

**EVALUATION  
REPORT**

**Formative evaluation of the  
UNICEF Love and Care for  
Every Child project – Laos  
PDR**

**EVALUATION OFFICE**

**January 2022**



# Formative evaluation of the UNICEF Love and Care for Every Child project – Laos PDR

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## **Formative evaluation of the UNICEF Love and Care for Every Child project Final Report**

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Final version produced in January 2022

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Please cite the work as follows: UNICEF. 2022. *"Formative evaluation of the UNICEF Love and Care for Every Child project"*. UNICEF Evaluation Office, New York.

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**INCLUDOVATE**  
INNOVATE FOR INCLUSION

## **FINAL REPORT**

# **Formative evaluation of the UNICEF Love and Care for Every Child project**

**January 2021**

# Acknowledgements

Includovate gratefully acknowledges the invaluable support of the entire UNICEF Laos team, notably Maria Fernandez, Risa Kojima, Khavi Homsombath, and Maryam Abdu. Special thanks to UNICEF Evaluation Specialist Oscar Huertas for his unwavering support throughout the evaluation. The contributions of the members of the Lao Women's Union are highly appreciated. In particular, sincere thanks to Dr. Ninpaseuth Xayphonesy and Ms. Vanmany Dittaphong for all in-country coordination efforts related to data collection.

Finally, this evaluation would not have been successful without the time and input from the participants of the key informant interviews, focus group discussions, case studies, and the online survey. Our sincere thanks to all those involved.

# Executive Summary

## Background

A landlocked, mountainous country in Southeast Asia, Lao PDR has experienced sustained economic growth in the past decade, bringing down the rate of poverty from 34% to 23% and lifting half a million people out of poverty.<sup>1</sup> Despite achievements, significant economic disparities continue to persist across diverse ethnic groups and different geographies of Laos. According to the report (SDGs and Children – Measuring Progress on Child Wellbeing in Lao PDR), only 12% of children experience no deprivation at all, while about 70% of children under 18 years of age suffer at least two deprivations in the areas of nutrition, health, education, Early Childhood Development (ECD), child protection, water, sanitation, housing and information.

As one of the most vulnerable countries to climate change impacts such as cyclones, floods and droughts, Lao PDR has been experiencing recurring floods in 2018, 2019, 2020 and 2021. Low levels of preparedness and limited response capacity affect thousands of children in Lao PDR each year through unreliable and unsafe water and sanitation, inadequate medical services, disrupted schools, and unsafe living conditions. Moreover, the outbreak of the COVID-19 pandemic in early 2020 put a halt on Lao PDR's economy. The increase in unemployment and reduced family incomes put many young children in low-income households at the risk of food insecurity and malnutrition. Around 383,000 people were estimated to fall back into poverty due to the pandemic; 1.7 million children had their education disrupted.<sup>2</sup>

Considering that childhood malnutrition is very high, particularly in remote communities, that the majority of children under 18 in Lao PDR are multidimensionally deprived, the **Love and Care for Every Child (LCEC) project**, in conjunction with existing country programmes, will play an essential role in ensuring that early childhood development in Lao PDR will be enhanced through the utilisation of proven behavioural and communication strategies among priority population groups.

## Objectives, scope and purpose of the evaluation

The Love and Care for Every Child programme, begun in 2018 with the Lao PDR Government, UNICEF, Lao Women's Union (LWU), and with line ministries, including the Ministry of Health (MOH), the Ministry of Education (MOES), Ministry of Home Affairs (MOHA), Ministry of Information, Culture and Tourism (MICT), and the Lao Front for National Development (LFND). The objective of the programme is to develop a culturally responsive and gender-sensitive strategy aiming to transform parenting practices within families and give opportunities for children under seven years (CU7) across the country. The programme builds on assessment findings and existing initiatives in early childhood development in Lao PDR while applying proven behavioural and communication strategies among priority population groups in four districts within two provinces: Sepon and Atsaphone in Savannakhet, and Meung and Pha Oudom in Bokeo. Phase One pilot implementation (training of trainers) took place between December 2019 and early 2020, then, with the COVID-19 outbreak there was a break and it continued in late 2020 and 2021. The project is planned to continue through to a broader rollout in 2022 where experience from the pilot will inform and strengthen expansion to five further provinces (Phase Two). This evaluation is situated at the end of Phase One and will help to inform Phase Two.

The key objectives of the formative evaluation were to:

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<sup>1</sup> Brinkman, S., Sincovich, A., & Danchev, P. N. 2016. The status of early childhood health and development in northern Lao PDR. Accessed October 11, 2021, at: <https://documents1.worldbank.org/curated/en/228221488446175113/pdf/113100-WP-P145544-PULIC-WB-LAO-ECE-BASELINE-FULL-23mb.pdf>

<sup>2</sup> UNICEF. 2021. *Country Office Annual Report 2020 Lao People's Democratic Republic*. Accessed October 6, 2021 at: <https://www.unicef.org/media/102576/file/Lao-Peoples-Democratic-Republic-2020-COAR.pdf>

- a. Assess the clarity of objectives in each of the programme components, alignment, logic, and coherence of the programme, including its Theory of Change;
- b. Assess the adequacy and validity of the indicators, tools, and systems for monitoring, measuring, and verifying results;
- c. Document good practices and generate evidence-based recommendations to strengthen ongoing efforts towards the expansion of parenting and care practices; and
- d. Identify gaps, critical lessons learned, and main challenges, and provide recommendations on how to address these challenges and pursue opportunities and recommend key practices that should be incorporated in future phases.

## Methodology and design

The evaluation followed a participatory, utilization-focused, and theory-based approach, with mixed methods (qualitative and quantitative) of data collection and analysis. Participatory approaches were adopted to the extent possible within the practical limitations of access, with engagement of and consultation with key stakeholders in government, private sector, civil society and partner agencies throughout the process.

Data collection methods included:

1. Comprehensive documentation and desk review
2. Theory of Change workshop with UNICEF staff involved in the conceptualisation and design of the LCEC initiative **(n=9)**
3. Key Informant Interviews (KIIs) with UNICEF Laos staff members **(n=7)**, a regional UNICEF staff member with expertise in early childhood development **(n=1)**, government officials **(n=7)**, representatives of CSOs and NGOs **(n=3)**, and a representative sample of trainers at the provincial level **(n=4)** and the district level **(n=8)**
4. Focus Groups Discussions (FGDs) with trainers from each of the 4 districts **(n=38)**
5. Online survey among trainees across the 4 districts **(n=270)**
6. Case studies to illustrate the evaluation findings with trainees in each district **(n=8)**

The evaluation has prioritized the OECD/DAC evaluation criteria of relevance, efficiency, effectiveness, impact, and sustainability. The evaluation criteria and questions have analysed the extent to which human rights, child rights, and gender equality and equity have been addressed within the programme.

## Key findings

**Relevance:** The programme has largely been contextualized to meet the local context, needs and priorities from communities. The LCEC pilot began with a comprehensive needs assessment which analysed the needs of the parents - a desire for a better life for their children. The assessment identified opportunities and channels for reaching and engaging parents and the project was designed keeping these in mind. Apart from the assessment, the project also built on the existing initiatives in Lao PDR. The priority population groups and communication channels were identified in collaboration with the LWU, the Lao PDR Ministry of Health (Centre for Communication and Education for Health) – and the Maternal and Child Health, and UNICEF with input from the Ministry of Education and Sports (MoES) and other line ministries, including Ministry of Home Affairs (MOHA), Ministry of Information, Culture and Tourism (MICT), and the LFND. The LCEC programme is an attempt to give more tools to those parents and caregivers so they can develop their skills and contribute and promote the development of their children. The programme fits into the overall agenda of early childhood development because it addresses almost all the parenting related behaviours that are critical in any early childhood development programme.

**Efficiency:** Several factors have contributed to the efficiency of the programme. To begin with, the collaboration between various government counterparts and mass organisations like the LWU allowed for cross-sectoral effort in the designing of the parenting package. However, this

collaboration has somewhat slowed down the progress of the programme, as there were delays in the early stages while designing the package, which consequently led to delays in further implementation. Trainers and facilitators were unable to apply their knowledge owing to delays in training sessions. Additionally, the cascade model of the training resulted in transmission loss of knowledge to some extent, which led to concerns about the quality of training received at the village level being expressed by many stakeholders. Other challenges such as lack of transportation, unfavourable weather conditions, poor infrastructure, and shortage of time decreased the efficiency of the programme. Among the recipients of the training, lower levels of literacy, unwillingness to participate, and unfamiliarity with the official language of the programme (Lao) created hindrances in the effective delivery of the programme.

**Effectiveness:** Given that the rollout of the programme has not begun at the identified intervention sites, the effectiveness of the programme and the extent to which results have been achieved cannot be assessed. It is also too early to say whether the monitoring data collection system will adequately reflect and inform programme objectives. It should also be noted that there are no indicators to measure the effectiveness of the quality of the training. The only measure of success or failure is the number of persons trained. The reach of the pilot, however, has been quite extensive. The training programme has reached 254 villages (in 2 provinces, 4 districts, 54 village clusters). 1,127 people have been trained as facilitators at the village level. At the central, 20 master trainers; at the provincial level, 8 trainers and at the district level, 73 trainers have been trained thus far. Primary data has also revealed that the trainers are satisfied with the IEC material, specifically the posters, booklets, bags, and projectors, as they respond to their training and facilitation needs. The posters with pictures and videos with messages enabled the participants to understand the lessons easily and grasp the messages conveyed.

**Impact:** The parenting package has the potential to provide a sort of support framework for parents in terms of access to information and how to draw on local resources, and have a more holistic community network of support. This programme also has the potential to bring parenting practices to the fore, make positive parenting a very real and relatable concept in communities, create stronger community norms around positive parenting, and help families and communities understand the significant impact of their actions on the life of a child. In addition, the project provides an opportunity to show the government and providers how to view children holistically rather than as a sum of individual programmes pertaining to health, nutrition, WASH, education, by bringing together various sectors and departments within the government and providing evidence that such an integrated approach can be efficiently managed and implemented and can save a lot of resources. This could possibly be a long-term impact if each of the sectoral teams can feed their inputs into the package rather than each delivering different programmes with different monitoring requirements.

**Sustainability:** The results and activities of the programme are likely to continue after funding has been withdrawn due to the nature of the implementing authorities such as the Lao Women's Union and the public health sector. The intervention coincides with the organisations' mandates, plans, and objectives and the tools from the programme will be incorporated in the organisations' outreach efforts and activities. The multi-sectoral and multi-stakeholder involvement in the programme, and the capacities that have been built at all levels, from the senior government levels to the village facilitators, and the IEC material that has been developed will contribute to the sustainability of the programme. The results from the intervention are also likely to continue due to the benefits that the communities and parents received, the lessons and skills the participants obtained, and because the project shared similarities with other public programmes/policies. The project has also built a cadre of trainers/trainees at different levels, who can help in continuing the project interventions. It is necessary that for some time at least LWU and the other relevant authorities continue to disseminate information and convey key messages of the project to local



communities. Absence of monitoring and evaluation by the authorities and the lack of a budget, however, might hinder the sustainability of the programme.

**The human rights approach and gender equity:** The project took into account the principles of the UN Convention on the Rights of the Child and the CEDAW report as well as followed government policies of non-discrimination and to 'leave no one behind'. At the inception phase, CBM was contracted by UNICEF Australia to provide technical advice on disability inclusion. During the preparation of the materials, there was recognition of the need for and some discussion about including marginalised language groups. Disability and gender have been addressed in each component of the five handbooks. There is also recognition of the fact that several beneficiaries (women and mothers) are from ethnic communities who do not speak Lao. There is consensus among interviewees of this evaluation that they will be given the opportunity to learn from the parenting package in their own language, considering that the facilitators are from their communities. There are also mechanisms and tools in place to gather gender- and disability-disaggregated data under the monitoring framework. However, its realisation is dependent on the delivery partners and their level of training for the same.

## Key recommendations

### *Recommendations cluster A: Programme design and management*

- **Ensure to implement lessons learned prior to scaling up:** Programmatic gaps to be plugged through a survey and/or learning exchanges between districts.
- **Ensure a strong contingency plan:** The COVID-19 pandemic has warranted the need for a contingency plan to deal with future emergencies, factor in provisions for humanitarian aid. This should include, but not be limited to, supplying protective equipment, identifying new ways to engage parents and the stakeholders in rural areas.
- **Develop new indicators:** Additional indicators to measure effectiveness and the comprehension of the materials across different groups.

### *Recommendations cluster B: Training and capacity building*

- **Choose to scale in strategic locations:** The LCEC project could be scaled in districts where supportive initiatives such as the Early Childhood Education (ECE) (supported by the World Bank) already exist. Hence, locations for scaling and roll-out should be selected strategically.
- **Strengthen training programmes:** Gaps in training programmes can be incorporated into the refresher training and for the scale-up. Trainers to fully understand the materials rather than focusing primarily on coordination. Capacity building of the relevant officials is also necessary, along with increasing the number of trainers in the project.

### *Recommendations cluster C: Monitoring and reporting systems*

- **Assess existing indicators:** Review the 20 indicators and assess whether they are achievable, realistic and measurable in the given context and capacities of the facilitators.
- **Consider reporting needs:** Consider the reporting needs of the project and set budget aside for equipment (e.g., computers, smartphones) to strengthen reporting systems.

### *Recommendations cluster D: Gender and inclusion*

- **Women's empowerment and awareness:** Given women's responsibilities in providing the daily meals and meeting the nutritional needs of the family, systems and measurable indicators to assess effectiveness of training programmes and collect gender and disability disaggregated data is necessary.
- **Disability and gender:** Sessions should be included in the training programme agenda to raise awareness of the necessity of disability and gender issues for behaviour change and early childhood interventions. Demystify and address attitudinal barriers about disability.
- **Involve parents with disabilities, and parents of children with disabilities:** To further address stigma, attitudes and social barriers, parents with disabilities and parents of

children with disabilities can be involved in the delivery of the package, ensuring that reasonable accommodations are made.

#### *Recommendations cluster E: Sustainability*

- **Ensure efficient resource allocation:** Especially in the context of scaling up, efficient resource allocation is necessary. This can be achieved through strong resource mobilisation strategies. Allocate budget to provincial level work.
- **Demonstrate evidence of success:** It is essential to show success of the pilot project in order to secure additional funding from the government.
- **Enhancement of training of trainers:** Consider whether the number of days for the training should be increased, or reduce training material and the number of survey forms. More emphasis should be given on practical activities, going beyond theory.
- **Increase the number of trainers at the village and district levels:** This can help take the pressure off the existing trainers to cover a large geographical area. Per diem budget for trainers should moreover take into account the true on-field conditions.
- **Collaborate with key persons/groups in each location:** This can help increase participation, as key persons/groups can help to mobilize the local participants to attend.
- **Provide a transport facility:** Most trainers at the district used their own motorbikes, which is particularly difficult for female trainers due to their attire. If this is not feasible, trainers should be reimbursed for their travel costs.
- **Conduct the training in local languages:** In order to reach as many people as possible, specifically women and mothers from ethnic communities, it would be fruitful to conduct the training in local languages and increase use of audio-visual material.
- **Time budgeting well in advance** to ensure sufficiently long timelines are given.
- **UNICEF staff to work closely with implementing partners to monitor** the implementation of the project. Trainers from central levels to go to rural communities and provide feedback on implementation to enhance trainees' capacities.
- **Involve community engagement elements** to maximise impact and reach wider audiences, e.g., mass media campaigns on parenting.

#### *Recommendations cluster F: Addressing capacity needs of project partners implementing and monitoring*

- **Stepping up the supportive supervision and having more support for troubleshooting** will help create a system of regular feedback on the challenges the women are facing in their work. Approaches like peer to peer coaching/ mentoring can be explored where women who are performing well could become coaches or mentors for other women.
- **Easier qualitative methods to track changes in behaviour at the community level**, which could include simple pictorial tools which are given to the women to gauge what kind of changes are happening at the community level.
- There are some **community-based monitoring systems and tools** which can also be introduced, which are a lot simpler than complex research methods.
- **Monitoring tools to be adjusted keeping the capacity of the facilitators in mind** because one of the really valuable things about this package and the design is that it is intended to collect quite consistent data over a number of elements of the nurturing care framework.
- Since facilitators are expected to lead by example and be front-runners in their communities on the adoption of the key LCEC behaviours, there could be **monitoring systems of behaviours against predetermined indicators**.

#### *Recommendations cluster G: Strengthening capacity of trainers*

- There is also a need to **focus on the communication skills of the trainers** so that it becomes easier for the participants to grasp the contents of the training better.
- **Keeping a check on the efficiency of trainers** by having a mechanism to judge their skills because usually once the master trainers are trained, they then train the trainers, who further train the participants and there is no check on how well the trainers are performing.

A capacity reinforcement plan for trainers, depending on their skills, would be critical to prevent transmission loss.

- **Trainees at all levels should be given simple take-home materials** to which they can refer as a resource.
- **More sets of IEC material are needed** so that a set can be kept in the pre-primary school, at the health centre and in other prominent locations in the villages.
- Materials need to be **translated into the local ethnic languages** since many people in the target areas, especially women, do not understand Lao.

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# Abbreviations and acronyms

LCEC	Love and Care for Every Child
UNICEF	United Nations Children's Fund
SDG	Sustainable Development Goals
ECD	Early Childhood Development
CSO	Civil-society organisation
DRR	Disaster risk reduction
GEEW	Gender equality and the empowerment of women
NESDP	National Socio-Economic Development Plan
LWU	Lao Women's Union
MOH	Ministry of Health
MOES	Ministry of Education and Sports
LFND	Lao Front for National Development
CU7	Children under seven years
MCHC	Maternal and Child Health Centre
VHC	Village Health Committee
VEDC	Village Education Development Committee
KII	Key Informant Interviews
FGD	Focus Group Discussion
NGO	Non-governmental organizations
ToT	Training of trainers
TOC	Theory of Change
HRBA	Human Rights-Based Approach
OECD/DAC	Organisation for Economic Co-operation and Development's Development Assistance Committee

IEC	Information Education and Communication
ToR	Terms of reference
WASH	Water, sanitation and hygiene
ECE	Early Childhood Education
GDP	Gross domestic product
BCC	Behaviour change communication
OPD	Organisations of People with Disabilities
CCEH	Centre for Communication and Education for Health

# 1. Background

Lao PDR has an abundance of natural resources, including forestry and minerals, as well as hydropower potential. It has experienced sustained economic growth in the past decade, bringing down the rate of poverty from 34% to 23% and lifting half a million people out of poverty.<sup>3</sup> Despite these achievements, significant economic disparities continue to persist across diverse ethnic groups and different geographies of Laos. It has witnessed an exponential increase in its population, owing to which, families lack access to basic services such as food, education, healthcare, and sanitation. As a result, Laos has one of the highest child mortality rates in Southeast Asia, 28% of children are out of school and into child labour, and 33% of children suffer from stunting due to malnutrition.<sup>4</sup> These figures can also be attributed to a lack of hygiene, medical supplies, equipment, and as well, trained staff.

According to the report (SDGs and Children – Measuring Progress on Child Wellbeing in Lao PDR), only 12% of children experience no deprivation at all, while about 70% of children under 18 years of age suffer at least two deprivations in the areas of nutrition, health, education, Early Childhood Development (ECD), child protection, water, sanitation, housing and information. 50% of children are suffering from 3 or more deprivations at the same time. For the 0 to 4 years age group of children, at least one third of children are deprived in all dimensions, ranging from 33% in water to 94% in ECD. These results are similar for children aged 11 to 17 years. However, among these children, 41% are either not attending basic schooling or have not achieved the correct level of schooling for their age.<sup>5</sup>

In the context of the UN response, UNICEF is aiming to meet the SDGs by 2030; progress over the next 15 years will have to accelerate– outpacing the rates of progress achieved during the Millennium Development Goals period. Without faster progress, by 2030: 167 million children will still live in extreme poverty; 60 million children of primary school age will still be out of school; 69 million children under 5 will still die from causes we know how to prevent.

There is also an increased understanding of the importance of investing in the early years in Lao PDR and a commitment in government to achieve the Sustainable Development Goals (SDG) related to early childhood. SDG Target 4.2 requires all girls and boys to 'have access to quality early childhood development, care and pre-primary education so that they are ready for primary education'.

To this end, and considering that childhood malnutrition is very high, particularly in remote communities, that the majority of children under 18 in Lao PDR are multidimensionally deprived, and that the country's National Socio-Economic Development Plan (NESDP) 2021-2025 prioritises reducing infant, under-five and maternal mortality and stunting, among other issues, the Love and Care for Every Child (LCEC) project was considered essential to ensure that early childhood

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<sup>3</sup> Brinkman, S., Sincovich, A., & Danchev, P. N., *The status of early childhood health and development in northern Lao PDR*, 2016. Retrieved October 11, 2021, from <https://documents1.worldbank.org/curated/en/228221488446175113/pdf/113100-WP-P145544-PULIC-WB-LAO-ECE-BASELINE-FULL-23mb.pdf>

<sup>4</sup> Lao Statistics Bureau, *Lao Social Indicator Survey II 2017, Survey Findings Report*, Vientiane, Lao PDR: Lao Statistics Bureau and UNICEF, 2018. Accessed at: [https://laopdr.un.org/sites/default/files/2019-08/2017%20MICS%20Social%20Indicator%20Survey%20II%20Survey\\_Findings%20Report\\_0.pdf](https://laopdr.un.org/sites/default/files/2019-08/2017%20MICS%20Social%20Indicator%20Survey%20II%20Survey_Findings%20Report_0.pdf)

<sup>5</sup> United Nations Children's Fund, *Children in Lao PDR Continue to Experience Significant Levels of Deprivation*, 2018. Retrieved October 28, 2021, from <https://www.unicef.org/laos/press-releases/children-lao-pdr-continue-experience-significant-levels-deprivation>



development in Lao PDR would be enhanced using proven behavioural and communication strategies among priority population groups.

The **Love and Care for Every Child** programme, began in 2018 with the Lao PDR Government, UNICEF, Lao Women's Union (LWU), the Ministry of Health (MOH), the Ministry of Education and Sports (MOES), and the Lao Front for National Development (LFND). The **objective** of the programme is to develop a culturally-responsive and gender-sensitive strategy aiming to transform parenting practices within families and give opportunities for children under seven years (CU7) across the country. The programme builds in assessment findings and existing initiatives in early childhood development in Lao PDR while applying proven behavioural and communication strategies among priority population groups in four districts within two provinces: Sepon and Atsaphone in Savannakhet, and Meung and Pha Oudom in Bokeo.

Phase One pilot implementation (training) began in 2019 and the project was planned to continue through to a broader rollout in 2021 where experience from the pilot would inform and strengthen expansion to five further provinces (Phase Two). This evaluation was meant to be situated at the end of Phase One with the intention of informing Phase Two. However, due to delays in implementation, Phase One has not yet been completed. The evaluation has, therefore, focused on assessing the initiative up to its achievements till November 2021.

## **Key stakeholders**

### **Rights holders**

The primary rights holders are mothers- and fathers-to-be, mothers and fathers of CU7, grandparents, adolescent brothers, adolescent sisters, others with direct childcare responsibility for CU7. While it is expected that children below 12 years may spend some time caring for the younger children in the family, a key message of this project is also that such young children should not be primarily responsible for childcare and are therefore not a key audience for LCEC.

The secondary rights holders in the household are married couples without children, unmarried men and women aged 18-30 years. These couples have not yet begun childbearing but are important because they are likely to become parents in the near future. Other secondary audiences will also include those within the community who may exert significant influence over childcare practices and decision making. This includes neighbours and relatives outside the household as well as teachers, health workers and other influential community members and leaders including teachers, religious leaders, individuals with special skills, who are respected as important persons in the villages and as important sources of information.

### **Duty bearers**

The duty bearers include UNICEF and the various line ministries as well as the LWU.

**UNICEF** supports cross-sectoral training activities at national, district and village levels, providing technical expertise and the necessary resources for implementation. UNICEF's approach supports the government's three-part (Sam Sang) policy wherein provinces are to be built-up as strategic units, districts, as comprehensively strengthened units, and villages, as development units. UNICEF also supports knowledge and skills development of health workers, community volunteers and LWU to improve their capacity to provide counselling to women about breastfeeding and to support mothers with information about complementary feeding of children 6-23 months of age. The messages and communication tools already in use have been included in the LCEC initiative,

which ensures communication tools convey a consistent message to parents. The training packages and modalities used for the capacity development of health workers and health volunteers will be augmented by training in the use of communication tools and resources developed under LCEC.

The **Lao Women's Union (LWU)** plays a particularly important role regarding the development of communication materials, organization of training and workshops, and implementation of the LCEC package – with a coordination role. As a partner in the LCEC, the LWU will participate at the village orientation and pilot planning session and village mapping, conduct home visits and group sessions, facilitate monitoring and coordinate reporting activities.

The **Ministry of Health**, in particular the Maternal and Child Health Centre (MCHC) and the Centre for Communication and Education for Health play critical roles regarding the development of communication materials and coordination/participation at the Training of Trainers at national, district and village levels. As a partner in the LCEC, the **Village Health Committee (VHC)** in every village with health **workers** and **volunteers** support the mapping of target families, participate at village orientation, pilot planning sessions and health planning exercises to integrate LCEC with immunization and ante-natal clinics. The health workers and volunteers will conduct home visits, group and community sessions, organize monitoring and support reporting activities. Health facility staff have a critical role to play in providing maternal and child curative and health promotion services. These are complemented by the work of community-based volunteers who support community mobilization and communication activities for behaviour change.

The nexus between what LWU or village health volunteers have done and how they have supported the implementation of the LCEC is best articulated in their job descriptions. This will reflect their respective roles and responsibilities for complementing the delivery of community-based health and nutrition services and communication activities by health workers. The what, when and how village health volunteers will support delivery of health and nutrition services as well as their communication activities will be aligned with the relevant national protocols and guidelines including the integrated micro-planning guidelines for the community quarterly meetings and the MCH handbook for the individual counselling.

The **Ministry of Education and Sports (MoES)** supports the implementation of the LCEC package through pre-primary teachers and the **Village Education Development Committee (VEDC)**. As partners in the LCEC, pre-primary teachers and the VEDC support the mapping of target families. They also participate in village orientation and planning sessions. Pre-primary teachers and the VEDC organize community sessions and contribute to the preparation of reports. The VEDC is a voluntary body at village level that includes at least seven individuals, including the village head (chairperson), representatives from the Women's and Youth Union and the School Director. VEDC members work as volunteers, bringing skills and experiences in promoting and supporting educational programmes, engaging with the larger community, providing resources and participating in a wide variety of complimentary school activities.

The **Lao Front for National Development (LFND)** is a union of political organizations and individuals representing all classes, social strata, ethnic groups, religions at home and abroad.<sup>28</sup>

As a partner in the LCEC, the LFND brings particular skills in community mobilization, promoting cooperation and a special focus on ethnic groups and religion. The LFND participates in village orientation and pilot planning sessions, organizes community announcements and video screenings, conducts community meetings and home visits. It also supports monitoring and reporting activities. Representatives of the LFND participate as master trainers, and district trainers

as well as at the village level have a commitment to children and early childhood development written into its mandate. The **Village Authority and Teachers** also joined the training of trainers who will be supporting the project implementation. They will be the key enforcers to drive the work at village and school level.

A comprehensive Evaluability Assessment was completed as part of the evaluation (see Annex 6) which provides more information on the background of the intervention, as well as to inform and confirm the most suited methods to meet the requirements of the purpose, scope and objectives of this evaluation.

## 2. Evaluation purpose, objectives and scope

### 2.1 Evaluation purpose

The formative evaluation aimed to inform the preparation of the next programme phases, and draw lessons learned to strengthen future care and parenting initiatives. By gathering the lessons learned during the pilot implementation, this evaluation has aimed to inform the design and implementation of similar projects in the future. The evaluation has also assessed how human rights, child rights, and gender equity have been addressed or mainstreamed within the programme.

### 2.2 Evaluation objectives

The key objectives of the formative evaluation were as follows:

- a. Assess the clarity of objectives in each of the programme components, alignment, logic, and coherence of the programme, including its Theory of Change;
- b. Assess the adequacy and validity of the indicators, tools, and systems for monitoring, measuring, and verifying results;
- c. To document good practices and generate evidence-based recommendations to strengthen ongoing efforts towards the expansion of parenting and care practices; and
- d. Identify gaps, critical lessons learned, and main challenges, and provide recommendations on how to address these challenges and pursue opportunities and recommend key practices that should be incorporated in future phases.

### 2.3 Evaluation scope

**Timeframe:** The evaluation focused on the LCEC action implemented by UNICEF. The timeframe that is evaluated is the first three years of the programme, from **July 2018 to July 2021**. However, we have included all work done till **November 2021**.

The evaluation itself ran between 29 September 2021 and 28 January 2022.

**Geographic scope:** The geographic emphasis of the evaluation has been at the national level in terms of providing an enabling and supportive environment as well as direction and leadership for the LCEC intervention; and, at the sub-national level in terms of identifying trainees and key entry points for the pilot phase. The evaluation has also assessed the results of training received by the proposed implementers of the pilot in the provinces of Savannakhet and Bokeo that are included in phase one of the LCEC Package. In Savannakhet Province, pilot districts are Atsaphone,

located in the central area, and Sepon, which lies towards the east and the border with Vietnam. In Bokeo province, the pilot districts are Pha Oudom and Meung.

**Target informants:** The evaluation has primarily consulted key stakeholders from UNICEF, national institutions, development agencies, implementing partners, and CSOs at the national and sub-national levels as well as trainers and trainees at various levels. Due to COVID-19 restrictions, all the data collection has been done remotely.

It should be noted that as the roll-out of the implementation of the parenting package has not yet commenced in the pilot districts, it was not possible to evaluate Outcome 2 of the programme goals as part of the evaluation. Part of this was, however, addressed in the evaluability assessment.

**Gender integration:** UNICEF's guidance on gender integration in evaluations<sup>6</sup> was read in the process of finalising the methodology and tools. Questions related to gender and human rights have been carefully inserted in the data collection instruments in order to capture whether these considerations informed the design and implementation process of the LCEC. Gender and human rights have been standalone questions in the framework as well as mainstreamed into some of the questions in the evaluation framework. This has been done to highlight during the evaluation process unobserved gender norms and discriminatory practices that can lead to differential programme outcomes for diverse groups of girls and boys, men and women.

The evaluation used a mixed method approach and collected information from a diverse range of data sources in order to ensure inclusivity and enhance accuracy and reliability. Ethical standards were maintained throughout, and stakeholders were treated with integrity and respect for confidentiality. Efforts were made to reach women and men respondents, persons with disabilities and from ethnic minorities for primary data. The evaluation attempts to look at potential unintended effects of the intervention on human rights and gender equality and provides specific recommendations to address gender equality and women's empowerment issues.

## 2.4 Budget

The total contract amount of the evaluation was USD 94,354.40.

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<sup>6</sup>UNICEF, *Guidance on Gender Integration in Evaluation*, 2019. Accessed at [https://www.unicef.org/evaluation/media/1226/file/UNICEF%20Guidance%20on%20Gender%20\(Full%20version\).pdf](https://www.unicef.org/evaluation/media/1226/file/UNICEF%20Guidance%20on%20Gender%20(Full%20version).pdf)

# 3. Evaluation design and methodology

## 3.1 Overall approach

The evaluation followed a participatory, utilization-focused, and theory-based approach, with mixed methods (qualitative and quantitative) of data collection and analysis. Under a utilization-focused approach, the evaluation is expected to facilitate senior management decision-making on developing future initiatives. Participatory approaches were adopted to the extent possible within the practical limitations of access, with engagement of and consultation with key stakeholders in government, private sector, civil society and partner agencies throughout the process.

The evaluation team has drawn on available quantitative data from recent publications, reviews, research, studies, progress reports, situation reports, national datasets, surveys, and other sources. Stakeholder consultation approaches have been followed to generate data on key issues and help form inquiry areas. In addition, all evaluation tools and processes have been implemented in line with a Human Rights-Based Approach (HRBA) to ensure sensitivity to the needs of rights holders by using empowering and non-stigmatizing language aligned with the recommendations in the standards listed in the Ethical Considerations section below.

The evaluation has prioritized the OECD/DAC evaluation criteria of **relevance, efficiency, effectiveness, impact, and sustainability**. The evaluation criteria and questions have analysed the extent to which human rights, child rights, and gender equality and equity have been addressed within the programme.

## 3.2 Evaluation questions

The evaluation questions and sub-questions used in the Evaluation are listed below.

### 3.2.1 Relevance

- To what extent has the programme been designed to meet the local context, needs and priorities from communities?
  - Are the key primary audiences identified for the project contextually appropriate? Are there audiences which need to be included in order to achieve outcomes?
  - Have the key findings from the desk review and needs assessment been reflected in the strategy for the LCEC parenting package?
- Is the ToC for programme components adequately described and is there a clarity of logic across the results levels?
  - Are the programme outcomes and outputs adequate to reflect the programme goal?
- To what extent are results, indicators and activities measurable?
  - Are the indicators for outcomes and outputs able to capture measurable data to assess whether the programme goal has been achieved? Have the indicators been defined (e.g., numerators and denominators) with clearly understood standards? Has a target value for the indicator been provided at Outcome and Output levels? Are the indicators reliable for decision-making for the programme improvements?
  - Are the outcome and output indicators reliable for decision making for the programme improvements?

- To what extent are cross-cutting priorities (namely: Gender, Disability and DRR) and equity measurable against clear targets?
  - What are the targets in the LCEC that are related to equity and cross-cutting priorities such as gender, disability, and disaster risk reduction (DRR)?
  - What are the indicators in place to measure integration of equity and cross-cutting priorities such as gender, disability, and DRR in the programme?

### 3.2.2 Efficiency

- What factors have contributed to increase/decrease the efficiency of the programme?
  - What factors have contributed to the increase/decrease of the efficiency of the training strategy until now? What lessons can be learned from this?
  - What factors have contributed to the increase/decrease of the efficiency of creating an enabling (policy) environment until now? What lessons can be learned from this?
- To what extent is the programme timely, and delivered in time?
  - To what extent is the training programme timely and delivered in time? If there were bottlenecks in terms of delivery, what were these? In what ways can these be overcome?
  - What are the milestones achieved for each programme component and what are the specific blocks in rolling out each component? What adjustments could have been made to ensure a more efficient roll-out?
- To what extent did the programme activities reinforce synergies with other initiatives to achieve optimal utilization of available resources?
  - Does the programme complement other initiatives (by other NGOs, national organizations, local Government)?

### 3.2.3 Effectiveness

- To what extent have the expected results been realized through the programme?
  - To what extent are the partners and trainees satisfied with the results?
  - Does the monitoring data collection system adequately reflect and inform programme objectives? If there are gaps, what are these?
- What factors have contributed to the programme results achieved?
  - Are the indicators that have been developed to measure programme achievement for each programme component - enabling environment, training, implementation - been effective in measuring or contributing to the results?

### 3.2.4 Impact

- What is the likely impact (positive or negative, intended and unintended) on local communities and other beneficiaries?
  - Are the indicators designed to measure the impact on local communities and other beneficiaries likely to sufficiently measure the impact of the intervention?
- What is the likely impact (positive or negative, intended and unintended) on partners and stakeholders?
  - Has the LCEC programme led to increased awareness at different levels (policy makers, partners, trainers, trainees) about early childhood development and an uptake of the programme across sectors? What is the evidence for this?

- What lessons can be learned from the best practices, achievements, challenges, and constraints of the programme?
  - What are the early lessons from the programme and what changes can be made at this stage to strengthen it?
  - What lessons can be learned from the coordination efforts across ministries, the training programmes, the challenges?

### 3.2.5 Sustainability

- To what extent are the intervention results likely to continue after the funding has been withdrawn?
  - What mechanisms were set up to ensure the follow-up of the project's activities and results?
  - How will improvement in knowledge, attitudes and practice of staff at all levels be monitored after funding has been withdrawn?
- To what extent have institutions and stakeholders taken and shown ownership of the action objectives? To what extent are they actively engaged in the activities of the action?
  - Will the programme management be able to sustain in the absence of UNICEF support in terms of vision and leadership; collaboration across agencies; accountability and staff support at all levels, including supervision and mentoring?
  - How will programme management ensure adherence to ethical policies and codes of conduct in the continuation of the programme?

### 3.2.6 Human Rights approach, Gender equity

- To what extent have human rights, child rights, climate change, DRR, and gender equality and equity been addressed within the programme?
  - Has the representation of the stakeholders that have been involved in advocacy and creating an enabling environment been inclusive, adequate and appropriate?
  - Were gender, age, disability and background considered in the design and implementation of the LCEC Initiative?
  - What are the tools and indicators to measure and analyse data on gender, age and disability?

## 3.3 Sources of data and data collection methods

Based on the range of stakeholders and their involvement at different stages of the LCEC initiative, the comprehensive list of stakeholders was identified. In order to enhance validity of the data, information was collected from several sources and triangulated to get a comprehensive understanding of the programme.

Total number of participants that were interviewed/consulted/surveyed: **356 respondents (as against the planned 285).**

Data collection methods included:

1. **Comprehensive documentation and desk review:** The literature profile for the evaluation came from the documentary resources provided by UNICEF following the project kick-off meeting. The documents perused are listed in Annex 3.

2. One **Theory of Change workshop** was conducted with UNICEF staff who have been involved in the conceptualisation and design of the LCEC initiative and key partners. (9 participants as against the planned 10).
3. **Key Informant Interviews (KIIs)** were conducted with a total of **31** respondents as against the 27 planned. These included
  - I. 8 UNICEF staff involved in the LCEC programme design and roll-out.
  - II. 7 Government officials involved in the design and roll-out of the LCEC programme.
  - III. 3 representatives of CSOs, NGOs (including CBM) who have been involved in the design of the intervention including those involved in designing the communication material, the parenting package, the training modules, the M&E frameworks.
  - IV. A representative sample of 12 trainers (including master trainers) involved in the training (4 at the provincial level and 8 at the district level).
  - V. 1 regional UNICEF staff with expertise in early childhood development.
4. **Focus group discussions** with trainees in each of the 4 districts in these districts. 8 FGDs were held with 5 participants each in most cases. In two of the FGDs, one participant dropped out at the last moment taking the total number of respondents to **38**.
5. **Online survey** with a representative sample of trainees across the districts (1,127 up to October 31st). Data collectors from the LWU were identified by the Head of the LWU and her representative. Four data collectors were identified at the district level from the LWU. These data collectors were then trained over two days by the Includovate evaluation team member from Laos in how to collect the data over the phone and the nature of questions. They were also explicitly told to have a gender balance in the reach of respondents and to make specific attempts to reach trainees with disabilities and ethnic minorities. They were instructed to interview a minimum of 50 respondents per district. Prior to doing online surveys, the local data collectors were asked to record the respondents' details (names, villages and phone numbers) to enable random checks on whether they participated in the survey and assess the quality of their responses. A link was provided to enter the data directly into their smartphones. The data was collected in the second half of December. The total number of trainees interviewed was **270** (Atsaphone of 67, Sepon of 63, Pha Oudom of 78 and Meung of 62). The data was then translated into English, coded and analysed.
6. **Case studies** were used to illustrate the evaluation findings with trainees in each district; 2 per district = **8** case studies. LWU facilitated the process of identifying the contacts for the case studies. In each district, one male and one female respondent were interviewed. These were all district level trainees who received either a five day or a two-day training course and have also conducted some training programmes at the village level. The case studies covered representation of government officers from the Departments of Labour and Social Welfare, Public Health, Home Affairs, and Education and Sports.

**Table 3.** Sampling summary of respondents

	Number of respondents
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<b>Theory of Change workshop</b>	9 UNICEF and partners
<b>Key informant interviews</b>	31 respondents (8 UNICEF staff, 7 government officials, 3 CSO/NGOs, 12 trainers, 1 UNICEF regional staff)
<b>Focus group discussions</b>	2 FGDs per district (of 5 trainees) = 8 FGDs (38 persons total as two dropped out)
<b>Online survey of trainees</b>	An online survey was conducted reaching a sample of those who have been trained up until Oct 31st, 2021. The online telephonic survey covered 270 trainees in total.
<b>Case studies</b>	2 case studies of trainees per district = 8
	Total = 356 respondents

**What provisions were made for persons with disabilities to be part of this evaluation?**

The UNICEF partner, CBM, who was involved in the initial design of the project and was asked to revise the communication materials, was interviewed. Disability-inclusive considerations for the evaluation were discussed with UNICEF prior to starting the data collection. Efforts were made to include trainees with disabilities as respondents in the online survey and for case studies.

**Table 4:** Sampling challenges and data gaps and how these were mitigated

<b>Limitation</b>	<b>Risk</b>	<b>Mitigation strategies adopted</b>
Diversity and of availability of respondents	Not all informants identified by UNICEF and the evaluation team were available during the data collection phase. There is a risk that if the data comes mainly from UNICEF, it may be perceived as somewhat less credible.	We cast a net wide in initial stages to identify all potential informants thereby ensuring that if one informant is not available, another could speak from that same perspective; provided flexibility to accommodate informants' schedules; data was triangulated from the primary and secondary sources of data collection and the validation workshop.

Finding a knowledgeable person within the partner organizations may prove challenging	May risk leading to data gaps about UNICEF-specific partnership information.	By working collaboratively with UNICEF to identify key stakeholders by name and organization we were able to identify 3 organisations with knowledgeable people to be interviewed.
Limited availability of documents	Not all data and documents requested by the evaluation team may be available during the data collection phase.	Two rounds of documentation analysis were completed to allow for proper collection. The first round informed the stakeholder analysis and the inception phase. The second round was done to collect further documents which were recognized as necessary to strengthen the literature review.
Despite best efforts by the evaluation team, data gaps persist.	Data gaps persist and evaluation is not considered reliable or valid.	Measures were taken to work with the LWU to coordinate extensive online survey completion and case studies to ensure triangulation of data across evaluation criteria.
COVID-19 limits data collection	There will be gaps in data because of the in-country restrictions on movement and the inability to meet with a range of stakeholders in the selected districts.	The evaluation team conducted all KIIs and FGDs remotely using Google meets and other digital tools. An online telephone survey was conducted to reduce a.

### 3.4 Data analysis and approach

The wide variety of evaluation questions to answer were analysed through several means to assess and validate the research findings.

**Analysis 1: Theory of Change Analysis.** Outcomes and causal pathways were analysed to assess whether the Theory of Change logic was deemed to be valid and whether it continues to be appropriate for the intervention.

**Analysis 2: Qualitative Analysis** was used to identify trends, patterns, themes, concepts, and common views. The evaluation team categorized and organized research findings under key themes, and utilized them to answer the evaluation research questions and develop the recommendations and conclusions.

**Analysis 3: Triangulation.** Aside from comparing the collected data to existing data, mini-FGDs/consultation were used to deeply explore certain results (focusing on anomalies, outliers and successes and understanding causal chains) and the documentation analysis. This allowed for a triangulation of multiple data sources, hence enhancing the reliability and rigour of the conclusions drawn.

**Final Analysis:** The different analytical components were brought together to answer all evaluation questions during the report writing phase, also resulting in key conclusions, lessons learned and specific action-oriented recommendations.

## 3.5 Limitations

- Due to COVID-19 pandemic, it was not possible to do surveys and interviews in person to capture more in-depth information. In addition, actual field observation was also not possible in this situation. Therefore, the data collection was somewhat more limited in nature.
- Due to connectivity issues in the villages as well as literacy capacities among the facilitators, the online survey had to rely on telephone calls for the collection of data. The Includovate team member from Laos trained representatives of the LWU to collect the data. These women then collected the data through phone calls across the districts. This has potentially resulted in certain biases, considering the data collectors and facilitators are from the same pool of LWU representatives.
- Since the parenting package was not yet implemented at community level, it was challenging to measure the impact at this stage. However, the wider enabling/supportive environment created through UNICEF's interventions provided valuable insights.
- Trainers have not utilized the knowledge they had learned through the training of trainers (ToT); therefore, it was not possible for them to share their actual insights based on the practice or utilization regarding the relevance and effectiveness of the package/programme.
- The impact of the programme on the target group cannot be studied as the trainees have not yet started implementing the programme in the households or communities.

**Table 5. Data collection limitations and mitigation measures employed**

Method	Limitation	Mitigation
<b>FGDs/ consultation workshops</b>	Social distancing measures in place.	Held online workshop and mini FGDs to gather rich quotes and deep description
<b>Semi- structured interviews</b>	Small numbers and done over the phone can reduce reliability of the data.	Used varied methods and triangulated the data where possible. Employed a Lao speaker to ensure local language skills.
<b>Telephone/ online video interviews</b>	Ensuring safeguarding and ethics is a challenge through virtual means.	All participants were provided with consent forms in Laos/English language prior to data collection. All researchers used informed consent statements and asked the respondent for their consent before proceeding with an interview and as well for the recording of interviews.

<b>Theory of Change workshop</b>	Levels of the participants may vary in terms of programme involvement.	Detailed discussions were held with UNICEF staff so that objectives and methods of the TOC workshops were clear.
<b>Outcome harvesting</b>	Can be dismissed as anecdotal if not done well/with rigour.	Triangulated with various other sources of information and ensured a rigorous process was followed.

### 3.6 Ethical considerations

The research team put into place a detailed plan to ensure the ethical obligations of evaluators and ethical safeguarding for stakeholders involved in the evaluation. The research team obtained approval from Includovate's **Institutional Review Board** (IRB) (see Annex 7). As is the usual process, a detailed application was submitted and approved prior to starting the evaluation. The IRB determines, after learning about the study's aims and justification, background and literature review, research design and methodology, recruitment of participants, procurement of consent, reimbursement or incentives to participants, risks to participants, collection of data and privacy and confidentiality, and the publication and dissemination of results whether or not the proposed research meets their very high standards of ethical consideration. The evaluation team was also guided by Includovate's Safeguarding Committee and all researchers were briefed on safeguarding of research participants prior to data collection.

This evaluation conforms to the guidelines and standards provided by the UN and UNICEF for evaluations. The team will be following [UNICEF's revised Evaluation Policy \(2018\)](#), [the United Nations Evaluation Group \(UNEG\) Norms and Standards for Evaluation \(2016\)](#), [UNEG code of conduct for evaluation in the UN system \(2008\)](#), [UNEG Ethical guidelines for evaluation \(2020\)](#), [UN SWAP Evaluation Performance Indicator \(2018\)](#), [UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation \(2014\)](#), [UNICEF-Adapted UNEG Evaluation Report Standards \(2017\)](#).

Specific ethical considerations in place for this study include:

- Differentiated consent forms for participants throughout all data collection methods, depending on the medium of interview taking place (for individuals meeting online through pre-scheduled interviews or via phone calls).
- An explanation to participants that all answers were voluntary, that participants could skip any questions they wished and that participants were free to withdraw from the study at any time.
- Respecting measures put in place to prevent the spread of COVID-19 for both participants and researchers that adhere to recommendations by the Lao government for meetings, seminars, or other mass gatherings;
- Translation of all consent forms and tools into Laotian to ensure complete understanding by all participants, and a thorough briefing of any translators and monitoring of the informed consent process by Includovate's national consultant.
- Guarantee of confidentiality by assigning all interviewees anonymous codes, with no names of individual participants being used in any publications emerging from this research.
- Ethical training/qualification of the lead evaluator, who has a CITI human subjects ethics certificate.

- The signing of Includovate's Prevention of Sexual Abuse and Exploitation Policy and Child Safeguarding Policy by all research team members, and the signing of UNICEF's ethical compliance forms by the evaluation team (see Annex 1).

### **3.7 Quality assurance**

Quality assurance through the process was undertaken by the Evaluation Manager, who led on quality assurance of all deliverables in line with the UNEG Norms and Standards and Ethical Guidelines and other relevant procedures. The Evaluation Reference Group provided comments and substantive feedback to ensure the quality from a technical point of view of key evaluation deliverables including the inception report and draft report.

## 4. Evaluation Findings

### 4.1 Relevance

#### 4.1.1 To what extent has the programme been designed to meet the local context, needs and priorities from communities?

##### *Appropriateness of key primary audiences*

The LCEC pilot project started with a comprehensive needs assessment which highlighted the desire of parents for a better life for their children, the challenges they face in achieving this. These included both structural barriers on the supply side and parenting practices. The LCEC project therefore aimed to reduce the structural gaps and address behavioural related challenges. Locating the LCEC project within the broader framework of UNICEF and the Government's initiatives towards childhood development, structural gaps are addressed by those initiatives while this focuses on behaviour change. Further, the LCEC project's focus on increased knowledge and behavioural change will likely lead to a demand for services and an expectation that these will be strengthened.

The assessment identified opportunities and channels for reaching and engaging parents and the project was designed keeping these in mind. Apart from the assessment, the project also built on the existing initiatives in Lao PDR. The priority population groups and communication channels were identified in collaboration with the LWU, the Lao PDR Ministry of Health (Centre for Communication and Education for Health) – and the Maternal and Child Health, and UNICEF with input from the MoES and the LFND.

Primary audiences include those who live in the same household as the child and/or have significant direct responsibility for childcare. This could include parents, grandparents or other caregivers as well as adolescent siblings. Though children below 12 years of age may spend some time caring for younger children in the family, they are not included as a primary audience acknowledging that such young children should not be primarily responsible for childcare.

Secondary audiences include unmarried women and men and married couples who have not yet begun childbearing as they are likely to become parents in the near future. Others are community members who may exert significant influence over childcare practices and decision making. This includes neighbours and relatives, teachers, health workers and other influential community members who are often respected as important sources of information.

Overall, the key primary audiences of the project are appropriate and well targeted. It has, however, been highlighted by the respondents that while the project is well focused on the Early Childhood Development of children and is training parents for the same, a group of children who have not been considered are the orphans, who make up a significant chunk of the child population. Therefore, the parenting package must not be limited to the training of parents alone but should focus on the other family members as well, so that children without parents are not left out from the benefits of the training.

##### *Reflection of desk review and needs assessment findings in LCEC parenting package strategy*

The rapid assessment recommended the use of strong peer-based community networks to reach

parents and caregivers. This was done with the help of mass organisations like the Lao Women's Union and the Lao Front, which are existing networks that have a presence and operate at village level.

The main channels of communication - interpersonal and mass media - for the implementation of the LCEC package were determined based on the rapid assessment. The C4D strategy is an attempt to work towards developing communication strategies to respond to social norms and question harmful practices.

The development of material is also based on the findings from the rapid assessment. A particular story book, for example, really draws on perspectives of different people in the community to tell the story of how a positive approach to nurturing care can be taken. Addressing some of those harmful social norms through the way that story is told responds to that finding from the rapid assessment.

Specific recommendations based on the needs assessment are listed below and an analysis made of the extent to which they have been followed:

1. *To schedule activities or sessions based on parent availability and seek solutions that reach mobile parents with high workload and low availability.*

It is not clear if and how this is being planned based on the design of the project where, post the village mapping and the identification of households to be targeted, each household has to be visited once a month.

2. *Provide women and mothers, especially mothers from ethnic communities with much needed opportunities to learn in their own language.*

As the audio/video material has not yet been translated from Lao into the local languages, it will be challenging to target women especially those from ethnic communities in terms of the IEC that will be communicated through mass media channels. However, as the facilitators are from the local communities it is expected that they know and will communicate with the target population in the local language. Further, as much of the IEC is visual, personalised visits can help to ensure that messages are communicated to people. It is not clear whether the difficulties with visual literacy (reading and understanding pictures), common in the target communities, will be addressed through the current IEC material.

3. *Engage men on all issues related to parenting focusing particularly on child-friendly household budgeting, promoting service use, and family planning.*

There are no specific targets or explicit instructions to specifically include men in the outreach to households, health centres, schools and the community. Sex-disaggregated data will be collected on how many men and women participated in the sessions, which will give an indication of the reach to men and women.

4. *Understand community specificities around taboos, norms, and service access. Due to the diversity of Lao PDR, a geographic focus must be targeted enough to allow sufficient prior analysis at village level.*

The design of the project is such that IEC material, monitoring forms and process of implementation has been pre-defined based on inputs from multiple stakeholders as well as informed by the rapid assessment. It is not clear how analysis at the village

level to understand community specificities will also be factored in prior to the village level implementation.

5. *Reduce content and the number of messages to facilitate the development of text-light IEC materials that can function based on existing and often low capacity of local facilitators.*

The material is largely text-light in terms of communicating to the target audiences. However, there are too many messages and a lot of material. Further, the reporting forms are detailed and potentially cumbersome, especially given the low literacy levels of the local facilitators.

6. *Ensure the relevance of content and promote critical thinking and self-reflection. Parent participation will be linked to relevance of themes and whether content resolves or ameliorates challenges that parents face.*

Since the communication material promotes good/changed practices it is likely to promote critical thinking and self-reflection. To the extent that district trainers are parents, the training (given by the master trainers) helped to positively influence them in terms of sharing of household chores and in the language they used to address their children. To what extent the material promotes participation at the village level both for facilitators and parents in the community as well as ameliorates challenges that they face is an area for further evaluation at a future milestone of the intervention.

7. *Modify ambitions around behaviour change given bottlenecks at service delivery levels, underlying determinants of behaviour, and limited basic knowledge of many key behaviours included in the nurturing care spectrum.*

The package promotes changes in behaviour that can be practised by parents, recognizing the limitations on the supply side.

8. *Keep the focus on the issues that matter most to parents. The assessment indicated considerable interest in infant brain development and helping children to learn, gender issues, managing behaviour and discipline, and managing financial issues and barriers.*

The communication material covers most of these issues.

9. *Keep sessions practical – parents value demonstrations more than description of a particular behaviour. Demonstrate results and use local advocates for change rather than outsiders.*

This is not an explicit part of the implementation process of the communication package. A review of the contents of the training programme as well as discussions with LWU trainers revealed that encouraging facilitators to adopt these practices in their own households is not an explicit part of the training programme. However, they use the messages of the package in their daily life since these are related to their ongoing work and are beneficial to their families.

10. *Trainers at all levels should be aware of visual literacy challenges and how these need to be addressed.*



This was not specifically done during the training workshop, the assumption being that a wide range of visual tools such as images and videos will enable parents and caregivers understand the message of the programme.

11. *Trainees from the villages should be asked about the availability or otherwise of visual imagery in their communities. If there is little imagery around, then there is a likelihood that some parents and caregivers will have difficulty understanding the images.*

This was based on a study done by CARE which found low visual literacy (reading pictures) among rural communities. However, village trainees have not been involved in the design and development of the communication material. Understanding of the visual material can be assessed only post the roll out of the programme at the household and community level at a later stage.

12. *The facilitators guide should include guidance on how to use the materials for different audiences including low-literate audiences.*

There is the facilitators' guide for all audiences, based on the handbooks and discussions with LWU trainers. They were not created for a specific audience/group; however, there are a range of communication materials (posters, booklets and videos) available for a low-literate audience.

13. *Another recommendation was to work with customary law and local leadership structures.*

Community leaders are consulted at every stage of the project, including for the cascading of the training and the rollout of the package. Meetings are held with community leaders and influential persons in preparation for the mapping of houses, and the preparation of the communication activities. It is not clear if any work has been done regarding customary law.

### ***LCEC within the overall ECD agenda in Lao PDR***

Early childhood development is seen as one of the priorities of UNICEF Lao PDR recognizing the unique window of opportunity to maximize the impact during the early years of the child. The goal is to bring in current and prospective parents and caregivers because they play a very crucial role in those early years in the development of children. The LCEC programme is an attempt to give more tools to those parents and caregivers so they can develop their skills and contribute and promote the development of their children. The programme fits into the overall agenda of early childhood development because it addresses almost all the parenting related behaviours that are critical in any early childhood development programme. The programme has been well conceived and is comprehensive.

The LCEC is an important foundational package for the early childhood development agenda since the UNICEF Lao team has been working towards early childhood development along sectoral lines for many years. There have been great successes in the nutrition programme and community-based school readiness programme, indicating that there are strong vertical programmes. The LCEC package brings together all of those aspects of nurturing and care into one place bringing together all of the programmatic teams across the UNICEF office as well as the different line ministries and the different stakeholders within the sector to ensure that the package is multisectoral, placing children and parents at the centre.

***“The key messages from the training programme that I think are important to communicate to parents and caregivers are mother and child health and nutrition and parenting practices, ranging from pregnancy period, during which mothers should eat proper and nutritious food. In addition, communication is also important.”*** (Government officer, trainer/trainee; Case study 5; Annex 5)

The project is in line with the sub-national plan. However, one of the UNICEF respondents expressed the concern that communities may not necessarily see the importance of the LCEC project - viewing it as something that ought to be done by the local authorities as part of their ongoing work.

The parenting package recognizes the importance of the first 1,000 days of the child's development. While much is being done on the supply side in terms of strengthening infrastructure in health, education and sanitation facilities, this programme focuses on strengthening the demand side, where parents are made aware of the importance of these early days in the child's life and there is an uptake of demand for these services as well as behaviour change within the household and community.

### ***LCEC within UNICEF's broader parenting framework***

This programme has been built and structured around the nurturing care framework, which is essentially the framework for all early childhood development programmes that UNICEF works on. This framework has been jointly developed by UNICEF and is a global framework. The programme is in sync with global reference points and with the regional headline results.

One of the regional headline results is around “early moments matter,” which is essentially about looking at how to have an integrated, multi-sectoral, cross-sectoral approach to issues of parenting and ECD. Also, more specifically, in relation to the work on social and behaviour change, there are very close links to that because parenting essentially is about social and behaviour change issues, about changes in attitudes, mindsets, and child rearing practices. The LCEC programme also ties neatly with the objectives of the LWU in terms of the latter's focus on development, health, education, promotion of the UN Convention on the Rights of the Child, human rights, protection of the rights of children, and combatting violence against women.

***“The training programme has helped me to stress this information and has given me a better grasp of child development. In addition, I've learned about children's nutrition and what they should eat and avoid for their health and development. I also learned that when a woman gets pregnant, she needs to go to the hospital to receive prenatal care, and it is important to register her child. Previously, pregnant women normally would not go to the hospital until they were ready to give birth. Furthermore, when their children were born, parents, particularly women, raised their children based on the food that was accessible to them; they did not consider whether the food was nutritious for their children.”*** (Government officer, trainer/trainee; Case study 6; Annex 5)

### ***Alignment of IEC materials with global or regional best approaches to ECD***

The IEC material developed so far consists of 5 videos, 1 story book, 10 posters and 1 flipchart. Equipment including mini-LCD projector, speakers and USB were given at the provincial (2 sets), district (3 sets) and village level (1 set). T-shirts, bags and training supplies were given to each of the trainers and trainees at all levels.

Discussions were held with different teams to make sure that the IEC materials were aligned to the global and regional guidance, building on good examples from other countries as well as from UNICEF at global levels. Early Childhood Development and leading experts at global level as well as regional advisors were consulted when developing the LCEC package. UNICEF Australia has been one of the main supporters in the development of this parenting package; early childhood development experts in Australia also gave guidance in the development of these materials. Disability based organisations were also involved to ensure that all the communication materials were inclusive and to make sure that the messages related to disability for parents were aligned with the global guidance from an organisation that is an expert in this matter. However, the training materials do not take care of those who have visual disabilities - which was evident during the training programmes as well.

At the early stages of developing the package, a branding workshop was held, which included NGOs in the sector as well as the various line ministries. It was during this workshop, where apart from branding, there were discussions about the three pillars of the project - care, protect and communicate - and the approach was firmed up during this consultative exercise. Apart from the main partners (the Lao Women's Union, the Lao Front for National Development, Ministry of Health and Ministry of Education and Sports), experts were also brought in from the Ministry of Information and the Ministry of Labour and Social Welfare to give their perspectives on the development of the package due to the range of topics being covered - health, nutrition, child protection, WASH, and communication and bonding with one's child. The LCEC programme has drawn a lot on the knowledge and expertise of the different sectoral programmes, e.g., the nutrition IEC materials are evidence based over many years, globally and locally. Ensuring the involvement of expertise and different stakeholders as well as creating the structure to bring all people on board took time, but it made the whole process more interesting and very robust.

Since this is a pilot project, there can be a lot of experimentation with materials, processes and structures. Materials can be tested in the communities and brought back to the drawing board. The main objective is to identify the consistent behaviours that can ensure good parenting and can yield better results for the wellbeing of children. There is recognition of the importance of developing a Lao-context specific parenting package without negating the importance of global practice.

### ***IEC materials and implementing capacities of stakeholders***

The package was developed in collaboration with different stakeholders including the LWU, who are to be implementing the package. The design of the approach and dissemination plan also took into consideration the presence and reach of the different sectors up to the provincial, district and village levels. This includes a representative from the LWU, the Lao Front for National Development and representatives from the health and education sectors. It is important to note that in Laos, while public health and education committees are up to the district level, the Lao Women's Union, the Elderly Union, and the Youth Union are up to the village level. The design of the intervention was therefore based on what human resources already existed in the villages and the capacities of these representatives to implement the project.

Without communication materials, village participants/trainees would be unable to comprehend and follow the training materials' content. For example, there are ten different posters and

pamphlets, and five different videos. Specifically, five video themes have introduced engaging issues for participants to follow and comprehend. The five topics for parents' packages include how parents should teach their children from early childhood development through until 7 years of age, how parents should act before their children are born or during pregnancy period until they are 7 years old, how to treat disabled children (allowing them to participate in activities such as going to school), how to have constructive communication with their children, and what to do when their children are sick. If visuals were rare or limited, it would be difficult for the village participants/trainees to absorb the information given and pass it on to others in their rural/ethnic communities. Given the fact that there was intensive training given to the trainers over a 5-day training period, and village facilitators for one day, it is not clear how much information will be able to be transferred in the short interactions with parents and caregivers at the household and other levels.

Once the training sessions started challenges were identified in terms of capacities of the trainees. The trainings are conducted using a cascading model wherein the master trainers at the state level conduct Training of Trainers workshops (TOTs) for provincial level trainers who in turn train district level trainers who are responsible for training the village level facilitators. The literacy levels of the facilitators are low and there are times when they have brought family members with them along for the training programmes as they cannot read or write. Refresher training sessions are now being conducted to enhance the capacities of the facilitators who will be ultimately responsible for implementing the project in the communities.

The entire rollout of the LCEC project depends on the LWU primarily because they are the ones who are going to implement this at the grassroots level. However, there is a challenge of lower levels of literacy among implementing partners and trainees that affects their capacity to be able to effectively absorb the messages and knowledge that has been imparted to them and consequently transfer that to the families or communities.

### ***Adequacy of training for implementing partners***

The training was adequate for the trainers. However, due to the time limitations, the training could be provided in each province just once or twice. At the district and provincial levels, the training for trainers was sufficient because of their educational and professional backgrounds, especially in the area of early childhood development, also as they had previously joined a series of training of trainers.

At the village level, the training was just given once and as most participants were not exposed to trainings on such topics before this did not seem to be sufficient. Although the training provided them with facilities, they need support with communication and presentation skills, and additional tools/ methods to further implement the programme.

Due to COVID-19 and the subsequent lockdowns, the programme was not continuously implemented, and this has resulted in participants not remembering the lessons. Therefore, UNICEF and the implementing partners have recognized the need for further training for the trainees.

### ***Usefulness to the target communities and in meeting needs of families***

According to respondents, the programme appears to be well-designed to respond to the local context, needs and priorities of the communities in Laos, especially the needs and rights of children in the project communities. Respondents at the district level and provincial levels believe that the programme has the potential to contribute to changes in traditional parenting practices, and nutrition and child development techniques, which can in turn contribute to the

improvement of Early Childhood Development outcomes. As the programme aims to educate the participants regarding the benefits of breastfeeding, birth registration, and on the importance of hygiene and understanding the negative impacts of under-aged (teenage) pregnancy on girls and babies, the programme is well targeted and likely to be useful to the communities and to meet needs of families. It can enable parents to understand what the right parenting practices are, how to protect their children from violence and how to communicate with their children, whilst also contributing towards changing the attitudes and mindsets toward traditional parenting practices by learning new things, placing the importance on caring for their children, families and communities, while also bringing about incremental changes in communities' practices related to health and nutrition. District level trainers have already benefitted from the trainings that they received from the Master trainers and have started making changes in their personal lives.

***“The training has taught me to pay attention to my family, particularly my wife and children, by assisting them with household chores after work. Furthermore, the training programme assisted me in paying attention to children, not only to my own child, but also to other children and family members who were in my immediate vicinity. Parents should educate their children, for example, on what they should eat and what they should not consume, as well as what they should do and what they should not do (how to behave well). As I have seen, most parents use violent remarks to their children, and as a result, their children grow up to be aggressive people.”***

*(Government officer, trainer/trainee; Case study 1; Annex 5)*

***“This training has led to changes in the way I see how women should be treated. For instance, before taking part in the programme, we did not pay attention to maternal health and nutrition but now we take good care of these things for women, especially during their pregnancy. In addition, I learned that women and men are more equal.”***

*(Government officer, trainer/trainee; Case study 2; Annex 5)*

***“The training provided me with more information on what I should concentrate on or improve in terms of (early) child development. As previously stated, I had no idea about what foods are excellent for children and would simply put whatever food available in their children's mouths. Now that I understand, I'm attempting to spread the word among my relatives and neighbours. With the advantages of the training's important material, I will continue to share my understanding of child development with my children, grandchildren, and others. For example, in order to get the benefits of breastfeeding for both mothers and babies, mothers must nurse their children with their milk for at least six months or longer, and they must take their kids to the doctor when they are unwell.”***

*(Government officer, trainer/trainee; Case study 6; Annex 5)*

#### **4.1.2 Is the ToC for programme components adequately described and is there clarity of logic across the results levels?**

***Adequacy of programme outcomes and outputs to reflect LCEC goal***

The programme outcomes and outputs were found to adequately reflect the goals and there was participation and coordination across all levels. In terms of participation, the stakeholders were mapped and reached out even before the ToR was written. To discuss the main pillars of the initiative, a ToC workshop was held with all the major stakeholders, including the ministries of health, education, information, culture and tourism, people from the WASH sector, nutrition sector, Save The Children, MoHA, VMS Australia, and other similar organisations, to define the communication strategy for the programme, the key messages, the target groups and the interventions. While the programme followed a participatory approach, the adopted model of hierarchy was a top-down one, starting from the national and going down till the village level.

Whilst many respondents found gaps in the efficiency of the training strategy, it was suggested in the Theory of Change workshop that the strategy was efficient. This, according to the respondents, was because they had ensured efficiency through the coordination meetings and briefing sessions held between the facilitator and the trainer, which allowed for transparency and timely feedback. Weekly coordination meetings with the Section Chief have helped in going beyond the parenting framework and creating a vision for the strategic parenting framework for the country office. Since no project had covered all the aspects of the nurturing model prior to this in Laos, this innovative project approached parenting not just from one angle, but working cross-sectorally, by bringing together representatives from different programmes related to health, nutrition, education, protection, WASH, etc. who were made a part of the parenting task force.

#### **4.1.3 To what extent are results, indicators and activities measurable?**

##### ***Indicators for outcomes and outputs measuring programme goal***

The LCEC initiative aims to achieve two key outcomes. The first outcome aims to ensure the systems and capacities are in place to enable implementation and monitoring of the LCEC pilot. The second outcome focuses on measurable behaviour changes within families during the six-month pilot. This evaluation cannot assess the second outcome as the activities towards this outcome have not yet started. However, the Evaluability Assessment (see Annex 6) details the extent to which the indicators are measurable, appropriate, gender and disability inclusive, and whether the reporting systems will capture the data at the output and outcome levels. This outcome has both operational and behavioural indicators, the former to be captured through monitoring tools and the latter to encompass 20 indicators to be tracked at the household level.

In terms of the first outcome, the outputs are measured in terms of the number of training programmes delivered and the number of participants trained. There is no measurement of the effectiveness of the training to determine whether the outcome has been achieved, viz. “Enhanced skills in planning and supporting improvement in parenting at national, district and community levels”. While feedback forms are included in the facilitators guide for the 5-day TOT, they were not included in the actual training. Given this, there were no feedback systems or mechanisms in place after the training programmes to assess the effectiveness of the training.

The other outputs to achieve this first outcome are “appropriate village level planning and monitoring systems and sound management, including supportive supervision provided for village teams and to enable efficient data processing and analysis”. These activities have not yet commenced and cannot therefore be included in this evaluation.

While a lot has been done towards creating an enabling environment for the project and the cooperation and coordination between ministries and key stakeholders is one of the achievements of the project, there are no indicators for measurement of these successes. The same is true for the communications package. There are no indicators to measure the



effectiveness of the package and its different elements as well as the comprehension of the materials across different groups (men, women, elderly, people with disabilities, ethnic minorities).

#### **4.1.4 To what extent are cross-cutting priorities (namely: gender, disability and disaster risk reduction) and equity measurable against clear targets?**

*What are the targets in the LCEC that are related to equity and cross-cutting priorities such as gender, disability, and disaster risk reduction (DRR)? What are the indicators in place to measure integration of equity and cross-cutting priorities such as gender, disability, and DRR in the programme?*

The village mapping process seeks to identify households in which there are children with disabilities. These households are to be included in those that are to be visited on a monthly basis by the facilitators to communicate the package to parents and caregivers. The household reporting form also mentions whether there is a child with disability in the household.

Similarly, facilitators are told to encourage fathers to attend parenting sessions. While these attempts are laudable, there are no clearly defined targets by which to measure the extent to which these groups are included. This is explained in more detail in the Evaluability Assessment (see Annex 6). For many sessions, the number of men and women attending is noted but as there are no targets there is nothing to measure against. Disaster Risk Reduction is not a cross-cutting priority that is reflected in the LCEC project.

## **4.2 Efficiency**

### **4.2.1 What factors have contributed to increase/decrease the efficiency of the programme?**

*What factors have contributed to the increase/decrease of the efficiency of creating an enabling (policy) environment until now? What lessons can be learned from this?*

In Laos, there was no government mechanism for early childhood development or for parents, nor was there a steering committee or a working group within the government. Therefore, at the start of the project, UNICEF had to build a suitable structure to support the development of the initiative and to actually implement it. This meant creating those structures and mechanisms, involving mass organisations, involving different line ministries. This took a lot of time since these structures did not already exist. It was done parallelly - while developing the package, they were creating coordination mechanisms. Within UNICEF as well, there was no mechanism internally to coordinate cross-sectoral initiatives like parenting. The group had to be created within UNICEF to help facilitate coordination and cross-sectoral efforts and approaches and increase efficiency in coordination across programmes.

A positive element has been the coordination among government counterparts. Many different partners have been involved in this programme, including mass organisations like the Lao Women's Union and the Lao Front for national development, the Ministry of Labor and Social and MOHA for issues like birth registration. The coordination and division of responsibilities between the various ministries has taken time and effort but resulted in increased efficiency.

There are a lot of stakeholders who have given input into the design and implementation plan of the project throughout. A lot of work has gone into bringing together joint working groups to drive

that forward effectively. However, the very nature of this collaboration has slowed things down. Bringing together so many sectors and so many stakeholders has presented challenges as each sector works in different ways. There were some early delays in the design stages of the package in terms of ensuring quality and local relevance and having to work closely with the designers to adapt and almost redesign the package. However, going forward, the multi-sectoral working group is essential to driving forward efficiency and making sure that any issues can be resolved as quickly as possible.

COVID-19, as well as the restrictions it brought, led to a huge gap post-the training programme when the roll out should ideally have started. Both master trainers and facilitators were unable to apply any of their knowledge and a lot of it had disappeared so follow up and retraining is being planned. Mitigation strategies also need to be considered once the roll out starts, especially when considering household visits; there may be a need to procure and supply LWU with PPE as requested by the LWU.

### ***Use of data from social indicator surveys in LSIS 2011 and 2017***

Data was used from the LSIS when conducting the rapid assessment of the situation and the definition of the behaviours to be addressed. This was based on the evidence from LSIS 1 and 2. In terms of definition of indicators, only those indicators that have been approved by MOH or the Line Ministries have been included.

### ***Availability of the data for specific pilot phase districts***

The selection of the four districts was done in coordination with government counterparts and partner organizations. There were different elements that were considered – the situation of children and early childhood development. Another factor that was considered was to include provinces in which UNICEF was using integrated approaches and had implemented different cross-sectoral programmes in order to maximize impact. Further, if other organisations had also worked on parenting interventions in certain areas, those were also considered for inclusion in the pilot.

### ***Factors contributing to the increase/decrease of training strategy efficiency***

The training strategy was, in theory, the appropriate way to conduct the trainings from the State to the village level, given that the implementation design involved village facilitators from the community. One of the problems in the design of the strategy was the decrease in the number of days of the training as one went lower down to each level.

At the central level, there were five-day training programmes for master trainers (2-3 times of conducting training); at the provincial/district level, there were two rounds of training: the first set of participants received training for five days and the second round of participants received two or three days. Training at the village level for the facilitators was for two days, but in many cases, participants attended for only one day and were sometimes replaced by another person. During this training five topics were covered. Each of these had handbooks in which the survey forms were also included. The five topics were examined and reviewed by the Lao UNICEF, LWU, and relevant stakeholders. Handbook 1: Meetings and community planning at the village level; Handbook 2: Community meeting organization at the village level; Handbook 3: Organization of community meetings at a primary school; Handbook 4: Visit to a family; Handbook 5:



Disseminating information at a community health centre. Each handbook includes survey forms for village trainees to gather data in each household for reporting to the district and central levels. However, due to the COVID-19 pandemic, the village trainees completed training in only some survey forms/questionnaires.

Another challenge is that all the trainings have been organized in cascade mode with master trainers who train those at provincial levels, who in turn train those at district and village levels. There is likely to be some transmission loss which is inevitable in any kind of cascade training. This was confirmed by the different stakeholders interviewed, expressing their concerns about the quality of the training programmes particularly at the village level.

### ***Adequacy of number of days for training programmes***

The number of days allotted for training - one day at the village level and two days at the district level - were insufficient. The primary reasoning for this insufficiency was that the training material was too vast (five chapters) to cover in two days. The heterogeneity among the participants in terms of their socio-cultural backgrounds, language, and level of education was a significant factor that warranted a greater number of training days. Some participants did not speak Lao, and many had lower levels of literacy.

Additionally, the training material itself was insufficient, specifically at the village level - one piece of content had to be shared among four participants. The participants were also given several survey forms to fill, whose contents were confusing and difficult to comprehend even by the trainers. The discussants also mentioned that a lot of the time allocated for the training was spent commuting by the trainers and the participants owing to poor road conditions. Thus, more training days would be helpful. However, increasing the number of training days may not be the only solution to increase the effectiveness of the programme as many participants would not show up owing to travel challenges and other commitments.

### ***Challenges and delays in the training delivery***

Commuting and travel have been identified as the most common challenges across the trainers and trainees. The distance between the villages is too large, the road connectivity is poor, and the rainy season made the journey more challenging. Some villages were not accessible by motor vehicles and had to be reached on foot (some had to walk a distance of 8 kilometres to reach Saminh Village). Some trainers' motorbikes took more than four hours to get from the district to the areas of Xieng Toub, Xieng Hom, La An, and La Go.

Language was another challenge that reduced the efficiency of the training. The language used in the training material was a bit too formal which made it difficult for the participants at the village level to grasp key messages. Some could not understand the official language of the programme owing to the fact that they came from different ethnic groups and spoke different languages (for instance those belonging to the Bru ethnic group). Another example of this challenge was found in the Savannakhet province, where many trainees were unable to speak, read or write the language. One way this challenge was mitigated was through the use of posters, films, and other audio-visual aids. In some rural areas, interpreters volunteered, but they did not grasp the technical terms and thus its explanation to the participants was unclear.

The other commonly cited challenge was the willingness of participants to participate. Some were too shy to speak, express their opinions, or engage with the trainers during the sessions even when language was not a barrier. This was especially true for women and girls. In some cases, husbands

did not allow their wives to participate in the training because they were afraid that their wives would know more about gender balance and the husband's role would be undermined. It was difficult to change the deep-rooted traditional mindsets and attitudes of the communities.

Another issue was that since the project was implemented in rural areas where most of the people are into farming, very few participants turned up for the training during planting and harvesting seasons.

Low levels of literacy among participants was another challenge that affected the efficiency of the training. It took longer for participants with lower levels of literacy to understand key messages. At the same time, it was also difficult for the trainers to transfer knowledge to them. Some participants, such as those from the LFND were elderly and took time to absorb the knowledge. On the other hand, teachers and principals of primary schools could learn fast because they were educated, while the other participants from local authorities at village level took time. This difference in levels of education among the participants from the various groups made the process slower. Some also had disabilities related to sight that made transfer of knowledge a challenge. The material was not equipped to cater to disability.

There were also shortcomings in terms of infrastructure - the phone signals in rural areas were poor resulting in low connectivity. Coordination was also slow due to connectivity issues in these areas, and for areas which had connectivity, most of the participants were not familiar with digital devices, including projectors. Training was conducted in poorly sheltered areas that made it difficult to learn during the rainy season. Poor road conditions added to these problems. Some training spaces in remote areas did not have electricity.

There were also challenges in terms of receiving cooperation from local authorities to conduct the training. This added to the challenge of successfully conducting the sessions. There was also an issue of transforming theoretical learning into practice. This became difficult since there are no pre-primary schools in the project areas, owing to which respondents were unable to put the communication package that they have learned into practice in pre-primary schools.

Lastly, the shortage of time was a major roadblock. The duration was not enough for all participants to absorb the training. There was also not enough time for trainers to plan their sessions. Owing to travel and commuting issues, many participants had to rush through the training in order to make it in time for the ship or car. The difficulties in travel have discouraged the trainers, which impacted the training.

The main delivery partners - the LWU - were involved in the development of the materials throughout the stages in various workshops. Thus, they had a lot of opportunities to give input. Feedback after the early TOT workshop showed that they needed more capacity development to be able to deliver the project effectively. The supporting materials for the local partners in the first round were insufficient to help them deliver the programme effectively, and thus additional training sessions and more interactive workshops were held for the master trainers. There are huge capacity issues with the implementation of the training of members of the Lao Women's Union and the Laos Front for National Development. Representatives have been sent from villages who often do not have the literacy skills to participate in the training in the way that it was originally planned. Some efforts are being made to address those challenges and come up with some kind of plans based on the feedback. One possible solution the project has requested is support for the further simplification of materials.

Given the capacity and literacy issues for the delivery partners, these will be heightened for the participants. Since lower literacy and numeracy are an issue, it will be a huge challenge to fill reporting and monitoring formats as these are quite extensive.

***“Delivering the program's main contents to parents and community members is the most difficult task, because of their knowledge gaps and educational backgrounds, as well as time constraints. My neighbourhood and its environs are dominated by farmers and ethnic groups with low levels of education. As a result, it is difficult to convey messages and transfer knowledge to them.”*** (Government officer, trainer/trainee; Case study 1; Annex 5)

***“Sepon district contains a large proportion of poor households, particularly in rural regions, with low levels of education. As a result, delivering training to people with limited capacities would undoubtedly face challenges in terms of conveying various pieces of information and knowledge to them. It is necessary to devote time to the training, not just one or a few days[s].”*** (Government officer, trainer/trainee; Case study 6; Annex 5)

#### **4.2.2 To what extent is the programme timely, and delivered in time?**

##### ***Timeliness of training programme delivery***

The training programmes were delayed initially due to delays in the coordination mechanism being set up and well-grounded across ministries and within UNICEF. Developing the communication package and getting approval from all the relevant ministries also took longer than expected. Once these systems were in place, and the training strategy firmed up, the COVID-19 pandemic as well as the restrictions it placed, caused substantial delays in cascading the trainings to the village level. The TOTs started in January 2020, coinciding with the time of the COVID-19 outbreak in Laos.

Other challenges like bad roads and connectivity, seasonal occupations also caused further delays. Though Phase One of the programme should have been completed by now according to the original plan (this includes a Village Mapping exercise and 6 months of intervention at the village level), this has not yet started. The long gap after the training and the other issues with the training programmes, have also resulted in the need for refresher trainings to enable village facilitators to carry out their tasks effectively.

#### **4.2.3 To what extent did the programme activities reinforce synergies with other initiatives to achieve optimal utilization of available resources?**

##### ***Complementarity and value-add of the programme***

The programme is closely embedded in the government system. There is close collaboration with the Ministry of Health as well as other line ministries. The LWU reports to the Ministry of Planning and Investment; so does UNICEF. This helps in tracking budgets. At periodic meetings, various ministries report to the Ministry of Planning and Investment so that there is sharing of information and joint planning.

The design and inception workshops involved NGOs, development partners, organisations and people with disabilities, National Government members. Existing programmes and resources were mapped with the intention of drawing on them to inform their package but also to assess where duplication could be avoided and where the package could be used as a tool for development partners.

Since the LCEC project is cross-sectoral in nature, it complements initiatives/programmes of the government in terms of health, education, water, nutrition, sanitation and social protection. Several organisations like Save the Children, World Vision and Plan International also have programmes whose objectives and strategies tie in closely with the LCEC initiative. Even the cash transfer programme of the government which targets pregnant women and breastfeeding mothers links to the well-being of the child. The cash transfer programme incentivizes mothers who deliver the baby in the health centre, follow up on vaccinations, play and sing with the child.

The LCEC programme also fits well with other UNICEF and government initiatives including the ECE and ECD programmes, support for quality pre-primary education, community-based school readiness programme, expanded immunisation programme, Community-based Integrated Management of Newborn and Childhood Illnesses, WASH, Child Protection Services, and the My Village programme. This last one, which introduced colourful videos and books for children on a wide range of topics, from literacy and numeracy to nutrition and sanitation will also be included in the LCEC programme once it is rolled out. The materials will be used during community sessions by pre-primary teachers and VEDC members to make parents aware of the resource for their children. However, while there is a strong linkage of the programmes at the national level, the implementation of the programmes is in different districts which do not necessarily overlap with each other.

## 4.3 Effectiveness

### 4.3.1 To what extent have the expected results been realized through the programme?

#### *Partner and trainee satisfaction with the results*

The majority of partners and trainees were satisfied with the tools provided, such as posters, booklets, bags and projectors. The tools and materials responded well to the needs of the trainers and participants, while the methods for training were systematically organized. The posters with pictures and videos with messages enabled the participants to understand the lessons easily and grasp the messages conveyed.

However, the contents of the handbook were found to be too long, which required trainers to guide the participants, and in certain cases the trainers themselves were not completely familiar with the handbook. In terms of the results of the training it has varied across the levels of trainees. While up to the district level partners have found the training programme largely beneficial in terms of content and are able to apply the learnings in their daily lives, the village facilitators have, to a large extent, not been satisfied with the results. The fact that the need has been felt for refresher trainings for the facilitators is evidence of this.

#### *Alignment of monitoring data collection system with programme objectives*

The monitoring framework has been designed to track output and behaviour indicators as a result of the various activities conducted by the LCEC members at the different intervention sites. Since

the rollout of the programme at these sites has not yet begun, it is too early to say whether the monitoring data collection system will adequately reflect and inform programme objectives. However, as a part of this assignment an evaluability assessment has been conducted which will give an indication of the extent to which the monitoring systems and formats will capture the programme results and the gaps in these systems.<sup>7</sup>

#### **4.3.2 What factors have contributed to the programme results achieved?**

##### ***Effectiveness of indicators to measure programme achievement***

There have been no indicators to measure the extent to which an enabling environment has contributed to the results of the programme. The training programmes as well have had output indicators in terms of persons trained, but nothing to gauge the effectiveness or the quality of the training. As implementation of the programme at the village level has not yet started it is difficult to assess the effectiveness of the programme using the output and outcome indicators that have been designed for that component of the programme.

##### ***Key results and the main achievements of the project***

- 1) Though there are some small parenting interventions by certain NGOs, the LCEC was conceived as a cross-sectoral, participatory approach which is an innovative approach in Laos, and definitely the first time the government was embarking on a parenting initiative and creating this managerial structure for parenting.
- 2) Bringing together different line ministries, sectors and mass organisations is a significant achievement. The design of the project being multi sectoral and having had input and buy-in from key line ministries as well as active contributions from each central team across the UNICEF office is a huge achievement. Buy-in within the UNICEF country office is a big success because the contractors work in very sectoral ways with different reporting channels making it difficult to come together. Developing a structure that is multi-sectoral is a success in itself.
- 3) A lot of work was put into building gender responsive messages into the package materials and also disability inclusion with the help of technical advice from CBM, Australia. Incorporating those messages at all levels is an achievement in itself and not something that is always seen in packages of this nature.
- 4) The willingness of the team to respond to feedback that they are receiving and adapt the training and the processes as they go along has been positive.
- 5) The strong interest in both UNICEF and the government to make the project a success will help to identify and overcome bottlenecks in the design and implementation.
- 6) The actual LCEC strategy and M&E framework is a huge piece of work; it is impressive and evidence- based and has been contextualized. A detailed plan with an M&E framework has been developed with forms for monitoring, with indicators, with modalities for community engagement, for visiting households, for activities at health centres, for activities at pre-primary and primary schools.
- 7) The evidence of the success at this level lies in the fact that the package has been developed with the support of the various ministries and has been implemented under ownership of the government. The government has presented the parenting initiative as one of the flagship interventions in a regional conference. In terms of ownership, UNICEF has not only

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<sup>7</sup> See the Evaluability Assessment in Annex 6 for more information.

been quite successful in getting the government involved, but also having them take the leadership role.

- 8) The LWU, along with other line ministries, set up a steering committee in the initial stages of the project. Teams visited the proposed project sites prior to the trainings to determine who would participate as facilitators, to estimate distances for facilitators to travel across village clusters, logistical arrangements for trainings, and to plan budgets accordingly. The teams spent 1-2 days in each cluster, explaining the criteria for selection of facilitators - young, good health, ability to read and write, and are active. The teams also spoke to the communities, explained what the project was about, introduced the IEC materials and got their inputs, and assessed their capacities. They also got the 4 representatives per village (who were selected as the facilitators) to elect one person as the leader and from each cluster of 4-5 villages, to have one elected cluster leader. This has helped in communication with the provincial and district teams.
- 9) Most villages have been reached in terms of training of facilitators. The training programme has reached 254 villages (in 2 provinces, 4 districts, 54 village clusters). 1,127 people (F501:M626) have been trained as facilitators at the village level. At the central, 20 master trainers (F19:M1); at the provincial level, 8 trainers (F7:M1) and at the district level, 73 trainers (F52:M20) have been trained. This has been done in the context of COVID; the TOT started in January 2020, exactly when the COVID outbreak started in Laos.
- 10) All the communication materials in the project have been developed. This followed a process which took time and effort because all the communication materials in the package (including the flip charts, the story, posters, videos, etc) have been endorsed by the steering committee, by all the different line ministries and mass organisations, with all the processes that entails. All these materials involve messaging that has been approved by the counterparts and that is based on existing evidence, on the needs of the country, and the positive behaviours the project wants to achieve.
- 11) The IEC materials have been distributed to the facilitators.
- 12) Master trainers from different line Ministries have also been trained so that they can cascade the training to the provincial, district and village levels.
- 13) Refresher trainings are being planned in response to the needs of the trainees due to project delays in order to refresh facilitators and to support them in the preparation of the community engagement activities, because one of the lessons learned from the training is that they need more support, and they need to be accompanied. These trainings are to help them prepare for the mapping and the rollout of the communication activities.
- 14) Involvement of the LAO Women's Union, despite capacity issues, implies a wide reach and presence in the country. This would help in the scale up of this programme to other districts across the country.
- 15) The foundation of increased networking and connection between the departments is being created which should have impacts at the local level.
- 16) LCEC has been integrated into the economic strengthening initiatives through saving groups to learn about positive parenting and prevention of VAC.

### ***Use and perception of IEC materials - ease of use and comprehension***

The contents and the IEC materials are understandable although they are a bit long and complex. Some discussants of FGDs were initially perplexed by the content and quantity of information, particularly the use of technical phrases or wordings in the context, but with further discussions, evaluations, and actual practice, they progressively gained a better understanding. As mentioned

earlier, trainers do not have sufficient time to review the lessons before transferring the knowledge. Additionally, the contents are difficult for the participants to comprehend owing to their lower literacy levels.

However, the tools such as posters and booklets enabled them to understand the key messages of the programme. However, if the contents are shortened, it would make the material more comprehensible. Another point raised in the discussions was the number of survey forms and their complicated framing. Most of the forms are similar and can be reduced to increase efficiency.

Application of the training material by the district level trainers to village facilitators has brought to surface several challenges. Roughly 60 percent of the ethnic groups cannot understand the content and cannot communicate with the trainers. Hence, quite often, the communication between the trainers and participants (village facilitators) is confusing. When trainees used the materials in the communities, they discovered that the participants comprehended them to some extent but not totally. This is owing to their low educational backgrounds and abilities.

## **4.4 Impact**

### **4.4.1 What is the likely impact (positive or negative, intended and unintended) on local communities and other beneficiaries?**

#### ***Adequacy of indicators in measuring intervention impact***

This programme has the potential to bring parenting practices to the fore, make positive parenting a very real and relatable concept in communities, create stronger community norms around positive parenting, and help families and communities understand the significant impact of their actions on the life of a child. The project has the potential to trigger thinking around these areas and to ensure that children grow in a conducive environment in the family and community.

The rapid assessment showed that a lot of parents face a range of different barriers to providing the type of nurturing care that they would like to provide for their children. These barriers include lack of information, social norms and expectations on parents, lack of time and resources. The parenting package has the potential to provide a sort of support framework for parents in terms of access to information and how to draw on local resources and have a more holistic community network of support. The impact of the programme on parents could be that they feel like they have the support to provide nurturing care.

This programme can also result in more children who are cared for and have healthier childhoods. School readiness will be high and the ability of the child being able to absorb improved. This of course also depends on improvements in the supply side with better infrastructure and teacher training quality. At the community level, with increased monitoring of the quality of schooling, participation and readiness of children will increase. They will be able to go to school at the right age and continue to transit from junior to senior to graduate studies. This will, in the future, increase earnings of the families which in turn will increase the GDP of the country. Similarly, the project will impact hygiene and sanitation, health care, and in turn improve community well-being. With improved health and consequently less burden on the healthcare system and lesser spending on healthcare by families, there will be demographic dividends.



According to the LCEC strategy, in case a village has no pre-primary school, the primary school could run the monthly events for parents of CU7. It is not clear, however, how this is to be done since parents do not automatically take their children (of pre-primary age) to these schools.

In terms of indicators, the various reporting formats are designed to report changes in behaviour among parents and caregivers. However, these measurements can only be reliable if the indicators are strengthened, definitions are clear and if less is left to the discretion or subjectivity of those filling in the forms. For more details, see the Evaluability Assessment (Annex 6).

Beyond this, secondary data sources and collection methods (which are not directly part of the project) like census records/LSIS, pre-primary and primary school enrolment, birth registration, deliveries in healthcare facilities will help tremendously in assessing the impact of the intervention.

#### **4.4.2 What is the likely impact (positive or negative, intended and unintended) on partners and stakeholders?**

##### ***LCEC programme increasing awareness at different levels (policy makers, partners, trainers, trainees) about ECD***

The project provides the opportunity to show the government and providers how to view children holistically rather than as a sum of individual programmes pertaining to health, nutrition, WASH, education. For a child and for a family, all these are interlinked and lived everyday experiences. Having a very siloed sectoral approach to reaching out to communities does not work. The project has the potential to bring together various sectors and departments within the government. This will allow a more integrated approach to reach out to families and communities. This programme will also provide evidence that such an integrated approach can be efficiently managed and implemented and can save a lot of resources.

For facilitators, the project might take away some of the sectoral demands on LWU workers since the package could cover all sectoral issues in a more comprehensive package. This could possibly be a long-term impact if each of the sectoral teams can feed into the package rather than each delivering different programmes with different monitoring requirements. Increased coordination will be very valuable if it extends beyond the immediate programme. If the project can be seen as an example of different sectors coming together, this could be a lesson learned for other programmes as well, not just parenting.

Partners could also be more involved in parenting programmes and work more closely with the government to maximum impact and avoid duplication of efforts.

One of the impacts that the project hopes to achieve is that the results of the LCEC pilot will be used to help build the case for more effective policies and increased investments in improved parenting for early childhood development in Lao PDR. Data collected against the 20 indicators can help to influence policies on nutrition, health, combatting violence against women. Some policies already exist around these, but more holistic parenting or child protection policies could be developed and implemented.

From the KIIs and FGDs, it was evident that policy makers, partners and trainers have high levels of awareness of the importance of early childhood development.



In terms of the trainees, the LCEC strategy listed five training outcomes for participants. These include 1) Develop a deep understanding of the concepts of IPC and their importance in interactions with parents; 2) Develop behavioural skills to apply IPC, counselling and behaviour change communication (BCC) techniques within the context of their work; 3) Raise awareness of roles and responsibilities as change agents who can trigger behaviour change and positive development in families and communities; 4) Develop behavioural skills to use the parenting package within the context of their work; 5) Develop behavioural skills to plan, implement, and monitor IPC, counselling, and BCC activities.

While interactions with the trainees showed that some of this has been achieved, it is difficult to assess the extent of achievement of these training outcomes, and whether they have been sustained, since there were feedback forms were given at the trainer level and not to the village facilitators post the training and there were no explicit monitoring systems to assess the effectiveness of the training programmes. What is clear is that the project has felt the need for repeat training due to the loss of retention of what was taught during the first training programme for the facilitators.

***“This training has led to changes in how I perceive children should be raised. Good parenting means taking good care of children, teaching them to be good citizens, and using soft words and expressions with our children.”*** (Government officer, trainer/trainee; Case study 2; Annex 5)

***“The main messages I want to give parents and caregivers are to pay more attention to their children's growth. Furthermore, parents/caregivers should communicate with children frequently, using clear and soft phrases consistently. Children are innocent, and they have no idea if they are doing things correctly or not. We must explain everything to them clearly, and we must not use a harsh tone with them. Every child has different levels of knowledge absorption and mental development. It is critical for caregivers to assess and determine the best manner to interact with or teach their children.”*** (Government officer, trainer/trainee; Case study 7; Annex 5)

#### **4.4.3 What lessons can be learned from the best practices, achievements, challenges, and constraints of the programme?**

##### **Early lessons learned**

A key lesson learned is that it is important to build on existing coordination and implementation mechanisms to maximize impact. Where these do not exist, a need for felt to develop cross-sectoral mechanisms in the best interest of early childhood development. The importance of multi-sectoral collaboration has been a positive lesson that can be used by other programmes in the future. The process of developing these inter-sectoral and multi-stakeholder platforms could be documented so that it provides concrete steps for others both within the country as well as the region who want to follow this initiative. Specific challenges that arose and how these were dealt with could be included in the documentation. It is important to understand the strengths of each partner and how these can be built on in order to get better results.

Another key lesson has been that the training needs of the facilitators were underestimated. The

capacity gaps at community and village levels for implementing the programme were huge. While conducting the training, there was a realisation that some of the facilitators even have difficulties with reading and writing. There are language barriers as well; this is a big concern as all the material is available in Lao and there is a need to think about the multiple languages in the context of Laos. While the videos can be translated into different languages, language continues to be an issue and needs to be considered in the future as well. There is a need to address the capacity issues in the LAO women's union with the women who are at the grassroots level and with the representatives of the LFND, and create a mechanism or a system to ensure their continuous capacity building, and to ensure good high quality supportive supervision, because they would need a lot of hand holding support, and ongoing on the job training. Ongoing on the job coaching and mentoring would be critical for success of this initiative. Further, there is a need to adjust for the transmission loss that might be happening during the training programmes. Some incentives need to be given to the facilitators in cash or kind to sustain their motivation. If there are plans to scale up the programme, these concerns will need to be addressed.

There is also a need to see how to optimally utilize resources. Focusing only on community engagement interventions may not really be doable, because of the costs associated – that of the training and community engagement activities. There may be a need to combine this with other approaches. In the next phase, they will have to build on the expertise for implementation, perhaps not rely only on the LWU, but also utilize existing mechanisms within MOH, utilize existing structures and dissemination mechanisms to really expand the messages and to reach those populations that need to receive the tools on parenting more urgently. It is also necessary to pay attention to the selection of facilitators and develop a better list of criteria for the selection of facilitators and build more on delivery modalities already existing at government level.

Building on a comprehensive and interactive training programme for the trainers and the facilitators which allows participants to develop stronger facilitation skills, and not just absorb the knowledge in itself is essential. There is a need to adapt from a more traditional method of facilitation of presentation to facilitation and learning and using the model of behaviour change that is presented in the strategy in order to achieve the training objectives. The model and method of training was a big lesson learned.

There also needs to be greater clarity of the roles and responsibilities of the departments within UNICEF and within the LWU and other stakeholders. For instance, linking the Child Protection unit of UNICEF with their counterpart in the LWU rather than with the social welfare department and Ministry of Home Affairs. Also, if there are too many people involved it is not clear who is dealing with the different indicators.

There have been discussions and challenges in strengthening the disability inclusion side of the package including for the master training of trainers. There were representatives from a couple of Lao OPDs who ran a session on disability inclusion and what that might mean for parenting in Laos. The feedback from those sessions was that it was incredibly valuable to have that direct input from the OPDs. Participants learned a lot about what that might mean for the delivery of the package. It is unclear whether these sessions were held at the training programmes at the district levels. These were not incorporated at the village level. However, that was a good lesson that was learned during the TOT sessions.

Related to disability inclusion, it would also be useful to consider in the package what services or

support is actually available. So, if we're talking about identifying children who have a disability or children who need support, it is important to provide their parents with the information as well as the availability of support mechanisms that they can access.

For the programme to succeed there is a need to have greater engagement and involvement of local bodies at the community level. While there are some components of engaging the village health, education committee and other committees, there is a need to have strong local committees who are people's representatives in the area engaged in the process. This would really help in strengthening the outcomes from the programme.

### ***Challenges identified***

A huge challenge is the scale up of the programme, because UNICEF is providing a lot of intensive support and resources in the current pilot districts. Once the project is scaled up, it primarily relies on the government to manage and implement. There are likely to be issues with quality since there might not be the same level of intensive engagement when done primarily through the government. Considering the resources that have gone into the pilot project, it is not clear how much of the effort - time, money, human resources - is being calculated in the plans for scaling up.

Another challenge is demonstrating impact through the project and demonstrating changes in behaviour at the household level as a result of this programme. This is because the monitoring framework and the monitoring approach is based on information reported by the facilitators from the communities who collect data from the households. Most of the data that they will be collecting is very process related; it will be a challenge for them to collect much data in terms of behaviours. Even if they do so, the data might not be very accurate, or may be biased since they are the implementers. Given the limited capacity of the facilitators to effectively collect data, and to make it robust enough for policy makers to say with conviction that behaviours have changed is a huge challenge.

Due to the cascade model of the training programme, there is likely to be some transmission loss which is inevitable in any kind of cascade training. There is a need to look at ways and means to manage and adjust for this transmission loss. From reports, it is evident that the trainings at the State and Provincial level have been largely effective. However, this gets diluted as one moves to the district and village level, with effectiveness being questionable.

In order to ensure representation from the different departments, selection of the facilitators at the village level has been a challenge. Many of the participants at the village level are elderly from the LFND; village heads of the LWU may have low literacy levels but have been included as facilitators. This is despite attempts to have criteria for facilitator recruitment.

Another challenge is to have a clear common internal understanding about the package and how it is to be implemented and a clear logic as well as aims. It is necessary to have SMART objectives that are agreed upon internally so that indicators of success can also be determined and measured. To do this, there is need for good coordination, someone holding and moving the process together. Though some coordination systems are in place, much more needs to be done to hold everything together and ensure everyone shares the same values. At the moment, the coordination teams are working on the processes and managing the practicalities. Lack of coordination at times between the donors and the LWU in terms of work plans, sometimes due to external factors, poses a

challenge and delay in work.

Harmonisation of the work across the villages is a challenge since people have different times for agricultural work, income-generating activities, festivities. Coordination of trainings is also difficult due to this. The weather, terrain, and poor accessibility makes it difficult to ensure participation in the training or other activities.

People may not be interested in seeking information through the programme. Uptake is an issue due to lack of capacity of the communities to understand the importance of the project.

Lack of IEC materials given to facilitators due to the cost implications means that for every 200-500 families there is only one set of materials. Lack of materials in ethnic languages makes it difficult to communicate to villagers who do not understand Lao. Literacy barriers could also be compounded by the inadequacy of the packages to cater to people who do not know Lao but speak in various ethnic minority languages. The material also does not cater to people with visual disabilities. Recognition is also needed that women cannot often access services (like registration of their child's birth) as they lack mobility (can't ride a bike) and have to depend on other family members for this.

Challenges are foreseen in actually changing the behaviour of people in the communities and then measuring this change against the 20 indicators. For example, how can one know to what extent dietary changes are being made in the household. Though baseline information has been collected, it will be very difficult to measure change and provide evidence on the extent of change.

Pressures on the local level facilitators given their current workload (domestic chores, livelihood responsibilities) will make it difficult for them to carry out their tasks on the LCEC project even if incentives are given. Further, it will be difficult to monitor whether they are actually carrying out the activities, the quality of these, whether the information they are getting is accurate and so on.

Facilitator attrition is another concern. There are likely to be facilitators who will leave the project for various reasons; replacing them will be a challenge considering the effort and resources needed from the current experience to build their capacities enough to deliver the intervention.

Mapping has not yet started, causing considerable delays in the implementation of the project.

With the COVID-19 situation still being grim, it will be difficult rolling out the project in the communities. The next steps include the mapping of households and the preparation for the activities, followed by five months of village level activities including the community engagement sessions, household visits, and activities in pre-primary schools and health centres.

One of the challenges in the reporting systems, is that even if the facilitators are trained well in filling the forms, they have to prepare these in hard copies, send them to the district levels, and these in turn are sent to the provincial levels. The amount of paperwork this will entail (since there are forms for each household as well as the centres and community sessions) is considerable and likely to be cumbersome. This will cause considerable delays as well as budgets. Inaccuracies in forms will also be difficult to correct.

One of the key lacunae in the IEC package is that there is nothing to convince parents and caregivers about the rationale of the programme, the importance of spending time with their children under 7 as this is the critical age of brain development. It is left to the discretion of facilitators to convey this importance to the parents.

The procedures in reaching communities sometimes cause delays. For instance, for the LWU to go to the communities with any project or project activities, they first have to approach the relevant ministers, then send an official letter to the provincial authorities who also confirm with the district governors. The latter then authorizes/ permits the LWU at the district level to carry out the work. The LWU then needs to report back to the district governor about the work that is planned or has been completed.

One of the big challenges is the inaccessibility of certain areas. Some areas take over a day of travel from the capital of the province. Bad roads also increase inaccessibility and some villages have not yet been reached through the project. To reach two villages, they have to cross the Vietnam border, which under normal circumstances is not an issue, but could not be done due to COVID-19 restrictions.

### ***Usefulness of training programme learnings for partners***

Learnings from the training programmes have been utilized in their ongoing work in various organisations. For instance, the Lao Women's Union mandates the promotion of women development at all levels. They also work towards combating all forms of violence against women and children and promoting gender balance. The learnings from the programme tie into the mandates of the LWU.

Similarly, the Education and Sports Office utilizes the learnings to disseminate useful information about the importance of early childhood development and gender justice. The Office works in close cooperation with the Public Health Office to promote health and nutrition of mothers and children through their work in schools. The Public Health Office also utilizes the learnings to disseminate information on breastfeeding, nutrition, family planning, and prenatal care to communities. The Office of Home Affairs promotes newborn registration in their work with communities through their learnings.

Lastly, discussants have utilized the learnings from the training programme in their work of data collection and other forms of research. For instance, a discussant applied the learnings in his job when collecting data on children under 6 years old, a group of children with disabilities, and other data related to children and ethnic minorities. Two other discussants used the learnings from the training programme in enhancing unity and harmony, especially among ethnic minorities in various communities through training.

## **4.5 Sustainability**

### **4.5.1 To what extent are the intervention results likely to continue after the funding has been withdrawn?**

#### ***Follow-up mechanisms for project activities and results and post-funding monitoring***

The programme activities and results achieved are likely to continue because this is a mandate by the relevant authorities such as the LWU and the public health sector. Additionally, the project activities are in line with these organisations' plans/ objectives. Moreover, tools like posters and booklets which remain from the project activities can be utilized well.

The results from the intervention are also likely to continue due to the benefits that the communities and parents received, the lessons and skills the participants obtained, and because the project shared similarities with other public programmes/policies. The project has also built a cadre of trainers/trainees at different levels, who can help in continuing the project interventions. Further, since the design of the project has been to strengthen the capacity of community facilitators who are within the current government structures, the knowledge and skills learned will be embedded in the communities whether or not the project continues. It is necessary that for some time at least LWU and the other relevant authorities continue to disseminate information and convey key messages of the project to local communities.

However, one area of concern is that while parents have been taught the skills on how to nurture their children, the next generation of parents might behave differently in the absence of monitoring and evaluation by the project authorities. Changing patriarchal mindsets and attitudes as well as child rearing practices may not necessarily happen in one generation.

It was also highlighted that while the results are likely to continue, it would be challenging without a proper budget. This is because some of the relevant governmental organizations still need technical support and for this, the responsibilities of the stakeholders are critical. In terms of monitoring the project once support is withdrawn, the main way this can be sustained is through ensuring that key elements of the project are included in the job descriptions of those delivering the project at various levels across the ministries.

It was brought to attention that there should be more focus on the capacity building of CSOs/NGOs, so that they can play a role in sustaining the project activities even after the intervention halts. Similarly, it is also necessary to promote the ownership of local communities to enable them to continue the project by themselves.

#### **4.5.2 To what extent have institutions and stakeholders taken and shown ownership of the action objectives? To what extent are they actively engaged in the activities of the action?**

##### ***Adherence to ethical policies and codes of conduct by programme management***

There have been no explicit systems in place to ensure adherence to ethical policies and codes of conduct in the continuation of the programme. The extent to which this is monitored in the current programme is also a matter of concern. There were no sessions on these issues in the 5-day TOT programme, so one can assume that they were not covered in the one-day training for facilitators.

##### ***Sustainability of programme management, vision and leadership, cross-agency collaboration, supervision and mentoring in the absence of UNICEF support***

Factors which will help sustain the objectives of the programme are the multi-sectoral and multi-stakeholder involvement in the programme, systems and structural strengthening (LWU, Lao Front, and the WASH, school and health systems), the capacities that have been built from the senior government levels to the village facilitators, and the IEC material that has been developed.

Evidence of the success of the project is necessary in order to sustain it. If the government is to invest further in the project and/or the scale-up, the return on investment needs to be clearly demonstrated. There is also a need to identify other innovative ways of supporting the programme, including through private players. Additionally, there has to be a strong cadre of trainers at different levels who have the necessary repository of knowledge and skills to take the trainings ahead when needed.

Many of the project mechanisms relate to working closely with government partners in the design of the programme, the programme implementation, and its delivery. It is important that the project implementation is supported, and sufficient time is allowed to embed the programme in those practices so that the local delivery partners are supported with the knowledge and capacity to continue to deliver the programmes and the local provincial, district, national partners are able to continue implementation across the board. The existence of the resources themselves and the intention behind the design of the package was always to create a recognizable brand that parents and community members can know and trust. Therefore, even if the project is not being actively delivered, when communities see something stamped with this brand, they see it as trusted information. Additional products can be prepared so that information is available to communities. To achieve this, more needs to be done to socialize the brand so that it achieves that status locally. If support is not given till the branding is done and the programme is running as a well-oiled machine with the current partners who are tasked with implementing it, there may be challenges to sustainability as partners will have competing priorities, working with other development partners, not just UNICEF.

Sustainability could be achieved if the focus is on strengthening the core values, getting people to understand the importance of early and good parenting, questioning gender norms, practicing good parenting. Facilitators with this capacity will be good role models and whether the project continues or not, these attitudes and behaviours will become a part of the society. For this, trainers and facilitators need to be involved in and own the package.

### ***Prospects and mechanisms to guarantee sustainability beyond project support***

Availability of funds is a very significant challenge, as community engagement has a cost associated with it. Human, financial, and time resources are needed for training and the development of the communication materials, as well as building the structure of the delivery modalities and channels and the rollout/implementation of activities and ongoing monitoring. Mass media campaigns are also expensive. Ensuring ongoing funding for all of these is a challenge particularly in the current context. Scaling up and replicating the initiative requires sustained funding. Based on the current pilot project, there may need to be a change of the approach. The results of this evaluation may give pointers in that direction. However, without committed funding from UNICEF or other partners, it may be difficult to mobilize resources making it challenging to scale up.

There is already a lot of engagement and involvement of the government which is critical for sustainability. However, currently there is a lot of UNICEF support in the two provinces, since these are pilot areas. Once it has scaled up, the challenge will be ensuring that the government puts the same kind of resources behind this during the scale up. That will determine whether this project succeeds or fails. Engagement and commitment of the government has to be ensured which could be a challenge, since governments change. Once the government changes, or people change in the government, others might have different priorities and different interests. Ensuring that there

is sustained interest could be a challenge. One of the challenges to continuation is that the project has been too ambitious; given the time and financial constraints, the focus should have been on quality and not quantity.

### ***Continuation of the dissemination of parenting package post-project***

The continuation of the dissemination of the parenting package after the project has ended is highly possible if it is embedded into the sectoral programmes. According to some interviewees, the parenting package can be incorporated in their organisations' activities since it is in alignment with the organisations' goals. For instance, the Lao Women Union will jointly disseminate the laws on combating all forms of violence against women. In collaboration with the Public Health Office, the LWU will also work to promote hygiene and nutrition in the communities. For this to be possible, however, cooperation among stakeholders, teamwork, and financial support will be essential.

## **4.6 Human rights approach, gender equity**

### **4.6.1 To what extent have human rights, child rights, climate change, disaster risk reduction, and gender equality and equity been addressed within the programme?**

#### ***Inclusiveness and adequacy of representation of stakeholders in advocacy and in creating an enabling environment***

The project took into account the principles of the UN Convention on the Rights of the Child and the CEDAW report as well as followed government policies of non-discrimination and to 'leave no one behind'.

At the inception phase, CBM was contracted by UNICEF Australia to provide technical advice on disability inclusion in the inception phase. This was done in three main ways. In order to provide advice into the structuring of the launch workshop where a team of consultants came in from New York to help UNICEF Laos to design the project, CBM first had initial meetings with the UNICEF staff in advance of the workshop, to provide input into the design itself of the structure of the workshop, but also just to interview staff to see where they thought the key points were that they wanted to consider as well as to learn more about what UNICEF Laos was doing and what their priorities were. Meetings were therefore held with the UNICEF team and with the consultants from New York who were facilitating the process.

The second significant undertaking of CBM in advance of the workshop was to organize a number of meetings with umbrella organisations of people with disabilities in Lao. It helped that CBM has an office in Lao and good contacts in the country where they work closely with the OPDs. These meetings/interviews helped to identify the key issues that they were experiencing and what they would like to get across. This was then consolidated into a set of recommendations which was reviewed by the country office as well as each of the OPDs. The final list of talking points and recommendations were then blended into the launch workshop. UNICEF also invited representation from the OPDs at the workshop so that they could give their views directly.

CBM therefore gave inputs at the inception phase with the different sectors in UNICEF, the different line ministries in the Government of Laos and the NGOs that UNICEF was partnering with like CARE, Plan International. Due to CBM's request, OPDs were invited for the launch meeting; though the venue was inaccessible they made their presence felt. It was felt that indigenous



groups should also have been invited for the meeting given the populations that LCEC was planning to work with.

OPDs were therefore involved in the formulation of the recommendations to make the project disability inclusive. CBM was only involved in one other task after the initial workshop which was to look at an early draft of parts of the communication package, though they were not shown the final product. They also were expecting to assess the monitoring and evaluation framework but that never materialized. It is not clear whether local/ national OPDs were involved at any of the later stages of the LCEC project. It appears as though there were no involvement of these types of groups, but not because the intervention does not strive to be inclusive, but rather because there was no involvement of NGOs/CSOs overall to-date.

### ***Consideration of gender, age, disability and background design and implementation***

During the preparation of the materials, there was recognition of the need for and some discussion about including marginalised language groups. There was also awareness of the intersections between indigeneity and disability and multiple marginalisations experienced by communities. CBM provided some tangential input into the discussion about reaching indigenous communities simply through those intersections. This included recognition of the diversity of the population in relation to indigeneity, gender, and disability and ensuring their representation in images and voices; as well as consultations with people who would be represented in the programme, so that they could see themselves in the messaging, see themselves represented to feel that the programme belonged to them.

In terms of gender, efforts were made to have positive father role-models in the communication package, e.g., a father who is engaged playing with his daughter and son. Disability and gender have been addressed in each component of the five handbooks.

The project was also asked to map support services and incorporate messages on support services including peer support and contacts with OPDs since parents of children with disabilities feel left out of many children's programmes as they lack the information and services for their children. This is expected to be done during the village mapping stage.

***“UNICEF has a good power of convening. Using that power of convening and ensuring that when convening happens, that the diversity of the population is represented in that would be just amazing.” (UNICEF staff)***

Attempts are made to have a balance of men and women facilitators (those from the education department and the National Front are mainly men; LWU representatives are women). However, there are more male compared to female facilitators as compared to men - of the more than 1127 facilitators at the village level more than 50% are male. In terms of the Master Trainers, on the other hand, there is only one man out of 20 trainers.

The material does not have indicators on gender, specifically in terms of empowering female caregivers to make their own informed decisions in relation to care during pregnancy, breastfeeding, and other matters which are by definition specific to women. Moreover, there ought to be guidance included in the facilitators' guide to enhance the active and meaningful participation of women. This can help ensure that women's participation is not merely tokenistic or measured in terms of numbers of women participants, but rather that facilitators are well-equipped to empower and motivate women to actively participate in the sessions. Importantly,

the facilitators' guide ought to include concrete elements on how gender norms affect decision-making in the households and the community, and the importance of adopting a gender-transformative approach in programme activities. These improvements would have a strong potential to impact on the success rate of the parenting package.

What is important to note is that the module for the five-day TOT did not include any sessions on gender or on disability. Though these were part of the communication material and the reporting forms which were part of the training, there was no theoretical and/or practical session on understanding gender and disability and the importance of addressing these in the LCEC package.

The village mapping, which has not yet commenced, is supposed to include identification of households with children with disabilities. These households will then be targeted for subsequent visits.

It is not clear whether OPDs or organisations representing ethnic minorities at the local levels (district or village) are included in any way in the project implementation. There is no explicit provision in the project design for inclusion of these groups.

### ***Adequacy of languages used in communication materials, considering the need to provide opportunities for women and mothers to learn in their own language***

Women and mothers from ethnic communities could be given opportunities to learn the material of the parenting package in their own language, considering that the facilitators are from the same communities. Moreover, there are channels for communication with trainers and trainees, for example, if the ethnic mothers do not understand clearly during the training, they can directly contact or call the trainees at local authorities who are able to speak both Lao and the local language. Additionally, materials such as booklets, posters, and films may help communicate the messages that are not clearly understood. These materials are already available.

However, there were language barriers during the training programmes, since these were delivered in Lao, excluding participants, especially women and ethnic groups from understanding the communication during the training. Further, another barrier to overcome in the training are cultural norms which increase the hesitation of women to speak, engage, and interact during the training, despite knowing the official language (Lao).

### ***Tools and indicators relating to gender, age and disability***

Tools and indicators to measure and analyse data on gender and disability are included in the monitoring framework and the reporting systems. However, this will depend on how much the monitoring framework needs to be adjusted to be usable for the delivery partners and what data needs to stay and go. While it is easier to collect data on gender, there are definitely concerns around local capacity to collect disability disaggregated data based on local facilitators not having the requisite training and skills to identify children with disability. It is stated that the Washington group of questions (child functioning) were incorporated into the monitoring plan so that local delivery partners could use those to identify children with disability and collect disaggregated data appropriately. This is not clearly evident in the monitoring tools.

What will be important is to ensure that those delivering the programme are made aware of the reasons why the data on gender and disability needs to be collected or should be collected. This is

necessary to resonate with the people who are tasked with implementing the programme and will probably lead to greater success than if they are merely given instructions to collect that information. Building capacity in terms of understanding is something that would be probably key to the rollout.

# 5. Recommendations

## 5.1 Overview

In alignment with the evaluation purpose, this section outlines a set of key recommendations grounded in the rich and diverse findings of the evaluation.

These recommendations were developed by the Includovate evaluation team, through an analysis of the evaluation results and findings. The recommendations are thus fully anchored in the expertise and insights provided by the duty bearers and stakeholders who took part in the data collection activities, and ought to reflect the longstanding expertise accumulated by these stakeholders. Meanwhile, the aforementioned duty bearers and stakeholders were not directly involved in the formulation and writing of the recommendations, as this would have been outside the scope of the agreed evaluation assignment.

The recommendations have been formulated in such a way that they ought to be actionable for the intended users and uses, and have been clustered together under eight sub-headings for enhanced clarity and ease of classification. The recommendations, all of which were developed through a strong lens of gender analysis, are presented in the following subsections.

## 5.2 Key Recommendations

### 5.2.1 Recommendations Cluster A: Programme design and management

- A research study or survey should be done in the pilot areas prior to scaling up or rolling out the programme to other provinces or districts. This could ensure that **lessons learned are applied** in other regions. Gaps in the programme can be plugged and the programme can be strengthened. Additionally, **exchange and sharing information between districts** will be helpful. For example, trainers could go from one district to another to see what is working or not in the other districts and utilize learnings as well as share experiences.
- The COVID-19 pandemic has warranted **the need for a contingency plan** to deal with future emergencies, factor in provisions for humanitarian aid. In light of the pandemic, the programme should supply protective equipment such as masks, hand-free sanitizers, and temperature check kiosks at the target locations. Within the new normal (which the COVID-19 situation has brought up), there is a need to find **other ways around engaging parents and the stakeholders other than direct personal visits** in the communities. The challenge here is the lack of internet connectivity and telephone access due to poverty in the rural areas. **Reaching urban areas** through mass media is one strategy that could be followed. In rural areas, having more visual images, through posters and other media and using the local health workers and child protection networks of the LWU without further investments would be a possible solution. However, the challenges with visual literacy (reading pictures) should also be considered while preparing material.
- There is also a need to **develop indicators to measure the effectiveness of the package** and its different elements as well as the comprehension of the materials across different groups (men, women, elderly, people with disabilities, ethnic minorities).

### 5.2.2 Recommendations Cluster B: Training and capacity building

- It would be useful to **scale up the LCEC project in districts which have other supportive initiatives** like the Early Childhood Education (ECE) programme supported by the World Bank. This would enable evidence to be generated on how projects where the supply and demand side are addressed can lead to successful early childhood outcomes. Currently, the LCEC pilot project has been done in some districts which do not necessarily overlap with the districts in which the ECE or ECD initiatives were implemented.
- In addition, **gaps in training programmes** and issues that have not been addressed can be **incorporated into the refresher training and for the scale-up**. The persons in charge of implementing the project should fully understand the materials rather than focusing on merely coordination. Capacity building of the relevant officials is also necessary, along with increasing the number of trainers in the project.
- As suggested by one of the research participants, *"It would be useful to [...] villages and communities if central and district trainers were well informed about the essential messages of child development and were able to conduct the training in rural regions as planned and designed. More relevant information on the contents of the Love and Care for Every Child project should be disseminated and emphasized in the communities and beyond to enable people, particularly ethnic groups, realize the importance of child development and the advantages to their children."* (Government officer, trainer/trainee/ Case study 6; Annex 5)

### 5.2.3 Recommendations Cluster C: Monitoring and reporting systems

- There is a need to **review the 20 indicators and assess** the extent to which they are achievable, realistic and measurable given the nature of the rollout and the capacities of the facilitators. It would be preferable to **prioritize the indicators in the early stages of the project**, for instance, focusing on positive discipline and then through sharing with the communities/families about their ongoing practices, gradually show them how certain practices are harmful. Formulating positive norms should be done through interactions with the families and understanding why they follow some norms.
- The evaluation also highlights the **need to consider the reporting needs of the project** and set aside a certain **budget for equipment** such as computers or smartphones, to ensure the strengthening of reporting systems, and enabling communication to take place in a timely manner.

### 5.2.4 Recommendations Cluster D: Gender and inclusion

- A component of **women's empowerment** and awareness must be added to the programme, given the centrality of women within responsibilities for providing the family with daily meals and meeting the nutritional needs of the family. To this end, it is necessary to have systems and measurable indicators in place to assess the effectiveness of training programmes, and to **collect gender and disability disaggregated data**.
- **Sessions on disability and gender** should be included in the training programme agenda. This should go beyond the specific material and existing reporting forms, to cover broader issues of gender and disability to enable participants to better comprehend the importance of these issues and why they are necessary for behaviour change and early childhood interventions. It is also crucially important to **demystify and address attitudinal barriers about disability** which those implementing the programme might be harbouring. This cannot be done merely through training sessions; staying in regular contact with OPDs would be one positive way of addressing this.

- While the package does focus on addressing issues around stigma, attitudes and social barriers, there are limited services in the rural communities. Thus, **involving parents with disabilities, and parents of children with disabilities in the delivery of the package** can be considered. Reasonable accommodations could be made so that parents can participate in information sessions and share their experiences. It is moreover important to ensure that **children with disabilities are represented** in the messaging so that disability becomes normalized; this is another way to reduce stigma.
- The rapid needs assessment showed that “working within customary law and local leadership structures has proved to be a successful approach for leveraging or influencing traditional practices for the good of children.” It would be useful to **further deconstruct the aspects of customary law** that can be leveraged or changed in order to influence good parenting practices.

### 5.2.5 Recommendations Cluster E: Sustainability

- Due to the possibility of limited future funding, there is a need to **ensure efficient resource allocation**, in particular in the context of scaling up. It is essential to ensure strong resource mobilisation strategies and to allocate a certain budget for provincial level work.
- recognizing that use of the existing systems with limited additional funding from the government will be the only way that the government will agree to a scale up of the project to other parts of the country. To do this, it is crucial to **demonstrate evidence of success** of the pilot project.
- In terms of the **training of trainers**, participants of the focus group discussions recommended that the **number of days for the training should be increased** in order to effectively reach all trainers. Alternatively, the **contents of the training material should be reduced**, and the number of survey forms reduced. More emphasis should be given on **practical activities and role plays** rather than only focusing on theoretical knowledge. The impact of the programme would be higher if the trainers understood the key messages of the project. Overall, there should be **further training of the trainers** and trainees.
- **Increasing the number of trainers at the village and district levels** was also recommended as it will take the pressure off the existing trainers to cover a large geographical area. Additionally, the **per diem budget for trainers** should take into account the true on-field conditions. Administrative costs such as those of food and fuel should be accounted for in the budget for trainers and trainees.
- In terms of increasing participation, if the training programme wants the village participants to attend the programme, it needs to **collaborate with the key persons/groups by inviting them to join** and then they will help us to mobilise the local participants to attend the programme. Without their assistance, the training would face difficulty in conducting.
- **Providing a transport facility** is another way of increasing participation. This will also assist trainers in travelling from village to village. Most trainers at the district used their own motorbikes to work for this project, which is difficult for them, especially female trainers to carry tools. They need to wear a sinh (Lao long skirt) all the time during the training programme (it is compulsory because it is the official female dress).
- If the project is unable to offer transport for travel to rural villages, it must **pay an additional budget or compensation** to the trainees for using their own vehicles or by assisting the trainees with their motorcycles ensuring that they are safe.
- It has also been recommended that the **training programme be conducted in local languages** so as to reach as many people as possible, specifically women and mothers from ethnic communities. Additionally, greater use of audio-visual material has also been

recommended to reach larger audiences. This will facilitate a better understanding of the programme and they will also be able to transfer the knowledge to their friends, families, and communities. There was also a recommendation to include a lesson on how to use and maintain tools/materials in rural areas, especially digital gadgets. For example, when trainers first showed trainees how to use the projector, they understood it, but following training, various communities routinely contacted the trainers on how to fix them.

- **Time budgeting well in advance** is another recommendation that came up in discussions. This implies that there have been challenges in effectively implementing the training within 10 days of data collection at the village level.
- There was also a recommendation for the **UNICEF staff to work closely with implementing partners to monitor the implementation** of the project. It would also be useful for trainers from the central level to go to the rural communities and give critical comments on the actual implementation in order to enhance trainees' capacities for better performance in the future. The central to provincial levels should provide a **platform where trainees can discuss the contents** of materials in which they need more elaboration, especially the survey forms in handbooks that remain complicated to them.
- It would have been useful to try and maximize the impact of the programme by **involving the community engagement elements**, perhaps with a **mass media campaign** on parenting. This could have expanded reach and efficiency in terms of getting our messages across to a larger group. If the programme starts amplifying the messages, the communication materials, and the tools, and accompanies the community engagement approaches with elements of mass communication, they will reach out to a much larger audience.

#### 5.2.6 Recommendations Cluster F: Addressing capacity needs of project partners implementing and monitoring

- Strengthening the **supportive supervision** and having **more support for troubleshooting** will help create a system of regular feedback on the challenges that village facilitators are facing in their work. **Incentives and strategies for motivation** are also necessary to keep them motivated. Reward and recognition systems can be explored for those who are performing well. Approaches like peer to peer coaching/mentoring can be explored where those facilitators who are performing well could become coaches or mentors for others. This could also be part of the entire reward and recognition system.
- **Removing some of the barriers around literacy** will also help for multilingual delivery, with ethnic minority communities in all parts of the country.
- One could explore comparatively easier **qualitative methods for the facilitators to track changes in behaviour** at the community level. These could be simple pictorial tools which are given to the facilitators to gauge what kind of changes are happening at the community level. They could also be **trained in observation skills** since a lot of the behaviour is often self-reported.
- To really determine changes in behaviour, it is important to do observations as well, and since the facilitators are from the community and live there, training them in basic **anthropological methods of observation** using simple tools and methods could capture what they're seeing, enabling them to track changes apart from the conventional methods. They could also be taught **basic skills of photography**, so that during their home visits they can take pictures of good parenting practice, e.g., when the father is playing with the child,

or negative practices, e.g. if the pregnant mother is not being given enough food to eat, or if children are eating with dirty hands.

- There are some **community-based monitoring systems and tools** which can also be introduced, which are a lot simpler than complex research methods. Further, despite the challenges of doing baselines and end lines, it would be useful to have those to track changes. Another option to explore is the use of Dipstick surveys which could be conducted periodically (e.g., once in six months) to assess changes in behaviour.
- **Monitoring tools** will need to be **adjusted appropriately keeping the capacity of the facilitators in mind** because one of the really valuable things about this package and the design is that it is intended to collect quite consistent data over a number of elements of the nurturing care framework. These forms need to be simplified and explained in more detail to the facilitators including the rationale for having these forms.
- Since **facilitators are expected to lead by example** and be front-runners in their communities on the adoption of the key LCEC behaviours, there could be **monitoring systems** (including self-reporting) of behaviours against predetermined indicators.

### 5.2.7 Recommendations Cluster G: Strengthening capacity of trainers

- There is a need to create opportunities for engagement so that the **trainers can revise learnings with the participants** and refresh what they've learned during the training, to help **deal with transmission loss**. Another way is to really **pay close attention to the skills of the trainers**. The master trainers need to create a system, or develop tools, by which they can rank the performance of each of the trainers, because not all the trainers will be performing at the same level. If trainers are ranked according to levels, decisions can be made on which category of trainers can run sessions independently, which category needs some more support and which category are not really being effective and need a lot more inputs before they can perform well. There is also a need to focus on the communication skills of the trainers so that it becomes easier for the participants to grasp the contents of the training better.
- Each category of trainers can be followed up depending on their needs and capacities so that **skills are at a level where they can deliver the trainings effectively**. It is important to have some kind of mechanism to judge the skills because usually what happens in mass training programmes is that once master trainers are trained, then they train the trainers, the trainers go out and train the participants, there is no checking in terms of how well these trainers are performing. This is what **often leads to a lot of transmission loss**. A **capacity reinforcement plan for trainers** at all levels, depending on their skills, would be critical to prevent transmission loss.
- Trainees at all levels should be given simple **take-home materials** to which they can refer as a resource. It is also important for facilitators to have regular contact with the trainers in case the former is facing some problems in the field or have forgotten key aspects.
- More sets of **IEC material are needed** so that a set can be kept in the pre-primary school, at the health centre and in other prominent locations in the villages. One set can be with the facilitators for household visits and for community sessions.
- Materials need to be **translated into the local ethnic languages** since many people in the target areas, especially women, do not understand Lao. This was also a recommendation which emerged from the rapid assessment.





# 6. Evaluation conclusions and lessons learned

## 6.1 Overview

In the above Recommendations chapter of the evaluation report (Section 5), the findings of the formative evaluation were utilized to inform the preparation of the next programme phases, and draw lessons learned to strengthen future care and parenting initiatives. As such, drawing on the lessons learned during the pilot implementation, this evaluation has aimed to inform the design and implementation of similar projects in the future. The evaluation has also assessed how human rights, child rights, and gender equity have been addressed or mainstreamed within the programme.

In this chapter, key conclusions derived from the evaluation findings are presented, along with important lessons learned from the intervention; all of which have a wider applicability and relevance beyond this particular evaluation and specific UNICEF intervention. The findings, conclusions and lessons learned have been analysed and derived through a strong gender analysis lens.

## 6.2 Key conclusions

The main conclusions drawn from the evaluation findings can be summarized as follows:

### 6.2.1 Relevance

The programme has been found to be relevant in meeting the local context, needs and priorities from communities. The LCEC pilot began with a comprehensive needs assessment which analysed the needs of the parents, identified opportunities and channels for reaching out and engaging with the parents and designed the project keeping in mind the findings of the assessment. The priority population groups and communication channels were identified in collaboration with the LWU, the Lao PDR Ministry of Health, Maternal and Child Health, and UNICEF, with input from the Ministry of Education and Sports and the LFND. Through the programme, an attempt has been made to give more tools to the parents and caregivers to develop their parenting skills and contribute to the development of their children. The programme is found to be well conceived and comprehensive and fits into the overall agenda of early childhood development by addressing almost all parenting related behaviours that are critical in any early childhood development programme.

### 6.2.2 Efficiency

Among the factors that have contributed to the efficiency of the programme, the collaboration between various government counterparts and mass organisations like the LWU allowed for cross-sectoral effort in the designing of the parenting package. However, there were delays in the early stages of designing the package which consequently led to delays in further implementation. This was exacerbated by COVID-19, which presented additional challenges in the rollout of the programme.

In addition, the cascade model of the training resulted in transmission loss of knowledge to some extent. Concerns about the quality of training received at the village level were expressed by many

stakeholders, while it was found that trainers at the village level would have benefited more from a greater number of training days. Other challenges such as lack of transportation, unfavourable weather conditions, poor infrastructure, and shortage of time further decreased the efficiency of the programme. Among the recipients of the training, lower levels of literacy, unwillingness to participate, and unfamiliarity with the official language of the programme (Lao) created hindrances in the effective delivery of the programme.

### **6.2.3 Effectiveness**

Given that the rollout of the programme has not begun at the identified intervention sites, the effectiveness of the programme and the extent to which results have been achieved cannot be assessed. It should also be noted that there are no indicators to measure the effectiveness of the quality of the training. The only measure of success or failure is the number of persons trained. The reach of the pilot, however, has been quite extensive. The training programme has reached 254 villages (in 2 provinces, 4 districts, 54 village clusters). 1,127 people have been trained as facilitators at the village level. At the central, 20 master trainers; at the provincial level, 8 trainers and at the district level, 73 trainers have been trained thus far. Primary data has also revealed that the trainers are satisfied with the IEC material, specifically the posters, booklets, bags, and projectors, as they respond to their training and facilitation needs. The posters with pictures and videos with messages enabled the participants to understand the lessons easily and grasp the messages conveyed.

### **6.2.4 Impact**

The parenting package has the potential to provide a sort of support framework for parents in terms of access to information and how to draw on local resources and have a more holistic community network of support. The programme also has the potential to bring parenting practices to the fore, make positive parenting a concept in communities, create stronger community norms around positive parenting, and help families and communities understand the significant impact of their actions on the life of a child.

In addition, the project also has the potential to bring together various sectors and departments within the government, by providing evidence that such an integrated approach can be efficiently managed and implemented and can save a lot of resources. For facilitators, the project might take away some of the sectoral demands on LWU workers since the package could cover all sectoral issues in a more comprehensive package. This could possibly be a long-term impact if each of the sectoral teams can feed into the package rather than each delivering different programmes with different monitoring requirements.

### **6.2.5 Sustainability**

The results and activities of the programme are expected to continue even after the funding has been withdrawn due to the nature of the implementing authorities such as the Lao Women's Union and the public health sector. The multi-sectoral and multi-stakeholder involvement in the programme, and the capacities that have been built by the programme in the senior government levels to the village facilitators, and the IEC material that has been developed will contribute to the sustainability of the programme. The results from the intervention are also likely to sustain due to the benefits that the communities and parents received, the lessons and skills the participants obtained, and because the project shared similarities with other public programmes/policies. Further, since the design of the project has been to strengthen the capacity of community facilitators within the current government structure, the knowledge and skills learned will be embedded in the communities whether or not the project continues.

### **6.2.6 The human rights approach and gender equity**

The project took into account the principles of the UN Convention on the Rights of the Child and the CEDAW report as well as followed government policies of non-discrimination and to 'leave no one behind'. At the inception phase, CBM was contracted by UNICEF Australia to provide technical advice on disability inclusion. During the preparation of the materials, there was recognition of the need for and some discussion about including marginalised language groups. Disability and gender have been addressed in each component of the five handbooks. There is also recognition of the fact that several beneficiaries (women and mothers) are from ethnic communities who do not speak Lao. There is consensus among interviewees of this evaluation that they will be given the opportunity to learn from the parenting package in their own language, considering that the facilitators are from their communities. There are also mechanisms and tools in place to gather gender- and disability-disaggregated data under the monitoring framework. However, its realisation is dependent on the delivery partners and their level of training for the same.

## **6.3 Major strengths and limitations, and lessons learned**

Based on the evaluation findings, key conclusions relating to the major strengths and limitations, and 'lessons learned' from the LCEC intervention have been derived. These have the potential of having wider applicability and relevance, beyond the objective of this particular evaluation and specific intervention. These key learnings and observations are as follows:

### **6.3.1 Programme design and management**

- One of the biggest strengths of the LCEC initiative has been in its design, recognizing the need for a cross-sectoral programme in the interests of early childhood development. It would have been good to have allowed more time in the planning stages which factored in the timeframes for getting multiple stakeholders from different sectors to work together, designing the capacity building, training programme, and approaches to use to develop a more comprehensive training package.
- Before starting such programmes, it would have been good to engage in more formative research to understand triggers of human behaviour, and to essentially understand why people do what they do. This would help the programme to be more informed and influenced by this research. There could also be mapping of the stakeholders, starting from a key person who understands the community issues but is in a decision-making position. There is a need to have in-depth understanding of what socio-behavioural changes one wants to achieve, what community practices are, what is feasible for given time periods and what resources would be needed. Prioritisation on what attitudes and behaviours as well as social and gender norms that need to change first would help to focus efforts rather than being too ambitious. One could identify the entry point to deliver the package - e.g., nutrition or social protection.
- The LCEC project was informed and developed on the basis of a rapid assessment carried out in 2018. This was useful as community needs and challenges were considered prior to developing the package. However, it would have been useful to also have a proper baseline (or the selected indicators) to give an insight into where one is currently at, so that this could be followed up with midlines and end lines, to assess the progress that is being made. This could be done prior to the scale-up of the intervention.

### **6.3.2 Target audiences**

- Clear thought has gone into covering most of the key primary and secondary audiences in the LCEC initiative. However, certain matters still need to be addressed. The focus of the LCEC is on children under the age of seven, whereas in the strategic plan parenting framework and government documents data is collected for children under six years. The

reason for this difference is unclear. Why have children under seven years (rather than six) been the focus in the LCEC project? How will this affect data comparisons and analysis when using secondary data sources? Orphan children appear not to be included in the package since they are living with caretakers.

- This can be easily rectified through the village mapping exercise where caretakers of orphaned children can be considered as a target group. It may also be useful to include multiple partners for the implementation and scale up to enable the programme to go beyond the hard-to-reach areas and also reach urban areas.

### **6.3.3 Communication package**

- Extensive efforts were made in developing the communication package, involving various sectors and local and international experts, including OPDs. However, more could have been done at the local levels in terms of testing the IEC materials and monitoring tools/ reporting forms both in terms of content and capacity for delivery by facilitators and comprehension of recipients prior to finalisation.
- It would have been preferable to work with national staff in the production of IEC materials. The products could have benefited from bringing on board more capacity from the Centre of Communication and Education for Health (CCEH), which is within the Ministry of Health. They could help with the rollout of the package as well as training, given their expertise in community engagement and communication in the area of health. In the pilot phase, there was difficulty in coordinating the production of materials since the agency contracted to do this, and/or most of the consultants working on the material, were located outside Laos.

### **6.3.4 Training and capacity building**

- The design of the training programme has been carefully planned with a cascade model of training given the numbers to be reached at different levels. There is a good combination of information sharing and skills building in the TOT with 5 days being adequate to train participants at that level who are educated and familiar with these methods of learning. The challenges are at the lower levels, especially at the village level where much more training needs to be given to enable facilitators to absorb the information and then pass it on to the community.
- The issues related to cascading models in terms of dilution of knowledge and expertise is an important lesson that needs to be addressed. The pilot provides the opportunity to develop systems for Identifying the gaps in training programmes in order to build adequate capacities of those who will finally be implementing the programme.

### **6.3.5 Implementation at village level**

- Since the rollout has not yet started at the village level, it is difficult to predict the successes and challenges at this stage.
- The LWU, and to a lesser extent the LFND, is drawn on as a local resource by many development partners across many programmes, and they play a role in many programmes across every sector that is implemented in Laos. Inevitably, this presents certain challenges in terms of time capacity, though this is a strategic way of effectively bringing together all sectors into this one package.

### **6.3.6 Monitoring and reporting systems**

- There is a need to consider how the project can better establish attribution of the key project interventions to real changes in behaviour. The various issues in the reporting systems are highlighted in the Evaluability Assessment. Given the capacities of the facilitators, the

monitoring forms may be too challenging for them to fill.

### **6.3.6 Learning exchanges and sharing of good practices**

- Many of the other UNICEF offices appear to be interested in the LCEC package as they are designing similar programmes and are at an early stage of doing so. There has been a lot of interest in learning from the Laos programme, the successes and the challenges and using that to inform their own package delivery. The LCEC programme has real potential to share learnings across the region and beyond, as many offices are working on bringing together a more multi sectoral holistic approach to nurturing care.
- There are also initiatives similar to the LCEC project both globally and in the region including the Philippines MAPPA project which has a component of protection, parenting; Vietnam's 'Nobody's Perfect' project; a number of parenting programmes in Colombia and Chile and some in the MENA region. In EAPRO, apart from the Philippines, Indonesia and Cambodia have integrated a council for ECD. However, in most places, implementation is a challenge. In Eastern Pacific, UNICEF has supported a lot of this integration. In Latin America, the governments are pushing for integration - Chile, Peru, Uruguay. Globally, Colombia has a good integrated policy design. This is an online real-time system that allows people to put children below five years in the system with an ID number - this enables them to see whether that child has received different services from the various sectors, which has some indicators that can be tracked. Vietnam has a similar system. Based on the learnings from these, UNICEF could develop its intervention further.
- There are several key learnings from these initiatives which could be used for the LCEC project and its potential scale up. One is to get these initiatives embedded in the institutional framework in the countries. This can be done hand-in-hand with the government. It will also be fruitful to embed the programme in Health, Education and other relevant sectors to make it universal and ongoing and ensure funding and sustainability.
- Another key learning is the importance of bringing onboard national and/or local organizations directly involved in service provision; this should be factored into the design. Another lesson is to recognize the importance of developing indicators, including impact indicators, specific to the project. To ensure these initiatives have policy support, it is necessary to have an integrated and holistic approach and maintain consistency in commitment and delivery. These need to be considered when pushing forward these types of programmes.
- A crucial learning is the recognition that everything depends on the quality of training and follow up, support to community workers, strong communication with them and a strong peer-to-peer strategy of learning. Impact evaluations have shown the importance of this and given the ECD sector more push forward. From the point of view of parents, giving clear information about what's going on with their children is basic but extremely important. The content in parenting programmes should be transparent, with high expectations on parents and high-quality interactions with parents/caregivers.
- Some of the common challenges faced in institutionalising these types of interventions include the fact that certain governments are more receptive to work on these issues than others, with some cultures supporting children more than others. There is oftentimes a lack of understanding of children as powerful agents who are able to make decisions. In order for countries to enhance their understanding of this, there is a need to inform them of the discourse, science, and reality of children and encourage the advancement of policies in this regard. Further, experience shows that policies are relatively easy to put in place, while implementation can be a significant challenge. This could be due to lack of human resource

capacity, quality assurance, follow-up, and political will - or a combination of these.

- Another challenge is the sectoralized way that budgets are spread, e.g., across sectors such as health, education, and social welfare. Getting decades-old institutions who have worked in certain ways to take on something that they believe is not in their mandate or purview is complicated. A more traditional, political challenge is that if early childhood development is not a high priority for the government, it is difficult to move forward.
- Additional challenges have emerged post-COVID-19. The education sector has had significant budget cuts, which has resulted in a significant threat to ECD and ECE programming. There has been a worrying reversal of gains made in ECD programming, which is greatly impacting children in all areas. The biggest income lost relates to children in preschool ages due to school closures and service disruption.<sup>8</sup> There has also been a significant psychological burden of dealing with COVID-19 for teachers who are also caregivers in their families or who have lost their loved ones to COVID-19. Insufficient attention has been paid to this and there is a need to have a 'caring for the caregiver' policy.
- Overall, there is an important challenge to be addressed in this regard: namely how to bring sufficient attention to the ECD agenda. It could be suggested that piggybacking on other sectors/investments, such as the health/education investment, or on vaccines and clean water, could work in favour of ECD/ECE. The COVID-19 crisis could be leveraged in order to 'bring the subject back to the table.'

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<sup>8</sup> The World Bank, UNESCO and UNICEF (2021). The State of the Global Education Crisis: A Path to Recovery. Washington D.C., Paris, New York: The World Bank, UNESCO, and UNICEF

# Annexes

## Annex 1: Terms of Reference and signed UNEG code of conduct

The terms of reference can be viewed at this link:

[https://drive.google.com/file/d/1ILwYimQ7wfCGE8I2TP\\_3GJGosLpId1Ha/view?usp=sharing](https://drive.google.com/file/d/1ILwYimQ7wfCGE8I2TP_3GJGosLpId1Ha/view?usp=sharing)

(Each UNEG member to create its own forms for signature)

## Annex 2: United Nations Evaluation Group Code of Conduct for Evaluation in the UN System

### Evaluation Consultants Agreement Form

To be signed by all consultants as individuals (not by or on behalf of a consultancy company) before a contract can be issued.

### Agreement to abide by the Code of Conduct for Evaluation in the UN System

Name of Consultant: Mariette Correa

Name of Consultancy Organisation (where relevant): Includovate

I confirm that I have received and understood and will abide by the United Nations Code of Conduct for Evaluation.

Signed at (place) on (date)

India, 28.9.2021



Signature: \_\_\_\_\_



(Each UNEG member to create its own forms for signature)

## Annex 2: United Nations Evaluation Group Code of Conduct for Evaluation in the UN System

### Evaluation Consultants Agreement Form

To be signed by all consultants as individuals (not by or on behalf of a consultancy company) before a contract can be issued.

### Agreement to abide by the Code of Conduct for Evaluation in the UN System

Name of Consultant: Marta Welander

Name of Consultancy Organisation (where relevant): Includovate

I confirm that I have received and understood and will abide by the United Nations Code of Conduct for Evaluation.

Signed at (place) on (date) Brussels on 28/09/2021

Signature: *Marta Welander*

(Each UNEG member to create its own forms for signature)

## Annex 2: United Nations Evaluation Group Code of Conduct for Evaluation in the UN System

### Evaluation Consultants Agreement Form

To be signed by all consultants as individuals (not by or on behalf of a consultancy company) before a contract can be issued.

### Agreement to abide by the Code of Conduct for Evaluation in the UN System

Name of Consultant: David Lefor

Name of Consultancy Organisation (where relevant): Includovate

I confirm that I have received and understood and will abide by the United Nations Code of Conduct for Evaluation.

Signed at (place) on (date)  
Bangkok, 28/9/21

Signature:  \_\_\_\_\_

## **Annex 2: Inception report including evaluation matrix**

The Inception Report can be found at the following link:

<https://drive.google.com/file/d/14xnuknLnbSqJ-9F80JJhNmbcDji2nmhJ/view?usp=sharing>

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## **Annex 4: Methodological tools**

The tools for the evaluation can be viewed at the following link:

[https://drive.google.com/drive/folders/1jyhsWfii87c\\_RJ7RwdaVTcEBq8xiXI7b?usp=sharing](https://drive.google.com/drive/folders/1jyhsWfii87c_RJ7RwdaVTcEBq8xiXI7b?usp=sharing)

## Annex 5: Case studies

### Case 1

No.	Personal details	
1.	Name	xxx
2.	Gender	Male
3.	Age	32
4.	Location	Sepon District
5.	Department	Education and Sports Office
6.	Disability (if any)	
7.	Ethnic group	'Tri' ethnic group
8.	Occupation (What do you do for a livelihood?)	<ul style="list-style-type: none"> <li>● Volunteer teacher</li> <li>● Rice and Banana farmer</li> </ul>
9.	Who are the members of your household? (get ages of children if any)	xxx

10. Has this training led to any changes in how you see children should be raised? Elaborate with examples.

Yes, the training has enabled me to alter my perceptions of how children should be cared for. I learned about children's development; in particular the benefits of child nutrition. Previously, I didn't pay attention to what children should eat for their development, such as the value of exclusively breastfeeding for at least 6 months or much longer. We were taught that breast milk provides ample and easily absorbable critical components of child nutrition. Apart from that, I've realized the necessity of keeping children healthy for their future growth and educating them in the proper manner, which includes using digital devices at the appropriate time and for their brain development.

11. Has this training led to any changes in how you see women should be treated? Elaborate with examples.

Yes, the training altered my perception of how to treat women. I used to pay little attention to ladies, including my wife, and I didn't offer much assistance with work around the house, even while she was pregnant. After the training, I attempted to assist with domestic tasks as much as I could after work, including cooking for my wife and children, which I rarely did before and I am not good at, but I try my best to help now. Significantly, I am aware of the difficulties faced by mothers in raising their children and have attempted to communicate this message to families and the community.

12. What has this training taught you about disability? Elaborate

Human rights, non-discrimination, and social equality were highlighted during the training. Children with disabilities should be included in all aspects of community life, including social life. Allowing them to attend school is one of these opportunities. As a volunteer teacher, I had a student in my classroom with a limb disability who was about 12 years old. I attempted to get other students to play with him; but, if he was unable to participate in the activities, for instance, football, I would seek out another activity that would be suitable for him to participate in. Students should be reminded that disabled individuals in their class or anywhere else are not to be despised. They must be treated as if they were 'regular' individuals. Significantly, parents or communities must treat children equally. Otherwise, when the 'impaired' children grow up, they will be disadvantaged, which will affect their growth.



13. In what ways has the training helped you in your personal life? Has it led to any changes in practice in your household? Elaborate with examples

The training has taught me to pay attention to my family, particularly my wife and children, by assisting them with household chores after work. Furthermore, the training programme assisted me in paying attention to children, not only to my own child, but also to other children and family members who were in my immediate vicinity. Parents should educate their children, for example, on what they should eat and what they should not consume, as well as what they should do and what they should not do (how to behave well). As I have seen, most parents use violent remarks to their children, and as a result, their children grow up to be aggressive people. Furthermore, some parents are biased, which implies that they love their children unequally, favouring some over others. As a result, I advise parents to avoid raising their children in this manner.

14. What are the key messages from your training that you think are important to communicate to parents and caregivers?

The most important lesson for parents and caregivers of children, in my opinion, is to continue to look after the mental and physical health of their children, specifically, in nutrition and education. To some extent, parents should not scold and smack or beat their children when they do something wrong or unsatisfactory; instead, they should strive to communicate with them in a sensible manner. Furthermore, caregivers must take better care of the youngsters than in the past, using softer words in their explanations and refraining from using forceful or orderly language.

15. What are the challenges that you foresee in imparting the learnings of this training to others in your community?

Delivering the programme's main contents to parents and community members is the most difficult task, because of their knowledge gaps and educational backgrounds, as well as time constraints. My neighbourhood and its environs are dominated by farmers and ethnic groups with low levels of education. As a result, it is difficult to convey messages and transfer knowledge to them. Furthermore, the curriculum of the programme covers a wide range of topics; we, as trainees, determine which ones are most important to us based on the circumstances of our communities. As a result, we may not be able to address all of the needs of the communities.

16. How do you think this project will help your village/community?

This LCEC project, I believe, will benefit my neighbourhood by offering such essential information to parents and families in the community, allowing them to recognize the importance of caring for children and their future development. Parents used to nurture their children with traditional practices, especially in ethnic groups; for example, they did not pay attention to their children's schooling because parents, too, were ignorant. As a result, this project will assist households in my community more than ever before.

## Case 2

No.	Personal details	
1.	Name	xxx
2.	Gender	Male
3.	Age	35
4.	Location	Atsphone District

5.	Department	Labour and Social Welfare Office
6.	Disability (if any)	
7.	Ethnic group	Phouthai
8.	Occupation (What do you do for a livelihood?)	District Labour and Social Welfare Officer
9.	Who are the members of your household? (get ages of children if any)	xxx

10. Has this training led to any changes in how you see children should be raised? Elaborate with examples

Yes, this training has led to changes in how I perceive children should be raised. Good parenting means taking good care of children, teaching them to be good citizens, and using soft words and expressions with our children. For example, before joining the training programme, I never talked with an unborn baby but after taking part in this programme, I did communicate with my unborn baby. Children of school age should receive education. My children are now in pre-primary school.

11. Has this training led to any changes in how you see women should be treated? Elaborate with examples.

Yes, this training has led to changes in the way I see how women should be treated. For instance, before taking part in the programme, we did not pay attention to maternal health and nutrition but now we take good care of these things for women, especially during their pregnancy. In addition, I learned that women and men are more equal. For example, family duties or household chores should be shared properly between women and men in the families. In addition, women should be encouraged to participate in discussions or meetings and share their perspectives on issues. Previously, only men joined village meetings. Now, women play an increasing role in the families and communities.

12. What has this training taught you about disability? Elaborate

Mostly, people with disabilities would not participate in the training. It might be because of themselves and their families. Sometimes, their families would discourage them from participating in the programme or other social activities by saying that people with disabilities should not join the programme, their friends would laugh at them if they took part in the programme. This training taught me that families should care for disabled children the way they do with abled children. Children with disabilities should be allowed and encouraged to participate in social activities including education like abled children. However, there is no specific school for disabled children in rural areas unlike in big cities. Parents should pay special attention to them.

13. In what ways has the training helped you in your personal life? Has it led to any changes in practice in your household? Elaborate with examples

To some extent, this training has led to changes in practice at my household, especially in terms of parenting. For example, previously looking after children or parenting was mainly women's responsibility but now it is a shared responsibility between husband and wife. We also share other duties. It helps us improve our communication among family members, which enables us to enhance family bonds and understanding among ourselves. It also leads to better health.

14. What are the key messages from your training that you think are important to communicate to parents and caregivers?

All messages from the training programme are important. However, I think the most important messages to convey to parents and caregivers are 'protect and care' because there are lots of social issues including drug abuse. Thus, it requires that parents take good care of and protect their children. Another important message is that parents should place importance on their children's education. Another key message is communication. Parents should communicate with their children gently and not use rude words/expressions. This is because children's minds are like a sheet of white paper, which is susceptible to every impression.

15. What are the challenges that you foresee in imparting the learnings of this training to others in your community?

The challenges that I foresee in implementing this training to others in my communities are as follows:

- Lack of cooperation from participants (facilitators at the village level).
- Participants do not understand the messages of the training programme.
- There are too many forms for participants to fill out. They are complex not only for participants but also for trainers like myself.
- The distance between villages is far and the road conditions are poor, making it hard to have access to the communities, especially in the rainy season.
- Post training, participants at village level might not be able to implement the programme since they do not fully understand the contents of the programme. So, there should be one or two staff responsible for monitoring and further support.

16. How do you think this project will help your village/community?

The project is helpful to my community in a number of ways. For instance, it helps with statistical collection at villages (statistics of pregnant women, children and people with disability), which can be used for reporting. In addition, it promotes the roles of women or gender balance in the communities since the Lao Women Union at village level participated in the programme. More importantly, it is beneficial to women, especially pregnant women. Women get to know at what ages they should get pregnant, for instance, from 18-25 is a period suitable for getting pregnant, and the project offers knowledge regarding nutrition for women and children. All of these contribute to the overall development of the communities.

### Case 3

No.	Personal details	
1.	Name	xxx
2.	Gender	Female
3.	Age	30
4.	Location	Phaoudom District
5.	Department	Public Health Office
6.	Disability (if any)	
7.	Ethnic group	Tai Lue
8.	Occupation (What do you do for a livelihood?)	District Public Health Officer

9.	Who are the members of your household? (get ages of children if any)	xxx
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10. Has this training led to any changes in how you see children should be raised? Elaborate with examples

Yes, the training has led to changes in how I perceive children should be raised. There are positive changes in my parenting practice. For example, previously I did not raise my children properly. When they wanted things like toys and candy and cried for these, I would scold and beat them. However, after receiving this kind of training, I changed my conduct. I no longer scold or beat the children any more even if they cry. I communicate with them gently and patiently, and then take them to see or do something else to calm them down.

11. Has this training led to any changes in how you see women should be treated? Elaborate with examples.

Yes, this training has led to changes in how I see women should be treated. Before that, women were responsible for almost everything in the household. However, after participating in this training programme, I understand better about the roles of women and men in the families and communities. Now genders are getting more balanced. Both husbands and wives should share household responsibilities including parenting or looking after children. When children get sick, they should help each other take care of the children. In my own life, for example, as a public health officer, during the spread of COVID-19, I usually visited communities early every day (from 6 am-5 pm). So, my husband would help me look after the child. In short, both husband and wife should share responsibilities.

12. What has this training taught you about disability? Elaborate

This training enabled me to understand that everyone in society is equal in terms of rights no matter if they are disabled or abled. There should be no discrimination against them. All people with disabilities should receive equal treatment, including health care services. They should be allowed to participate in social activities, and sometimes they should receive more special care and inspiration than the abled.

13. In what ways has the training helped you in your personal life? Has it led to any changes in practice in your household? Elaborate with examples

I have received practical information and knowledge from the training programme that will not only be applied in my own life but also be transferred to others in the neighbourhood. For example, when parents scold and beat their children, I tell them not to do so and I explain to the parents that children are innocent. They should not be scolded or beaten, and I would put that recommendation into practice in my family. We should have a better way of teaching our children to calm down and be patient. In addition, the training programme has helped improve communication within families. For example, in my family, when our children cried, we used to have quarrels or misunderstandings in the family but now we have no more quarrels. We understand each other more and help each other solve family problems through communication. Both husband and wife should be patient and level-headed and look for strategies for parenting.

14. What are the key messages from your training that you think are important to communicate to parents and caregivers?

There are various messages from the training that are important. However, the most critical messages are how to love and care for children properly, how to look after children's health, nutrition, vaccination, education and registration of newborn babies with the Home Affairs Office. In addition, it is important that parents love and care for their children equally no matter whether they are abled or disabled. Children should not be scolded or beaten.

15. What are the challenges that you foresee in imparting the learnings of this training to others in your community?

The challenges I foresee in implementing this training to others in my community are as follows:

- Lack of cooperation from the communities because they have to work in their plantation fields, so they have no time to participate in the training and they would be absent from the programme, which is implemented in the rainy season (plantation season).
- Participants (village level facilitators) might lack motivation.
- Travelling from one village to another is difficult due to underdeveloped roads.
- Some participants have no vehicles (motor bikes) for travelling to join the training.
- Another challenge is that district trainers' schedules clash (conflicting schedules) because they have to work for their office and for the project.

16. How do you think this project will help your village/community?

The project will help my community in various ways. It will offer an opportunity for the communities to receive practical information and knowledge. Domestic violence remains an issue in the communities, but the programme would help reduce domestic violence due to communication, which enables the family members to understand each other more, creating a warm environment in the families. In addition, the training programme will help with child development through promoting mother and child health and nutrition. Before this, the communities did not recognize the importance of nutrition. This will also help to realize the objectives of the Public Health Office since the project plays a complementary role to that of the Public Health Office.

#### Case 4

No.	Personal details	
1.	Name	xxx
2.	Gender	Male
3.	Age	36
4.	Location	Phaoudom District
5.	Department	Labour and Welfare Office
6.	Disability (if any)	
7.	Ethnic group	Tai Lue
8.	Occupation (What do you do for a livelihood?)	Labour and Welfare Officer
9.	Who are the members of your household? (get ages of children if any)	xxx

10. Has this training led to any changes in how you see children should be raised? Elaborate with examples

Yes, this training has changed my perspective on how children should be raised. For example, I am more attentive to my children. I instil in them the values of doing the right thing and prioritizing their education. I send the children to school, and when they return, I question them about what they learned from their teachers, and I ask them to demonstrate what they have learned to me.

11. Has this training led to any changes in how you see women should be treated? Elaborate with examples.

Yes, the training has changed my perspective on how women should be treated. The training programme provided me with a wealth of information and expertise that I can apply in my daily life, resulting in improvements in my attitudes and behaviour. For example, in the family, my wife and I share our duties and responsibilities more equally. Furthermore, our family used to earn a small amount of money by owning a small business; now, we farm vegetables and raise animals to help each other generate additional cash to maintain the family.

12. What has this training taught you about disability? Elaborate

I've learned a lot about disability in this training. I realized that persons with disabilities have difficulties going about their daily lives; for example, walking is difficult for them. However, because they are powerless to help themselves, we must embrace the truth and treat them as well as, if not better than, abled individuals. They, especially impaired children, have the same rights as everyone else to participate in social activities, such as going to school. We should encourage and promote them to participate in social activities.

13. In what ways has the training helped you in your personal life? Has it led to any changes in practice in your household? Elaborate with examples

The training programme provided me with useful information and knowledge that will benefit our family. We understand how to spend quality time with our loved ones (wife and child). As I previously stated, we have gained a great deal of knowledge. We had little income prior to this, but after joining in the training, we worked hard to better our living conditions by earning extra money. In addition, we altered our parenting style. We have two children, the first of whom was born and nurtured in accordance with traditional and natural parenting methods. However, based on the facts and expertise I gained from the programme, we improved our parenting practice for the second child by paying greater attention to his health and nutrition. Furthermore, we prioritize our children's education by enrolling them in a pre-primary school.

14. What are the key messages from your training that you think are important to communicate to parents and caregivers?

The health of the mother and breastfeeding, which will help improve the immune system of children because breastfeeding is superior to other milk products, are the most essential themes from the training that I believe should be transmitted to parents and caregivers. Furthermore, it is critical to communicate with impaired children, who should be entitled to an education. In societies, there should be no discrimination towards persons with disabilities.

15. What are the challenges that you foresee in imparting the learnings of this training to others in your community?

There are challenges as follows:

- The pandemic does not allow gatherings and participants (village facilitators) are afraid of being infected.
- Distance from one village to another is far. To have access to some villages, we have to walk 4-5 hours plus the road conditions are extremely poor, which makes it hard to travel, especially during the rainy season.
- Budget should be appropriately planned.
- Ethnic participants do not understand the official language (Lao), which makes it hard to transfer the knowledge. Participants could not grasp the messages of the programme. So, trainers have to translate them into the local language.

16. How do you think this project will help your village/community?

The project will help my village. It promotes mother and child health, nutrition and education, which will help equip mothers and children with knowledge. However, if possible, the project should continue to impart the value of 'love and care of every child' in the communities. The communities still do not understand the meaning of 'love and care for every child'. If families understand the messages of the programme, it will help develop the communities in terms of health, nutrition and education. In addition, after collecting data from villages, the project should identify what are the actual needs of the villages, and then address those needs.

#### Case 5

No.	Personal details	
1.	Name	xxx
2.	Gender	Female
3.	Age	41
4.	Location	Atsphone District
5.	Department	Public Health Office
6.	Disability (if any)	
7.	Ethnic group	Phouthai
8.	Occupation (What do you do for a livelihood?)	District Public Health Officer
9.	Who are the members of your household? (get ages of children if any)	xxx

10. Has this training led to any changes in how you see children should be raised? Elaborate with examples

Yes, I participated in the training and it has led to positive changes in how I see children should be raised. For example, previously I raised my child based on traditional parenting practice, ignoring the importance of balanced nutrition and hygiene in children. However, after joining the training, I received a lot of practical information that can be applied in my real life. I pay more attention to health, nutrition and hygiene in children. To achieve balanced nutrition, children should eat five

food groups, which is different from what they used to eat before. In the past, once a baby was born, we would feed him or her with rice but now we no longer do that anymore. We now know that babies should receive supplementary feeding. In addition, I came to understand that parents with disabled children should care for both disabled and abled children equally.

11. Has this training led to any changes in how you see women should be treated? Elaborate with examples.

This training led to changes in how I see women should be treated and how I behave. For example, before this, I was responsible for almost all family duties, but after receiving such training, I came to know which duties should be done by men and which ones by women. Duties should be fairly shared between women and men. The roles of women and men should be more equal. The communities understand better about gender equality. In addition, pregnant women should not do hard work and should not drink alcohol. They should eat properly and nutritiously for the health of themselves and their babies. These are things I have learned as a result of the training I have received.

12. What has this training taught you about disability? Elaborate

The training has enabled me to better understand about disability (both children and adults). Both disabled and abled children should be treated, cared for and loved equally. Previously, I have reached the communities to promote the participation of disabled children in the social activities at the community level. Before this, parents with disabled children would not allow their children to take part in social activities because their parents are embarrassed that they have children with disabilities. However, we did talk with their parents to help them understand that children with disabilities should be part of the social functions, including sports events. For example, if they cannot run, they could do something else instead.

13. In what ways has the training helped you in your personal life? Has it led to any changes in practice in your household? Elaborate with examples

The training programme has helped me in my personal life in a number of ways. There are positive changes in my daily life. For example, I understand and pay more attention to family nutrition. We choose to eat more nutritious food. In addition, I have a better understanding of gender equality, which is getting more balanced. Furthermore, we incrementally changed our deep-rooted unprogressive traditions and superstitious beliefs. More importantly, we communicate better than ever before among our family members.

14. What are the key messages from your training that you think are important to communicate to parents and caregivers?

The key messages from the training programme that I think are important to communicate to parents and caregivers are mother and child health and nutrition and parenting practices, ranging from pregnancy period, during which mothers should eat proper and nutritious food. In addition, communication is also important.

15. What are the challenges that you foresee in imparting the learnings of this training to others in your community?

The challenges that I foresee are as follows:



- Some families do not cooperate with the programme. In one village, there would be one or two families that tend to ignore the importance of the programme.
- Communication is one of the challenges since there is no phone signal in some areas/villages.
- The pandemic hinders us from reaching the communities.
- It is difficult to travel on a motorbike with tools from one village to another, especially in the rainy season.
- Villagers mostly work in their plantation fields including cassava harvesting, so they do not want to participate in the programme.

16. How do you think this project will help your village/community?

The project is very beneficial to my community. It has enabled the community to learn and receive various practical information and knowledge that can be applied in their daily life. For example, it teaches the community residents to understand the importance of balanced nutrition, hygiene, and good parenting practices. Village volunteers visit households with newborn babies, and they disseminate the information among the families, especially how to raise children effectively. Posters also help the families to gain a better understanding of the messages of the programme. In addition, communication within the families and among families improves. For example, my family members are now communicating better. The community pays more attention to their children's education, which is seen by the fact that both disabled and abled children are sent to school.

#### Case 6

No.	Personal details	
1.	Name	xxx
2.	Gender	Female
3.	Age	55
4.	Location	Sepon District
5.	Department	Home Affairs office
6.	Disability (if any)	
7.	Ethnic group	Phouthai
8.	Occupation (What do you do for a livelihood?)	District Home Affairs Officer
9.	Who are the members of your household? (get ages of children if any)	xxx

10. Has this training led to any changes in how you see children should be raised? Elaborate with examples

Yes, the programme provided me with parenting knowledge. I've followed nurses or doctors' instructions that I have received, which enable me to be aware of what I should do or not do. The training programme has helped me to stress this information and has given me a better grasp of child development. In addition, I've learned about children's nutrition and what they should eat and avoid for their health and development. I also learned that when a woman gets pregnant, she needs to go to the hospital to receive prenatal care, and it is important to register her child. Previously, pregnant women normally would not go to the hospital until they were ready to give birth.

Furthermore, when their children were born, parents, particularly women, raised their children based on the food that was accessible to them; they did not consider whether the food was nutritious for their children.

11. Has this training led to any changes in how you see women should be treated? Elaborate with examples.

In general, the roles and obligations of women in cities and rural areas differ when it comes to household work. Women in rural areas are more likely to put in longer hours and harder work. They are responsible for almost everything at home, from cleaning to cooking. Worse than that, they continue to work when they get pregnant. They were not assisted by men or their husbands. These aspects have been steadily changing since the LCEC programme reached the rural communities. When a woman is pregnant, men recognize her value and treat her better. They assist their wives with household tasks and share the responsibilities of raising their children. In addition, when their wives are pregnant, they take them to the hospital on a regular basis to have their wives' and babies' checked up.

12. What has this training taught you about disability? Elaborate

The training emphasizes that the disabled and non-disabled children be treated equally. Children with disabilities must be treated with social equity. Parents who have a disabled child must treat him or her with the same love as other children. Furthermore, parents must constantly provide them with hope and encouragement in order to overcome their disadvantages, such as allowing them to attend school. Previously, parents with impaired children did not allow their children to attend school and also prevented them from participating in community activities. Since the LCEC project went out to families and communities, there has been a gradual shift toward seeing disabled children as normal, with less revulsion or exclusion from social activities.

13. In what ways has the training helped you in your personal life? Has it led to any changes in practice in your household? Elaborate with examples

The training provided me with more information on what I should concentrate on or improve in terms of (early) child development. As previously stated, I had no idea about what foods are excellent for children and would simply put whatever food available in their children's mouths. Now that I understand, I'm attempting to spread the word among my relatives and neighbours. With the advantages of the training's important material, I will continue to share my understanding of child development with my children, grandchildren, and others. For example, in order to get the benefits of breastfeeding for both mothers and babies, mothers must nurse their children with their milk for at least six months or longer, and they must take their kids to the doctor when they are unwell.

14. What are the key messages from your training that you think are important to communicate to parents and caregivers?

Children are a metaphor for white paper; they are ready to absorb new things. They want to explore and learn new things. Therefore, parents or caregivers must do everything they can to help their children, avoiding physical punishment or inappropriate actions. Also, when speaking with them, we should use pleasant words. Children will remember and utilize the unpleasant words if their parents or caregivers use these words with them. These are important messages for parents and caregivers.

15. What are the challenges that you foresee in imparting the learnings of this training to others in your community?

Sepoon district contains a large proportion of poor households, particularly in rural regions, with low levels of education. As a result, delivering training to people with limited capacities would undoubtedly face challenges in terms of conveying various pieces of information and knowledge to them. It is necessary to devote time to the training, not just one or a few days (s). To a greater extent, emphasizing that the main topics/contents of training should be done numerous times to guarantee that they get the material and can apply it in their everyday lives. Furthermore, Sepoon has a diverse ethnic group, with a big number of ethnic groups able to converse with other communities using the Lao language, but a smaller number of them are unable to do so. They are limited in their abilities in addition to their knowledge. This is because several of them have a low degree of schooling. In fact, the ethnic groups of the older generation have only completed primary school or have not completed it at all. It may be difficult to give the training message to them when we conduct training for them.

16. How do you think this project will help your village/community?

It would be useful to my villages and communities if central and district trainers were well informed about the essential messages of child development and were able to conduct the training in rural regions as planned and designed. More relevant information on the contents of the Love and Care for Every Child project should be disseminated and emphasized in the communities and beyond to enable people, particularly ethnic groups, realize the importance of child development and the advantages to their children.

#### Case 7

No.	Personal details	
1.	Name	xxx
2.	Gender	Male
3.	Age	32
4.	Location	District
5.	Department	Home Affairs office
6.	Disability (if any)	
7.	Ethnic group	Hmong
8.	Occupation (What do you do for a livelihood?)	District Home Affairs officer (Supplementary work as a rubber cutter)
9.	Who are the members of your household? (get ages of children if any)	xxx

10. Has this training led to any changes in how you see children should be raised? Elaborate with examples

Yes, this training has aided me in shifting my perspective on how children should be raised. For example, the training added to what I already knew about the benefits of striving to achieve balanced nutrition in children from doctors' and nurses' recommendations. Furthermore, I have learned how to foster children's mental and physical health in suitable and/or successful ways as a

result of this training. A substantial number of parents, in particular, raise their children using digital devices (on smartphones). This is a terrific approach for parents to teach their children, but it may also have a negative effect on children if parents do not know how to appropriately utilize digital devices with their children. They typically leave their phones with their children so that children won't interrupt their activities, which has negative consequences.

11. Has this training led to any changes in how you see women should be treated? Elaborate with examples.

This is a good question for me because I come from an ethnic group that still views women as second-class citizens. Yes, the training altered my perspective on women, and it also helped other families and communities to recognize the value of women in society. Men now assist women with not only housework but also childcare if they have the time.

Gender equity has reached ethnic communities, and women's roles are progressively becoming acknowledged.

12. What has this training taught you about disability? Elaborate

The training has given me a better knowledge of children with special needs. The programme emphasized social equity, underlying that rather than despising disabled children, we should assist them and treat them as regular children. If a disabled child comes to play with other families, we must speak with them in a non-disgusting manner and assist them as much as possible. Indeed, one of my grandchildren has a limb handicap; he lost his leg while playing with his friends near his home in the province of Xiengkhoang. (Xiengkhoang, which is a northern Laos province that was heavily bombarded by American bombs during the Vietnam war, leaving tons of unexploded ordnance (UXO) on the ground, and each year, people, particularly children, are killed or injured by UXO. Many became disabled). As a result, I have a good understanding of people with disabilities. If we can, we must assist them.

13. In what ways has the training helped you in your personal life? Has it led to any changes in practice in your household? Elaborate with examples

As previously stated, the training has aided me in adjusting my parenting practice for my two children and I came to understand the roles and responsibilities of household members by sharing the burden of chores with my wife and caring for my children when she is exhausted or preoccupied with other responsibilities. Prior to training, I was unaware of the significance of this. I was hostile and did not look after my children, instead leaving them with my wife. At present, even though I am busy at work after training, I attempt to assist my wife in taking care of the children.

14. What are the key messages from your training that you think are important to communicate to parents and caregivers?

The main messages I want to give parents and caregivers are to pay more attention to their children's growth. Furthermore, parents/caregivers should communicate with children frequently, using clear and soft phrases consistently. Children are innocent, and they have no idea if they are doing things correctly or not. We must explain everything to them clearly, and we must not use a harsh tone with them. Every child has different levels of knowledge absorption and mental development. It is critical for caregivers to assess and determine the best manner to interact with or teach their children.

15. What are the challenges that you foresee in imparting the learnings of this training to others in your community?

The main issues are the inequalities in information intake among villager level trainees, which makes it difficult to transmit the crucial messages to them. As a result, explaining the various contents of the programme to them takes much more time than expected. Another difficulty is the language barrier. From my experience, I am an ethnic trainee (Hmong), it may be difficult for me to speak easily with participants (village trainees) due to my accent. However, because a number of participants come from various ethnic groups, they may grasp some but not all of what the trainers try to represent. In summary, two-way communication between trainers and participants (i.e., Mouser and Akha ethnic groups) is difficult to achieve. To move further interpretation may be required. Finally, as trainers we utilize our own vehicle, primarily a motorcycle, to travel to (remote) areas for this programme, which does not secure our safety. The roads are in poor condition, and it is much worse during the rainy season. As a result, if the trainer's vehicle has a problem, it could impact somewhat on the training implementation and onwards to the community.

16. How do you think this project will help your village/community?

This project will benefit my village and community in a variety of ways by providing and spreading essential information about child development and nurturing, including gender issues that continue to be a problem in ethnic communities and beyond. Furthermore, if the project is frequently implemented in the (rural) communities, it will help people, particularly ethnic groups (men) to better understand their duties and responsibilities in their homes and communities.

#### Case 8

No.	Personal details	
1.	Name	xxx
2.	Gender	Female
3.	Age	43
4.	Location	Meung District
5.	Department	Education and Sports office
6.	Disability (if any)	
7.	Ethnic group	Thaidam
8.	Occupation (What do you do for a livelihood?)	District education and Sports officer
9.	Who are the members of your household? (get ages of children if any)	xxx

10. Has this training led to any changes in how you see children should be raised? Elaborate with examples

Yes, my perspective on how children should be raised has shifted as a result of the training. Breastfeeding is particularly emphasized in the rearing of children, since it is necessary for babies for the first six months as a source of nutrition and mothers should breastfeed babies for as long as possible. In addition, I've learned about child hygiene. Prior to this, I did not pay much attention to hygiene issues. Before giving food or liquid substances to children, we must check or inspect the label to ensure that they are not expired for the health of children. Children are at risk of being ill if

cleanliness is neglected. In short, we must protect children from anything that is detrimental or dangerous to them.

11. Has this training led to any changes in how you see women should be treated? Elaborate with examples.

Yes, the training did, in fact, emphasize the important role of women in families and communities. Meung has a diverse ethnic population, particularly in rural areas, where women have traditionally been underrepresented in social activities because of their customs and practices that are not progressive. One of these was preventing women from participating in social events and making decisions. Married women, in particular, are expected to stay at home and take care of their children and household chores. Things are changing gradually since the project has reached communities and families; rapid change is not possible. Husbands have recently started helping their spouses in caring for their children and performing household chores. Women have also taken on a larger role in their families and communities. They can use their voices or become a representative of their family or village to influence how things are done.

12. What has this training taught you about disability? Elaborate

The training increased my awareness of children with disabilities by highlighting that every child, whether impaired or not, has an equal right to participate in social activities, such as going to school and playing with other students. As a result of my work in the educational field, I've seen teachers at schools emphasizing the value of non-discrimination through disseminating extra information from this LCEC project; they do not compare who is impaired or non-impaired. They are fair to all types of students. Furthermore, parents of disabled children did not hide the fact that their children were disabled. Parents, on the other hand, encourage and assist their disabled children in social situations.

13. In what ways has the training helped you in your personal life? Has it led to any changes in practice in your household? Elaborate with examples

This course provided me with a better grasp of the significance and benefits of child development. I have discussed the subject of children's growth with my friends and co-workers on what kind of food or drinks children should consume for their health and well-being on a limited budget, based on child nutrition guidelines. Furthermore, I have sought to apply the information to my family. For example, when it came to communication, I used a lot of aggressive words with my child. As a result, she didn't pay attention to or follow instructions and would instead rebel against me. She has, however, paid attention to my suggestions/ideas after adjusting my tone by using more compassionate or gentle words. As a result, she has consulted with me whenever she has an issue, resulting in more love in my family.

14. What are the key messages from your training that you think are important to communicate to parents and caregivers?

The most important message I want to convey to parents is communication, and that parents should pay attention to or listen to their children. After we've listened to them, we need to teach them how to behave well or explain to them why they should do or not do something. We must accept and embrace it if parents believe their children are correct and grant them the right to speak. Furthermore, parents should teach their children to be able to differentiate between right and wrong, spend time with them, and not only meet their needs. Moreover, caregivers must teach children with care and affection, refraining from using harsh words or punishing children when

they do something wrong. Children will become aggressive if this happens. As a result, caregivers should be patient with children, and when they accomplish something properly, they should be praised.

15. What are the challenges that you foresee in imparting the learnings of this training to others in your community?

The key challenges are:

- When providing training in villages/communities or disseminating information, participants as well as village trainees may not be available when scheduled. This is due to the fact that they have another assignment to complete. As a result, finding a schedule that works for both district and village trainees could be difficult when planning for the training.
- Furthermore, village trainees find it difficult to collect data from households because people are not at home throughout the day. Farmers make up the vast majority of Meung district's population, and they rely on their daily income generation to survive. When filling out survey forms or disseminating information, they may not be home. They may attend in part or not at all.
- programme materials are difficult; there is a lot of information to share, but there is inadequate time to do that. As a result, providing meaningful information and knowledge transfer may be insufficient or ineffective.

16. How do you think this project will help your village/community?

This project will assist my village in emphasizing the importance of children's development and gender equality. People, especially, with limited knowledge and capacities, and ethnic groups, would gain benefits from more practical activities rather than theoretical learnings in the community. Hence, the project needs to focus on practical activities, for instance, practice identifying the components of child nutrition, such as which vitamins are present in each food. This is something that should be presented to them. In a nutshell, this project will benefit my community if it focuses on practice rather than theory-based learning.

## **Annex 6: Evaluability Assessment**

The Evaluability Assessment of the LCEC project can be viewed at the following link:

[https://docs.google.com/document/d/1R6-cV0-dmkgRbJ2d9iWtIWf7w\\_EpZKQ/edit?usp=sharing&oid=110956965974268616545&rtpof=true&sd=true](https://docs.google.com/document/d/1R6-cV0-dmkgRbJ2d9iWtIWf7w_EpZKQ/edit?usp=sharing&oid=110956965974268616545&rtpof=true&sd=true)



## Annex 7: IRB ethical clearance

9 November 2021



**Ethical clearance letter:** Mid-term evaluation for the UNICEF Love and Care for Every Child project

Dear Dr. Mariette Correa,

On 03<sup>th</sup> November 2021, the Institutional Review Board (IRB) received the case for clearance. Mid-term evaluation for the UNICEF Love and Care for Every Child project, was discussed by the IRB members. The board members also scrutinized the attached documents for ethical assessments in depth.

The reviewed documents include,

- Includovate Research Ethics Application Form
- Consent forms and tools

We wrote our feedback on the above documents on 09<sup>th</sup> November and suggested minor edits on the Research Ethics Application Form that are to be addressed by the research team. We decided that our input and suggestions for all the shared documents should be incorporated and we approve the documents. This letter serves to inform you that the IRB approves the application for the project and hereby authorises you to proceed with its execution.

Please contact [girma.hundessa@includovate.com](mailto:girma.hundessa@includovate.com) should you have any questions.

Sincerely,

Dr. Girma Hundessa, Chair, Includovate IRB  
Ms. Zanta Messele, Internal IRB member  
Ms. Srilakshmi Subramanyam, External IRB member  
Ms. Jill Suzanne, External IRB member

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