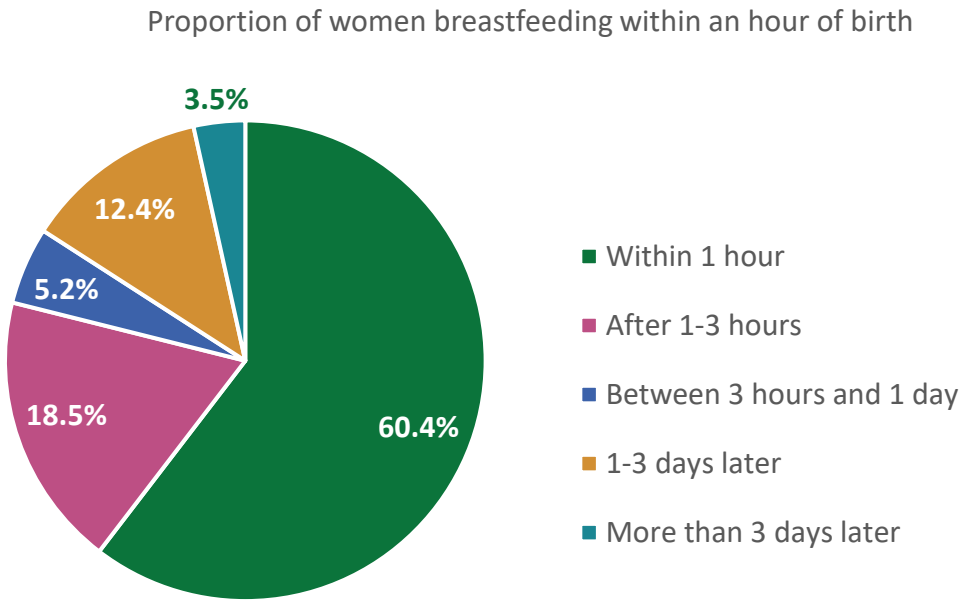
| Proportion of CU5 who are moderately or severely underweight or wasted (Endline) | ODX | SRV | BOYS | GIRLS | TOTAL |
|---|---|---|---|---|---|
| Underweight | 35% | 37% | 39% | 33% | 36% |
| Wasting | 11% | 11% | 12% | 11% | 11% |

# Nutrition

# Nutrition – Headline Indicators

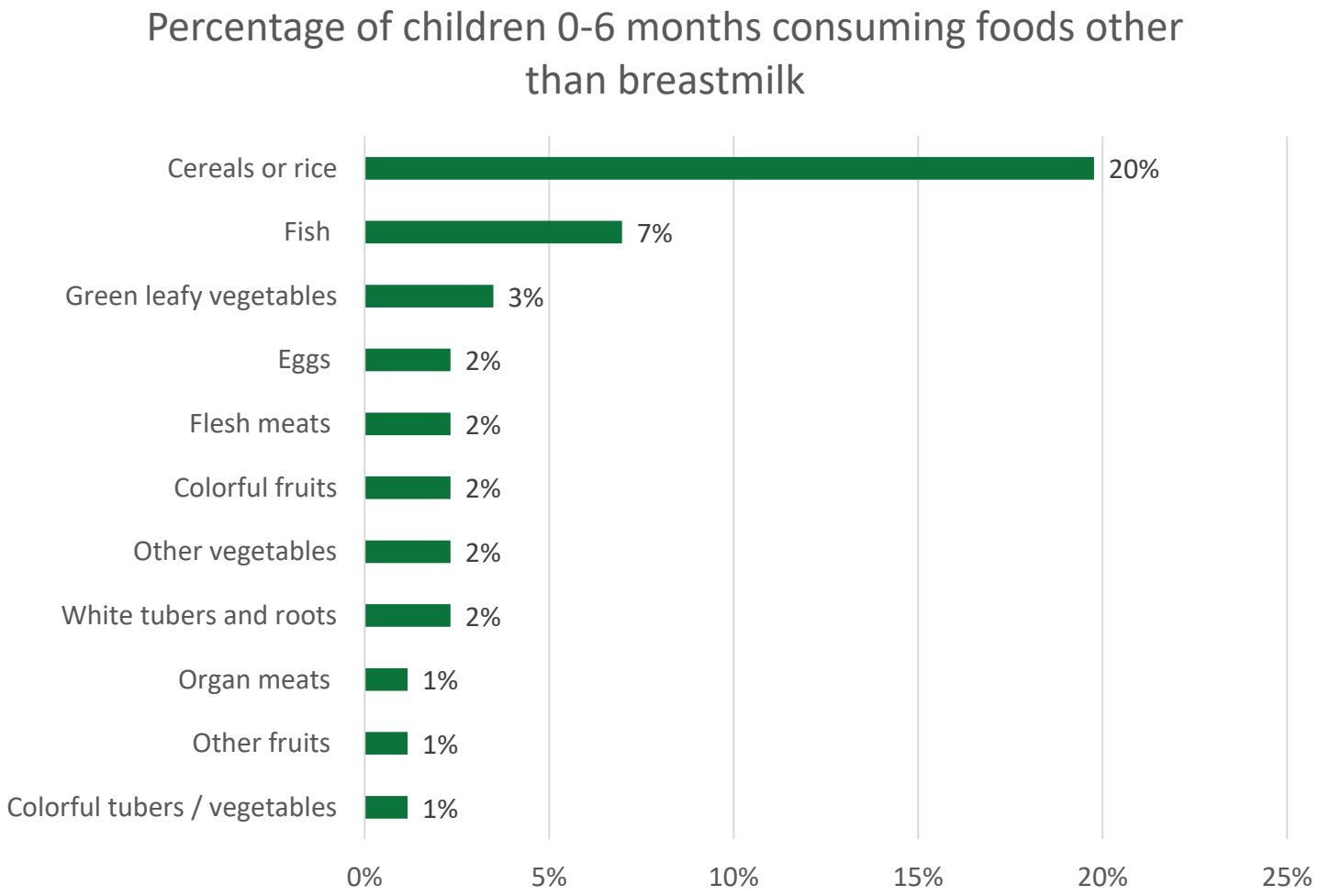
- 30,5% of women (15-49) and 24,3% of girls (7-23 months) are consuming at least 4 of the 6 food groups daily (against respectively 23% and 24% for the baseline)
- 74,4% children aged 0-6 months receiving early and exclusive breastfeeding (against 57% for the baseline)
- 24,1% of 7-23 months old children receiving a minimum acceptable diet (consuming at least 4 of the 6 food groups daily) (against 23% for the baseline)

# Breastfeeding



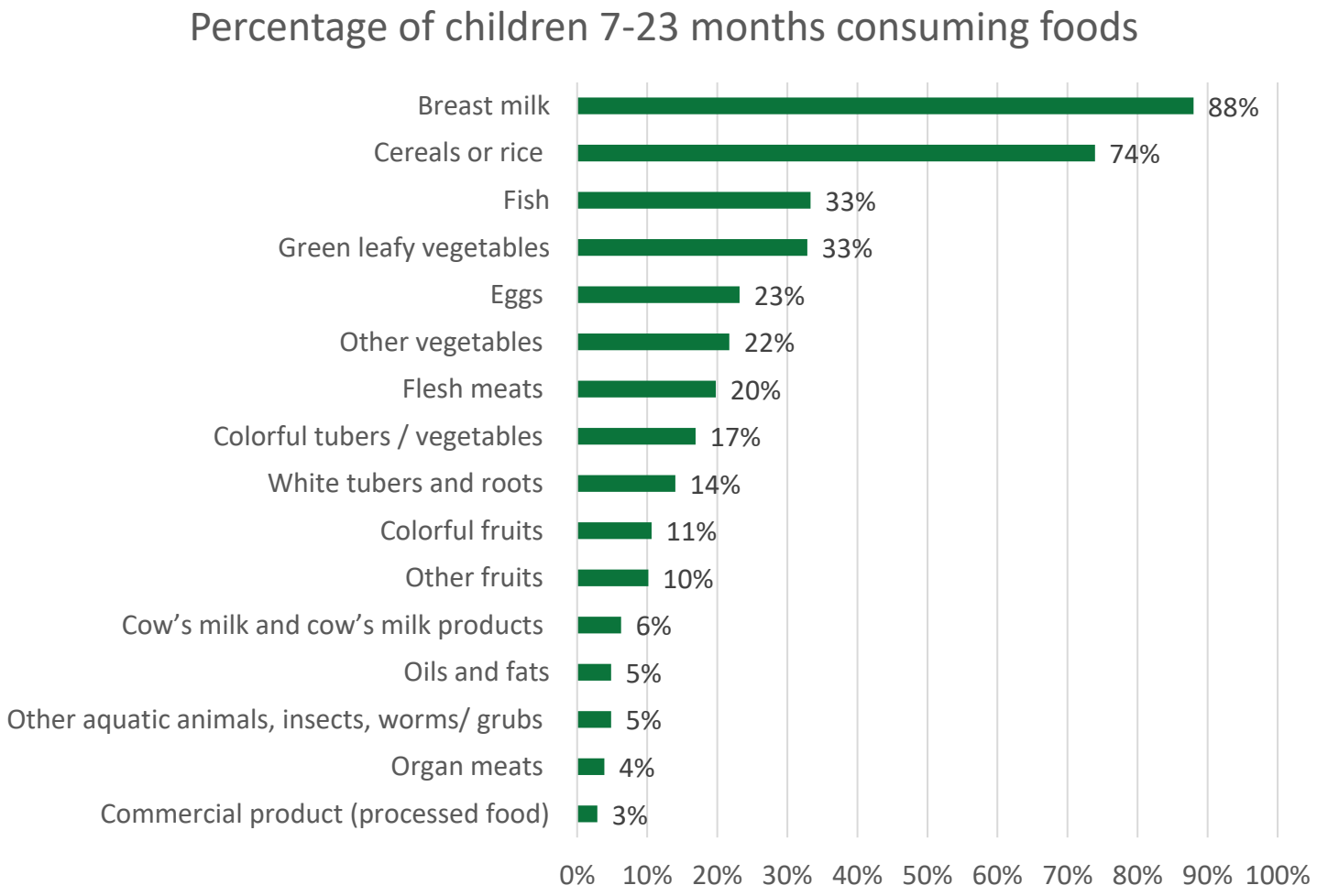

Baseline results show a similar pattern: 79% of the women breasfed their children within the first 3 hours after birth. But more women give with the first day (84,1% now against 79% for the baseline).

# Nutrition



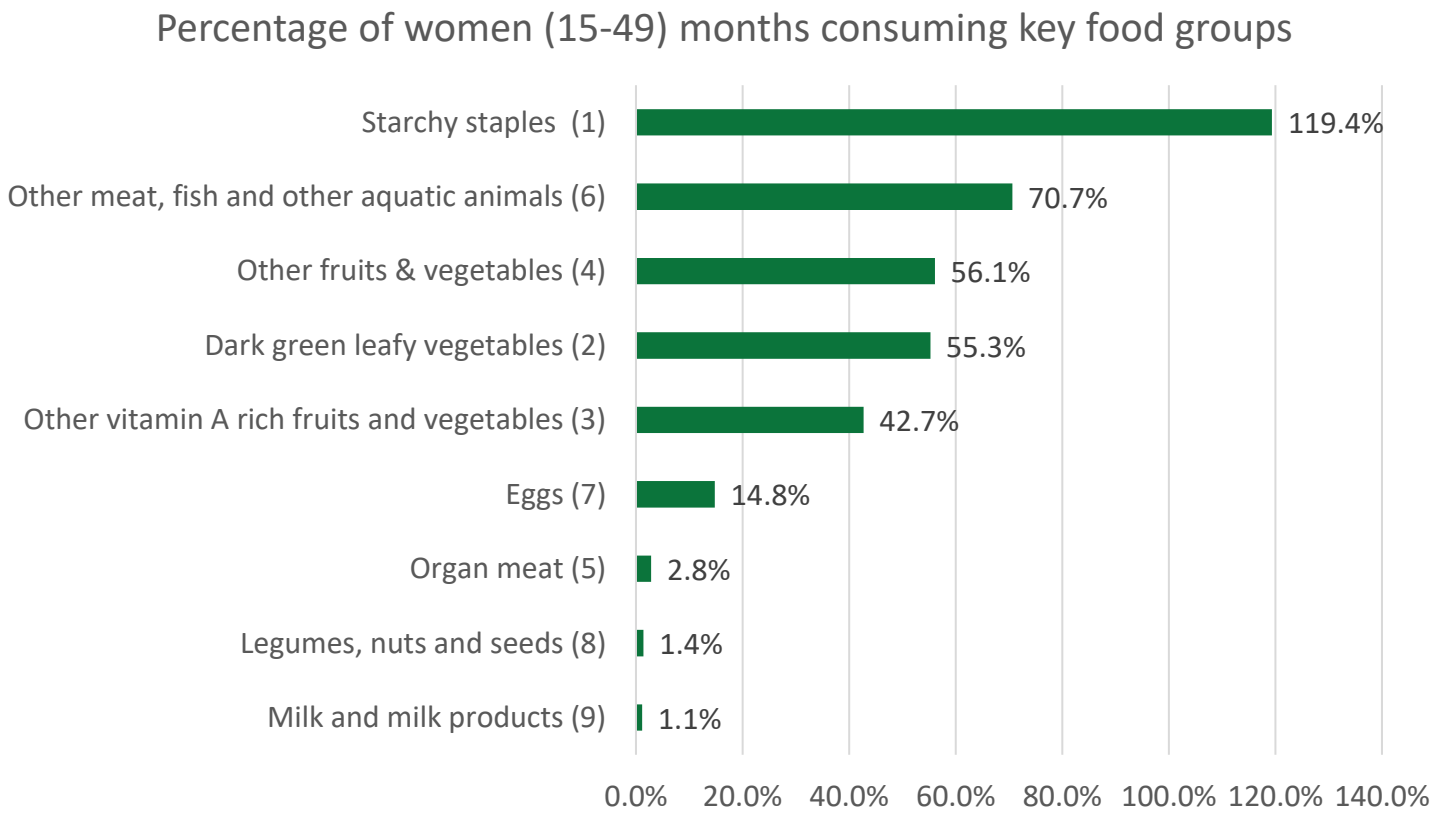

The baseline show a similar pattern with 22% of the children being fed with cereals or rice. Fish and eggs were respectively 5% and 6% to be given to the children.

# Nutrition




Baseline results show an improvement in the diversity of food proposed to the children, and more of them are still breastfed (88% against 75% for the baseline)

# Nutrition




The endline survey found that 30,5% of women of reproductive age were eating a minimal acceptable diet incorporating four or more food groups daily. We can see an improvement from the baseline survey that found that only 23% were eating a minimal acceptable diet.

Percentage can be more than 100% because starchy staples for example include both “Cereals or rice” and “White tubers and roots”

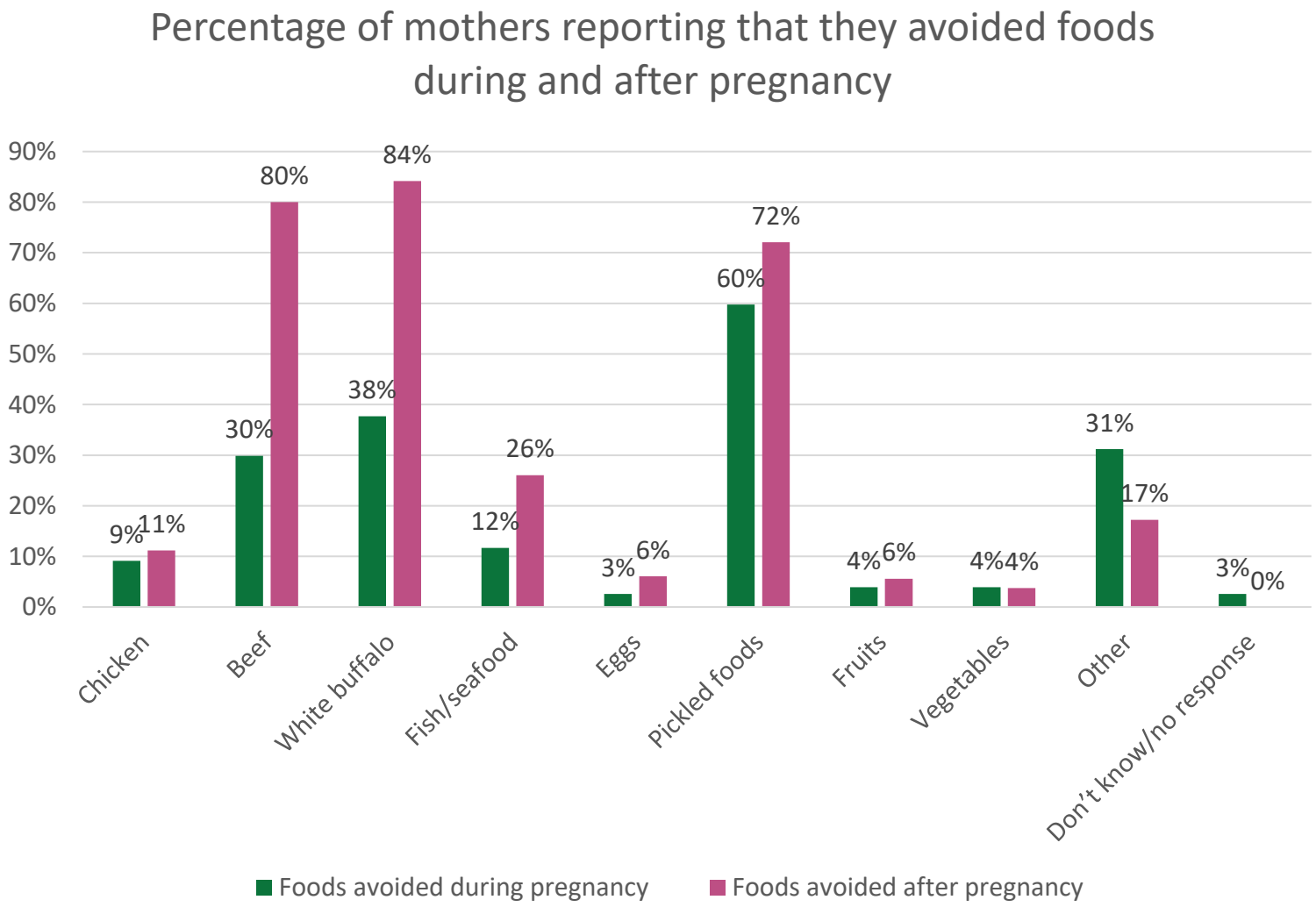
# Pregnancy Behaviours

# Pregnancy behaviours

| Consumption of alcohol and tobacco during pregnancy | Baseline | Endline |
|---|---|---|
| Percentage of mothers who drank alcohol during last pregnancy | 15% | 15% |
| Percentage of mothers who smoked during last pregnancy | 27% | 13% |
| Percentage of fathers who smoked during wife's last pregnancy | 64% | 49% |

| Mothers reporting food avoidance | Baseline | Endline |
|---|---|---|
| During pregnancy (before birth) | 22% | 22% |
| During breastfeeding (after birth) | 65% | 61% |

# Pregnancy behaviours



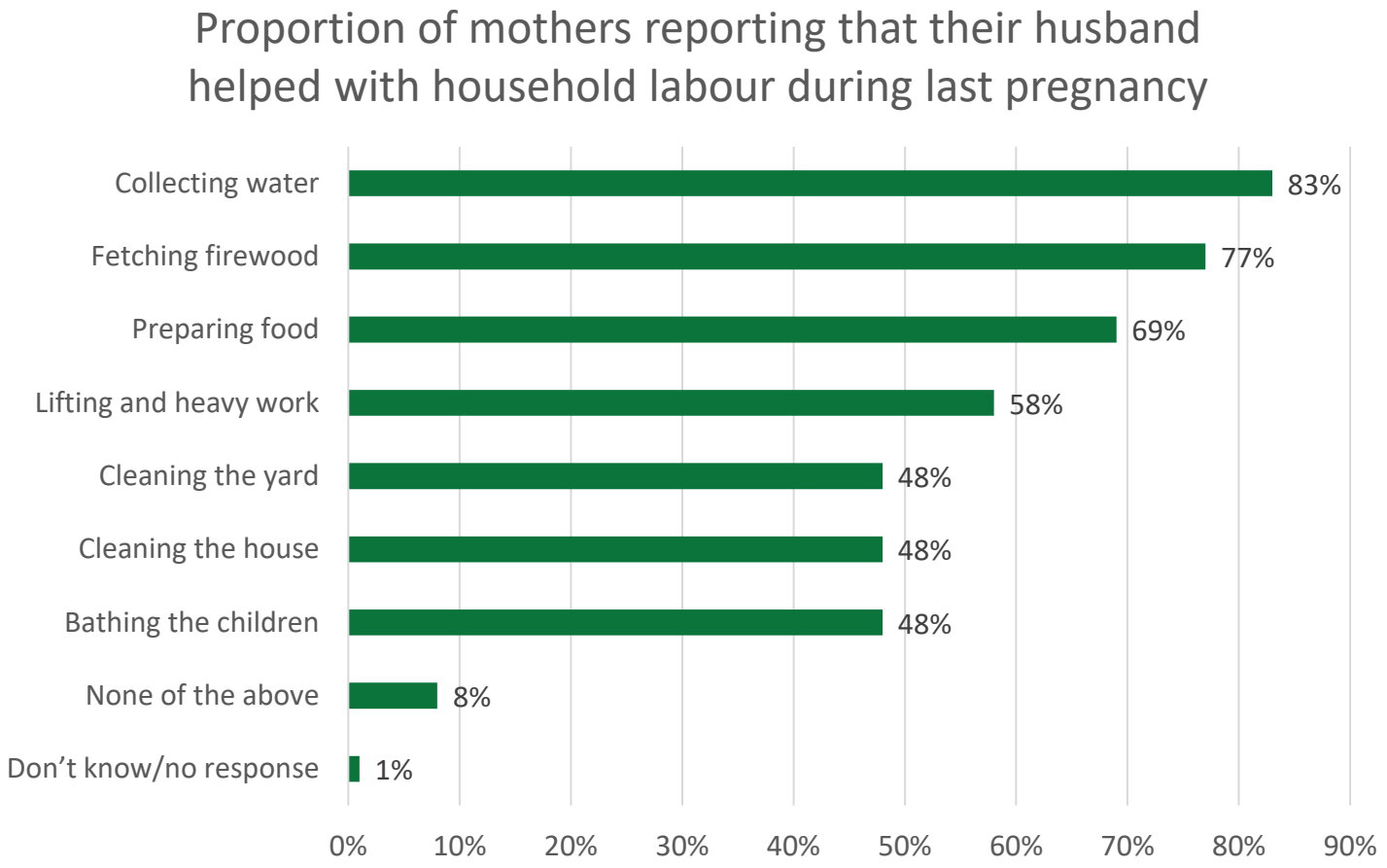

We can see in the baseline results a similar pattern in the type of foods avoided by the women during and after pregnancy but women waited less to go back to a normal diet (see next slide).

# Pregnancy behaviours

| How many months after birth did you return to your normal diet? | Baseline | Endline |
|---|---|---|
| Less than one month | 14% | 7% |
| 1-2 months | 22% | 19% |
| 2-3 months | 18% | 22% |
| 4-6 months | 18% | 29% |
| Over 6 months | 26% | 23% |
| Don’t know / no response | 2% | 0% |

72% waited less than 6 months to return to a normal diet for the baseline, against 77% for the endline.

# Pregnancy behaviours

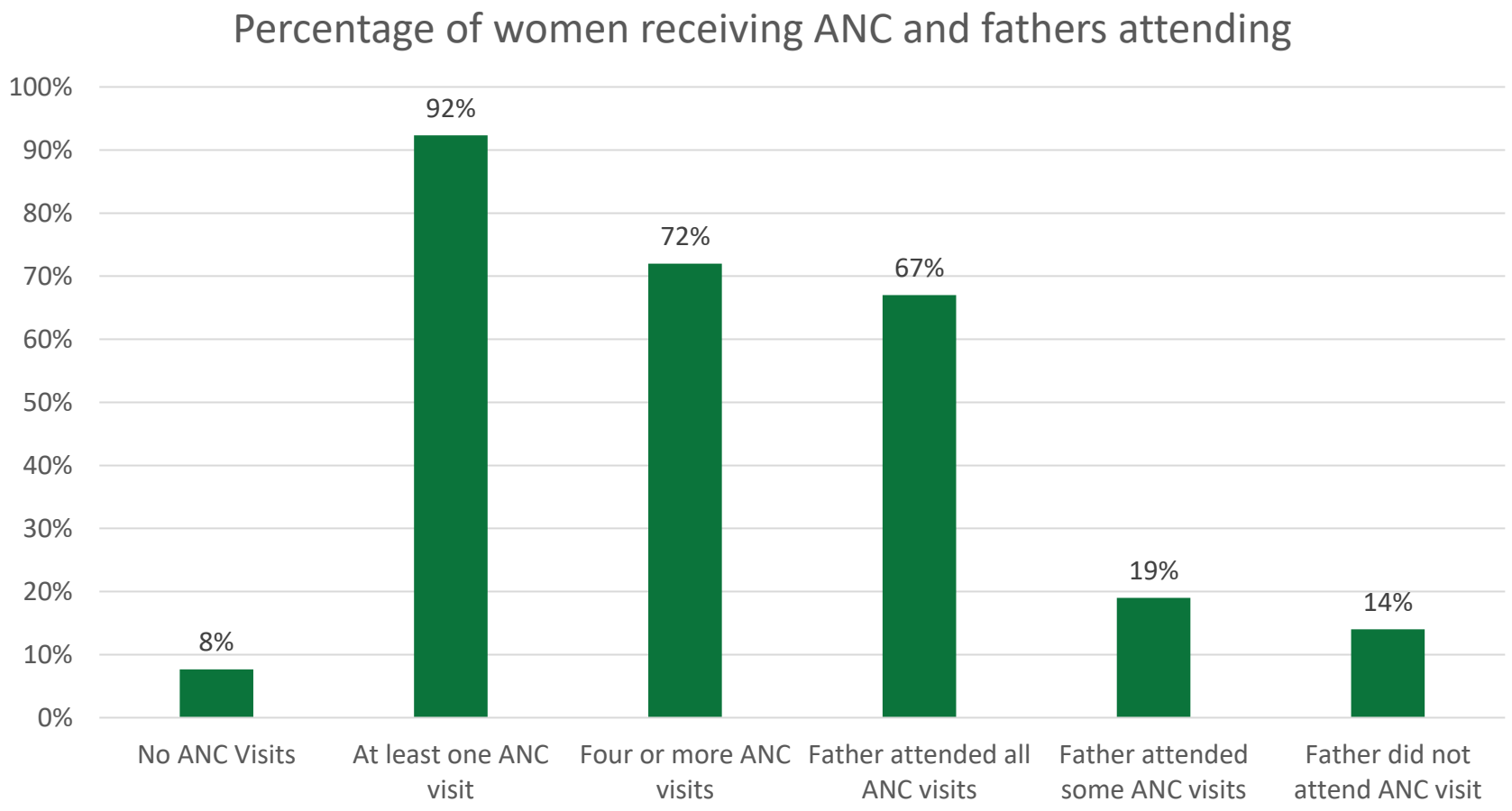



Most of the mothers received more support from their husband, « bathing the children » being is the only one with no change (48% against 45% for the baseline). We can see a clear improvement for 3 tasks. Preparing the food, cleaning the yard and the house were respectively done for 57%, 29% and 39% during the baseline survey.

# Maternal Child Health – Headline indicators

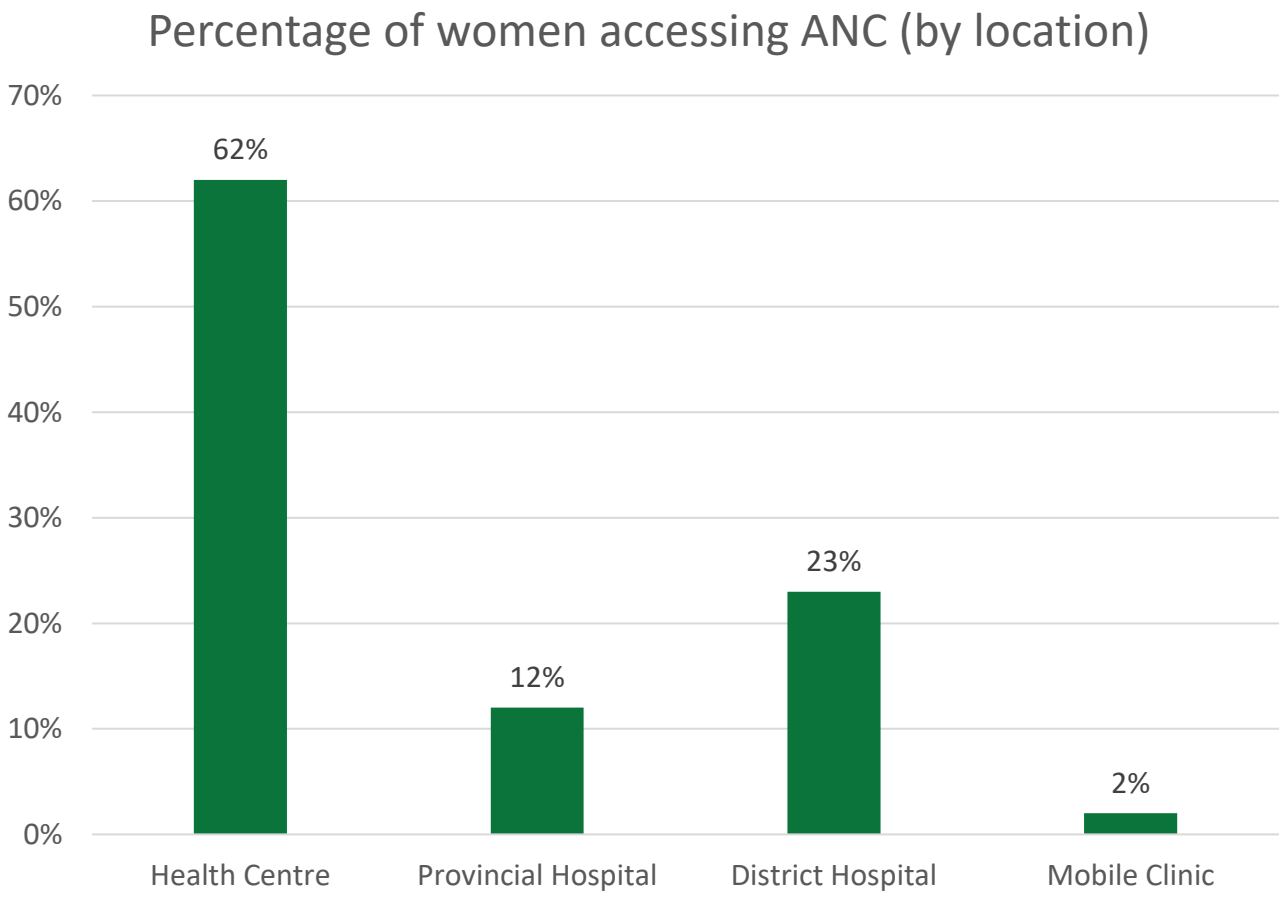
- 72% of pregnant women accessed antenatal care (ANC) at least four times during pregnancy (against 59% for the baseline)
- 92% of pregnant women attended ANC visits at least once (against 89% for the baseline)
- 51% of women delivered with from a skilled attendant and/or in a health facility, and with support from men (against 4% for the baseline)
- 58% women received PNC visits with 48 hours of birth (against 48% for the baseline)
- 9% of mothers received three PNC visits within six weeks of birth, including one in the first 48 hours (against 11% for the baseline)

# Ante Natal Care (ANC)



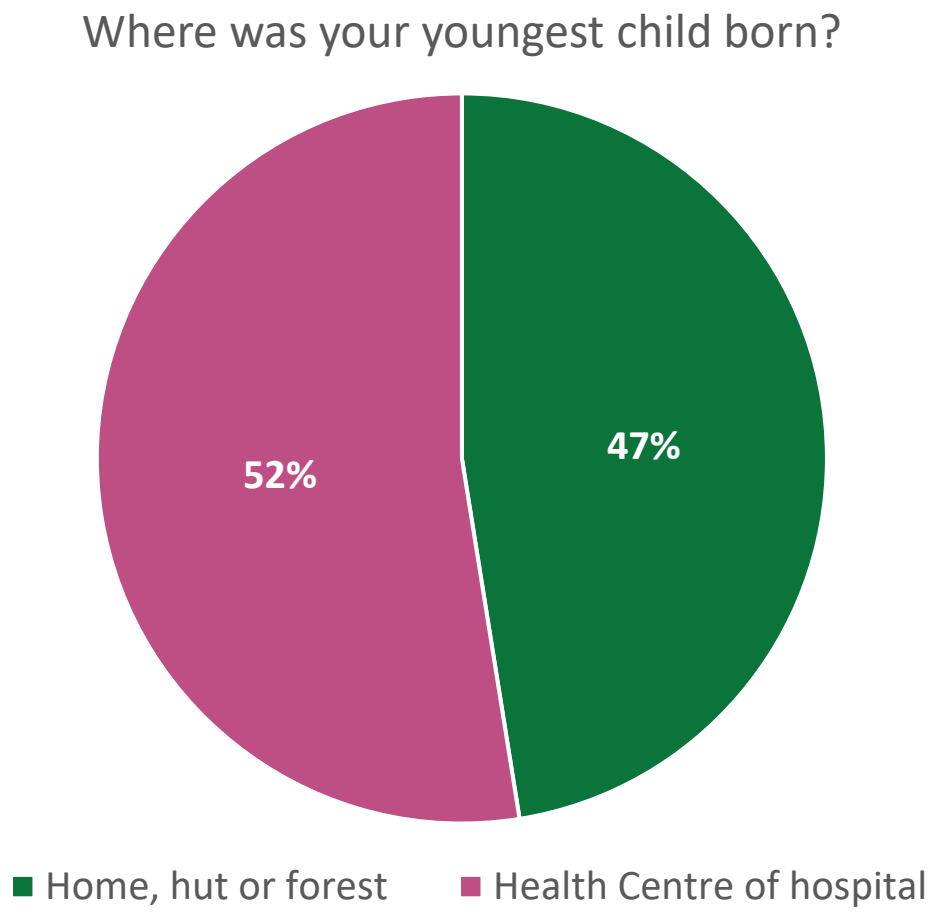

Baseline results show a similar pattern with 89% of mothers receiving at least one ANC visit. An improvement is made on the percentage of mothers who received four or more ANC visits (59% for the baseline).

# Ante Natal Care (ANC)



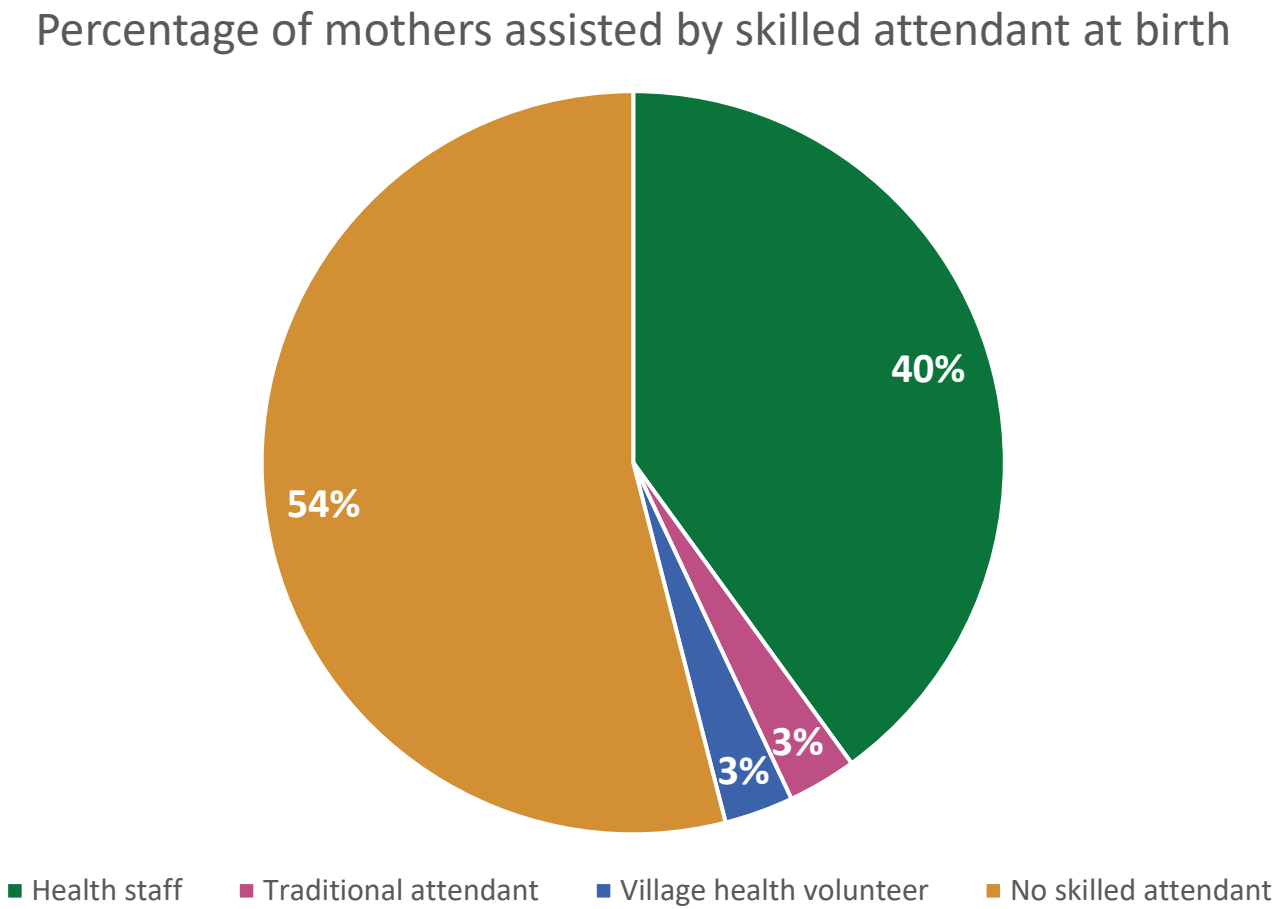

For the baseline survey, ANC was accessed at a health centre by 65 % of the mothers, and at a hospital for 39% of mothers.

# Birth practices




In total, 48% of mothers surveyed for the baseline gave birth to their youngest child in a health centre or hospital. The remaining 52% gave birth at home, in a birthing hut or in the forest.

# Birth practices




For the baseline, 52% of mothers were assisted by health centre or hospital staff at the birth of their youngest child, with a further 3% assisted by a Village Health Volunteer, and 5% assisted by a Traditional Birth Attendant. The remaining 40% of mothers gave birth without a skilled attendant present.

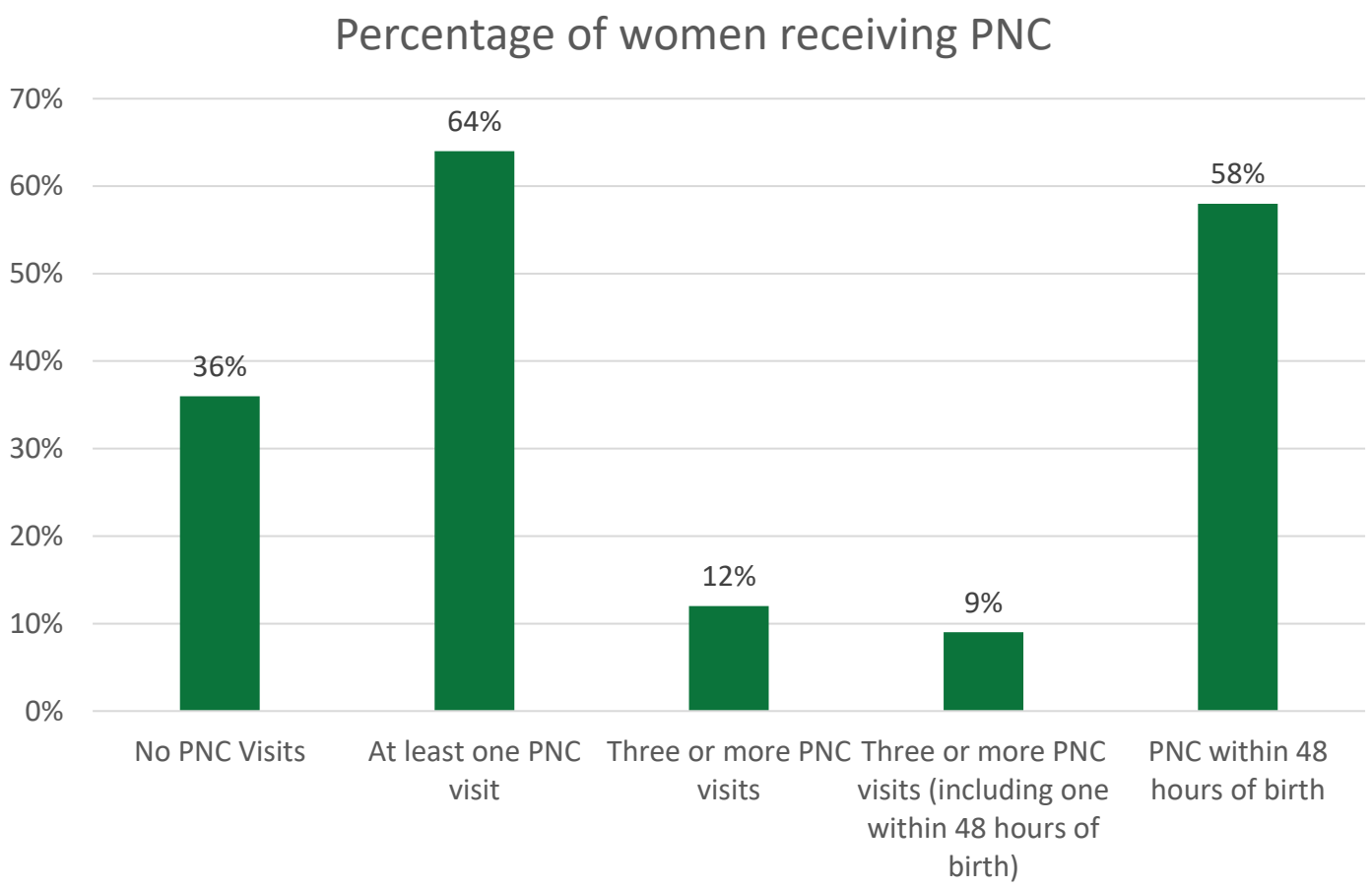
# Birth practices

| Attendance at birth | Home births | Health centre/ hospital births |
|---|---|---|
| With skilled attendant | 5% | 100% |
| With father present | 59% | 14% |
| With skilled attendant and father | 1,5% | 14% |

| Reasons father did not attend birth | Home or HC |
|---|---|
| Father declined to attend | 20% |
| Mother denied his attendance | 8% |
| Health staff or grandparents denied his attendance | 49% |
| Don’t know/ no response | 23% |

We can see an improvement about the general father presence but a drastic decline in the presence of skilled attendant when births are located within the household (5% against 21% for the baseline).

# Post Natal Care (PNC)




The changes with the bseline survey is moderate, as more mothers received at least one PNC visit (64% against 57%) and 58% received a PNC with 48 hours of birth (against 49%) but only 12% received 3 or more (against 15% for the baseline) and only 9 of these included a PNC visit in the 48 hours following birth (against an already small 11% for the baseline).

# Water, sanitation and hygiene

# Water, sanitation and hygiene – Headline Indicators

- 69% of households in 283 communities have access to, maintain and use basic sanitation (against 48% in the baseline)
- 17 % of people in 75 communities wash their hands with soap and critical times (against 15% in the baseline)
- 78% of households in 336 communities safely transport, store, treat and use drinking water (against 47% in the baseline)

# Water – drinking water service

| Drinking water service levels (primary source) (Baseline) | Houn | Pakbeng | Saravan | Ta Oy | Total |
|---|---|---|---|---|---|
| Basic or above | 77% | 99% | 73% | 90% | 84% |
| Limited | 2% | 0% | 1% | 0% | 0% |
| Unimproved | 14% | 0% | 25% | 8% | 13% |
| No service (surface water) | 7% | 1% | 1% | 2% | 3% |

| Drinking water service levels (primary source) (Endline) | Houn | Pakbeng | Saravan | Ta Oy | Total |
|---|---|---|---|---|---|
| Basic or above | 80% | 76% | 71% | 79% | 77% |
| Limited | 6% | 1% | 0% | 1% | 2% |
| Unimproved | 5% | 0% | 18% | 2% | 6% |
| No service (surface water) | 10% | 22% | 5% | 6% | 10% |

More disturbing results for the access to water services are shown on the endline results where the number of households who use surface water as primary source of water is much more important than during the baseline survey.

# WASH – Children with diarrhea in the last 2 weeks

| Had the child got diarrhea in the last two weeks before the survey? | Houn | Pakebeng | Saravane | Ta Oi | Total |
|---|---|---|---|---|---|
| **Diarrhea in the last two weeks before the survey (Baseline)** | 29 (23%) | 23 (21%) | 21 (18%) | 19 (16%) | 92 (19%) |
| **Diarrhea in the last two weeks before the survey (Endline)** | 20 (19%) | 41 (48%) | 14 (15%) | 15 (12%) | 90 (22%) |

# Water – drinking water service location

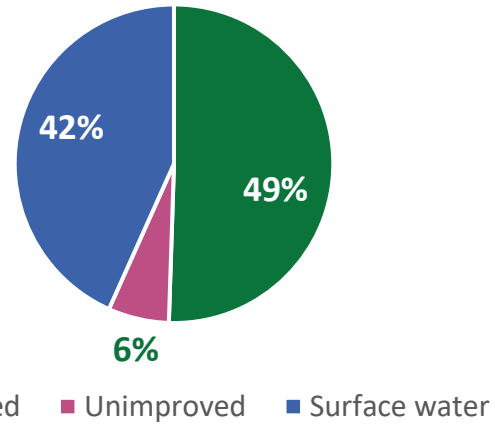
| Where is this water supply located? (Baseline) | Total |
|---|---|
| Inside house | 16% |
| Outside house in yard/plot | 49% |
| Elsewhere < 30 minutes away | 30% |
| Elsewhere > 30 minutes away | 5% |

| Where is this water supply located? (Endline) | Total |
|---|---|
| Inside house | 20% |
| Outside house in yard/plot | 51% |
| Elsewhere < 30 minutes away | 26% |
| Elsewhere > 30 minutes away | 3% |

# Water supply

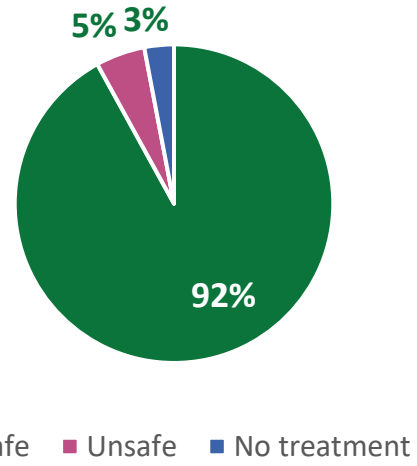
| Are there months when your main source of drinking water is dry? | Baseline | Endline |
|---|---|---|
| Yes | 37% | 36% |
| No | 63% | 64% |

Households using improved secondary drinking water supply



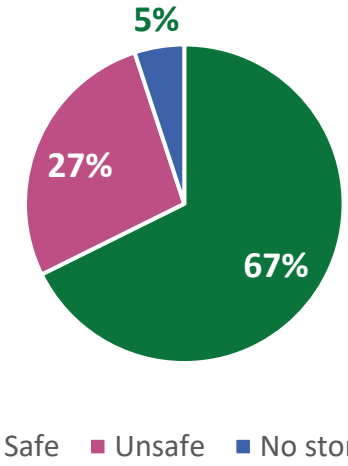

42% of households with an unreliable primary water supply relied on surface water (51% on the baseline).

Households using safe method of water treatment




92% of households used safe method of water treatment (78% on the baseline).

Households using safe methods of drinking water storage




67% of households used safe method of drinking water storage (47% on the baseline).

# Sanitation

| Sanitation service levels (baseline) | Houn | Pakbeng | Saravan | Ta Oy | Total |
|---|---|---|---|---|---|
| Basic | 68% | 47% | 22% | 58% | 49% |
| Limited | 5% | 3% | 3% | 1% | 3% |
| Unimproved | 3% | 3% | 7% | 9% | 5% |
| No service (open defecation) | 25% | 47% | 68% | 32% | 43% |

| Sanitation service levels (endline) | Houn | Pakbeng | Saravan | Ta Oy | Total |
|---|---|---|---|---|---|
| Basic | 80% | 69% | 51% | 75% | 69% |
| Limited | 9% | 17% | 18% | 2% | 11% |
| Unimproved | 0% | 2% | 0% | 0% | 0% |
| No service (open defecation) | 11% | 13% | 30% | 23% | 19% |

# Sanitation

| Communities | Proportion of households practicing open defecation | Communities | Proportion of households practicing open defecation |
|---|---|---|---|
| Chohai | 80% (100%) | Kang | 14% (**) |
| Viengkham | 70% (100%) | *Pangandao* | *12% (5%)* |
| Phousae | 30% (40%) | *Lapeung* | *10% (5%)* |
| Phukkhayai | 23% (25%) | *Long In* | *10% (5%)* |
| Moktu | 20% (30%) | Tong | 8% (60%) |
| Nongbouanoy | 18% (70%) | Phouviengxay | 5% (20%) |
| Houylanong | 15% (100% or 15%*) | Kiewpha | 5% (65%) |
| Taopoun | 15% (45%) | Donechaeng | 5% (10%) |
| Long Yong | 15% (70%) | Paseer | 5% (55%) |
| Konelang | 14% (65%) | Nakham | 0% (**) |

More than 1 on 4 households in the village practicing OD.

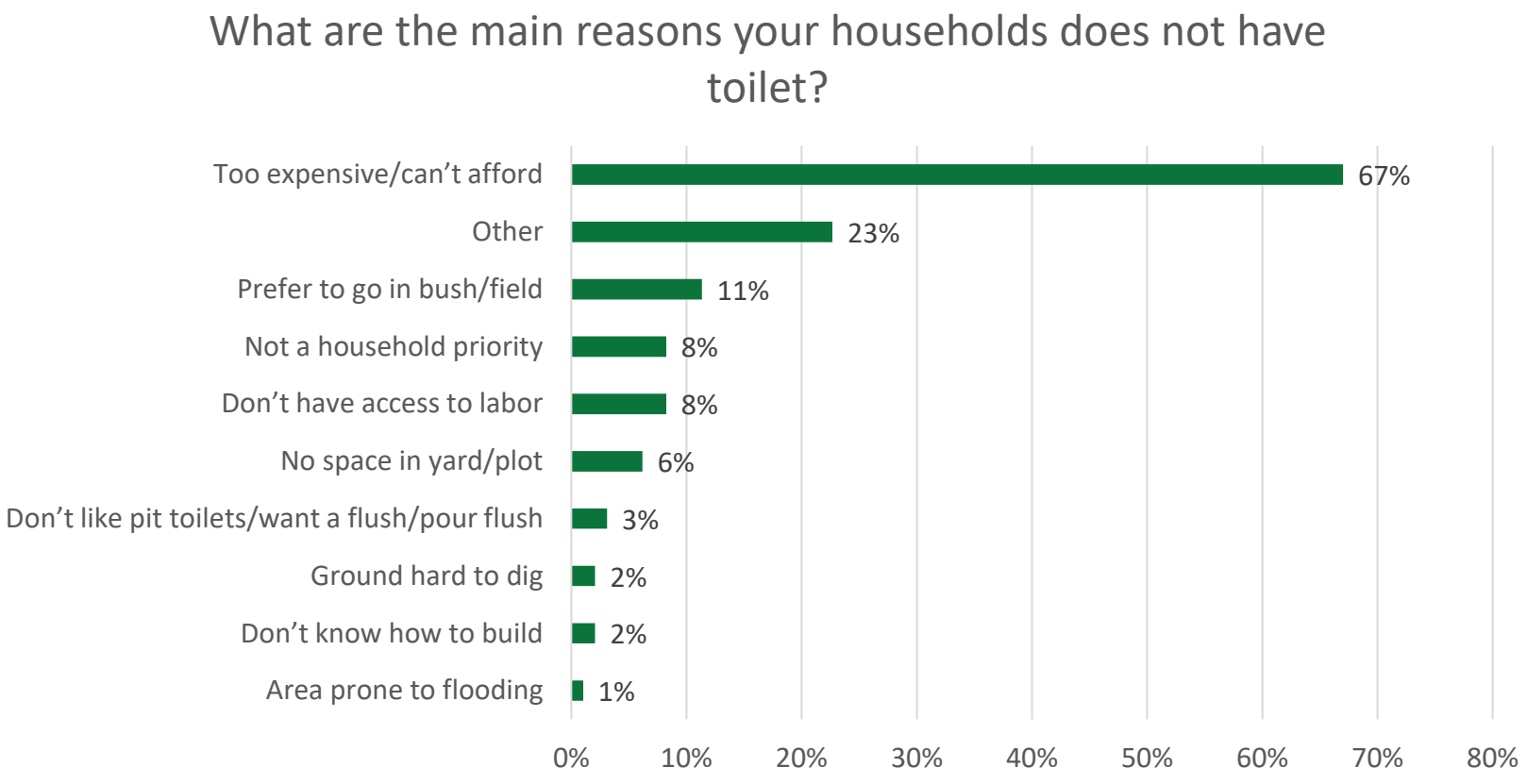
Less than 1 on 10 households in the village practicing OD.

Number in parenthesis are from the baseline results. *Italics* are used if the endline results is worse than baseline.

* Houylanong appeared twice in the baseline results, with 100% or 15% of open defecation practice.

** Khang and Nakham are not shown in the baseline results.

# Sanitation

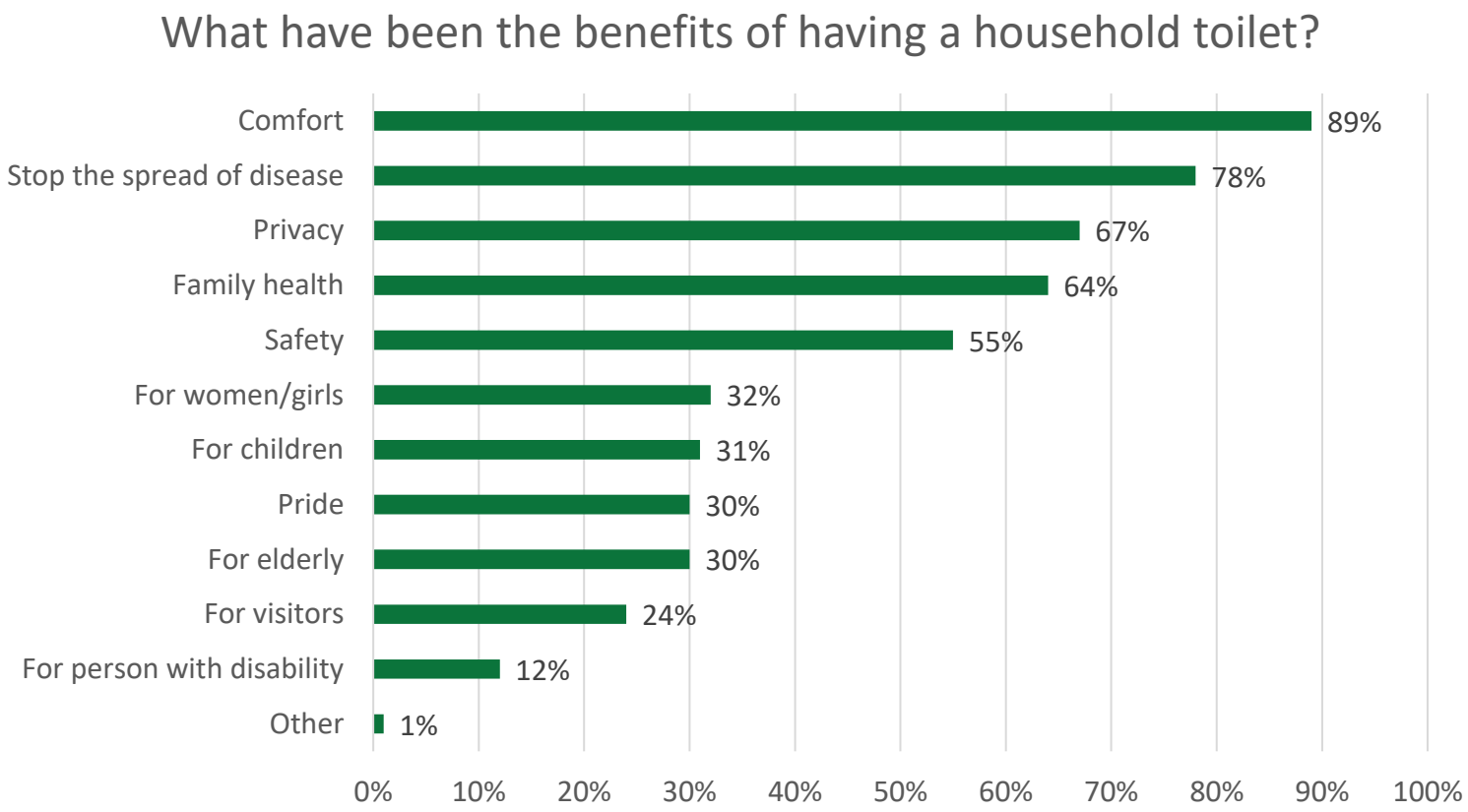



Of the 97 respondents in the survey sample who did not have a household toilet, most (67%) said the primary barrier was affordability. A very small number lacked construction knowledge (2%) or access to labour (8%). In 11% of households respondents preferred to practice OD. For the baseline, of the 173 respondents in the survey sample who did not have a household toilet, most (64%) said the primary barrier was affordability. A smaller number lacked construction knowledge (23%) or access to labour (15%). In 14% of households respondents preferred to practice OD.

# Toilets

| Where did you get the parts/materials? | Baseline | Endline |
|---|---|---|
| Seller came to my village | 11% | 7% |
| Bought direct from store/market | 71% | 83% |
| Provided by Government or NGO | 5% | 6% |
| Found materials | 4% | 4% |
| Other | 1% | 1% |
| Don’t know/ no response | 8% | 0% |

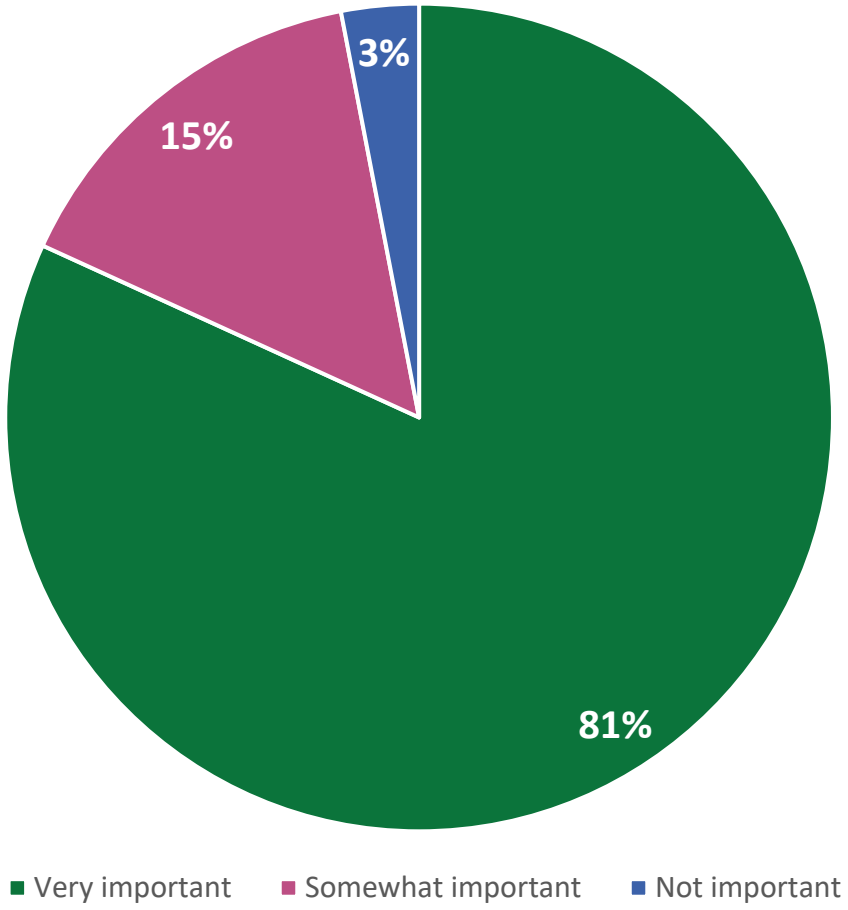
# Toilets




In the baseline survey, respondents in most households (90%) mentioned “comfort”, followed by “to stop the spread of disease” (72%), “privacy” (67%), “safety” (65%) and “family health” (59%).

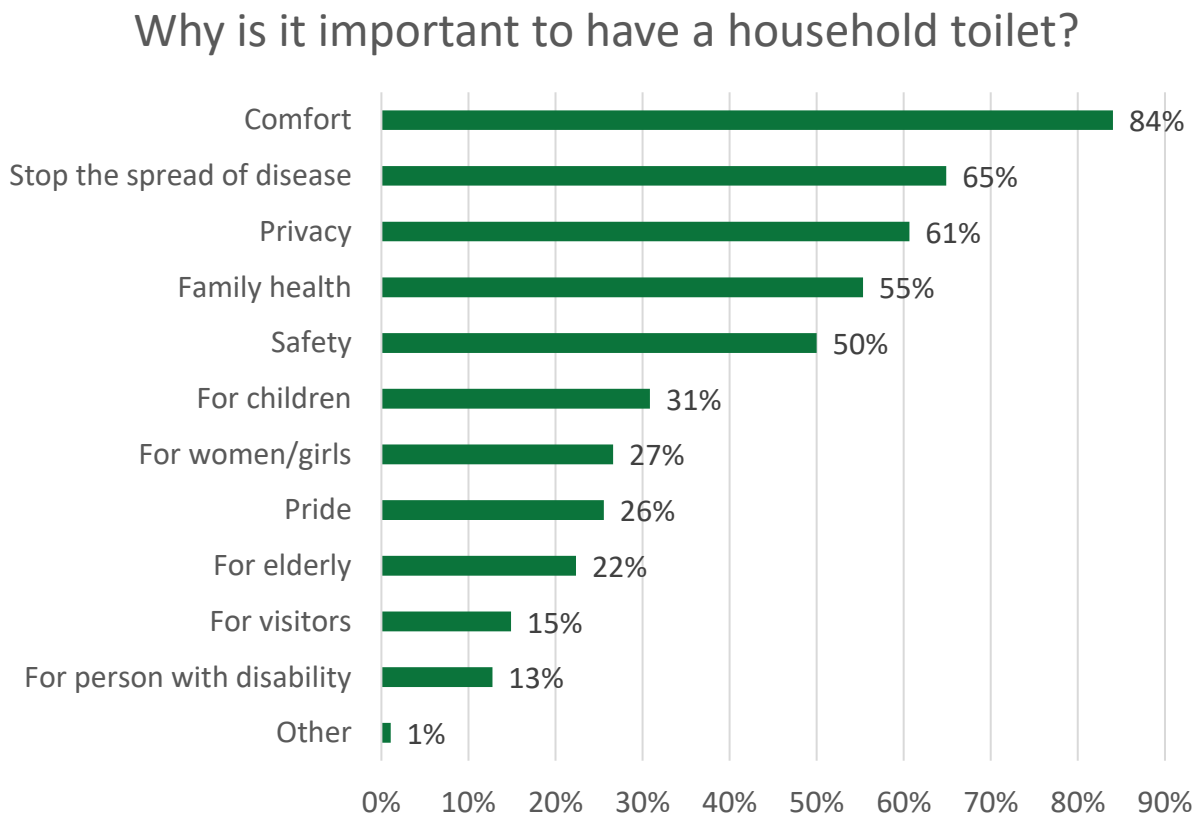
# Toilets

How important do you think it is for every household to have a toilet?




Households without their own sanitation facilities were also asked how important it is for all households to have a toilet.
In the baseline, 26% of respondents felt that it was “not important” for all households to have a toilet, while 2% felt that it was only “somewhat important”. We can witness an improvement.

# Toilets




Amongst the 94 respondents *without* access to a household sanitation facility, who felt that it was "very" or "somewhat" important for all households to have a toilet, 84% said that "comfort" was an important reason to have a toilet. This was followed closely by the need to "stop the spread of disease" (65%), for privacy (61%) and for the health of their family (55%).

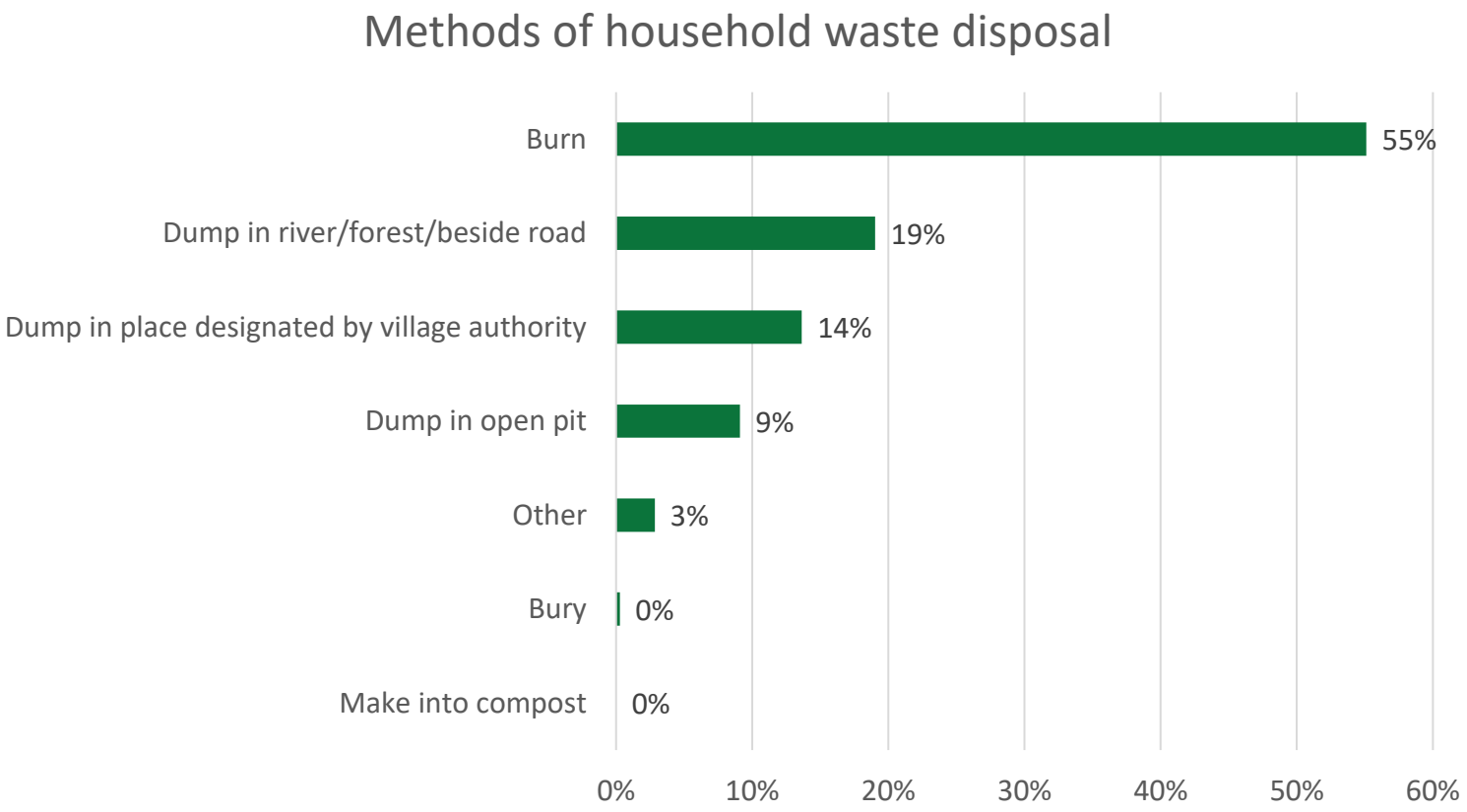
The baseline results show that amongst the 140 respondents without access to a household sanitation facility, who felt that it was "very" or "somewhat" important for all households to have a toilet, all said that "comfort" was an important reason to have a toilet (100%). This was followed closely by the need to "stop the spread of disease" (93%), and for the health of their family (76%).

# Solid and liquid waste management


64% of households were observed to be storing household waste in their home or compound at the time of the survey. Of those storing household waste, 17% were observed to be using a safe method of storage (e.g. a clean and sealed bin, or covered pit), compared to 83% of households who were practicing unsafe methods of storage (e.g. in open bins or pits).

The baseline results show that only 49% of households were observed to be storing household waste in their home or compound at the time of the survey. Of those storing household waste, 6% were observed to be using a safe method of storage (e.g. a clean and sealed bin, or covered pit), compared to 94% of households who were practicing unsafe methods of storage (e.g. in open bins or pits).

# Methods of waste disposal

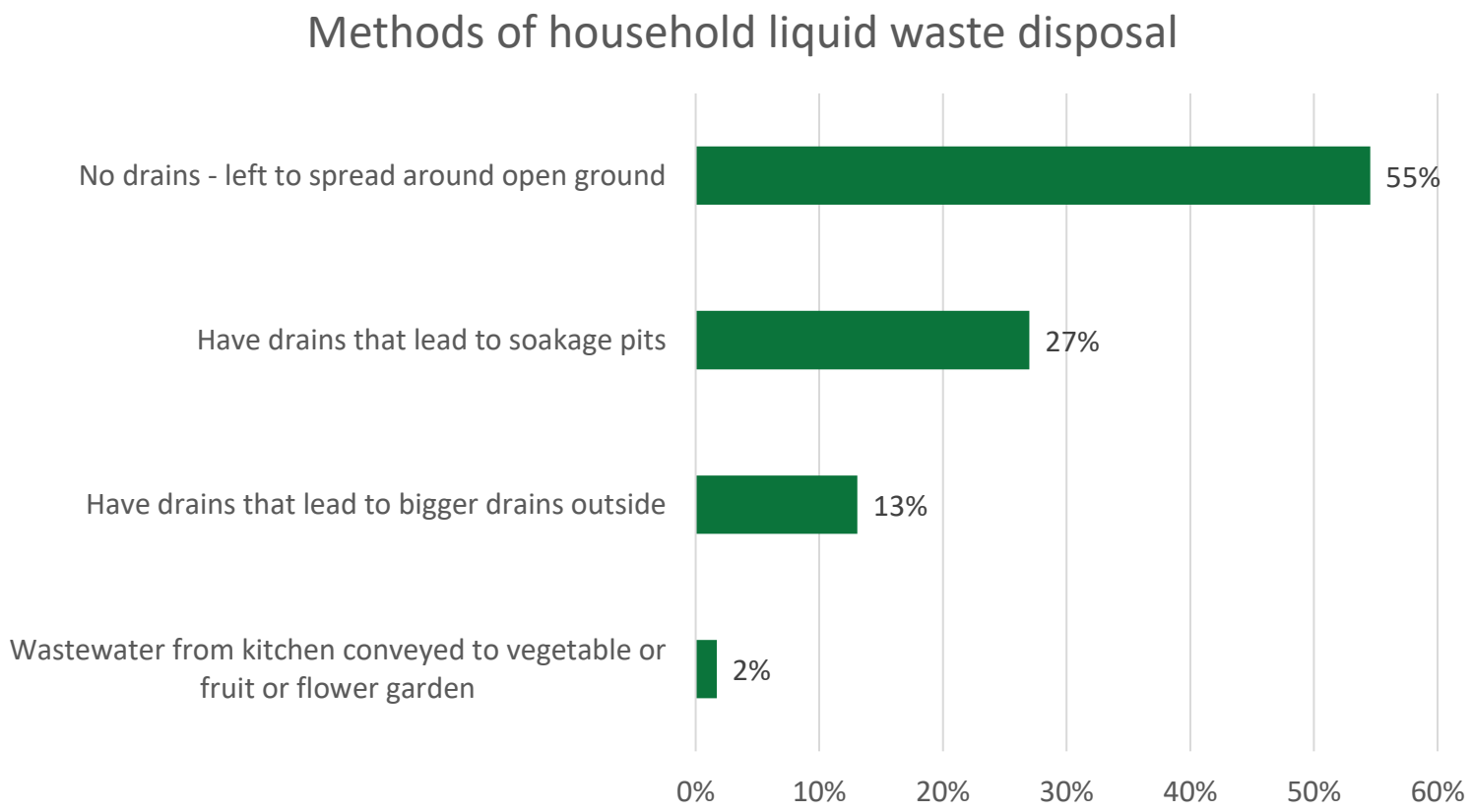



Most households (83%) reported burning, or dumping waste in open fields or waterways, raising significant environmental and health concerns.
On the baseline survey, this number was 91%.

# Animal waste disposal

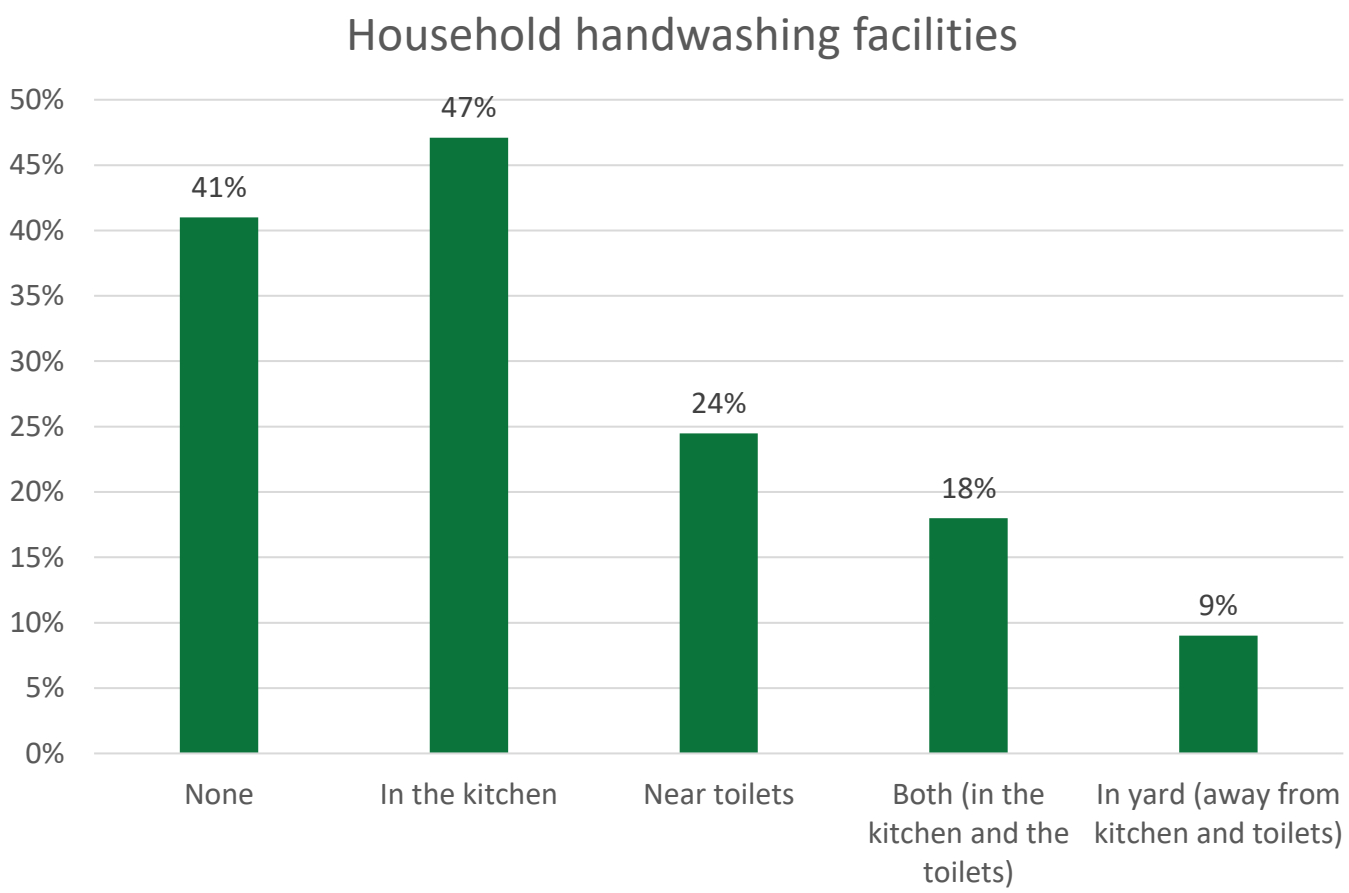

Amongst households that kept animals, 38% disposed of animal waste along with household solid waste (against 40% in the baseline), and 31% left animal waste laying in the open (against 37% in the baseline).

# Liquid waste management




Most households (55%) were not managing liquid waste, leaving this to drain or pool in the open.
An improvement as the baseline results showed this number was 79%.

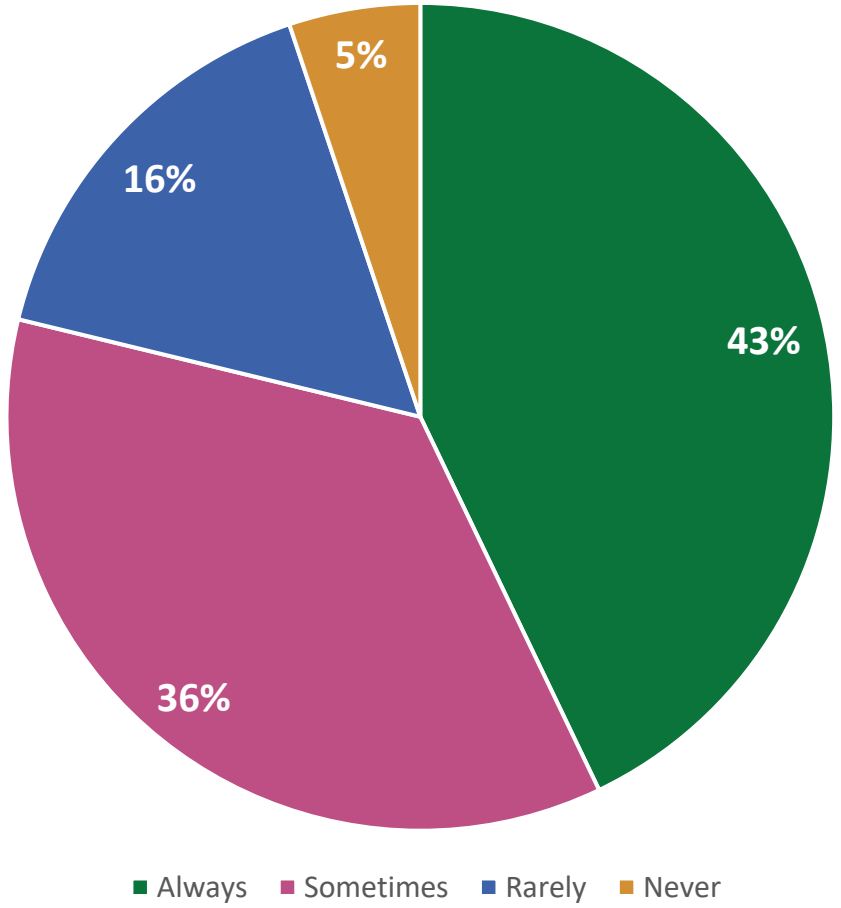
# Personal hygiene




In total, 59% of households visited for the baseline survey had a handwashing facility (60% on the baseline). Only 24% of households had a handwashing facility located near their toilet (but better than the 9% of the baseline), while 47% had a handwashing facility in their kitchen/food preparation area (46% on the baseline).

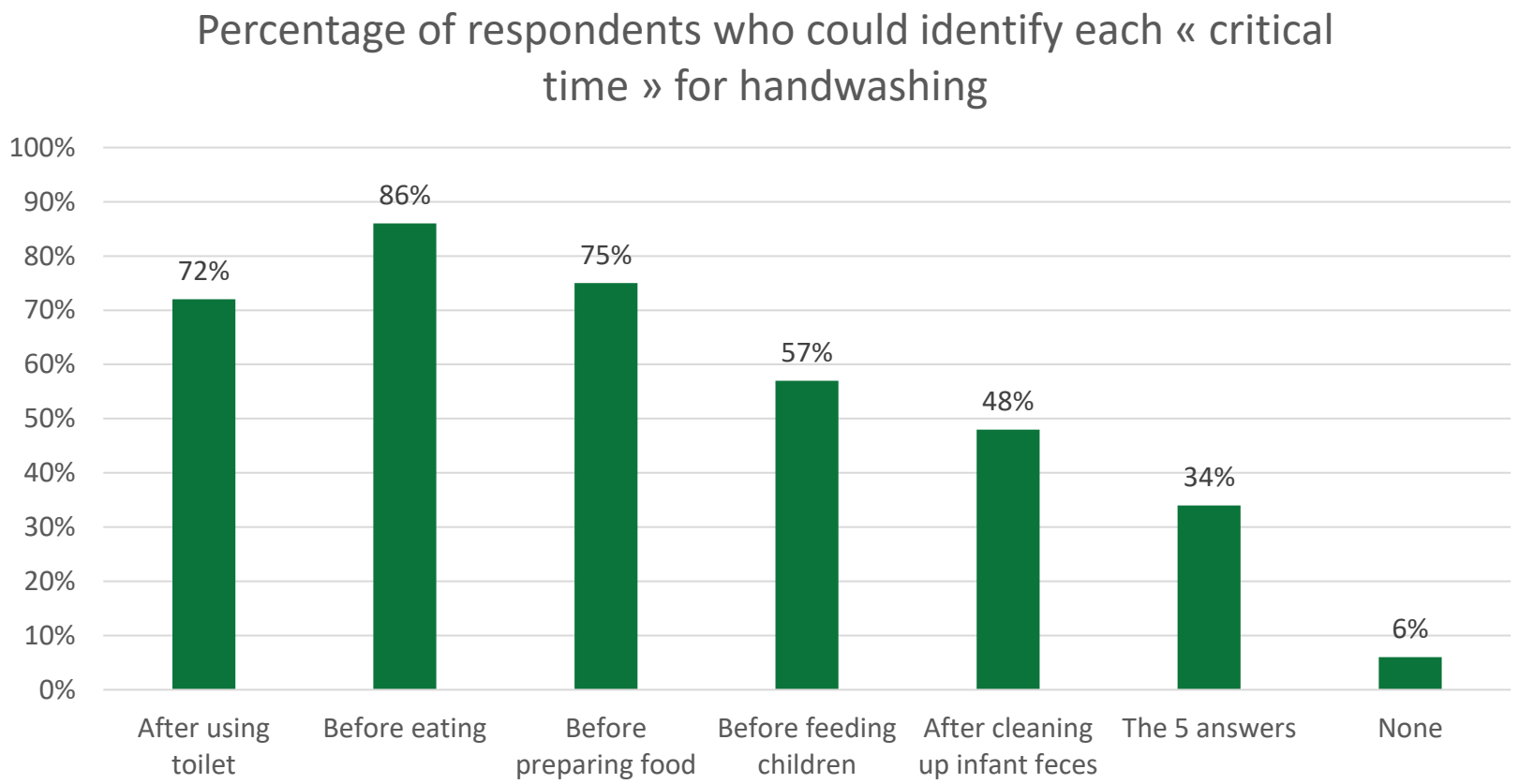
# Hand washing – soap availability

Is soap always available for handwashing in your household?




The endline shows an improvement here as only 26% of respondents of the baseline survey indicated that soap was “always” available for handwashing in their household.

# Handwashing – Critical time




| Baseline numbers: | 47% | 80% | 56% | 44% | 34% | Not given | 10% |
|---|---|---|---|---|---|---|---|

Most respondents knew “before eating” as a critical time for handwashing (86%), followed by “before preparing food” (75%). 72% of respondents identified “after using the toilet” as a critical time, but fewer respondents (48%) identified “after cleaning up infant feces”. Only 34% of the respondents identified the 5 critical times to wash their hands. 17% of respondents with a handwashing facility near the toilet AND soap and water present AND correctly identify 'after using toilet' as a critical time for handwashing.

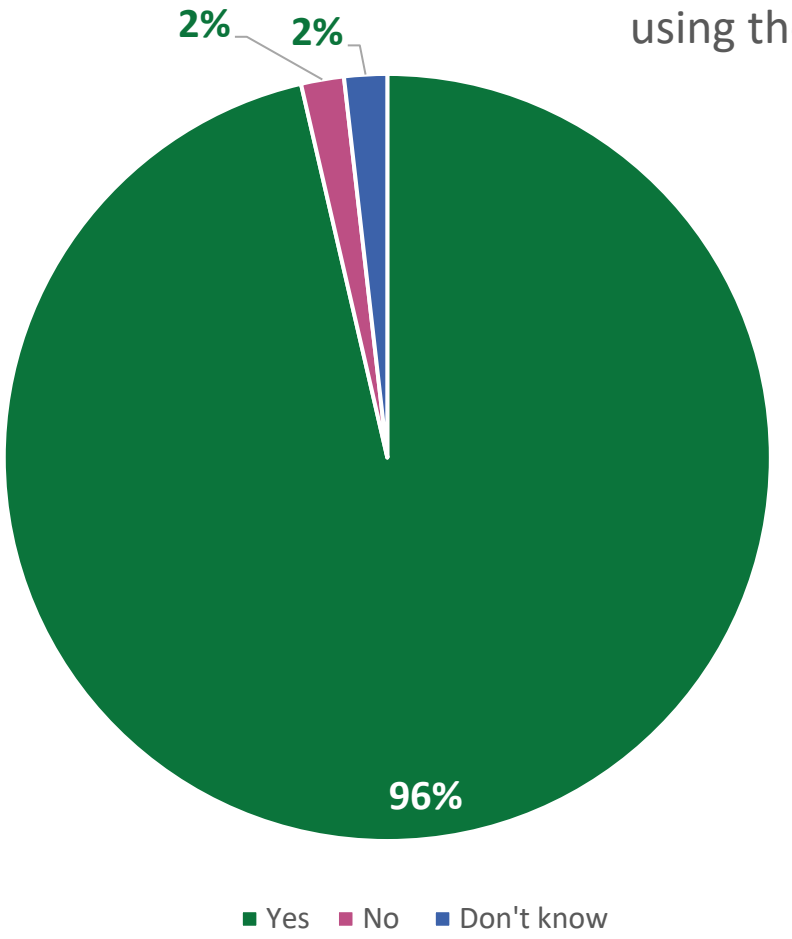
# Gender Equity and Social Inclusion – Headline indicators

- Outcome Indicator 1: women have increased meaningful engagement in critical decision-making:
  - 89% of women report that women in their community make or participate in household decisions about major purchases (Baseline: 61%)
  - 63% of women report that women in their community speak up at meetings and that leaders listen to women when making decisions (Baseline: 29%)
  - 85% of women believe that a woman can be as good a leader as a man (Baseline: 33%)

- Outcome indicator 2: men in positions of power display improvement in attitude and behaviour towards women's engagement in decision-making:
  - 86% of men report that women in their community make or participate in household decisions about major purchases (Baseline: 65%)
  - 56% of men report that women in their community speak up at meetings and that leaders listen to women when making decisions (Baseline: 29%)
  - 85% of men believe that a woman can be as good a leader as a man (Baseline: 29%)

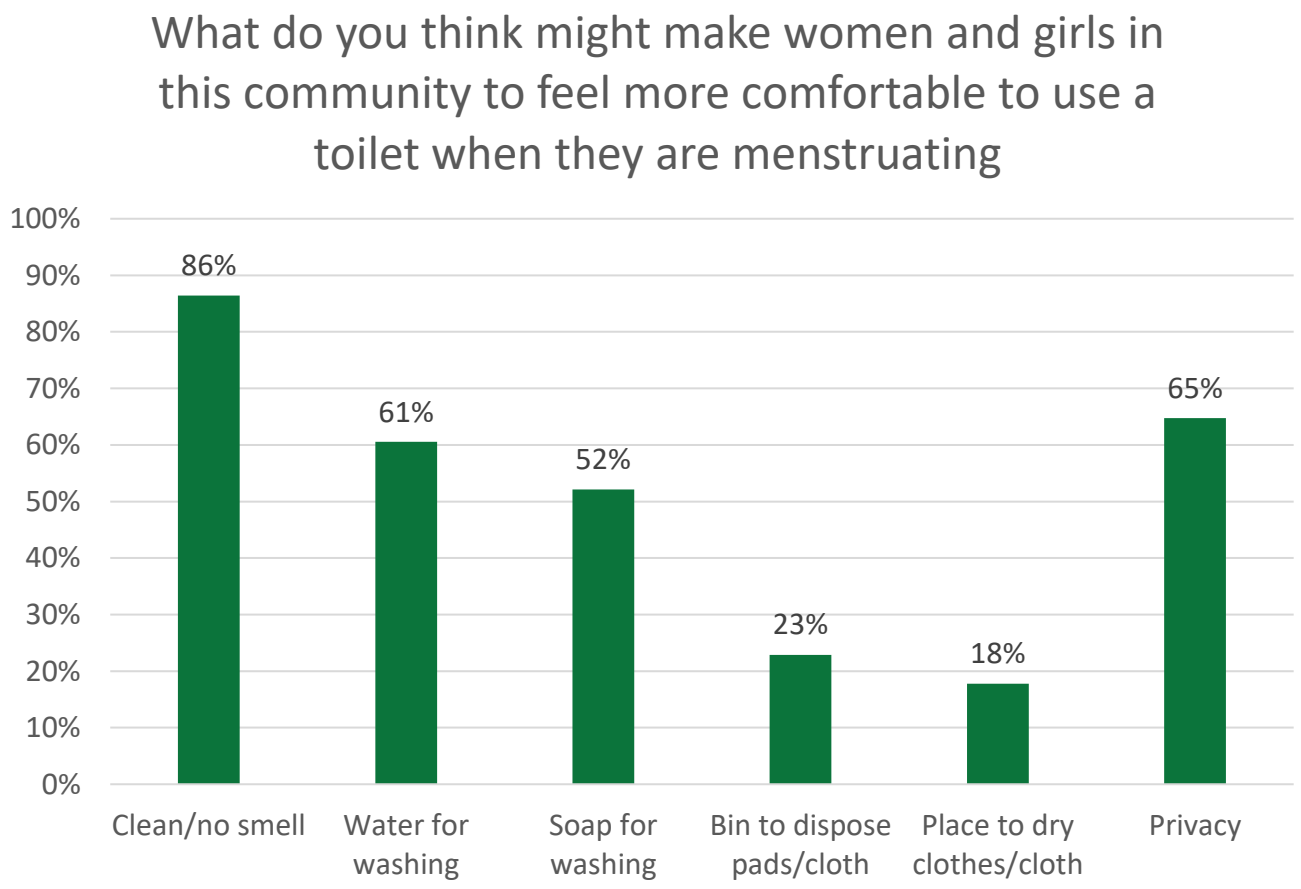
# WASH needs of women, girls and PWD

Do you think women and girls in this household feel comfortable using the toilet when they are menstruating?



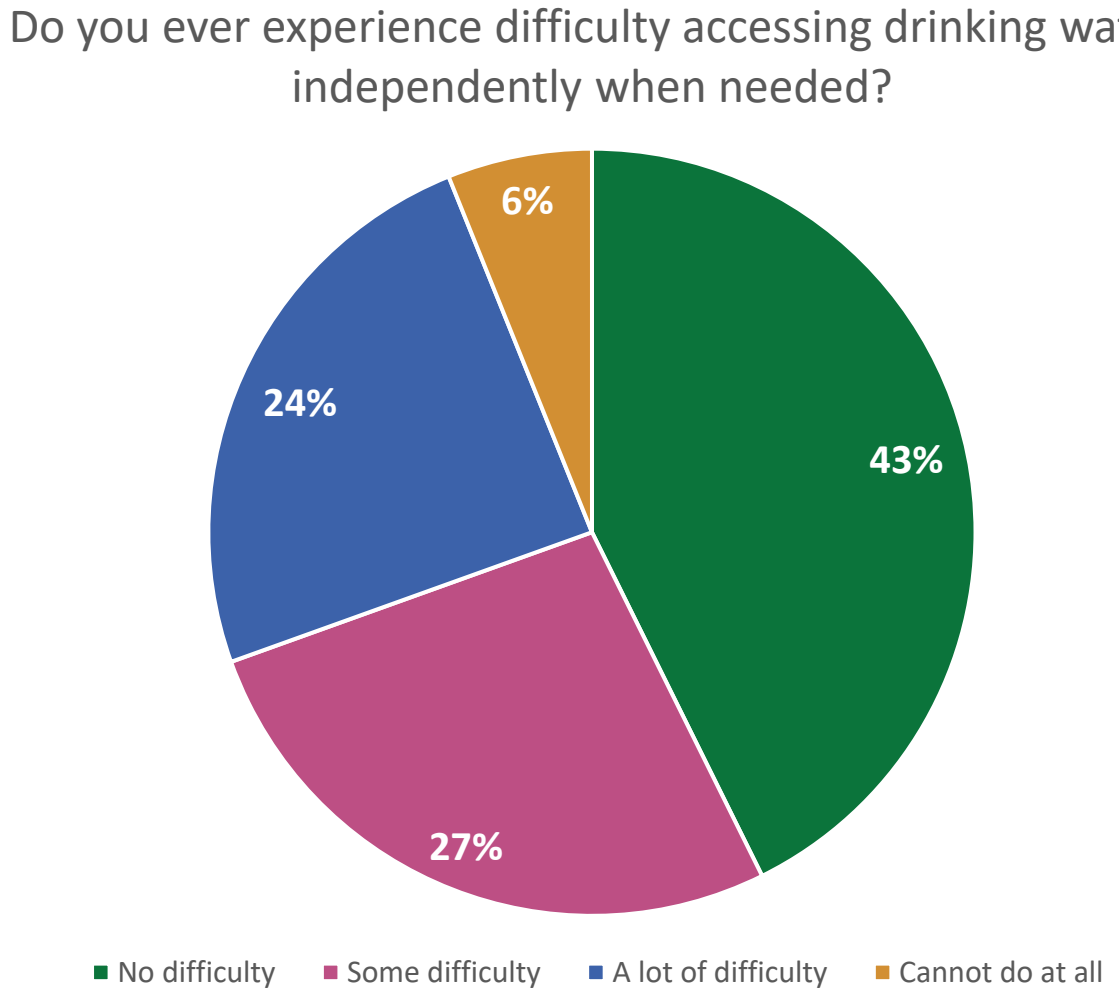

For the baseline, it was 93% of the surveyors who felt that their current household toilet adequately met the needs of mentruating women and girls.

# WASH and menstruation




For the baseline, when asked what would make their household toilet more comfortable for menstruating women and girls, most respondents mentioned improvements in general cleanliness (81%). Two thirds (66%) identified the need for water for washing, while a smaller proportion identified the need for privacy (58%) and soap (49%). Few respondents (7%) identified the need for a place to dispose of or to wash and dry MHM products and clothing.

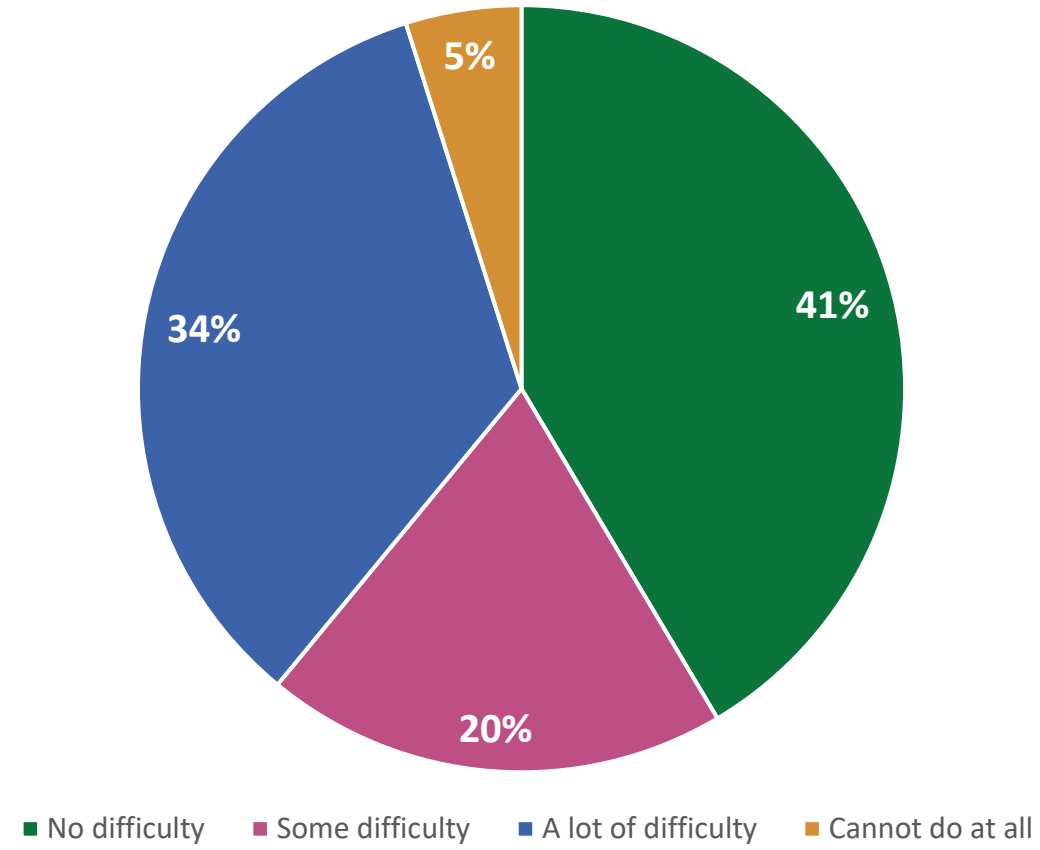
# People with disability – Water access




Over half of all respondents with disability (57% - same for the baseline) said that they experienced some difficulty accessing drinking water when needed. 30% of PWD are experiencing a lot of difficulty or cannot do at all, when it was 22% on the baseline survey.

# People with disability – Toilet access

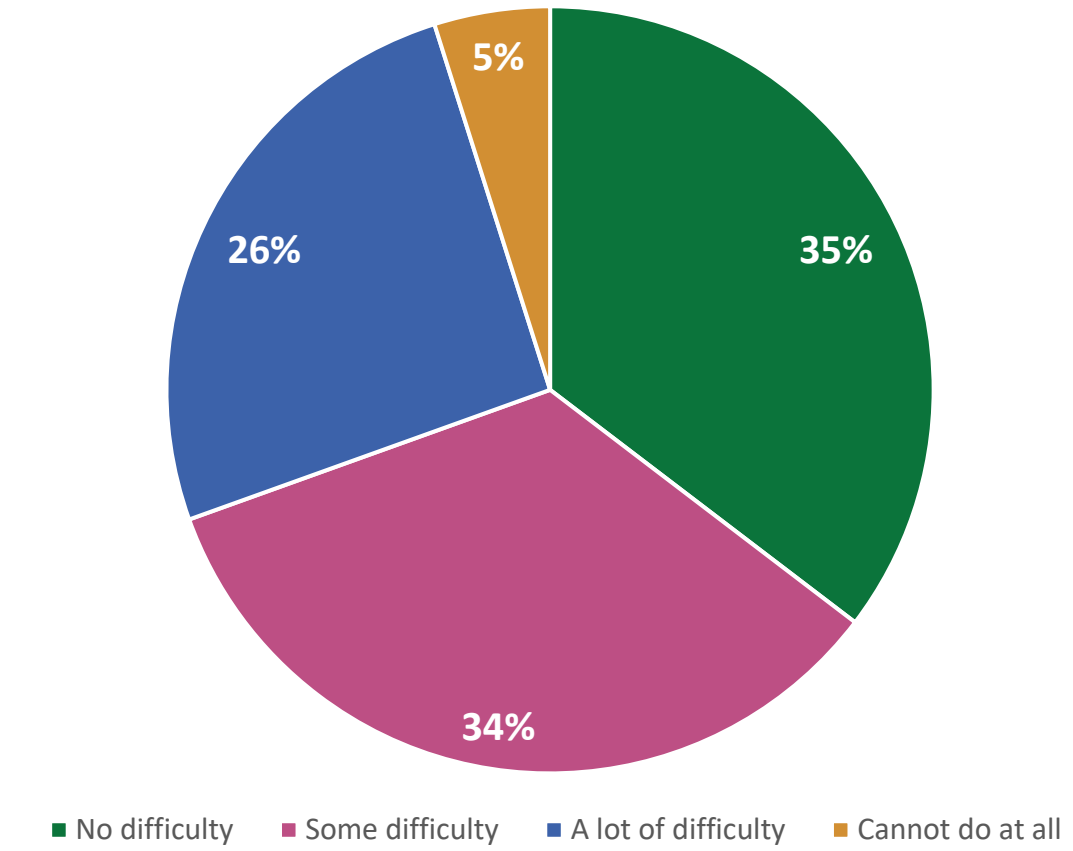
Do you ever experience difficulty accessing the toilet independently when needed?




Comparing to the baseline, we can see that less PWD have difficulty accessing the toilet independently when needed (41% against 33% for the baseline) but 39% are experiencing a lot of difficulty or cannot do at all (31% on the baseline).

# People with disability – Handwashing access

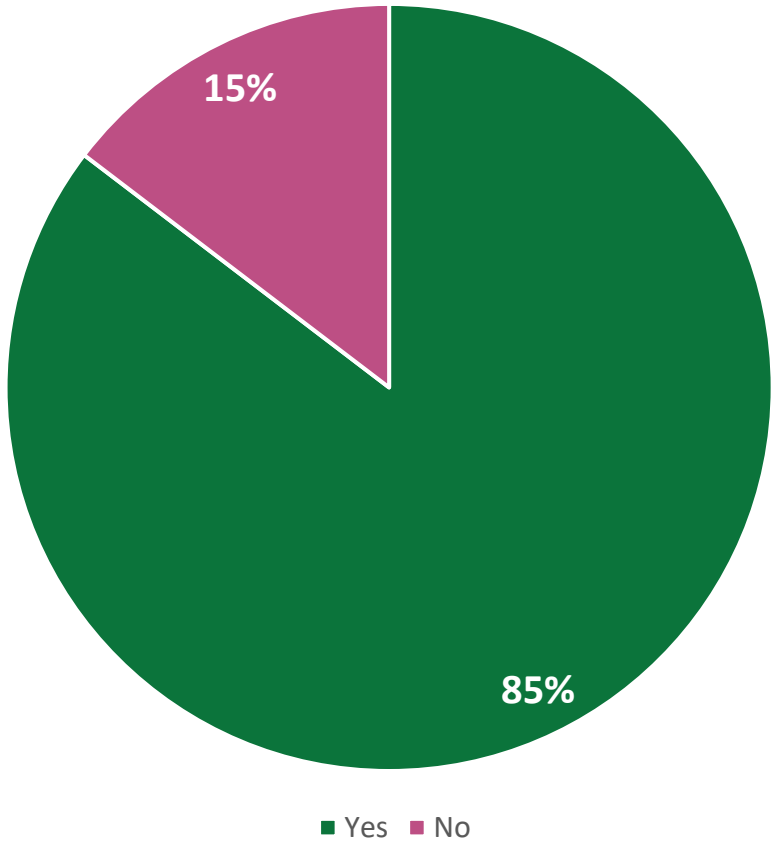
Do you ever experience difficulty accessing water or soap independently for handwashing or bathing when you need it?




Comparing to the baseline, we can see that less PWD have difficulty accessing water or soap independently when needed (35% against 45% for the baseline) but 31% are experiencing a lot of difficulty or cannot do at all (23% on the baseline).

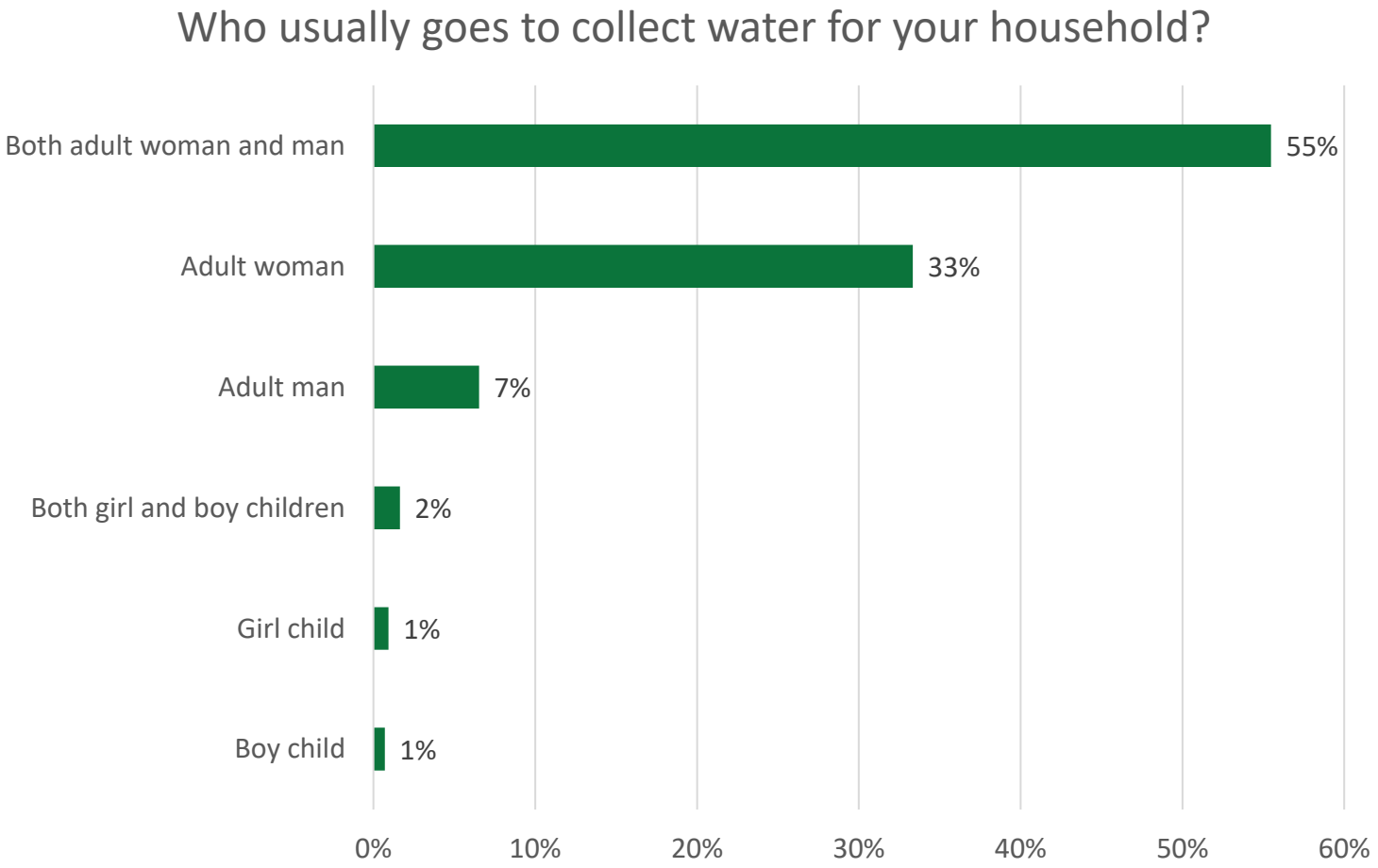
# People with disability – WASH messages

In the last six months, have you received any information about washing your hands with soap and water?



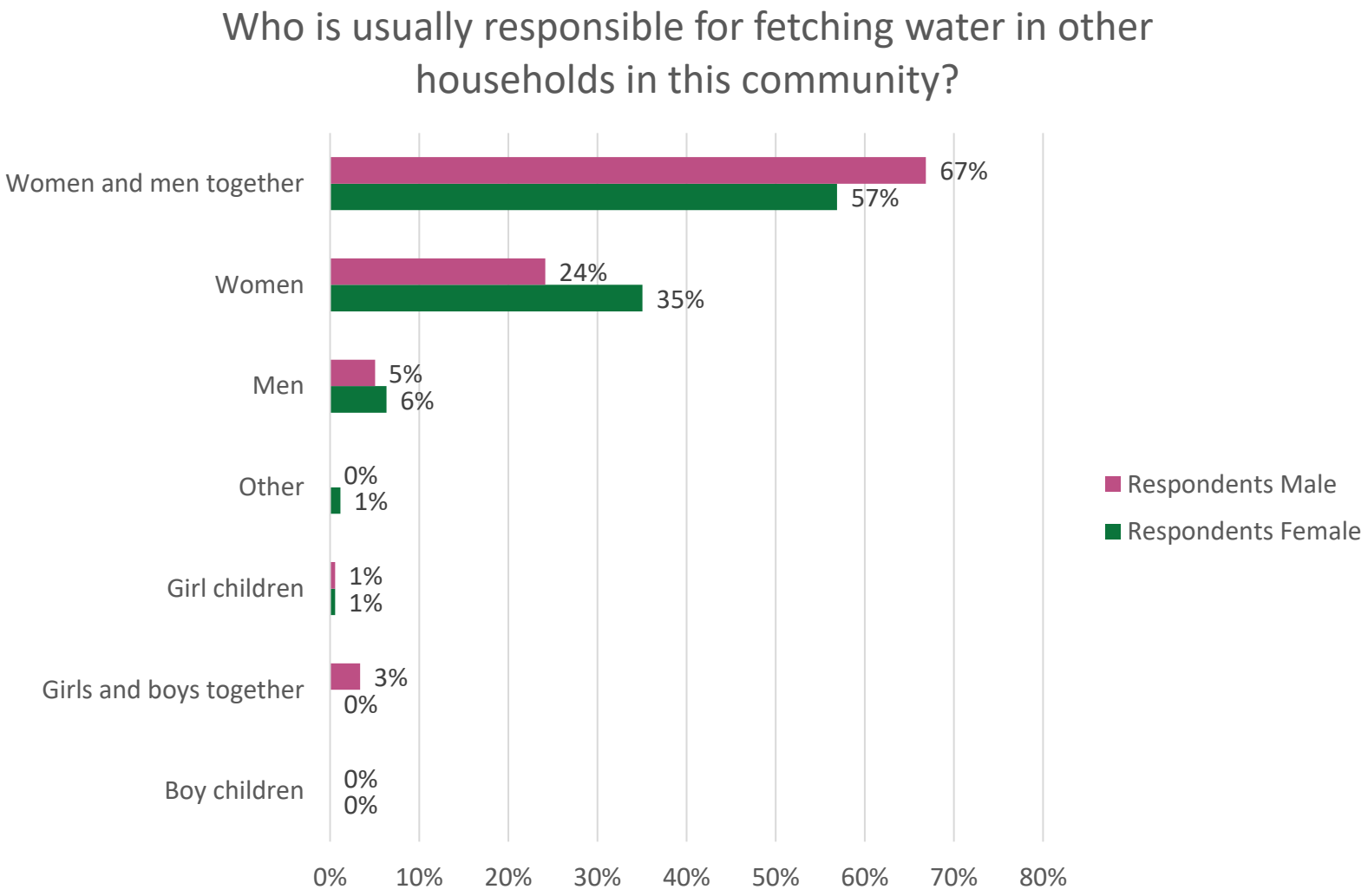

In the baseline, they were 81% to indicate that they received information about washing in the last six months.

# Gendered division of WASH roles



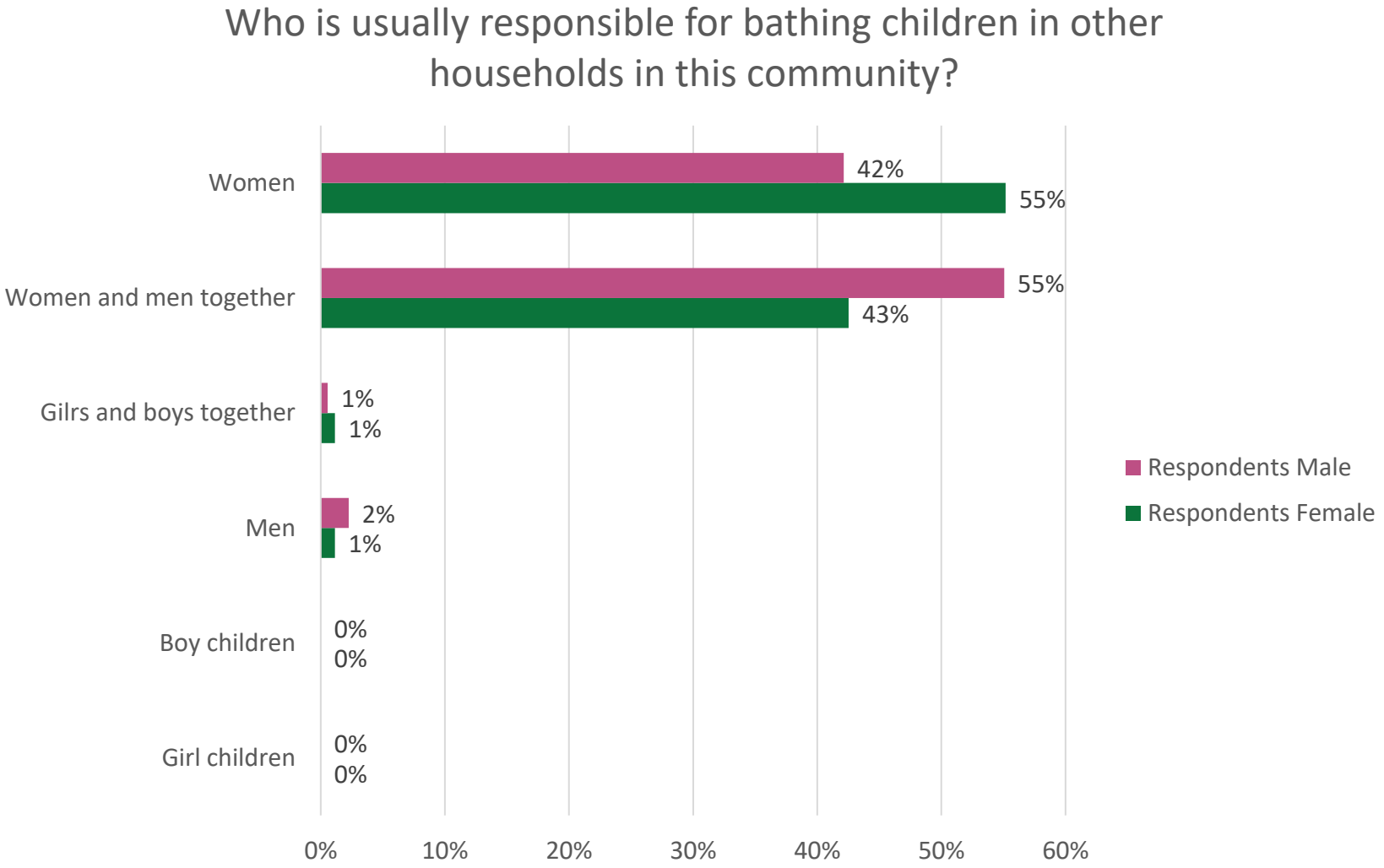

For the baseline survey, when respondents were asked who in their household usually goes to collect water, more than half (54%) indicated that this task was performed by women. A further third (34%) indicated that this task was shared by men and women, while only 7% reported that men were primarily responsible for fetching water.

# Gendered division of WASH roles



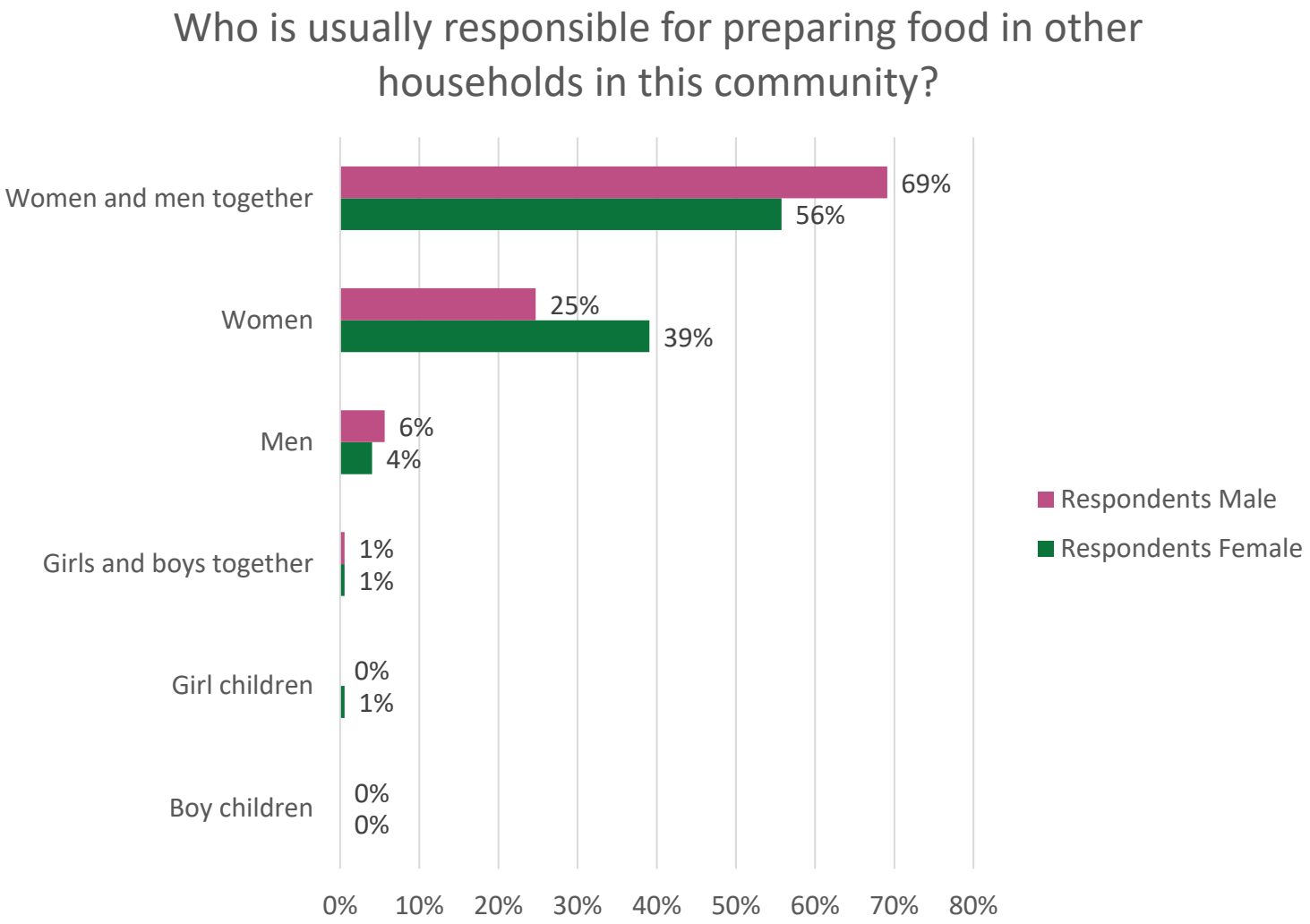

The baseline showed that when asked about other household, a higher proportion of male (60%) and female (67%) of respondents indicated that the task of fetching water was typically performed by women. Fewer men (29%) and women (25%) indicated that this task was shared. Men were slightly more likely than women to report that men assisted with, or were responsible for, fetching water.

# Gendered division of WASH roles



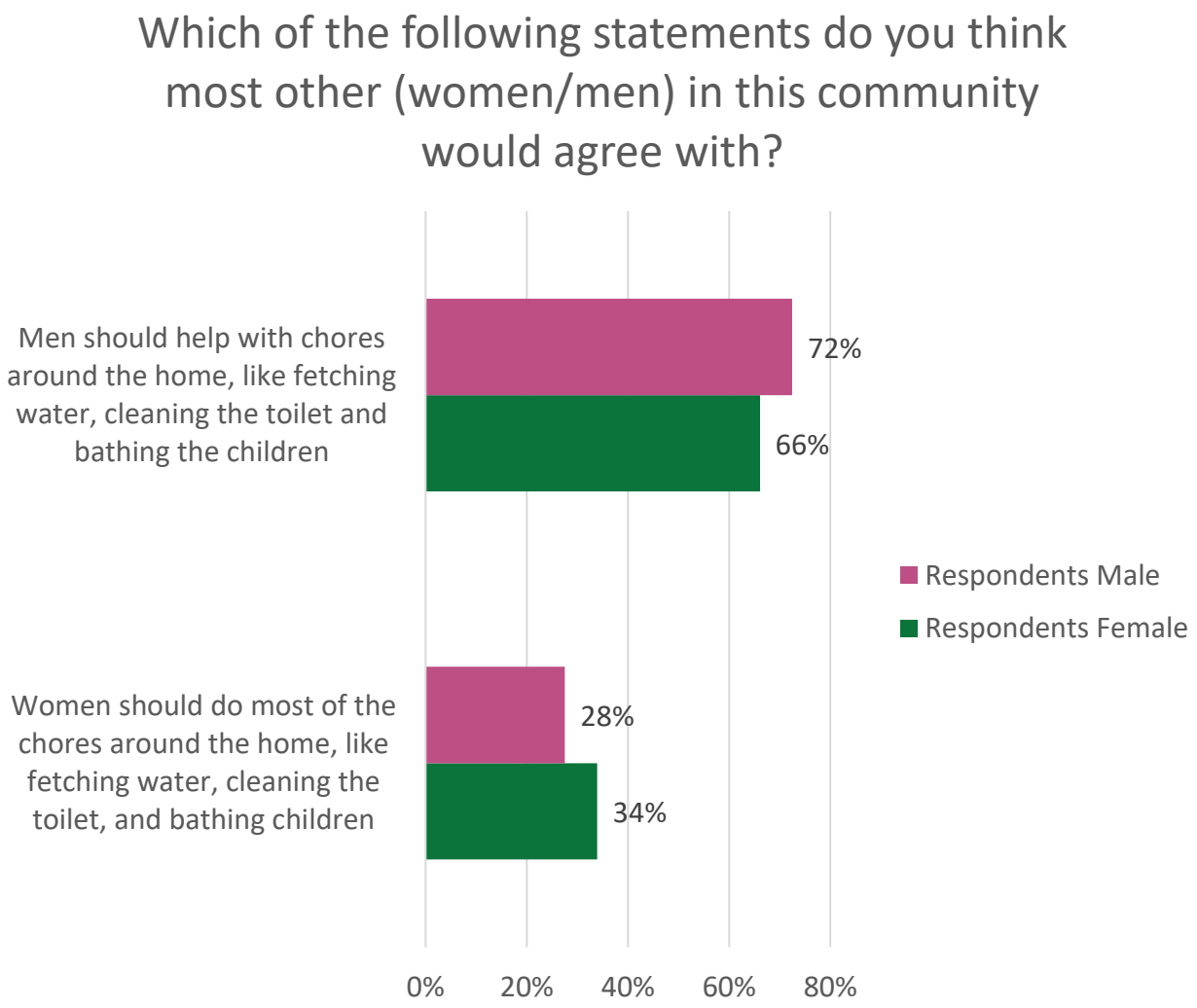

When we compare to the baseline, we see that a higher proportion of both men (79%) and women (83%) were reporting that women are primarily responsible for bathing children within households in the community. Male respondents were slightly more likely than women to report that men assisted with, or were responsible for, bathing children in households in the community.

# Gendered division of WASH roles



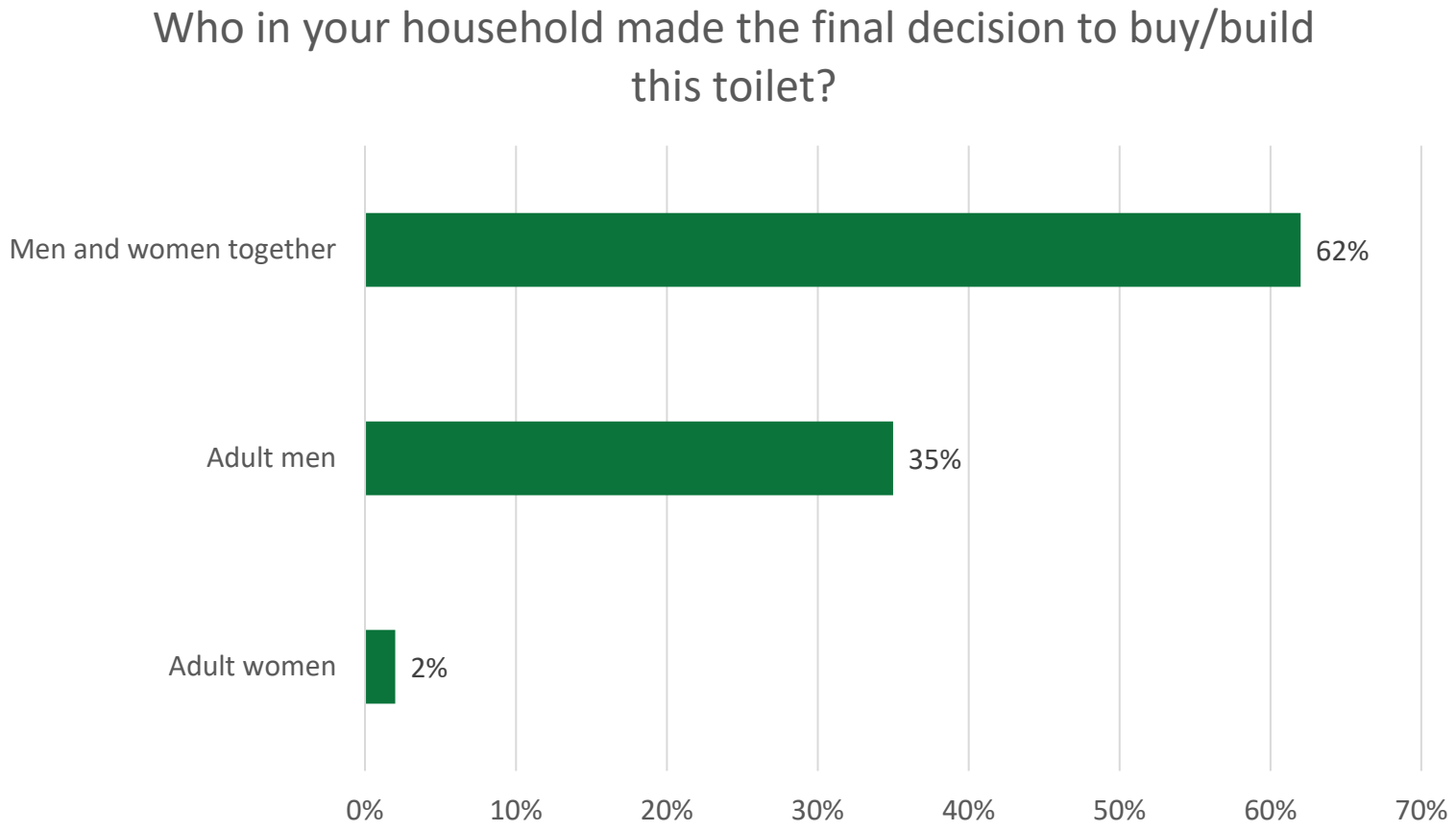

On the baseline, when asked who is usually responsible for preparing food in other households within the community, a similar proportion of men (68%) and women (69%) indicated that this task is performed by women.

# Gendered division of WASH roles



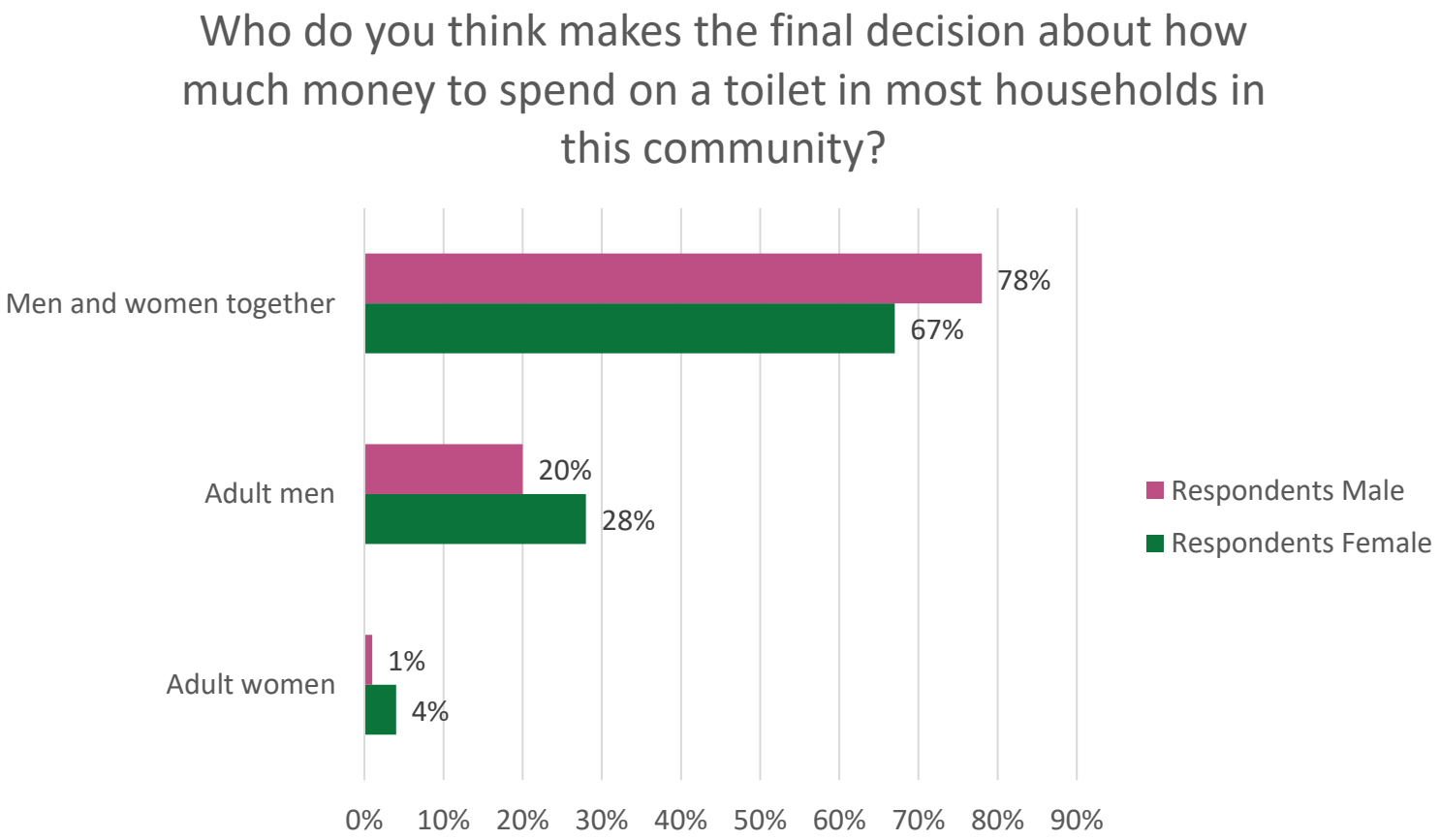

On the baseline, when respondents were asked about social beliefs in their community regarding the division of household WASH work, more than half indicated that most men (58%) and women (52%) would agree that women should be responsible for household WASH and nutrition within the home.

# Participation of women in WASH decision-making



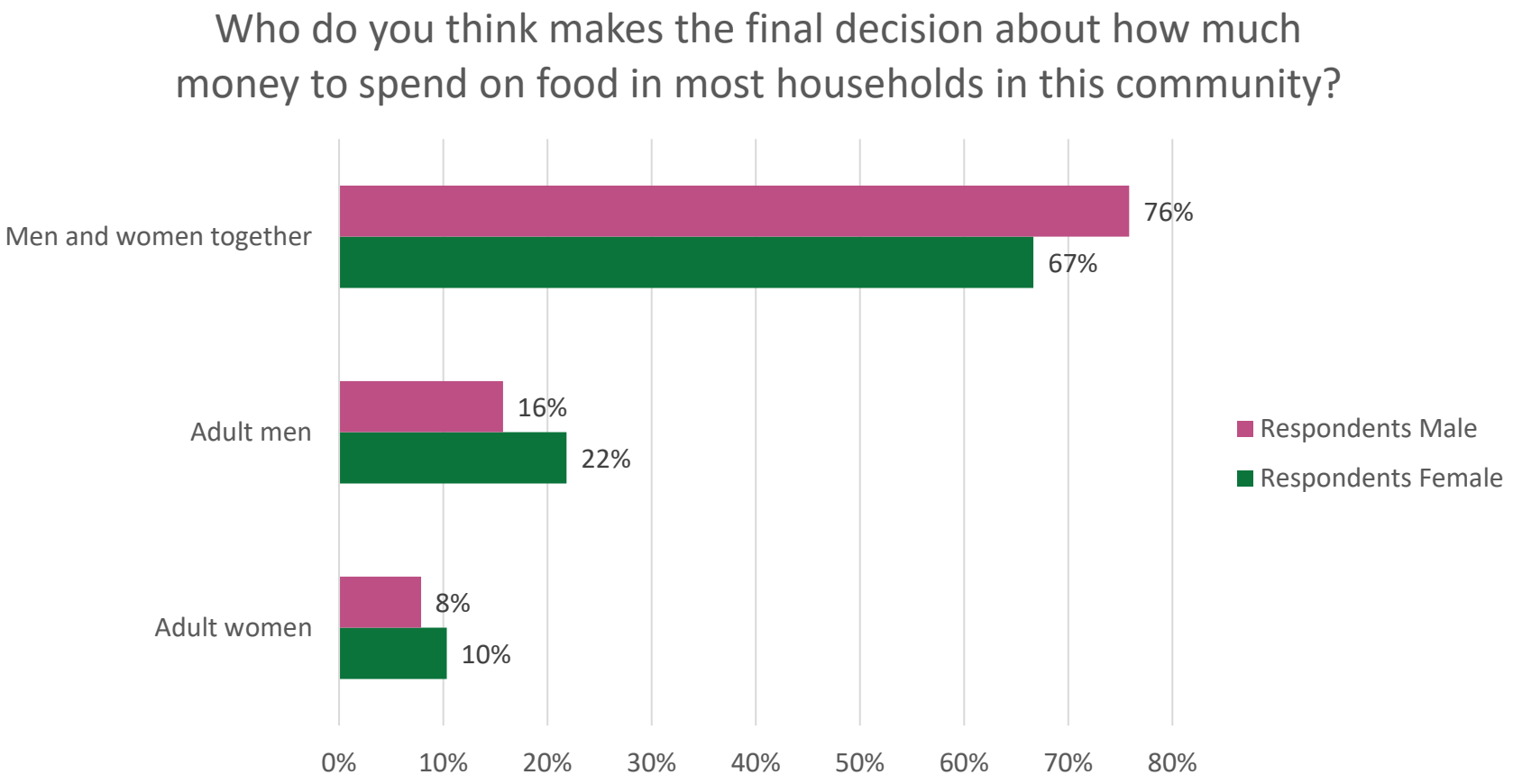

For the baseline, more than half of the respondents (52%) indicated that this decision was made by men and women together, while 44% indicated that the decision was made men alone. Only 4% of respondents indicated that the decision to buy/build a household toilet was made by a woman within their household.

# Participation of women in WASH decision-making



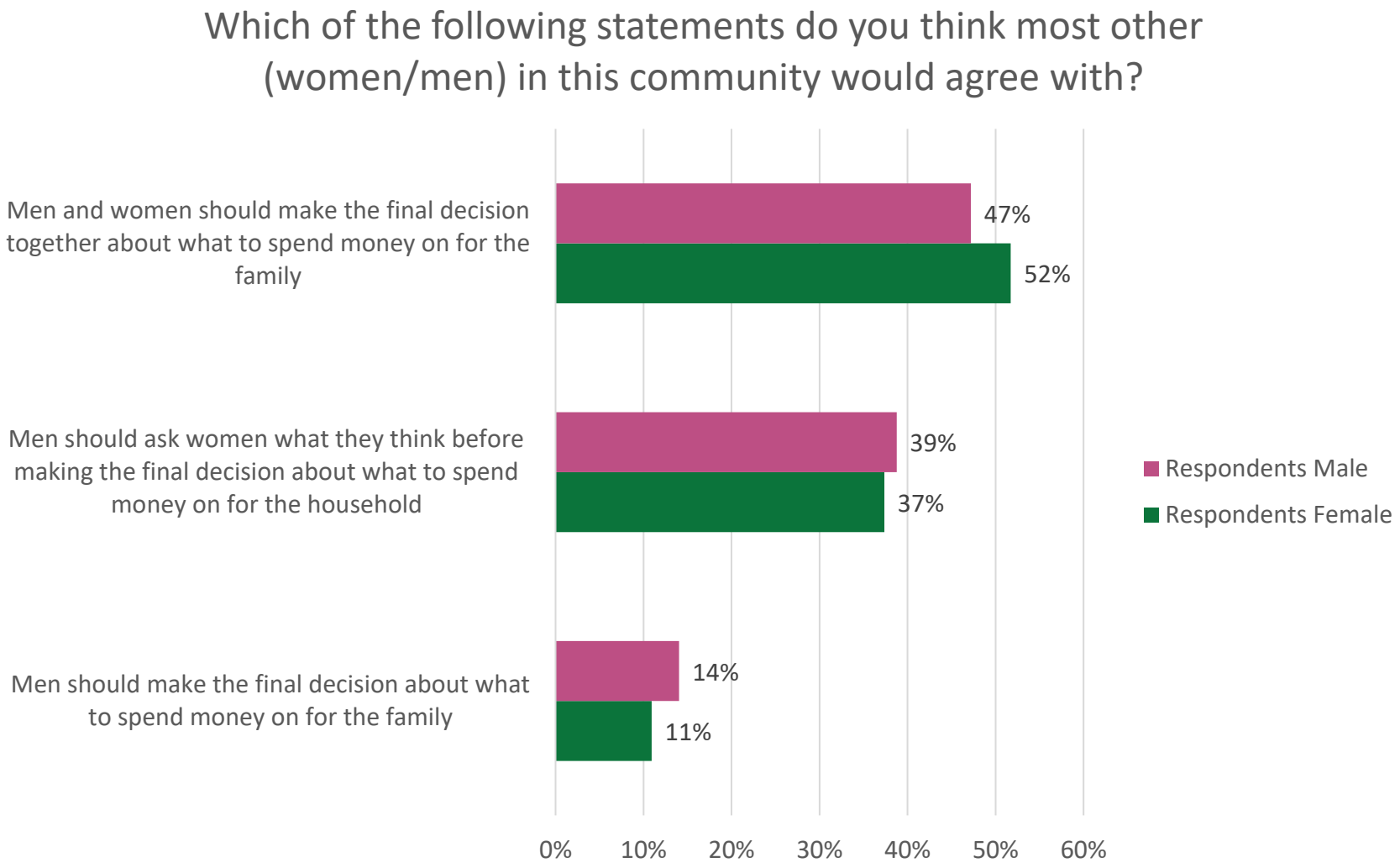

The baseline results give a slightly lower proportion of male (63%) and female (57%) respondents indicating that men and women decide together how much to spend on major household purchases, such as a toilet. Male respondents were slightly more likely than female respondents to report that decision-making is shared.

# Participation of women in WASH decision-making



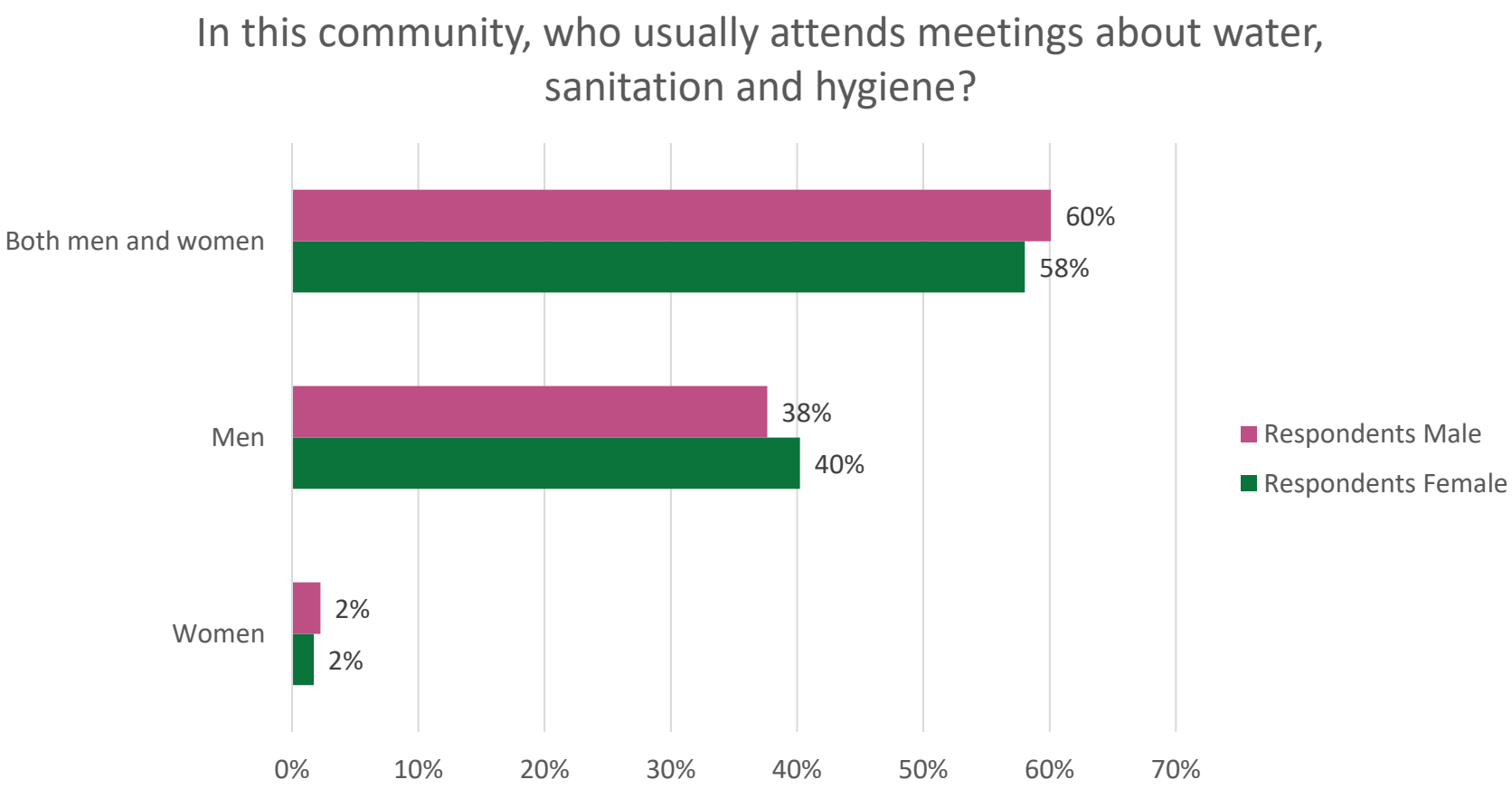

For the baseline, the data on smaller everyday purchases such as food presents a different story. When asked who makes the decision about how much money to spend on food for the household, the responses of men and women varied significantly. More than half of female respondents (53%) said that men make the final decision, while more than half of men (55%) indicated that decision-making was shared.

# Gendered division of WASH roles



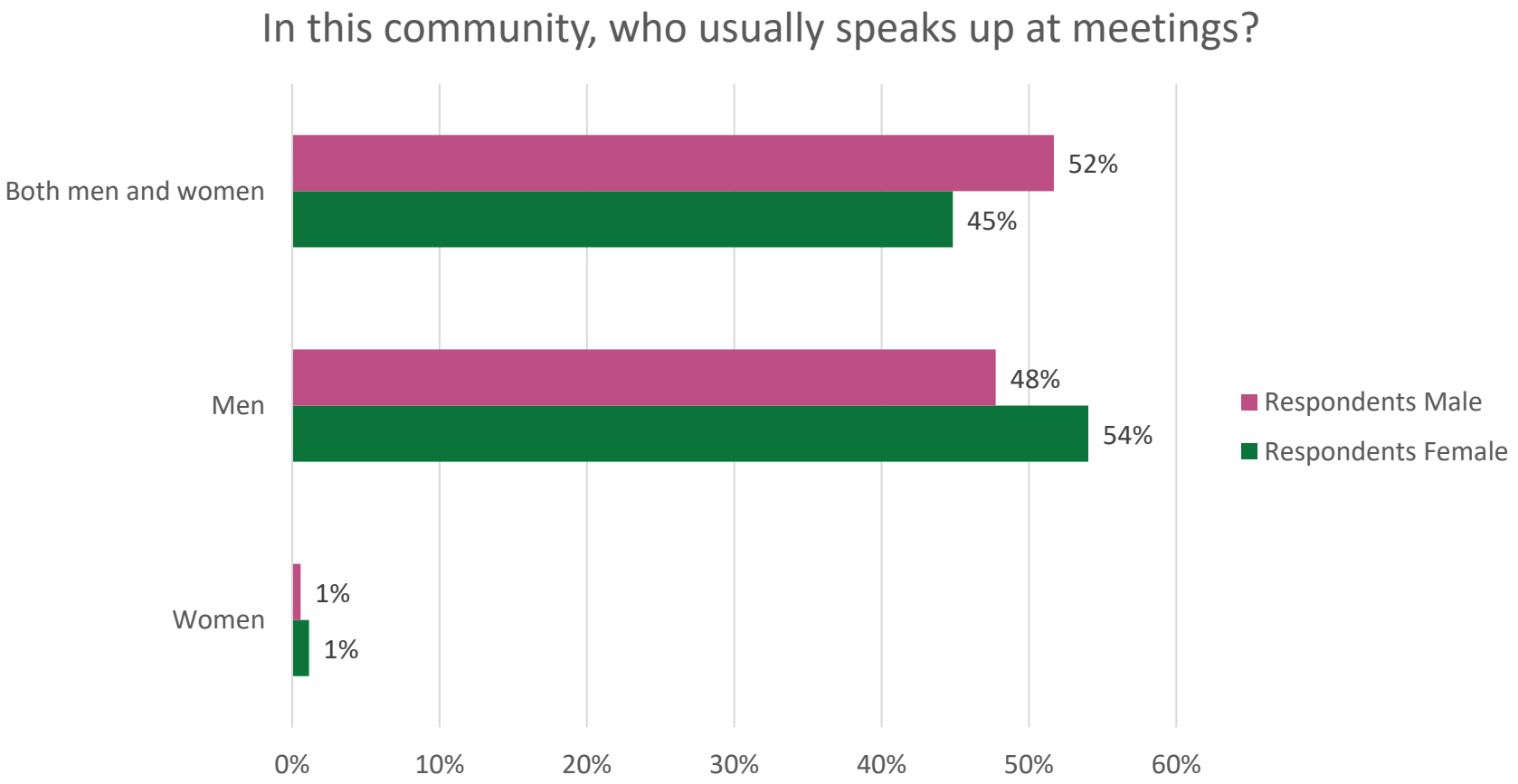

For the baseline, when asked about beliefs within the community about the roles of men and women in decision-making about household expenditure, a higher proportion of men (42%) indicated that decision-making should be shared equally within the home, compared to women (35%). Women more commonly indicated that they should be consulted, but that final decision-making power should sit with men. Only 22% of male respondents indicated that men alone should make decisions about household expenditure.

# Participation of women and PWD in WASH leadership within the community



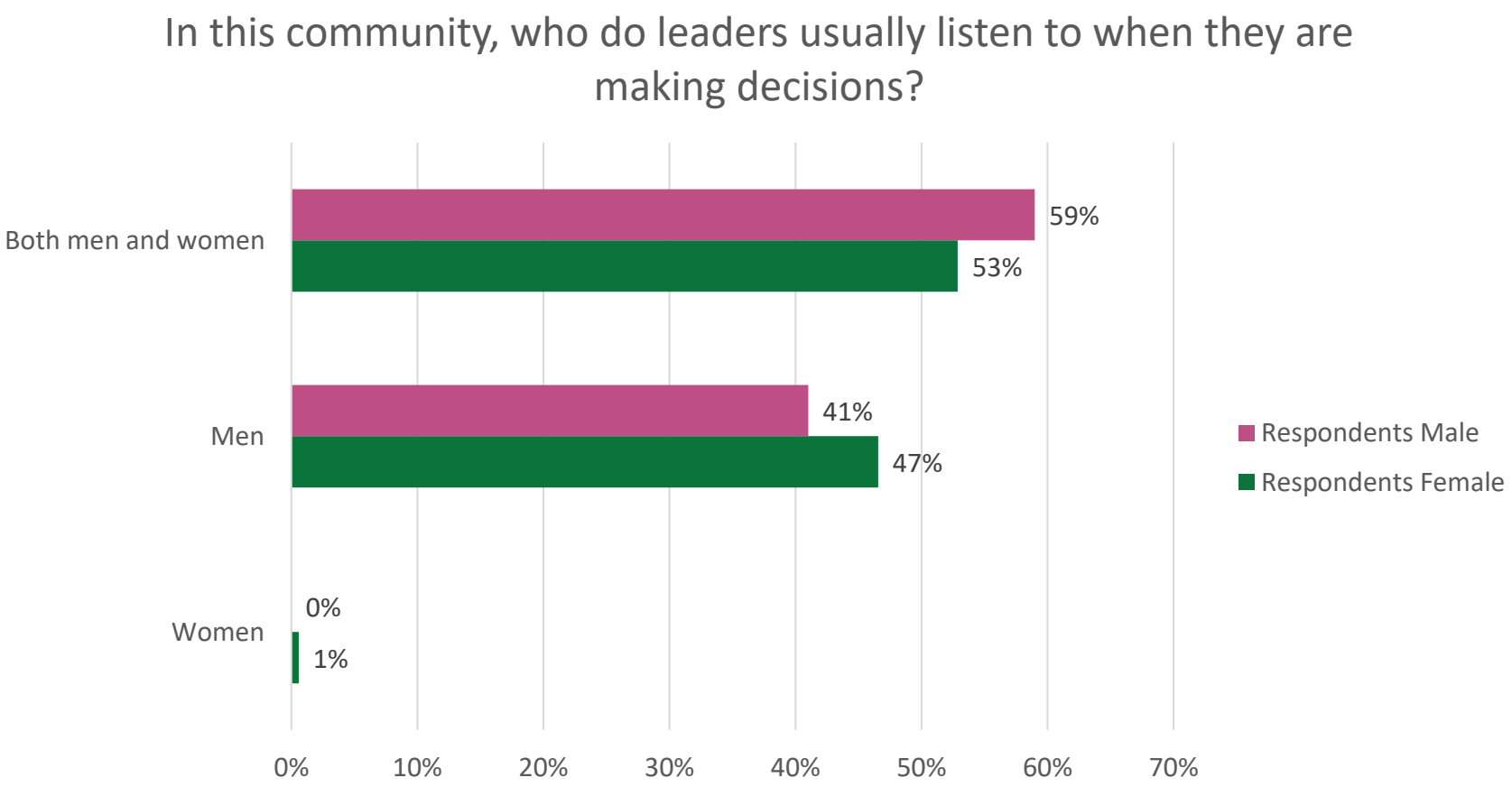

In the baseline, more than half of all respondents, male and female (respectively 56 and 57%), indicated that it is men who typically attend community meetings about WASH. The remaining 44% of male respondents and 42% of female respondents indicated that women also attend community meetings, typically alongside men.

# Participation of women and PWD in WASH leadership within the community



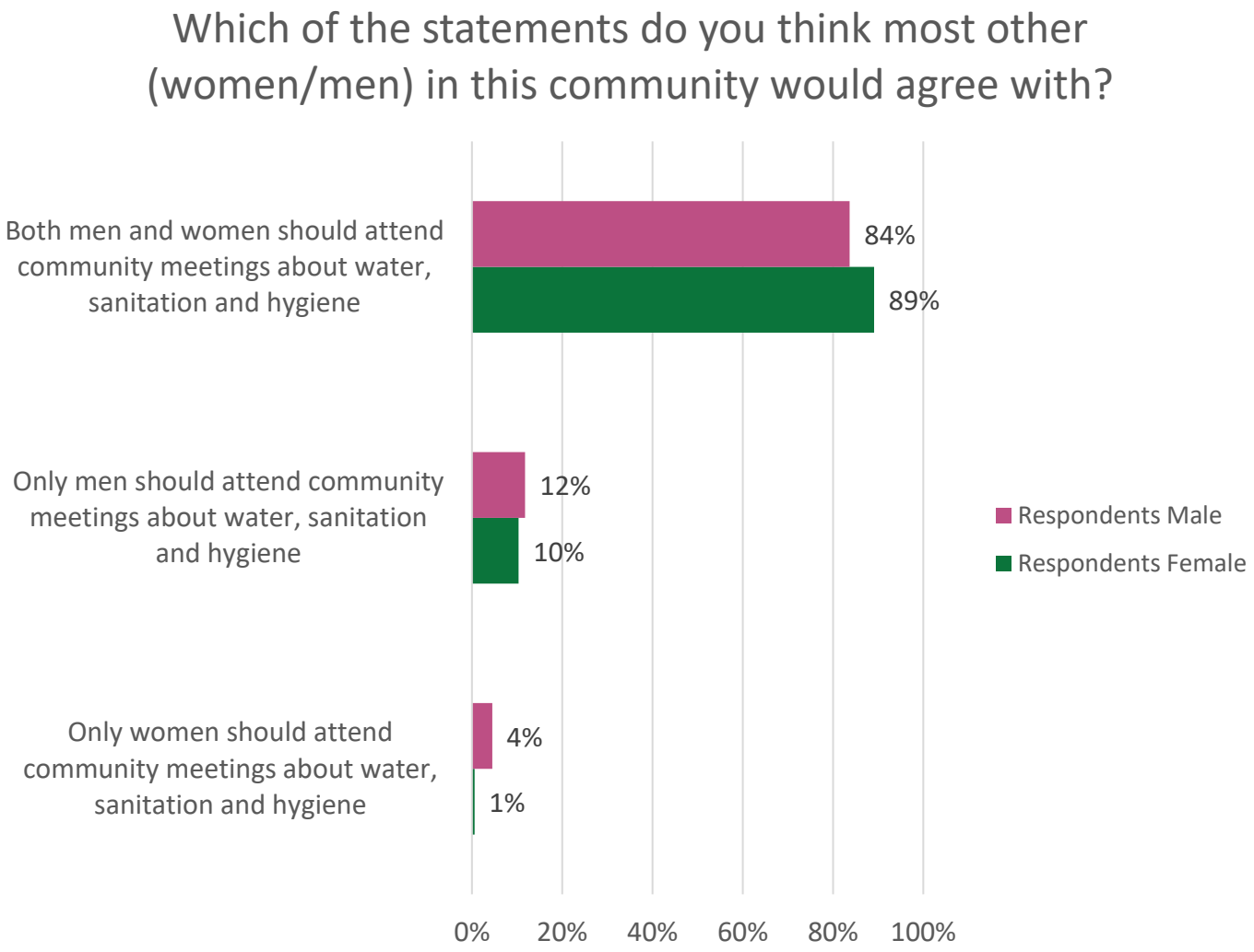

During the baseline survey, when asked who usually 'speaks up' at meetings about WASH within the community, a majority of male and female respondents said that men are the most vocal. Only 26% of female respondents and 34% of male respondents said that women speak up at meetings, independently or alongside men.

# Participation of women and PWD in WASH leadership within the community



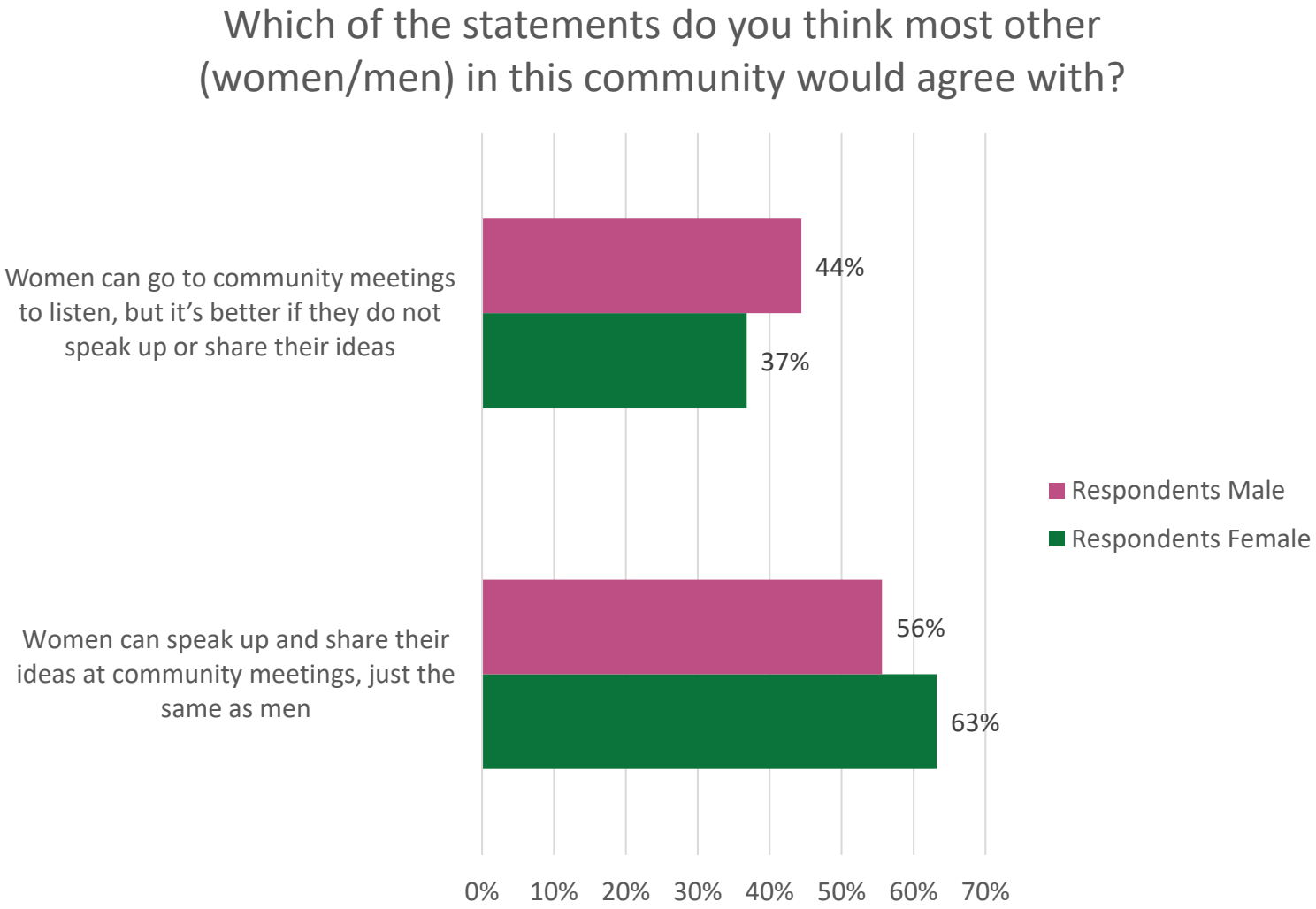

For the baseline, when asked who leaders in the community typically defer to when making decision, male and female respondents agreed that men are more likely to be listened to than women. Only 30% of women, and 29% of men felt that leaders listened to women when making their decisions.

# Gendered division of WASH roles



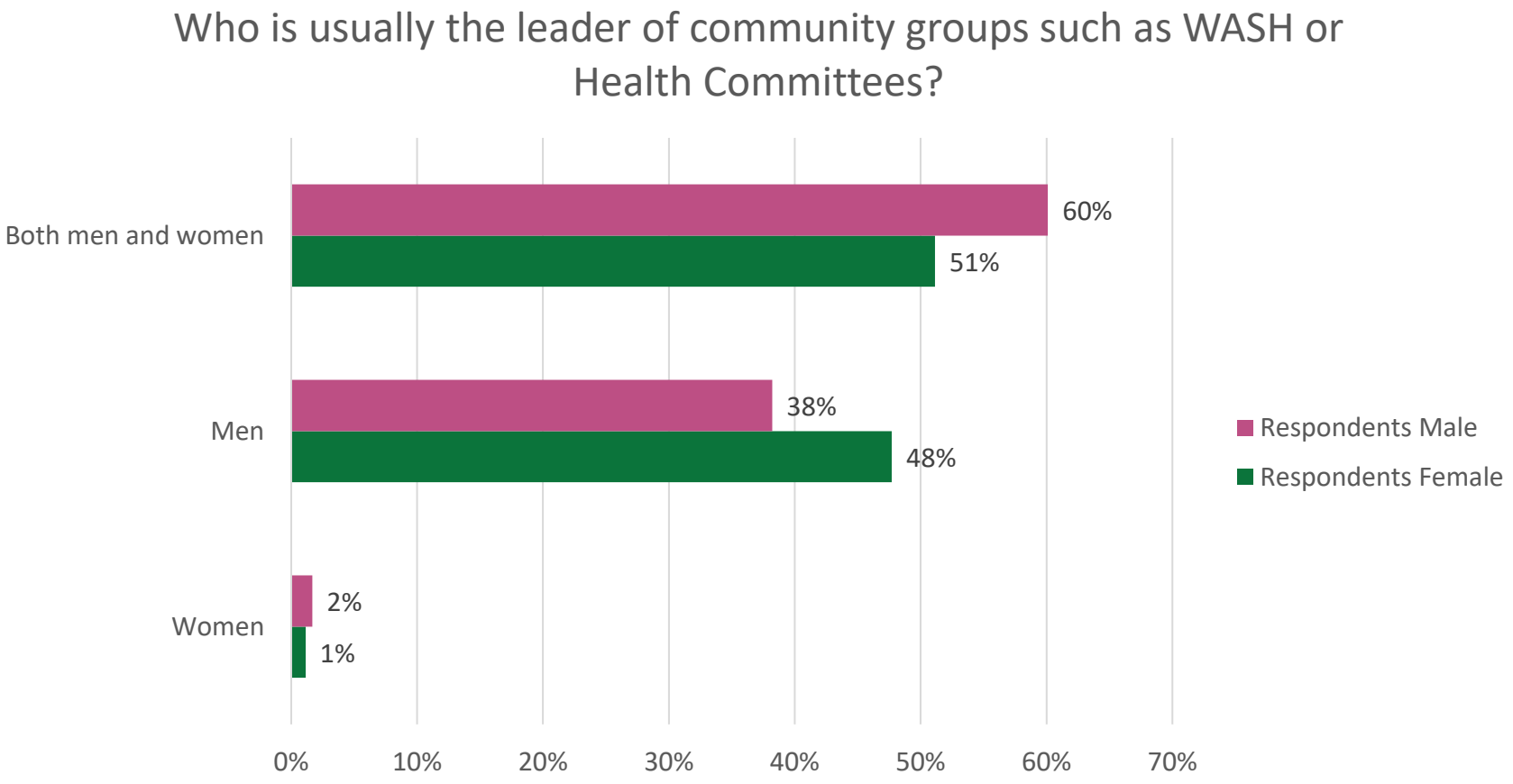

For the baseline, when asked about beliefs and attitudes within the community about the participation of women in community-level decision-making, respondents of both genders largely (71% of the men – 75 of the women) agreed that men and women should participate in meetings, and that women can speak up and share their ideas just as men do.

# Gendered division of WASH roles




During the baseline survey, amongst male respondents, 28% indicated that only men should participate in community meetings, and 34% indicated that women who do attend should listen, but not speak up.

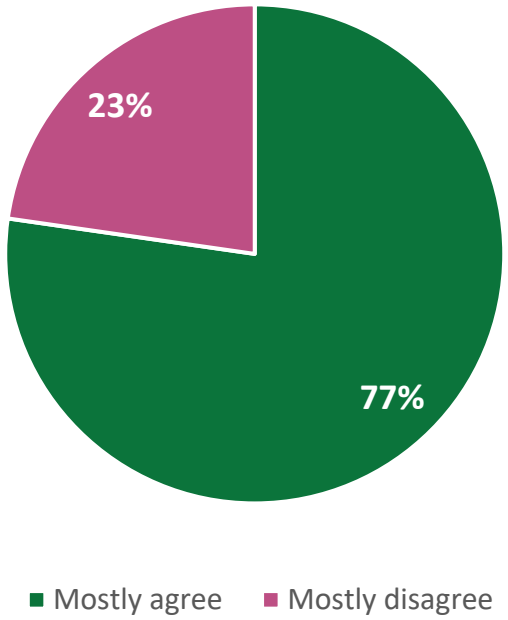
# Participation of women and PWD in WASH leadership within the community




For the baseline, when asked who typically leads community groups, such as WASH or Heath Committees, two thirds of male and female respondents (respectively 67 and 66%) reported that it is men who hold leadership roles.

# Participation of women and PWD in WASH leadership within the community

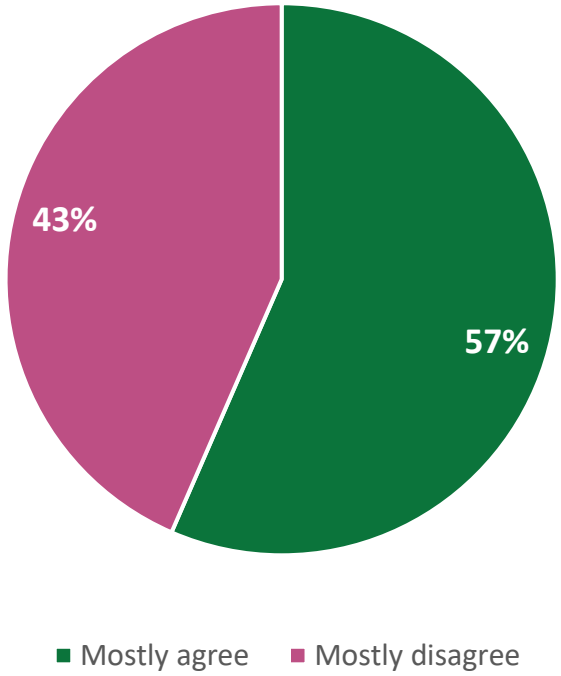
Do you think most people in this community would agree or disagree that PWD should be invited to attend meetings about WASH?




During the baseline survey, just over half 53% of survey respondents *without* disability felt that people in the community would agree that those *with* disability should be invited to attend community meetings about WASH.

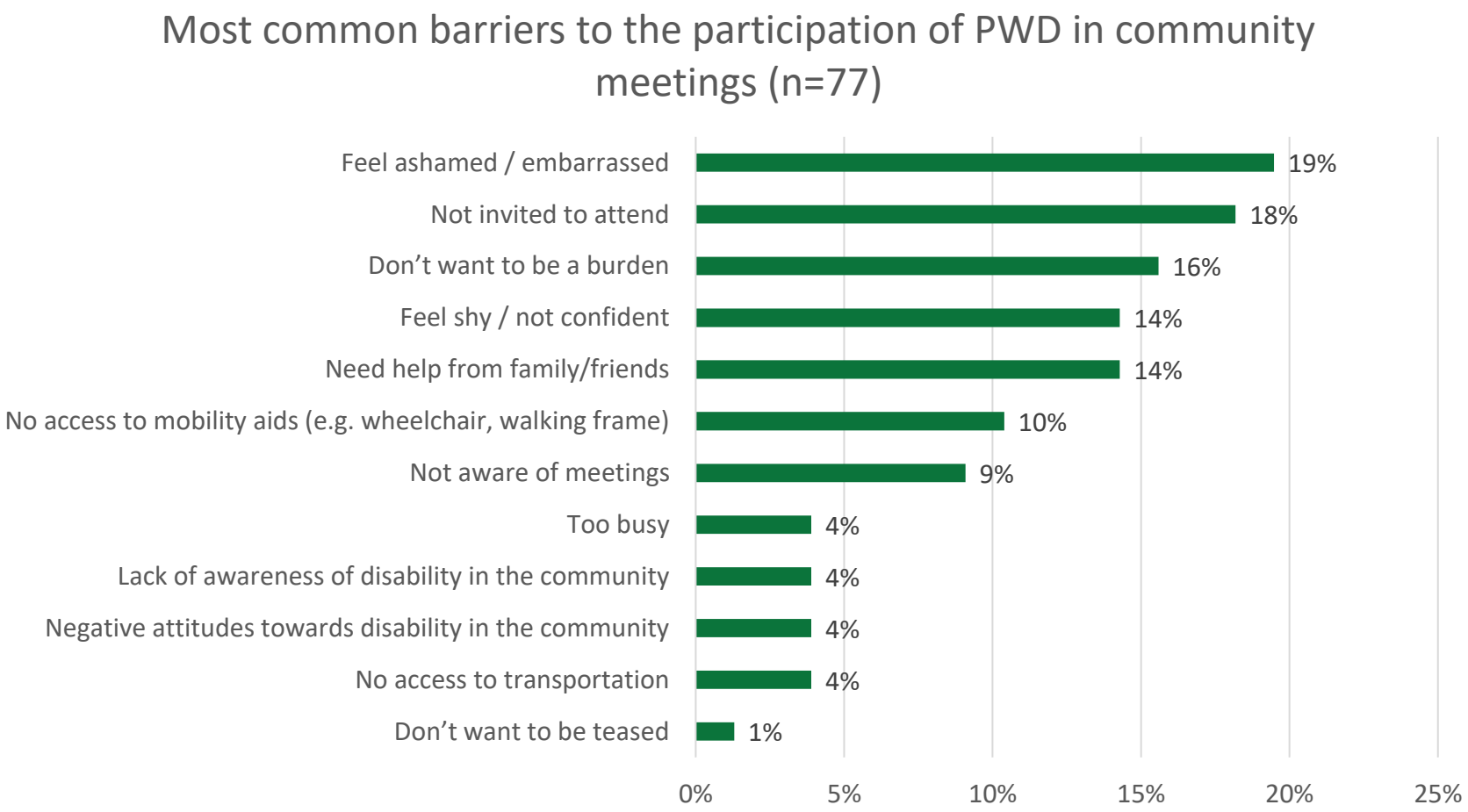
# Participation of women and PWD in WASH leadership within the community

Do you think most people in this community would agree or disagree that PWD can be good leaders?



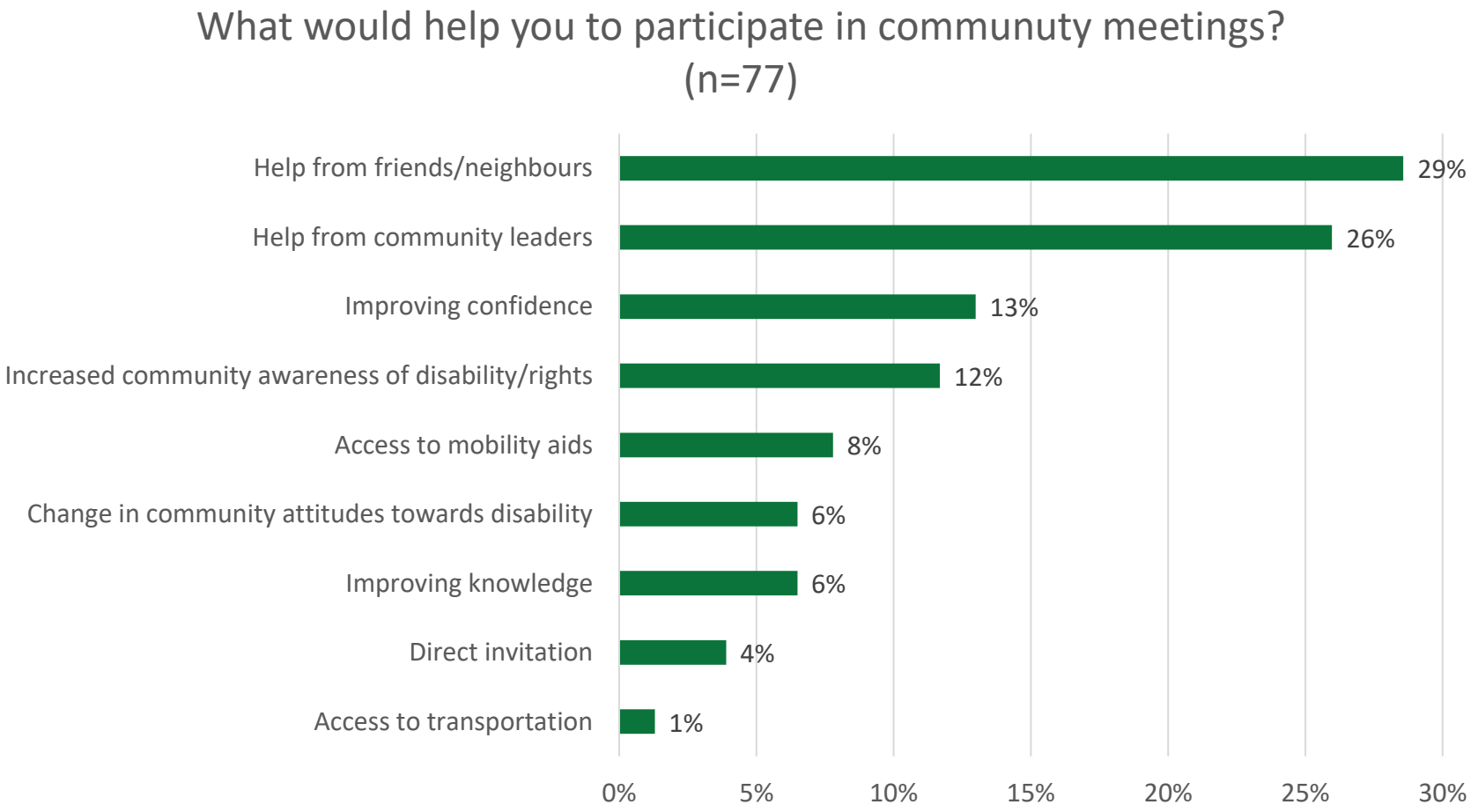

During the baseline survey, 20% of respondents *without* disability felt that people in the community would agree that those with disability can be good leaders against 57% during the endline.

# Participation of women and PWD in WASH leadership within the community




During the baseline, when asked about the main barriers PWD faced to participate in community meetings, the most common responses from people with disability were that they were unaware of meetings taking plan (37%) or not specifically invited to attend (35%).

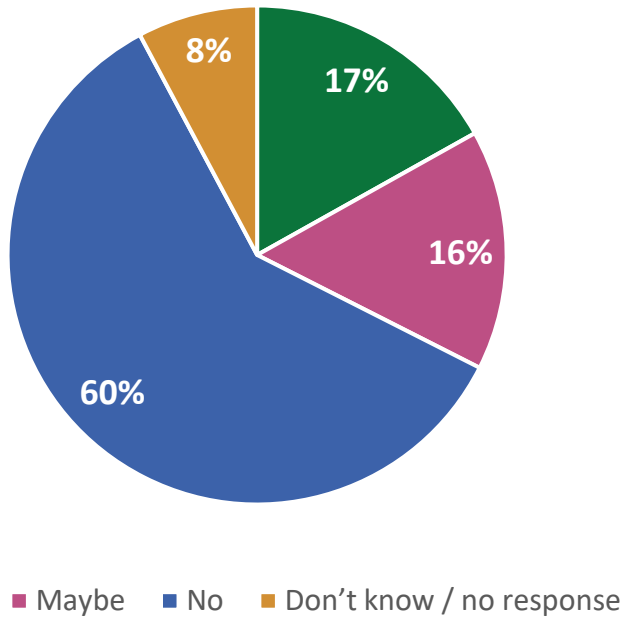
# Participation of women and PWD in WASH leadership within the community




During the baseline, when asked what might make it easier to participate in community meetings, the most common responses from people with disability were: access to mobility aids such as wheelchairs, walking sticks (28%), direct invitations from community leaders to attend (26%), and assistance from friends or neighbours (24%).

# Participation of women and PWD in WASH leadership within the community

Do you believe that PWD can play a leadership role in this community, for example, as a member of a Community Health or WASH Committee? (n=77)




Only 16% of people with disability surveyed for the baseline study believed that people with disability could play a leadership role in their community.

# Participation of women and PWD in WASH leadership within the community

| If you were invited to attend a meeting about improving water and sanitation facilities for PWD in this community, how would like to participate in the meeting? | Baseline Percentage (n=46) | Endline Percentage (n=77) |
|---|---|---|
| Attend and listen only | 37% | 44% |
| Ask a family member or friend to attend or speak on my behalf | 7% | 17% |
| Prefer to not participate at all | 20% | 10% |
| Speak at the meeting | 24% | 9% |
| Help to organise the meeting | 28% | 9% |
| Share my ideas with a community leader before the meeting | 28% | 8% |

# Health Centres Survey

CIVITAS
consulting for communities

# Health Centres and District Hospitals

| Number of health centres where the following equipment is present and functional (Baseline) | Pakbeng | Saravane | Ta Oi |
|---|---|---|---|
| Autoclave | 3/4 | 2/2 | 3/3 |
| Refrigerator (Cold Chain) | 4/4 | 2/2 | 3/3 |
| Freezer | 0/4 | 1/2 | 0/3 |
| Electricity | 4/4 | 2/2 | 3/3 |
| Waste disposal facility | 1/4 | 0/2 | 0/3 |
| Toilets for patients | 3/4 | 0/2 | 1/3 |
| Showers for patients | 3/4 | 0/2 | 1/3 |
| Clean water supply | 4/4 | 2/2 | 2/3 |
| MCH/ANC Room | 0/4 | 0/2 | 3/3 |
| Separate delivery room | 3/4 | 2/2 | 3/3 |
| PNC room | 0/4 | 0/2 | 0/3 |
| All medicines and vaccines | 0/4 | 0/2 | 1/3 |

# Health Centres and District Hospitals

| Number of health centres where the following equipment is present and functional (Endline) | Pakbeng | Saravane | Ta Oi |
|---|---|---|---|
| Autoclave | 4/4 | 2/2 | 3/3 |
| Refrigerator (Cold Chain) | 4/4 | 2/2 | 3/3 |
| Freezer | 1/4 | 2/2 | 3/3 |
| Electricity | 4/4 | 2/2 | 3/3 |
| Waste disposal facility | 2/4 | 2/2 | 2/3 |
| Toilets for patients | 4/4 | 2/2 | 3/3 |
| Showers for patients | 4/4 | 2/2 | 2/3 |
| Clean water supply | 4/4 | 2/2 | 3/3 |
| MCH/ANC Room | 4/4 | 2/2 | 3/3 |
| Separate delivery room | 4/4 | 2/2 | 3/3 |
| PNC room | 4/4 | 2/2 | 3/3 |
| All medicines and vaccines | 0/4 | 2/2 | 0/3 |

# Health Centres and District Hospitals

| Number of health centres where the following equipment is present and functional (Baseline) | Oudomxay Province | Saravane Province |
|---|---|---|
| Autoclave | 3/4 | 5/5 |
| Refrigerator (Cold Chain) | 4/4 | 5/5 |
| Freezer | 0/4 | 1/5 |
| Electricity | 4/4 | 5/5 |
| Waste disposal facility | 1/4 | 0/5 |
| Toilets for patients | 3/4 | 1/5 |
| Showers for patients | 3/4 | 1/5 |
| Clean water supply | 4/4 | 4/5 |
| MCH/ANC Room | 0/4 | 3/5 |
| Separate delivery room | 3/4 | 5/5 |
| PNC room | 0/4 | 0/5 |
| All medicines and vaccines | 0/4 | 1/5 |

# Health Centres and District Hospitals

| Number of health centres where the following equipment is present and functional (Endline) | Oudomxay Province | Saravane Province |
|---|---|---|
| Autoclave | 4/4 | 5/5 |
| Refrigerator (Cold Chain) | 4/4 | 5/5 |
| Freezer | 1/4 | 5/5 |
| Electricity | 4/4 | 5/5 |
| Waste disposal facility | 2/4 | 4/5 |
| Toilets for patients | 4/4 | 5/5 |
| Showers for patients | 4/4 | 4/5 |
| Clean water supply | 4/4 | 5/5 |
| MCH/ANC Room | 4/4 | 5/5 |
| Separate delivery room | 4/4 | 5/5 |
| PNC room | 4/4 | 5/5 |
| All medicines and vaccines | 0/4 | 2/5 |

# Health Centres and District Hospitals

| Number of health centres where poor maternal child health practices were reported (Baseline) | Pakbeng | Saravane | Ta Oi |
|---|---|---|---|
| Encouraging women to lay on their back for delivery of babies | 4/4 | 2/2 | 2/2 |
| Always encouraging skin-to-skin contact between mothers and babies immediately after deliver | 4/4 | 2/2 | 1/3 |
| Separating mothers and their newborn babies after delivery | 0/4 | 0/2 | 1/3 |
| Giving samples or suggesting milk powder (formula) to mothers who can breastfeed | 2/4 | 0/2 | 0/3 |
| Displaying poster/brochure/stickers/picture of milk powder promotion in HC/hospital | 0/4 | 0/2 | 0/3 |
| Always encouraging newborn babies to breastfeed immediately | 3/4 | 2/2 | 2/3 |
| Failing to measure birth weight | 1/4 | 0/2 | 0/3 |
| Always teaching mothers how to breastfeed (help to attach) | 4/4 | 2/2 | 2/3 |
| Not always showing mothers how to do Kangaroo mother care for low birth weight and premature babies | 2/4 | 1/2 | 1/3 |
| Always ensuring that female staff or relatives are present when male staff do reproductive checks | 0/4 | 0/2 | 0/3 |
| Not always allowing women giving birth to have family members present in the room | 3/4 | 2/2 | 2/3 |
| Always giving information to parents that allow them to understand the diagnosis for their child and where to seek appropriate care | 4/4 | 0/2 | 2/3 |

# Health Centres and District Hospitals

| Number of health centres where poor maternal child health practices were reported (Endline) | Pakbeng | Saravane | Ta Oi |
|---|---|---|---|
| Encouraging women to lay on their back for delivery of babies | 4/4 | 2/2 | 3/3 |
| Always encouraging skin-to-skin contact between mothers and babies immediately after deliver | 3/4 | 2/2 | 3/3 |
| Separating mothers and their newborn babies after delivery | 2/4 | 0/2 | 0/3 |
| Giving samples or suggesting milk powder (formula) to mothers who can breastfeed | 0/4 | 0/2 | 0/3 |
| Displaying poster/brochure/stickers/picture of milk powder promotion in HC/hospital | 0/4 | 0/2 | 0/3 |
| Always encouraging newborn babies to breastfeed immediately | 1/4 | 2/2 | 3/3 |
| Failing to measure birth weight | 0/4 | 0/2 | 0/3 |
| Always teaching mothers how to breastfeed (help to attach) | 4/4 | 2/2 | 3/3 |
| Not always showing mothers how to do Kangaroo mother care for low birth weight and premature babies | 2/4 | 0/2 | 0/3 |
| Always ensuring that female staff or relatives are present when male staff do reproductive checks | 4/4 | 2/2 | 3/3 |
| Not always allowing women giving birth to have family members present in the room | 4/4 | 1/2 | 0/3 |
| Always giving information to parents that allow them to understand the diagnosis for their child and where to seek appropriate care | 3/4 | 2/2 | 3/3 |

# Health Centres and District Hospitals

| Number of health centres where poor maternal child health practices were reported (Baseline) | Oudomxay Province | Saravane Province |
|---|---|---|
| Encouraging women to lay on their back for delivery of babies | 4/4 | 4/4 |
| Always encouraging skin-to-skin contact between mothers and babies immediately after deliver | 4/4 | 3/5 |
| Separating mothers and their newborn babies after delivery | 0/4 | 1/5 |
| Giving samples or suggesting milk powder (formula) to mothers who can breastfeed | 2/4 | 0/5 |
| Displaying poster/brochure/stickers/picture of milk powder promotion in HC/hospital | 0/4 | 0/5 |
| Always encouraging newborn babies to breastfeed immediately | 3/4 | 4/5 |
| Failing to measure birth weight | 1/4 | 0/5 |
| Always teaching mothers how to breastfeed (help to attach) | 4/4 | 4/5 |
| Not always showing mothers how to do Kangaroo mother care for low birth weight and premature babies | 2/4 | 2/5 |
| Always ensuring that female staff or relatives are present when male staff do reproductive checks | 0/4 | 0/5 |
| Not always allowing women giving birth to have family members present in the room | 3/4 | 4/5 |
| Always giving information to parents that allow them to understand the diagnosis for their child and where to seek appropriate care | 4/4 | 2/5 |

# Health Centres and District Hospitals

| Number of health centres where poor maternal child health practices were reported (Endline) | Oudomxay Province | Saravane Province |
|---|---|---|
| Encouraging women to lay on their back for delivery of babies | 4/4 | 5/5 |
| Always encouraging skin-to-skin contact between mothers and babies immediately after deliver | 3/4 | 5/5 |
| Separating mothers and their newborn babies after delivery | 2/4 | 0/5 |
| Giving samples or suggesting milk powder (formula) to mothers who can breastfeed | 0/4 | 0/5 |
| Displaying poster/brochure/stickers/picture of milk powder promotion in HC/hospital | 0/4 | 0/5 |
| Always encouraging newborn babies to breastfeed immediately | 1/4 | 5/5 |
| Failing to measure birth weight | 0/4 | 0/5 |
| Always teaching mothers how to breastfeed (help to attach) | 4/4 | 5/5 |
| Not always showing mothers how to do Kangaroo mother care for low birth weight and premature babies | 2/4 | 0/5 |
| Always ensuring that female staff or relatives are present when male staff do reproductive checks | 4/4 | 5/5 |
| Not always allowing women giving birth to have family members present in the room | 4/4 | 1/5 |
| Always giving information to parents that allow them to understand the diagnosis for their child and where to seek appropriate care | 3/4 | 5/5 |