# LANGOCA

Independent Progress Review

Gender Evaluation Report



# June 2011

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## Aid Activity Summary

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| --- | --- | --- | --- |
| Aid Activity Name | LANGOCA | | |
| Aid Works initiative number | INI310 | | |
| Commencement date | July 2007 | Completion date | June 2012 |
| Total Australian $ | $14 million | | |
| Total other $ | $0 | | |
| Delivery organisation(s) | CARE  Oxfam  Save the Children  World Vision | | |
| Implementing Partner(s) | Department of International Cooperation | | |
| Country/Region | Laos PDR | | |
| Primary Sector | Disaster Management, UXO Clearance | | |

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## Executive Summary

The LANGOCA Program is a five year program consisting of five long-term activities (LTAs) and five related short term activities (STAs) implemented by Australian NGOs - CARE, Oxfam, Save the Children Australia (SCA) and World Vision (two projects).

The LANGOCA goal is:

*To reduce the vulnerability of the poor (by integrating poverty reduction and cross-cutting issues with disaster management and UXO approaches in Laos).*

Three of the five LTAs integrate disaster management, particularly disaster risk reduction (DRR) and disaster preparedness with community development and strengthening of sustainable livelihoods. The remaining two LTAs link UXO clearance activities with community development and sustainable livelihoods planning. The activities are conducted in five of the eighteen provinces in Laos - Sekong province (CARE and Oxfam), Sayaboury province (SCA); Saravan Province (Oxfam), Khammouan province (World Vision) and Vientiane province (Oxfam).

The Program formally commenced in July 2007 although delays affecting activity inception were experienced to varying degrees by most NGOs, notably World Vision who were not able to commence until late 2009.

The LANGOCA program design elevated the integration of ‘cross-cutting’ issues as a program objective. This encouraged the NGOs to proactively address gender equality and inclusion of small ethnic communities and persons at risk of HIV in activity implementation, monitoring and evaluation in both program and individual project design documents. However, other than activities related to victims of UXO accidents, disability inclusion was not addressed in the activity designs.

There were some examples of effective approaches for mainstreaming gender equality including a strong employment policy on the part of all the NGOs to recruit female staff, particularly with local language skills, and, in CARE, to recruit staff with a disability.

**Key achievements** in gender equity included;

* Engagement of staff from the Lao Women’s Union (LWU) who in some cases could both speak the languages of smaller ethnic communities and, as they were members of these communities themselves, represent their concerns effectively. This also had the effect of enhancing government ownership of activities where LWU staff were involved. (all NGOs)
* Increased *membership* of women in village governance structures such as village development committees (VDCs), water, sanitation and health (WASH) committees etc. and some (limited) evidence of increased participation of women in decision-making. (all NGOs)
* Women consistently reporting positive benefits as a result of activities such as clearance of UXO which freed land up for agricultural production; provision of clean water supply systems and wheelbarrows for wood collection which reduced their time in these activities and enabled them to spend more time in income generation activities; and various trainings. (All NGOs)
* Clear health benefits to women as a result of the training and equipping of midwives in local communities (Oxfam) and improved water systems. (all NGOs)
* Increased confidence of women who were trained as midwives (Oxfam) and in girls and boys who participated in the Disaster Risk Education for Children’ (DREC) groups. (SCA)

Two NGOs had taken steps to enhance their capacity to ensure their activities were disability inclusive. CARE had successfully completed a short-term activity (STA) in which staff worked in partnership with Lao Disabled Peoples Association (LDPA) and the Cooperative for Orthotic and Prosthetic Enterprise (COPE) to identify and meet the needs of people with disabilities and to run workshops for district and provincial staff to mainstream disability inclusion into government services. SCA had sought advice from Handicap International (HI) about children with disabilities, however, this was limited to advice about how staff should interact with those children and not about how to actively include them.

**Monitoring and evaluation** for gender equity was weak, focussing primarily on gender disaggregation of data. This has significant implications for evaluating the impact of activities on women and girls. For example, whilst women’s membership in village governance structures had increased there was little evidence of increased participation in village decision-making as many of the women told the review team that they were “too shy” or that their husbands would represent their views as head of the household. When there were only 2 or 3 women in a committee of 18 or 19 villagers with a few exceptions, the women did not feel that they were able to speak out. In addition, as literacy was a prerequisite for committee membership this effectively excluded many women from isolated rural communities who were illiterate. They were also rarely selected for training, especially if the training involved travel away from their village. Planning for monitoring and evaluation of disability inclusion was virtually non-existent.

**Conclusion and recommendations**

All the NGOs in LANGOCA are making concerted efforts to model gender equality in staffing, training, and policy. However, whilst there has been some very positive progress the program still has some way to go to ensure that gender equity and inclusion goes beyond ensuring participation of women, small ethnic group members and people with disabilities in activities. Ultimately the program needs to demonstrate that there has been an in-depth analysis of gender and vulnerable/at risk members of communities that is integrated with other analyses related to rural development, poverty, governance, cultural and economic contexts etc.

Activities need to go beyond meeting the immediate and practical needs of women and girls to increasing access to resources; strengthening women’s decision-making power and men’s support for changes in women’s role and status; protecting women’s rights and the rights of people who may experience discrimination or stigma such as people with disabilities. Risk management strategies need to include consideration of whether activities may have unintended consequences that could exacerbate gender inequality, for example in larger scale income generation which could impact on women’s control of family income. Monitoring and evaluation should include indicators that speak to the impact of activities for women and men, girls and boys and people with disabilities.

## Summary of Recommendations

1. AusAID provide technical support to NGOs for the development of appropriate and adequate disability inclusion strategies that are consistent with AusAID’s disability strategy, *Development for All.*
2. NGOs use available local resources such as GRID & MAG assessments of gender and disability and share learning with each other about what has been effective in their projects to create positive impacts for women, particularly for those women from small ethnic groups and peoples with disabilities in terms of increasing their participation, decision-making, access to resources etc.
3. NGOs develop a referral and follow-up system in collaboration with local authorities to assist people with treatable impairments in their target communities.
4. Where not already doing so, NGOs develop a targeted approach to MRE and HIV prevention to ensure those most ‘at risk’ benefit.
5. NGOs adopt a strengths-based approach that focuses on existing and potential capacities as opposed to a problem-based approach, particularly for disability and ethnic inclusion. Use of positive role models to stimulate discussion and changes in attitudes towards the role of women could be of benefit.
6. NGOs provide sufficient support and mentoring to field staff and to GoL counterparts involved in implementation on a regular basis to develop practical strategies for gender equality and disability and ethnic inclusion. This may require use of external specialists to advise, train and mentor project and LoG staff to ensure effectiveness.
7. NGOs use the monitoring and evaluation system developed for the Annual Evaluation process and baseline data to evaluate the impact of gender equality and disability and ethnic inclusion strategies.

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## List of Acronyms

|  |  |
| --- | --- |
| ACFID | Australian Council for International Development |
| AEW | Annual Evaluation Workshop |
| ANGO | Australian Non-Government Organisation |
| AusAID | Australian Agency for International Development |
| CEDAW | Convention on the Elimination of All Forms of Discrimination Against Women |
| COPE | Cooperative for Orthotic and Prosthetic Enterprise |
| DAFO | District Agriculture & Forestry Office |
| DDMC | District Disaster Management Committee |
| DIO | Department of International Organisations |
| DREC | Disaster Risk Education for Children |
| DRR | Disaster Risk Reduction |
| GoL | Government of Laos |
| HI | Handicap International |
| HIV / AIDS | Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome |
| IPR | Independent Progress Review |
| ISDP | Improving Socioeconomic Integration Services for People with Disabilities in Sekong Province |
| LANGOCA | Lao Australia NGO Cooperation Agreement |
| LDPA | Laos Disabled Peoples Association |
| LTA | Long Term Activity |
| LWU | Laos Women’s Union |
| M&E | Monitoring and Evaluation |
| MAG | Mines Advisory Group |
| MDGs | Millennium Development Goals |
| MEF | Monitoring and Evaluation Framework |
| MoFA | Ministry of Foreign Affairs |
| MoU | Memorandum of Understanding |
| MPI | Ministry of Planning and Investment |
| MRE | Mine Risk Education |
| MSA | Memorandum of Statutory Agreement |
| NDMO | National Disaster Management Office |
| NRA | National Regulatory Authority |
| NSEDP | National Socio-Economic Development Plan |
| PCC | Program Coordination Committee |
| PDMC | Provincial Disaster Management Committee |
| PIC | Program Implementation Committee |
| PRA | Participatory Rural Appraisal |
| PSC | Project Steering Committee |
| SCA | Save the Children Australia |
| STA | Short Term Activity |
| ToR | Terms of Reference |
| UXO | Unexploded ordnance |
| VDC | Village Development Committee |
| VDMC | Village Disaster Management Committee |
| WASH | Water, Sanitation and Health |
| WV | World Vision |

## Introduction

Document Purpose

This document reports on the process and findings of the gender and inclusive development evaluation component of the Independent Progress Review (IPR) of the Lao PDR Non Government Organisation Cooperation Agreements (LANGOCA) program implemented funded by the Australian Agency for International Development (AusAID). LANGOCA comprised four NGO partnerships. A synthesis of the overall findings and lessons learned are presented in Section 3 of this report.

* 1. Background

‘Gender equality’ concerns the extent to which the program fostered greater equality between women and men. ‘Inclusive development’ concerns the extent to which the program included persons with a disability, persons from smaller ethnic communities, or persons at risk (including from HIV and AIDS) as participants and beneficiaries. The LANGOCA program design elevated the integration of ‘cross-cutting’ issues as a program objective. This encouraged the NGOs to proactively address gender equality, and inclusion of small ethnic communities and persons at risk of HIV in activity implementation, monitoring and evaluation in both program and individual project design documents. Impact on the environment was also included in planning and evaluation.

The review team recognised the constraints that faced the NGOs in implementing gender equality such as the difficulties of recruiting adequate numbers of female project staff or staff from smaller ethnic groups in remote rural areas; the fact that most Government of Laos partner staff are men and those who are women are usually Lao Women’s Union (LWU), not staff of line ministries; that there are significant language barriers with members of smaller ethnic groups who are also often illiterate which precludes their membership on decision-making bodies; and finally, that cultural attitudes and behaviours such as restricted perceptions of the roles and capacities of women and people with disabilities take a very long time and considerable sensitivity to change - longer than the program life.

Nevertheless, addressing these issues is universally considered good development practice, and there is to some extent an enabling policy environment for gender and ethnic group equality in Laos. The Government of Lao PDR (GoL) is committed to the promotion of equality between women and men and of all ethnic groups and this is articulated in the priorities of the National Socio-Economic Development Plan (NSEDP) and in its commitments to the Millennium Development Goals (MDGs). The GoL has ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and Articles 22 and 24 of the Constitution guarantee “*equal rights in political, economic, cultural, social and family affairs*”. There are several laws protecting the rights of women.[[1]](#footnote-1)

Lao women play a critical role in agriculture and use of natural resources and are primarily responsible of maintaining their families’ food security and health. Decisions within the family are made jointly by husbands and wives. However, usually men represent their families as head of the household at all official meetings to discuss village development activities. Women have limited mobility, and traditional custom is that women do not work far from their own village fields. In addition to their work in the fields women are involved in small-scale income generation activities to supplement family income.[[2]](#footnote-2)

Although cultural attitudes toward women and disparities of opportunities for women vary across ethnic groups in Laos, generally women from small ethnic groups in remote communities lag behind in indicators related to education and health.[[3]](#footnote-3) If they are illiterate this is a further impediment to involvement in formal decision-making.



All NGOs worked with Government partners from the Lao Women’s Union (LWU) whose mandate is to represent women of all ethnic groups and *“to protect women’s rights and interests”*. LWU also has the advantage of having representatives at village level who often speak ethnic languages. However, the LWU also faces a number of challenges in implementing its mandate including a lack of human capacity to effectively carry out gender mainstreaming within programs and through training exercises for ministry staff; a lack of accurate sex-disaggregated and relevant gender data to support policy-making; limited budget and resources to support the gender mainstreaming process; and poor coordination of gender mainstreaming activities among Government ministries, international donors and INGOs.[[4]](#footnote-4)

There is very little information relating to the incidence and impact of disability in Lao PDR. Research conducted by Handicap International in 1997[[5]](#footnote-5) found that that men with disabilities are accepted in Lao families and are able to marry and be integrated into the community. However, Narayan et al (2000)[[6]](#footnote-6) found that men who were unable to contribute adequately to family income often felt burdensome and redundant and experienced increased anger and frustration.

Women with disabilities are less likely to marry and more likely to be isolated and experience stigma and discrimination. Women are also far more likely to be carers of children and adult family members with a disability which hinders their ability to engage in activities outside the home and family and may therefore preclude them from income generation activities that are not home-based. Both men and women with disabilities reported increased household spending on medical expenses, reduced capacity for engaging in productive activities that generated income and consequent vulnerability to natural disasters and extreme poverty.

Given that the LANGOCA program activities are focused on poor rural communities where there is UXO and/or vulnerability to natural disasters planning activities together with people with disabilities to ensure their inclusion and participation is essential. Although support for UXO survivors was included as part of the UXO project designs overall disability inclusion has not been adequately addressed. This is likely because disability inclusion was not identified by AusAID as a key cross-cutting issues until November 2008 after the LANGOCA designs were completed and most projects had commenced.

## Methodology

* 1. Evaluation Objectives

In line with standard practice, AusAID commissioned an independent progress evaluation of the overall LANGOCA program to meet AusAID accountability and reporting obligations, and to make findings regarding the impact to date of the NGO Cooperation Agreement approach. In addition, AusAID commissioned a stand-alone report evaluating gender issues in LANGOCA. The Terms of Reference (ToRs) for the gender evaluation component of the Independent Progress Review (IPR) stated that the objective was to determine the extent to which:

a. gender was mainstreamed in the activity designs and programming and;

b. whether or not these were realized at the implementation stage thus resulting in specific gender development outcomes at the community level;

c. the extent to which the strategies responded to practical needs of women;

d. the strategies were successful in bringing about different levels of change e.g. empower women to take on new roles, changes in the norms and behaviors of the men and women beneficiaries that would lead to permanent changes in gender relations or the role and status of women in the community;

e. activities were implemented by staff who fully understand gender concepts and who address the barriers to access to services;

f. delivery of services was adequately supported by resources including budget which was responsive to the needs of both females and males; and

g. monitoring data sets, in particular sex disaggregated data, were available so that progress towards the gender development outcomes could be adequately monitored.

The ToRs were largely developed in response to the Review of the 2010 LANGOCA Annual Evaluation Process conducted by David Farrow*.* The recommendations included;

*“Gender and women’s issues should be addressed at multiple levels: Reducing women’s workload should continue but it would be followed up with a rights based approach which attempts to make changes to gender related power and decision making.…. To address gender related issues the project should use tools such as: Women’s Empowerment Framework, Gender Analysis Matrix or Social Relation Approach. The results should reveal structural reasons for women’s disempowerment and give staff an alternative view on gender and support gender aware activity design.”*

In addition, the gender specialists reviewed whether the additional ‘cross-cutting’ issues of disability and small ethnic group inclusion were adequately addressed using the same framework of objectives above.

* 1. Scope & Methods

The review team comprised 5 people including the team leader, Dr Paul Crawford, an ACFID representative, Philippa Sackett, an AusAID Canberra representative, Sophie Davies and 2 gender specialists, Belinda Mericourt and Somsisouk Inthavong-Sihachakr. All members of the review team conducted a desk review of documents including program design documents, six month progress and annual review reports, reports from the review of the Annual Evaluation Process and other relevant documents.[[7]](#footnote-7) Interviews were conducted in Laos with NGO managers and project implementation staff, GoL partners, beneficiaries and relevant third parties.

* 1. Limitations

The interviews in Laos were conducted over an 8 day period which significantly restricted the capacity to observe projects which are being undertaken in a total of 150 villages in 4 provinces. Discussions with beneficiaries were limited to a total of 10 villages. The review team was divided into 2 teams. One team travelled to the CARE project in 3 villages in Sekong district and the Oxfam project in 3 villages in Saravane district. The other team travelled to the Save the Children project in 2 villages in Sayabouly and Xieng Hone districts and one of the two World Vision projects in 2 villages in Mahaxay district. Teams then had one and a half days together to collate information and evaluate the program as a whole.

Consequently there were methodological challenges in standardising the data collection methods, whilst maintaining flexibility and interpreting the findings. The rating given to gender and cross-cutting issues required by AusAID against established criteria relied on the imperfect professional judgements of the team.

The NGOs selected the villages for the teams to visit on the basis of distance and accessibility (as it was the start of the rainy season). This is not ideal as there is a tendency to “show-case” what is working most effectively and indeed one village had been visited recently by the AusAID head of agency.

Usually women beneficiaries were interviewed in small focus groups where at all possible. However, due to rain and lack of covered locations some of these focus groups were conducted in circumstances which made participation difficult.

Finally, interpreters were usually NGO project staff, or in the case of small ethnic groups, LWU members. The review team acknowledge that project staff were not professional interpreters but also noted on occasion interpreting was problematic when staff reframed questions because they were “not understood” and/or answers because they were not “right”.

Notwithstanding theses limitations, the interviews and document analyses provided valuable insights. The efficacy of the evaluation methods was assured by triangulating perspectives of multiple stakeholders and by internal discussions within the review team.

## Findings

* 1. Development of gender and inclusion policies and strategies in program and project designs

The LANGOCA program design document did not have an explicit gender analysis integrated into the general program analysis or lessons learned other than stating that integration of cross-cutting issues of gender, ethnicity, HIV/AIDS and environment was important. However, the program achievements were to be *“assessed in terms of effectiveness of integrating cross-cutting issues into disaster management and UXO approaches in the LANGOCA program*.” The logframe identified Component 3: Program Development Output 3.2 as “*Best practice applied within LANGOCA on the integration of cross-cutting issues in disaster management and UXO activities”.* Assistance could be requested from unallocated funds for advice or training for this component. The Activity performance monitoring and evaluation framework required disaggregated data on cross-cutting issues of gender, ethnicity, environment and HIV/AIDs “as appropriate”.

* + 1. **NGO Gender policies and strategies**

Whilst all four NGOs were developing a Lao-specific gender strategy only CARE and WV were able to make draft versions available to the review team. Oxfam and SCA Lao specific strategies were still under development. None of the Lao specific strategies were in place at the time of the project designs although all NGOs could refer to their organisation and AusAID gender policies. The NGOs’ project designs generally combined a ‘mainstreaming’ approach to gender equality with some gender specific activities.

Most NGOs had conducted a gender analysis using a Participatory Rural Appraisal (PRA) approach at the commencement of the projects particularly to collect baseline data and design gender specific activities, although this analysis was not always brought to bear in evaluation processes. The notion that community consensus can be reached is implicit in a PRA approach. However, it is also important to note that communities, especially with more than one ethnic group, are not necessarily homogenous and consensual. In this regard, participatory processes may unintentionally create a sense of false consensus. The review team was told several times that consensus decisions had been reached yet on occasion, when talking with focus groups of women, occasionally they did have different priorities from the decisions that had been made in village committees. An example was that women often prioritised education for their children but this was not in the projects’ mandates so this priority was not addressed.

Recruiting female field staff and staff with ethnic language skills has been a challenge for all NGOs although considerable effort had been put into targeting women from different ethnic groups. District GoL partners were able to provide counterpart staff from the LWU who were from small ethnic groups and proficient in those languages.

* + 1. **Inclusion policies and strategies**

The LANGOCA 2010 Annual report identified a need to “*develop a fuller profile of vulnerability and marginalised groups”* in order to better target their specific needs. CARE had requested funding for a short term activity (STA) *Improving Socioeconomic Integration Services for People with Disabilities in Sekong Province* and had worked in partnership with Lao Disabled Peoples Association (LDPA) and the Cooperative for Orthotic and Prosthetic Enterprise (COPE) to identify and meet the needs of people with disabilities and to run workshops for district and provincial staff to mainstream disability inclusion into government services. The result of the STA has yet to result in a systematic strategy for inclusion of people with disabilities into the CARE project as a whole although it was evident that steps were being taken to do so. CARE had also recruited a staff member with a physical impairment.

SCA had sought advice from Handicap International (HI) about children with disabilities but this was related to how staff should interact with those children and not about how to actively include them. As a result, although SCA has effectively targeted both girls and boys in the Disaster Risk Education for Children (DREC), there were no children with disabilities in the groups that met the review team and staff were not able to say whether there were any children with disabilities participating in this component of the project.

Interviews with project implementation staff revealed that staff were frequently at a loss to identify people with disabilities in the target village and even when identified what practical strategies could be adopted to ensure that they had access to opportunities such as training, or meaningfully participate in activities. Staff sometimes told the review team there were no people with disabilities in the villages. However, women in focus groups were always able to indicate community members who had a disability or who were caring for someone with a disability. The review team also met people with treatable impairments such children with cleft palate and older people with cataracts who would significantly benefit from referral to appropriate services of which they were currently unaware. MAG’s analysis of clearance and UXO victims could be very helpful in understanding perceptions of disabilities in Laos communities.[[8]](#footnote-8)



*Woman with blind son Mahaxay province*

Recommendations

1. AusAID provides technical support to NGOs for the development of appropriate and adequate disability inclusion strategies that are consistent with AusAID’s disability strategy, *Development for All.*

2. NGOs use available local resources such as GRID & MAG assessments of gender and disability & share learning with each other about what has been effective in their projects to create positive impacts in terms for women, particularly those women from small ethnic groups and peoples with disabilities in terms of increasing their participation, decision-making, access to resources etc.

3. NGOs develop a referral and follow-up system in collaboration with local authorities to assist people with treatable impairments in their target communities.

With the exception of CARE, mine risk education (MRE) was usually generic and not targeted towards high-risk groups such as young boys. It consisted mostly of village volunteers teaching people not to touch UXO and to report finding it to the relevant Village Committee who would then report it to clearance operators. Given that most members of the community are aware of the dangers of UXO MRE needed to be more targeted to high-risk groups who tamper with or collect UXO *despite* their understanding of the danger. CARE’s three-step model of identifying who was most at risk in communities, what their ‘at risk’ behaviours were and the best communication strategy to influence them was much more successfully targeted.

HIV prevention messages also tended to be general rather than targeted towards those who were at greatest risk, such as families with migrant workers or villages near road construction. When the team asked women if they were able to convince their husbands to use a condom for sexual health reasons most said no, although they were able to convince them to use condoms for contraceptive purposes.

Recommendation

4. Where not already doing so, NGOs develop a targeted approach to MRE and HIV prevention to ensure those most ‘at risk’ benefit.

* 1. Implementation of gender strategies resulting in gender development outcomes and meeting the practical needs of women in communities and success of gender strategies in bringing about different levels of change

Although it is still early days in the program there was evidence of some positive results as a result of implementation of gender strategies. All NGOs had established a quota for the number of women in village governance bodies such as VDCs, VDMCs, WASH committees, Safety Volunteers etc (usually around 30%). The review team observed that this had increased women’s visibility in decision-making processes and both women and men on these committees reported that women were able contribute to discussions and were respected. Some NGOs were also using women’s focus groups to encourage greater participation by women in discussions prior to formal village decision-making.

However, usually one of the criteria for membership of these committees was literacy and in remote villages this precluded the involvement of most women. Some women who were very vocal in focus groups were not on committees as they were illiterate. Review team interviews with women in focus groups indicated that sometimes there were less women in committees than reported by village chiefs and that increasing women’s representation did not in and of itself increase their participation or involvement in decision-making. Confidence and fear of not being ‘right’ were common themes in women’s non-participation in meetings, one woman stating “*we want to speak but are not confident to share our opinion”.* Traditional gender roles may also impact on women’s ability to actively contribute to meetings and decision-making processes. Whilst women generally agreed with most decisions made by village committees, a common priority for women that was not addressed was improving opportunities for education for children.

In addition, most women on the committees interviewed by the review team were not beneficiaries of training offered to committee members as part of the project. This was sometimes due to the need to travel outside the village which was a barrier for women with young children or multiple responsibilities and sometimes because those selected were the village chief (usually a man) or other “higher status” members of the committee (also usually men). Government staff were often involved in selection of village committee members for training. Despite stating a commitment to gender equality the statement by the DAFO counterpart would indicate this is very limited.

*“ Men were called to attend the training (on caring for livestock); one woman (the LWU representative) joined them. I know that women are the ones who are the most active in raising animals, but it would be difficult and less effective if there were too many people attending. The trainees will transfer the knowledge/skills to other villagers, including women”.*

District Agriculture & Forestry Officer, (DAFO) Saravane Province

Review team members’ discussions with women’s focus groups were consistent with NGO progress reports about the benefits of gender specific activities for women. In every village the review team visited women reported that provision of clean water sources such as gravity fed systems or wells significantly reduced the time they took collecting water and also had health benefits such as decreased incidence of water-bourne diseases. In villages where irrigation was provided women also reported less time carrying water. NGOs tended to report this as reduced workload. However, women told the team that their overall workload was not reduced – time spent collecting water was now used to work in the fields.

Most women were very positive about clearance activities as having potential to grow more rice and/or generate more income by making land available for agricultural use. One woman stated that cleared land benefited the entire family and the extra labour was therefore not a problem. However, for female-headed households with little or no capacity to increase labour there was little benefit as they were unable to make use of additional land.

Dtui’s story

*Dtui is a widow with 4 daughters, one of whom is married. She has chronic stomach pain and cannot work for long in her field. Her son-in-law and adult daughter can help in her one field in exchange for Dtui caring for their baby. Dtui could not benefit from land clearance as she cannot work the land and cannot pay anyone else to do so. Her main concerns were food security for family and her own health.*

All women were very positive about the potential benefits of income generation activities such as production of Job’s Tears (CARE), coffee (Oxfam), bananas and rattan (WV). However, all women recognised that they needed an accessible market to sell their produce and were looking to the projects to develop this on their behalf. When asked about who would benefit from the additional income women told the review team that they controlled family income (usually to prevent the men from spending too much on alcohol). Some women were travelling to markets some distance away to sell small amounts of produce once a week or once a month depending on time and amount of produce. However, if selling produce required a collaborative village effort, for example, to sell coffee, the control over income from sale would not necessarily remain with women. NGOs will need to take this into consideration when developing marketing strategies with communities.

Given the time required to change norms and the roles and status of women in remote communities it is too early to make any definitive statements about the success of the gender strategies in leading to this type of change. However, there are several examples of activities that have the potential to lead to permanent changes in perceptions of women’s roles.

Oxfam’s training of midwives and provision of equipment has demonstrably benefited the health of mothers and babies in those target villages and had the additional benefit of increasing the self-confidence of the midwives. Oxfam staff reported that women were now receiving at least 2 ante-natal visits and the births of all women were attended by a trained midwife, where previously traditionally they birthed in the forest without any assistance. The Oxfam director also noted that “*two of the youngest girls selected for training as midwives have blossomed in terms of their confidence and have told me that they now feel they have a respected position in their village which they did not have before training”.*

There was evidence of increased confidence and self-assurance among girls in SCA’s children’s groups in which both girls and boys were active participants in disaster preparedness. One of the teachers noted that “*the girls are more confident to ask questions and get information from teachers.....those parents who did not give permission for their children to attend (the children’s groups) changed their minds when they saw the children had more confidence in school”.*

Moreover, the volunteers assisting with these groups were young women who had been participants in SCA’s previous projects as children. The young women volunteers were confident, articulate and willing to take a lead role in the community in disaster mitigation activities.

World Vision (WV) was using MAG’s UXO all-female clearance team in its UXO project. Discussions with women in the villages indicated that these young women were very good role models for girls in the local community. MAG employs local women and provides training to them and will be continuing to undertake clearance work in the project sites. This is an opportunity that could potentially be exploited by WV project staff as a positive role model for changes in women’s roles and tasks.

Women in one of the villages which had recently been cleared by the MAG women’s team told the review team that they would like their daughters to have such as job as *“they are respected; they have skills & a uniform and they bring extra income to their families”.* This then led into a discussion of future planning for families in the village that would benefit women. The WV staff person present at this discussion noted that this discussion had been more fruitful than usual and he *“would try having a women’s focus group like this again”.*

The review team concluded that LANGOCA would benefit from developing approaches that enable strengthening and mentoring of existing resource persons in target communities. This includes those LWU counterparts who were members of smaller ethnic communities and/or spoke those languages; strong and vocal women in communities who may not be literate but have the confidence to speak out on behalf of other women; identifying the *abilities* of people with impairments and building on these; and explicitly using women such as MAG clearance team members and trained midwives as role models to build capacity of other women.

Recommendation:

5. NGOs adopt a strengths-based approach that focuses on existing and potential capacities as opposed to a problem-based approach, particularly for disability and ethnic inclusion. Use of positive role models to stimulate discussion and changes in attitudes towards the role of women could be of benefit.

* 1. Staff understanding and capacity to implement gender and inclusion strategies

Whilst NGO managers and senior staff were able to explain the gender policy and how strategies would be implemented, the review team felt that the project staff at district level sometimes had a very limited understanding of gender equity. They usually referred to the quota system for village governance committees, the number of female beneficiaries in income generation or other relevant activities and the fact that women’s workload was reduced. On one occasion it was evident that the quota for women in the VDC had not been achieved despite a progress report to the contrary. The project staff told the team that the village chief had said the quota was achieved but this had not been checked. Interviews with project staff indicated that they were less able to articulate how to reduce barriers to women’s participation in decision-making within committees or to empower women in practical ways.

All NGO and partner government staff had had some training or attended workshops in gender equity. All staff interviewed stated that they believed they needed further training to help them develop practical strategies for implementation. The designated gender focal point in the WV project had very limited understanding of her role and had yet to have any substantial capacity development in implementing gender strategies. The team noted that CARE’s internal practice of monthly gender and disability inclusion mainstreaming staff discussions to increase staff capacity appeared to be far more effective than occasional “one-off” trainings or workshops. CARE’s own independent midterm review conducted in 2009 concluded that training in how to empower women and ensure their active participation in decision-making was lacking in LANGOCA projects and the review team agreed with this assessment.

Partner government staff expressed strong support for gender equity in principle and claimed that they “*knew about gender*”. However, they were also unable to articulate practical strategies about how gender equality could be implemented. Training was offered by the LWU but this appeared to be limited to awareness-raising about women’s rights and needs. WV staff had had training conducted by the Gender Development Group (GDG), a local association, but expressed some dissatisfaction as it was more about increasing knowledge of women’s rights in Lao society and less about providing practical ideas about how to implement gender strategies. SCA had contracted GDG to undertake gender training with GoL partners (all men) and their wives to see if involvement of the men’s wives improved the understanding and capacity of the men.

All four NGOs had technical specialists not funded by LANGOCA in Vientiane and/or Australia and training offered by these specialists was generally seen as more useful by project implementation staff. None of the NGOs had disability specialists or focal points.

Recommendation

6. NGOs provide sufficient support and mentoring to field staff and to LoG counterparts involved in implementation on a regular basis to develop practical strategies for gender equality and disability and ethnic inclusion. This may require use of external specialists to advise, train and mentor project and LoG staff to ensure effectiveness.

* 1. Budget and resources for implementation of gender and inclusion strategies

The review team was unable to comment on budget for inclusion strategies except for the STA for disability inclusion implemented by CARE. However, there were indications of targeted budget and resources for gender training and activities specific to the needs of women such as provision of wheelbarrows to women for collecting firewood (CARE), training of midwives (Oxfam) and income generation activities for women (all NGOs).

* 1. Adequacy of monitoring and evaluation of progress towards gender equity and inclusion of people from small ethnic groups and people with disabilities

All NGOs had disaggregated data by gender for their activities and were reporting on numbers of women and men in all activities. ‘Head-counting’ may indicate the number of women involved in the program but does not say anything about impact or quality. The team was aware that women would be asked to formally present to the team when we arrived in a village but in a small focus group would tell a different story about their involvement. Women who were members of VDCs and VDMCs told the review team that they were often too “shy” to speak out and there were only one or two women in a group of up to 20 people so they did not feel that there was much opportunity to participate. A qualitative approach to evaluation such as that developed for the Annual Effectiveness Workshops could better capture both intended and unintended impact.

None of the NGOs had disaggregated data on people with disabilities and had not reported on how they were ensuring inclusion of people with disabilities in their activities nor whether there were any direct or indirect benefits for families with a family member with a disability. Planning with people with disabilities needs to occur before the implementation of income generation or food security activities to ensure their inclusion and that the activities are accessible and manageable for them. Specific issues that concern community members with disabilities need to be incorporated into disaster risk management and preparedness. With such planning it will be much easier to evaluate the impact of activities on people with disabilities in the projects.

Recommendation

7. NGOs use the monitoring and evaluation system developed for the Annual Evaluation process and baseline data to evaluate the impact of gender equality and disability and ethnic inclusion strategies.

## CONCLUSION

All the NGOs in LANGOCA are making concerted efforts to model gender equality in staffing, training, and policy. However, whilst there has been some very positive progress the program still has some way to go to ensure that gender equity and inclusion goes beyond ensuring participation of women, small ethnic group members and people with disabilities in activities. Ultimately the program needs to demonstrate that there has been an in-depth analysis of gender and vulnerable/at risk members of communities that is integrated with other analyses related to rural development, poverty, governance, cultural and economic contexts etc.

Activities need to go beyond meeting the immediate and practical needs of women and girls to increasing access to resources; strengthening women’s decision-making power and men’s support for changes in women’s role and status; protecting women’s rights and the rights of people who may experience discrimination or stigma such as people with disabilities. Risk management strategies need to include consideration of whether activities may have unintended consequences that could exacerbate gender inequality, for example in larger scale income generation which could impact on women’s control of family income. Monitoring and evaluation should include indicators that speak to the impact of activities for women and men, girls and boys and people with disabilities.

Overall LANGOCA was assessed as ‘less than adequate quality’ for gender equality and disability inclusion (3/6).

**Relative strengths:**

🗹 Program design explicitly focussed on gender equality in and encouraged use of participatory approaches for gathering of baseline data and design of activities to address women’s specific needs.

🗹 So me examples of effective approaches for mainstreaming gender equality and use of positive role models for gender including employment of female staff and in one case, staff with a disability.

🗹 Use of positive role models for gender including use of MAG female UXO clearance team, gender work with children, and strong policy for employment of female staff and in one case, staff with a disability Increased membership of women in village governance (VDCs, VDMCs WASH committees etc).

🗹Engagement of the Lao Women’s Union (LWU) representatives who in some cases could speak the language of smaller ethnic communities.

🗹 Women beneficiaries reported a positive impact from activities such as clearance of UXO freeing up land, provision of clean water supply systems, wheelbarrows, various trainings and the establishment of village midwifery services.

**Relative weaknesses:**

🗷 AusAID’s prioritisation of disability inclusion post-dates the LANGOCA design process, and there is low awareness among NGO staff & GoL counterparts about how disability inclusion activities could be implemented.

🗷 Low awareness among NGO staff and GoL counterparts about how to implement practical strategies to meaningfully increase women’s participation and decision-making in village governance fora in addition to setting quotas.

🗷 Generally low female representation among NGO field staff and counterpart GoL staff, particularly who spoke ethnic languages which led to constraints to inclusive development for small ethnic groups.

🗷 Interventions and activities to support gender equality were generally very broad rather than nuanced practical strategies.

🗷 Inadequate evaluation of impact of gender awareness and other gender strategies, inclusion of small ethnic group members, and impact of HIV and mine risk education (MRE) beyond disaggregation of data.

🗷 The use of a problem-based approach in most instances rather than a strengths-based approach led to development of more limited gender equality and disability and ethnicity inclusion interventions.

## File0353.JPGAppendix A: REVIEWED DOCUMENTS

Albone, Suzie, Aug 2010, *Training Report: Technical Support to Implementation of LANGOCA MEF*

Asian Development Bank (ADB), 2009, *Social Analysis of Greater Mekong Region Communicable Diseases Prevention Program*

CARE *Reducing UXO Risk and Improving Livelihoods of Ethnic Communities in Sekong Province Program Design Document, Progress Report from Jan-Jun 2010, Annual Report from Jan – Dec 2010*

CARE, *CARE International in Lao PDR Gender Strategy 2011-2015*

Farrow, David, Jan 2011, *Review of the 2010 LANGOCA Annual Evaluation Process*

Farrow, David & Albone, Suzie, Feb 2010, *LANGOCA MEF Implementation Review*

Gender Information and Resource Development Centre (GRID) and World Bank, Nov 2005, *Lao PDR Gender Profile*

Hackman, Richard, Feb 2011, *CARE Laos Mid-Term Review Reducing UXO Risk and Improving Livelihoods of Ethnic Communities in Sekong Province*

Handicap International for Ministry of Labour and Social Welfare and UXO Lao, 1997, *Living with UXO: National Survey on the Socio-Economic Impact of UXO in Lao PDR*, Vientiane, Lao PDR.

*LANGOCA M&E Framework and Implementation Guide,* October 2010

Lao PDR Map of 72 Poor Districts

Mine Action Group (MAG), March 2008, *Assessment of Gender Perspectives in UXO Action in Lao PDR*

Narayan, D. et al., 2000, *Changing Gender Relations in the Household* Chapter 5, pp 175-206 in *Voices of the Poor, Can Anyone Hear Us*? Oxford University Press for the World Bank.

Oxfam, *Commuity-based Disaster Risk Management in Upland Communities, Progress Report from Jan-Jun 2010, Annual Report from Jan – Dec 2010*

Save the Children Australia (SCA) *Sayaboury Integrated Hazard Mitigation Project in Sayaboury and Xieng-Hone Districts, Progress Report from Jan-Jun 2010, Annual Report from Jan – Dec 2010*

World Vision, *Integrated Mine Action Project, Progress Report from Jan-Jun 2010, Annual Report from Jan – Dec 2010*

1. Gender Information and Resource Development Centre (GRID) and World Bank, Nov 2005, *Lao PDR Gender Profile* [↑](#footnote-ref-1)
2. Ibid p.13 [↑](#footnote-ref-2)
3. Asian Development Bank (ADB), 2009, *Social Analysis of Greater Mekong Region Communicable Diseases Prevention Program* [↑](#footnote-ref-3)
4. GRID Nov 2005 [↑](#footnote-ref-4)
5. Handicap International for Ministry of Labour and Social Welfare and UXO Lao, 1997, *Living with UXO: National Survey on the Socio-Economic Impact of UXO in Lao PDR* [↑](#footnote-ref-5)
6. Narayan, D. et al., 2000, *Changing Gender Relations in the Household* in *Voices of the Poor, Can Anyone Hear Us*? [↑](#footnote-ref-6)
7. All documents reviewed for the gender evaluation are listed in Appendix A [↑](#footnote-ref-7)
8. Mine Action Group (MAG), March 2008, *Assessment of Gender Perspectives in UXO Action in Lao PDR* [↑](#footnote-ref-8)