

FINAL NARRATIVE REPORT



**Strengthening Civil Society Engagement
Against Gender Based Violence in Laos (GBV)**

Contract Number: *EIDHR/2016/374-172*

Implemented by:



ສະມາຄົມເພື່ອສຸຂະພາບ



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List of acronyms used in the report

ANCP	Australian NGO Cooperation Program
ASEAN	Association of Southeast Asian Nations
CARE	CARE International in Lao PDR
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CDT	Community Dialogue Tool
DFAT	Australian Department of Foreign Affairs and Trade
CSO	Civil Society Organization
EDC	Enterprise and Development Consultants
EVAW	Ending Violence against Women
GDA	Gender Development Association
GBV	Gender-Based Violence
GBV TF	GBV Taskforce, which sits under Gender Network
HIV/AIDS	human immunodeficiency virus/ acquired immunodeficiency syndrome
HR	Human Resources
IEC	Information, Education and Communication
IWD	International Women's Day
LaoPHA	Lao Positive Health Association
LFTU	Lao Federation of Trade Unions
LWU	Lao Women's Union
MOFA	Ministry of Foreign Affairs
MOJ	Ministry of Justice
MoU	Memorandum of Understanding
MUW	Marginalised Urban Women
NPA-EVAW	National Plan of Action on Eliminating Violence against Women
NCAWMC	National Commission for the Advancement of Women and Mother-Child
NPA	Non-profit Association
PM	Project Manager
PQ	Program Quality
PSHEA	Prevention of Sexual Harassment, Exploitation and Abuse
PSL	Phongsaly Province
SBCC	Social Behavioural Change Communication

SK	Sekong Province
REW	Remote Ethnic Women
TOT	Training of trainers
UPR	Universal Periodic Review
VMU	Village Mediation Unit
VTE	Vientiane

1. Description

- 1.1. Name of Coordinator of the grant contract: CARE Denmark
- 1.2. Name and title of the Contact person: Mr. Flemming Gjedde-Nielsen, Programme Coordinator, CARE Denmark
- 1.3. Name of Beneficiary(ies) and affiliated entity(ies) in the Action: CARE Denmark
- 1.4. Title of the Action: Strengthening Civil Society Engagement Against Gender Based Violence in Laos
- 1.5. Contract number: EIDHR/2016/374-172
- 1.6. Start date and end date of the reporting period: 1st September 2016 – 29th February 2020
- 1.7. Target country(ies) or region(s): Lao PDR, Vientiane (Sisattanak district), Phongsaly (Mai and Samphan districts) and Sekong (Dak Cheung district)
- 1.8. Final beneficiaries and/or target groups¹ (if different) (including numbers of women and men):
Direct target groups are 800 villagers (400 women and 400 men) in Mai (5 villages), Samphan (5 villages) and Dak Cheung (10 villages); 80 women factory workers (4 factories); 1 CSO (7 female 6, male staff). Final beneficiaries are 6,359 villagers (3,212 women, 3,147 men) in 20 villages (Mai, Samphan and Dak Cheung districts); 1,600 factory workers (1,200 women, 400 men) in 4 garment factories, Sisattanak district (Vientiane).
- 1.9. Country(ies) in which the activities take place (if different from 1.7): Same as 1.7

¹ “Target groups” are the groups/entities who will be directly positively affected by the project at the Project Purpose level, and “final beneficiaries” are those who will benefit from the project in the long term at the level of the society or sector at large.

2. Assessment of implementation of Action activities

2.1 Executive summary of the Action

The “Strengthening Civil Society Engagement Against Gender Based Violence in Laos (GBV)” project aims to contribute to creation of an enabling environment for civil society organizations (CSOs) in Lao PDR to participate effectively in the formulation and implementation of the policies and strategies to end gender-based violence (GBV). The project is implemented jointly by CARE International in Lao PDR (CARE) with Lao Positive Health Association (LaoPHA), which later change the name to Community Health and Inclusion Association (CHIAS) and through collaboration of local authorities and communities in 3 provinces in Lao PDR (Phongsaly, Sekong, Vientiane) during 2016-2020.

The project reached 611 villagers (344 women and 267 men) in 5 villages of Mai district, 5 villages of Samphan district and 10 village of Dak Cheung district, 60 women factory workers in 4 factories in Vientiane capital, and 1 CSO (30 women 76 men for entire organization, 6 women and 3 men worked directly with project). The Final beneficiaries are 8,128 villagers (3,973 women, 4,155 men) in 20 villages (Mai, Samphan and Dak Cheung districts); 1,375 factory workers (1,211 women, 164 men) in 4 garment factories, Sisattanak district (Vientiane).

The project targeted to contribute to change in different levels to address the issues of Gender based Violence in Lao PDR with the design to promote and protect rights of women and girls to a life free from violence by raising awareness in the communities and support CSOs to have stronger roles in the policy dialogue spaces. Over the three and half years of project timeframe, there were significant change in the different areas include

The capacity of CSOs, particularly that of CHIAS, has increased and civil society networking strengthened. LaoPHA has been the key implementing partner in this project through community-level implementation and is now seen as a stronger, national-level CSO.

The GBV Taskforce was established, convening more stakeholders on GBV issues and sharing ownership of the network with local organizations in driving national GBV agendas. Key collective actions by the GBV Taskforce in each year of the implementation include the “16 Days of Ending Violence Against Women (EVAW) campaign” and International Women’s Day events where the GBV Taskforce mobilized collective resources towards joint objectives.

The targets demonstrated increased knowledge and understanding of GBV issues, for which the Community Dialogue Tool (CDT) was instrumental to CARE, CHIAS and Lao Women’s Union (LWU). Specifically, the CDT has brought better understanding and awareness of the different gender roles, types of GBVs, social norms, consequences, and methods of prevention and avenue of support. The knowledge has been empowering to the community, to the point that both men and women are now changing their attitudes and behaviours, supporting each other more and using non-violent ways to interact with their children and their partners.

The highlighted successes notwithstanding, the project faced difficulties in the delay of implementation due to a delay, with the GoL memorandum of understanding (MOU) only signed in March 2018, 16 months following the award of the grant. It is important to highlight that this had a significant impact on the achievement of some outcomes, especially those related to national policy influencing.

The Final Evaluation found that the project had significantly contributed to empower both community members and duty bearers with knowledge and understanding of the different gender and GBV, and the creation of GBV Taskforce. According to the Final Evaluation, these contributions are most likely to be sustained beyond the life of the project, leaving a legacy for the project activities within the target communities. Furthermore, the Final Evaluation concludes that, due to a 16-month delay in the

signing of a memorandum of understanding (MOU) with Lao Women's Union (LWU), project activities were implemented late with some not fully delivered, in particular the community advocacy plans in the target communities. This delay meant that of the project's 9 indicators, only 1 was fully achieved while 3 were partially achieved. The recommendations of the Final Evaluation stresses the importance of the continuation of GBV related work that fits the contexts, investment in duty bearers capacity strengthening, and collective action via existing platforms.

Specific Objective (SO): To increase the technical and organisational capacity of Lao civil society organisations to mobilise communities and duty bearers to take action to end violence against marginalised and vulnerable women

SO Indicator 1: Increased actions to end GBV in 4 targeted groups by end of project

Indicator Achievement: Achieved

The Project's 4 target groups were communities in 1 district in Vientiane Capital (garment factories, beer shops), 2 districts in the northern province of Phongsaly (PSL) and 1 district in the southern province of Sekong (SK). The increased actions to end GBV in the 4 targeted groups are described in continuation:

Communities were introduced to the CDT in the project areas, and had been socialised with a process of self-reflection on gender inequality issues in their daily lives and learned more about nuances of gender based violence. There is noticeable increase in knowledge and understanding of GBV in communities in PSL and SK after the completion of the field activities. Prior to CDT implementation, the general understanding of violence against women was only about physical violence towards women, including the misconception that rape is only perpetrated by strangers. From the 2018 national survey, 44.2% of women respondents in PSL agreed that a husband is justified to beat his wife if she neglects the children, while 16.7% of women agreed that if a wife refuses to have sex with her husband, then it is acceptable the husband to respond with physical violence. In SK, a slightly lesser percentage of 28.4% of women agreed that the husband was justified to respond with physical violence if a mother neglected the children, while 11.8% of women expressed the opinion that the husband had a right to respond with physical violence if the wife were to refuse him sexual interaction.² These perceptions were in line with CDT pre-session test findings in the targeted remote ethnic communities.

Since CDT implementation, target community perceptions have been challenged to reflect on their gender norms, leading them to identifying GBV issues, and raise and address those in community action plans. Even though national survey data after 2018 is not available, key findings from CDT post-sessions in the 3 target provinces showed that 93.9% of CDT women participant were aware of what constitutes physical violence, with 88.8% applying for the men. Interestingly, 84.3% of women participants demonstrated an understanding of the controlling norms that causes violence, by example that it is acceptable that a husband tries to keep his wife from seeing her family and friends, with 78.9% applying to men.

The common priority of the community action plans is to disseminate the knowledge that the CDT participants have learnt (GBV knowledge, GBV related law) to other community members. However, due to the stretch of time, not all community action plans for all 4 targets groups were developed and monitored. That said, the final evaluation found that community members in the 4 target groups found the CDT useful in helping them to understand GBV issues and to take actions within their households.

SO Indicator 2: Annual improvements in public rhetoric of duty bearers targeted by the project related to GBV

Indicator Achievement: Partially Achieved

The project timeframe was in line with the 8th National Socio-Economic Development Plan 2016-2020 (NSED), and the 1st National Action Plan for Prevention and Elimination of Violence Against Women 2014- 2020 (NPA-EVAW). In the design of the project, it aims to contribute to support the change in the gender inequality and GBV related situation in Lao PDR.

²The Lao Social Indicator Survey II (LSIS II) finding report, June 2018. Lao Statistics Bureau (LSB) in collaboration with Ministry of Health and Ministry of Education and Sport supported by UNICEF. p 303- 304.

Given that project activities were delayed, with most only occurring in 2018 and 2019, it was not possible to meet the target of annual improvements in public rhetoric of duty bearers for each year of project. The results of the activities aimed at improving public rhetoric of duty bearers are described in continuation:

The project's design aimed to contribute to prevention initiative indicated the National Action Plan for VAW on capacity building of key sectors on GBV and Prevention at community levels.

During implementation, in Year 1 and 2, the project had established GBV taskforce as a platform for CSOs to have particular space to discuss GBV issues and advocate for national policy change. The growth of the platform in the Year 2 and Year 3 was significant in terms of numbers of organizations that joined, and the results of activities collaborations to raise public awareness on GBV through key events such as annual 16 Days of EVAW campaign at national and provincial level. However, the national level policy advocacy with duty bearers did not occur as planned.

Towards end of project, CARE had supported CSOs that are members of GBV taskforce to participate in the review of the 1st National Plan of Action on Elimination of Violence Against Women (NPA-EVAW (2016-2020) and the consultation for the draft of 2nd NPA-EVAW (2021-2025). CHIAs, Gender Development Association (GDA), and The Association for Development of Women and Legal Education (ADWLE) were invited to the technical drafting team and contributed technical inputs. The National Commission for the Advancement of Women and Mother-Child (NCAWMC) has led the process and requested for support from key stakeholders in GBV issues. The three organizations represented strong voices on gender equality issues in Lao PDR. GDA and ADWLE are well known for their leadership and credibility in gender equality work in Lao PDR. CHIAs, on the other hand, was perceived as an organization with strong health components, but with less experience in gender work. It is important to acknowledge it as steps for CHIAs to strengthen its reputation on expanding GBV work not only to government counterparts at the provincial level, but also to the national level advocacy platform.

Due to the 16-month delay in implementation caused by the Memorandum of Understanding (MOU) negotiation process, there were missed opportunities for formal advocacy at the national level such as the Universal Periodic Review (UPR) mid-term process; however, the project supported GDA on the UPR reporting process towards the end of 2019.

2.2 Results and Activities

Expected Result (ER) 1: LaoPHA (CHIAs) has increased operational and technical capacity to mobilize and support REW and MUW to have increased access to information, voice and actions, through community-led dialogues on GBV

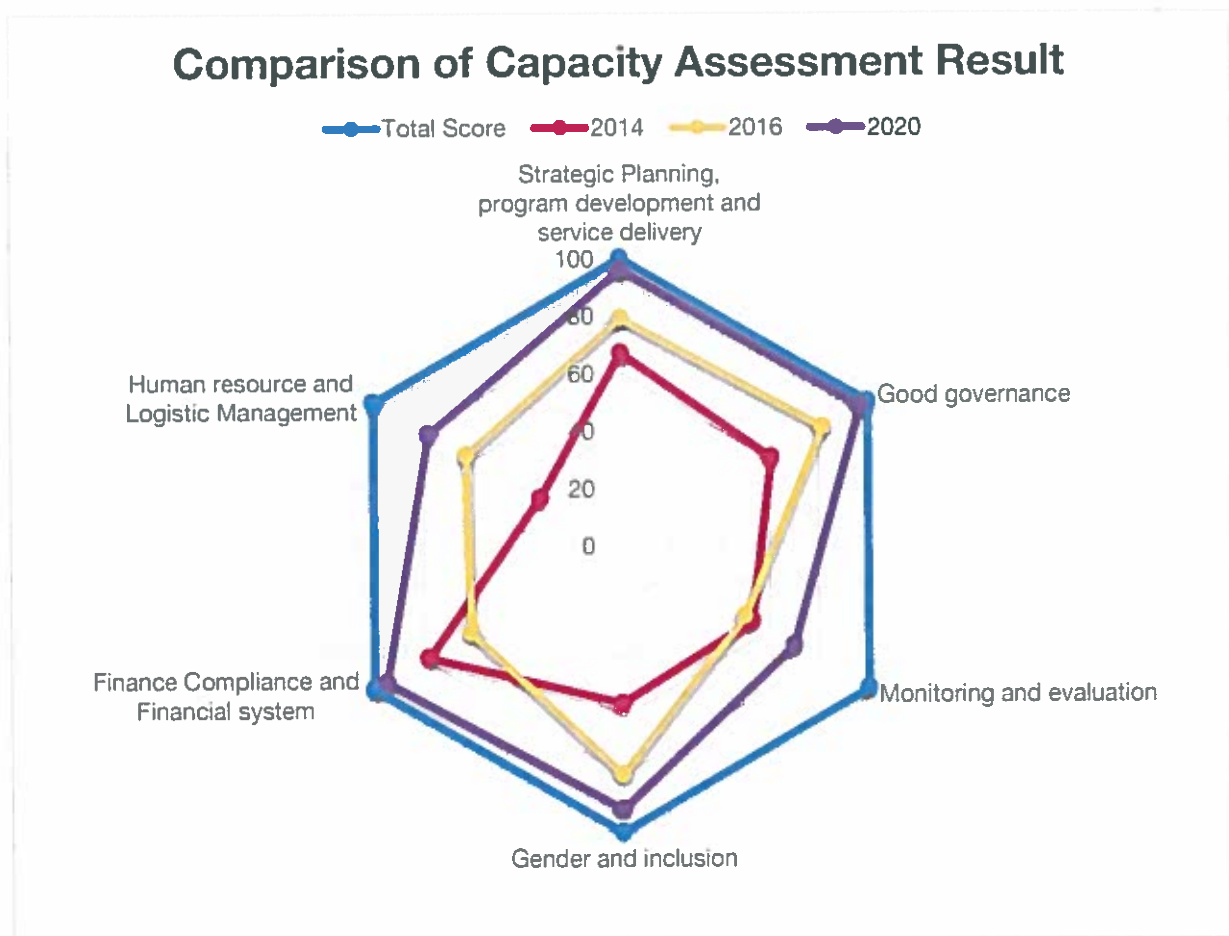
ER1, indicator 1: LaoPHA (CHIAs) has improved capacities in at least 4 weakest organisational domains and has leading expertise on GBV by end of project

Indicator Achievement: Partially Achieved

CHIAs has been working with CARE in different projects since 2014. The first organizational capacity assessment was conducted in 2014. CHIAs has clearly demonstrated improved capacities in the five domains of I) financial compliance and financial system; II) gender equality and social inclusion; III) human resources and logistics management; IV) strategic planning, programme development, management and service delivery; and V) good governance and accountability.

The most significant improvement was seen in financial compliance and financial systems, with CHIs developing and operationalising a financial policy and procedures. The comparison of results can be seen in figure 1 below

Figure 1: Spider web chart on capacity assessment comparison of CHIs 2014-2020



It can be said the major contribution of the organization capacity improvement were from interactions with CARE during this project and beyond. The support during the project time was systematically invested with diverse means such as direct training, mentoring, coaching and peer-to-peer learning. Developing a tailored capacity development plan and then committing to facilitating an annual review on the progress of the plan have been instrumental in bringing about focused capacity development for CHIs. (Please note that a detailed analysis of CHIs’s capacity is described under A.1.1).

The 6 learning sessions on CDT implementation and community action plans were completed in all three provinces. CHIs staffs and the communities themselves provided practical feedback and substantive inputs on how to improve the CDT in the context of remote, rural, ethnic communities.

The CDT process not only opened safe spaces for communities to start conversations about GBV but also for the CHlas team to reflect on those of their own attitudes, beliefs and social norms that perpetuate GBV. At the project level, recruitment of CHlas staffs from ethnic minority backgrounds helped build trust and positive relationships with local ethnic minority communities, particularly in having difficult conversations that challenged their deeply rooted social norms and attitudes, and in representing diverse community-based voices in the uptake of community-based inputs to the provincial and national level agenda. With the support through mentoring and coaching from different departments in CARE, the CHlas team, especially at the provincial level, benefited from learning opportunities from CARE's other projects and initiatives such as trainings on management and leadership, household workload reduction, basic nutrition knowledge, Prevention of Sexual Harassment, Exploitation and Abuse (PSHEA) and basic English lessons. These opportunities helped CHlas staff to gain technical and transferrable skills.

CHlas has been recognized as expert on health and sexual diversity, but not yet on GBV. At an organizational strategic level, the result of improvement was the new vision and mission of the CHlas. With the rebranding to *Community Health and Inclusion Association* (CHlas), CHlas now integrates gender and inclusion perspectives in health focus. Indeed, within the Lao CSO community, CHlas has been seen as a leading expertise on HIV/AIDS related health services from its original. However, CHlas demonstrated strong interests and investment in grow further in the areas of gender inequality and GBV; hence, the partnership between CARE and CHlas was fostered since 2014. This project has clearly been instrumental in supporting CHlas in not only strengthening their organizational capacity and in developing technical expertise on gender and inclusion, but also in supporting the strategic reorientation towards what has now become CHlas. That said, CHlas is yet to further strengthen its expertise on GBV, as has also been noted by peer members of the GBV Taskforce.

Activity (A) 0. Orientation and Negotiation of the Memorandum of Understanding *Completed*

The MoU was signed on 13 March 2018. The process took almost 16 months due to complex procedures and bureaucratic changes within Government of Lao PDR (GoL) at the national level. The negotiation process involved LWU and Ministry of Foreign Affairs (MOFA) at the national and provincial levels, and resulted in the delay of implementation of key activities at the field level. However, the project team communicated with the EU Delegation regularly for updates and support.

The major risk was the delay in rolling out key activities at community level, missing key opportunities for policy advocacy moments such as the midterm Universal Periodic Review (UPR). However, after the MoU was signed, the project team and CSO partner focused energy to complete all of the activities.

A1.1 Develop capacity strengthening plan for CSO partner *Completed*

CARE conducted a participatory capacity assessment of CHlas and developed a capacity development plan in 2016. The participatory process of capacity re-assessment was conducted every year of the project implementation and reported in annual reports. This process was conducted four times from 2016-2020, applying CARE's partnership tool that was used to develop and review the capacity development plan to track progress and identify emerging needs of support.

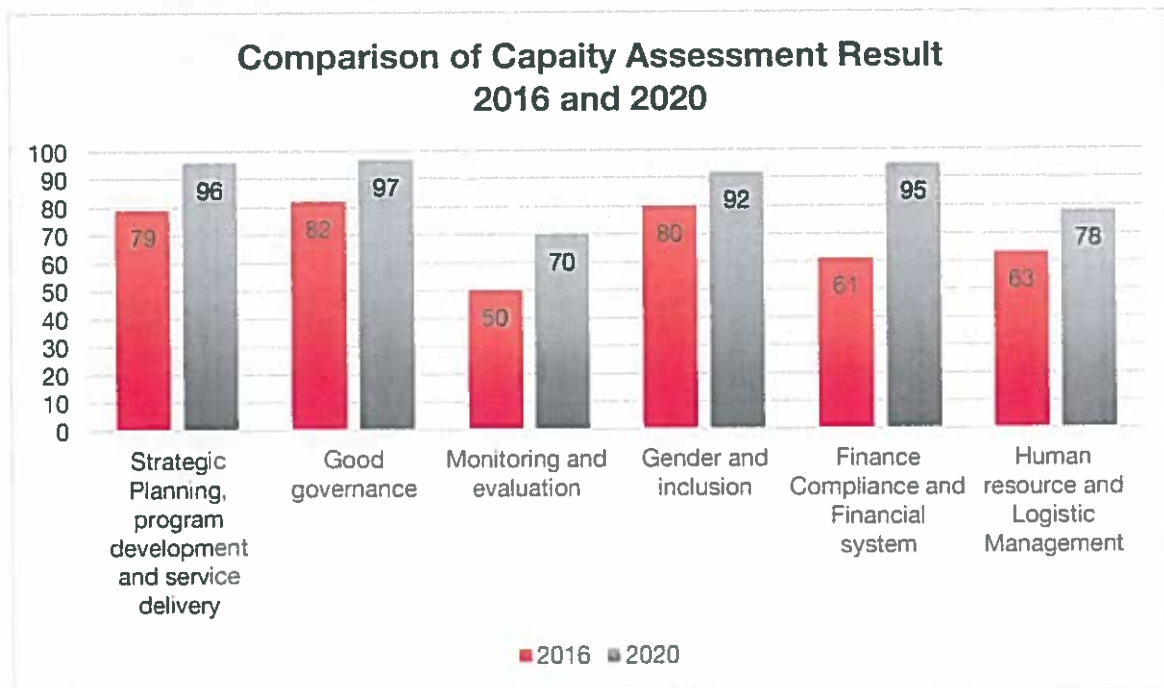
The capacity assessment focused on tracking progress in six areas of CHIs's organizational and technical capacities in the areas of i) strategic planning, program development, management and service delivery; ii) good governance and accountability; iii) participatory monitoring and evaluation; iv) gender and social inclusion; v) finance compliance and financial system; vi) human resource and logistics management.

The final capacity re-assessment was conducted on 12th February 2020 with participation of 24 staffs from CHIs (5 women, 19 men). This included 9 project staff from Vientiane (VTE), PSL and SK.

The capacity development plan was developed and implemented using the results of the annual re-assessment. The summary of the project progress on the key areas is presented in the spider web and graphs below (figures 1 and 2). The overall scores from the partner capacity assessment show how CHIs improved; from medium capacity level (with a score of 232 in 2016) to high capacity level (with a score of 302 in 2020). For the full capacity assessment, please refer to **Annex 4**.

The 5 key areas of improvement were financial compliance and financial system (with a score of 95% in 2020, compared to 61% in 2016), human resource and logistics management (with a score of 78% in 2020 compared to 63% in 2016), strategic planning, programme development, management & service delivery (with a score of 96% in 2020 compared to 81% in 2016), good governance and accountability (with a score of 97% in 2020 compared to 84% in 2016), and gender and social inclusion (with a score of 92% in 2020 compared to 80% in 2016). The comparison can be seen in the chart below

Figure 2: Comparison graphs of capacity assessment of CHIs of 2016-2020



The higher score was attributed to CHIs establishing its financial policy and procedures, improving human resources (HR) policies, providing training opportunities to staff, open information management and broader staff inclusive decision-making. The major result was the development of a 5-year organizational strategy.

Monitoring and evaluation is an area that was improved but continues to attract a low score (with a score of 70% in 2020 compared to 50% in 2016). However, it demonstrated substantive difference in the score during project period due to CHIs's improved systems at the project level, including documentation and information dissemination mechanisms such as setting up emails for individual staff members, using WhatsApp groups for communication and information sharing, and organizing regular learning and reflection workshops to capture learning and apply it to improve program quality. It needs time for the organization to be familiar and adapt to the system, however, compared to the beginning of the project, CHIs improved significantly.

The participatory capacity assessment process allowed for CHIs staff to contribute and reflect on the current situation in their ways of working. The commitments of staffs and support from management incrementally create change in practices, especially organizational development capacities.

A1.2 Organizational capacity building of CSO partner

Completed

The organizational capacity building plans were owned by CHIs through a participatory design process, implemented with support from CARE through trainings, on-the-job coaching and ongoing mentoring. The following describes the main domains of capacity building.

Project Finance Management, compliance and financial system trainings: The focus started with the finance/admin staff for intensive training in 2017. CARE finance staffs provided regular mentoring support and trainings on budget planning, sub grant management, and budget management based on EU's compliance rules to and Lao Women's Union (LWU) staff in the three provinces in 2018 and 2019. As a result of continuous support, the CHIs team demonstrated stronger financial compliance and financial system capacity. (See also above capacity re-assessment score: 95% in 2020 compared to 61% in 2016).

Human Resources and Logistics Management trainings and policy support: The CHIs and CARE HR teams jointly reviewed the CHIs HR policy and provided a training on the policy to all CHIs staff in 2018. CARE conducted annual follow up during the time, to evaluate organization capacity re-assessment annually. There was the suggestion in changes of HR policy such as clear policies on pay and rewards, with commitment to consistently implement the policies across the organization.

Monitoring, Evaluation, Learning and Innovation: In 2017 and 2018, CHIs underwent trainings on monitoring and reporting with support from the CARE programme quality team. CHIs staff facilitated the data collection of CDT pre-/post-test. CHIs project team applied their knowledge in the project cycle management practice, which resulted in good documentation, reporting, and tracking progress. However, the results from the capacity re-assessment was low, as it focused more on the organizational level M&E system which needs to be invested more not only from this project but as organization commitment.

Strategic planning, program development, management and service delivery: CHIs identified a need for support in developing a long-term organizational for the period 2021-2025. Please see Annex 5, CHIs Draft Strategic Plan. This was key to the CHIs capacity development plan. The consultation workshop and review exercise were completed in December 2019, and key CHIs staff participated and provided inputs for the formulation of the longer term strategy in January 2020. As a result, CHIs explored broaden its mandate not only in HIV (Human Immunodeficiency Virus), but also to covering other infectious diseases as well as nutrition and social justice issues, including gender-based violence and gender equality. This also includes sexual orientation and gender identity, sexual diversity, namely lesbian, gay, bisexual and transgender people.

The organizational name change (CHlas) sought to reflect this new, more inclusion and diversity driven mandate. The new strategic plan identifies 4 key outcomes areas, as follows:

1. Ensuring effective access to HIV, Tuberculosis (TB), malaria, nutrition and GBV services;
2. Increasing community capacity and engagement in HIV, malaria, nutrition, GBV and gender equality;
3. Strengthening CSOs' institutional capacities to meet national and international standards;
4. Strengthening partnerships with relevant stakeholders for sustainable development.

PSHEA and Child Protection: As part of a mandatory process of CARE, CHlas staff attended a training on PSHEA and Child Protection (CP). The training was facilitated by CARE as per CARE's PSHEA and CP policies, in line with the CARE's Partnership Strategy. At the community level, CARE and CHlas staff teams discussed the use of CDTs in the community as one way to raise awareness, and strengthen community voices on ending GBV, as well as one way to addressing PSHEA and child protection issues.

A1.3 Technical training for CSO and local partner on CARE's Community-led Dialogue Model to address GBV

Completed

The CDT is the main tool in this project that used to discuss gendered social norms and behaviour change to reduce violence. It includes 5 steps (see figure 3 below). As mentioned, due to the delay of the MoU process, the CDT Training of Trainer (TOT) process was also delayed, especially in implementation at the provincial level. The TOT was conducted by CARE with a total of 60 participants (43 women, 17 men) with support of the international consultant who designed the CDT.

Table 1 : Participants trained on CDT TOT

CDT Training of Trainer	Date	# participants			Notes
		F	M	total	
CHlas and CARE staffs from 3 provinces	04-07/9/2017	10	5	15	The same group
Practice, feedback and team building	08-10/9/2017	10	5	15	
LWU technical staffs from all levels	7-11/5/2018	18	9	27	2 new CHlas staff
National LFTU and VTE LFTU (2 days)	2-3/8/2018	7	2	9	1 new CARE staff
4 districts and VTE LWU presidents (one-day CDT training)	24/07/2018	8	1	9	

Total number of implementing teams who received CDT Training of Trainer and delivered the CDT to the target groups is shown in the table below:

Table 2: Participant trained on CDT TOT and implemented CDT in target groups

	SK			PSL			VTE			Notes
	F	M	T	F	M	T	F	M	T	
District LWU	1	1	2	4	0	4	8	0	8	
Province LWU	2	0	2	1	1	2	1	1	2	
National LWU	0	2	2	1	1	2	1	1	2	
VTE LFTU	0	0	0	0	0	0	3	1	4	
National LFTU	0	0	0	0	0	0	4	1	5	
CHlas	1	2	3	2	2	4	3	2	5	2 new staff
CARE Project staff	2	0	2	1	0	1	2	0	2	1 new staff
Total	6	5	11	9	4	13	22	6	28	
Total 3 provinces:			52	People		37	F	15	M	

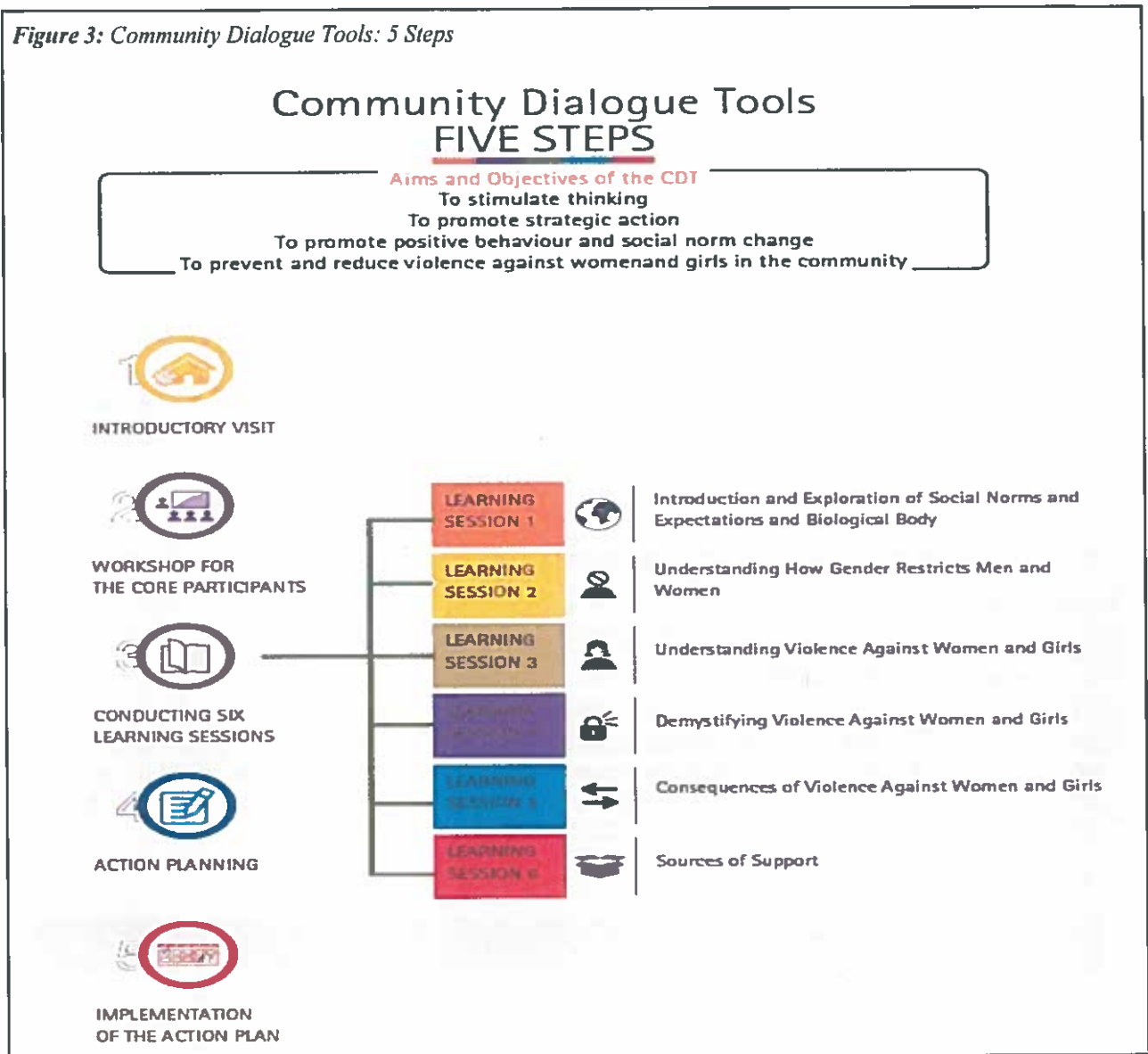
During the project period, there was regular technical support and mentoring for CHlas and LWU by CARE VTE-based staffs, such as the PM and the CARE gender advisors.

The project team organized a CDT review workshop to adapt and adjust the content based on the user's experiences in early February 2020 and resulted in editing content, as well as new graphics and layout for the CDT that CSO partners and LWU could use easily (please see **Annex 6**, CDT manual.).

The CDT manual revision mainly consisted of breaking down technical terminology. It is important to note that the target areas are composed of people from diverse ethnic groups (Akha, Khmu, and Talieng) and some ethnic groups do not have written scripts. In those cases, CDT facilitation was entirely verbal, with the manual providing visual aid to support the communication.

The process of CDT implementation enabled CHlas and CARE teams to plan and review the content of the sessions together, and it strengthened their technical skills and working relationship. For example, the CHlas and LWU staff reported that they found this way of working more effective as they felt more confident in having sufficient time to prepare for and deliver the sessions and practicing and reviewing their facilitation skills on-the-job with the support of CARE, throughout the process.

Figure 3: Community Dialogue Tools: 5 Steps



A1.4 Mentoring and coaching support to CSO partner

Completed

After the inception workshop, recruitment and orientation for CHIs staffs as well as the regular meetings and on-the-job coaching between the CARE PM and CHIs PM continued. The 3 CHIs project officers based in VTE exchanged information and sought regular support from the CARE PM through face-to-face meetings, telephone conversations, WhatsApp group chats, and emails. CARE and CHIs teams openly discussed challenges in implementing the CDT, particularly with deeply rooted social norms and practices affecting both communities and facilitators themselves. The understanding and coordination between the CARE and CHIs teams contributed to effective, timely implementation of project activities.

At the provincial level, the CHIs team (3 staff in SK, 3 staff in PSL) was coached closely by CARE's Senior Project Officer and PM in similar ways of working as mentioned above, the exchanges were not only about CDT implementation, but also about project management issues.

Additionally, since 2017, CHlas staffs in the two provinces shared office space with project staff at CARE offices. Above all, the shared office space created a more conducive environment of trust for learning and coordination to take place, with CARE skills and knowledge gradually passed to CHlas colleagues. Another benefit from office sharing was that CHlas staffs were able to participate in skills building trainings conducted for CARE staffs on diverse areas such as management and leadership, household workload reduction, basic nutrition knowledge, PSHEA and basic English lessons. These trainings helped strengthen CHlas staff's confidence and capacities.

9 CHlas staffs (6 women, 3 men) demonstrated change not only in capacity through the project implementation, but also as a personal journey to promote gender equality. 2 CHlas staffs were selected as male role models on positive masculinities featured in the CARE documentary on "Positive Masculinity" that amplifies the work on engaging men and boys to promote gender equality and end gender based violence. Please see Annex 7, compilations of SBCC videos. The 2 staffs are Akha men in PSL, and were selected by project team and LWUs to tell their stories of change in attitude and behaviour that support their families to on women workload reduction, stop using violent actions towards family members.

A 1.5 Conduct GBV community-led Dialogue Model in target areas

Completed

i) Communities in SK and PSL

LWU and CHlas have been working together in 3 provinces delivering CDT learning with community groups. SK and PSL teams have completed all steps of the CDT (5 steps) with all target groups (change agents, Village Mediation Units–VMUs, men's groups and women's groups) at the end of the project. All target groups who completed the CDT have received a certificate of completion. The table below describes numbers of the CDT participants in the 2 provinces.

Table 3: CDT participants in 2 provinces

Province	District	No	Village name	Ethnic	#F	#M	Total
SK	Dakcheung	1	Dakpong	Katou	8	5	13
		2	Dakchang	Katou	11	8	19
		3	Daksouang	Talieng	6	3	9
		4	Dakman	Talieng+Yae	15	6	21
		5	Dakvang	Talieng+Yae	11	10	21
		6	Dakyoï	Talieng	2	4	6
		7	Dakrai	Talieng	7	4	11
		8	Daksa	Talieng	10	5	15
		9	Daksieng	Talieng	9	7	16
		10	Dakvay	Talieng	15	13	28
			Total SK		94	65	159
PSL	Mai	1	Tin Tok	Khmu	16	15	31

		2	Chomcheo mai	Akha	15	13	28
		3	Mok chala	Mix	17	9	26
		4	Saen In	Khmu	18	9	27
		5	Huymeun-Buamyao	Akha	15	8	23
		1	Mok yon	Khmu	15	8	23
	Samphan	2	Sakeo	Khmu	12	16	28
		3	Lao leo	Akha	20	19	39
		4	Lao sen	Akha	13	15	28
		5	Somboun	Akha	19	17	36
			Total PSL		160	129	289
Total 2 provinces				254	194	448	

All of the communities that attended the 6 learning sessions of CDT implementation completed post-session tests as planned. The results showed an increase in overall knowledge and understanding of CDT sessions. Disaggregation by gender showed that women demonstrated a higher percentage of knowledge increase than men, with 80.66% for women as compared to 67.49% for men.

The increased knowledge and awareness towards GBV primarily related to visible forms of violence, such as physical violence, and controlling of economic and social resources, which is easier for community members to identify and understand. It is still difficult to understand the more subtle forms of violence and root causes of GBV such as patriarchy. The CARE team created spaces for community-led, open dialogue and reflection to challenge these more entrenched patriarchal perceptions and attitudes.

Field visit observations indicate positive outcomes on workload sharing in the household (CDT learning session 1), with many women and men participants of the sessions reported to the project team that husbands were taking on more household work responsibilities (cooking, taking care of children, cleaning, etc.) which the couples felt contributed to fewer arguments in the family.

After CDT Step 4 (community action planning) had completed, the communities demonstrated a better understanding that gender equality is the root cause of violence against women. In the community action planning workshop, they reviewed the 6 learning sessions, learned how to work in teams, and realized that they can influence each other, creating positive change. The community action planning process was self-facilitated and allowed the group to prioritize the actions. The common priority of the community action plan is to disseminate the knowledge that they have learned (CDT, 2014 Law on Violence against Women and Children, women's rights, children's rights) to other community members.

According to the time limitation, the project could not provide further coaching to the change agents to disseminate the CDT and the related laws to other community members as they elaborated in the action plans. However, the team was able to organize "Movie Sessions" in 20 villages in SK and PSL. After watching the (Social Behavioural Change Communication–SBCC) movie and documentaries, the team facilitated the discussion based on the guide for positive social norm change. The team also facilitated discussions on how to disseminate the videos in their areas through mobile phones.

ii) Garment factories in Sisattanak District, VTE Capital

4 garment factories (VL, International, Quality, and Great Lao) participated in the project. The CDT learning sessions conducted by LWU, CHIAS and LFTU in 2019. The 6 sessions (Step 3) and step 4 of CDT were completed in 3 factories. Quality factory finished only 1 session because it was not possible to coordinate a time that fit both the facilitation team and the workers.

Table 4: Number of factory workers participated in CDT

Factory	# workers participated in CDT				
	Recruit	Pre-test	Complete 6 sessions	Post-Test	Action Planning
Quality	15	15	Session 1 only	0	0
International	15	14	12	9	0
VL	15	15	15	14	9
Great Laos	15	13	13	11	10
Total	60	57	40	34	19

The learning groups in the selected factories were re-shuffled as some had left. The CARE project team discussed with LFTU, CHIAS and the factory management, deciding that learning groups for CDT sessions will be adapted to a group size of 15 people instead of 20 people, taking into consideration the workers' availability, factory working hours, and commitments to day-to-day life routines. This adjustment was to ensure flexibility for participants to voluntarily participate in the CDT sessions throughout the course. However, throughout the course, it was very difficult to retain all participants due to the same reasons, mentioned above. The project team collaborated closely with a CARE project to enhance women's voices to stop sexual harassment in garment factories (STOP) funded by the Australian NGO Cooperation Programme (ANCP), in testing different strategies to effectively engage garment factory management and workers. For example, decisions to conduct sessions during lunchtime, or during evenings or weekends using the factory's dormitories enabled deeper engagement.

The coordination with garment factories was facilitated by Lao Federation of Trade Union (LFTU), and not LWU, as it is a mandated area of authority for LFTU. The CARE and CHIAS project teams benefited from a good, existing relationship with the 4 factories from the CARE Protection and Choices for Marginalised Urban Women (PACMUW) project funded by the Australian Department of Foreign Affairs and Trade (DFAT) up until 2017. The current partnership with the factories through the STOP project was beneficial in gaining access and getting support from the factory management.

iii) Beer shops

Soon after the MoU was signed in March 2018, project orientation was held with project partners at all levels to present the project background, proposed activities, and the budget. However, implementation of beer shop activities in Sisattanak District was delayed in the first year due to LWU Sisattanak having to wait for information on the list of beer shops, i.e. any place with licensing for alcohol such as restaurants, hotels and guesthouses from the District Information Culture and Tourism Bureau (DoICT) and CARE and CHIAS could not start the planned activities without LWU approval. There were many instances of mixed messaging on the permissions during 2019. Finally, by December 2019, the final permission was given by the Director General of the LWU Planning Department to move forward with the plan. As the time for closing the project approached, CARE decided to organize a CDT rapid training for beer shop managers and workers, inviting 3 people from each shop with total participation

of 17 people from 8 shops (all women). On 1st February 2020, a one-day workshop was held to implement the 6 sessions of CDT.

From the design of CDT process, the developed community action plan at the end each CDT group should be used to seek support to take actions as collectives. Each community can identify their priorities for further support such as technical coaching to use the CDT for other community members, and materials to disseminate what they have learnt from the CDT. Due to the time limitation of the project, community action plans were all completed in towards the end of 2019 for SK and PSL, the project team had fewer opportunities to follow up and support the action plan in the short amount of time. Hence, action plans implementation was on a semi-voluntary basis with guidance from the team while the project was still active.

ER2: CSOs have increased capacity to collaborate and engage in effective policy dialogue related to GBV at the local and national levels

ER2, Indicator 1: 1 Lao specific community-led GBV advocacy model designed and implemented by LaoPHA(CHIAS) in 1 District in VTE, 2 in PSL and 1 in SK

Indicator Achievement: Not Achieved

The community action planning process was completed at the end of 2019, which aimed to result in community-led advocacy model in each district. The completion of community action plans was done in SK and PSL only. The community action plans for factory workers in Vientiane was not completed in the similar ways as in the provinces mainly due to inconsistent access to the factory workers. The results of the community action plans developed by beneficiaries were very much localised and focused the gendered responsibilities in the household such as sharing of childcare, house chores. More in-depth and less localised concepts relating to rights and central causes of GBV embedded in culture and social norms, were absent from the action plans. This potentially meant that the development of broader community level advocacy models, might not have been proposed by beneficiaries. With the time constraints, therefore, the discussion on developing advocacy models at the provincial level had not started within the project timeframe.

However, throughout the process of CDT, it has not been a one-way learning process for community members only. The discussions and findings throughout served as inputs for the GBV advocacy model. The evidence from change perception in the household responsibility and workload sharing (CDT learning session 1) was well accepted by the community to make practical changes in households. Many women reported that husbands helped them more in housework such as cooking, cleaning, etc., and resolved conflicts without violence and through peaceful conversations within the family.

ER2, Indicator 2: 1 CSO led (GBV/WG) Policy Advocacy Plan designed and implemented at the national level

Indicator Achievement: Not Achieved

The GBV Taskforce is in its fourth year of operation with the membership increased to 26 organization, up from 16 organizations members by inception in 2016. Meetings were held, as planned, during this period in which members exchanged information, coordinated for collective action on GBV programming and advocacy, and participated in peer to peer learning. Examples include the 16 Days of EAW campaign in 2018, where members successfully coordinated and mobilized resources for the event. Rotating the chair for each meeting, and using Lao as the main language in the meetings, has helped the local CSOs to meaningfully engage in GBV Taskforce advocacy, networking and coordination. CSOs with stronger gender capacity supported and encouraged the smaller or newer CSOs in participating in and between meetings. The GBV Taskforce will continue beyond the duration of the project. (The recent meetings were held on 8th September 2020). One of the recommendations from the Final Evaluation is to review the chairing system to more permanent to ensure leadership continuity.

One of the key activities of the project is to support CSOs on advocacy capacity. Often times, civil society works on GBV prevention and response at a local level only (service provision), facing challenges in raising GBV issues at a higher level due to political constraints. This comes in addition to capacity constraints to entering into higher-level policy dialogues.

Due to the MoU delaying implementation of activities, key advocacy trainings to tackle those capacity constraints were only completed in last quarter of 2019. However, the recruitment of the participants was difficult due to low interests among CSOs that are GBV taskforces member due to various reasons. On the other hand, applications were received more from CSOs that worked on gender and social issues such as women with disability, rural development, gender identity and sexual orientation. The project team and trainers thus decided to deliver the training to this group, as it is important knowledge and skills that the Lao CSOs community needs practicing and sharpening. Advocacy is quite a sensitive term in a Lao context, with many local CSOs only familiar basic service delivery to communities. It is very important to have a trainer that understands that civil society context in Lao PDR and has credible expertise to deliver the training and support to develop policy advocacy plan. CARE worked with Gender Development Association (GDA), an NPA with gender and advocacy expertise in Lao PDR in partnership to support this activity. At the same time, GDA, as a Lao CSO, can be the role model for other CSOs especially CHIs to learn from.

At the national policy level, the GBV taskforce has not collectively identified a policy advocacy plan during the project timeframe despite the support through multiple years of 16 days of Activism against violence against women. The coordination for the public campaign was perceived by the members as successful. Still, critical policy change was not sufficiently discussed. Nevertheless, windows of opportunity for policy influencing opened during Nov-Dec 2019 where NCAWMC invited CARE, UNFPA and ILO to support in the draft on 2nd NPA-EVAW (2021-2025) where CARE has influenced issues on remote ethnic women and girls, and CSOs participation in the consultation. GDA, ADWLE, and CHIs were not only attending the workshop, but also provide technical inputs on the draft documents before the workshop.

A2.1 Adapt the GBV Community-led Dialogue Model

Completed

In 2018, the CDT manual adaptation was completed in both Lao and English versions, together with the visual materials accompanying the manual, which have been in use since then. The communities responded well to this method of learning. The project team both CARE and CHIs worked to master the facilitation through multiple time of sessions delivering.

In February 2020, a review workshop was held with 28 users from VTE, SK, and PSL (21 women, 7 men) from LWU, CHAs, CARE, Save the Children, and GDA. The workshop was facilitated by an international consultant who developed the CDT manual in 2018. At the same time, CARE hired a local graphic designer to revise the visuals and layouts of the CDT as to update and make it more user friendly in both English and Lao and relevant for the remote, rural ethnic communities. Please see **Annex 6**, CDT manual.

During this workshop, the CHAs and LWU teams who are the main users of the CDT, provided feedback, which very useful information. The key areas to improve were to deconstruct the technical terminology and replace the technical words with alternative words for better understanding, applicability and usage in Lao language. This was a very important feedback for the CARE project team in order to ensure that the CDT manual remains easily adaptable to the minority languages of the remote ethnic communities. From the feedback of the group, it was agreed that the model was more relevant to communities in rural areas. The trainers from VTE pointed out that the tool seems to be too basic and not so relevant for VTE CDT participants, because examples used reflected the way of life in rural communities. Additionally, issues of GBV in urban areas are different and more complex such as sexual harassment in the workplace, or sexism comments from colleagues. Therefore, VTE CDT groups did not resonate well with the materials in the CDT. However, VTE trainers reported that later in 2019, when the team use different means of content from “Brave to Change” series (more details in A.3.5), VTE CDT participants founded more interesting and responded better with enthusiasm.



A2.2 Establish CSO-GBV Working Group within the Lao Gender Network

Completed

The GBV Working Group, which is now referred to as the GBV Taskforce, was established in October 2016 with a membership of 16 organizations. In 2020, the membership had increased to 26 organizations, represented by 44 representatives. (For an updated list of members, including contact details, please refer to **Annex 8**).

4 meetings were held in 2017, 5 meetings in 2018, 3 meetings in 2019, and 1 meeting in first quarter of 2020. It is important to note that, because the meetings are held in Lao language, there is a significant increase in attendance enabling smaller CSOs to join the meetings. This language factor helped towards the GBV Taskforce expansion, creating a larger, diverse representation. The information access and stronger collaboration between the member CSOs will lay foundation for the advocacy efforts of the GBV Taskforce in the future. The summary of the GBV Taskforce meetings is regularly reported in the Gender Network meetings.

In terms of information and knowledge management, a shared drive was established as part of the Q3 2019 meeting outcome to store and share important documents. The password is kept with the chairperson and co-chairperson of each meeting for security. The establishment of GBV Taskforce Facebook page was pending in this reporting period as members felt that it is important to start the Facebook page, but the members recognized time availability challenges to monitor and maintain the page. CARE offered to use resources to support the administration. However, the process of setting up and maintaining the Facebook page has not yet been finalized. The discussion will be brought up again at the next meeting.

Throughout the project, it can be seen that GBV Taskforce is more self-organised and self-sustained where members demonstrated a sense of ownership of the GBV Taskforce, linking to the Gender Network organically. The rotating chairmanship provided space for each organization to bring their own agenda to discuss at the table. For example, when CHIAS chaired the meeting, they brought up the agenda on gender and diversity, which is an area of interest and priority for the organization. CARE has been playing an enabling role by facilitating the discussions and inputting to stimulate critical discussions. CSOs with strong gender equality mandate and capacities, such as GDA, demonstrated leadership in the meetings, but at the same time provided more encouragement and spaces for smaller CSOs to participate actively.

A2.3 Capacity building of the CSO-GBV Working Group of Lao Gender Network

Completed

The advocacy workshop was planned to be held in last quarter of 2018, but delayed because of the MoU process, and field implementation was prioritised after MoU is signed. In August 2019, GDA was selected to conduct the policy dialogue training based on their expertise and incorporate CARE's Advocacy Handbook to adapt to context in Lao PDR. According to the plan, a 3-day training on GBV Policy Dialogue was held on 23rd-25th October 2019. 28 people (17 women, 11 men) from across 18 CSOs participated in the training from across different provinces and from across areas of work such as disability inclusion, Lesbian, Gay, Bisexual, Transgender & Queer (LGBTIQ), rural development, and health. Originally, the prioritised participants were national CSOs that are the GBV Taskforce members. However, few applications came from the GBV Taskforce, with most applications coming from the wider Lao Gender Network. It might be the result of conflicting priorities of GBV Taskforce members during the time, which resulted in low interest. The training focused on enhancing the understanding of GBV in policymaking process and dialogue at all levels. There was a process of strategic planning to enable participants to share and mainstream the agenda with clear goals for further action and highlight plan for the 16 Days of ERAW campaign. (See also **Annex 9**, Advocacy workshop report).

A2.4 Development of an advocacy strategy on GBV

Partially completed

The assumption after attending the advocacy training is to develop joint advocacy strategy to address GBV issues and implement it as collective efforts. Nevertheless, as the participants of the advocacy training have not worked directly on GBV issues, and just introduced to 3-days intensive trainings, there was so overwhelmed by priorities of GBV issues to integrate into their mandates. Hence, the developed plan and strategy during the workshop did not resulted much on strategic level influencing but rather focused mostly on the 16 Days of ERAW campaign. It is important to also note that the discussion during the workshop was rich and could be strengthened and developed for future actions. Each organization showed interests on enthusiastic to engage more in GBV work, yet, the capacity and time to support these organizations is still limited.

A2.5 Mid-term UPR review input on GBV

Completed

The original timeline for the mid-term UPR review (2017) passed while the project was waiting for the MoU to be approved. However, the project team made a strategic decision to shift the focus to the final report of the UPR review instead based on the timeline, as explained in continuation:

In September 2019, CARE examined the landscape of the work on the UPR and discovered that GDA is the only CSO in Lao PDR that is currently working on the UPR process. Since the 2nd UPR Cycle of Lao PDR, GDA has been producing a national report on gender challenges, due to be presented to the government's National Review Body in preparation for the upcoming UPR Cycle in January 2020. The three thematic areas in the report addressed Unpaid & Informal Women Workers, Women's Political Participation, and Child, Early & Force Marriage. Please see **Annex 10** for GDA's full report.

CARE contributed funds to the GDA consultant to finalise the draft report, which was completed in November 2019. CARE also supported the GDA's Director in attending the UPR Pre-Session in Geneva, Switzerland in early December 2019 to present the report.

GDA's Director, a woman, is the only representative who has been invited by GoL to speak on behalf of Lao CSOs at the UPR Pre-Session. This support to GDA was strategically important to strengthen GoL-CSO relationships in an area hitherto beyond access to Lao CSOs.

To ensure that the wider civil society benefitted from the experiences of this early civil society policy influencing, GDA has been sharing key lessons from the process with the GBV Taskforce, and in other Lao Gender Network meetings.

A2.6 Engagement with private sector to prevent GBV

Completed

The project has tried to identify opportunities for private sector engagement through different businesses, schools, and beer shops. However, it was not so successful to approach them. In the later stage, the project team identified Great Laos Garments Factory (GL), which had already agreed to roll out the CDT, as a key private sector ally in raising awareness on ending GBV.

Once the LFTU and CHIs had provided an introduction of CDT to GL's management in June 2019, the management immediately agreed to participate in project activities and nominated a coordinator to work with the project team. Among the 4 factories that implemented CDT, GL has been seen as supportive to the initiative. For examples, following the 2-day workshop for core participants, the GL coordinator supported and facilitated the project team to conduct CDT introductory visit for 15 selected factory workers. From the discussion with the coordinator, the reasons behind the proactive and good

cooperation are because GL recognizes the benefits their workers get from having better knowledge and understanding on GBV and sexual harassment (from CARE's STOP project activities) to be able to take proactive action at workplace and in their lives.

Through this, the factory would benefit from increase in productivity of the workers, and receive good reputation for achieving the Corporate Social Responsibility (CSR) objectives. CARE worked closely with GL management and workers on GBV awareness raising and action and combined activities with STOP project team during the 16 Days of EVAW campaign in 2019. However, with the busy schedule, the factory had only time to attend the public event organized by the STOP team on stop sexual harassment campaign at Chao Anuvong public park on 8th Dec 2019. From the lesson learned with engagement with private sector in this project, one of the key learnings is the buy-in from management team which helped determined how the project will be successful or not.

Also, the private sector's relationship with organization is seen as one single relationship only. It did not matter if there are staff from different projects working in different areas of work. Hence, it is important to identify key focal points in the early stage and simplify messages to influence the buy-in from the management level in the beginning.

ER3: Duty Bearers have increased capacity to realise their responsibilities in preventing and responding to GBV

ER3, Indicator 1: Improved prevention and response actions on GBV amongst duty bearers in 1 District in VTE, 2 in PSL and 1 in SK by end of project

Indicator Achievement: Not Achieved

While the project was successful in raising awareness on GBV at the community level and strengthening the capacity of the duty bearers on GBV knowledge and understanding, it has not yet resulted in improved actions on GBV among the duty bearers due to the limited timeframe.

The duty bearers in this project have better understanding of, and increased knowledge on, GBV issues and demonstrated increasing interest, especially in PSL and SK. LWU benefitted from project activities and at the same time act as responsible duty bearers to ensure if there is GBV case reported, they are able to take actions.

During the project timeframe, and in spite of the aforementioned delays, LWU cooperated consistently in implementing activities at the provincial level. Prevention and response of GBV are the mandate of LWU at all levels. Hence, being supported through capacity building on knowledge, legal framework, and resources has prepared them to fulfil this mandate.

The concrete evidence of improved GBV responses actions was not fully captured or documented during project life. However, is led to believe that increased capacity and coordination among other duty bearer will bear fruits. For example, and very notably, LWU introduced an Essential Services Package (ESP) for GBV survivors in the last year of project implementation in which it highlights the important principles of interdisciplinary (health, legal, social) and principles of survivor-centred services delivery.

As mentioned under ER2, a policy advocacy plan development was not completed. Hence, activities under ER3 were not fully completed, as intended. The key objective under this result is to have spaces for communities and CSOs to dialogue with GoL. During the CDT implementation, the full engagement of the community was evident to develop community action plans and collectively present GBV issues to the duty bearers. However, with the 16 months delay in project implementation, the project focused on implementation of the CDT at village level during this reporting period. Also, without input from the communities on their community action planning, it is not ethical nor accountable for the project

team to speak on the behalf of the communities. Nevertheless, from the final evaluation, duty bearers (LWU, LFTU, Garment Factory Management, Beer shops Manager) reported that their awareness and understanding of GBV has increased due to the project activities. This also has helped LWU particularly develop their skills to support the community and GBV survivors.

ER3, Indicator 2: At least one policy priority addressed by GoL that is raised by CSOs or community

Indicator Achievement: Partially Achieved

Although the increased capacity of CSOs network, increased awareness level in the community, and positive signs and interests from duty bearers (LWU), the opportunity for structured dialogue to influence policy did not occur within the project timeframe.

The community action planning process had the challenges raised by communities, on the lack of knowledge about GBV law or to understand that committing violence against women is against the national law. The dissemination of GBV law had been in carried out by different agencies, NGOs, CSOs since the law has been passed in 2014. The difficulties to elaborate it in ethnic language, or physically access to the remote areas to discuss about the law were still challenges to date. However, as this is not a new policy, but it needs better enforcement on from relevant stakeholders. The reiteration of importance of the dissemination, socialisation of the GBV law were raised in various actions plan during CDT process. The project did not have sufficient time to create space for dialogue on influencing this priority identified in community action plans to duty bearer at different levels. Nevertheless, the issues of communities' need on GBV law socialisation had been brought to the review of 1st NPA-EVAW and the draft of 2nd NPA-EVAW as CARE is technical drafting team members.

A3.1 Provincial/District level dialogue workshops based on CSO advocacy plans.

Partially completed

As the advocacy plan was not formulated as stated in ER2, the provincial workshop did not happen with the time constraint as well. However, the informal dialogue regularly happened during CDT process, and the 16 Days of EVAW campaign during November-December in each year were the platforms for government counterparts, and GBV Taskforce (INGOs and CSOs) to engage in dialogue at all levels where the LWU is active. The activities each year event included International Women's Day event in the pass yearly reports. In 2019, the activities were focused on Social Behaviour Change Communication (SBCC) Movie show in all target villages in SK and PSL.

A3.2 National level dialogue workshops based on GBV Working Group advocacy plans

Partially Completed.

The project organized annual 16 Days of EVAW campaign events in 2018 and 2019, which were co-funded by the EU and DFAT. The GBV Taskforce coordinated and mobilized financial resources to organize for the events during different days of the campaign such as Zumba, songs, poems competition, panel discussion. The events were successful and the public was more aware of the important of 16 Days of EVAW campaign.

In the EVAW campaign in 2019, CARE, with national LWU and CHlas, organized the SBCC video launch event in VTE on 25 November 2019 at Senglao Restaurant, with 163 people (90 women, 73 men) attended the event from different organizations such as Government agencies, INGOs, CSOs, UN agencies, embassies, companies, the movie production team and interviewees of the documentaries. The event went successfully, and the videos were shared through CARE's social media pages. On 8th of December 2019, CARE staff joined Vientiane Marathon event wearing T-Shirts with the messages "We're Better When We're Equal" as the slogan from Brave to Change series to promote the key messages for positive attitude towards ending violence against women.

The overall feedback from the general public on the annual 16 Days of EVAW campaign was positive that the activities were engaging and fun, and that key messages were clear. Some people did not know much about the event or GBV issues earlier; hence, organizing the events in public places and through social media helped the issues to be seen and heard among wider community.

There was significant event that provide space for dialogue. CARE was invited by NCAWMC's plans to review and draft the 2nd National Action Plan on EVAW (2021-2024) through internal meetings with NCAWMC staff and through a series of consultation meetings with other government counterparts and CSOs between November 2019 to early 2020. UNFPA will be a key partner to support NCAWMC on this process. CARE supported by mobilizing resources and technical support to organize consultation meetings with CSOs, through the GBV Taskforce, to provide input into this process at the national level. This input will be crucial for GBV Taskforce to claim the space for dialogue and influence the new National Action Plan on EVAW. CARE co-funded the national consultation workshop with UNFPA, ILO/UN-WOMEN in December 2019. The NPA-EVAW will focus more on strengthen the GBV services to be more inclusive and accessible with capacities of services providers. CARE advocated for the agenda of women and girls in remote ethnic communities and include the voices of CSOs. CHIAS and GDA and ADWLE attended the workshop as only three CSOs representatives.

A3.3 Capacity building of national Government of Lao counterparts (National Commission on Advancement of Women, Lao Women's Union)

Completed

The LWU and NCAWMC coordinators at national and central levels received CDT TOTs, case study writing and photography training, as well as financial management training (budgeting, advance request and acquittal skills). Due to the MoU delay, the implementing team had focused on completing CDT activities. Thus, there was no formal training provided to partners during year 3, as planned. The availability of the LWU at different locations were inconsistent, hence, it was postponed until almost at the end of the project and organized at the end of project meeting and closing ceremony in early February 2020, in Khua District, PSL.

The training on GBV Response and Prevention Mechanisms was provided by GDA to LWU project staff from all levels, as well as to CHIAS and CARE staffs. CHIAS project manager also co-facilitated with GDA. The training content also included the Essential Services Package (ESP) for GBV survivors which is the international UN-led guidelines for coordinated interdisciplinary team (Health, Justice, Social) support based on survivor-centred approach, The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) recommendations for Lao PDR. LWU's feedback on the training was positive and they found it very useful to adapt on their work. Please see **Annex 11**, workshop report.

. See number of participants listed in the Table 5.

Table 5: Numbers of participants in GBV response and prevention mechanism

Participants	F	M	T	Notes
National LWU	1	4	5	
LWU VTE	6	0	6	provincial level and district level
LWU PSL	4	0	4	
LWU SK	3	1	4	
CHIAS	3	5	8	3 provinces
CARE	2	0	2	
Total	19	10	29	

A3.4 Capacity building of local government counterparts

Partially completed

During Year 1 and Year 2, there was no specific formal training on GBV framework, related action plans and policies to local government counterparts in district or provincial levels due to the MoU delay. In Year 2 and Year 3, CDT implementation was prioritized. SK team (CARE, CHIAS, LWU) was able to complete the CDT process faster than PSL, where there was a fraud incident, hence field activities were suspended throughout investigation of the fraud suspicions, causing delays.

Due to the limitation of time, capacity building plans for national level and local levels were merged and the area trainings are as mentioned in A3.3 above. Other than providing training, the local LWU was coached during each step of activity implementation by CARE PM, CHIAS PM and CARE Senior Project Officer in each province.

A3.5 Documentation

Completed

The project team in the field level (CHIAS, LWU) has been trained on collecting case stories of behaviour change during field visits in SK and PSL. Case stories were reported in Year 2 and Year 3.

Social Behaviour Change Communication (SBCC) tools were produced in the last quarter of Year 3. The tools, used as complimentary resources for the CDT sessions, were co-funded by EU and DFAT.

The overall SBCC materials used the slogan “We’re better when we’re Equal” (ເປີດໃຈສູ່ຄວາມເທົ່າທຽມ) to highlight the positive outcomes of no gender based violence and work towards gender equality. The series of short films “Brave to Change” (ໄດ້ມາຕຸລາະກັບປ່ຽນ) were completed in late 2019. The original dialogue is in Lao language with English subtitle and dubbed into Khmu, Akha, Talieng and Katu languages. The series is primarily intended for the rural ethnic community and focusing on healthy relationship and gender equality and GBV. The four episodes (15 minute-long for each episode) are:

- (1) “It is today” addressing gender roles at household level;
- (2) “What are you waiting for” addressing joint decision making in the household;
- (3) “Silent Voice” addressing women’s participation at community level; and
- (4) “My opportunity” addressing gender norms and socialization in children.

A guideline on how to facilitate discussions on the short films was developed for the CARE, CHIAS and LWU staff to lead conversations after the short films are shown to the community. Three documentaries – **Women Leadership**, **Inspiring Journey**, and **Positive Masculinity** were also completed in late 2019. The rationale of documentary is to amplify the real life examples of the positive change that happened to inspire audiences. The documentary target groups are a bit different from the Brave to Change series; it is aimed at people who live in the urban areas to see different change stories especially from remote ethnic community. When the “Inspiring Journey” video was launched during the 2019 16 Days of EVAW campaign event, the engagement on social media was more than other videos as it speaks about journey of the diverse women that thrive to become themselves and face barriers and stereotypes, which resonates with many women in Lao PDR. All the videos are posted in CARE Facebook page and uploaded in CARE’s YouTube channel at tinyurl.com/y82conah. (See Annex 7 for all files).

Even though community members have already seen the videos and discussed the issues to continue conversation to address gender inequality and GBV, the project team received comments feedback that there should be more of the multimedia tool like the series. Due to the short time after the completion of the SBCC videos, it would be more effective to follow up more on how the attitude and views are

changed in the community. Via the process of SBCC design, it was found that pictures and videos were the most powerful tools as it was more attractive and easier to understand especially for low literacy target groups as rural ethnic women.

2.3 Sustainability

Describe if the Action will continue after the support from the European Union has ended. Are there any follow up activities envisaged? What will ensure the sustainability of the Action?

Lao Gender Network and GBV Taskforce will continue its function not only as a platform for meetings, but to serve as platform to exchange learning. An excellent example is the initiative to conduct Lao Gender Network online meetings during COVID-19 (April 2020) to share information on gender impacts and activities planned for the response due to the pandemic situation, and address GBV prevention and response as some members of the Lao Gender Network members are also members of GBV taskforce. The event was an example of increased ownership, with CARE only supporting in hosting the online meeting platform, whereas the members took initiative for and led the meeting.

CSOs to continue collaboration with NCAWMC and LWU in the second NPA-EVAW (2021-2025) to advocate for issues including Ethnic women and strengthen GBV services. CARE is working in small drafting working group and engage CSOs for inputs and influence NCAWMC and LWU to include more CSOs in the consultation process in the next step. CARE has been recognised as a key contributor during the drafting process of the national action plan in December 2019 and seen by peer organizations, LWU, NCAWMC as advocate for CSOs engagement for national policy and framework. In May 2020, CARE has been called on to provide technical support on drafting national plan of action on Gender Equality (NPA-GE -2021-2025) which is the first national action plan based on new Gender Equality Law (came in to effect in Nov 2019).

Engage in the UPR process and other human rights mechanisms in Lao PDR with support to CSOs to ensure the agenda of women and girls are included especially on ethnic minority women. Through the activities during the Action implementation, GDA played important roles in the UPR process and was recognised by key government counterparts on the reports and credibility. There are challenges to secure more funding to continue or grow in this direction, but the evidence that was produced will have meaningful contribution to the improvement of human rights status in Lao PDR, and additionally sets a precedent for CSO involvement in high-level policy engagement.

CARE will nurture the good relationship with LWU especially at the provincial level through the existing project, not only to target GBV issues as a standalone project but also to mainstream the existing tools especially CDT and SBCC products in activities on health, nutrition and women economic empowerment in CARE's project in SK, PSL and Luang Namtha Province. CARE will continue promoting the tools through future partnerships and policy advocacy. Already, CARE has incorporated CDT into new projects activities in Luang Namtha, inviting LWUs at central level to be the trainers for LWUs in Luang Namtha provinces as they have expertise in using the tool. Furthermore, the LWU staff in provincial level have increased their capacity to understand more of the issues on gender equality and GBV prevention. As an example, during the CARE Rapid Gender Analysis on COVID-19 in April and May 2020, LWU focal points in PSL and SK facilitated the process of remote interviews.

2.4 Logframe

Submit an updated Logframe matrix, highlighting the changes. When the planning has included milestones (intermediary target values), the updated logframe matrix should allow to compare the achievements at the date of the reporting with the corresponding values in earlier reports (when relevant) and with the corresponding milestones and final target

(Please see Annex 1, Final Progress against Logframe)

2.5 Cross-cutting issues

Explain how the Action has mainstreamed cross-cutting issues such as promotion of human rights,³ gender equality,⁴ democracy, good governance, children's rights and indigenous peoples, environmental sustainability⁵ and combating HIV/AIDS (if there is a strong prevalence in the target country/region).⁶

Human rights: The Action addressed human rights at different levels. From the community level, the use of CDT is designed for the community to have a better understanding and acknowledgment of GBV as a human rights violation and to take actions to prevent it. At the same time, women and men realising their rights through the topics of CDT, and different trainings and exercise their rights in daily lives through different occasion and platforms such as community meetings. In the national and international level, the UPR process served strengthen the accountability of GoL duty-bearers. However, the Action does not have direct activities on disability inclusion, throughout the project implementation, the project team were trained on board and aware of the issues to ensure the activities are carried out inclusively.

Gender Equality: The development of the project and tools used, took into account CARE's Gender Equality and Women's Voices Framework. The CDT modules do not just address GBV issues but paved the foundations of gender equality and branch out to the importance of women's empowerment. CHIs and LWUs are not only trained and exposed to the modules of the CDT, but were also part of the CARE's gender trainings and thematic topics at the provincial levels. The community members, especially CDT participants, were empowered and involved in different processes of the SBCC production at the district level. From the process, the voices of women in the community are heard and taken into account and demonstrated change in women in leadership. Some CDT participants in a women's group were taking positions at village level as reported in the case studies.

Remote Ethnic women and Communities (Indigenous Peoples): The project target areas were mainly in rural provinces and remote villages, where populations are from various ethnic groups of Akha, Khmu, Talieng, Katou. The materials on CDT and SBCC were translated into these languages and were consulted with ethnic community members for appropriateness and relevance. The ethnic women and men were writing the scripts for the video and performed as voice actors for the "Brave to Change" series that will be used not only at their villages, but also in other relevant communities.

Good Governance: The project intensively put effort to strengthen civil society organizations to engage and participate in GBV policies and strategies. The joint implementation and ownership of CDT learning sessions at the village level was one of the examples for CSOs partner and LWU working together. It created opportunities of sharing and learning about strengths of each individual and organization and strengthened the working relationship. On the organizational development side, both government counterparts and CSO partners learned the standards of project management and relevant practice to carry out activities with transparency practices. CSO partners, CHIs and GDA, also played key roles in contributing to national level policy influence, voices, priorities and interests of all Lao citizens not only from this project contribution, but link to their mandate on gender equality, community health, and inclusion.

³ Including those of people with disabilities. For more information, see 'Guidance note on disability and development' at https://ec.europa.eu/europeaid/disability-inclusive-development-cooperation-guidance-note-eu-staff_en

⁴ https://ec.europa.eu/europeaid/toolkit-mainstreaming-gender-equality-ec-development-cooperation_en

⁵ Guidelines for environmental integration are available at: https://ec.europa.eu/europeaid/sectors/economic-growth/environment-and-green-economy/climate-change-and-environment_en

⁶ Please refer to EC Guidelines on gender equality, disabilities, etc.

2.6 Monitoring and Evaluation

How and by whom have the activities been monitored/evaluated? Please summarise the results of the feedback received from the beneficiaries and others.

CARE conducted monitoring activities internally and submitted in annual reports and activity tracking. The Final Evaluation was completed in August 2020. Due to COVID-19 impact on travel restriction, it was delivered later than planned timeframe which was necessary in order to respect GoL COVID measures, ensuring also the safety of staffs, partners, beneficiaries and the contracted consultant.

Summary from the Final Evaluation conclusion:

“The Project’s most significant contributions have been strengthening the organisational and technical capacity of CHIs and empowering both community members and duty bearers with knowledge and understanding of the different gender roles, types of GBVs, social norms, consequences of GBV, methods of prevention and avenues of support. Of equal significance, the Project contributed the creation of the GBV Taskforce, a platform in which CSOs can share, collaborate, innovate and develop ideas, activities, policies and advocacy strategies on all variations of GBV issues. Notably, all these contributions are sustained beyond the life of the Project, leaving a legacy for the Project activities within the target communities.

Overall the Project design and activities were very relevant to the context of GBV in Laos and to the needs of the targeted ethnic communities, civil society and duty bearers. However due to a 16-month delay in the signing of a MOU with LWU, Project activities were implemented late with some being incomplete, in particular the community advocacy plans in the target communities. This delay meant that of the Project’s 9 indicators, only 1 was fully achieved while 4 were partially achieved. Despite these setbacks the Project’s funds were fully expensed at its conclusion with funds use efficiently across a balanced budgeted.”

It also follows from the Final Evaluation, that the project’s key achievements and impacts were:

Increased Organisational Capacity of LaoPHA (CHIs):

CHIs was greatly impacted by the project, being able to build its technical GBV skills and also its organisational management skills. Most notable was its growth and confidence in strategic planning, as the during the project, CHIs was able to rebrand itself with a new name (CHIs) and vision and mission.

Establishment of the GBV Taskforce:

The project’s Overall Objective to create an enabling environment for CSOs to implement policies and strategies to end GBV, is embodied in this impact of the Project – the establishment of the GBV Taskforce.

Increased Knowledge and Understanding of GBV Issues by Community Members:

Community members have overwhelmingly responded to the CDT, reporting appreciation for its relevance and usefulness and how it has been impetuous for change in their lives. The knowledge has been empowering to the community, to the point that both men and women are changing their attitudes and behaviours, supporting each other more and using non-violent ways to interact with their children and their partners.

Increased Knowledge and Understanding of GBV Issues by Duty Bearers:

Similar to community members, duty bearers (LWU, LFTU, VMU, Garment Factory Managers and Beer Shop Managers), responded positively to the increasing of their awareness and understanding of GBV issues, in particular, how the Project was able to impact their work.

Increased Collaboration with the GoL:

While the Project was not able to directly influence any national level policies, the Project was able to increase collaboration between the GoL and civil society. The Project has been to orchestrate rare opportunities for civil society to be invited by the GoL into high levels discussion on GBV.

Recommendations to CARE from the Final Evaluation:

- A review the GBV Taskforce and Lao Gender Network should be conducted either internally or externally with the purpose of establishing how the forums can better engage GoL in dialogue in relation to national level GBV policy issues.
- For future projects, resources should be pledged towards creating more video tools to the complement the CDT curriculum. In particular, videos illustrating different methods of conflict resolution for the various types of GBV situations.
- Additional CDT follow up training should be considered for duty bearers. During the evaluation, some VMUs commented that refresher training would be beneficial in order to maintain a standard of quality for the CDT training and the community advocacy plans.
- While the rotating the co-chair for the GBV Taskforce was useful for allowing more CSOs experience in chairing meetings, it also contributed to the perceived stagnation of the leadership of the GBV Taskforce as the time frame for leadership was too short. Perhaps one permanent co-chair could be appointed every 6 or 12 months, in order to encourage more long term and sustain leadership.
- During future project design and development, ensure that logical framework indicators follow a SMART (Specific, Measurable, Achievable, Relevant and Time-bound) framework, in order to avoid difficult to measure or achieve indicators.
- Choosing the most appropriate project partner is a delicate and difficult task and consideration needs to be given to the stability of the organisation's overall strategic direction and also their dedication to the subject matter especially if it a relatively new or different one to what they normally work in."

CARE reflections on the findings of the Final Evaluation:

CARE agrees with the findings and recommendations of the Final Evaluation. CARE continues to use the learning from the project to adapt in its programming to be more effective. CARE will continue to advocate for the GBV policy dialogue through collective actions via the GBV Taskforce, and Lao Gender Network. Yet, it is important to note that Gender Network and GBV taskforce had evolved from project-based initiative to become an organic entity with shared ownership by members. Hence, the suggested change should be done carefully, in consideration of the power dynamic of the group.

2.7 Lessons Learned

What has your organisation or any actor involved in the Action learned from the Action and how has this learning been utilised and disseminated?

- **It takes time to formally engage with government counterparts: Hence, consistent relationship building with clear objective is important.** In this project, it is beneficial to bring key partners, LWU, in different participatory process on clear roles and responsibilities with clear expectations. It is important for the INGOs to understand the Government counterparts' internal system and political dynamic to influence for change at the suitable time. The key success was

shown in the process of SBCC development. This could extend more and be taken as good practice for engaging with partners. Maintain systematic coordination and communication with all partners. Ensure accountability and responsibility among project teams and partners.

- **The project management needs to be agile to adjust to a changing environment to ensure the goal and objectives will be achieved and keep track of lessons learned for future adaptations.** There were variable factors happening throughout this project, both within the project’s sphere of control and unpredictable factors such as NCAWMC changing structures to be merged with LWUs, which impacted significantly in the MoU process and implementation.
- **Strengthening civil society organization needs to be systematic and consistently resources invested by different stakeholders.** It has been practiced in the past where local CSOs were seen as implementing partners delivering activities for donors or INGOs only. It is evident that such practices will not contribute to the growth of local CSOs in contributing to sustainability and development of the community. Hence, there are now growing needs for change to re-direct resources to support CSOs to achieve better capacity and sharpen their strategic direction. The long-term investment on CHlas, the key CSO partner of this project, has resulted in increased capacity in individual staff level and organization level. It can be recognized as the evidence of long term and tailor capacity strengthening from continuous support during engagement with CARE’s from 2014-2020. At the same time, local CSOs play key important roles in contributing to development and success of peer organization. For examples, the involvement of GDA in later stage of the project had not only deliver the activities, but also share learning and able to coach CHlas and other CSOs on with their strengths of gender equality and women leadership.
- **Behaviour changes needs to be analysed systematically.** SBCC is not an end in itself. The reasons for change are equally important to analyse if the action is sustainable or not. Some men would want to “help” their wife with household work, as she will be tired but did not mention the fact that household work is also what men are responsible for. To understand what works, the nuance of behaviour change needs to be analysed systemically with allowed sufficient time in the methodology that are appropriate to the community capacity.
- **There is a need to work on social norms change with GBV service providers such as health workers and police.** Working with interdisciplinary services provided in social norms change requires buy-in from key ministries at all levels. Working with community members through the VMUs can influence individual positive changes, possibly leading to collective change. However, during the trainings and workshops with other service providers such as health and police, the key barriers to providing quality services are the lack of understanding of GBV by the staff and limited resource at the district level. That is in spite of the fact that the ERAW law is considered one of the most progressive pieces of legislations in ASEAN on addressing needs and support for GBV survivors. From this project, communities are more aware of the rights and entitlements of the GBV survivors and are ready to support and hold services providers accountable. Hence, the capacity of the services providers should be in line with the standards and available to women and girls.

2.8 Information materials

Please list all materials (and number of copies) produced during the Action on whatever format (please enclose a copy of each item, except if you have already done so in the past).

NO	IEC Materials	Unit	Amount
1	Bio plastic-bag with GBV massaging (250kg) 250Kg = 23,250 bio-bag was disseminated in the markets during the ERAW events. VTE = 17,950 bags, PSL = 2,900 bags, SK = 2,400 bags.	Pc	23,250

2	<p>CDT material for facilitators</p> <p>-Produced 17 sets (SK 3 sets, PSL 4 sets, VTE 8 sets = LaoPHA2, CARE 1, LFTU=2, LWU = 5)</p> <p>- In one set include:</p> <ol style="list-style-type: none"> 1. Animal Icebreaker cards 2. 2 copies of the human bodies and 2 sets of women, man body parts 3. Table of gendered division of labour 4. Flipchart – visuals of different locations 5. Cards- Visuals of the different power walk characters 6. Flipchart – meaning of Gender Based Violence 7. Flipchart – visuals of drops in water – consequences of violence 8. Card - Visuals of woman, man, children, family, community, society <p>All visuals material was designed with partners, donors and CARE logos, printed and laminated.</p>	set	17
3	<p>The Certificate for CDT participants in 3 provinces: 2000- 400 certificates for PSL, 400 for SK and 800 for VTE 20 villages. 80 for factories, and 80 for participants from beer shops. The certificates for facilitators who complete the TOT and have been facilitating the sessions. 100 certificates for 3 provinces.</p>	certificate	2000
4	<p>Stickers of donors to use for GBV project equipment</p>	Pc	100
5	<p>Sign board used for different GBV project activities in three provinces (VTE: 6, SK: 1 and PSL: 2)</p>	Pc	8
6	<p>White T-Shirt</p> <p>-There was 200 T-shirts produced and disseminated during EVAW 2017 (at events at 2 markets, Lattana Business collage and for Facebook live events)</p> <p>-50 for SK, 50 for PSL and 100 for VTE.</p>	shirt	200
7	<p>White Polo-Shirt</p> <p>Only 50 shirts produced for Project staff and LWU in 3 provinces. Also provided for volunteers and CARE staff who support and attend the EVAW events in November 2017.</p>	shirt	50
8	<p>Cloth bags</p> <p>There were 200 bags produced and disseminated during EVAW 2017 (at events at 2 markets, Lattana Business collage and for Facebook live events)</p> <p>-50 for SK, 50 for PSL and 100 for VTE.</p>	pc	200
9	<p>Cloth bags.</p> <p>There were 250 bags produced and disseminated during International Women's Day 2019 in VTE Capital conducted by LWU.</p>	pc	250

10	<p>GBV Law brochures</p> <p>There were total of 2600 printed (600 in November 2017 and 2000 in 2019) and used over the period of the project. 500 copies distributed in SK and 600 copies distributed in PSL. The rest used for disseminating in different activities and events in VTE.</p>	pc	2600
11	<p>Legal aid services information brochures</p> <p>There were total of 2500 printed (500 in November 2017 and 2000 in 2019) and used over the period of the project. 500 copies distributed in SK and 600 copies distributed in PSL. The rest used for disseminating in different activities and events in VTE.</p>	pc	2500
12	<p>Orange Polo-Shirt</p> <p>Was produced for EVAW 2018 for 420 shirts, distributed in Zumba events 300 in VTE, SK = 50, PSL = 50 provided for participants who answers the questions during EVAW event in both provinces. The rest was used as a gift for Facebook engagements.</p>	shirt	420
13	<p>Orange Polo-shirt with blue cuff of sleeves and collar</p> <p>Produced by LWU and disseminated all for people who attended the national level event during the International Women's Day events in March 2019, in VTE Capital.</p>	shirt	500
14	<p>Sport T-shirt</p> <p>Produced by LWU and disseminated all for football teams – friendship match, from government sectors, CSOs and CARE during the International Women's Day events in March 2019</p>	shirt	200
15	<p>Sport T-shirt for promoting the SBCC tools in December</p> <p>100 were produced and disseminate for project staff and CARE team during the Vientiane Marathon in December 2019.</p>	shirt	100
16	<p>Purple Polo-shirt</p> <p>There were 600 produced for EVAW 2019 – Sent to SK 100, PSL 120, and the rest 380 was used (in VTE) for EVAW Event 2019, online engagement on Facebook and distribute for project teams as well as provide as a gift for participants in CDT STEP 5 organized by LWU in February 2020.</p>	shirt	600
17	<p>Pencil Case</p> <p>Distributed during EVAW 2019 in VTE and provide as a gift for online engagement on Facebook.</p>	Pc	300

18	<p>Polo shirt for CDT participants who complete 6 learning sessions. There was 1200 shirts produced to disseminate for participants who completed 6 learning sessions of CDT in SK and PSL.</p> <p>SK = 450 shirts, PSL = 450 shirts, VTE = 300 (60 for factory workers, 50 distributed in STEP5 workshop in VTE LWU, 40 for partners – LFTU, LWU, LaoPHA team, 100 distributed for interviewees and actors of Brave to Change film and documentaries)</p>	shirt	1200
19	<p>SBCC video product Brave to Change series and Documentaries There were 4 episodes of Brave to Change and 3 videos of documentary = Inspiring Journeys, Positive masculinity, Women in leadership</p>	series	1
20	<p>Pen Distributed during EVAW 2019 in VTE and provide as a gift for online engagement on Facebook.</p>	pen	1000

2.9 List of Contracts

Please list all contracts (works, supplies, services) above € 60 000 awarded for the implementation of the Action since the last interim report if any or during the reporting period, giving for each contract the amount, the name of the contractor and a brief description on how the contractor was selected.

No contract awarded above € 60 000

3. Beneficiaries/affiliated entities and other Cooperation

3.1 Relationship between beneficiaries/affiliated enteritis of this grant contract

How do you assess the relationship between the beneficiaries/affiliated entities of this grant contract (i.e. those having signed the mandate for the Coordinator or an affiliated entity statement)? Please provide specific information for each beneficiary/affiliated entity.

CARE and CHlas, the national CSO partner (co-applicant), developed trustful and solid working relationships based on common objectives and mutual trust. The working relationship between CARE and CHlas with during the project time has been not always been smooth, but common grounds for solutions and a way forward were identified. CHlas brought expertise on health perspective of people with diverse gender identities and sexual orientation where CARE team can learn from and adapts in its health programming. CARE is excited to see CHlas grow in a new direction as CHlas as it projects future of community health with gender and inclusion perspectives, which will not also benefit CHlas, but also for CARE, and the health sector.

3.2 Continuation of the contract

Is the above agreement between the signatories to the grant contract to continue? If so, how? If not, why?

No, the agreement was not renewed. CHlas has however entered another agreement with CARE under another funding arrangement, reflecting CARE's strategic decision to invest in nurturing long-term civil society partnerships in Lao PDR.

3.3 Relationship with State authorities

How would you assess the relationship between your organisation and State authorities in the Action countries? How has this relationship affected the Action?

The key factors to success of this project is to maintain a good working relationship with LWU and facilitate space between CSOs and LWU. At the end of the project, it can be seen that there are improvements in the relationship especially at the provincial. The end of project workshop can be seen as a symbolic gesture to open for future collaboration, with LWU at the provincial level demonstrating ownership and satisfaction with the Action by reaffirming their commitment to ending GBV and stressing their role in making the Action a success.

CARE has longstanding relationships in PSL and SK working with LWU from provincial, district to village level from previous projects and stronger in this project. LWU at provincial level stated that they would like to work more with CARE on GBV issues where the needs are.

The most challenging relationship is with the LWU VTE Capital level; the LWU focal point staff changed in almost every quarter and so were not available for the project implementation. It was because there are more development projects in VTE that work with LWUs and there are limited numbers of staff.

As stated in annual reports, it is important to recognize that this is the first time CARE has worked with LWU at the national/central level. The project's management team continues to foster discussion with LWU management at all levels to ensure clear communication and coordination.

NCAWMC had worked with CARE prior to this project and was not involved as a key implementing partner as indicated in the Year 1 report, due to the changes in GoL structure which resulted in CARE signing the MoU with LWU instead of NCAWMC as planned. However, towards the end of project, CARE has worked closely with NCAWMC during the NPA-EVAW review and consultation process in 2019. The relationship has regained and developed positively. This relationship has opened new doors for CARE and CSOs partners, particularly CHIAs, to access the national policy forum even though it was single event, and be recognized by the government counterparts as GBV stakeholders. NCAWMC also works closely with CARE on national level policy draft on NPA-GE (2021-2025).

Another government counterpart involved in this project are the **Lao Federation of Trade Union (LFTU)** who is the entry point to accessing garment factories. The relationship is well established as CARE and LFTU has been partnering for some time.

3.4 Relationship with another organization

Where applicable, describe your relationship with any other organisations involved in implementing the Action:

- **Associate(s)** (if any) N/A
- **Contractor(s)** (if any) N/A

- ***Final Beneficiaries and Target groups***

The relationship with the target beneficiaries was very positive. Feedback was especially positive from CDT beneficiaries in PSL and SK which had not participated in GBV projects before. Some communities, who already benefitted from other CARE nutrition and livelihoods projects, have expressed their interests to volunteer in setting up CDT groups to share their knowledge with peer community members, with CARE equipping these groups with learning materials for self-organised CDT sessions. In the garment factories, it was difficult to get workers to join the CDT

sessions due to their unavailability. However, once they joined the session, the discussion flowed very well, sessions were interactive and the feedback equally positive.

- Other third parties involved
N/A

3.5 Synergies with other actions

Where applicable, outline any links and synergies you have developed with other actions.

CARE used additional funding provided by DFAT to complement the public awareness campaign (e.g. the 16 Days of ERAW campaign) and to deepen the quality of project implementation (e.g. with the production of the SBCC short film series).

Save the Children International was adapting CDT to implement with adolescent groups in a district in Luangprabang Province. Save the Children attended the workshop in February 2020 to review the CDT content together.

3.6 Previous EU grants

If your organisation has received previous EU grants in view of strengthening the same target group, in how far has this Action been able to build upon/complement the previous one(s)? (List all previous relevant EU grants).

The target locations (Samphan and Mai districts in PSL and Dak Cheung District in SK) were chosen partially as a result of CARE having established relationships with local authorities and communities through previous Action with support from the EU. Those previous and ongoing EU Actions include:

- a) **Northern Uplands – Promoting Climate Resilience** (2014-2018 in PSL), with the overall objective to enable improved resilience of remote ethnic upland communities, in particular women, to the impact of climate variability and change. Northern Uplands targeted the same communities as this Action with gender norms trainings.
- b) **Partnerships for poverty reduction and women’s empowerment** (2012-2016 in SK), with the overall objective to enable local remote ethnic groups and local authorities in Dakcheung District to cooperate in realizing inclusive economic development and poverty alleviation. This project targeted the same communities as this Action with gender norms trainings.
- c) **Scaling Up convergent Programme Approaches to improve food and nutrition security in the northern uplands (SUPA)** (2016-2020 in PSL) with the overall objective to improve food and nutrition security of ethnic women living in remote upland areas, their families and communities. SUPA has a similar approach as this Action in strengthening local civil society

3.7 Evaluation of the cooperation with Contracting Authority

How do you evaluate cooperation with the services of the Contracting Authority?

CARE has a long track record with the EU Delegation to Lao PDR. There is an open and trusted relationship with the Delegation, including close dialogue around progress, opportunities and challenges of implementation of the Action.

4. Visibility

How is the visibility of the EU contribution being ensured in the Action?

The European Commission may wish to publicise the results of Actions. Do you have any objection to this report being published on the EuropeAid website? If so, please state your objections here.

CARE accepts the publishing of this report or the stated results on the EuropeAid website.

A Visibility and Communications Plan has been developed and applied since year 1. Key elements of the plan include specifications on the use of EU and partner logos (incl. utilisation of the EU logo on banners, posters, brochures, T-shirts, and all other tools/IEC materials and stickers on every equipment). On materials and during events, review and approval processes for official project material such as publications, reports and materials produced and disseminated in the framework of the project will mention the support by the EU. Communication approaches and materials will be reviewed by a Social and Behaviour Change Communication (SBCC) consultant. The consultant will test for messaging and evidence-based approaches to changing social norms. The CDT curriculum manual is recognised as a project development with relevant donor recognition and all IEC and visibility materials have the EU logo. See Final Year Visibility Action Summary in **Annex 2**.

5. Location of records, accounting and supporting documents

Please indicate in a table the location of records, accounting and supporting documents for each Beneficiary and affiliated entity entitled to incur costs.

	Accounting & Finance	Records	Supporting Documents	Remarks
CARE	Local Field Office & VTE	VTE	Original documents sent for storage in VTE	Soft copy/scan files linked to shared drive to save to CARE share network
LaoPHA (CHIAs)	Local Field Office & VTE	VTE	Original documents sent for storage in VTE	Partner will keep the copies and send original to CARE
Government Agencies	Local Field Office & VTE	VTE	Original documents sent for storage in VTE	N/A
Community Beneficiaries	Local Field Office & VTE	VTE	Original documents sent for storage in VTE	N/A

	Accounting Finance	& Records	Supporting Documents	Remarks
External Consultants/Contra ctors	VTE	VTE	All payments issued, and supporting documents in VTE	N/A

Name of the contact person for the Action:
Flemming Gjedde Nielsen <fnielsen@care.dk>

Signature: 

Location: CARE, Denmark

Date report due: 1.9.2020

Date report sent: 2.9.2020, revised version 18.11.2020

ANNEXES

- ANNEX 1:** Final Progress against Logframe
- ANNEX 2:** Final Year EU Visibility Action Summary
- ANNEX 3:** Financial report
- ANNEX 4:** LaoPHA (CHlas) organizational capacity assessment summary (2014-2020)
- ANNEX 5:** Draft CHlas Strategic Plan 2021- 2025
- ANNEX 6:** CDT Manual (English and Lao)
- ANNEX 7:** SBCC files
- ANNEX 8:** List of members of GBV Taskforce
- ANNEX 9:** Advocacy Workshop report
- ANNEX 10:** GDA's UPR report
- ANNEX 11:** GBV Prevention and Response mechanism training report
- ANNEX 12:** Transfer of Ownership document