



# Strengthening Climate Resilience of the Lao People's Democratic Republic (PDR) Health System

## Annex 4: Gender Assessment & Action Plan

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## Part 1 Gender and Social Inclusion Analysis/Assessment

### Introduction

1. Evidence suggests that people experiencing gender disparities and inequalities often have greater exposure to climate hazards, increased susceptibility to the damage they cause, and decreased ability to cope and recover from that damage. Most countries, including Lao PDR, do not track data on the relationship between climate change and inequality; however, sources have demonstrated the disproportionate impact that extreme weather events (EWEs) can have on the health, livelihood, and food security of some groups, including women and girls.<sup>1</sup> Due to the complex relationship between climate change and inequality, it is critical that adaptation and mitigation actions are designed with input from all groups (e.g., women and girls, and men and boys, majority and minority ethnic groups, people with disabilities, people across the socioeconomic strata) so all community members can share equally in the benefits of risk-informed development.
2. Part 1 of this Gender Equality and Social Inclusion (GESI) Assessment presents information on the ways in which gender and socioeconomic factors such as age, ethnic group identity, and educational attainment intersect with climate change in Lao PDR. As one of the most ethnically and linguistically diverse countries in mainland Southeast Asia, Lao PDR has 49 formally recognized ethnic groups and 240 sub-groups, which make up 34% of the population. This GESI Assessment considers differentials between the majority ethnic group, the Lao Tai, and minority ethnic groups, as well as the intersection of ethnicity, gender, disability status, literacy level, and income. The assessment is structured by six domains: 1) law, policy, and institutions; 2) social norms and beliefs; 3) roles, responsibilities, and time; 4) decision-making, leadership, and participation; 5) access to and control of resources; and 6) safety, dignity, and well-being. It describes and analyzes key data across these domains and includes recommendations that the Strengthening Climate Resilience of Lao PDR's Health System Project can use to integrate GESI throughout activities and operations. Part 2, The GESI Action Plan, aligns the actions the project is taking in response to these recommendations with the project's logical framework.

### Methodology

3. With the support of Save the Children's (SC's) Asia-Pacific Regional Gender Equality Advisor, a research team in Lao PDR conducted primary and secondary research to develop this report. Sources included a literature review of policy documents, project reports, and published research; key informant interviews; and gender-segregated focus group discussions and community surveys in eight communities across three provinces. Certain focus groups were so large that they were further divided by age (youth vs. non-youth).
4. The literature review drew from existing international, regional, and Lao PDR-specific literature, as well as project reports on gender, health and disability in Lao PDR. All documents were published between 2003 and 2022.
5. The research team conducted a stakeholder analysis to identify key informants and selected eight villages within in Khammouane, Laung Prabang, and Sekong provinces for surveys and focus group discussions. These villages have characteristics representative of the Strengthening Climate Resilience of the Lao PDR Health System's broader implementation area (e.g., road access, proximity to health facilities, mix of ethnic groups). The main ethnic groups represented in these villages are Talieng, Hmong, Khmu, and Lao Loum. Government partners from each province and district facilitated communication with village authorities and health officials in these locations.
6. All interviews, surveys, and focus group discussions were conducted in Lao. The research team briefed participants on the purpose and objectives of the research and shared that they could choose not to answer a question or leave at any time. All gave verbal informed consent and signed a photo release and data usage form before the discussions began. All were encouraged to share their views honestly and informed that there were no right or wrong answers.

### Community Profiles

7. Profiles of the eight communities are below.

#### ***Sekong Province, Dak Cheung District***

8. Sekong is bordered by Vietnam to the east, Champasak Province to the west, Attapeu Province to the south, and Saravane Province to the north. Sekong province has the second smallest population in Lao PDR (134,280) but has the highest provincial poverty rate of 31%. With the lowest population density of any province, Sekong has only 30 health facilities for its population. Located on the Dak Cheung Plateau, Dak Cheung is the most remote district in Sekong. It has total population of 27,462 (13,289 female). In August and September 2019, the meteorology station of Dak Cheung District recorded the maximum rainfall in five years. In 2020, Dak Cheung District experienced widespread flooding in which 3,000 people were affected and two people died. There is no waste collection and disposal system in the surveyed villages; therefore, village

<sup>1</sup> S. Brown et al., 2019, Gender and Age Inequality of Disaster Risk: Research Paper, UNICEF and UN Women.

members burn, bury, and throw away waste around the house or in the forests as means of waste disposal. All surveyed villages in Dak Cheung District have access to electricity. The main source of water identified across surveyed villages is a gravity-fed water system, which is sourced from streams and stored in a common tank for household water supply.

9. Data collection in Dak Cheung was undertaken in three villages \*\*\* detailed information about the profile of consulted communities and community members has been redacted in accordance with the GCF Information Disclosure Policy, as the portion is confidential under the disclosure policy of the Accredited Entity.\*\*\*\*

#### **Luang Prabang, Phonxay District**

10. Luang Prabang province is located in the mountainous northern part of Lao PDR. The province has 12 hospitals and 39 health centers. Luang Prabang has a total population of 492,588 and accounts for 8% of the poverty rate in Lao PDR. Only 67% of the population has access to electricity for lighting and only 3% of poor households have access to gas or electricity for cooking.
11. Phonxay District is characterized by its rugged terrain and narrow valleys along rivers and streams. 90% of the district is mountainous, which is a limiting factor for paddy rice cultivation. Phonxay is one of the 10 poorest districts in Lao PDR. With a population of 36,271 (15,956 female), district administration has determined that 73% of villages in the district can be classified as experiencing severe poverty. In August 2022, the district experienced heavy flooding. \*\*\* detailed information about the profile of consulted communities and community members has been redacted in accordance with the GCF Information Disclosure Policy, as the portion is confidential under the disclosure policy of the Accredited Entity.\*\*\*\*

#### **Khammouane Province, Nong Bok District**

12. Khammouane is located in central Lao PDR, bordering Bolikhamxay and Savannakhet provinces, with a population of 445,562. Khammouane accounts for 8% of the poor in Lao PDR. The province has three National Protected Areas' (NPAs) that cover 6,295 square kilometers, which is 39% of the territory. Khammouane has substantial agricultural and water resources, including the country's largest hydropower plant. The province receives an average of 2,500 millimeters of rainfall per year, the second highest of all provinces in 2017 and third highest in 2018. As much as 90% of rainfall arrives from May to September, peaking in July and August.
13. Nong Bok district is located adjacent to the Mekong River in the southwestern corner of Khammouane with a population of 54,714 (27,334 female). The district is relatively flat lowlands, ranging from 14–160 meters above sea level. Nong Bok is by far the smallest district in Khammouane, covering only a little over 2% of the province. Nong Bok is the third most populous district and has the highest population. Half of Nong Bok district's land is cultivated, the highest share in the province. The largest seasonal flood risk in Khammouane arises from the Xebangfay River; its tributaries within Nong Bok, Xebangfay, and Mahaxay districts have been identified as the most affected by seasonal flooding. \*\*\* detailed information about the profile of consulted communities and community members has been redacted in accordance with the GCF Information Disclosure Policy, as the portion is confidential under the disclosure policy of the Accredited Entity.\*\*\*\*

### **Background Data**

14. **Population and demographics:** Lao PDR's population is estimated to be 7,379,358 (3,703,857 male, 3,675,501 female).<sup>2</sup> The annual population growth rate is 1.3%. Nearly two-thirds (63%) of the population are working age (15–64), with 33% younger than 15 and 4% 65 and older. Eighty seven percent of households are headed by men.<sup>3</sup> The country is one of the most ethnically diverse in Southeast Asia, with 65% of the total population comprised of different ethnic groups. The different ethnic groups are often categorized into four ethnolinguistic families: Lao-Tai (eight groups), Hmong-Mien (two groups), Mon-Khmer (33 groups), and Sino-Tibetan (seven groups).<sup>4</sup> The majority Lao-Tai ethno-linguistic group comprises roughly 62% of the total population and generally lives in lowlands areas. The Khmer and Hmong are the next largest groups, comprising 11% and 9% of the population, respectively.
15. **Economy:** Since 1971, the UN has classified Lao PDR as one of 47 least developed countries, as determined by gross national income per capita and indexes measuring human assets and economic vulnerability. The country has a low GDP per capita compared to other countries in the region, despite that its GDP is currently one of the fastest growing in Asia.<sup>5</sup> The national income in Lao PDR is \$2,150 per capita, ranking at 160 of

<sup>2</sup> WorldBank Population indicator, <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=LA>, accessed December 12, 2022.

<sup>3</sup> 15 GoL, 2018, Lao Labor Force Survey 2017, Ministry of Labor and Social Welfare.

<sup>4</sup> Open Development Laos, 2019, "Ethnic Minorities and Indigenous People", <https://laos.opendevlopmentmekong.net/topics/ethnic-minorities-and-indigenous-people/>, accessed December 13, 2022.

<sup>5</sup> UNDP (2018). [Human Development Reports 2018 Statistical Update](https://www.undp.org/content/undp/en/home/pressroom/2018/08/2018-human-development-reports-2018-statistical-update.html) and Bertelsmann Stiftung, BTI, 2016, Laos Country Report, Gütersloh: Bertelsmann Stiftung, <https://hdr.undp.org/content/statistical-update-2018>.

216 countries globally.<sup>6</sup> The poverty rate is 18% and inequality has risen, driven by an increasing concentration of consumption at the top end of the distribution. Poverty has fallen faster in rural areas than in towns, thanks to an improvement in farm incomes and remittances among rural households. Up to 39% of rural family income is derived from non-timber forest products (NTFPs), most of which are collected by women, amounting to about \$489 per year for subsistence consumption and \$204 per year for cash income.<sup>7</sup> Lao PDR remains a largely agrarian country. From 2019-2020, agriculture accounted for 16% of GDP and 60% of employment. According to the 2011 Agricultural Census, 66% of rural households rely on crop production and the sale of livestock and forest products for food security and income. Women make up a little over half of the agricultural workforce.<sup>8</sup>

16. **Geography:** The vast majority of Lao PDR terrain is mountainous, and the mountains in its northern, eastern, and southern regions create a significant natural buffer to storms, while the remaining terrain is mainly flat floodplain along the Mekong River, which is exposed to regular flooding.<sup>9</sup> Due to a complex topography, Lao PDR has over 40 unique livelihood groups, each with different vulnerabilities to the impacts of natural hazards and climate change. The most vulnerable groups are those dependent on highland rice paddies because the rugged terrain in these areas limits access to productive land and opportunities to diversify livelihoods. Climate change will exacerbate existing issues and impact family relations and work-related gender roles. These challenges can negatively impact the overall gender equality situation.<sup>10</sup>
17. **Gender equality:** UNDP places Lao PDR as a Group 3 (medium) country in terms of gender inequality in health, education, and economic development. The country ranks 109 out of 160 on the UNDP Gender Inequality Index. This ranking reflects gender-based inequalities in three dimensions: reproductive health, empowerment, and economic activity. The Women's Economic Opportunity Index, which analyzes factors such as schooling, access to contraception, political participation, and access to financial services, gives Lao PDR a score of 38.6 out of 100, which corresponds with a rank of 108 out of 128.
18. **Disability:** The Disability Monograph of Lao PDR lists multiple limitations and inconsistencies with the data collection that affected data reliability. For example, the six questions do not identify all persons who would fit the definition of having a disability, including those with intellectual or psychological functioning difficulties. Limitations aside, the study found a higher prevalence among children ages five and older for difficulties related to sight (1.35%), walking or climbing stairs (1.3%), hearing (1.23%), cognition (1.2%), self-care (1.1%), and communicating (0.95%).<sup>11</sup>
19. **Education:** Lao PDR is close to achieving gender parity in primary education (0.98). The gross enrolment rate is 77.1% for five-year-olds in early childhood education and is almost equal for boys and girls.<sup>12</sup> However, gender parity in lower secondary enrolment continues to lag (0.95) because families continue to prioritize boys' education after primary school. As a result, girls are more likely to be left behind, especially in rural areas.<sup>13</sup> Rates of female literacy remain below male literacy, at 79.4% for females compared to 90% for males.<sup>14</sup> Females are underrepresented in STEM education attainment, at 13% for females compared to 32% for males.<sup>15</sup>
20. **Gender and social dynamics within the healthcare workforce:** Women comprise a large majority (71 percent) of urban health center health workers, compared with just below 50 percent, in rural HCs<sup>16</sup> Women in rural locations are more likely to depend on male healthcare workers for care when they prefer female providers (particularly for maternity care). A 2021 WHO survey of all health facility WASH services in Lao PDR reported that 96% of health facilities had no sanitation facilities that were accessible for people with limited mobility, providing some insight into the barriers to health services for people with limited mobility.

## Laws, Policy, and Institutional Arrangements

21. The Constitution of Lao PDR states women and men have equal rights and notes that women—particularly those living in rural or remote areas and from ethnic communities—are disadvantaged in their ability to access their rights.<sup>17</sup> The National Assembly includes the Women's Caucus, which formed in 2002 and focuses on ensuring gender equality in social, economic, and political participation. Lao PDR ratified the Convention on

<sup>6</sup> Country Gender Assessment of Agriculture and the Rural Sector in Lao People's Democratic Republic, [chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.fao.org/3/CA0154EN/ca0154en.pdf](https://www.fao.org/3/CA0154EN/ca0154en.pdf), accessed December 12, 2022.

<sup>7</sup> Foppes, J., and Samontri, D., 2010, Assessment of the Values of Non-Timber Forest Products (NTFP) in Lao PDR, Technical Report. Sustainable Forestry and Rural Development (SUFORD) Project, MAF/DOF.

<sup>8</sup> FAO, 2018, Country Gender Assessment of Agriculture and the Rural Sector in the Lao People's Democratic Republic, Vientiane.

<sup>9</sup> UN Development Programme (UNDP), Lao PDR, New York, <https://www.adaptation-undp.org/explore/south-eastern-asia/lao-peoples-democratic-republic>, accessed December 10, 2022.

<sup>10</sup> Asia Development Bank, Women's resilience in the Laos People's Democratic Republic: How Laws and Policies Promote Gender Equality in Climate Change and Disaster Risk Management, June 2022, [women-resilience-lao-pdr.pdf](https://www.adb.org/publications/women-resilience-lao-pdr), accessed December 13, 2022.

<sup>11</sup> Washington Group on Disability Statistics, 2016, Short Set of Questions.

<sup>12</sup> Lao Statistics Bureau, 2017, Lao Social Indicator Survey II.

<sup>13</sup> Ibid.

<sup>14</sup> World Economic Forum, 2021, Global Gender Gap Report, March 2021 Insight Report, Geneva, Switzerland.

<sup>15</sup> World Economic Forum, 2021, Global Gender Gap Report, March 2021 Insight Report, Geneva, Switzerland, <https://www.weforum.org/reports/global-gender-gap-report-2021>, accessed December 11, 2022.

<sup>16</sup> World Bank (2016). Lao PDR Health Center Workforce Survey: Findings from a nationally-representative health center worker survey. Available at: <https://documents1.worldbank.org/curated/en/447031469767688601/pdf/107282-REVISED-PUBLIC-Health-center.pdf>

<sup>17</sup> Asian Development Bank, 2011.

the Elimination of All Forms of Discrimination against Women.<sup>18</sup> However, the first state report was not submitted until 2005.

22. The National Action Plan on Gender Equality of 2021–2025 includes a spectrum of gender positive targets, such as introducing quotas for women and girls over a spectrum of activities, including leadership roles, in areas such as climate change and disaster risk reduction. There are aspirational targets for capacity strengthening on gender equality for National Assembly members.
23. The Law on Gender Equality 2019 (LGE) incorporates important equality principles and provides for overcoming cultural beliefs that inhibit women’s advancement. Crucially, it mandates gender mainstreaming in laws and policies across all areas of work and includes gender-responsive provisions on overcoming cultural beliefs that inhibit women’s advancement.<sup>19</sup> The law does not include a definition or dedicated provision on either direct or indirect discrimination; provide sufficient clarity on the nature of gender discrimination; adequately cover the range of actions that amount to gender discrimination; or reference the effects of gender discrimination.<sup>20</sup> The LGE does not include provisions on complaint procedures to be effective in practice but requires the development of further regulations or other legal mechanisms and procedures. Women can seek remedies for adverse discrimination under the Penal Code, which criminalizes gender discrimination with a penalty of one to three years imprisonment and a fine.<sup>21</sup> However, not all discrimination may be of sufficient seriousness to warrant a criminal response with a criminal burden of proof.
24. The 2004 Law on the Development and Protection of Women and Children establishes the responsibilities of the state, family, and society in the protection of women, the eradication of discrimination against women, and the effort to eliminate trafficking and domestic violence against women and children. It establishes the goal of creating a climate supporting women’s involvement in national defense and development.
25. Two additional national bodies work toward gender equality. The first is the National Commission for the Advancement of Women and Mothers and Children (NCAWMC), which leads on policy development and promoting gender equality and women’s empowerment, and sits within the Prime Minister’s Office. A sub-office is based in some line ministries (referred to as the Sub-CAW). The second is the LWU, an organization with a mandate to preserve and promote the traditional role of women in society. The LWU’s commitment to promoting Lao women’s traditional roles in the family and society, and it can be seen as potentially out of alignment with the rights-based commitment of many development partners.<sup>22</sup>
26. United Nations Population Fund (UNFPA) reported in their Population Situational Analysis (PSA)<sup>23</sup> that progress in gender issues is slow, due in part to the LWU. The PSA recommended that civil society organizations play a greater role in advancing gender equality. For a number of years, development sector partners have sought to support these governmental organizations through establishing informal working groups that that work in parallel to the government-led working groups. These informal working groups help support government efforts while also ensuring that grassroots voices are represented in government-led working groups. Informal working groups have been established to address gender issues. However, unlike other formal and informal working groups, there are no clear links established between the LWU structure and informal gender working groups at present.
27. Most GoL laws and policies related to climate change, water, and the environment are gender-blind. There are no mechanisms for gender analysis, gender-sensitive processes for public, community and civil society participation or consultations, or gender mainstreaming in implementation. Policies and regulations are presented as gender neutral technical and social issues presumed to equally impact all people, with no mandates or equity mechanisms to achieve substantive gender equality.
28. The Disaster Management Law 2019, administered by the Ministry of Labor and Social Welfare (MLSW), is the main law on Disaster Risk Reduction. The law establishes an institutional framework and resources for disaster risk governance and allocates responsibilities to cross-sectoral central, provincial, and district disaster management committees, all of which are supported by the labor and social welfare sector. It also establishes Village Disaster Management Committees, made up of village leadership and members of the Village Elderly, Youth Unit, and Lao Women’s Union. The law is not gender mainstreamed because it does not address gender as an issue or priority in disaster protection and assumes men and women have the same types of needs and experience disasters in much the same way; it effectively assumes that there are no gender differences to consider. It does not include principles or mechanisms for gender analysis, which could inform

<sup>18</sup> UN General Assembly (1979). [Convention on the Elimination of Discrimination against Women](#), accessed December 13, 2022.

<sup>19</sup> Asia Development Bank, Women’s resilience in the Laos People’s Democratic Republic: How Laws and Policies Promote Gender Equality in Climate Change and Disaster Risk Management, June 2022, [women-resilience-lao-pdr.pdf](#), accessed December 13, 2022.

<sup>20</sup> Asia Development Bank, Women’s resilience in the Laos People’s Democratic Republic: How Laws and Policies Promote Gender Equality in Climate Change and Disaster Risk Management, June 2022, [women-resilience-lao-pdr.pdf](#), accessed December 13, 2022.

<sup>21</sup> Government of Lao PDR, 2017, Penal Code 2017, Article 179, Vientiane.

<sup>22</sup> BEQUAL, 2018, Draft GEDSI Strategy.

<sup>23</sup> UNFPA, 2015, Population Situational Analysis: Lao PDR.

gender responsive disaster risk management measures such as prevention and response to gender-based violence in disasters.<sup>24</sup>

29. The Climate Change Decree, administered by the Ministry of Natural Resources and Environment (MONRE), is the country's first specific legal framework for its response to climate change. It establishes regulation for managing and monitoring climate change mitigation and adaptation measures toward the aim of sustainable development.<sup>25</sup> It focuses on technical aspects of vulnerability such as hazards, rather than the impacts of climate change on defined vulnerable groups. The decree requires conducting vulnerability assessments and mapping, then mainstreaming that information into national and sector socioeconomic development plans and programs. This provides an avenue to identify and address differential social dimensions of climate change, such as risks and coping capacities of men and women. However, it does not mention gender, gender roles, men, or women, either directly or indirectly, or the key concepts of equality and nondiscrimination. The decree also promotes a participatory model of action on climate change, including the participation of women's organizations in risk assessments and in adaptation planning and implementation. However, if women are not already in formal leadership positions in relevant government organizations, they have limited opportunities to participate in decision-making related to climate change under this decree.<sup>26</sup>
30. The Environmental Protection Law of 2012 provides the overarching framework for environmental protection most relevant to climate change. In the approval of projects, the Environmental Protection Law aims to "provide balance between social and natural environment, to sustain and to protect natural resources and public health; and contribute to national socioeconomic development and the reduction of global warming."<sup>27</sup> The decree endows impacted communities with significant rights and requires a rigorous consultation process around initial environmental examinations. It does not consider gender directly or indirectly. Stakeholder consultations and assessments are not required to consider gender equality or discrimination or make efforts to ensure women's participation. The law does not make provisions for women's participation in staffing or governance institutions.<sup>28</sup>
31. The Decree on Environmental Impact Assessments of 2019 provides an additional framework for environmental protection relevant to climate change. It includes provisions on participatory consultations and assessments that mainstream gender, such as the requirement for project owners to collect baseline information on gender- and ethnicity-related issues and conduct assessments with management and monitoring plans relating to gender and ethnicity.<sup>29</sup>
32. The National Environment Committee (NEC), a cross-sector committee chaired by the Deputy Prime Minister, is the top body in Lao PDR for providing policy guidance on environmental management, including climate change.<sup>30</sup> Under the NEC, MONRE is responsible for environmental policy and planning and MONRE's Department of Climate Change (DCC) is the governing body for coordinating and implementing climate-related laws and policies.<sup>31</sup> The director general of the DCC chairs the Technical Working Group on Climate Change, which coordinates climate change action between ministries and consults with the GCF on technical issues. The technical working group is comprised of technical representatives from a range of ministries.<sup>32</sup>
33. Gender equality, disability, and social inclusion are a crosscutting issue in the 8<sup>th</sup> National Socio-Economic Development Plan (NSED) for 2016–2020.<sup>33</sup> There is also a National Development Plan for Gender Equality (NDPGE) for 2016–2020 and Lao Women's Development Plan (LEDP) for 2016–2020.<sup>34</sup> The main goals of these plans are to ensure gender equality and empower women to participate in political, economic, and family affairs through reducing discrimination and violence against women and increasing access to educational, public health, and social welfare services.<sup>35</sup>
34. The Lao PDR Decree on the Rights of Persons with Disabilities 2014 defines people with disabilities as those who "irrespective of the cause of disability, are persons who have physical, mental or intellectual anomaly or defects including visual, hearing, and speaking impairments for a long term, which hinder their daily activities and full and effective participation in society on an equal basis with others."<sup>36</sup>

<sup>24</sup> Government of Lao PDR, Prime Minister, 2018, Decree on Organization and Roles of the National Committee for Disaster Prevention and Control, Ref. no. 75/PM (repealed by Law on Disaster Management 2019), Vientiane.

<sup>25</sup> Government of Lao PDR, 2019, Decree on Climate Change 2019, Vientiane.

<sup>26</sup> GoL, 2019, Climate Change Decree.

<sup>27</sup> Government of Lao PDR, 2012, Environmental Protection Law (Revised Version) 2012, Article 1, Vientiane.

<sup>28</sup> Asia Development Bank, Women's resilience in the Laos People's Democratic Republic: How Laws and Policies Promote Gender Equality in Climate Change and Disaster Risk Management, June 2022, women-resilience-lao-pdr.pdf, accessed December 13, 2022.

<sup>29</sup> Asia Development Bank, Women's resilience in the Laos People's Democratic Republic: How Laws and Policies Promote Gender Equality in Climate Change and Disaster Risk Management, June 2022, women-resilience-lao-pdr.pdf, accessed December 13, 2022.

<sup>30</sup> GCF, 2019, Lao PDR Country Programme, Vientiane.

<sup>31</sup> Government of Lao PDR, Capacity-Building Initiative for Transparency Global Coordination Platform, Department of Climate Change of Lao PDR.

<sup>32</sup> GCF, 2019, Lao PDR Country Programme, Vientiane.

<sup>33</sup> Ministry of Planning and Investment, 2016, National Social-Economic Development Plan (2016-2020).

<sup>34</sup> Ibid.

<sup>35</sup> Lao National Commission for the Advancement of Women, 2016, National Development Plan on Gender Equality (2016-2020).

<sup>36</sup> Lao PDR, 2014, Decree on the Rights of Persons with Disabilities, chrome-extension://efaidnbmnnnibpcajpcqlclefindmkaj/https://www.ilo.org/dyn/natllex/docs/ELECTRONIC/100544/128493/F-2083748126/LAO100544%20Eng.pdf.

35. Lao PDR ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCPRD) in September 2009. Until recently, there has been very little information about disability prevalence in Lao PDR. In 2015, the Population and Housing Census (PHC) included the Washington Group Short Set of Questions on Disability (referred to here as the Washington Group Short Set) in the national census for the first time.<sup>37</sup> Based on this data, the 2015 PHC reports a total of 160,881 people older than five with a disability and an overall prevalence of disabilities at 3%. Given that about 15% of the world's population lives with some form of disability, of whom 2–4% experience significant difficulties in functioning, the Lao prevalence figure implies considerable underreporting.<sup>38</sup>

### Social Norms and Beliefs

36. In Lao PDR, social norms give men control over women's behavior and privilege male decision-making in traditional, formal, and community settings. The husband is considered the head of household by default. However, women traditionally manage much of the family economy in Lao-Tai families. Women's status is significantly lower among other ethnic groups such as Hmong-Mien and Chinese-Tibetan groups. Only in a household without a husband can a woman be the head. Female-headed households account for about 10% of households in Lao PDR. Women from ethnic minority communities often have limited Lao language skills and low levels of literacy. This lack of literacy is a barrier that prevents women's active participation in decision-making processes in society and in political life, including in the provincial and district education offices and VEDC.
37. GBV is widespread and accepted as a way of enforcing expectations and exerting power. In one of the most recent surveys, 58% of women and 49% of men reported that violence against women was justified if women did not adhere to traditional gender norms, roles, and relations.<sup>39</sup> In focus group discussions, the traditional gender norms, roles, and relations in the Lao PDR context were found to be the key triggers of violence against women. Thirty-five percent of women interviewed agreed with the statement that a good wife should obey the husband even if she disagreed with him. In addition, 23% of all women interviewed saw their partner as superior, 30% felt that a wife must not refuse sex, and 45% agreed that a husband could hit his wife if she was unfaithful. Climate change is a "threat multiplier" meaning it escalates social, political, and economic tensions, this means that as the impacts of climate change put additional pressures on society, girls are more vulnerable to GBV<sup>40</sup>
38. Victims of domestic violence do not report abuse due to cultural beliefs among women and men that domestic violence is not subject to public purview. If they seek help, many women will look for resolution within their family first, or their village, before contacting authorities. The traditional resolution process seeks to restore family balance rather than ensure restitution or protection for women.<sup>41</sup> Moreover, some women are precluded from making a claim themselves; certain ethnic communities require such claims must be presented by a male family member to the VMU. In these communities, women are often wary of making claims in any case, as they can lose credibility and respect in their community.<sup>42</sup>
39. Village Mediation Units (VMUs) that handle conflict mediation tend to promote restoration rather than restitution or protection. VMUs reinforce traditional gender roles and responsibilities, rather than individual legal rights under the law. They are gender-balanced or gender-sensitive, which questions as to whether village-based justice can provide unbiased and adequate protection for women, given traditional and cultural gender biases.<sup>43</sup>

### Roles, Responsibilities, and Gendered Time Poverty

40. Social norms and expectations underpin roles and responsibilities for women, men, girls, and boys. Rural families operate as a family unit to undertake productive work. Women are expected to care for all family members, manage food gardens, monitor fish and water collection and management for household use, host guests, weave mats and handicrafts, sell produce at markets, and provide support to the local community. Men have greater mobility and are engaged in outside employment, politics, and community activities. Women struggle with the gender norms that prescribe household and care economy roles and responsibilities almost entirely to them. Extreme weather events have been observed to result in increased rural-to-urban migration among men, separating the family unit for long periods of time.<sup>44</sup> Even educated women often drop out of the workforce after having children because of the lack of men's involvement in childcare and other unpaid care

<sup>37</sup> [Washington Group on Disability Statistics, 2016, Short Set of Questions.](#)

<sup>38</sup> [WHO, 2011, World Report on Disability, https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/world-report-on-disability.](#)

<sup>39</sup> Lao Social Indicator Survey (LSIS), 2011-2012.

<sup>40</sup> How Gender Inequality and climate change are interconnected – UN Women February 2022 <https://www.unwomen.org/en/news-stories/explainer/2022/02/explainer-how-gender-inequality-and-climate-change-are-interconnected>

<sup>41</sup> Key stakeholder interviews; and Lao PDR World Bank, 2020, Lao PDR Gender-Based Violence Institutional Mapping Report.

<sup>42</sup> Lao Statistics Bureau, NCAW, UNFPA, UN Women, and WHO, 2014, Summary Report A Study on Violence against Women in Lao PDR; Lao National Survey on Women's Health and Life Experiences 2014.

<sup>43</sup> USAID/Laos Country-Level Gender Analysis, April 13, 2022, USAID-Final\_Report\_Laos\_Gender\_Analysis\_April\_21\_2022\_Clean\_submitted\_to\_USAID\_\_Clean\_508\_Compliant.pdf, accessed December 13, 2022.

<sup>44</sup> Dimensions and examples of the gender-differentiated impacts of climate change, the role of women as agents of change and opportunities for women, June 16 2022, United Nations Framework on Climate Change

work.<sup>45</sup> Women who work often work in the informal sector. They make up 64% of workers in the service, shop, or market sales, where they often occupy lower rungs of employment.<sup>46</sup>

41. According to the time use analysis, women spend less time for themselves when compared to men. However, men and women spend the same amount of time working in farming (tending rice, tending other crops, tending animals, and feeding animals). While at home, women spend more time on household chores (fetching water, collecting firewood, cooking, washing, cleaning, and caring for children or the elderly) than men. These tasks are heavily affected by adverse climate change impacts, which force women and girls to travel further from their homes to complete the tasks and provide for their families. It is also interesting to note that although men spend more time in paid work than women by a weekly average of 49 hours, women spend an average of 78 hours more on their household chores. This time pattern is replicated in girls and boys, where boys spend more time sleeping, eating, on personal care, playing sports, and watching TV, while girls have household chores to complete after school.
42. The social forces that contribute to gender socialization and the resulting expectations of appropriate behavior for boys and girls could be the family, religious institutions, media, peer groups, and social networks. The “men as providers” and the “women as nurturers” roles are defined and ingrained in children early. Gender norms remain stable across contexts and manifest in the division of household duties, with girls relegated to household tasks and boys expected to complete “heavy” work outside. Being outside, boys are also encouraged to socialize in groups. Group membership for boys and skills in masculine pursuits are more highly valued than activities classified as more feminine. As a result, boys who remain at home are believed to be not well-socialized, and indoor activities such as domestic household chores are stigmatized and not encouraged.<sup>47</sup>
43. Every group interviewed said women (e.g., their wives, their mothers) work more than anyone else within their households. However, men and boys diminish women’s unpaid care work as small tasks while viewing their own tasks, such as generating income, as harder. A group of men in Sekong said, “The household chores are more appropriate for women and girls to do because they are neat and organized, but men’s tasks are harder, that’s why we call household roles or gender roles.” A group of boys in Luang Prabang also said that “most boys play football with their peers after school because the boys’ household jobs are mostly at the weekends where boys go to the forest to find food, like hunt wildlife or fishing, so everyday jobs around the house are normally done by our sisters and mothers, so boys don’t need to go home early for that.” A boy from the group also said that “sweeping house is girls’ task and if I do [it], I will be bullied by other boys, so I rarely touch the broom in my house.” Interestingly, most groups of women do not realize that they have worked more than their husbands, and they believe serving their husbands and sons is their responsibility. They believe that if they allow their husbands help with jobs around the house, they will feel ashamed. The group of women in Ban Phonthong, Luang Prabang, said, “We are proud and happy when we cook for our family, and they like our food, because our husbands have worked harder than us, so they deserve our treat.” A woman in Daktiem village also said that “small works are normally done by the women and the heavy works are mostly done by men with help from their sons, but if those families have no son, then us as the wives have to help the men.”
44. Surprisingly, most girls do share this view. They mostly believe they have done a lot of work compared to their brothers. A girl in Daktiem said that “girls have to cook for the family both in the morning and in the evening, and boys have never cooked, which is unfair.” A group of girls Darchak also said that they “feel very upset and angry why sons and daughters are different. Sons can help with the jobs around the house like us but they don’t and nobody forces them to do so, unlike us as the daughters. We are expected to help with the jobs around the house, and we have always been told that it is a shame to have a daughter and have the untidy house. We do not really understand why people believe this.” A girl added that “if my mother lets my father cook for the family or washing or cleaning, our neighbor will criticize my mom.”
45. The compounding impact of ethnicity and gender leads to significant barriers for girls in ethnic minorities to achieve their full educational potential. Cultural norms related to education make it more likely that girls will be kept at home to help with household responsibilities, or because parents do not value girls’ education equally.<sup>48</sup> Young women and girls in focus group discussions expressed concern about putting financial burdens on their families by acquiring higher education, noting that they have seen women with higher education return to the village because they were unable to secure gainful employment. However, key informants also stressed that continued investment in education is central to bringing families out of poverty and increasing opportunities for employment and self-employment. As one key informant said, “Young women

<sup>45</sup>USAID/Laos Country-Level Gender Analysis, April 13, 2022, USAID-Final\_Report\_Laos\_Gender\_Analysis\_April\_21\_2022\_Clean\_submitted\_to\_USAID\_\_Clean\_508\_Compliant.pdf, accessed December 13, 2022

<sup>46</sup> Ibid.

<sup>47</sup> [USAID, 2016, Measurement and Research support to Education Strategy Goal 1: Boy’s underachievement in education, a review of the literature with a focus on reading in the early years.](#)

<sup>48</sup> UNDP, 2015, Country Analysis Report Lao PDR – Analysis to inform Lao PDR’s United Nations Partnership Framework (2017-2021), Vientiane.

need to build their voices and experience through schooling and capacity building—and quality education that makes schooling worth completing.”<sup>49</sup>

### Decision-Making, Leadership, and Participation

46. There is variation among households in decision-making processes; some women stated they preferred that their husbands make decisions, while others reported that they made most household decisions because their husbands worked as laborers outside the village.<sup>50</sup> Most women can decide whether they want to join the activities outside their homes or within their villages. However, 32% said they need to discuss and get approval from their partner for some activities, such as visiting their cousin or joining village ceremonies. In cases of EWEs in their villages, their partners discuss the allocation of tasks and follow the village committees' instruction.
47. Decision-making over agricultural production and use of income is often approached as a “collective family matter,” and the Agricultural Census found that over 60% of households reported being joint decision-making households.<sup>51</sup> This can differ for different ethnic groups. In Lao-Tai families, women take the lead in market sales, negotiation, and managing household expenses, while men prefer to undertake agricultural work. In Hmong families, men take primary responsibility for determining productive and agricultural activities.<sup>52</sup> As stated by a group of men surveyed, “Equality is there. We make decisions together; husband and wife make decisions together. However, there is still not full equality. Due to their strength and masculinity, men are still the decision-makers. Physically, men can do the hard work that women cannot.”
48. More than 30% of women reported they can decide whether they will send their kids to school or not; no women claimed men alone could decide this. Nevertheless, more than 50% of women claim that they have to make this decision together with their partners. Interestingly, most women said that the gender or sex of their child does not play a role in their decision on supporting their education. But factors like the distance of the school and the shortage of labor in their household have more weight in the decision. Women also claim their children primarily make the decision to drop out of school and insist that because daughters generally perform better than sons academically, parents do not dictate who will stop their education. However, during the discussion with men, most said if they must choose between supporting a daughter's education or a son's, they will choose to send the son to school. They believe sending daughters to schools that are far away from home creates more risks than sending sons. In a focus group discussion, men from Phonthong said “sending daughters to schools that far away from their village is tragic and can causes stigma and they will have to come back home because of unwanted pregnancy. Therefore, daughters are better to stay in the village and be protected by their parents.”
49. When talking about issues related to health, most women said they have made decisions with their husbands about the number of children that they plan to have and health care for their children. Most women also claim they can decide on their own when to use contraception and make decisions on the treatment of their health. A woman from a family in Sadue Tai village said that “if my son or daughter is sick, we normally discuss if we will take them to treat at the hospital or not, and the answer is always yes; we always find ways to cure our child when they are unwell no matter what.” A woman from a family in Daktreub village said, “I can decide on my own if the issue is related to my health, like last time I decided to give birth at home because we don't have enough money to go to give birth at the hospital. My husband tried to convince me to go because he was so worried about me and our son but I insisted him that I will do it at home because I don't want us to face financial difficulty because of having a baby and I was lucky enough that I can make it.” Although using hospital services is free, the travel cost is a challenge for the villagers. This is because the hospitals are located far from their village and the bumpy roads are burdensome.
50. Women's representation in government institutions overall is 7% (district level) and 2.6% (village level).<sup>1</sup> Patriarchal structures, fewer education opportunities, and heavy workloads disadvantage opportunities for women's leadership.<sup>1</sup> The GoL is committed to increasing the proportion of women in decision-making roles, including at the village level, by mandating female membership in the Village Education Development Committee (VEDC), currently through a representative of the LWU.
51. At the local level, decision-making is done through a Village Committee made up of the Nai Ban and two to four elected or appointed villagers, as well as representatives from mass organizations, such as the Lao Youth Union or Lao Front for National Construction. In 2013, only 2% of Nai Ban were women and of that, only 5% were deputy heads.<sup>53</sup>

<sup>49</sup> USAID/Laos Country-Level Gender Analysis, April 13, 2022, USAID-Final\_Report\_Laos\_Gender\_Analysis\_April\_21\_2022\_Clean\_submitted\_to\_USAID\_Clean\_508\_Compliant.pdf, accessed December 13, 2022.

<sup>50</sup> Country Gender Assessment of Agriculture and the Rural Sector in Lao People's Democratic Republic, ca0154en.pdf (fao.org), accessed December 12, 2022.

<sup>51</sup> Ministry of Agriculture and Forestry (MAF) & FAO, 2013, Lao PDR risk and vulnerability survey 2012/13: Analysis report, Vientiane, www.fao.org/3/a-at537e.pdf, accessed December 10, 2022.

<sup>52</sup> Laos Microenterprise, 2020, Gender Equality and Social Inclusion Analysis, June 2020.

<sup>53</sup> World Bank & Asian Development Bank (ADB), 2012, Country gender assessment for Lao PDR: Reducing vulnerability and increasing opportunity, Washington, D.C., <https://openknowledge.worldbank.org/bitstream/handle/10986/16511/NonAsciiFileName0.pdf?sequence=1&isAllowed=y>, accessed December 14, 2022.

52. Villages also have additional committees, focusing on issues such as trade, agriculture, health, education, and security. The LWU also has a village-level body, which is the main avenue through which village women participate in village committees. With the exception of the LWU, these committees are almost exclusively comprised of men. The World Bank's 2005 gender profile on Lao PDR showed that in 93 villages researched, only 7.9% of the committee members were women.<sup>54</sup> According to the Law on Local Administration (Article 91), village meetings must be attended by household heads, who are traditionally men. Additionally, in ethnic communities, women shy away from leadership positions because they are less likely to speak and understand Lao than men, so they have a harder time following and participating in discussions.<sup>55</sup>
53. Although 65% of frontline health workers are women, female leadership in the health care system is low, especially in senior health management positions. There are more male village health volunteers (VHVs) than females, and few young VHVs.<sup>1</sup>

### Access to and Control of Resources

54. Development indicators are consistently lower for non-Lao-Tai ethnic groups. Over two-thirds of the poor in the country are non-Lao-Tai though their share in the population is only one-third.<sup>56</sup>
55. The government's informal strategy of "turning land into capital" (nayobay han din pen theun) has opened the door to foreign direct investments in land-based investments in hydropower, mining, agribusiness, and infrastructure, with the objective of reducing poverty and expanding socioeconomic opportunities. However, the impacts of these investments and the unsustainable use of natural resources has had a disproportionate impact on poorer households, ethnic minorities, and women.<sup>57</sup>
56. Most families have access to village and community forests, designated in three categories of use: village protection forests (those around water sources and along riverbanks and roadsides), village conservation forests (spirit and cemetery forests), and village production/use forests. The latter are mainly used for timber harvesting for village infrastructure and house construction as well as collection of NTFPs for home consumption and sale, according to approved management plans and village regulations. Decisions around these resources are made primarily by male village leaders.<sup>58</sup>
57. Women's land rights tend to be more at risk when land ownership and control changes occur, whether due to village relocation, elite appropriation of collective land, individual land titling of communally owned areas, lack of formal recognition of communal land and forests, or policies that facilitate land transfers to investors.<sup>59</sup>
58. Land use planning approaches are not fully inclusive of women or vulnerable and marginalized groups. A group of girls from the focus group discussions in Daktreub, Boukham, and Nangoy claim they cannot access all areas of their houses and land. They gave the example that they cannot use the same toilet as their parents-in-law. Women cannot swim or bathe in the same river as men, especially upstream from where men are bathing or swimming.
59. The data collection and focus groups showed men have more power than women to access and control resources and services, though most women feel they have equal access and control. When female focus groups were asked "Do you think you have equal access and control over resources as your husbands?" all said yes. However, in follow-up questions about specific dimensions of access to and control of resources and services, women acknowledged they do not have equal control over their property and resources. For example, although decisions to purchase household vehicles were made jointly, husbands have greater access to and control over this resource. No women or girls participating in the focus group discussions reported being able to drive tractors or motorbikes.
60. On average, the coverage of critical child health and nutrition interventions reaches only 34% of the poorest groups. Some interventions, such as Vitamin A distribution, reach only 11%, while hygiene education interventions across the country have not led to any marked improvement in safe disposal of child feces among the poorest 7%. Overall, the most vulnerable groups are those living in rural areas without good road access, those with little or no education, the non-Lao-Tai ethnolinguistic groups, and those from the poorest quintile. All these groups suffer from multiple deprivations imposed simultaneously on them as an aggregated burden.<sup>60</sup> Assessment results showed that at household level, there were no perceived differences between men and women when it comes to the access and control of health centers and traditional healers; however, women reported male accompaniment was required because women cannot drive long distances by

<sup>54</sup> Siliphong, P., Khampoui, O., & Miho, Z., 2005, Lao PDR gender profile, Vientiane: GRID & World Bank, <http://siteresources.worldbank.org/INTLAOPRD/Resources/Lao-Gender-Report-2005.pdf> accessed December 14, 2022.

<sup>55</sup> Daley, E., Osorio, M., & Park, C., FAO, 2013b., The gender and equity implications of land related investments on land access and labour and income: A case study of selected agricultural investments in Lao PDR, Rome, [www.fao.org/docrep/017/aq293e/aq293e.pdf](http://www.fao.org/docrep/017/aq293e/aq293e.pdf), accessed December 14, 2022.

<sup>56</sup> World Bank, Lao People's Democratic Republic Poverty Assessment 2020: Catching Up and Falling Behind.

<sup>57</sup> Fullbrook, D., 2014, Contract farming: What Works and What Might Work Better, Presented at a contract farming workshop by the Government/Development Partners Sub-Sector Working Group on Farmers and Agribusiness (SWGAB), Vientiane.

<sup>58</sup> Lao PDR Gender Integration Development Study, 2019.

<sup>59</sup> Somphongbouthakanh, P., & Schenk-Sandbergen, L., 2020, Women and Land Rights in Lao PDR: Rural Transformation and a Dream of Secure Tenure, Land Information Working Group.

<sup>60</sup> The Situation of Children and Women: Lao People's Democratic Republic: UNICEF, December 2019

themselves. Women often stated they were the ones who made the decision for their children to visit the health center.

61. Access to improved drinking water sources stood at 61% nationally at the 2015 Census, with only 6.6% of households having access to piped water. Nearly 40% of households reported buying bottled water as their drinking source, showing that clean, safe water infrastructure is limited nationally. Behind drinking bottled water, the next most common source of drinking water was from mountain sources (24.1% of households). In rural areas without roads, 60% of households use mountain sources for drinking, and just over 40% of the population must travel at least 200 meters to access this water. (3.7% of households travel a kilometer or more.) Location largely determines access to improved water sources.

### Health, Safety, Dignity, and Well-Being

62. According to the Climate Risk Index, Lao PDR was the 45th most-affected country by extreme weather events in 2019 (based on fatalities and economic losses). Flooding has intensified in Lao PDR over the past few years, driven in part by climate change. Women and men experience the impacts of floods and droughts differently. Given women's roles in the home, their responsibility for family care, and the nature of their employment, they are more likely to bear the brunt of the impacts of floods and droughts.<sup>61</sup>
63. Consulted community, district and provincial stakeholders agreed that health facilities are ill-prepared to handle climate change-related extreme weather events and subsequent disease outbreaks. Health facilities lack sufficient medicine and resource supplies, and adequately trained and prepared staff and the infrastructure (including WASH and electrical) is insufficient and not climate resilient. There was also a consensus among consulted stakeholder groups that pregnant women and children are considered the most vulnerable to the impacts of climate change, related diseases and during extreme weather events and disasters. Consulted women voiced an eagerness to be proactive in adapting to the impacts of climate change, despite a lack of involvement in climate-related decision making.
64. Women consulted through the gender assessment and stakeholder consultations were concerned about the impacts of climate on child health, which they noted were already evident. Specifically, respiratory, and diarrheal disease, and dengue fever were perceived to be increasing. Women linked child illness to climate change, such as mortality due to pneumonia during abnormally cold weather. In the Khammouane district, communities mentioned skin diseases affecting the hands and feet following flooding. Some women cited concerns about access to health facilities during late-stage pregnancy when weather-related impacts may inhibit transportation.
65. Women noted some response strategies to these perceived climate health risks such as preparing medicines and food (pickled fish and bamboo shoots) for long-term storage. Women are also cultivating a greater number of crops and sourcing alternative viable lands for replanting in the case of a disaster. The reduction of agricultural yield is causing some to travel to cities or other provinces—with friends or family members—to seek alternative employment and income.
66. Girls and women reported greater responsibility for ensuring the safety of the home and assets during climate emergencies such as flooding and landslides but expressed less decision-making authority on how to implement this responsibility and in any adaptation actions taken in response to climate changes.

### Integration of GESI into project components

67. The project aims to increase the climate resilience of the health systems servicing climate-vulnerable communities through investments in resilient infrastructure, capacity for adaptation, implementation of health adaptation plans, expansion of early warning systems, strengthening of support systems, and fostering community adaptation in parallel to improvements in the health systems. The project's goal statement is:
  68. **IF** the Lao PDR systems supporting health in rural provinces—inclusive of health and environment sector governance, health and climate information systems, health service delivery, and community engagement for health—are strengthened **THEN** the negative impacts of climate change on the health of populations living in rural provinces will be reduced **BECAUSE** Lao PDR systems will be able to provide climate sensitive, energy efficient, and resilient health services.
69. The project is designed to catalyse sustainable system-level changes at multiple levels (local, sub-national and national). It will provide bottom-up support for health facilities, adaptation planning and implementation processes at the community level, and top-down measures to channel technical and financial resources to health facilities to meet ongoing adaptation needs. Together, these activities, outputs, and programmatic-level outcomes are designed to generate measurable adaptation results for the health system and communities in Lao PDR, so the Laotian people can remain "healthy and strong" despite unstable and changing climate conditions, in line with the vision the GoL has articulated in its Strategy on Climate Change and Health

<sup>61</sup> The Global Green Growth Institute, 2018, Gender Inclusive Green Growth in Lao PDR, GGGI Policy Brief, Seoul.

Adaptation and Action Plan. The project will contribute to a paradigm shift to facilitate climate-informed advisory and risk management services and community action, particularly for some of the rural Laotian communities most vulnerable to the health impacts of climate change. The Strengthening the Climate Resilience of the Lao PDR Health Systems Theory of Change goal will be achieved via three outcomes, each representing one project component:

- **Outcome 1:** The health system's governance and leadership is climate resilient
- **Outcome 2:** Health Information Systems are improved to include climate and weather data and used to track, prepare for, and reduce climate-related risks to health
- **Outcome 3:** Health service delivery in rural provinces is improved and able to manage climate-related disease burden and determinants of health
- **Outcome 4:** Communities respond to early warnings, manage and mitigate risk, and seek care appropriately

70. To achieve these outcomes, the project will work through four interlinked components, consisting of the outputs and activities described below. Each component description will demonstrate how the proposed activities and outputs will address the core barriers and the key identified climate drivers. Building capacity to address the broader impacts of climate change in Lao PDR, that are placing the current and future wellbeing of children and communities under severe threat, is intrinsic to all four components. The climate rationale for addressing these existential threats in Lao PDR is clear: building climate resilience into the health system and supporting priority adaptation actions will reduce the exposure and sensitivity of highly vulnerable communities to climate related impacts on health from droughts, extreme rainfall events, floods and climate related epidemics. All project activities will build on local knowledge to ensure adaptation action is anchored in local contexts and driven by communities.

- **Outcome 1** strengthens governance and leadership of climate-resilient health systems. **Output 1.1** will finalize and strengthen health strategies, policies, and guidelines informed by climate change information through capacity building for senior government leadership to integrate climate –resilient health into policy and operationalize climate resilient policies (**Activity 1.1.1**) supporting the update and roll out of key health policies (**Activity 1.1.2**), including developing, and disseminating guidelines to operationalize the Health National Action Plan (HNAP) (**Activity 1.1.3**).
- **Outcome 2** leverages WHO and GoL-led efforts to improve the health information system to include climate data. Using data from the country's meteorological system, key WASH indicators, and reported health outcomes to enable the health system to use climate data in conjunction with health data for planning and decision-making (**Output 2.1 and 2.2**). This will extend the RHIMS with climate information relevant to dengue and diarrheal disease (**Activity 2.1.1**) and enable the health system to use early warning system information for planning in the near-term and, over time, to develop a clearer picture of the direct impacts of climate change on WASH sustainability and the health system more broadly (**Activity 2.2.1, 2.2.2**). These efforts will contribute to the establishment of climate resilient WASH service standards with the existing MOH health facility accreditation platform and cascade its use through the health system (**Activity 2.2.3**).
- **Outcome 3** will improve health workers' competence and capacity to address health effects of climate change (**Output 3.1**) and support rural health facilities to improve infrastructure enabling staff at the targeted facilities to provide high-quality and uninterrupted health services despite climate stressors, including EWES (**Output 3.2**). This component will include strengthening the capacity of health workers from 100 health facilities to plan for, monitor, detect, and treat some climate-related diseases (**Activity 3.1.1, 3.1.2, 3.1.3**). Assessments will be conducted to measure GHG emissions and determine infrastructure quality at climate-vulnerable health facilities (**Activity 3.2.1**). Small-scale upgrades to the infrastructure in 79 of those facilities, including their WASH infrastructure, so it is climate resilient and energy efficient and better able to serve the communities in its catchment area (**Activity 3.2.2, 3.2.3, 3.2.4**). Strengthening the capacity of GOL and private sector partners to effectively operate, maintain and monitor health facility infrastructure ensuring the sustainability of capacity building and infrastructure upgrades (**Activity 3.2.5**).
- **Outcome 4** uses community engagement and social and behavior change (SBC) approaches, including risk communication activities, to improve knowledge of climate change impacts on health so 250 communities can respond to early warnings and take effective actions to manage and mitigate risk (**Output 4.1**). The project will guide community stakeholders in developing and implementing community health and climate resilience action plans (**Activity 4.1.1**); and provide 173 target communities located within the five districts classified as highly vulnerable to climate change with resources to implement approved priority activities from their plans. Communication pathways and effective early warning messages for communities will also be developed (**Activity 4.1.2**).

GESI considerations will be mainstreamed into project activities, as outlined in the Action Plan, below.

## Summary Findings

71. Key findings from the desk research, key informant interviews, surveys, and focus group discussions are below.
- a. **Access to education and climate information is not equal for men and women.** Men and boys are more likely to attend school, village meetings, trainings, and information sessions where the impacts of climate change, mitigation and adaptation will be discussed because women and girls are tasked with work in and around the home. Men and youth have more access to telecom and media services through cell phones while adult women and the elderly rely on the use of family smart phones, radio and television and have less opportunity to access data needed to find climate information. As a result, women often receive (more limited) information through their husbands and children.
  - b. **Women and girls from minority ethnic groups are among the most disadvantaged in Lao PDR's society.** They bear a heavy burden of work, have less decision-making power and more limited mobility than men. Persistent cultural norms limit their roles in society.<sup>62</sup> Girls and women reported greater responsibility for ensuring the safety of the home and assets during climate emergencies such as flooding and landslides but expressed less decision-making authority on how to implement this responsibility and in any adaptation actions taken in response to climate change impacts.
  - c. **Women are significantly underrepresented in sub-national level leadership positions, such as in provincial and district ministries and in village administration.** Men and women believe that women do not possess the skills needed to hold leadership roles, which prevents women from envisioning themselves as leaders and pursuing these roles outside their homes. This impacts their ability to access information and effectively engage in climate change adaptation and disaster risk reduction and response committees.
  - d. **Health services and facilities in remote areas are inadequate in providing needed care for climate-related diseases, particularly in ethnic minority communities.** Women experience climate-related challenges in accessing quality healthcare and also perceive that climate-related disease risks are increasing in rural Lao PDR. Women are also the primary caregivers of children, who are most at risk of climate-related disease in Lao PDR, such as diarrheal disease and dengue fever. Women and girls often are more directly impacted by climate impacts on natural resources, such as water availability, as they are responsible for collecting and managing water for household purposes.
  - e. **Women, men and youth need more knowledge of how vector-borne diseases, such as dengue, are contracted and how they can be prevented.** While stakeholders already perceive an increasing threat of certain climate-related diseases (respiratory and diarrheal disease, dengue), efforts to provide early warning and improve individual and community prevention, treatment and care-seeking strategies need to vary by audience segment and must include targeted messages and media platforms for women (radio, tv, community conversation) and youth (social media).

## Programmatic Recommendations

- a. The project should address underlying social norms and behaviors associated with gender-defined and age-defined roles and how they affect workloads, leadership, and engagement in climate adaptation and resilience efforts<sup>63</sup>. This requires advancing beyond individual self-improvement activities for women and youth to also transform power dynamics at household, community, area, and province levels that serve to reinforce inequality by ensuring the number of participants in actives where decisions are made are accurately representative. Specific recommendations include:
  - I. The project can contribute to power dynamic shifts by providing safe venues for women and youth to voice their priorities, opinions and concerns about climate risks and adaptation strategies while avoiding the potential influence of hierarchical and patriarchal structures impacting participation and input. When engaging community members in adaptation and resilience activities, the project can ensure that male, female and youth facilitators (either project, MoH or from the District Women's Union, Office of Social Welfare and Workers and Lao Youth Union) facilitate community participation. In certain circumstances, dividing community members into representative groups where they feel mor comfortable actively participating may be a successful strategy.

<sup>62</sup> Khampoui, P., 2012, Scoping study on women's leadership in the agriculture sector in Lao PDR, Vientiane, [https://asia.ifad.org/web/1347-wocan/resources/-/resource\\_library/2644/work-tools](https://asia.ifad.org/web/1347-wocan/resources/-/resource_library/2644/work-tools).

<sup>63</sup> Gender Transformative by Save the Children's definition is when we use a gender sensitive approach and promote gender equality, while working with key stakeholders to identify, address, and positively transform the root causes of gender inequality for women and men, girls and boys. The Save the Children strives to utilize gender transformative approaches across our programs and activities.\_

- II. The project can work with men and boys to change negative attitudes about the role of women and girls and promote the value of participation and leadership from women, youth, and people with disabilities in the community to address climate-related risks to households and communities.
- b. When facilitating and funding community climate-resilience action plans under Component 4 (Communities respond to early warnings, manage and mitigate risk, and seek care appropriately), the project should consider prioritizing activities that reduce the climate-related risks and burdens for women, youth (particularly girls), and people with disabilities (in addition to ensuring women and girls' participation as recommended in recommendation "a").
- c. The project should find ways to strengthen the capacity and opportunities for women in sub-national level leadership positions, such as in provincial and district ministries and in village administration. Specifically, the project may consider:
  - I. Facilitating women and youth participation in decision-making in the National Strategy on Climate Change (2021–2030) and future reviews of the Climate Change Decree to generate gender-responsive climate change measures and meet the NAPGE's ambitious targets for women's participation and leadership in climate change decision-making.
  - II. Facilitating women and youth participation in the provincial and district level disaster management committees should be facilitated through the involvement of the Lao Youth and Lao Women's Unions.
  - III. The project should advocate for inclusion of specific measures to increase resilience among women, youth and people with disabilities in the implementation of the Law on Disaster Management through the National Strategy on Disaster Risk Reduction (DRR) and its five-year action plans to address women's participation in DRR, and differential needs in disaster contexts, including support for women living in rural areas and other high-risk situations.
  - IV. The project should improve coordination between the provincial and district levels in gender and social inclusion initiatives, particularly as government staff from the LWU, NGOs, and disabled people's organizations are at the provincial level.
- d. When implementing climate-related capacity strengthening and infrastructure upgrade activities in health facilities, include women, youth and people with disabilities in the design and implementation of trainings and health facility upgrades to ensure their priorities and needs are met.
- e. Project activities intended to enhance and deploy early warnings and improve individual and community prevention, treatment and care-seeking strategies need to vary by audience segment and must include targeted messages and media platforms for women (radio, tv, community conversation) and youth (social media).

### **Project Operation Recommendations**

72. It is important to promote the value that GESI are core to the project's effectiveness. This should be articulated by project leadership and throughout project communications.
73. Save the Children has global standards on accountability, reporting, and safeguarding, and a safeguarding policy. All staff and partners complete a mandatory safeguarding course. Multiple reporting mechanisms will be in place including; a hot line, a feedback box, and direct personal reporting to staff. Prior to activities communities are made aware of the reporting mechanisms. In addition, posters are put in prominent locations that include picture descriptions and written procedures that explain the different mechanisms to report. These reports are then referred to the correct authority and/or Save the Children's safeguarding focal point.
74. Targets should be mainstreamed across project operations to drive accountability. These targets should include:
  - a. Hiring at least 50% female staff
  - b. Creating benchmarks for women in leadership positions
  - c. Creating benchmarks for recruitment, training, and promoting people with disabilities
  - d. Training project staff in gender equality and social inclusion
  - e. Disseminating findings from this Gender Assessment and Action Plan to project staff and partners
  - f. Including the ability to understand and address the needs of diverse groups in job descriptions
  - g. Engaging women's and girls' rights organizations and other organizations working on gender equity

- h. Consulting with and engaging women, children, youth and people with disabilities on project activities and design
- i. Employing one Gender & Social Inclusion (GESI) technical advisor along with other staff who bring experience on disability inclusion, with experience in analysis, planning, and monitoring
- j. Tracking changes in knowledge, attitudes, perceptions and behaviors related to valued participation of marginalized groups (e.g. women, youth, people with disabilities)
- k. Extending invitations for policy consultations and program dissemination events to organizations working on gender equality and social inclusion
- l. Reviewing and adapting the GESI Action Plan annually, updating as needed
- m. Implementation arrangements should engage partners as well as children and youth with a track record of working with communities in each particular province.

**Part 2 Gender and Social Inclusion Action Plan**

<b>Component 1: Governance and leadership of the health system is climate-resilient</b>				
<b>Project Activities<sup>64</sup></b>	<b>Indicator &amp; Targets</b> Please note: T = Target, F = Females, M = Males	<b>Timeline</b>	<b>Who Is Responsible</b>	<b>Cost (GCF)</b>
<b>Output 1.1: Health strategies, policies, and guidelines are informed by climate change information</b>				
Activity 1.1.1 Strengthen capacity of senior government leadership to integrate climate resilient health into policy and operationalize climate resilience policies	<ul style="list-style-type: none"> <li>No. of government stakeholders actively participate in learning workshops (T: F – 50%; M – 50%)</li> <li>'No. of female and male participants in TOTs on climate and health policies at central, provincial and district level (T: F – 50%; M – 50%)</li> <li>'No. of female and male government stakeholders participate in annual review processes on policies that integrate climate-resilient health issues (T: F – 40%; M – 60%) As the representation of government officials is already low, 40% would be a massive improvement.</li> <li>Number of disability association representatives (DA), Lao Youth Union (LYU), and Lao Women's Union (LWU) who actively participate in annual review processes that integrate climate resilient health into policies (T: 21 people 1 from each target province from each organization annually)</li> </ul>	PY1-2	Lead: GESI Advisor  Support: WHO Health Systems Advisor MERL Advisor and Officers	\$ 252,207
Activity 1.1.2 In collaboration with GoL, update and support key health policies in collaboration with government	<ul style="list-style-type: none"> <li>GESI considerations are integrated into all new or revised policy/strategy documents and reviewed by a gender and social inclusion specialist (T: 3 key health</li> </ul>	PY1-5	Lead: GESI Advisor  Support: WHO Staff	\$132,693

<sup>64</sup> For detailed activity descriptions, please see Section B.2.1 in the FP document

partners to align with recommendations for addressing climate change impacts	policies updated and/or supported)		Health Systems Advisor MERL Advisor and Officers	
Activity 1.1.3 Develop and disseminate guidelines and handbooks to operationalize the HNAP for at provincial, district, and health facility levels	<ul style="list-style-type: none"> <li>Gender, disability, youth, children and other relevant social considerations are integrated in guidelines and TOT curriculum (T: 3 guidelines / handbooks are developed / disseminated)</li> </ul>	PY1-2	Lead: GESI Advisor  Support: WHO Staff Health Systems Advisor MERL Advisor and Officers	\$102,011
<b>Component 2: Health information systems are improved to include climate and weather data and used to track, prepare for, and reduce climate-related risks to health</b>				
<b>Project Activities</b>	<b>Indicator &amp; Targets</b>	<b>Timeline</b>	<b>Who Is Responsible</b>	<b>Cost</b>
<b>Output 2.1: Climate-resilient health data system strengthened</b>				
Activity 2.1.1 Extend RHIMS with climate information relevant to dengue and diarrheal disease	<ul style="list-style-type: none"> <li>Climate-related indicators include disaggregation of gender, social inclusion (T: 100%)</li> </ul>	PY1-2	Lead: GESI Advisor  Support: WHO Staff MERL Advisor and Officers	\$449,223
<b>Output 2.2: Utilization of the climate-resilient health data system is strengthened</b>				
Activity 2.2.1 Improved access to EWS for dengue and diarrheal disease among target health facilities	<ul style="list-style-type: none"> <li>Number of health workers from project-supported health facilities trained to access and use EWS alerts (T 50% F)</li> <li>GESI-related capacity gaps and challenges that negatively affect responses to climate-informed early warning alerts are identified (T: 3 gaps identified)</li> </ul>		Lead: GESI Advisor	\$566,948
Activity 2.2.2 Increase health workers' capacity to respond to RHIMS EWE warnings related to dengue and waterborne diseases	<ul style="list-style-type: none"> <li>GESI considerations are included within the existing National Dengue Action Plan 2019–2023 and National Action Plan for Elimination of Schistosomiasis in Lao PDR 2016–2020 (T: GESI considerations included)</li> </ul>	PY1-2	Support: WHO staff Health Systems Advisor MERL Advisor and Officers	\$615,424

<p>Activity 2.2.3 Establish climate-resilient WASH service standards within the existing MoH health facility accreditation platform and cascade its use through the health system</p>	<ul style="list-style-type: none"> <li>Number of national and provincial Master trainers trained to deliver the climate-resilient WASH standards in health facilities training to district and health facility staff (T 40% female) Within the number of senior level trainers currently, the number of is currently around 30% so we plan to increase that level and encourage it to 40%</li> </ul>	<p>PY3</p>	<p>Lead: GESI Advisor</p> <p>Support: WHO staff Health Systems Advisor MERL Advisor and Officers</p>	<p>\$317,769</p>
<p><b>Component 3: Health service delivery in rural provinces is improved and able to manage climate-related disease burden and determinants of health</b></p>				
<p><b>Output 3.1: Improved health worker competence and capacity to address health effects of climate change</b></p>				
Project Activities	Indicator & Targets	Timeline	Who Is Responsible	Cost
<p>Activity 3.1.1 Strengthen health facility readiness by providing technical assistance to plan and access health commodities, surveil and report on dengue and diarrheal disease, establish emergency standard operation protocols and distributing priority supplies and equipment to follow treatment and referral protocols for climate driven problems.</p>	<ul style="list-style-type: none"> <li>Health facility readiness scoring standards include measures that assess health facility readiness to provide quality health services to all genders, ethnic minorities, youth and people with disabilities (T: Measures are included in scoring standards)</li> <li>EWE and climate-related disease outbreak response protocols are GESI-sensitive and address the diverse needs and capacities of targeted communities (T: 100%)</li> </ul>	<p>PY1-5</p>	<p>Lead: GESI Advisor</p> <p>Support: Health Systems Advisor &amp; Officers MERL Advisor and Officers</p>	<p>\$579,349</p>
<p>Activity 3.1.2 Strengthen health worker capacity to detect, reduce risk and treat climate-related diseases through supportive supervision, learning exchange visits, and trainings.</p>	<ul style="list-style-type: none"> <li>% training participants who are women (T: F 50% M 50%)</li> <li>% of exchange visit participants (T F 50% M50%)</li> <li>Treatment and referral protocols for dengue and diarrheal diseases includes a specific section addressing specific needs of women, youth, and people with disabilities</li> </ul>	<p>PY2-5</p>	<p>Lead: GESI Advisor</p> <p>Support: Health Systems Advisor &amp; Officers MERL Advisor and Officers</p>	<p>\$386,756</p>

Activity 3.1.3 Implement the national Safe Clean Green Hospitals Initiative and Climate-Resilient WASH standards within health facilities	<ul style="list-style-type: none"> <li>% training participants who are women (T: F 50% M 50%)</li> </ul>	PY2-5	Lead: GESI Advisor  Support: Health Systems Advisor & Officers MERL Advisor and Officers	\$360,109
<b>Output 3.2: Rural health facility infrastructure is climate-resilient and energy-efficient</b>				
Activity 3.2.1 Conduct GHG emissions and infrastructure quality assessments at climate-vulnerable health facilities	<ul style="list-style-type: none"> <li># of trained MoH site assessment officers (T: F 50% M 50%)</li> </ul>	PY1-5	Lead: GESI Advisor  Support: Health Systems Advisor MERL Advisor and Officers	\$519,212
Activity 3.2.2 Improve HCF infrastructure resilience to EWES through the refurbishment/upgrading of HCF infrastructure	<ul style="list-style-type: none"> <li>% of upgrade design plans where women, youth and people with disabilities contributed to design (T: 50%)</li> </ul>	PY2-5	Lead: GESI Advisor  Support: Construction Engineers Health Systems Advisor MERL Advisor and Officers	\$304,976
Activity 3.2.3 Upgrade electrical services to be climate resilient and provide cold chain capacity to support the delivery of climate-resilient health services	<ul style="list-style-type: none"> <li>% of upgrade design plans where women, youth and people with disabilities contributed to design (T: 50%)</li> </ul>	PY2-5	Lead: GESI Advisor  Support: Construction Engineers Health Systems Advisor MERL Advisor and Officers	\$327,459
Activity 3.2.4 Upgrade WASH services within climate-vulnerable health facilities to be climate resilient	<ul style="list-style-type: none"> <li># of site assessment officers (T: F 50% M 50%)</li> </ul>	PY1-5	Lead: GESI Advisor  Support: Construction Engineers Health Systems Advisor MERL Advisor and Officers	\$358,984
Activity 3.2.5 Strengthen capacity of MoH, Nam Saat, and relevant private sector partners to operate & maintain infrastructure	<ul style="list-style-type: none"> <li>Ensure curriculum is inclusive and takes into account gender and disability issues (T: 100%)</li> <li>Number of Master trainers (T F 50% M 50%)</li> </ul>	PY1-5	Lead: GESI Advisor  Support: Health Systems Advisor	\$306,016

			MERL Advisor and Officers	
<b>Component 4: Communities respond to early warnings, manage and mitigate risk, and seek care appropriately</b>				
<b>Output 4.1: Improved knowledge of climate change impacts on health and increased community participation capacity in defining health and climate change priorities and gaps</b>				
<b>Project Activities</b>	<b>Indicator &amp; Targets</b>	<b>Timeline</b>	<b>Who Is Responsible</b>	<b>Cost</b>
Activity 4.1.1 Strengthen community capacity and participation in climate and health dialogue and action through development of community climate and health action plans and their implementation	<ul style="list-style-type: none"> <li>• % of community stakeholders consulted in the development of the community climate resilience action guide who are women</li> <li>• % of trainees who are women (T 50%) and youth (30%)</li> <li>• % of community action planning participants who are women (T 50%)</li> <li>• % of community action planning participants who are youth (T 20%)</li> <li>• Village level representatives from Lao Youth Union (LYU) and Lao Women's Union (LWU) are trained (250 LYU, 250 LWU)</li> <li>• At least one representative from the LWU and LYU are included on the village level disaster risk reduction community climate resilience action planning committee (250 LYU, 250 LWU)</li> <li>• % of project-funded action plan activities that reduce the climate-risk or climate burden on women and girls</li> </ul>	PY1-5	Lead: GESI Advisor  Support: CCA Advisor MERL Advisor and Officers Provincial coordinators District officers	\$729,096
Activity 4.1.2 Develop communication pathways and effective early warning messages for local communities	<ul style="list-style-type: none"> <li>• # of males and females made aware of climate threats and related appropriate responses, including unique impacts on prioritized marginalized groups (women, youth people with disabilities) (T: Direct: 136,457 M &amp; 135,424 W; Indirect 1,169,760 M &amp; 1,160,903 W)</li> <li>• # of males and females reached by climate-related early warning systems and</li> </ul>	PY1-5	Lead: GESI Advisor  Support: CCA Advisor MERL Advisor & Officers Provincial coordinators District officers	\$253,106

	<ul style="list-style-type: none"> <li>• other risk reduction measures established/strengthened (T: Direct: 136,457 M &amp; 135,424 W; Indirect 1,169,760 M &amp; 1,160,903 W)</li> </ul>			
<b>Project Operations: Mainstream gender and social inclusion across project operations</b>				
Project Staff demographics	<ul style="list-style-type: none"> <li>• 50% of project staff are women</li> <li>• 5% of project staff are people with a disability</li> <li>• 50% of project leadership positions are held by women</li> <li>• All staff receive GESI training in within year 1</li> </ul>	Throughout project	Lead: Team Leader	
Project staff capacity	<ul style="list-style-type: none"> <li>• Position descriptions for Technical Staff include their ability to understand and address the needs of women, people with disability, children and youth</li> <li>• GESI Advisor in PMU</li> </ul>	Year 1	Support: GESI Advisor Deputy Team Leader	
Support to Government	<ul style="list-style-type: none"> <li>• GESI adviser to train and coach staff in on mainstreaming GESI into plans, budgets and monitoring</li> <li>• Findings of this GESI assessment be disseminated to project staff, government and non-government partners in Year 1 of implementation</li> </ul>	Throughout project		
Project Communications	<ul style="list-style-type: none"> <li>• Project communications represent women, children, youth and people with disability in positive, empowered roles and use appropriate language and deliver in accessible formats</li> </ul>	Throughout project		