Linking Services and Communities for Improved Health and Nutrition: Voices from the Community and Lessons Learnt in Khua, Mai and Samphan Districts, Phongsaly Province

CARE International in Lao PDR

September 2014

ACKNOWLEDGEMENTS

CARE International in Lao PDR would like to thank the District Health Offices in Khua, Mai and Samphan districts in Phongsaly province for their support in conducting this study.

We are also grateful to the women and men of the ethnic Akha and Khmu communities who generously gave their time and hospitality to the research team.

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ABBREVIATIONS AND ACRONYMS

ANC	Antenatal Care
FGD	Focus Group Discussion
FFP	Female Focal Point
IDI	In-depth Interview
LWU	Lao Women's Union
MCH	Maternal and Child Health
VHV	Village Health Volunteer

1 EXECUTIVE SUMMARY

BACKGROUND AND OBJECTIVES

CARE Laos has been implementing "Linking Services and Communities for Improved Health and Nutrition" project in Khua, Samphan, and Mai districts of Phongsaly province in partnership with the Ministry of Health and UNICEF since 2012. The project aims to support the Government of Lao PDR's objectives of reducing poverty and disparities and strengthening decentralised and integrated-sectoral planning in order to improve Maternal and Child Health (MCH) services in remote areas of Lao PDR. The project also intends to ensure that the issues of gender equity contributing to poor health and nutrition status in women and children are identified and addressed.

The assignment aims to document the effectiveness of the main CARE tools and approaches in influencing changes at the community or individual level as perceived by the community, health staff and project staff. It aims to assess intended and unintended changes since the beginning of CARE interventions under this project, including the factors which have influenced these changes.

METHODOLOGY

The lessons learnt assignment consisted of four phases throughout July and August 2014:

- background review
- tools development and pre-field training
- field work and debrief
- data analysis and report writing

KEY FINDINGS

Priority changes across/within groups

The priority topics articulated by participants in their responses are as follows in order of frequency:

- Family/child health/nutrition
- Hygiene and sanitation
- Pregnancy and childbirth
- Gender – workloads and participation
- Livelihoods

The range of responses differed greatly and there is no discernible pattern within villages, across villages, across ethnic groups or across wealth group. The non-uniform nature of responses indicates that priorities and perceived significance of change is very personal to the individual.

Factors contributing to change

A multitude of factors have been reported and it is the interplay between these factors that may be the catalyst for change. It is important to note here that it is not just *what* the interventions are but *how* they are implemented.

The range of responses was very broad but can be mostly placed in the following categories: positive engagement with the community, substantial non-financial investment in the community and effective strategies to help villagers apply knowledge into their daily lives.

The nature of engagement with communities is seen as positive with communities feeling respected by project and government staff, especially around traditional culture and caring about their well being. Another aspect that is appreciated is the transparency in communication and the consultative nature of the approach.

Information and skills development was another factor highlighted with most respondents referring to information sessions as key in the changes that have taken place in their lives due to the range of materials and methods to encourage practical application in their daily lives.

Villagers reported on the tangible results of receiving agriculture products and livestock as having a direct effect on their income-earning capacity and the knock-on effects of having a higher disposable income.

The importance of strengthening the capacity of women was highlighted by both male and female respondents. Women's groups were reported as being fundamental in giving women a voice and promoting participation both within her own family but also within the community as a whole. Men are more likely to engage with women after participation in women's group activities and the increase in women's knowledge and capacity gives them greater status and value as contributing to households. The female focal point is seen as a beneficial resource for women in the community. Having a female resource is well appreciated and female community members feel more comfortable to approach another female rather than a male counterpart.

Impact of changes on communities

The impacts of the changes as reported by the community can be summarised into the following concepts:

- value and dignity
- solidarity
- aspirations and prosperity

Communities feel that they are valued and that their welfare matters. Women feel that they are valued more and there is an acknowledgement by both women and men of the value of women as productive members of households and communities not just in terms of labour contributions but also in decision-making and leadership roles.

Changes as result of project interventions have contributed to a greater sense of solidarity at different levels within the community. Not only do women feel greater solidarity with other women, they also feel it in their own households between husband and wife and among their family members. The village organisation also has a greater sense of solidarity to prosper further as a community, as households and as individuals.

With respondents feeling that they are healthier, more valued and have greater dignity, they are more able to set their goals higher in terms of how they want to improve their lives and to provide more extensively for their families. Aspirations for their children were

that they would have better opportunities to have a good job and lift themselves out of the poverty that parents had experienced.

Capturing change at community level

Consultations and observations highlighted some key challenges in documenting change. These challenges fall broadly into the following categories:

- tools
- understanding of change for those implementing
- understanding of change for government partners at all levels
- resources

Observations and discussions with key informants indicate that there has been an absence of a working framework for capturing change. There was also some confusion around indicators; the logframe has a focus on quantitative indicators with few qualitative indicators specifically linked to the qualitative baseline data.

With few guidelines and limited frameworks for regular monitoring and capturing change, there may be limited understanding of the rationale and implications of activities conducted. Those implementing the project expressed that they would have welcomed frameworks and regular monitoring to feel more encouraged in their work. .

Through observations at community level during the field work, it was noted that interactions with the community were positive and relationships appeared to be based on mutual respect. However, it was not evident how well the teams really knew the communities and it was not clear which strategies the team employed to encourage inclusiveness, specifically around the most vulnerable families.

There was some indication that expectations of change within the project cycle may differ from the objectives set out in the project or achievable over the time period of the project. Furthermore, it was not clear what expectations there were around where responsibility and accountability lay for monitoring data.

Community-level programming and capturing change requires extensive investment of resources at all levels:

- human resources both at strategic and implementing levels with clear conceptualisation of models of change
- time to embed documenting change as a fundamental aspect of a project/programme
- financial implications of the investment in community development are significant especially in terms of the human resources required for implementation, monitoring and capturing change on a regular basis

RECOMMENDATIONS

The following recommendations are based on the above findings and discussion for how CARE International in Lao PDR together with other development partners can approach community-led development with remote ethnic communities.

Integrated approaches

Communities as drivers of change

- **integrate community consultations as a fundamental element to any programme:** communities are able to assess what works for them and what their priorities are to better achieve changes they want to see in their lives
- **flexible approaches** are required to respond to individual needs: priorities, needs and aspirations are different across and within communities
- **address basic needs** for the poorest and most vulnerable families as a fundamental starting point for them to be better able to identify and articulate aspirations

Partnerships and actors at community level

- **increase cooperation and collaboration between different actors at community level:** reaching the poorest and most excluded is more achievable through a multi-sectoral approach
- **engage civil society in community programming**: truly integrated approaches to communities are most effective when civil society is engaged

Linking to services

- **increase active engagement of health staff at community level** to create consistency, heighten sensitisation and to build trust

Nature of community engagement

Time investment

- **establish and maintain frequent, systematic visit schedules with a clear purpose with communities:** the time investment in terms of regular and frequent engagement with communities is seen to be a factor in the probability of putting knowledge into action and potentially effecting longer-lasting change

Building trust

- **maintain clear and transparent communication around processes, expectations, project policies and responding to community needs:** respectful communication helps to build trust and leads to more cooperation and collaboration between villagers and project/government staff

Investing in women

Women's groups

- **establish and maintain women's groups as a core element of any community development intervention:** when women have stronger capacity and voice, they are valued more for their contributions in being productive members of the household

- **establish and maintain forums for representatives of women's groups** to meaningfully participate in decision-making processes at all levels within the community

Female community focal points

- **establish a core group of female community focal points across sectors:** the Female Focal Point on MCH is regarded as a key resource on the community and this can be replicated across sectors

Capturing change

Conceptualisation of capturing change at community level

- **establish realistic expectations of**:
  - change within the life of the project
  - responsibility and accountability at project level for data collection/measuring change
- **develop clear, easily understandable models of change** and training materials on change and the value of qualitative data

Tools and methods for capturing change

- **develop simple, comprehensive tools and frameworks** to capture both quantitative and qualitative data at the community level

Resources

- **invest in human resource systems** to document change:
  - clear roles and responsibilities job descriptions at all levels including for those in mentoring and coaching roles
  - create opportunities and actively promote staff and community workers with local language skills who are mentored in capturing change
- **ensure strategies and plans reflect the time required** to set up and implement frameworks for capturing change, especially at planning stages
- **ensure budgets reflect realistic inputs for documenting change** throughout the project cycle

2 INTRODUCTION AND BACKGROUND

2.1 Project background

CARE International in Lao PDR (CARE Laos) is currently implementing two long-term programmes: Remote Ethnic Women (REW) and Marginalised Urban Women (MUW). CARE Laos' REW program includes rural development projects encompassing agriculture, livelihoods, food security, water and sanitation, and maternal and reproductive health activities.

CARE Laos has been implementing "Linking Services and Communities for Improved Health and Nutrition" project in Khua, Samphan, and Mai districts of Phongsaly province in partnership with the Ministry of Health and UNICEF. The project aims to support the Government of Lao PDR's objectives of reducing poverty and disparities and strengthening decentralised and integrated-sectoral planning in order to improve Maternal and Child Health (MCH) services in remote areas of Lao PDR. The project also intends to ensure that the issues of gender equity contributing to poor health and nutrition status in women and children are identified and addressed. CARE currently works in 43 target villages in these three districts in Phongsaly. The Project is primarily based on two result areas:

1. Capacity is strengthened with the district health offices (DHO) in Khua, Mai and Samphan to plan, implement and monitor the delivery of a package of integrated health and nutrition services with a specific focus on the remote villages in Khua, Mai, and Samphan Districts.

2. Implementation and documentation of integrated community empowerment approach to improve health and nutrition in three districts in Phongsaly Province (Khua, Samphan and Mai Districts).

2.2 Objectives of the lessons learnt assignment

The assignment aims to document the effectiveness of the main CARE tools and approaches in influencing changes at the community or individual level as perceived by the community, health staff and project staff.

It aims to assess intended and unintended changes since the beginning of CARE interventions under this project, including the factors which have influenced these changes. Changes assessed are from the perspective of the communities and the health staff and the methodologies applied may have resulted in perceptions of change outside of the project's intended results areas. The tools used have allowed documentation of intended results related to the following strategic objectives and results areas:

Strategic objectives

- To support the implementation of the integrated MNCH Package at provincial and district levels;

- To strengthen quality maternal, neonatal and reproductive health service provision for remote ethnic communities and vulnerable women and adolescent girls;
- To empower women, families and communities to increase control over maternal and newborn health, and increase demand for equitable and quality health services.

Results areas:

1) Capacity is strengthened with the district health offices (DHO) in Khua, Mai and Samphan to plan, implement and monitor the delivery of a package of integrated health and nutrition services with a specific focus on the remote villages in Khua, Mai, and Samphan Districts.
2) Implementation and documentation of integrated community empowerment approach to improve health and nutrition in three districts in Phongsaly Province (Khua, Samphan and Mai Districts).

This documentation of lessons learnt will cover the above-mentioned strategic areas and interventions on which the programme was focused.

2.3 Methodology

The lessons learnt assignment consisted of four phases throughout July and August 2014:

- background review
- tools development and pre-field training
- field work and debrief
- data analysis and report writing

The background review was limited to project documents including REW Theory of Change, Women's Empowerment Framework, MNRH strategy and UNICEF/CARE project documents. The tools development phase was conducted firstly in consultation with technical staff from CARE and UNICEF and followed by refinement with district partners and the project team. Training on the tools developed was then conducted with district partners and the project team.

The data collection was conducted in two stages. The first stage consisted of initial consultations with the project team and government of Lao staff. The consultations used the same methodology implemented in the community. This approach had multiple functions:

- to capture stories of change as key stakeholders and informants in the lessons learnt process
- to test the tools to be used in the community
- to model the methodology as the project team and government staff will be part of the data collection team

Training was then conducted for the project team and government staff on the objectives of the field data collection and use of the tools in the community.

The second stage of data collection was conducted in selected villages through interviews and focus group discussions as follows:

- village head
- female focal point
- village health volunteer

- representatives from each of the three family categories (poorest, middle, better off)
- women's group
- men's group

The methodology was based around the concept of **Most Significant Change,** asking questions formulated to capture the following dimensions:

- for participants to make their own judgement to choose what they want to talk about
- asking participants to tell a detailed story
- for participants to focus on one particular thing, rather than to comment on many different things
- for participants to talk about a change rather than something that was already happening
- for participants to talk about a specific type of change that they think has happened to them, rather than to other people
- within the context of the time frame since initiation of CARE project activities

The tools comprised 3 parts:

1. Stories of change: 1 main open question to talk about important changes in the interviewee's life. The interviewee was free to choose the topic according to what is seen as a priority
2. Specific questions related to sub-topics to gauge change as a result of targeted interventions
3. Questions on perspectives about the way that CARE works with the community

A photographer was also contracted to capture visual representations of key changes as told from the perspective of community members with the intention of providing photo stories and supporting case studies.

The field work component was carried out over 6 days in August 2014 in a total of 7 villages with the following profiles:

Name of the villages	**Ethnicity**	**District**	**Distance from paved road (time on a motorbike in dry season)**	**Distance from nearest district hospital (time on a motorbike in dry season)**	**Presence women's group (yes/no)**
Kiewkacham	Akha	Mai	On the paved road	30 minutes	Yes
MokkaArt	Akha	Mai	On the paved road	30 minutes	Yes
Somboun	Akha	Samphan	1 hour 30 and minutes	1 hour and 30 minutes	Yes
Laoleo	Akha	Samphan	40 minutes	40 minutes	Yes
Phia	Khmu	Mai	On the paved road	1 hour	Yes
Kongkum	Khmu	Samphan	2 hours	2 hours	Yes
ChanMai	Khmu	Khua	5 minutes	20 minutes	Yes

2.4 Limitations

The following constraints are to be taken into consideration:

- Due to the assignment being conducted in the rainy season, villages were selected based around ease of access and those more remote were not included in the sample. The voices of sample villages, therefore, may not be representative of the more remote communities

- Representation in Khua district is limited due to having to cancel village visits because of heavy rain and access to the villages was not possible

- Representation of government partners is limited to technical staff from District Health Offices and Provincial Health Offices and responses do not necessarily reflect the views of district and provincial-level management

- The team conducting the assignment comprised district-level partners and project team members and was not an experienced team in qualitative methods. There were challenges with both technical content and qualitative techniques which had an impact on the quality of data collected and recorded

- Some members of the team were focused more on getting through the questions rather than probing and getting stories from the community which meant that narratives were not as detailed as they could have been

- Data recording was not always comprehensive and, where respondents may have provided detailed narratives, the data records do not reflect the detail

- For some respondents, note takers relied on local translators to relay information provided by interviewees. The focus of questions, detailed responses and key information may have been lost in translation especially as the translators had not been part of the training so were less aware of the purpose of the assignment

- The team was unable to provide concrete stories prior to visiting the villages therefore stories are limited to data that were collected in situ during the field work.

- Any changes documented may not be fully representative of the community as a whole as it was not clear what strategies were being employed to encourage inclusiveness, specifically around the most vulnerable families

- Due to time constraints in each village and the limited information on potential stories and case studies prior to field work, the number of photo stories is extremely limited

3 FINDINGS FROM THE COMMUNITY

The following section is a record of narratives provided by respondents in the community as related to the key areas of questioning. The perspectives of government district coordinators and project team members are included in section 4.

3.1 Priority stories of change

Participants were asked an initial open, general question to talk about the most significant change in their lives over the last two years from their perspective. Participants were free to talk about any topic of their choosing which had importance for them.

From your point of view, what is the most important change for your life in the last 2 years? Please be as specific as possible and give examples.

The priority topics articulated by participants in their responses are as follows in order of frequency:

- Family/child health/nutrition
- Hygiene and sanitation
- Pregnancy and childbirth
- Gender – workloads and participation
- Livelihoods

Sub-sections below deal with each priority topic in detail as recounted by community members. Excerpts are provided to illustrate the range of responses as well as a more comprehensive full story which highlight the changes, factors and implications as part of a complete narrative.

3.1.1 Family/child health and nutrition

Stories around family/child health and nutrition covered a variety of aspects with the most frequent being hygienically prepared/ nutritious food and a change in the nature of sickness with villagers witnessing a reduction in serious illnesses and any illnesses being classed as 'minor'. Children were made specific reference to by a number of interviewees and are seen as stronger and more robust.

There is a change for me in the last two years. If we compare to the past, our village and our family were dirty and we often got sick. However, since the project came to our village, I have gained more information about health, I am healthy and there is a medicine box in our village and the project team or health staff also come to provide us with information regularly, our children are also healthy. (IDI, Akha, female)

For me, the changes have been as follows: before the project started, diarrhoea was prevalent, especially among children, but now this has reduced because the project has come to give knowledge and explain about clean eating and how to improve health. Many children used to die in the old village – up to 3 or 4 children and old people each year. Women aged 30-40 years would die too and we did not know why. Health improved when we moved to the new village. Hardly anyone dies anymore. I see many changes. (IDI, Khmu, female)

I see a change in children. Nowadays, diarrhoea is almost

Factors that have contributed to the positive changes as viewed by the community include information sessions given by project staff including skills development, improved capacity of the VHV and the supply of medicine.

The significant change for us is having VHV and medicine box. It is so comfortable for us to buy medicine and we don't have to travel to the town anymore. In the past, we have to pay for petrol and the road is also in very poor condition. Sometimes we had to walk a long way to hospital in the town, it was very difficult, especially in the rainy season. We used to spend serious money for curing the diseases and recovering from illness. I think that this change is from the project because the project comes to support us and we feel so satisfied. Additional to this, we also have Female Focal Point and she works with the women's group. (FGD, Akha, male)

Since the CARE project started in our village, personally I see the changes in the work of health and agriculture, particularly concerning health care, we now have a VHV and medicine box which means so much for villagers because we can buy medicine and talk about our health problems with him. I feel more comfortable and it saves both our time and money for instance, when we get sick during the night we can go to VHV, we feel more confident. (FGD, Khmu, male)

The VHV themselves also saw their training and increased capacity as a contributing factor to changes in health at the community level, especially around diarrhoea and children's health.

I have received training about VHV work….. I now have knowledge in management of the village drug fund. I disseminate health work in the village such as vaccinations and parasite treatment for children. This limits the spread of diseases and promotes children's health. The way people cook their food is now healthy. There are refrigerators now that help to preserve food. Children do not eat rancid food, so they do not have diarrhoea. If a child has diarrhoea, medicine will be given to that child. When compared with the time without refrigerators, children would eat rancid food (IDI, Akha, male)

Now, when a doctor arrives, everyone will be vaccinated, including children, because the project staff are always coming to tell us. Children with fevers are taken to the health centre or hospital to be checked. It does happen sometimes, however, that someone has a mild fever but not severe like in the past before the project arrived. (FGD, Akha, female)

My good feeling is that health has changed because we know what to do in health care. Sickness has now declined. My family is not sick. We are getting better. Children receive vaccinations regularly. Women also receive vaccinations. (IDI, Khmu, male)

For me in the last 2 years, if I get sick I go to health centre for treatment. Before, there was no health centre, so the treatment only happened at home. I feel good to go to the hospital or health centre because the health staff who come to conduct health education on MCH are the ones who provide treatment at the hospital. (IDI, Akha, female)

Another reason given was the service provision at the community level such as increased uptake in vaccinations as well the availability of facility services and particularly that the health staff were familiar to the community as they are the same staff that visit the communities through outreach.

Implications of improved health as outlined by community members are that stronger children means that the children can go to school and study to a higher level of education. Also, if children are not sick, parents are pleased as they have the opportunity to work and earn money. The same applies to adults themselves that when they eat nutritious food or are able to keep sickness at bay, they are more productive and can support their families better economically.

> *The members of family are healthy and we can work in our fields like any other. If we compare to the past, we did not know how to protect ourselves from disease and how to eat nutritious food but now we do just because the project came to provide us with information and demonstrated to us how to cook etc. (IDI, Khmu, female)*

3.1.2 Water, hygiene and sanitation

> *An important change for me is hygiene. In the past, food & vegetable waste was thrown away everywhere. Since CARE came, there have been changes such as cutting grass, new bins and village and family cleanliness. As water is available in the family, children's hygiene is improved and they are also clean. (IDI, Khmu, female)*

Responses on changes in water, hygiene and sanitation related mostly to easier access to clean running water, latrines and practices around fenced-in animals. Perceived benefits of these changes are higher levels of personal hygiene and reduced levels of conditions such as skin rashes and head lice. Fenced-in animals mean that village areas are free from animal faeces which villagers see as helping to prevent diseases as well as creating cleaner and more comfortable village spaces.

> *When the project arrived everything became much cleaner. Things are kept cleaner, the village fence was repaired to prevent animals from wandering into the village in order for everything to be clean. Mountain water was made available to make it convenient to take a shower when coming back after a long day in the fields so we don't have to travel a long way to shower now. We used to have to travel a long way to collect water and the lack of water took up time and there was not enough time to farm. Now, health is getting better. (FGD, Akha, female)*

Factors that have contributed to these changes were cited as due to having received information and explanations as well as follow up to support the villagers in the practical application of knowledge gained. A range of actors are seen as instrumental in effecting this change: CARE project team, government staff (health and LWU) as well as the VHV and FFP within the community.

> *The most important change is hygiene practices. The VHV and FFP have conducted a campaign about mother and child health care and hygiene practices. The project provided knowledge and conducted activities, then monitored the work. Since the project came, village areas are clean. Villagers are healthier; sickness has reduced. When compared to the past, it is very different now. This change has occurred because the government and the project have come in to support the village, and the villagers are cooperative. Villagers applied the knowledge gained to actual practices. They are very happy and proud, and request the project to continue to provide additional support to villagers. This will help them to have a better life. (IDI, Khmu, male)*

The most significant change has been latrines and a water supply. Everything is much more convenient because we don't have to go so far to get water, everything is cleaner – it was so dirty before and we had skin rashes and head lice. Now we are cleaner. Having a latrine means that we don't have dogs and pigs following us around. We used to have to go into the forest and our legs used to get cut and scratched. We don't have to wait to go the toilet now. The water supply means that we have reduced our workload – it was only the women that used to go and get water. Now we can sleep longer and we have more energy to work. (FGD, Akha female)

For women specifically, easier access to water has resulted in reduced workloads as the task of fetching water usually fell to the female members of the household. This, in turn, not only has an impact of the physical health of women but also saves time. Time saved can be used for other activities which have more significant perceived benefits such as more time to work in the fields and contribute to providing for families. Women also feel that they have more time to rest when they do not have to get up early to fetch water from afar also meaning that they have more energy to work.

Further implications of cleaner villages and improved personal hygiene are a sense of pride and dignity for themselves as individuals as well as for their families and the community as a whole.

3.1.3 Pregnancy and childbirth

Most responses in relation to changes in pregnancy were around increased levels of knowledge and awareness of the benefits of ANC and delivery in a facility.

While many respondents referred to increased knowledge of the benefits of attending facility services during pregnancy and childbirth, some respondents also reported a change in behaviour as witnessed in the community with increased numbers of women actually attending ANC and/or giving birth at a health centre or hospital.

There are many changes, such as antenatal care in a hospital. I am very proud that the project provides support and makes changes happen. Pregnant women now go to the health centre for antenatal care and give birth there. Most pregnant women now give birth at the health centre, unlike the past which was at home. (IDI, Akha, male)

Regarding the health of mothers, if we compare giving birth at home and giving birth at the hospital, we can see a big difference. Giving birth at the hospital is safer, there are health staffs to take care and the mother recovers very quickly. For example, for the birth of my second child, I gave birth at home and after that I was sick for a year; I missed work in the field. Anyway, if we look at the baby who was born in the hospital, he is healthier and grows faster and I can get strong after a couple of weeks. I feel comfortable giving birth at the hospital; they give vaccinations to the infant that helps to avoid diseases. When my children are healthy, it means that I can work in the field, find food and make income to buy the basic needs for our family. Now I know how to bring up my kids because I have obtained the knowledge and information from the project team. I don't need to practise food taboos any more when I give birth now. (IDI, Akha, female)

Tangible results seen by those who have had experience themselves or members of their community attending services for ANC or delivery include healthier children and mothers, speedier recovery times for mothers after childbirth and even a reduction in deaths among infants. For respondents, healthy mothers and children mean that there are greater opportunities for women to be productive and provide for their families as they do not have to remain in the home to either care for children or to recover their health themselves.

Sources of information include the project team, the FFP and the VHV. FFPs and VHVs self reported also that their increased knowledge and support for the community has had an effect on the number of women attending facility services during pregnancy and childbirth.

Changes have happened after I received training on the importance of the 3 cleans, vaccination, attending ANC, and delivering babies at the hospital. Before the project started, many pregnant women did not attend ANC and did not deliver at the hospital because they did not have any knowledge. As a result, many babies died after birth. Now, the situation is getting better and the number of mothers and babies that have died has decreased. Pregnant women also reduce their workload (IDI, Khmu, female)

In the two years since the project started, there are many changes. I feel happy that the project comes to provide support. I have gained more knowledge because I received training. I mobilise women of reproductive age to go to hospital for antenatal care and give birth there. (IDI, Khmu, male)

I would like to talk about the Female Focal Point, when she was trained and then she conducted meetings with the women's group in our village. She told us about going to hospital for ANC, I did one time when I was pregnant but after that I also wished to go again but I could not because of our family's difficulties [lack of money, bike]. I think if I get pregnant again I want to go for ANC at the hospital and give birth there because I was told it is safer, there are health staff, birth equipment to support giving birth. After I gave birth I had to follow the practice of food taboo, I could not eat meat of cow, deer and other. But when I was pregnant I could eat everything I want. In the past, I did not know about nutrition information on fruit, vegetables, meat and other food but now I know more. I have eaten more nutritious food. it is essential for pregnant women. When I was pregnant, I did not eat a lot of fruit because I couldn't afford it. Anyway, I received vaccinations as required. (IDI, Khmu, female)

While many of the responses referred to gained knowledge of the benefits of attending services for pregnancy and childbirth, there was also a recognition that some members of the community are still not in a position to attend facility services due to economic constraints or logistical issues such as not having access to a vehicle. These limitations were reported by some respondents in the poorer family category.

Similarly, it may be that intentions are to deliver in a facility but circumstances may mean that the baby is delivered in the village. However, a change noted by the community around home births is the availability of birth kits and the potential for safer, cleaner births. This change was only reported in Akha communities. From the responses, it is not clear if the availability of birth kits encourages home birth rather than facility births if the pregnancy is deemed free of complications. There were inferences throughout interviews that women do not necessarily plan a facility birth if the pregnancy is progressing normally. However, having the birth kit is a measure in place to facilitate a cleaner birth.

Before the project I didn't know anything but now I know about assisting in delivering babies and many things. I can see one difference from before is that the project provided delivery kits, which is very good. Before the project, I did not know that there is a delivery kit. Before, we only used a piece of wood to cut the umbilical cord. What happens next is that I will tell all my family members to use this kit because it is so clean and convenient because the pregnant mother keeps this kits with her. I think the positive consequence of using the delivery kits is that there is no infection and baby is healthy. I am happy that the project supports and provides training on this. It is great to have more knowledge on this. (IDI, Akha, female)

3.1.4 Gender – workloads and participation

Some respondents saw the changes in relationships, roles and status between men and women to be the most significant change in their lives. It is worth noting here that these responses came from both male and female community members across both ethnic groups.

In the past, most work was the responsibility of women such as working on the traditional rice mill, collecting firewood etc but now our husband also helps with that. My husband has helped me collect firewood and now we also have a rice mill. (IDI, Akha, female)

When we learned about gender from the project team, especially our women, we can see a difference in that our women actively participate more in meetings. We work together much more. In the past, almost all the hard work was given to women, but now it's just not like that because we help them collect firewood and we take the bag of rice to the rice mill and we can work together there. (FGD, Akha, male)

A range of changes were reported within one response with most narratives citing sharing of workloads and increased voice and participation of women in meetings. Both male and female respondents reported that husbands are helping more with heavy workloads such as collecting firewood and milling rice. There was an acknowledgement that much of the hard work used to fall to the female members of households and that now men are more likely to take on some of the responsibility and share the workloads together.

Some respondents reported that women's workloads have been reduced since the project started but it is not clear whether this is due to male members of the household sharing the load or whether it is due to labour-saving equipment which would have benefits for all members of the community and not just female members.

Regarding gender, in the past, it was only men who participated in meetings. Nowadays, women participate in meetings and express their opinion. In the past, it was women who looked for firewood. Nowadays, a truck is used to transport firewood. In the past, women milled rice manually and cooked for the family. Changes have occurred since the project came in. I am very happy that my workload is reduced. (IDI, Akha, male)

We have a women's group since the project started in our village. At the same time, we can save our labour. Before this, men did not want to help women to do household chores, they let women do things alone such as working in the field, cooking and taking care of our children but now they have changed - my husband also helps me a lot. Besides, I also have a chance to attend meetings. We will make decisions together instead of men alone like before. (IDI, Khmu, female)

Since CARE started working in our village 2 years ago, I notice that there are significant changes, especially the establishment of women's groups. This helps to enable solidarity among women, and enables women to participate in various forums. (IDI, Akha, female)

While many respondents stated that the changes have come about through information in general given by the project on gender roles, some respondents were more specific around the role that the women's group has had in promoting women's voice and engendering a sense of solidarity among women in the community.

The consequences of sharing workloads include being more motivated to do the work due to mutual understanding as well as more solidarity within the family. There is a sense that with more solidarity, more understanding and joint decision making, the family has the chance to prosper further.

Since the project started, my family has changed. In the past, we did not understand each other at work. Since the project started, my workload has reduced. Workloads are shared in the family equally. I am more motivated to do the work because my husband and I understand each other. In terms of participation, I participate in activities and interviews. I feel good because I gain new more knowledge. (IDI, Khmu, female)

The significant change for me is that I have a better life. Before, my husband liked to play and drink. He did not like to collect wood and water or carry rice. Now he is better, he has been helping with housework more. Also, we discuss more before making any decisions. The change has happened because the project came to advocate on gender balance. Due to the positive changes, our family has a better life - we are happier and there is more solidarity among the family members. In the near future, I am hoping that our family will be better and better, because both help each other raise our kids, and work harder for a living. So, I am hoping that we will earn more income like other families. And, when we have more income, we can use that money to buy food, and so that we have better food for family. The most important thing about this change is the rights and responsibilities in the family. (IDI, Khmu, female)

3.1.5 Livelihoods

The lowest frequency responses in terms of most significant change related to livelihoods. Reported changes were due to the provision of products such as cardamom and mak kha as well as skills to earn an income from the products. The results of this have been a perceived reduction in poverty for families and higher disposable incomes to provide for the family in areas such as buying more nutritious food and being able to send children to school.

When compared to before two years ago, now I receive a lot of assistance from the project such as growing cardamom, knowledge about the 3 hygiene practices, and marketing. My family earns more income from the sale of products. (IDI, Khmu, female)

The project has provided cardamom and mak kha for us to plant and sell so that we may have money to send our children to school. We also farm fish to sell and to eat. Eating fish gives you strength and if you eat only vegetables, then you will have weak health (FGD, Akha, female)

I have received young cardamom trees, health check-ups, and vaccinations. This makes our livelihood better. We were very poor in the past, but now it's getting better. (IDI, Akha, female)

The project provided cardamom, fish and rice. I produce and sell products. When I have money, I spend it to buy meat and other nutritious food. I think this change is very important because I can eat fish and have money to buy clothes for the family, to afford to send the children to school, and to buy food for the family. Before the project started, I was poor, but now I'm better off because I can save money. I am happy and proud. My family is happy too. (IDI, Akha, male)

3.2 Perceived changes as a result of targeted interventions

In part 2 of interviews, specific questions were asked regarding perceived changes due to targeted interventions around the following sub-topic areas:

- Gender
- Female focal points
- Attitudes of/towards health staff
- Range of services available on outreach
- IEC methods and materials
- VHV capacity
- Labour-saving equipment

Questions were asked if the sub-topics had not come up as part of most significant change stories. Given that gender was a key topic of significant change stories, this sub-topic will not be dealt with as the key responses are outlined in section 3.1.4 and any responses provided in part 2 of consultations highlighted similar themes.

3.2.1 Female Focal Points

The general feeling from respondents across all villages is that the FFP plays an important role in disseminating information on ANC, facility delivery and nutrition. Respondents reported that women feel more comfortable approaching the FFP rather than the male VHV as they feel less embarrassed and have the courage to speak to her. The use of IEC materials was highlighted as an effective method to deliver information. Women in the community feel that the FFP is approachable and that they can talk to her freely even in circumstances such as when they are on their way to the field.

Some respondents reported changes in behaviour as a result of the input of the FFP such as attending ANC, changes in nutrition (including limiting food taboos during pregnancy) as well as the use of clean birth kits for home delivery. Changes have also been seen in the health of children whereby they are not falling sick.

> *Our village has a female focal point to disseminate the knowledge they have learned. She tells us to go for checkups at the hospital when pregnant and to give birth there. I have been once for a check-up at Khua district hospital but gave birth in the village. The FFP used a birth assistance kit for me and was able to manage everything cleanly. Having given birth, I still cut certain foods out of my diet but mostly, I no longer do this.*
>
> *Now that we have the female focal point, there has been a change from having village health volunteers to help. We feel more at ease because we don't feel embarrassed and have the courage to speak. When it's a man, we do not dare to speak.*
>
> *When she [FFP] gives her advice, all of the women of the village come together to listen. When using pictures to give advice, she gets the women to look at posters. She gives advice on nutrition and how to eat, what nutrients the body needs, and on not practising food taboos excessively when giving birth. After the FFP gave her recommendations, there has been a change and children are a lot healthier and do not fall sick. The advice of the FFP has had all kinds of wonderful results.*

3.2.2 Attitude of/towards health staff

When asked about how villagers and health staff interacted with each other, respondents reported that there is better cooperation between the community and district staff. The community feels that the staff have more respect for traditional culture and show more concern for the well-being of villagers. There is a sense that the staff provide more health education which, in turn, increases uptake of services as the community feel better informed.

> *When the district staff are getting on with their work, they show respect for our traditional customs, we show respect to one another, and they request permission before getting started with their work.*
>
> *Health staff pay more attention to the villagers, they are friendlier than before and they often give us recommendations and are concerned about our health.*
>
> *The health staff are friendly and want us to improve our health. Now, parents understand more about kids' vaccination, so they wait for health staff to come and mostly take their kids for the vaccination. Before they took their kids to the field in order to avoid getting vaccinated.*

3.2.3 Range of services at community level

The community reported that changes in health services delivered at village level mostly included health education on family planning, vaccinations, ANC/facility delivery, nutrition and hygiene.

Villagers appreciated that the staff now give health education so that they can make informed decisions on whether to get vaccinations or treatment. Respondents reported that they now understand more of the benefits and possible negative effects of, for example, not getting vaccinated or not eating hygienically-prepared food.

> *They [district staff] often provide us with knowledge on taking care of children, hygiene, vaccinations, family planning and ANC.*
>
> *When staff come into the village, they provide vaccination, family planning information and parasite treatment tablets to children. If a child has red eyes, they also provide treatment. They also provide injection to pregnant women. It is different from the past because we received only vaccination but no health education. I am happy with this because it is free of charge.*
>
> *The health staff provide vaccinations for women who are 15-45 years of age. I feel that if our children didn't get the vaccination, it could be dangerous when they get ill. They also talk about nutrition and now we do what we are told. We can see that in the past, our children ate dirty food and it caused stomach ache.*

However, there were a few cases where villagers compared project staff to government staff and explained that government health staff still have a tendency to provide limited health education or with few visual resources or explanations. One respondent reported that health staff claimed that if villagers did not get vaccinated and then were subsequently sick, health staff would not help them.

> *The health staff mainly just provide vaccinations but they do not explain about the advantages or disadvantages. There are no posters or pictures.*
>
> *When health staff come to our village, I recognise that they do not have any pictures to show us. They just give information orally which is different from the project team use pictures to show us.*
>
> *Regarding coordination, district health staff respect people. However, they do not have posters, but just explain verbally.*
>
> *They [district staff] give vaccinations for women and children. They said that health staff will not help those who refuse the injection.*

3.2.4 Delivery of information

Almost all respondents reported that the way that information is relayed to the community on gender, workloads, nutrition and MCH is much more easily understandable and, therefore, the community is more likely to put the knowledge into practice.

Specific reference was made to the fact that pictures have a bigger impact on understanding, especially for those who cannot read and/or have no Lao language skills. Role plays and demonstrations are also seen as effective to be able to develop skills to apply to daily life. Having local translators was reported by some respondents as the most effective method to complement the other forms of information delivery.

A few respondents explained that having visual aids makes the information more trustworthy and that only disseminating information orally means that the community is less likely to trust that information.

> *Regarding the transfer of knowledge, now they have pictures and big posters. In the past, there was only explanations without pictures. When I see pictures, I understand better. I follow the advice and now I am healthy.*
>
> *We understand more because they have pictures and role plays to show us. I cannot read but when I see the picture I can understand what it means.*
>
> *In the past, district staff came into the village, distributed documents and read them to us. Now, there are pictures and posters. This makes people trust the information and scared of deceases that might happen to them. Information dissemination by talking only is not trustworthy.*
>
> *There are now pictures and posters and we can understand but the best way is to have Akha translators.*

3.2.5 Village Health Volunteer

General responses around the VHV were that he is more active and the villagers have more confidence in his capacity. Respondents compared the VHV activity to before the project and reported that now he is able to provide more medicine as well as advice on how to take them.

The availability of medicine and the VHV capacity to administer the medicine at community level means that villagers can access basic care without having to waste valuable time travelling to access services far away. Some respondents reported that accessing medicine through the VHV meant that they recovered from illnesses more quickly than if they had followed traditional remedies.

Villagers acknowledged that the VHV is limited to dealing with minor illnesses only and were grateful that he is able to do this but that he also refers the community to hospital when the issue is beyond his capacity.

Two respondents noted the change in how VHV activities are monitored and how training has increased the capacity of the VHV to report on village data.

> *These days, the VHV disseminates knowledge and distribute medicine and advice on how to take them. Sometimes, they give us free medicines. In the past, the village volunteers did not used to show any interest, did not impart knowledge, and would have no medicines whatsoever.*
>
> *The activities of the VHV are currently changing a lot because they have received more training and when they visit the village, they disseminate knowledge on cleanliness and on going to the hospital when villagers are sick.*
>
> *Our VHV is very active since the project came to our village. He has many kinds of medicine. He knows more about diseases from training and now he can help us more as well.*
>
> *In the past, there was no monitoring of VHV activities. Since the project started, the project provides drug box and training about the use of drugs. When sick, drugs are available and we do not need to travel to a far place which saves time. In the past, I followed traditional practices, but now I go to see the VHV and buy medicine. I recover faster than in the past.*
>
> *In the past, VHV did not do the monthly summary. Now, there is training on writing monthly reports to be submitted to local authorities. This is very convenient, time saving, labor saving and money saving.*

There was an acknowledgment that VHV activities to engage with the community can be time consuming and, especially when the village is large, the VHV has limited time to be active in visiting people who may be sick although villagers can still approach him. One

> *There is a male VHV in the village but he is not so active. When someone is sick, they will visit and buy medicine from him. However, he hardly visits sick people due to his limited time.*
>
> *In the past, it was not often that I provided treatment to villagers. Following the training from the project, I have more knowledge and capacity, and now I have no free time because this village is big and I am called to provide treatment to villagers. I manage the drug box with maximum benefits to villagers.*

VHV himself explained that he is now more active but this encroaches on his own personal time.

3.2.6 Labour-saving equipment

There were few villages that had received rice mills or stoves but, for those that had, changes were significant in terms of the time saved as well as the reduction in workload.

The time saved from using rice mills compared to traditional threshing means that women can sleep longer and they consequently feel they have more energy to be more productive in the field. Other activities that they do with the time saved include sewing and having more time to find food for the family.

As reported in section 3.1.4, respondents also stated that men help women in the rice mill and they can share the work together. When threshing traditionally, the work always fell to the women.

Another benefit as reported by members of poorer families is that all members of the community have the opportunity to use the mill when it is shared.

> *I used to have to get up at 2am or 3am to thresh the rice because at 5am or 6am, I had to go out farming. Now, I can use this time to relax in order to have strong health because when I used to get up at 3am, I would feel tired and would lack strength but now I don't have to thresh rice at all so can sleep until 5am before waking up to go farming.*
>
> *It is very beneficial because poor people who cannot afford to pay for milling rice can use the shared rice mill. This saves labour for women and children. Men help in milling rice. If something is broken with a rice mill, we can go to another shared rice mill within the village. We collect money to fix the rice mill.*
>
> *It is so convenient …..now my husband and I work on the rice mill together. I have more time to go to work at the rice field. If compare to the past, we had to use the whole day to work on the traditional rice mill but now it takes around a few hours, and because of the rice mill in the past we took 5 days to clear our upland rice but now it takes only 3 days and I have time to sew, relax and find food.*

3.3 Perception of CARE tools and approaches

Questions relating to how CARE works with communities were posed around the following areas:

- frequency of visits
- communication and availability of the project team
- who the project team engages with in the community
- benefits of project team visits
- disadvantages of project team visits
- CARE's response to suggestions/concerns
- comparing CARE team to other projects
- recommendations for the future

As ideas and concepts were repeated throughout questions, responses have been organised around the benefits, disadvantages and recommendations for conciseness.

3.3.1 Benefits of CARE approaches

While the direct response to this question invariably produced responses around key topic areas that have previously been outlined in sections 3.1 and 3.2, the benefits of how CARE works with the community came out in response to how CARE compares with other projects that the community has had contact with.

The range of responses was very broad but can be mostly placed in the following categories: positive engagement with the community, substantial non-financial investment in the community and effective strategies to help villagers apply knowledge into their daily lives.

Positive engagement with the community:

- opportunities for all villagers to participate
- respect culture/friendlier
- explain processes clearly
- care about the health of the villagers
- provide what villagers need
- clear and prompt in responses to requests (whether positive or negative)

The difference compared to other projects is that CARE comes often to the village and explains about women and child health care. Other projects said that they would construct a road, they didn't. They also said that they would construct GFS water, but actually they spent the budget to construct roads in another village. Other projects have only men in their team. CARE's Project team has both men and women. (IDI, Khmu, female)

The other projects just focus on the household, they do not care about the health of people. The CARE project has showed pictures and led us to put knowledge into practice. The CARE project team also respect our culture (FGD, Akha, male)

The other project cannot provide what we really need and when CARE comes we get that e.g. clean water. Furthermore, CARE project staff is more polite and friendly with us (IDI, Khmu, female)

The work of the CARE project is on time and responds to the needs. The difference from other projects is that CARE provides knowledge. I know more things from CARE including nutrition, food, demonstrations with pictures. Following the training, the project advises me to transfer the knowledge to villagers.

Substantial non-financial investment:

- strengthen capacity of women
- frequent visits to the village

They work by details and explain every process for us. We understand what they said because now villagers can communicate in Lao more than before (IDI, Khmu, female)

The difference between CARE and other projects is the activities. Other project teams rarely come to work with us but the CARE project team comes often (FGD, Akha, male)

Effective strategies to understand and put into practice:

- local translators (Akha)
- use different IEC methods - pictures, role play etc
- CARE has women in the project team (not only men)
- more effective because divided villagers into different groups

When the other projects work, they do not divide into groups but CARE does. The CARE project team uses pictures in training and this leads us to put things into practice. The CARE team makes it enjoyable so we want to work together (FGD, Khmu, male)

They [the project team] will respond immediately - whether they can provide or not - they will explain the policy of the project for us (IDI, Khmu, female)

Other projects do not provide opportunities for everyone. It's only CARE where I gave my opinion (IDI, Khmu, female)

The nature of engagement with the community in terms of motivation came through from some responses which imply that it is the project team's presence that motivates villagers to take action.

When the project staff arrive, we are active. But when they are not there, we are not very active. Preferably I would like them to come 1 time/month.

Before the project team comes, I have to pay more attention to cleaning our village such as keeping the pigs in the pen and other animals are not allowed to be released around the village area.

While many respondents reported clear and easy communication with project staff, some female respondents expressed a desire to communicate more but either they do not have the confidence or there is still a language barrier (for both Khmu and Akha).

Interactions with the project team are convenient but the important thing is the language, which we don't understand all that well.

If there were no language barrier, I would be friendly talk to them [project team]. The difficulty is that I don't know their language

Many of us are shy to ask or talk with the project team. Many issues we will talk to our village authority, especially head of village.

3.3.2 Disadvantages of CARE approaches

Respondents did express dissatisfaction with some CARE approaches or activities. These responses were mostly around insufficient provision or unequal distribution of equipment and activities.

Some seeds do not grow well such as cabbage seeds. Some people say that the quantity is too little. So, it is requested to provide more seeds that can grow to sell.

Regarding the provision of young cardamom trees, I would like the project to provide more, because in the past the provision was too little, so we cannot rely on this occupation.

We would like to recommend to the project team to be aware of equal equipment distribution or operating activities.

There were also responses related to respecting the villagers' time and ensuring that appointments are kept to as time waiting for the team is time lost to work in the fields.

If the team makes an appointment, we would like them to turn up to that appointment because time for earning a livelihood is lost.

We see now that we have more and more goats. We plan to sell them all because we do not have enough fields to raise them. We think that raising goats in our village will be challenging in the future.

The think we can see that rice seedlings do not such productive results.

Seeds provided by the CARE project are not effective because the seeds are not suitable for the weather and land in these areas.

Some responses also highlighted that some activities had proven to be not so effective for a number of reasons including constraints within the village and suitability of the local environment.

While some respondents had reported that communication and explanations were clear, there were some villagers who felt that they had not been given sufficient information to be able to make an informed choice about adopting certain activities.

The project team sometimes did not give such clear details of things like rice mills and stoves. The guidelines for raising goats were also not so clear.

My village did not ask for the rice mill because we did not know much about the benefits of a rice mill. Now I regret it.

3.3.3 Recommendations from the community

General recommendations from respondents were that communities benefited from project interventions and that the project should continue. Other recommendations were based on project activities to date and requests were made to continue or strengthen what had already been implemented.

Substantial recommendations came from a number of respondents from across different villages and ethnic groups. It's interesting to note that some of these substantial recommendations came not only from villages that have had considerable investment from other projects exclusive of CARE and who were able to articulate needs to a certain extent at baseline but also from villages who have only received assistance from CARE since 2012 and were unable to state their needs at baseline.

I would like to request that the project provides us with toilets, cardamom and seedlings

We would like the project team to monitor the goat bank and we would like to request for assistance to improve our clean water system. We need 1000m of water pipe and toilets for 5 more households

I would like the toilets to be improved and to be provided everywhere comprehensively. I would like there to be enough water (especially piped). I would like the project to supply megaphones. I would like the project to link up electricity to the houses so that we may refrigerate our veterinary medicines. I would like women to be provided with contraceptive medicines.

I would like CARE to improve their work, to provide sufficient latrines to villagers, and to come to the village more often to work on the promotion of hygiene practices. I also would like the project to provide budget for fish raising to the village, and a drug box. Technical staff should come to the village more often, so that they become friends with villagers, and villagers will have more knowledge. I would like also to request for birth attendance equipment to help pregnant women who cannot go to a hospital on time.

Although many of the recommendations were around hardware such as running water and latrines, some respondents focused on recommendations to strengthen women and improve MCH.

I would like to recommend to the focal point that she should increase her activeness to disseminate what she has learned to villagers, especially women.

I would like the project team come to conduct training about health and hygiene. We want it better than this, to help group of women who are still shy to deliver their opinion.

Regarding mother and child health care, I would like the project to provide advice about family planning to villagers.

Recommendations from poorer members of communities focused more on opportunities to benefit from project activities; it is difficult to participate because they have to spend so much time in the field. Some also requested support to attend to basic needs because circumstances are such that, even fully understanding information from project interventions, it is not possible to put it into practice.

I would like the project to tell the village head with enough notice so that we have time to get back to the field and participate. I have only participated once because I am usually in the field.

We would like the project come to help more because I am so poor to buy clothes for my children and I cannot send them to school, I have no money to buy salt or MSG. My family is so poor, however, when authority come to collect the tax, the village does not except us. My husband ca not manage our family because he doesn't know about money.

4 RESULTS OF STAFF CONSULTATIONS

The following section is a record of narratives provided by project team members and different government officials in Phongsaly (district health offices and LWU).

4.1 Priority stories of change

Participants were asked an initial open, general question to talk about the most significant change in their lives through working on the project from their perspective. Participants were free to talk about any topic of their choosing which had importance for them.

From your point of view, describe the most significant change in any aspect of your work that has resulted from the partnership between CARE and district partners since 2012? Please be as specific as possible and give examples.

4.1.1 District Health Staff and District Lao Women's Union

Changes reported in the lives of government staff were related to both skills development and increased knowledge in specific content areas.

LWU coordinators reported that the biggest change was related to increased knowledge in health-related issues such as nutrition and MCH. They stated that, through training received throughout the project, they were then able to work more confidently with communities to impart knowledge and support women especially to take action.

Representatives from both district health and LWU expressed that the biggest change in their lives had been improved confidence and a greater voice. Through greater participation in project activities, training and coordination meetings, they felt that they had gained greater credibility with peers, superiors and members of the community. One LWU representative concluded that she now feels value both as a woman and as an individual.

The most important change in my life is that I have built my capacity. After training with the project, I can train other people in the community. I used to be shy before and too embarrassed to speak up. Now I have more confidence, I share ideas in meetings and I ask questions and ask for help but before I just used to keep quiet. I have the confidence to work with the community which gives the community more confidence too. They are active in outreach sessions and they have increased capacity to make changes in their lives. I can now bring their situation to meetings at district level and people believe in me more. I feel I have more value.

The most important thing for me is that, after training with CARE, I learnt more about family planning, ANC and how to take care of children. I have been able to work with the communities on MCH to help prevent problems and illness which means that women can work. If the women can work and they are successful, their families are more comfortable and they can buy more nutritious food and send their children to school.

4.1.2 Project Team

Changes for members of the project team also related to increased competence in technical areas incuding MCH, gender as well as project implementation. Areas of skills development included English language skills and computer literacy.

> *I have learned and gained lot of experiences from working with villagers in the target communities. I am more confident in speaking in front of the community. I also have improved my capacity to work in the community better and to be able to complete activities as planned. I have had the opportunity to attend several technical training courses in project implementation and management areas. In addition, I also have learned from colleagues. I am glad to be working with CARE because CARE is an organisation that works to support vulnerable people in order to improve the well-being of poor communities. Working with CARE, I have experienced the community approach which I had never thought of and had not experienced at all. I am so glad to work with CARE because CARE has many good policies. When comparing myself now with the past, I have learnt a lot, especially in the area of project management (planning and reporting). I want to continue improving my capacity; I don't want to stay in the same level. I want a better life and job. I am now trying to learn and improve my capacity as much as possible from my colleagues. My life has changed by both chance and planning.*

> *The project has given me the opportunity to work as project staff and to attend training where I have gained lot of experience. For example, I am someone who lives in one of the target villages. I considered myself a disadvantage ethnic person. In January 2010 I was selected as a volunteer to be a translator for the project and, since then, I have attended a lot of technical training. In January 2011, I got a chance to be project assistant implementing nutrition activities in the field, and in October 2012, I was promoted to be the head of the community development workers. Since 2012, I have attended training on English and computers. The most important thing to me is that I can save some money to continue to pursue higher education. I feel good working with CARE because CARE has many good policies, and one of them is giving opportunities to disadvantaged people. CARE is giving the chance to learn and improve my capacity like other people. So, my commitment is that I will continue to improve my work and not easily withdraw. When compared with before, I feel that I have increased in knowledge and in self confidence. My life has been changing, not by chance, but through planning. My future plan is that I want to be a capable person and pursue a higher career.*

Factors that have contributed to these changes were cited as due to having attended training on technical areas as well as in English and computers. It was also reported that changes came about through learning from colleagues.

> *The project has given me the opportunity to work for the project and with the community and to participate in several types of training. My work is not only essential to me but it is important for the community. With this project, I have learned about computers, information related to maternal and child health & gender balance, and later I have used that information to conduct health education in the community. In order to help improve the health status of mothers and children in the community, CARE helps community learning and raises awareness of maternal and child health issues (exclusive bread feeding, and ANC) which villagers never knew before. I will continue learning with team members. My life has been changing because CARE gave me the opportunity.*

4.2 CARE's approach to working with communities

Both project team members and government staff were asked about how they understood CARE's approach to working with communities around the following aspects:

- description of approach
- advantages of approach
- disadvantages of approach

4.2.1 Perceptions of approach

A common perception of CARE's approach to working with communities is that information is collected at community level and interventions are based on the needs as outlined by the communities.

Government staff labelled the approach as *participatory* both with the communities themselves and with district-level partners.

Project team members also referred to the specific focus on working with women and the poorest members of communities.

Project Team	**District partners**
• CARE responds to the needs of the villagers in accordance with the village needs and priorities. It understands everything from development right through to the wellbeing of the public. • Before commencing implementation of the activities, a survey is conducted into the true needs of the villagers in order that the work performed may be consistent with and provide for these needs. • To strengthen women in the village and provide women with the chance to participate in activities and express their opinions more • Rights are granted to poor families and gender roles are promoted.	• CARE's approach is participatory • coordination with district authorities on selection of target villages • baseline data is collected, target villages are specified and activities prioritised, activity plans are drawn up, and activities are provided in accordance with the needs of the communities

4.2.2 Advantages of approach

When reporting on perceived advantages of the approach that CARE takes in working with communities, a common response was a repeat of the approach itself in that the project has been implemented based on the needs of communities themselves.

Government staff tended to report more on the impact on communities such as their increased participation levels, increased confidence levels and pride. Project team members referred a little more to behaviour change also in the communities and subsequent access to services.

Project Team	District partners
• Implementation has gone according to the project plan • based on the actual circumstances of the village and community • consistent with the needs of the village • when the behaviour of the community changes, the community gains access to certain public health service systems, such as doctor-assisted and safer births. They receive vaccinations and family planning services, besides others.	• communities are more confident • communities participate more • communities gain a sense of pride • activities are provided in accordance with the needs of communities, such as mother and child health, nutrition, and gender roles • project and communities cooperate well • project also has certain materials/equipment which attract the interest of communities

4.2.3 Disadvantages of approach

Many of the responses related to the disadvantages of the approach were more relevant to whether activities had been fully implemented rather than *how* CARE works with the community.

District partners reported that disadvantages included some members of the communities not understanding enough due to lack of confidence or that the project team does not have enough time in villages to help the community gain a better understanding.

Project team members compared CARE's approach to working with communities to broader frameworks such as government policies or perceived ideas of what development looks like and what is best for the community to lift themselves out of poverty. Comments from the project team suggested that the approach was not necessarily in line with these frameworks.

Project Team	District partners
• some activities were not completed according to plans • implementation still lacks coverage and has been inconsistent with the policies of the Ministry of Health (MoH) and the genuine Millennium Development Goal (MDG) strategies for mothers and children thus far. • Coordination between the community and the project still lacks continuity and coverage in certain remote districts and target villages. • Some of the assistance according to the	• there are certain problems which have not yet been solved properly, such as gender roles in some Akha villages • not all members of the community have courage and fail to understand • limited time in villages – community fail to gain a solid understanding • the committee/group of responsible persons should be improved. The project fails to visit the villagers and inspect the activities during each period.

needs of the community may not be a fundamental factor in development and may not be able to achieve the targets or reduce poverty.	

4.3 CARE-Government of Lao Partnership

The participants were also asked to give their perspectives on the partnership between CARE and Government of Lao partners. This part of the consultation process was anonymous allowing for participants to be as open as they would like. Questions related to the following aspects of the partnership:

- nature
- advantages
- disadvantages

4.3.1 Perception of nature of partnership

Responses on perceptions of the nature of the partnership were similar from both project team members and government staff; all respondents commented on the consultative nature of the partnership and smooth cooperation. Representatives from both the project and the Government also indicated that financial and logistical inputs from the project have contributed to the partnership.

Project Team	**District partners**
• Cooperation between the CARE project and the State actors has seen smooth and ongoing coordination. Training on technical issues and techniques for coordination has been given and the State partners have cooperated well in implementing the activities so that success was achieved. • Collaboration has involved mutual communication and consultation rather than each party working independently and they have taken mutual responsibility. The State actors have taken responsibility for leading implementation and the project has facilitated this with budgets and vehicles	• The cooperation between CARE and State actors is done well. The relevant offices have sent staff to coordinate on a regular basis right from the outset up until now. • Cooperation between CARE and government employees goes smoothly each time. • The project has had notice each time prior to providing training or visiting the villages. Furthermore, the project has vehicles and food allowances for staff working in the field.

4.3.2 Advantages of partnership

Aspects of the benefits of the partnership where project team and government staff agreed were around cooperation and collaboration in conducting activities in the field.

More varied responses came from government staff who felt that advantages of the partnership also related to building the capacity of government staff both in terms of knowledge and skills. Budget and logistical support were also repeated as benefits of the partnership.

Project Team	District partners
• The State partners and coordinators have cooperated well over the implementation of the activities in the village so that the targets could be achieved in accordance with the set plan and results were achieved. • State actors and the project have both attached importance to one another, have planned collaboratively, and have done their best to support the villagers together. • The state actors understand the development plans and CARE's approach and cooperate, coordinate, and pay attention to leading the implementation of the activities.	• Duties and responsibilities are demarcated prior to visiting the village. The project staff is seen to be friendly. • The relevant offices have sent staff to coordinate on a regular basis right from the outset up until now. • Collaboration between CARE and State actors is smooth. Summaries and reports are sent to the relevant district authorities and officers on a regular basis • the project strengthens State staff and results in their having increased knowledge and skills. The teams cooperate well with one another. • Joint activity plans take place. • CARE has policies or funding, especially for food allowances and vehicles for use in the field.

4.3.3 Disadvantages of partnership

It was through perceptions of disadvantages that the biggest difference in potential expectations of the partnership became more apparent. Whereas project team members highlighted areas of improvement in systems and modalities of working, government staff focused more on such things as hardware provided by the project or factors which are not necessarily relevant to how the partnership works e.g. the state of roads to be able to access villages.

The main areas for improvement from the perspective of the project team is that there is less ownership from government partners with district partners still viewing the work done at community level as belonging to CARE rather than CARE playing a supporting role in facilitating work of government staff.

Whereas government staff stated that reporting was an advantage of the partnership, project team members perceive that preparing and submitting reports is still not effective on the part of the government staff.

Members of the project team considered coordination at different levels within the government as problematic. While coordination for implementation with government staff is seen as effective, there seem to be issues regarding monitoring, reporting and coordination from district to provincial level.

Rotation of government staff on the coordinator position was seen as a hindrance to continuity and effectiveness from members of both the project team and government staff.

Only one observation from government staff referred to the capacity of the project team whereby it was suggested that the team leaders are not so confident working in the communities.

Project Team	District partners
• Certain organisations and sectors are still not cooperating well and coordination between CARE and the State partners is not yet as tight or as effective as it should be. • A weakness is that the State actors still do not have a deep understanding and are still saying that this work is the work of the project. Sometimes when going out into the field, they are still saying that this is CARE's work and not the work of the State. • joint planning with certain relevant offices has been lacking but when the time comes to put things into practice, they come along to work, which impairs efficiency and these offices end up taking little interest and being overly critical. • Certain offices are understaffed and coordinators are rotated frequently, thus impairing their understanding of the work and affecting continuity. Coordinators fail to write reports for their superiors, meaning that their superiors end up being completely in the dark as to what CARE is doing. • Coordination is unsystematic and discontinuous with little coordination taking place with the government and only taking place at district level. Little or no coordination is taking place at provincial level. Quarterly and monthly reporting on activities to district-level leaders therefore does not take place on an ongoing basis. • There is a lack of monitoring from State leadership due to a lack of budgets and coordination.	• Vehicles – because some people are still unable to drive; for example, when leaving the house, they have to catch lifts with others. • Roads are still dependent on the seasons; for example, when it rains, the roads become dirty • Training should take place for coordinators on the use of computers. • There should be insurance for coordinators and equipment for use when visiting villages. Example: raincoats, helmets, and sleeping bags. • some offices send staff to coordinate but they are constantly rotated, which results in a lack of continuity and inexperienced staff. • The team leaders responsible lack confidence, especially in Khua district, which is evident when conducting field work.

4.4 Understanding of desired changes

As part of the consultation process with the project team and government staff, questions were asked around the perceived changes at community level around the specific sub-topic areas of targeted interventions also asked to the community:

- Gender
- Female focal points
- Attitudes of/towards health staff
- Range of services available on outreach
- IEC methods and materials
- VHV capacity
- Labour-saving equipment

4.4.1 Perception of changes at community level

Project team members were more likely to give concrete examples of change whereas government staff struggled with some of the questions and what information the questions were aiming to collect. There was a lot of unpacking of the questions, understanding what the situation was in 2012 that prompted the targeted interventions and what the desired changes would be from those interventions.

After working through the questions systematically with a facilitator, government staff were able to articulate some general changes that they had seen and were similar to the more detailed responses articulated freely by the project team with minimal facilitation. Below is a summary of responses.

In terms of relationships between men and women at community level, changes were seen in sharing of workloads as well as the increased voice and participation of women.

> *Changes we have seen in some of the target villages are about gender balance. Before, many communities had never heard of or realised about any gender-related issues. They separated male and female work. And, females got the most workload. After getting trained on gender, many males in the communities have changed. For example, husbands and sons have contributed more to helping women in the households such as collecting wood, washing dishes, and helping take care of children. As a result, there is more unity in the family. Now there are more women who attend meetings and are able to give opinions. In some villages, there is a female deputy village head. We are now improving women's capacity as well as their self-confidence for women's groups in order for them to participate more and have voices at bigger events than before. Gender balance is what women in the villages wanted to have.*

Strengthening female capacity was also reflected in how the Female Focal Point is regarded as an important resource for the community on MCH-related issues.

> *FFPs have been trained and received birth assistance kits whereas there used to be no equipment whatsoever. Now it is being used and the project provides it to ensure against the spread of disease. FFPs represent the women of the village and learn. After they have learned, they implement it, providing information to women. Women in the village now have knowledge and are interested in going for pregnancy checkups and giving birth at the health centre or a hospital. During pregnancy, they also receive information on nutrition.*

MCH issues were also the focus of perceived changes in health services provided at village level. It is interesting to note here that there is also a link to perceived higher-level results of reducing maternal and neonatal mortality rates.

> *The community understands public health services, such as pregnancy checkups, giving birth at a hospital or health centre, and family planning, which makes children safer and reduces maternal and neonatal mortality rates. This has resulted in our meeting our targets according to the strategy.*

Relationships between communities and staff were seen to be positive, with villagers actively participating in planning and activities. It was perceived that the active participation and good relationship with staff have contributed to improvements in the well-being of the community both in terms of material gains such as increased income but also in terms of social capital such as solidarity within families.

> *The villagers are interested in the employees who come to work and cooperate with the implementation of activities so that they are successful. The villagers are interested in the development plans and are aware of each person's respective roles and responsibilities. The villagers feel pleased to be able to participate in the activities, from which they benefit directly. The villagers' wellbeing has improved and they participated in the implementation of activities, for example. Women demonstrate more courage at various times. After the project provided the activities, they were able to generate an income for their families, had enough money to send their children to school, had solidarity within families, helped each other more, became more accustomed to the staff, and were friendly.*

It was perceived that improvements in the well-being of the community are also a result of the way that information is now delivered at community level. Through more diverse methods of delivering health education messages, it is believed that villagers can understand the information more easily and are then better able to apply this to their own lives. The value of having local translators was highlighted as an important element for greater understanding and it is interesting to note here that there is also a perception that Lao language skills of the villagers have developed through these methods although it is not further explained.

> *Changes in the use of tools in imparting information on public health: there used only to be lessons and important content to be explained and the staff failed to get them to understand well. Now, changes have taken place in the provision of public health information; for example, there are pictures and posters, leaflets, handouts, and drama performances in local languages, allowing the villagers to understand more clearly and adopt the practices into their real lives. Now, information can be spread, in turn, by word of mouth and their knowledge of Lao language has increased. The creation of open question discussion groups has allowed the villagers to express their ideas and opinions. They are able to write, touch, and there is a local language interpreter so that the villagers understand better and it is easier for the team to work and succeed.*

Another factor that has contributed to better health at community level is the increased capacity of VHVs. It is perceived that VHV services are an important first-line response for basic health care in the village and that access to basic treatment and health education in situ has a range of benefits to the community not just in health outcomes but also in terms of money and time saved from not having to travel far to access services.

> *After the VHVs received their training, they helped to explain to the villagers about the health services at village level and the village medicine box. The villagers can receive basic treatment for disease conveniently and free of charge, with no travel costs or losing labour. The VHVs also act as a representative in providing public health information at village level and this allows the villagers to learn about the 3 clean hygiene principles and looking after their health at village level. Using the village medicine box service is convenient.*

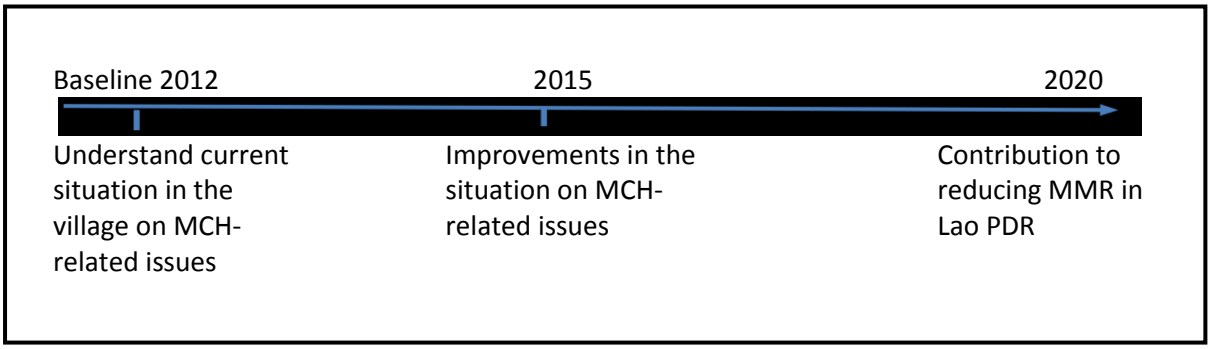
4.4.2 Measuring change and perception of progress

Before going into the field and conducting consultations with the community, the project team and government staff worked together on revisiting some of the baseline results from 2012 and how they informed the project as well as what desired changes were defined as a result of the baseline data.

Before looking at any of the baseline data, a general question was asked around the objectives of the project. The overwhelming response was that the project aimed to reduce MMR. Concerns were raised that the project did not have the evidence to prove that MMR had been reduced.

This was an aspect that was worked through also at baseline and clarification was made around the short, mid and longer-term results. It was explained again in this consultation process that the project was a *contribution* to the longer-term goal of reducing MMR in Lao PDR and that shorter-term results were at a much lower level.

The following diagram was used both at baseline and throughout the lessons learnt assignment to contextualise the contribution of project interventions.



As outlined in the baseline report, a workshop was held with the project team and government staff early 2013 to develop a results matrix based on qualitative data gathered from the community in the baseline. The aim of the matrix was to look at the desired changes leading up to 2015, what needed to be done to work towards those changes and how progress towards those changes would be measured.

The aim of revisiting the matrix was to look at key areas of change and to assess where the communities were in August 2014 in terms of progress towards these changes. The team found it difficult initially to talk about results or progress because they were still concerned about not having quantitative data to show a reduction in MMR, an increase in FP, increased access to ANC etc.

Through working with the lower-level desired changes, the team was better able to articulate where they felt that gains had been made and some of the results of the discussions are as follows:

Baseline 2012	2014	Desired change
Home births are not always clean and safe for mother and babies	Each village has a supply of birth kits	The key principles of clean delivery are implemented during home births

Baseline 2012	2014	Desired change
The weakness of giving birth at home is that babies won't get vaccinated after birth	Vaccinations are provided at village level through quarterly outreach visits	Babies have access to vaccinations after birth whether they are born at home or at a health facility

Baseline 2012	2014	Desired change
Pregnant women continue with heavy workloads when pregnant (e.g. carrying water and firewood) – this can affect the health of the baby	Husbands help their wives with collecting wood and fetching water	Women reduce workloads during pregnancy in order to prevent harm to their child

Baseline 2012	2014	Desired change
I don't want to go to hospital because of the difficulty in communication due to language barrier	Mai district has 2 Akha staff at the health centre	Increased availability of health staff who speak ethnic languages

While it was recognised that there was no system for capturing and measuring this change, all participants felt that they had made some key achievements throughout the project and that there were significant changes at community level.

Comments from participants indicated that they had not been working with a results matrix at this level and, if they had, they would have felt more confident and motivated to do their work. Having worked through the matrix for different desired changes and articulating progress related specifically to those changes, members of the project team

and government staff expressed that they were proud of the achievements and progress that had been made.

5 DISCUSSION OF FINDINGS FROM THE COMMUNITY

The findings outlined above give a picture of how change is perceived by communities, what factors may have contributed to those changes and what the implications of those perceived changes may be. The picture is complex and the narrative below provides a synthesis of the findings. A more detailed illustration of the complexity of the factors, changes and implications can be found at the end of this discussion in section 4.4.

5.1 Priority changes across/within groups

The question to elicit priority changes as perceived by the community was open to allow for respondents to focus on changes that are important for them.

While the responses fell broadly into five topic areas, the range of detail within the general topics was quite broad. The range of responses differed greatly and there is no discernible pattern within villages, across villages, across ethnic groups or across wealth group. The non-uniform nature of responses indicates that priorities and perceived significance of change is very personal to the individual.

With the same inputs and similar participation levels in activities, each individual and/or family assesses the relevance according to their needs and priorities. How the inputs are translated into action and how they contribute to change may differ from family to family and even individuals within families.

Most changes were seen at a tangible results level, for example, increased uptake in vaccinations, cleaner village areas, men fetching firewood etc and it was reported that project interventions had helped to put information into action. The potential to see these changes lies in all members of the community as they are applicable to the community in general.

The one topic area where responses were mostly around increased levels of awareness and knowledge rather than behaviour was pregnancy and childbirth. For those who had been pregnant or had given birth in the previous two years, it was easier to gauge how behaviour may have changed. Otherwise, respondents were really only relaying knowledge that they had gained around the benefits of ANC and facility delivery. It is important to bear this in mind when targeting interventions and considering expected changes. Changes in behaviour around ANC and childbirth will only be applicable to those who experience pregnancy or have a role in managing the pregnancy.

5.2 Factors contributing to change

As with the non-uniform nature of priorities within and across communities, analysing the factors contributing to change is a complex task. While respondents report that project activities contributed to change, attribution to one particular intervention is not clear cut. A multitude of factors have been reported and it is the interplay between these factors that may be the catalyst for change. It is important to note here that it is not just *what* the interventions are but *how* they are implemented.

5.2.1 Nature of engagement with communities

One of the positive aspects of the approach to working with the community was that project and government staff respect the community, especially around traditional culture, and care about their well being. It was stated clearly that this leads to better cooperation from villagers. The friendly and open approach from the project team motivates the villagers to participate in activities and creates a relationship of trust and mutual respect.

Another aspect that is appreciated is the transparency in communication and the consultative nature of the approach. Villagers valued that the project team generally responds to requests promptly and clearly even when the requests cannot be honoured and clear explanations are given.

The time invested in working with the communities on a regular basis is also seen as a key ingredient to cooperative working and the likelihood if communities applying knowledge into practice. Respondents see the visits to the village as learning experiences and welcome the inputs from the project team.

The presence of district staff in the villages helps to build relationships and link communities with facility services. Community members feel more confident and at ease knowing that the staff that deliver services in the village will be the same at the facility. This consistency seems to be a motivating factor for some to attend facilities. If trust and respect are established at the community level, those who have not attended facility services before are more likely to take that step if they know that there is a person that they can trust at the facility.

5.2.2 Information and skills development

Most respondents referred to information sessions as key in the changes that have taken place in their lives. However, the key for most respondents was the nature of the way that information was delivered to communities and how information was accompanied by methods to encourage practical application in their daily lives.

The use of a range of IEC materials and delivery methods made the information more digestible and understandable. Respondents felt that they could trust the information more because it was supported by images that made sense to the communities. Through clearer understanding, respondents are able to assess more critically what information is important to them, how it affects their lives and what action they can take if they feel that action is relevant to their lives. This is particularly relevant to uptake of services such as vaccinations. With clearer information on the benefits and potential consequences of (not) getting vaccinated, community members are more likely to get themselves and their children vaccinated and have indeed done so.

Practical demonstrations also were welcomed and described as useful to be able to apply skills developed practically in their lives.

An important factor for many respondents was the fact that, when there were local translators, information sessions were more effective.

In relation to health care and uptake of services, some respondents differentiated between the project team and health staff in their approach to providing information. While, in general, community members felt that health education had improved in terms of the range of topics provided, there were some comments that health staff are less likely to use pictures and visual material.

5.2.3 Provision of hardware and products

While many of the project interventions were based on information sessions for the community members to then apply to their own lives around nutrition, MCH and gender roles the project also provided water pumps, latrines, rice mills, agriculture products and livestock.

Villagers reported on the tangible results of receiving, for example, agriculture products and livestock as having a direct effect on their income-earning capacity and the knock-on effects of having a higher disposable income to afford things that were unavailable to them before such as a greater range of nutritious food and providing for their children's education.

The changes for the communities around access to water and rice mills have had a considerable effect on workloads and time which, in turn, has improved quality of life in terms of being able to spend time on other activities such as being able to rest more to feel energised to work more productively or to be able to spend more quality time with the family and children.

It seems that the provision of running water and rice mills facilitates men's support in helping with workloads. While there were reports of male members of households sharing more of the workloads, it is not clear if men would help so readily if they had to still walk far to collect water or if they would take over the traditional threshing from women. Reports from the community suggest that it is the proximity of the water pumps that mean that men help more. Similarly, stories around the rice mill indicate that it is due to the fact that men and women can do the work together that there is more support form men. Traditional threshing is still only performed by female members of households. However, regardless of the rationale, the provision of water pumps and rice mills reduces women's workloads considerably and men are more likely to take on some of the responsibilities of these tasks.

5.2.4 Women's social capital at community level

The importance of strengthening the capacity of women was highlighted by both male and female respondents. The focus on engaging with women and providing forums for women to discuss, provide input and ask questions is seen as a positive aspect of project interventions.

Women's groups were reported as being fundamental in giving women a voice and promoting participation. The confidence gained through participating in women's group activities motivates women to have a greater voice both within her own family but also within the community as a whole. Men are more likely to engage with women after participation in women's group activities out of interest in what the discussions were and what they learnt.

The increase in women's knowledge and capacity gives them greater status and value as contributing to households on a number of different levels including income generation and decision making. Women are also more likely to discuss with male members of the household around issues such as workloads and sharing responsibilities.

The female focal point is seen as a beneficial resource for women in the community. It is acknowledged that she has an important role to play in disseminating information and mobilising women to attend ANC and give birth in a facility as well as providing support in nutrition and hygiene practices. Having a female resource is well appreciated and female community members feel more comfortable to approach another female and she is better able to respond to the needs of women than a male counterpart.

5.3 Impact of changes on communities

The impacts of the changes as reported by the community can be summarised into the following concepts:

- value and dignity
- solidarity
- aspirations and prosperity

5.3.1 Value and dignity

The nature of community engagement and concern for the welfare of villagers by project and government staff has had an impact on the sense of value that the community feels. The inputs and factors for change, as well as the changes themselves, have led communities to feel that are valued and that their welfare matters.

Communities feel particularly proud of changes in their villages around cleanliness and hygiene, not just on a personal level but also on a community level. Running water has brought dignity to villagers in that they have fewer physical conditions related to lack of hygiene and latrines have brought privacy.

Women feel that they are valued more and men also reported that they are proud of how women's capacity has been strengthened and that they have a greater voice and experience higher levels of participation. There is an acknowledgement by both women and men of the value of women as productive members of households and communities not just in terms of labour contributions but also in decision making and leadership roles.

5.3.2 Solidarity

Changes as result of project interventions have contributed to a greater sense of solidarity at different levels within the community. Not only do women feel greater solidarity with other women, they also feel it in their own households between husband and wife and among their family members. Respondents also stated that the project had helped to create solidarity among the village organisation; just by the nature of village organisations as they stand, this was mostly relevant for male respondents. This solidarity then links in with increased sense of value and the potential to work more closely together to prosper further as a community, as households and as individuals.

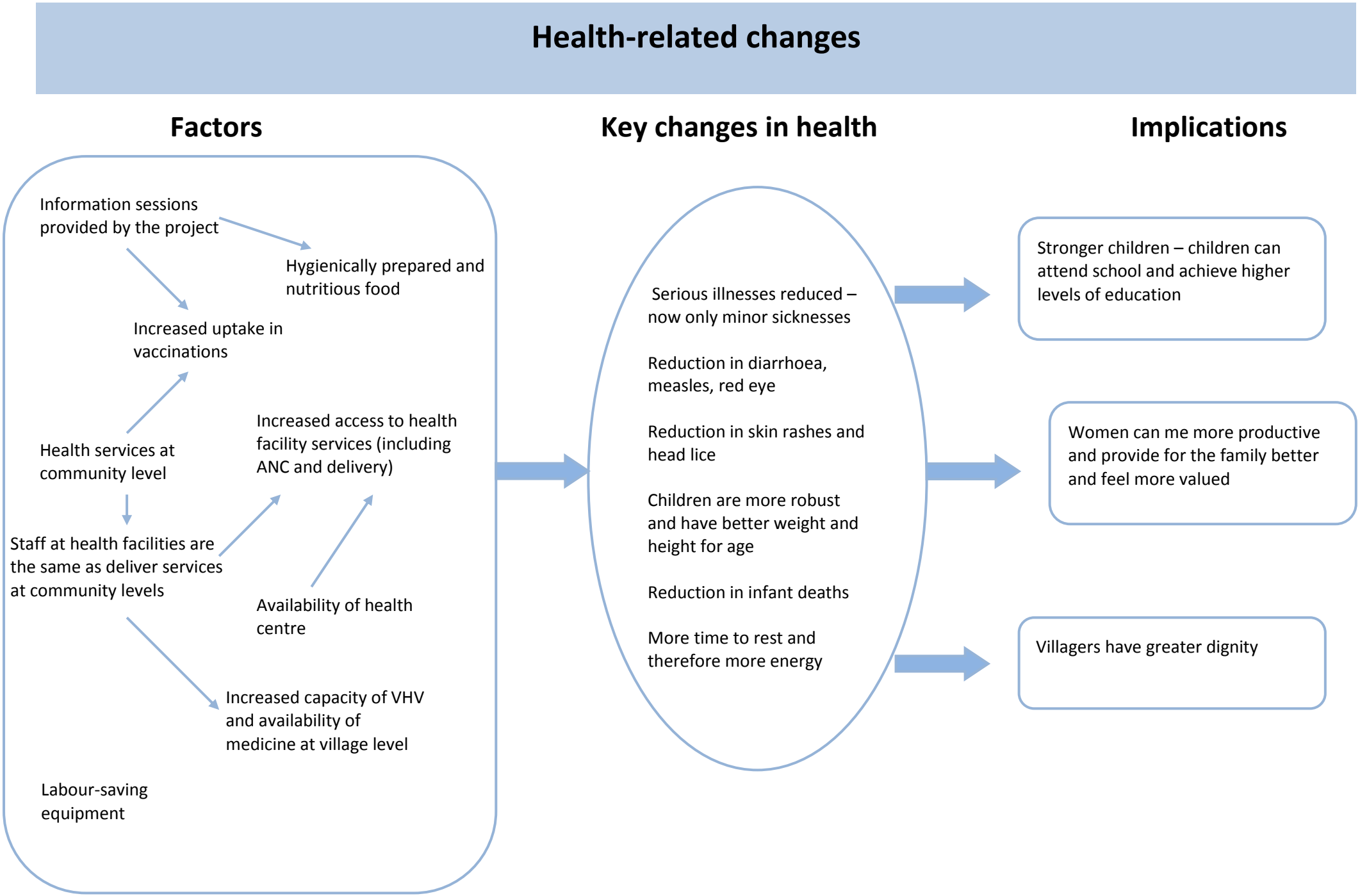
5.3.3 Aspirations and prosperity

With respondents feeling that they are healthier, more valued and have greater dignity, they are more able to set their goals higher in terms of how they want to improve their lives. Much of the focus was on earning power and the further changes that a greater disposable income would bring to their lives to allow them to provide more extensively for their families. Being able to buy a range of nutritious foods was fundamental to many as well as being able to not only send their children to school but to see them through to higher levels of education in the future. Aspirations for their children were that they would have better opportunities to have a good job and lift themselves out of the poverty that parents had experienced.

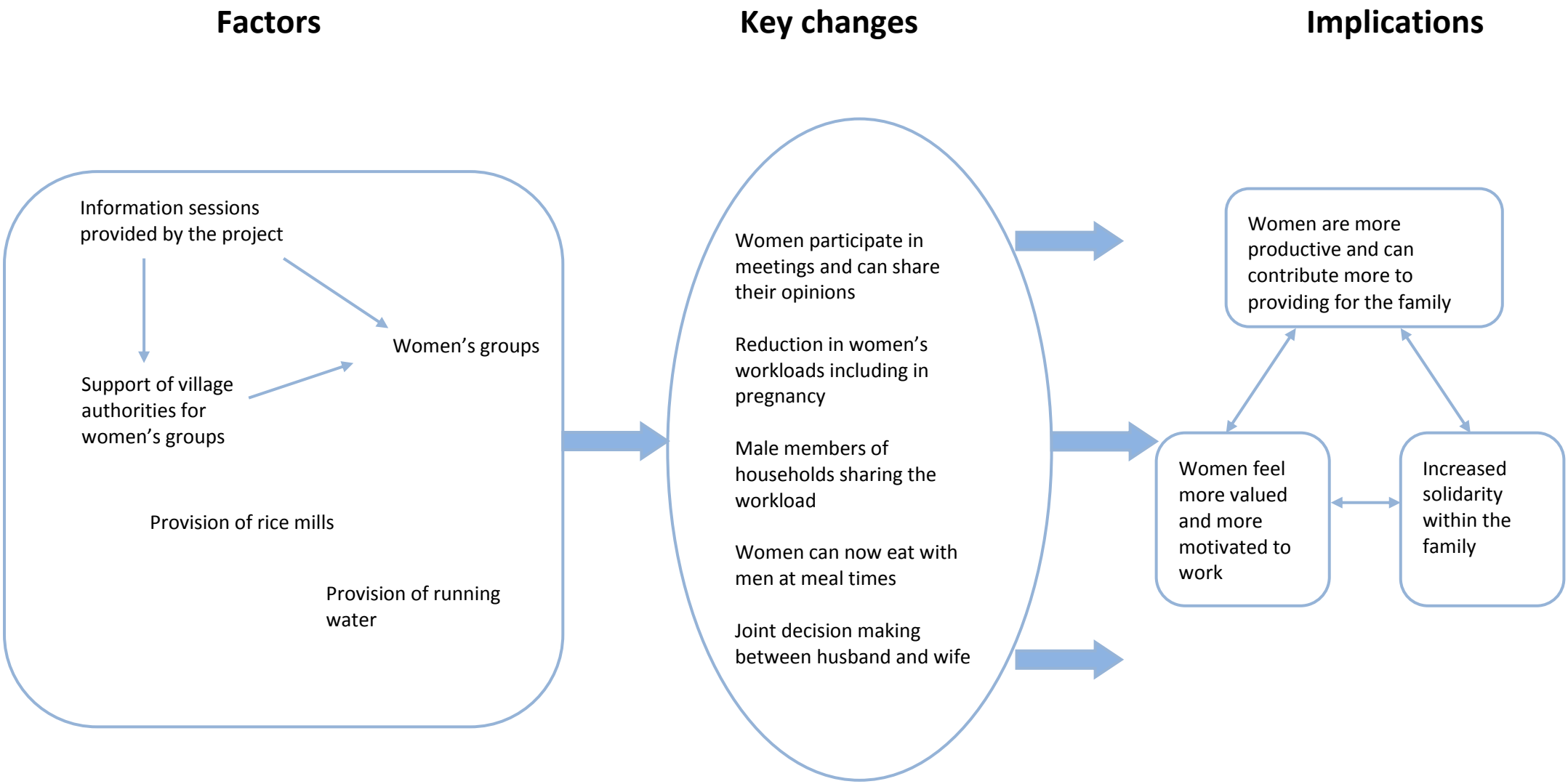
5.4 Thematic mapping of changes

The diagram on the following page attempts to illustrate the complex nature of the interplay of factors that may contribute to change as well as the perceived longer-term implications for the community.

Health-related changes



Women's voice, participation and status



6 DISCUSSION OF FINDINGS FROM STAFF

6.1 Project experience

Perceptions around CARE's approach to working with communities were similar in terms of consultations with the community, listening to their voice and responding to their needs.

In terms of the partnership between CARE and government partners, both members of the project team and government staff expressed that implementation of the project worked well in terms of the partnership between those working in the community. Both parties feel that cooperation and collaboration worked well in planning and field work.

There were some discrepancies in perceptions over the relationships between CARE and government as well as within government at different levels. Government staff tended to have a more positive view on how things work whereas the project team highlighted what they believed to be some fundamental blocks which have an effect on both relationships and the effectiveness of project implementation.

This has important implications for programming at community level. While implementing partners on the ground may be motivated, active and effective in promoting change for individuals, families and communities, buy in, understanding and support from superiors at district, provincial and central level are also crucial for making interventions relevant for remote ethnic communities as well as for promoting effective partnerships.

6.2 Capturing change

While members of the project team were better able to articulate the changes that they saw in the community and give specific examples, government staff spoke in very general terms of what changes they perceived had taken place.

However, in terms of documenting and reporting changes, there were very few concrete documents, tools or frameworks available to be able to evidence the changes. Consultations and observations highlighted some key challenges in documenting change. These challenges fall broadly into the following categories:

- tools
- understanding of change for those implementing
- understanding of change for government partners at all levels
- resources

6.2.1 Challenges with tools

Observations and discussions with the project team indicate that there has been an absence of a working framework for capturing change. The project manager was aware of the logframe but explained that it was not being used as the indicators were confusing.

The confusion around indicators may be due to the appropriateness of the level of the indicators with some being at higher HMIS level such as ANC attendance and CPR. The

logframe also has a focus on quantitative indicators with few qualitative indicators specifically linked to the qualitative baseline data.

While there had been intensive efforts to establish systems for capturing change at a qualitative level (such as the matrix in early 2013 after the baseline study and a process for documenting case studies in early 2014), there are indications that there may have been inconsistency in follow up to embed the systems as part of project implementation.

6.2.2 Challenges for those implementing

With few guidelines and limited frameworks for regular monitoring and capturing change, there may be limited understanding of the rationale and implications of activities conducted. It seemed that activities were implemented because they were part of the work plan but understanding of why the work plan was developed as such and the links to results areas and pathways of change were not evident. Those implementing the project expressed that they would have welcomed these frameworks and regular monitoring to feel more encouraged in their work. Support from those at strategic levels would help to make links clearer as well as to motivate those implementing to achieve.

Throughout the field work and consultations with the community, it was evident that pathways of change were not necessarily a concept that the project team and government staff were familiar with. Answers to initial questions tended to be taken at face value with very little probing to capture extended narratives.

One of the intentions of the field work was also to support documentation through photo stories. In theory, the project team and government staff were to supply examples of case studies which would illustrate change and the impact on individuals, families and communities. However, the team was unable to provide concrete stories within the villages visited. Through observations of interactions with the communities and village leaders it was not clear how well the teams knew the communities and could identify those that had displayed significant change. While interactions were positive and relationships appeared to be based on mutual respect, it seemed that the project team was not used to interacting with the intention of fully knowing the communities around such aspects as maternal and child health etc. For example, team members did not know who was/had been pregnant, who had given birth in the last 12 months and what the health outcomes were for these pregnancies and births. In one village, it came to light that, out of 22 births in the first 8 months of 2014, there had been 8 infant deaths. This information did not seem to be data that was routinely collected as part of project activities and this data was not available from the project.

Similarly, it was not clear how the team was identifying any individuals or families that were not included in activities and if there were any strategies to encourage inclusiveness, specifically around the most vulnerable families. Any changes documented, therefore, may not be fully representative of the community as a whole.

6.2.3 Challenges for government partners

While conducting consultations and training with government staff, there was some indication that expectations of change within the project cycle may differ from the objectives set out in the project or achievable over the time period of the project.

Throughout the lessons learnt assignment, references were consistently made to reducing MMR and how the project could show that it had reduced MMR. It seemed that there were either questions around understanding of short, medium and longer-term results for the government staff themselves or that expectations from superiors were that the project should be reporting on MMR.

Furthermore, it was not clear what expectations there were around where responsibility and accountability lay for monitoring data. The government staff referred to higher-level results such as ANC attendance and CPR but were disappointed that the project had not captured that data and they were unable to evidence that these had increased. Also, where there was a recognition that there had not been a systematic approach to results monitoring, government staff believed that the responsibility for this lay with CARE management.

Where there had been efforts to establish tools and systems to monitor progress at a lower results level, there seemed to be limited understanding of either the value or the practical application of the tools. This seemed to be confounded by the qualitative nature of, for example, the results matrix as changes were not defined by numbers and not seen as quantifiable or measurable.

6.2.4 Challenges with resources

Community-level programming and capturing change requires extensive investment of resources at all levels.

As mentioned above, the investment in human resources both at strategic and implementing levels is important in the conceptualisation and documentation of change. A team that has a clear understanding of pathways of change and what change may and could look like is essential for being able to document changes. This team includes speakers of local languages with the conceptual knowledge of capturing change at the community level. Ongoing supervision and support (both in planning and in the field) is also important to be able to maintain links and relevance to more strategic frameworks.

Time is also a key factor in being able to embed documenting change as a fundamental aspect of a project/programme. Time invested at planning stages at project inception would provide a solid foundation for the life of a project and to embed the principles of capturing change within job roles.

The financial implications of the investment in community development are significant, not least in terms of the human resources required for implementation, monitoring and capturing change on a regular basis but also to be able to have robust studies and methodologies to capture change at significant points in a project/programme lifetime. This is particularly relevant for qualitative data. Robust methods with experienced research teams are costly and especially so if audio-visual components are included.

7 CONCLUSIONS AND RECOMMENDATIONS

The following recommendations are based on the above findings and discussion for how CARE International in Lao PDR together with other development partners can approach community-led development and capturing change with remote ethnic communities.

7.1 Integrated approaches

The findings from the community suggest that integrated approaches make more sense to communities to be able to address priority issues at an individual level. This approach includes interventions across sectors as well as the involvement of a range of actors.

7.1.1 Communities as drivers of change

With increased exposure to possibilities and examples of tangible changes witnessed within their own communities, community members are better able to articulate their needs and aspirations. Communities are able to assess what works for them and what their priorities are to better achieve changes they want to see in their lives.

Priorities, needs and aspirations are different across and within communities and families and flexible approaches are required to respond to individual needs. Often the poorest and most vulnerable families have different priorities and require basic needs to be met as a fundamental starting point and have more difficulty articulating aspirations.

Recommendations:

- consult with community members to assess needs and priorities
- identify poorest and most vulnerable families to ensure participation in consultations
- establish realistic plans with clear expectations of what and what cannot be achieved
- establish monitoring systems with the community to assess progress
- utilise existing qualitative evidence base to promote the voice of communities on their needs, priorities and achievements
- integrate community groups as a fundamental element of any project/programme
- develop advocacy materials on community-driven change

7.1.2 Partnerships and actors at community level

It has been acknowledged that the consultative, participatory approach to working with communities themselves as well as through partnerships between government and non-government actors has reaped benefits for communities as well as for those working with communities.

Reaching the poorest and most excluded is more achievable through cooperation and collaboration between different actors at community level. Each sector and actor brings added value and it is through partnerships within and across sectors that more meaningful change to communities can be achieved even in short periods of time. The challenge of reaching the poorest and most excluded is made easier by cooperation and the Government can more effectively engage remote ethnic communities through

partnerships with non-state actors. In this regard, truly integrated approaches to communities are most effective when civil society is engaged.

Recommendations:

- develop infographics on the complexities of pathways of change and the need for flexibility in expectations around change and the actors involved
- utilise existing forums to advocate for more integrated, multi-sectoral approaches to community-level programming
- develop strong advocacy messages on the role of civil society in promoting integrated development
- establish strategic partnerships to garner support from a range of actors
- establish implementing partnerships with district-level government actors

7.1.3 Linking to services

The benefits and trustworthiness of utilising health services are often measured by personal experience and word of mouth on levels of satisfaction. Perceptions around health services can be influenced by the active engagement of health staff at community level where trust can be built up. Consistency in staff at community level and in facilities also influences the level of comfort for people to attend services. A key factor for Akha communities specifically was the presence of local language speakers which also facilitated attending services.

Recommendations:

- sensitise health staff at community level to how trust can be built with communities (See 5.2.2)
- include health staff in consultations with community members on priorities and needs
- support health staff to maintain consistency in interactions with the community to build and sustain trust
- invest in local ethnic staff as community workers to facilitate linkages to facility services

7.2 Nature of community engagement

7.2.1 Time investment

Communities appreciate and value the frequency of community engagement by the project to be able to plan and implement activities, conduct follow up and discuss progress.

The time investment in terms of regular and frequent engagement with communities is substantial but has been seen to be a factor in the probability of putting knowledge into action and potentially effecting longer-lasting change. Communities would welcome more frequent, systematic visits with clear purpose.

Recommendations:

- any future project to include a systematic, regular schedule for village visits
- comprehensive village visits schedules with clear formats, purpose and follow up through consultation with communities

- establish system for communicating village visit schedules to communities with advance notice for the village to plan and maximise participation from all members of the community
- clear guidelines on expectations of flexibility especially around rescheduling due to weather, road conditions or other unforeseen circumstances

7.2.2 Building trust

The time invested in working on a regular basis with communities contributes to building trust and cooperation with project and government staff. Another important factor for building trust is clear and transparent communication around processes, expectations, project policies and responding to community needs.

Communities highlighted the importance of respecting traditional cultures when working at community level. This respect also helps to build trust and leads to more cooperation and collaboration with project and government staff engaging with the villagers.

An important aspect of trust was around how information is disseminated; access to visual material to support any messages being delivered through project and government staff is seen as fundamental to whether that information is trusted or not. When the information is deemed trustworthy, communities are more likely to take the information on board and apply it to their lives where they feel is relevant.

Recommendations:

- build in regular consultations with communities at all levels to provide forums for two-way exchanges on project interventions and community needs and expectations
- establish through qualitative data key cultural beliefs and practices which may influence project interventions
- work with the communities to address how to work within cultural and traditional frameworks
- ensure IEC materials contain visual components to reinforce oral messages

7.3 Investing in women

7.3.1 Women's groups

The role of women's groups was reported as being instrumental in building solidarity among women themselves but also seen by male members of the community as a positive forum for women to strengthen their capacity and voice. When women have stronger capacity and voice, they are valued more for their contributions in being productive members of the household which, in turn, is seen as a factor in supporting families to become more prosperous.

Recommendations:

- establish and maintain women's groups as a core element of any community development intervention
- develop and implement mechanisms to assess effectiveness of individual women's groups
- establish and implement strategies to support communities where women's groups are not so effective

- identify strong members of women's group who may be promoted as taking the lead in core issues for female community members
- establish and maintain forums for representatives of women's groups to meaningfully participate in decision-making processes at all levels within the community

7.3.2 Female community focal points

The Female Focal Point is regarded as an important member of the community in terms of a resource for health education and particularly for MCH. This model can be replicated for multiple areas of community development from economic leadership to village administration creating a core group of female community focal points across sectors.

- identify strong members of women's group who may act as focal points for core issues for female community members
- through consultations with the community, establish training and support needs for focal points
- establish support networks at village level especially with elders and male members of the community to facilitate female focal points to attend training and implement at community level
- establish and implement mentoring and coaching framework to support focal points at community level

7.4 Capturing change

The lessons learnt assignment has shown that there have been significant changes at community level as perceived by communities themselves. However, a major learning point has been how to capture that change over time.

7.4.1 Conceptualisation of capturing change at community level

With potentially differing expectations or understanding of change at the community level within set periods of time, the following is recommended:

- establish realistic expectations of change within the life of the project
- establish realistic expectations of responsibility and accountability at project level for data collection/measuring change
- develop clear, easily understandable models linking activities to pathways of change making it real and relevant for implementers
- develop training materials for project teams and government partners with clear, realistic examples of what change may look like for communities
- develop training materials for project teams and government partners on value of qualitative data

7.4.2 Tools and methods for capturing change

A major challenge for capturing change is related to the tools and methods used. Tools and methods need to be simple yet comprehensive to capture both quantitative data but more specifically qualitative data at the community level. A systematic approach is needed to maintain consistent documentation of change:

- develop community-based participatory tools
- develop and implement a clear framework for capturing both quantitative and qualitative data including any audio-visual requirements
- develop and monitor checklists of essential data to be collected at each village visit
- develop clear community engagement protocols
- develop protocols for responding to issues beyond the capacity of community teams
- establish and implement a system for ongoing mentoring and coaching for field work teams, including regular supportive supervision in the field

7.4.3 Resources

Capturing change at community level requires substantial investment in human resources, financial resources and time. The following recommendations highlight some of the key considerations of resource requirements:

- include clear roles and responsibilities around documenting change in job descriptions at all levels including for those in mentoring and coaching roles
- create opportunities and actively promote staff and community workers with local language skills who are mentored in capturing change
- ensure strategies and plans reflect the time required to set up and implement frameworks for capturing change, especially at planning stages
- ensure budgets reflect realistic inputs for documenting change throughout the project cycle
- engage full teams experienced in qualitative data collection especially for baseline and endline studies

ANNEX A: PHOTO STORIES

Photo story

Children do not fall sick like before and are healthy, vaccinated, and born in hospitals. Once children started being vaccinated, they tended not to fall sick which means strong children and when it reaches the time to go to school, they go to school. Two years ago, children tended to get stomach aches, measles, coughs, and respiratory problems. If our child does not fall sick, mothers are pleased because she has the chance to go to work and earn money and be able to send her child to study to a higher level of education. Also, we have received solid knowledge on nutrition and changes have taken place. For example, consuming all food groups, people don't fall sick and we have strong health. We didn't use to know the reasons for eating. We would just think that we had to fill ourselves up but now we know the benefits of each food. We often used to get diseases, rashes, and aches. When we eat nutritious food, we feel clear-headed. When we feed children nutritious foods, they are strong and they don't fall sick so they can go to school and study well. When children are healthy, their weight and height increase. Unhealthy children tend to be short children and underweight.

Photo story

The important change for us is clean water – we don't need to travel long distances to pick up water again and we faced a lack of water in the past, which was a problem for us. Another change for us is hygiene, we keep clean by building waste water ways, we also have rubbish bins. In the past, our village was so dirty; we released our animals freely around our village. This change is since the project team came to provide us with knowledge and skills and the people of our village cooperate in working with project, this helps us to understand and take it into practice. Now we can see that our people are healthier getting away from illness and diseases [malaria]. We feel so happy about that. It is so clear that we have good health, we have more time to go to work at the rice field and our garden as well that means we have opportunity to generate more income and make our family more prosperous.

Photo story

Since the project began, I have learnt that women should not work as hard as before. My husband takes more care and doesn't let me work hard like before. My husband is concerned about me now I am pregnant and supports me to go to ANC. I have already lost 2 children and I have 5 more and I didn't want to lose another baby. Reducing my workload is really important to me so that I can rest and I don't get so tired, Before I gave birth at home but now the health staff have given information about safe birth, cutting the umbilical cord etc and to go to the hospital **Note: she went to the HC that evening for monitoring and she gave birth a couple of days later in the district hospital)** (IDI, Akha, female)

Photo story

I also have learned about gender, in the past, women had to work hard and men did not help, they did not go pick up firewood because of our beliefs. Today, we go to pick up firewood together and men will take the bag of rice to the rice mill. Men now also help their wives to cook and feed some animals. In the past, only men were present at meetings because women were shy and they thought they do not have any capacity. After the project came to strengthen women in our village, we can see that they are getting stronger than before. In the past, we were divided between men and women to have meals, men usually will eat first. Now it's just not like that. I would like to share another story that, in the past, our women worked hard while pregnant but now we do not allow them to do so. We help them and we now keep money that we earned with our wife and we will discuss before spending not like before where only men could control everything. (FGD, Akha, male)

ANNEX B: QUESTION GUIDES

Tools for consultations with communities

Information for participants

We are hoping to capture some stories about personal or social changes since CARE started activities in your village in 2012. If you are happy with this, I'll ask you some questions. I will write down your stories in my notebook and then after our discussion I'll check that I've got all the details of your stories right. This session should take about one hour.

CARE may want to use your story and other information collected during our meeting for a number of purposes including:

- to tell our donors and stakeholders about the significant changes that have happened to community members since our project began
- to help us understand what communities think is good and not so good about our project
- to make improvements to our projects

I will ask everyone who provides a story to give consent about the use of your story.

PART 1

Probing questions:
What was the situation before?
Why do you think that change happened?
Why is this change important to you?
What else has happened because of this change?

- what are the changes to things/environment/physical/time

how does this make you feel?

Ask every participant the following question:

1.1 From your point of view, what is the most significant change for your life in the last 2 years? Please be as specific as possible and give examples.

If the participant has not talked about the following topics, continue asking questions 2-4 until you get a detailed story of change.

1.2 From your point of view, can you describe the most significant change for you and the health of your family for in the last 2 years? Please be as specific as possible and give examples.

1.3 From your point of view, can you describe the most significant change for children in the last 2 years? Please be as specific as possible and give examples.

1.4 From your point of view, can you describe the most significant change for you in relation to pregnancy and childbirth in the last 2 years? ? Please be as specific as possible and give examples.

If the participant has no stories of change for questions 1-4, ask the following questions:

1.5 From your point of view, can you describe the most significant change for you in relation to food, cooking and eating in the last 2 years? Please be as specific as possible and give examples.

1.6 From your point of view, can you describe the most significant change for you in relation to hygiene and sanitation in the last 2 years? Please be as specific as possible and give examples.

PART 2

Ask all of the following questions to all participants if they have not already been covered in stories of change in part 1.

Follow-up questions that have not been addressed in stories of change:

2.1 What changes have you seen in relationships between men and women in your community?
(Prompts: workloads, access to information, communication, voice, participation)

2.2. What changes have you seen in relation to the female focal point in your village? How does having a female focal point affect issues on pregnancy, childbirth etc?
(Prompts: embarrassment about talking, addressing taboo subjects, trust, knowledge, compared to male VHV)

2.3 What changes have you seen in relationships with health staff?
(Prompts: respect for cultural beliefs, acting on suggestions/responding to concerns from the community, communication and ways of working)

2.4 What changes have you seen in relation to the range of services when health staff visit?
(Prompts: beyond vaccinations, family planning, pregnancy)

2.5 What changes have you seen in the way that information is provided to you about health?
(Prompts: language, pictures, demonstrations, drama)

2.6 What changes have you seen in support for the VHV in your village?
(Prompts: training, drug stock, providing basic care)

2.7 How do you think rice mills/stoves have changed lives for people in your community? (Prompts: workloads, time, range of foods, health of family, gender roles)

PART 3

Ask all participants the following questions:

We would now like to ask you some questions about how you feel about the project team and how they work

3.1 How often does the project team come?
- How do you feel about how often they come?
- What would you change about the frequency of project team visits?

3.2 How easy is it to communicate with members of the project team?
- How do you arrange to speak to a project team member?
- Can you talk to them any time you want or do you have to wait until the team member comes to you?
- Do you have to get permission from anybody in the village to talk to the project team?

3.3 Which members of the community do members of the project team usually talk to?
- Do they speak to all families?
- Are there some families that they work with all the time?
- Are there some families that they never work with?

3.4 What are the benefits of when the project team visits?

3.5 What are the disadvantages of when the project team visits?

3.6 What usually happens when you give a suggestion or express a concern to the project team?
- Does the project team listen to suggestions from the community?
- Does the project team find a solution to problems?

3.7 If you compare the CARE project team with other project teams, how are they different?
- Frequency of visits
- Communication
- Attitude
- Services

3.8 How would you like the CARE project team to improve in the future?