

STUDY ON INFANT AND YOUNG CHILD FEEDING BELIEFS AND PRACTICES AMONG TALIENG AND KATU COMMUNITIES SEKONG PROVINCE



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While hopefully this report presents an accurate picture of the situation in sample villages which comprised this study, any errors contained in this report are solely the responsibility of the authors.

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TERMS AND ABBREVIATIONS

ANC	Ante-Natal Care
CCL	Comité de Coopération avec le Laos
DAFO	District Agriculture and Forestry Office
DHO	District Health Office
IYCF	Infant and Young Child Feeding
FGD	Focus Group Discussion
GFWS	Gravity-Fed Water System
KII	Key Informant Interview
LOPA	Laos Organic Promotion in Agriculture
LWU	Lao Women's Union
MCH	Maternal Child Health
<i>Mor Pee</i>	Traditional spirit doctors or shamans
RDA	Rural Development Association
SUPA	Scaling Up Convergent Program Approaches
TBAs	Traditional Birth Attendants
<i>Tor Lor Nyor</i>	Poverty Reduction Fund (a Lao Government initiative)
ToT	Training of Trainers
WASH	Water, Sanitation and Hygiene
WATSAN	Water and Sanitation
WFP	World Food Program

Executive Summary

This report documents the findings from a study undertaken for CARE Laos of traditional beliefs and practices related to maternal-child nutrition and infant and young child feeding (IYCF) practices among the Talieng and Katu communities in Dakcheung and Kaleum districts, Sekong Province in the Lao PDR. This builds on an earlier study undertaken by the authors for Comité de Coopération avec le Laos (CCL) of maternal-child nutrition and IYCF beliefs and practices among the Yao and Akha ethnic groups in northern Laos in late 2018/early 2019. The fieldwork for this study was undertaken in December 2019 in four villages (two - Tong Xieng and Prao - with predominantly Talieng inhabitants and two - Jrok and Vangpangor -with mostly Katu inhabitants). The study had two main purposes. The first was to provide in-depth analysis of the cultural, economic, social, and political influences on maternal-child nutrition and IYCF beliefs and practices in Sekong Province among these two ethnic groups. The second purpose was to identify key factors that could inform the future design and effective implementation of projects promoting maternal-child health and IYCF practices. The methodology used was largely qualitative in nature, though quantitative data was also gathered where available. More than 200 respondents were interviewed, including mothers, fathers, village committee members, and, where available, *mor pee* or traditional spirit doctors, as well as relevant local Government and CARE Laos staff. The study was undertaken by a small team, comprised of four CARE Laos and two Government counterpart staff, led by a consultant.

The Context: The overall profiles of the sample villages visited for this study were two from each of the target ethnic groups, Talieng and Katu, with one village from each group located close to the road and District town, and one from each that was more remote. Both ethnic groups belong to the Mon-Khmer language family, and have traditionally practiced shifting cultivation, livestock raising, fishing and hunting, forest food gathering, and bartering, though increasingly they are being integrated into a cash economy. In terms of belief systems, they are animist, and spirit doctors continue to play a significant role in village life, including in assisting with deliveries and conducting ceremonies to ward off evil spirits and ensure good fortune.

Two Talieng villages - Tanglou (part of Prao Village) and Tong Xieng - were the focus of the study in Dakcheung District. Tanglou is located 32 km.s from the District town and has a population of 243 people. The main livelihood activity is growing upland rice, with some lowland rice, growing cassava and livestock raising. Villagers also rely on hunting and forest products to supplement an insufficient food supply as well as sell for cash. Tong Xieng Village is closer, only seven km.s, from the District town and has a total population of 266 people. Wetland rice growing, with some upland rice, is the main livelihood activity, and vegetables and coffee are also grown, with coffee being the main cash crop. Livestock raising is also important, but for traditional cultural activities and rituals, not for general consumption. Both villages have a water supply as well as some household latrines, though it appears these are seldom used.

In Kaleum District, two Katu villages were the focus for this study - Vangpangor Village, located 35 km.s from the District town, and Jrok Village, only six km.s from the District town (which was relocated there in 2015). Vangpangor has a population of 349 people with upland rice farming the main livelihood activity, with cassava, taro and vegetables also being grown for consumption, as well as some lowland rice fields being cultivated. The village also depends on the forest for hunting and gathering of forest products. There is also quite high labour migration from this village due to poverty. Jrok has a total population of 360 people and while upland farming is the main livelihood activity, most

of the fields are located far from the village, as there is an overall scarcity of suitable land closer to the village for farming. While having the District town nearby means better access to services and the market, it has had a negative impact by significantly reducing the amount of forest available for villagers to make a living from through hunting and gathering forest products. Both villages have gravity-fed water systems (GFWS), though this is barely functioning in Vangpangor, which also lacks latrines. While several houses in Jrok Village have latrines, these do not appear to be used often. While villagers in Jrok can access the District Hospital, villagers in Vangpangor lack access due to poor roads and reportedly poor quality of service at the nearest health center, located seven km.s away.

Findings: Both Talieng and Katu communities share a number of features in common with regard to pregnancy, giving birth, and maternal-child nutrition/ IYCF beliefs and practices. Both communities have a world view that is shaped by a belief in spirits, and this guides beliefs and practices to a large extent, especially around giving birth, and the need to protect the mother and newborn child from potential harm from evil spirits. For example, in Talieng communities, this is reflected in the fact that the local spirit doctor will often help with the delivery, washing the baby and performing blessing rituals to protect the mother and baby from harm caused by evil spirits. In Katu communities, there is a taboo against giving birth within the home, as it is feared that any blood spilled within the home during birth will have a negative impact on the house spirit and thus the future well-being of the family.

In both ethnic communities, there are a number of beliefs that are not so strongly rooted in the spirit world, and these are mainly related to breastfeeding and foods that can and cannot be eaten by mothers and infants, as well as gender roles, specifically, the role of the husband/father within the family. Practices regarding breastfeeding have undergone change, with mothers now giving their newborn babies colostrum (which was traditionally discarded as it was seen as not real milk) and exclusively breastfeeding for longer, though this was more the case in Talieng than in Katu communities. In both communities, many of these beliefs and practices are passed down orally from parents to children, and are thus more susceptible to change. For example, in both Talieng and Katu communities, respondents said that women had more food options now as foods that were previously forbidden were now more accepted. Gender roles also appear to be undergoing change, with men taking on work around the home that was previously seen as 'women's work'. This was more evident in Talieng communities in Dakcheung District, where CARE Laos staff have been more actively engaged in encouraging villagers to question and change traditional gender roles. In the two Katu villages in Kaleum District, changes in gender roles were less evident, in part due to marriage and dowry-related issues, and wives being seen by some men as 'property'.

At the same time, both ethnic communities are seeing external changes that are having an impact on maternal-child nutrition/IYCF beliefs and practices. These include population growth and deforestation, both of which have a negative impact on livelihoods and families' ability to provide sufficient and appropriate food for mothers and infants. This is particularly the case in communities like Jrok, where the recent relocation of the District town close to the village has seen a significant reduction in available forest and agricultural land, as well as increasing dependence on a cash economy, though without an equivalent increase in income for families that would enable them to supplement their nutritional needs with food from the market.

Implementing IYCF Programs - Implications: The findings from the study have implications for both the design and implementation of maternal-child nutrition/IYCF related projects.

Overall Implications:

- Projects should work within the world view and belief systems of the target communities;
- Projects need to be based on an in-depth understanding of the local context with design and implementation adapted to fit with this context;
- Participation of key stakeholders, particularly older villagers and spirit doctors, as well as the village leadership, is essential in developing understanding, a degree of ownership and in bringing positive change, especially for mothers and children;
- Both design and implementation of relevant projects need to be gender transformative;
- It is important that the language of the target group is used as much as possible in information dissemination;
- Relevant local Government staff should be involved in all activities to increase the chances of sustainability.

Specific Implications: The following specific points arising from both this study and the previous study of Yao and Akha ethnic communities and the LANN Project, are suggested for consideration when designing and implementing maternal-child nutrition/IYCF related projects with ethnic groups who share similar characteristics - i.e. have an animist world view, are subsistence farmers, most of whom are poor, primarily use their own spoken language (which is from a completely different language family than Lao-Tai), and are facing a relatively rapidly changing socio-economic and environmental context. Points for consideration include:

- Clearly identify and prioritise the main target groups, primarily pregnant women and new mothers, particularly those from the poorest families, as well as fathers;
- Training needs to be relevant, interactive, practical, and prioritise use of visual materials;
- Training needs individual follow-up of participants post-training sessions in order to support application of what has been learned, identify problems, etc.;
- Maternal-child nutrition/IYCF needs to be linked to identification of suitable foods available locally and establishment of kitchen gardens;
- Where possible, maternal-child nutrition/IYCF related projects should be linked to other relevant projects, such as strengthening of health services through improving quality of service in health centers (*souksala*), improving village environments and sanitation, agriculture and livelihoods as well as education related projects, and others.

Conclusion: This study has identified some of the traditional cultural beliefs and practices related to maternal-child nutrition and IYCF among Talieng and Katu communities in two districts in Sekong Province. As has been shown, some of these beliefs are deeply rooted in an animist world view and these are unlikely to change. However, other maternal-child nutrition/IYCF related beliefs and practices (i.e. foods and feeding practices that are acceptable and those that are forbidden) as well as gender roles (particularly related to the husband/father's role within the family), are less rooted in spirit belief and are changing, as people are exposed to other influences and information. The findings from this study and an earlier study conducted in the north of the Lao PDR, have also suggested some guiding points for consideration in the design and implementation of maternal-child nutrition/IYCF related projects. While these are presented here for consideration by those planning to work with Talieng and Katu communities, they may also have relevance for organisations planning to implement similar projects in ethnic communities elsewhere in the Lao PDR.

1. Introduction

This report documents the findings from a study undertaken for CARE Laos of traditional beliefs and practices related to maternal-child nutrition and infant and young child feeding (IYCF) among the Talieng¹ and Katu communities in Sekong Province, southern Laos. This study builds on an earlier study undertaken by the authors for Comité de Coopération avec le Laos (CCL) of IYCF beliefs and practices among the Yao and Akha ethnic groups in northern Laos in late 2018/early 2019. The fieldwork for this study was undertaken in December 2019 in four villages (two with predominantly Talieng and two with mostly Katu² inhabitants) in Sekong Province. This report first outlines the purpose, scope and methodology used in the study, and then goes on to describe the local context, providing district and village profiles as well as a brief background to each of the two ethnic communities that are the focus of this study. Then the findings related to maternal-child nutrition/IYCF are explored in more depth in relation to each of the two communities, and then finally, some suggestions for the design and implementation of future maternal-child nutrition and IYCF projects are outlined, based on these findings.

2. Purpose

The study had two main purposes. The first was to provide in-depth analysis of the cultural, economic, social, gender, and political influences on maternal-child nutrition/IYCF related beliefs and practices in Sekong Province among two ethnic groups, the Talieng and the Katu. The second purpose was to identify key factors that could potentially inform the future design and effective implementation of projects promoting maternal child health and improved IYCF practices.³

3. Areas of Focus and Scope

Within each of the two main purposes outlined above, the study explored the following aspects in more depth:

- The social and cultural beliefs, attitudes, practices and knowledge that can influence IYCF practices, including gender roles;
- The main barriers and constraints for women regarding IYCF practices;
- The perception of beneficiaries and target groups regarding the evolution of IYCF practices inside the communities, as well as their perceptions regarding factors that might impact their food and nutritional security;
- Elements that need to be in place in order to have an enabling environment for development of effective IYCF practices; and,
- Aspects that should be considered for incorporation into ICYF project design when working with target ethnic groups.

In terms of geographic and ethnic scope, these aspects were explored among two ethnic groups - Talieng and Katu - in four villages across two districts in Sekong Province, Dakcheung and Kaleum.

The four sample villages were selected based on the following criteria:

¹ While the English spelling, 'Tarieng' is more common in the literature, this report uses the spelling 'Talieng' in order to be consistent with the spelling in most CARE Laos documents.

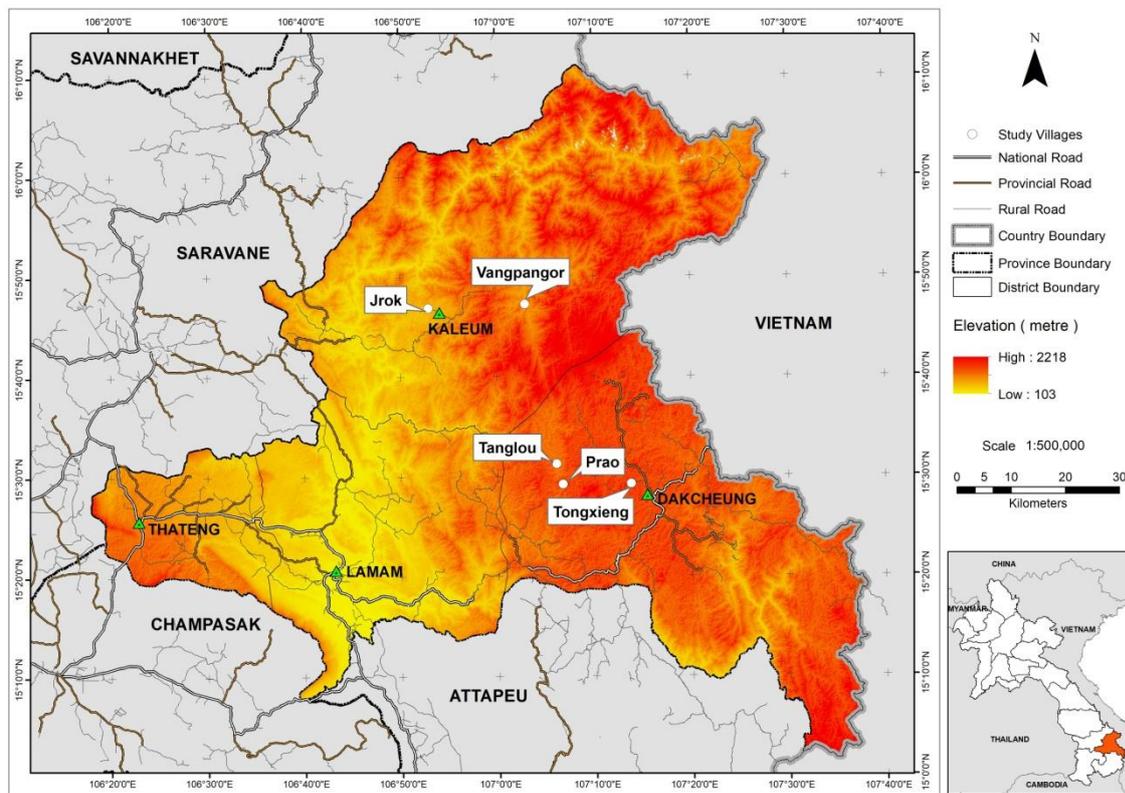
² Although one of the villages, Jrok, also has some inhabitants from the Kriang ethnic group. However, every effort was made in Jrok Village to gather information that only relates to the Katu ethnic group.

³ See *Annex 1. Terms of Reference* for more details.

- *Ethnic groups:* Two villages with the same ethnic groups in each district;
- *Household size:* In each district, one village with a small number of households and another with a larger population;
- *Location:* In each district, one village that was close to a main road and another far from the road, or remote; and,
- *Access to services:* In each district, one village that had electricity, water supply, school and access to health services, and another without these services.

In Dakcheung District, the focus was on two predominantly Talieng villages - Tong Xieng and Prao⁴ - while in Kaleum District, two primarily Katu villages were selected - Jrok and Vangpangor. In order to assess differences in IYCF and other related beliefs and practices between communities with easy access to the District town compared to those that are more remote, one village in each category was selected for each District (see *Figure 1. Map - Sample Villages* below).

Figure 1. Map - Sample Villages



(Source: Changleuxai, P., Department of Geography and Information Science, National University of Laos, 2020)

As well as gathering secondary data, the study also interviewed a range of respondents with knowledge of IYCF practices, especially within sample villages (see *Table 1. Participants* below). At

⁴ Prao is a resettled village established in 2009 comprised of four former smaller villages, one of which, Tanglou, is predominantly Talieng (two of the others are inhabited by people of the Katu ethnic group). Only the Talieng village, Tanglou, was the focus of information gathering for this study, though it will be referred to throughout this report by its administrative name, Prao Village.

District level, those interviewed included District Health Office (DHO), District Lao Women's Union (LWU) and District Agriculture and Forestry Office (DAFO) staff who work directly with the sample villages, as well as CARE Laos staff based in Dakcheung who work in both districts. In the four sample villages, interviews were conducted with Village Heads, Village Committees, LWU representatives and elders, as well as mothers with children under two years, mothers with children three to five years, fathers of children under five years, and village youth. In two villages, Tong Xieng and Prao, interviews were also conducted with *mor pee* or 'spirit doctors'⁵ who play an important role in assisting women with delivery as well as providing advice on maternal-child nutrition/ IYCF practices.

Table 1. Study Participants

Participants	Total	Male	Female
Village committee members and elders	42	40	2 ⁶
Spirit doctors	2	0	2
LWU representatives	9	0	9
Mothers with children under 2 years old	40	0	40
Mothers with children 3-5 years old	38	0	38
Fathers in families with small children	27	27	0
Youth	35	14	21
DHO Staff	4	1	3
LWU Staff	4	1	3
DAFO Staff	3	1	2
CARE Staff	1	1	0
Total Participants	205	85 (41%)	120 (59%)

4. Methodology, Instruments and Fieldwork

Fieldwork was conducted from 14th to 26th December 2019 in Kaleum and Dakcheung Districts. The methodology used was largely qualitative in nature, though quantitative data was also gathered where available. Methods used included key informant interviews (KIIs), focus group discussions (FGDs), document review, and observation.

To develop the tools to be used for the study, an assessment matrix was developed. The objectives as outlined in the ToR were initially broken down into sets of key questions, and then these were further developed into specific questions to be incorporated in the various interview guides and other tools used. Potential sources of information were also included in the matrix.

A small study team was established comprised of four CARE Laos and two Government counterpart staff who, following an orientation to the purpose of the study, the tools and the methodology, assisted with interviews and FGDs. Following each village visit, the team met together to consolidate the data and undertake some initial analysis.

The main challenges in conducting the fieldwork included:

- *Limited interviewing and facilitating experience*: Half of the evaluation team (both from CARE Laos and Government counterparts) had almost no experience in conducting qualitative studies. They

⁵ Referred to as spirit doctors in this report.

⁶ The low number of females interviewed from this group reflects the fact that representation on village committees is predominantly male, and that LWU village committee members were interviewed separately.

found it challenging asking direct and indirect questions using everyday language that villagers could easily understand, as well as in facilitating group discussions. The change in study team members from one district to the other was also a constraining factor, which limited the opportunity for each person to develop their interviewing and facilitation skills. While it would have been more effective to have the same team throughout the study, this was not possible due to limited availability.

- *Data consolidation and analysis:* The team also faced some difficulties in data consolidation and analysis. At first, the pace of consolidation was slow, due partly to the limited analytical skills and experience in dealing with complex, rich qualitative data. However, the process improved as the team gained more experience. Also, it was not possible to consolidate data every day immediately after the fieldwork, especially in the two villages (Prao and Vangpangor) where there was no electricity.
- *Gender and language:* Another challenge was around gender and language related issues. In most of the villages visited, mothers, especially young mothers with children under two years old, were very shy or reluctant to share their opinions when the interviewers were male. The study team addressed the challenge by having female team members lead in interviewing women, especially in Dakcheung District, and by pausing the interviews and establishing an environment that encouraged the women to speak, as well as by asking an older mother to assist the interviewer. As the study team knew that most women in the study villages did not speak Lao fluently, an interpreter was assigned to help when needed.

5. The Context – Ethnic Groups, District and Village Profiles

This section provides a brief outline of the context for the findings of the study, in terms of the ethnic groups that are the focus of this study, as well as the districts and the sample villages selected.

The overall profiles of the sample villages visited for this study are reflected in the data gathered in each village, with the two villages closer to the road characterised by increased change, both socio-economic and cultural. These two communities that had once been relatively remote and mostly comprised of subsistence upland rice farmers, are now increasingly becoming part of a wider socio-economic system involving a cash economy, particularly with the current development of closer economic links to Vietnam. While the ethnic groups in the two more remote villages visited largely retain many of their traditional beliefs, these are also undergoing a process of change in response to external influences, including those introduced by local Government and development organisation staff, such as those from CARE Laos.

5.1 Ethnic Groups

5.1.1 Talieng Ethnic Group⁷

The Talieng ethnic group, estimated to number around 60,000 people split equally between the Lao PDR and Vietnam, belong to the Mon-Khmer language family. On the Lao side of the border with Vietnam, they are found mostly in Sekong and Attapeu provinces. Traditionally, the Talieng people

⁷ As documentation related to Talieng history and practices is very limited, this section draws much of its information from Daviau, S., *Conducting fieldwork with Tarieng communities in southern Laos: Negotiating discursive spaces between neoliberal dogmas and Lao socialist ideology*, Asia Pacific Viewpoint, Vol. 51, No. 2, August 2010.

have practiced shifting cultivation, involving subsistence farming, livestock raising, fishing and hunting, forest food gathering, and bartering, though increasingly they are being integrated into a cash economy that requires money to access products at the local market or services such as health care. In terms of belief systems, they are animist, and traditional spirit doctors continue to play a significant role in village life, including in assisting with the delivery of newborn babies.

Despite exposure to war and social upheaval, the Talieng have been able to maintain their culture to a large extent, particularly their beliefs related to animism. They resisted French colonialism, being regarded as *tribu insoumise*, or 'a defiant tribe', by the colonial administration. During the Vietnam-American War, Dakcheung District was crossed by the Ho Chi Minh trail, and this, as well as the area being home to senior members of the Lao Poliburo (including President Khamtay Siphandon), and Vietnamese advisors, meant it was heavily bombed by the United States Air Force.

As this study will later show, despite being drawn into regional conflicts, and although traditional beliefs and practices are under increasing pressure from modern state development practices, many beliefs and practices related to maternal-child nutrition and IYCF continue to persist, albeit with some changes.

5.1.2 Katu Ethnic Group⁸

The number of people of the Katu ethnic group is estimated at over 83,000 with just over 17,000 people currently living in the Lao PDR, residing mostly in the southern provinces of Sekong (Kaleum, Dakcheung and Tha Teng districts), Salavan (Laongam District) and Champassak (Paksong and Bachiengchalernsook districts). The majority of the Katu ethnic group live in Vietnam in Quang Nam, Danang, and Theua Thian Hue provinces. Traditionally, like the Talieng, they have practiced shifting cultivation of rice as well as growing vegetables and root crops (especially cassava) for consumption. Livelihoods also involve hunting and gathering as well as raising livestock, particularly buffalo, as well as pigs and chickens. However, the livestock are used primarily for ritual ceremonies or as dowry for marriages, rather than as a regular food source. Katu women are skilled in weaving, and the men are skilled in carving. They are also animist, believing in spirits that can help them or harm them. As a result, there are numerous feasts and ritual ceremonies to try to influence spirit behaviour and ensure good fortune. These beliefs are also reflected in traditional beliefs and practices related to maternal-child nutrition and IYCF.

Like the Talieng, the Katu have been able to maintain their traditions and beliefs despite increasing external pressure for change. The Katu also became embroiled in the Vietnam-American War between 1960 - 1975, with mixed teams of Vietnamese-Laotian Communist cadres introducing lowland Lao language and customs, and familiarising the local communities with the values and ideals of the Communist movement.⁹ However, they were apparently tolerant of those Katu ethnic practices which did not conflict with these values and ideals, and did not try to change these.

As a result of social, political and economic changes and pressures, and as the forest resources they depend on are diminished, the Katu are being increasingly drawn into a cash economy in order to access food and basic services. However, as with the Talieng, their animistic culture remains strong,

⁸ There is also limited documentation on the Katu People. The information in this section is taken from *The Book of Ethnic Groups in the Lao PDR* (ປຶ້ມບັນດາຊົນເຜົ່າໃນ ສປປ ລາວ), 2005; and from Arhem, N. *Forests, Spirits and High Modernist Development*, Uppsala Studies in Cultural Anthropology No 55. (2014.)

⁹ Pholsena, V. (2008), cited in Arhem, N (2014) above.

and many beliefs and practices, especially related to giving birth, maternal-child nutrition, and IYCF, remain as before, particularly in more remote communities.

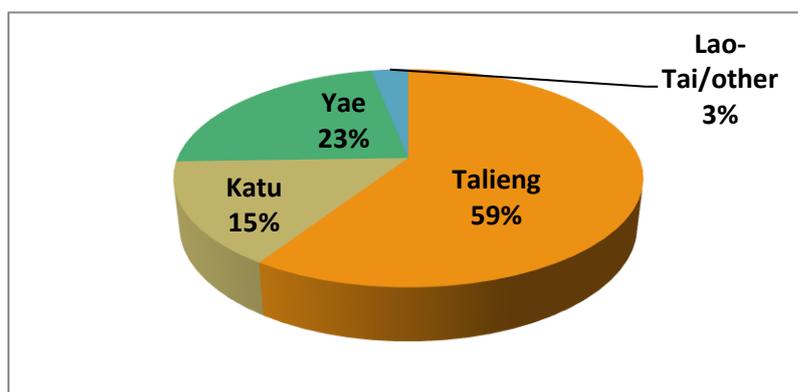
5.2 Dakcheung District

Dakcheung District is located in the eastern part of Sekong Province and has a population of 24,238 people (12,126 females)¹⁰, living in 54 villages¹¹, 28% of which were classified as 'poor' in 2018 (down from 61% in 2014)¹². The District covers an area of 2,732 square km.s (35.64% of the total land area in Sekong Province) and is mostly mountainous (80%), with only 5% of lowland area, and it is 62% forested. The District borders Kaleum District in the north, Lamam in the west, Sanxay District in the south (Attapeu Province), and Vietnam in the east.

Rice is the main crop, grown mainly as a subsistence crop, though it is only sufficient for six month's consumption. Thus, communities grow supplementary crops such as corn, cassava, taro, sweet potato, peanuts, ginger, fruits, pineapple, bananas, and vegetables. They also grow some cash crops such as coffee, sugar cane, fruit, cardamom, and Asian ginseng¹³.

As indicated in *Figure 2. Ethnic groups, Dakcheung District* below, in 2017 60% of the ethnic groups in Dakcheung were Talieng, followed by Yae, Katu and Lao-Tai (although these percentages have been changing due to outward migration by Katu ethnic groups, as young people go out in search of jobs in cities and elsewhere, as well as changes due to inward migration of members of the Yae ethnic group into Dakcheung District).

Figure 2. Ethnic groups, Dakcheung District¹⁴



Dakcheung District has a hospital and ten health centers. An estimated 88.7% of families have access to water and 67% reportedly have latrines (69% of schools). An assessment of 4,897 children in 2019 found that 68% were suffering from malnutrition and 56% were underweight. Less than 5% of births were assisted by a skilled birth attendant.¹⁵ In terms of education, there are six full kindergartens, 31

¹⁰ Population in 2018, according to Annual District Socio-Economic Development Report (2018). District Governor's Office, Dukcheung District, Sekong Province. February 2019.

¹¹ Reduced from 80 in 2009 as a result of a Government resettlement and village consolidation policy.

¹² Various sources from the District Governor's Office.

¹³ Three Year District Socio-Economic Development Report (2014-17). District Governor Office, Dukcheung District, Sekong Province. 2018.

¹⁴ *Ibid.*

¹⁵ Annual District Socio-Economic Development Report (2018). District Governor Office, Dakcheung District, Sekong Province. February 2019.

pre-primary classrooms and 61 primary schools, though 60% of these had multi-grade classes. There are nine lower secondary schools and only two upper secondary schools, though dropout rates for both are over 25%.¹⁶

5.2.1 Prao Village (Tanglou)¹⁷

Tanglou is one of four smaller villages that comprise Prao Village, a relatively new administrative zone comprised of both Talieng and Katu ethnic inhabitants from four smaller villages. Tanglou, comprised only of Talieng households, was the focus for this study, and has a total population of 243 people comprising 37 families. The village is located 32 km.s from the District town, and 6 km.s from the nearest health center. It has a complete primary school (with a pre-primary classroom) and a gravity fed water system (GFWS), although the system does not provide enough water throughout the year, due to damage from a storm in 2019. Consequently, villagers also use water from nearby streams. CARE Laos supported the construction of latrines in 2013, but these appear to be seldom used. The main livelihood activity is growing upland rice, with some lowland rice, cassava, and livestock raising. Villagers also rely on hunting and forest products to supplement food supply as well as sell for cash. In addition to various health issues, villagers also face a six month shortage of rice each year and have to either buy or borrow rice from relatives or eat cassava as a replacement.

5.2.2 Tong Xieng Village¹⁸

Tong Xieng Village has a total population of 266 people comprising 45 families, all of whom are from the Talieng ethnic group. The village was first established in 1973 but in 2013, due to population growth, the village was re-established closer to the road and other facilities. The current location is seven km.s from the District town, Dakcheung, and villagers access the District Hospital for medical services as there is no health center in their area. A complete primary school with multi-grade classes is located in the village. The village has a community water supply system provided recently by an EU project, though the villagers are uncertain if the water will be sufficient in the dry season as the holding tank is quite small. Some villagers are using bore wells. While many households have latrines, they did not appear to be used regularly. Wetland rice growing, with some upland rice, is the main livelihood activity, and vegetables and coffee are also grown, with coffee being the main cash crop. Livestock raising is also important, but for traditional cultural activities and rituals, not for general consumption.

5.3 Kaleum District

Kaleum District, located in the southern part of Sekong Province, has a total population of around 18,000 people living in 52 villages, 93% of whom were classified as 'poor'. The District covers an area of 3,697 square kilometres, and is located 105 km.s from the provincial capital of Sekong. It shares a border with Saravanh Province to the north, and Vietnam to the east.¹⁹

Most of the population lives along the Sekong River, with several villages located in mountainous areas, which comprise over 95% of the total area of the District. The population consists of eight ethnic groups - Katu, Ngey/Kriang, Chatong, Ta Oy, Talieng, Pako, Alak and Lao-Tai. The majority of the

¹⁶ *Ibid.*

¹⁷ See *Annex 2* for a detailed village profile.

¹⁸ *Ibid*

¹⁹ Five Year District Socio-Economic Development Report (2015-19) and Plan (2020-25). District Governor's Office, Kaleum District, Sekong Province. 2019.

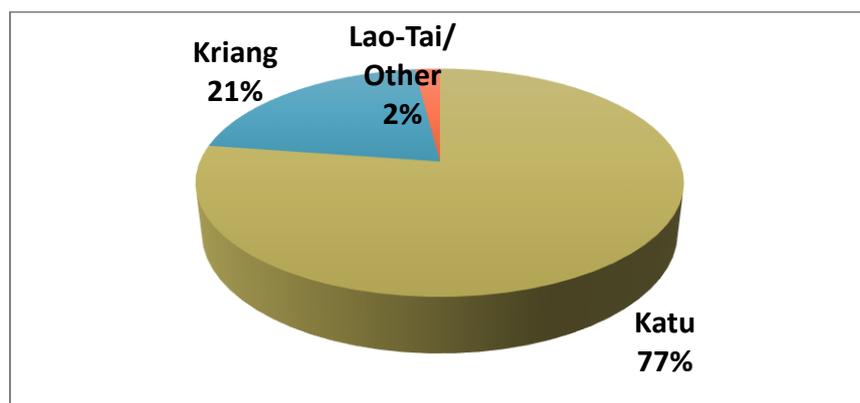
population practice subsistence agriculture (upland and lowland rice), primarily shifting cultivation and livestock raising, as well as hunting and fishing and gathering forest products for use or for barter/sale.

The District has been particularly affected by natural disasters - particularly storms and flooding - and in 2018, the District received 23.87 billion Kip in funding to implement nearly 40 projects for disaster relief and rehabilitation, with more than 50% of the budget being spent in 2019.²⁰

Kaleum District has two full kindergartens, 57 primary schools, including 3 incomplete primary schools, and 5 secondary schools, two of which upper secondary schools. The net enrolment rate (NER) for primary education was 87.4% (but a lower rate for girls - 83.2%); Although the enrolment rates in primary and secondary education have increased compared to 2015²¹, they still have far to go to achieve national targets by 2020²².

In Kaleum District, there is a hospital and 11 health centers, but only four of these are functioning²³. At least 50% of mothers use family planning services provided in either health centers or the District hospital. In 2019, it was reported that 70% of the population had access to water (GFWS), and 40% of total number of families in the district (3,332 families) had latrines. An estimated 2,000 families do not have latrines at all.

Figure 3. Ethnic groups, Kaleum District²⁴



5.3.1 Vangpangor Village²⁵

Vangpangor Village was established in 2009 and has a total population of 349 people, living in 35 households, all of whom are of the Katu ethnic group. The village is 35 km.s from the District Town of Kaleum. There is a health center located in Taneung Village 7 km.s away, but people from Vangpangor do not access health services there or in the District town due at least in part, to the poor road condition, as well as the poor quality of service reportedly provided at the health center. While

²⁰ *Ibid.*

²¹ Five Year District Socio-Economic Development Report (2015-19). District Governor Office, Kaleum District, Sekong Province. 2019.

²² Education Sector Development Plan (2016-2020). Vientiane, MOES. p. 9 – 10.

²³ It was reported that lack of staff was the major reason for closing down the health centers. Other reasons were because communities did not use them due to the locations not being appropriate (too far from the villages), and in some cases, there was internal conflict between villages which limited access.

²⁴ District Planning Office, Kaleum District. Jan 2020.

²⁵ See *Annex 2* for a detailed village profile.

there is a primary school in the village which most school age children attend, few go on to secondary level due to the poor road condition as well as the costs involved. The village has a GFWS with 11 tapstands, all of which are functioning, but with the exception of the teacher's house and the school, there are no latrines. With lack of access to health services, women often experience difficulty in giving birth, reportedly affecting 20% of mothers. While District Health Office staff had encouraged latrine construction, villagers said they didn't have money to buy the materials needed. Upland rice farming is the main livelihood activity, with cassava, taro and vegetables also being grown for consumption, as well as some lowland rice fields being cultivated. In addition, the village depends on the forest for hunting and gathering of forest products. There is quite high labour migration from this village due to poverty, especially among young women who move to Champasak Province to find work on coffee plantations.

5.3.2 Jrok Village²⁶

The village was first established in 1979 with 17 households, with all inhabitants from the Ngae (Kriang) ethnic group. The last decade has seen the inward migration, either by individual families or through Government encouraged resettlement, of several other smaller villages, mostly of the Katu ethnic group, bringing the total number of households to 52 with a total population of 360 people. The village is located six km.s from the District town of Kaleum, with the nearest health facility being the District Hospital located in the town. The village has a complete primary school, and the nearest secondary school is in the District town. Previously the District town was 40 km.s distant from Jrok, but in 2015, it was moved to a much closer location²⁷, and while this has meant better access to services and the market, as well as electricity, it has had a negative impact by significantly reducing the amount of forest available for villagers to make a living from through hunting and gathering forest products. The village was provided with a GFWS many years ago, and the Poverty Reduction Fund later provided additional tapstands, but the system is barely functioning now, and insufficient water is an issue for villagers, as well as insufficient rice. Hygiene practices also seem to be weak and though many households have latrines, they don't appear to be used often, perhaps partly due to the lack of water, and open defecation is common. While upland farming is the main livelihood activity, most of the fields are located far from the village, and there is an overall scarcity of suitable land closer to the village for farming now.

6. Findings

Because of significant differences between the two ethnic groups, particularly in terms of beliefs and practices, the findings are organised under each of the two ethnic groups which were the focus of this study - Talieng and Katu. The findings for each ethnic group below are organised according to traditional beliefs and practices related to pregnancy, birth, maternal and infant nutrition, as well as changes in IYCF practices.

²⁶ *Ibid*

²⁷ There were two main reasons for moving the old District Town to the new location in 2015. First, there was flooding in 2009 and several households were damaged. Second, land concessions were given to private companies for mining exploration and extraction. However, after moving to the new location, a few years later, people started to move out to other provinces, return to the old District town site, or find new land in the forest and set up their homes there. Reasons for moving out included not enough agricultural land, lack of water supply (though now there seems to be enough water and cleaner than before), and high risk of landslides (26 areas were identified as high risk). (Source: *Informal discussion with a Government official, 25th December 2019*).

6.1 Talieng Communities - Prao (Tanglou) and Tong Xieng Villages

Although the location of the two sample villages, Tong Xieng and Tanglou, are different, with Tong Xieng being much closer to the District Town of Dakcheung, traditional beliefs and practices related to maternal-child nutrition and IYCF, as well as the changes they are undergoing as a result of external pressures and inputs, are similar in both communities.

6.1.1 IYCF Traditional Beliefs and Practices - Talieng Ethnic Group

Traditional beliefs and practices in the two Talieng communities studied can perhaps best be divided into those that are more deeply rooted in spirit belief, and those that are more related to traditional knowledge or custom, particularly breastfeeding and maternal-child nutrition, which are passed down from parents to their children, beliefs and practices that do not necessarily have a strong foundation in animism. This section will first outline the traditional beliefs and practices related to maternal-child nutrition and IYCF, and then examine the changes that these communities are experiencing in these beliefs and practices.

6.1.1.1 Beliefs and Attitudes Related to IYCF Practices

The traditional beliefs and practices outlined in *Table 2. Talieng Traditional Beliefs and Practices* below, are a compilation of information and opinions expressed by the range of informants interviewed in each of the two Talieng communities that were the focus of this study. While there are a few very minor contradictions, particularly related to which foods were forbidden and which were not, generally the responses of people in both communities to the questions related to pregnancy, birth, breastfeeding, infant nutrition, hygiene and sanitation, as well as gender roles, were consistent.

As can be seen in *Table 2* below, some of these traditional beliefs and practices are strongly linked to the spirit world - for example, a pregnant woman should not go out of the house at night, as spirits may enter her body and cause her or the baby harm; The husband should not go into the house of someone who has recently died or touch a dead person, as evil spirits may enter his home and cause the baby to die. Other beliefs, particularly those related to which foods can be eaten and which cannot, are more in the realm of folklore, passed down from parents to their children, without necessarily being closely linked to the spirit world - for example, eating spicy food may cause warts in the womb, or drinking the husband's (or another person's) urine immediately after giving birth will help to clear 'black blood' from the mother's body. A summary of Talieng traditional beliefs and practices related to maternal-child nutrition and IYCF is as follows:

Table 2. Talieng Traditional Beliefs and Practices

Traditional Beliefs and Practices
<p><u>During Pregnancy:</u></p> <ul style="list-style-type: none">• A pregnant woman should only do light work - as heavy work (e.g. fetching water, firewood, preparing rice) may cause a miscarriage;• Certain foods should be avoided during pregnancy - meat from wild animals (e.g. tigers, deer, pheasants, monkeys, snakes, cats, bats, squirrels) as this will cause the baby to become weak, prone to disease, and the child may adopt the negative characteristics of these animals (e.g. eating a lot and behaving badly); spicy food (may cause warts in the womb and on the newborn baby); sweets, beef or pork fat, catfish, and too much fruit, as these will make the baby big and cause a difficult birth; The pregnant woman should also not drink alcohol or smoke tobacco as it can affect the health of the child;

Traditional Beliefs and Practices

- Pregnant women are prohibited to eat any kinds of animals that have died with no obvious cause, as it may cause disease to the baby;
- Some foods are good for a pregnant woman, including fruit (e.g. bananas, guava, pomelo), vegetables, meat - she can eat all kinds of food that are not forbidden;
- A pregnant woman should also not leave the house at night, as the spirits may cause the baby to be born prematurely; She should not go into the forest, as spirits may cause disease;
- The husband should not attend a funeral during this time or touch a dead person, as it may cause the spirits of the dead to come and kill the baby in the womb;
- The husband should also not hit or kill animals during this time, as it may cause the baby to be physically or mentally disabled;
- The husband should also not partially cut trees at this time, as this will make it more difficult for his wife to give birth.

Giving Birth:

- Before giving birth, usually the parents or husband prepare the materials needed - cloth, sharpened bamboo to cut the umbilical cord, etc.; The husband also boils water to use during the birth; sometimes the family also prepare cash in case of emergency if they have to go to the hospital;
- Before giving birth, the husband or family should not tell other people in the village that the woman may give birth as the baby will be shy and not want to come out easily from the womb;
- Choosing the one who will cut the umbilical cord is crucial as they believe that the newly born baby will adopt the characteristic of the one who cuts it;
- Unless there are possible complications (requiring the mother to go to a health center or District hospital), the woman will give birth at home, assisted by her husband and often the spirit doctor (or the woman's or husband's mother);
- Usually the husband will cut the umbilical cord, though the spirit doctor may also do it; If not the husband, then a ceremony should be held for the person who does the cutting;
- The spirit doctor will help with the delivery, wash the baby and perform blessing rituals;
- A formal ceremony will be held 3 days to 1 week after the birth and a chicken or a pig is sacrificed for this ceremony (which involves tying string around the baby's wrist - '*mut kaen*');
- The birthing process for boys and girls is the same. If twins are born, they are usually regarded and treated equally;
- It was reported that in the case of twins, the spirit doctor should be from another village as the local spirit doctor may not be able to identify the kind of spirits involved with twins; However, clothing prepared for the twins should be exactly the same;
- For one week or one month after the birth, the husband should not go to the forest or the home of someone who has died, for fear of evil spirits entering the family home;
- After one week, the mother can start doing light work around the house and then normally after one month, she resumes normal work; It was said by a spirit doctor that if the mother doesn't return to normal work at this time, then the baby might become sick, get a cold or a cough (especially those who have been seen by the spirit doctor as she/he already specified that the mother should return to work after a month); However, in some poorer families, the mother returns to her normal work after one week because the family needs her labour;
- During this time, the woman should eat chicken, rice and dried fish but avoid pork fat (as it can cause internal bleeding), chillies, fermented fish sauce, pickled food or food that has started to go bad;
- Husbands are forbidden to go to the forest or kill monkeys (including lorises) for one week after the birth because the child might take on the animal's characteristics due to the spirit entering his/her body.

Traditional Beliefs and Practices

Breastfeeding

- Mothers start breastfeeding soon after giving birth (usually within 3-4 hours, sometimes within 30-60 minutes, to stimulate the mothers' milk to come faster and to familiarise the child with the mothers' breast);²⁸
- Mothers begin breastfeeding from the left nipple (giving to the spirits first) and then the right (giving to humans); In case the child does not drink the mothers' milk, the mothers have to go and see the spirit doctor and find out what has gone wrong with the child and then use the recommended traditional healing practices;
- Previously, they would squeeze out the 'yellow milk' (colostrum) and only start breastfeeding when the white milk appeared, but now they understand that it is important for the baby to drink this in order to be strong and healthy; They learned this from their parents, from District Health, and from CARE Laos staff;
- Previously, mothers generally breastfed for a shorter time, but it is believed now that mothers should exclusively breastfeed from three to six months, depending on the amount of milk available;
- Mothers start feeding their babies solid food - such as rice they have chewed first - from two to three months as they understand that the milk won't be enough for the child. Giving solid food will make the child full and not cry; While usually it is the mother's decision when to start feeding solid food to their baby and the length of time to continue breastfeeding, in some families, fathers and mothers decided this together;
- Some mothers will continue breastfeeding for 1-3 years (in addition to feeding solid food) or until the child doesn't want to anymore or another baby is born;
- If mothers can't produce enough milk, then they should eat boiled rice with eggplant, chicken breast, peppers and drink a lot of warm water;
- If breast milk is insufficient, then the baby may be fed milk from the bottle (Lactasoy²⁹, powdered milk), sugar, soft drinks (orange juice), rice water and Nestle Cerelac;
- Some mothers consider the first milk after working as 'dirty milk' and discard it.

Maternal Nutrition

- Immediately after giving birth, the mother should drink the urine of her husband, child, or old person in order to remove the black blood inside her body; She should also boil water with herbs (pennyworth) and drink this to get rid of black blood and make her strong;
- After giving birth, mothers can eat chicken, fish (but only those with scales), birds, rice and root vegetables (cassava, sweet potatoes) and leafy vegetables (cabbage, pumpkin, cucumber, ferns, etc.), and fruit (pomelo, pineapple, mangoes, bananas, guava), but should avoid oily foods, beef, frog, dog, monkey, cat, wild pork, raw meat, chili, pickled foods and nuts, papaya, climbing wattle, white skinned animals (buffalo, cow and pig), deer, crabs, shellfish, catfish, garlic, as these will make the child ill;
- Meat from animals that died naturally should not be eaten as this may cause the spirit of the animal to enter the child's body and cause illness or disease.

²⁸ While the spirit doctor said traditionally mothers usually breastfeed within one to two hours after birth (after cleaning their breasts), CARE staff reported that this was a change introduced by Health and CARE Laos staff.

²⁹ Although this is not recommended for children under 24 months, many mothers are unaware of this.

Traditional Beliefs and Practices

Infant Nutrition:

- Mothers generally start feeding solid foods after between one to six months, starting with rice porridge with chicken or eggs. Meat is not often eaten as it is not available and many families do not have enough money to buy it in the market or to afford transport to the town;
- Children are generally fed three to four times per day, if food is available; Feeding is based on needs of the small child, not on a fixed schedule, though traditionally, mothers often only breastfed their children when they cried;
- Finding food for small children is difficult for many families; They have to look for food in the forest - chicken, birds, squirrels, various vegetables and fruit are good for small children; Kitchen gardens are mostly non-existent in Tanglou, though some households in Tong Xieng have them;
- Boys and girls eat the same foods;
- Finding food for infants in Tong Xieng Village seems to be more difficult than in Tanglou Village because of reduced forest cover and greater difficulty to hunt and fish than in Tanglou; Also, family size seems to be larger in Tong Xieng.

6.1.1.2 Evolution of Practices and Constraints

There was evidence from the two sample villages visited that several beliefs and practices related to maternal and child nutrition/IYCF and gender roles, are starting to change as a result of exposure to the outside world - through information provided by the District Health Office and CARE Laos staff, improved access to health services, as well as due to a more general opening up to the outside world through improved road access, media access and other changes. At the same time, a number of constraints exist which limit changes in maternal-child nutrition/ IYCF related practices.

Reported Changes: Respondents in the two communities reported a number of changes in several of the areas outlined in Table 2 above, though changes relate more to breastfeeding, feeding of solid foods to infants, and gender roles. These changes have reportedly come about largely due to information provided by Government Health staff as well as CARE Laos staff.

Breastfeeding:

- While Village Committee members did not understand the importance of colostrum, mothers interviewed said that while they previously used to squeeze out the first 'yellow milk' (colostrum) and not feed it to their babies, they now start breast feeding immediately as they now know this first milk was important in ensuring that their baby was healthy and strong;
- Before mothers would breastfeed babies mainly when they cried, but now they tend to do this at set times and for longer durations;
- Before mothers would not give the first milk immediately after they had been working, as they believed it was 'dirty milk', but now they know that this milk is just as good for the baby as at other times;
- Some mothers have now extended the period of exclusive breastfeeding for up to six months (though for most, it is only one to three months).

Maternal-Child Nutrition:

- Mothers have a better understanding of the importance of eating more and a greater variety of foods (when they can get access to these);

- Compared to before, fewer foods are forbidden now;
- Many mothers now feed their small children solid food later, rather than within the first few months as before;
- Before mothers chewed the rice first and gave to their children directly, but now they cook it properly (and separately from their own food) before feeding the children;
- Before mothers gave only rice to their small children but now they mix it with meat, vegetables, and eggs; mothers tend to follow the instructions on how to better prepare food for their children;
- Changes in maternal and child nutrition practices were limited due to various factors including poverty, poor living conditions (e.g. lack of clothes), rice insufficiency, limited availability of foods, weather (mostly cold throughout the year), and domestic animal diseases;
- Some negative changes were also reported – mothers tend to give processed products (sugar, orange juice, Nestle Cerelac, sweets, etc.) to children at a very young age due to a lack of understanding of the consequences of eating these foods and their easy availability in the market;
- Hand washing is not common, food preparation such as cleaning the vegetables before cooking was common, but cleaning the pots, etc. was less common; Most of the households did not have proper food storage.

Gender Roles:

- Husbands now help their wives more during pregnancy, childbirth and after childbirth. Before the wife's parents used to help more, but now husbands help more - fetching water and firewood, helping with delivery, preparing food, cleaning around the house, and taking care of the children. This was reportedly in part due to CARE Laos's training on gender roles within the family. Grandparents and siblings continue to play a significant role in taking care of the baby as well.

Other:

- Mothers in Tong Xieng Village reported that they make more use of health services at the District Hospital now;
- District Health Office staff reported that mothers are embarrassed to tell others about their pregnancy and will only see a female doctor - if only able to meet a male doctor, then they won't seek health services. Mothers also prefer the District Hospital to access services as health centers are poorly equipped and the quality of service provided there is limited.

Constraints: Main constraints to the changing of maternal-child nutrition and IYCF practices are a mix of cultural beliefs and culturally embedded practices, language, limited variety of available foodstuffs, limited knowledge/awareness regarding food and nutrition, limited access to markets, and a lack of resources. The main interrelated constraints identified in this study included:

- *Traditional beliefs and practices* - While those beliefs and practices more deeply embedded in animism are unlikely to change (nor should they be expected to change), some of them at the level of folklore³⁰, particularly related to breastfeeding, types of foods and gender roles, are more susceptible to change. Indeed, there was evidence that these beliefs and practices are in the

³⁰ Knowledge and advice passed on from one generation to another but not necessarily deeply embedded in spirit belief.

process of changing. Youth especially, who have learned about nutrition at school, seem to be more open and accepting of changes – e.g. the kind of foods that are most nutritious and the best way to prepare food. They seem to have been more exposed to how to take care of their children when one day they become parents.

- *Oral language* - It was found that particularly older women in the villages often did not speak, read or write Lao language, which provides challenges for information dissemination related to maternal-child nutrition and IYCF.
- *Subsistence level agriculture* - Most families in the two villages depended more on shifting cultivation and hunting and gathering forest products for their livelihoods. While some grew vegetables, there was often insufficient rice for more than six months and thus the food supply was limited in quantity and variety, which has implications for maternal-child nutrition.
- *Food supply*: Limited food supply and availability were partly because of soil degradation, population growth, climate change, deforestation and natural disasters (landslides and flooding).
- *Income generation* - While forest products and some crops like cassava and coffee are used to generate income, many families reportedly lack sufficient money to buy supplementary foods in the market.
- *Limited awareness*: While some of the maternal-child nutrition and IYCF messages promoted by District Health Office and CARE Laos staff, particularly related to breastfeeding and gender roles, do appear to be having some impact, knowledge and awareness of maternal-child nutrition still appears to be limited.
- *Access to services*: people in villages (like Tanglou) that are located in more remote areas and have limited road access, no electricity and no health facilities, appear less likely to change the ways they look after their children compared to villages with better access to services.

These elements and other aspects are explored in more detail in sections 6.3 and 6.4 below.

6.2 Katu Communities - Vangpangor and Jrok

6.2.1 IYCF Traditional Beliefs and Practices - Katu Ethnic Group

As among the Talieng communities, traditional beliefs and practices in the two Katu communities studied can be divided into those that are more deeply rooted in spirit belief, and those, particularly related to breastfeeding, infant nutrition, and gender roles, that are more about traditional knowledge or custom, passed down from parents to their children but that do not necessarily have a strong foundation in animism. This section will first outline the traditional beliefs and practices related to maternal-child nutrition and IYCF, and then examine the changes that these two Katu communities are experiencing in these beliefs and practices.

6.2.1.1 Beliefs and Attitudes Related to IYCF Practices

The traditional beliefs and practices related to maternal-child nutrition and IYCF outlined below are a compilation of information and opinions expressed by the range of informants interviewed in each of the two Katu communities that were the focus of this study - Jrok and Vangpangor villages. While there were some differences in circumstances - one village, Jrok, is close to the recently relocated District town, and as a result, has experienced increasing population and declining natural resources, while the other village, Vangpangor, is more remote - generally the responses of people in both

communities to the questions related to traditional beliefs and practices regarding pregnancy, birth, breastfeeding, maternal and infant nutrition, as well as gender roles, were very similar.

As can be seen in *Table 3. Katu Traditional Beliefs and Practices* below, some of these traditional beliefs and practices are, as in Talieng communities, strongly linked to the spirit world - for example, the husband of a pregnant woman or new mother should not go into the house of someone who has recently died or touch a dead person, as evil spirits may enter his home and cause the baby to suffer or die; But unlike the Talieng, the Katu people believe that a woman should never give birth in the home but in the forest, to avoid problems with the house spirit from the mother's blood being spilled within the house during birth. However, other beliefs, particularly those related to which foods can be eaten and which cannot, are, as in Talieng communities, passed down from parents to their children, without necessarily being closely linked to the spirit world - for example, the mother should not give the 'yellow milk' (colostrum) to the baby or it will cause stomach ache; or eat catfish because it will cause health problems for the mother.

Relevant traditional beliefs and practices, including pregnancy, birth, and maternal/child nutrition reported during the fieldwork in the two sample villages include:

Table 3. Katu Traditional Beliefs and Practices

Traditional Beliefs and Practices
<p><u>During Pregnancy:</u></p> <ul style="list-style-type: none"> • Normally, the woman should only do light work during pregnancy, but for poorer families without many children, the woman may be expected to continue heavy work up until the birth, even though she knows she should not for fear of losing her baby or becoming sick; • The woman should eat fish, meat, rice porridge with vegetables and fish, fruit (e.g. coconuts, pomelo). Unlike Talieng women, Katu pregnant women are encouraged to eat oily food and sweets so that the baby inside the womb will grow big and both mother and the child will be healthy; • The woman should avoid eating monkeys, squirrels, snakes, turtles, bats, and generally any animals that move slowly or live in holes in the ground or in caves, as eating these could cause difficulties at birth, or the baby may develop animal characteristics; She should also avoid eating dead animals killed by other animals or banana flowers, as these may cause others to not want to touch the baby, or the baby to have difficulty finding a spouse; She should not drink alcohol and tea as this will cause illness of the mother and her child; • The pregnant women will usually keep the pregnancy secret as long as possible, due to embarrassment; • The husband should not enter the cremation area or attend a funeral at a dead person's house, or touch the dead, as it will cause the spirit to take the baby from the mother's womb; • The husband should not eat banana flowers, deer, snakes, and loris³¹ because this affects the house spirit and negative things could happen to him or the family. If eating these, they have first to kill a chicken and conduct a ritual ceremony; If the spirit is not happy with that, then they have to kill a pig or a larger animal and repeat the ceremony; • The husband should not eat dead animals killed by other animals as it will cause the child to die or be born with a disability; • Husbands should not dig a hole and put up a fence/ or post, or close the hole where animals run through or make a home, as these actions will cause difficulty at birth;

³¹ Usually eating these is prohibited after getting marriage until a year, apart from during pregnancy of his wife.

Traditional Beliefs and Practices

- Usually, what is prohibited for wives is also prohibited for husbands.

Giving Birth:

- The birth must take place outside of the home, either on the edge of the property or in the forest, or in the rice fields (though if in someone else's rice fields, the owner should be present); This is because if blood spills inside the home, the spirit of the house will bring bad luck to the family, and make it difficult for the family to find sufficient food and income;
- In some cases the woman would go to the forest and prepare the birth place herself, covering the ground with leaves. After giving birth, she would cut the umbilical cord herself, bury it, and wrap the baby in cloth and return to the home;
- In other cases, the husband will prepare cloth, a mat, candles, string to tie around the umbilical cord, a piece of sharpened bamboo to cut it, and a pot to boil water. He would also build a simple hut away from the house (in the forest or on the edge of the village); There should also be a ceremony beforehand to make offerings to the spirits;
- Normally the wife will be assisted by her husband when giving birth, with one of them cutting and burying the umbilical cord; It is considered shameful for relatives (from her husband side) to assist as they will see the mother's genitalia; If others (relatives from the woman's side) do help with the birth, there has to be a ceremony after the birth;
- Although traditionally, the husband and wife would remain in the forest for three nights after giving birth, it is usually not necessary for the wife to stay overnight unless it is harvest time, when she will spend one night in the place where she delivered the baby after giving birth;
- In the past, if the pregnancy was unintended, for example, if the woman was unmarried, she would have to stay in the forest for up to one year. In this case, before entering the home, the woman's family had to give a chicken to each household for rituals to avoid bad events that might happen. If the family could afford to kill a larger animal (a buffalo or a pig), then they could do that at the village cultural hall (*kuan*);
- If the baby is born inside the home (presumably because there was no time to go to a different location), then there needs to be a cleansing ceremony with offerings of a chicken or pig to the spirit of the house;
- Three days after giving birth, a ceremony is held for the baby and an animal is sacrificed, either a chicken or a pig, depending on family circumstances;
- After the birth, the husband has to stay home for at least three days or sometimes a month; He is not allowed to go out to the forest as spirits may call upon his child and the child may get sick or die;
- After returning from the rice fields or the forest, the father must put his hands over the fire, touch any pot in the kitchen, or wash his hands before he can touch his baby; Otherwise, the child will cry all night as it is believed that father carried a bad spirit in his hands that was not removed;
- In some cases, the mother returns to light work after three days and normal work two to three weeks after giving birth, but in other cases, it may be three months, depending on the mother's health;
- Boys, girls and twin babies are all treated the same;
- Women are reluctant to use ANC services or give birth at a health center or hospital, especially if the doctor is male, as pregnancy and child-birth are considered 'shameful'; Discussing sexuality or sexual relationships is considered 'embarrassing' among women.

Breastfeeding:

- The mother can start breastfeeding soon after birth if the milk comes and the baby shows signs of wanting to breastfeed, usually 3-4 days after birth;

Traditional Beliefs and Practices

- Usually the first 'yellow milk' (colostrum) is squeezed out³² and not given to the baby as it is believed it is dirty, contains diseases, and may cause stomach ache in the baby³³; Mothers also believe that the milk will never come if the 'yellow milk' is not squeezed out first;
- Normally, a mother will breastfeed for six months but some will continue up to the age of three years if another baby doesn't come earlier;
- If the mother can't produce enough milk, she will eat food with plenty of liquid, such as rice porridge with red ants, fish, chicken and vegetables, eat chicken soup with bananas flowers, and drink a lot of warm water; Sometimes, the family will organise a ceremony using the soil from the place of birth, as it is believed some may have dropped and been taken by the spirits;
- Few if any mothers practice exclusive breastfeeding up to six months;

Maternal Nutrition:

- Young mothers should eat meat, fish, vegetables (e.g. morning glory, Chinese cabbage) and fruit;
- Mothers should not eat catfish (all kinds), snakes, squirrels, raw meat, pork fat, certain vegetable leaves (e.g. pumpkin leaf, sponge gourd leaf), papaya, cucumber, food that has gone bad, or consume alcohol, as these will cause health problems - headaches, fever, abdominal pain, dizziness, vaginal bleeding or seizures; Chillies, papaya salad, and food that has gone bad are especially dangerous as it is believed that these can cause stomach ache and fever in the baby and mother, and in some cases can cause the mother to die;

Infant Nutrition:

- The mother will start giving solid food to the baby after about three months, as they worry that the baby may not be full with only breast milk and also the mothers have limited time to breastfeed due to work;
- When the mother starts giving solid food to her baby, it usually consists of rice porridge (boiled rice) with chicken, fish, eggs, and vegetables, fruit (bananas), as they believe this will make the baby strong;
- It is a common practice that, when the mother starts giving solid food to her child, she chews the rice to soften it and then gives it to the child to eat;
- If the mother can't produce enough milk, she can make rice porridge or buy powdered milk at the market;
- Boys and girls eat the same kinds of food;
- It is becoming more difficult to find suitable food for small children due to the increasing population of the village (This was from respondents in Jrok, where there is a shortage of land due in part to the District town moving close to the village; Most families now rely on buying food from the market in Kaleum, but can't afford to buy much due to poverty);
- When meat and eggs are not available, parents feed the baby boiled rice with salt.

³² In Vangpangor, some said that this is usually the case of a mother with the first baby, if a mother who has had more than one baby, then she does not squeeze out and discard the colostrum.

³³ Though a doctor reportedly came to Jrok Village and advised mothers to give their babies colostrum, but this wasn't accepted by most women because it was not their traditional belief and practice

Traditional Beliefs and Practices

Gender:³⁴

- Usually, husbands do not help their wives with their work during pregnancy. The woman is expected to get water, gather firewood and cook, and men feel this is women's work.
- Generally, men do not do housework or look after their children, especially in public or when there is a guest (seen as 'women's work');
- Usually it is only men who attend festivals and eat together; younger women and girls serve them food;
- Usually it is only women who access health services, unaccompanied by men.

6.2.1.2 Evolution of IYCF Practices and Main Constraints

In Jrok and Vangpangor villages, there was evidence that beliefs and practices related to maternal-child nutrition and IYCF, as well as gender relations, are starting to change in response to increasing exposure to the outside world. At the same time, there are several constraints on the extent and pace of change, including traditional beliefs and practices, poverty, land shortages (especially in Jrok Village), and other factors. As with the Talieng communities in Dakcheung District, most of the changes in the two villages in Kaleum District relate to feeding beliefs and practices as well as, to a lesser extent, changes in gender roles. These changes also appear to have come about through exposure to information from District Health Office staff as well as from CARE and other organisations.

Evolution of IYCF Practices:

Breastfeeding:

- Exclusive breastfeeding up to 6 months by some women is becoming more common now (among mothers who learned of its importance either from school or health staff);
- Mothers continue to breastfeed their babies up until they wish to stop or a new baby is born (sometimes up to three years);
- While most of the mothers interviewed continued to discard colostrum before starting breastfeeding, there were several fathers who were interviewed who were aware of its importance (again, either from school or health staff);

Maternal-Child Nutrition:

- Pregnant women in Jrok village now reportedly eat a greater variety of food than in the past, as they can buy food in a nearby markets. Also, people both in Jrok and Vangpangor villages are not so strict now regarding avoiding what were traditionally forbidden foods.
- Mothers now tend to cook rice porridge for their infants when they start eating solid food, rather than just chewing their own food first and then giving it to the baby to eat. Now they are aware of the danger of infection from the mother's mouth, which they presumably learned from health staff;

³⁴ Young people in Jrok Village, male and female, seemed to have a better level of understanding on how to take care of their children in the future as a result of attending school. But this was not the case of Vangpangor where many youth had dropped out from school.

- Some respondents in both villages said maternal-child nutrition hasn't changed at all from the past - they eat what they can find in nature, as well as some home-grown fruit - due to limited availability of food and not knowing how to prepare food for small children;
- The District Health Office staff reported that resistance to change was due partly to around 80% - 90% of mothers lacking knowledge and understanding of maternal-child nutrition, and that mothers don't know how to prepare suitable food for their children, nor take good care of them. This was reportedly due to traditional practices that are culturally embedded and difficult to change.

Gender Roles:

- Changes in gender roles were reported - some husbands help more around the house than before, taking care of children, getting water and firewood. However, some mothers said that their husbands behaviour hasn't changed from before; The village committee members in Vangpangor said there has only been slight change in terms of gender roles since CARE Laos came to work in their village two to three years ago; the DHO staff also reported that changes in gender roles are limited as it is evident that husbands rarely come with their wives when using health services.
- Limited support from the husbands was also to do with marriage and dowry-related issues, and wives being seen by some men as 'property'. When getting married, the man has to pay around 100 million Kip for the dowry to the family of his wife as well as offer buffalos and cows. Accordingly, the husband expects his wife to serve him, as he has paid such a high price.

Other:

- Since a GFWS was constructed in their village (Vangpangor), hygiene has improved and children bathe twice per day - before they used to bathe only once;
- The relocation of the Kaleum District Town close to Jrok Village in 2015 (now only 6 km.s away whereas previously it had been about 40 km.s distant), has had a negative impact on IYCF practices, with a significantly increased population and less land and forest available to ensure food security. Villagers are now more dependent on the market for food but many lack sufficient cash to meet their needs.

Constraints: The constraints to changing maternal-child nutrition and IYCF related beliefs and practices in Kaleum are similar in many ways to those in the two villages studied in Dakcheung District - a combination of traditional cultural beliefs and practices, limited variety of suitable foods (especially in Jrok Village), limited knowledge/awareness regarding food and nutrition, limited Lao language (especially in Vangpangor, less so in Jrok), and a lack of resources.

- *Traditional beliefs and practices* - As in the Talieng communities in Dakcheung District, some of the beliefs and practices that are more deeply embedded in animism are unlikely to change (nor should they be expected or encouraged to); However, those related to types of foods and gender roles, but not necessarily deeply linked to the spirit world, are starting to change, with fewer foods forbidden and in some families at least, men taking on more of what were traditionally women's roles. However, unlike in the Talieng communities where women are comfortable giving birth at home, the Katu cultural belief in giving birth away from the home, preferably in the forest to avoid causing problems with the house spirit, remains strong.

- *Subsistence level agriculture* - Villagers in Vangpangor had little difficulty in finding sufficient food due to having adequate fields for upland shifting cultivation (although they expressed a desire for more lowland rice fields as a preference) and access to forests for hunting and gathering forest products. However, villagers in Jrok were facing increasing challenges in terms of food security, only able to grow sufficient rice for six months of the year. This also has implications for maternal-child nutrition for this community, with food supplies limited in terms of quantity and variety.
- *Income generation* - While forest products and some crops like cassava, vegetables and taro are used to generate income in Vangpangor Village, many families in Jrok Village face increasingly limited scope for income generation and with many reportedly lacking sufficient income to buy enough supplementary food in the market.
- *Oral language* - It was found that women, particularly older women, in Vangpangor Village often did not speak, read or write Lao language, which provides challenges for information dissemination related to maternal-child nutrition and IYCF.
- *Limited awareness*: While there had been some efforts to promote maternal-child nutrition and IYCF related messages in the two Katu villages by District Health Office staff and, more recently CARE Laos staff, particularly related to breastfeeding and gender roles, these do not appear to have had much impact so far and knowledge and awareness of maternal-child nutrition and good IYCF practices appears to be lower than in the Talieng villages in Dakcheung District.
- *Access to services*: Mothers living in more remote areas (such as Vangpangor Village) rarely use the health services available partly due to embarrassment, poor road condition, poor quality of service and the presence of male doctors.

6.3 Summary - Main Findings - Traditional Beliefs and Practices

Both Talieng and Katu communities share a number of features in common with regard to maternal-child nutrition and IYCF beliefs and practices. Both communities have a world view that is shaped by a belief in spirits, and this guides beliefs and practices to a large extent, especially around giving birth, and the need to protect the mother and newborn child from potential harm from evil spirits. For example, in Talieng communities, this is reflected in the fact that the local spirit doctor will often help with the delivery, washing the baby and performing blessing rituals to protect the mother and baby from harm from evil spirits. In Katu communities, there is a taboo against giving birth within the home, as it is feared that any blood spilled within the home during birth will have a negative impact on the house spirit and thus the future well-being of the family. Accordingly, the mother must go to give birth outside of the home, preferably in a nearby forest.

At the same time, in both ethnic communities, there are a number of beliefs that are not so strongly rooted in the spirit world, and these are mainly related to breastfeeding, foods that can and cannot be eaten by mothers and infants, as well as gender roles, specifically, the role of the husband/father within the family. In both communities, these beliefs and practices are passed down orally from parents to children, and are thus more susceptible to change. For example, in both Talieng and Katu communities, respondents said that women had more food options now as foods that were previously forbidden were now more accepted. Mothers in Vangpangor Village commented that two families had tried eating foods that were traditionally considered forbidden (banana flowers, and meat from animals killed by other animals) but there were no negative impacts from this. Gender roles also appear to be undergoing change, with men taking on work around the home that was previously seen

as 'women's work'. This was more evident in Talieng communities in Dakcheung District, where CARE Laos staff have been more actively engaged in encouraging villagers to question and change traditional gender roles.

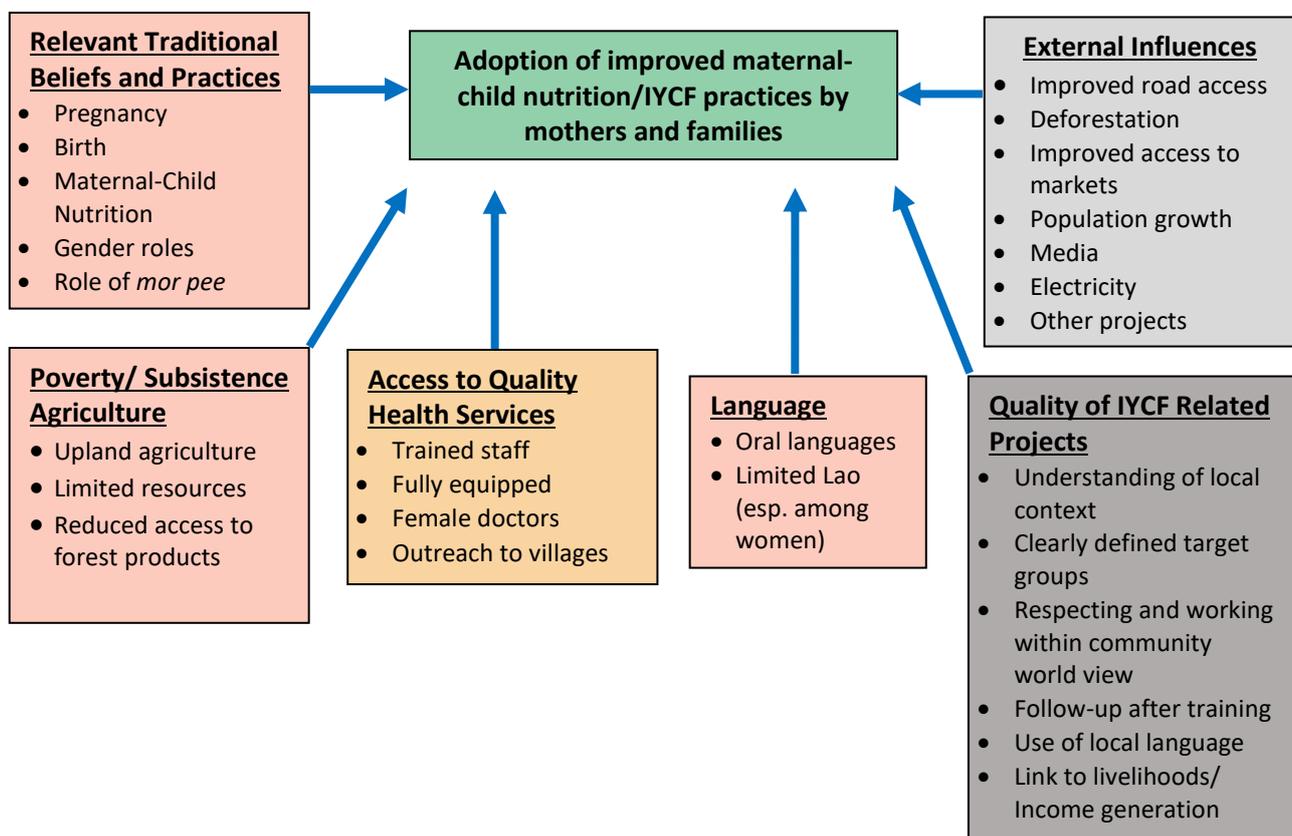
At the same time, both ethnic communities are seeing external changes that are having an impact on IYCF related beliefs and practices. These include population growth and deforestation, both of which have a negative impact on livelihoods and families' abilities to provide sufficient and appropriate food for mothers and infants. This is particularly the case in communities like Jrok Village, where the relatively recent relocation of the District town close to the village has seen a significant reduction in available forest and agricultural land, as well as increasing dependence on a cash economy, though without an equivalent increase in income for families that would enable them to supplement their nutritional needs with food from the market.

The next section of this report will outline the range of factors that have an influence on IYCF beliefs and practices, including traditional beliefs and external influences.

6.4 Overview - Factors influencing IYCF Beliefs and Practices

In addition to the traditional beliefs and practices related to maternal-child nutrition and IYCF that were identified for each ethnic group in the previous section, there are several other factors that need to be taken into consideration when designing and implementing programs aimed at improving maternal-child nutrition. These include poverty and livelihoods, access to quality health services, language and literacy, external socio-economic changes, and previous support from other projects. These factors are illustrated in summary in *Figure 4. Factors Potentially Influencing Adoption of improved IYCF Practices* below, and explained in more detail below.

Figure 4. Factors Potentially Influencing Adoption of Improved IYCF Practices



6.4.1 Traditional Beliefs and Practices

Traditional beliefs and practices are not fixed, but are undergoing increasingly rapid change as formerly remote villages, including the four villages that were the focus of this study, become more closely linked to the outside world. Some beliefs and practices change more rapidly than others - for example, those related to nutrition, such as giving colostrum to newborns, or changes in gender roles - when parents understand and can see the benefits. Others, particularly those more deeply rooted in spirit belief, such as the taboo against giving birth at home among the Katu, and the reluctance to kill chickens or livestock for food, other than for ceremonial occasions (as found among both Talieng and Katu communities), are less susceptible to change.

It was found that the village elders and especially the traditional spirit doctors are very influential within the village as the repositories of traditional beliefs and practices passed down from generation to generation. In the sample villages it also seemed that the spirit doctors played a role similar to that of traditional birth attendants (TBAs), providing both practical and spiritual assistance to mothers giving birth. This would suggest that in addition to working with the village headman and village committees, projects would also benefit from early engagement with the village elders and spirit doctors to both learn about traditional beliefs and practices, as well as identify those which might be detrimental to maternal child health and nutrition and could thus be a focus for change, in order to inform design and implementation of IYCF related projects.

6.4.2 Poverty and Subsistence Agriculture

Families in all four communities that were part of this study are mostly living at subsistence level, relying primarily on upland rice/shifting cultivation and hunting and gathering. Communities closer to the town have seen a reduction in available forest as well as farmland, and are increasingly being pulled into a cash/market economy when many of them lack sufficient income to ensure food security. Many families will also lack the means to provide the variety and amount of food needed for maternal-child nutrition. Accordingly, projects that promote IYCF and improved maternal-child nutrition need to find some way of addressing this gap, to ensure that families are able to provide the types and quantity of food for effective maternal-child nutrition that are promoted through training programs.

6.4.3 Access to Appropriate Health Services

Villagers in three of the four communities studied³⁵, particularly women, were reluctant to use health services provided in the area at health centers, for several reasons, including poor road access, lack of equipment and trained staff, lack of female doctors, and other factors.³⁶ Cultural factors, particularly a reluctance to reveal or talk about pregnancy among both Talieng and Katu women, also contribute to limited uptake of health services. This would suggest that giving attention to improving the quality of primary health care needs to be a priority, linked to improvements in maternal-child nutrition and related IYCF practices.

6.4.4 Language and Literacy

Community members, particularly the older people and women among both Talieng and Katu communities, often have limited knowledge and skills in Lao, especially reading Lao (though this is

³⁵ The exception was Tong Xieng Village in Dakcheung District, as it is located not far from the District Hospital with good road access.

³⁶ Though cost would not seem to be a factor as under current Government policy, mothers can access pre- and post-natal services free of charge.

changing among the young members of the community who are more likely to have attended at least primary school). Both Talieng and Katu are Mon-Khmer languages with no written script, so cultural knowledge is passed on verbally from generation to generation. This lack of fluency in Lao and unfamiliarity with written language have implications for information dissemination and training (which are discussed further in the next section - 7. *Implications for IYCF Programs*).

6.4.5 External Socio-economic Changes/Influences

Talieng and Katu communities in villages such as Tanglou, Tong Xieng, Jrok and Vangpangor, although being caught up in the Vietnam/American War 50 years ago, were not previously subject to the same degree of population, socio-economic and environmental pressures that they are facing today. Those in villages closer to district towns are facing changes to their livelihoods due to growing populations, diminishing forests (which are an important part of their livelihoods), limited water supply, and more limited land availability, but without necessarily an increase in income needed to fully participate in a cash economy. They may have better access to education and health services, but the quality of the services provided is often limited. Access to media - especially television and social media - is also bringing social change. All of these influences have an effect on maternal-child nutrition and related IYCF practices, some positive (such as access to supplementary food products from the market) but many are also negative, including an inability to provide the variety and amount of nutritious foods required by mothers and small children.

6.4.6 Previous Support - Other Projects

All four communities that were part of this study have received support from various development organisations with varying levels of benefit. The Poverty Reduction Fund (*Tor Lor Nyor*) have provided water supply and constructed schools in some villages, while the World Food Program has provided supplementary feeding for children. CARE Laos staff, together with Government health staff, have provided training on nutrition and breastfeeding, as well as gender, and other organisations such as ACF and SUFORD have also provided support in agriculture and forest conservation. This support has had some positive impact - for example, in Tanglou and Tong Xieng villages in Dakcheung District where CARE Laos appears to have had a greater focus, there was a greater awareness among community members of the importance of exclusive breastfeeding, maternal child nutrition, and gender roles, particularly the need for fathers to help more around the home during pregnancy and child-birth. However, overall, it appears the positive impact on IYCF related knowledge and practices of this development support has been limited and much more needs to be done.

7. Implementing IYCF Programs - Implications³⁷

The study undertaken in four villages also sought the views of community members, local Government and CARE staff on possible future IYCF related projects, and these suggestions³⁸, together with the findings from the study, have implications for both the design and implementation of maternal-child nutrition and IYCF related projects. This section will first outline some general points intended to provide some overall guidance for the design and implementation of maternal-child nutrition and

³⁷ As this is a study, rather than a specific project evaluation, the following points are offered for consideration in designing and implementing maternal-child nutrition and IYCF projects, rather than being recommendations *per se*.

³⁸ See *Annex 3. Sample Village Priorities* for detailed priorities and suggestions from the perspectives of communities as well as district staff.

IYCF-related projects in these communities, and then will suggest some specific aspects that could be used as a reference to inform the more detailed design and implementation of such projects.

7.1 Overall Guidance Points

Work within the world view and belief systems of the target communities: As the study has shown, both the Talieng and Katu communities live within a world dominated by a belief in spirits, both those that are beneficial and those that can do harm, and have developed a range of beliefs and practices to enable their communities to try and function effectively and successfully within this context. It is important that outsiders coming to support these communities respect these beliefs and, as much as possible, work within this context, in order to ensure the appropriateness of project activities and the potential sustainability of changes introduced.

Projects need to be based on a good understanding of the local context with project design and implementation adapted to fit with this context. While this study has highlighted the similarities in findings among the ethnic groups studied, each village is also unique and faces its own set of difficulties and challenges, as well as having its own opportunities. A target village level in-depth study of areas relevant to proposed maternal-child nutrition/IYCF projects is essential if the support provided is to bring about positive and lasting change in relevant beliefs and practices.

Participation of key stakeholders, particularly older villagers and spirit doctors, as well as the village leadership, is essential in developing understanding, a degree of ownership and in bringing positive change, especially for mothers and children. These villagers are the repositories of traditional knowledge, and it is important that they understand and support the changes in diet and gender roles that a maternal-child nutrition/ IYCF related project is likely to bring. Spirit doctors in particular often play an important role in these communities in supporting births and advising mothers, and thus have an important role to play in any relevant project in these communities.

Both design and implementation of an IYCF related project need to be gender transformative. As was reported in Vangpangor Village, men traditionally did not see their role as doing 'woman's work' - i.e. helping fetch water and firewood, clean around the house and take care of the children. However, pregnant women and mothers of small children saw this support from their husbands as important, and in those villages that had been a focus of CARE Laos's gender training, men had started to take on these roles. Husbands and fathers also need to be involved in maternal-child nutrition/IYCF project activities so that they understand the importance of ensuring adequate nutrition for mothers and small children, and adequate rest for pregnant women and new mothers. Ensuring project design has a gender transformative element will help contribute towards changes in male roles related to these areas.

It is important that the language of the target group is used as much as possible in information dissemination. Many of the target audiences do not speak Lao or have only a limited understanding of the language. Accordingly, it is important that training and other forms of relevant information dissemination are delivered directly in language of the community, rather than through interpreters (though it is acknowledged that this may sometimes be necessary). Training should also be as practical as possible, as this, together with key messages being delivered in the same language, will help ensure that the key messages are understood and remembered.

Relevant local Government staff should be involved in all activities. While this is an obvious point, relevant local Government staff, from the District Health Office and local health centers, the Lao

Women's Union, District Agriculture and Forestry Office and others as appropriate, should be involved in planning, implementing, and, where appropriate, managing relevant project activities. This will help to increase the likelihood of longer term support for improved maternal-child nutrition/IYCF practices after the project period has ended.

7.2 IYCF Program Design and Implementation

Within the overall suggested guidelines outline above, what might a maternal-child nutrition/IYCF related project look like in terms of design and implementation? The following suggestions are based on the findings from this study, as well as an earlier study of the SUPA Project in northern Lao PDR, where CARE, CCL, LOPA and RDA have been implementing an IYCF related project in close collaboration with local Government Departments in communities predominantly comprised of multiple ethnic groups (Akha, Yao, Khmu, Sila, Khui, Yao, Lao Seng, Lao Bid, and Leu). The following points are suggested for consideration when designing and implementing a maternal-child nutrition/IYCF related project with ethnic groups who share similar characteristics - i.e. have an animist world view, are subsistence farmers, most of who are poor, primarily use their own spoken language (which is from a completely different language family than Lao-Tai), and are facing a relatively rapidly changing socio-economic and environmental context. Points for consideration include:

Clearly identify and prioritise the main target groups: An effective maternal-child nutrition/IYCF related project needs to target several groups within the community, some of which will have more of a focus than others.

(1) The primary target group for an maternal-child nutrition/IYCF related project is obviously pregnant women and mothers of small children under two years. Within that group, women from the poorest families as well as mothers of malnourished or stunted children should be the first priority. Given the culture-related findings related to pregnant women not wanting to tell others that they are pregnant, this will require an effort on the part of the implementing organisation to identify these women and encourage them to participate in activities. Project staff should not rely on initially asking the Village Head to ask pregnant women and mothers of small children to attend project related activities. Rather, female members of staff who ideally speak the same language should identify these women and talk with them individually, encouraging their participation, before the start of any project activities.

(2) Secondary target groups include husbands (of women from the main target group who have agreed to participate), spirit doctors and traditional birth attendants, who often provide assistance to pregnant women and new mothers in ethnic communities. They will also need to be approached individually and encouraged to participate in their own specific training activities.

Training needs to be relevant, interactive, practical, and prioritise use of visual materials: Training provided should be based on locally identified needs as well as culturally accepted norms already identified earlier (as well as internationally accepted WHO standards regarding nutrition, breastfeeding and maternal-child nutrition), it needs to use appropriate visual materials, and should be as interactive and practical as possible, with information delivered directly in the community's own language (i.e. not through an interpreter) where possible. This applies to training for pregnant women/mothers, husbands and spirit doctors/TBAs.

Training needs individual follow-up: Project staff need to individually follow-up participants in the training sessions, particularly those from the priority target group, to provide support, offer advice and monitor progress. Experience has shown that just providing a training session for those in the village who choose to attend, without any follow-up, does not achieve significant results.

Maternal-Child nutrition needs to be linked to identification of suitable foods available locally and establishment of kitchen gardens: Simply providing information on breastfeeding and nutritious foods that should be eaten will not necessarily lead to women changing their and their infant's diets if they cannot get access to those foods. Locally and readily available foods - meat, vegetables, fruit - need to be identified and also practical support provided to establish or further develop kitchen gardens (provision of tools, seeds and technical advice, etc.). Seeds and animal breeds should also be suitable for the local environment. For example, agricultural land in some villages is suitable for growing cassava, mangoes and bananas but not coffee, sweet potatoes, and pineapples, etc.

Where possible, IYCF related projects should be linked with other relevant projects: Where possible, maternal-child nutrition/IYCF related projects should be linked to other projects intended to benefit the community, particularly other projects related to maternal-child health - such as strengthening of health services through improved quality of service in health centers (*souksala*), improving agriculture and livelihoods (including crop diversification and growing of cash crops such as coffee, village savings funds for women's groups), as well as education related projects (health, hygiene and nutrition education in schools, literacy training for young mothers, etc.), improving village environments and sanitation, and others.

8. Conclusion

This study has identified some of the related to maternal-child nutrition and IYCF among Talieng and Katu communities in two districts in Sekong Province. As has been shown, some of these traditional cultural beliefs and practices are deeply rooted in an animist world view and these are unlikely to change. However, other maternal-child/IYCF related beliefs and practices, particularly those that are more related to diet and nutrition (i.e. breastfeeding, foods that are acceptable and those that are forbidden) as well as gender roles (related to the husband/father's role within the family), are less rooted in spirit belief and are changing, as people in these communities are exposed to other influences and information.

The approach to implementing maternal-child nutrition/IYCF related projects focuses more on the second set of beliefs and practices - those related to diet and gender roles that are more susceptible to change - while at the same time respecting and working with the animist world view that is dominant within these communities. There are also several other influences on maternal-child nutrition and related areas, and this study has identified some of those main influences - livelihoods, poverty, language, access and quality of services among them.

The findings from this study and an earlier study conducted in the north of the Lao PDR, have also suggested some general guiding points for the design and implementation of IYCF related projects, as well as some more specific points to be considered when undertaking activities in communities comprised of ethnic minorities. While these are presented here for consideration by those planning to work with Talieng and Katu communities, they may also have relevance for organisations planning to implement similar projects in ethnic communities elsewhere in the Lao PDR.

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Annex 1. Terms of Reference

Study on Infant and Young Child Feeding (IYCF) Practices in CARE's Sekong Project Ethnic Communities

Context:

The Lao PDR has made significant strides in its economic development in recent years, integrating into the regional and global economy through investments in infrastructure, agribusiness and mining. However, while its economy has grown, much of Lao PDR's population living in the mountainous areas remain poor and often malnourished, with extremely limited access to health care. Many families living in these upland, rural areas lack sufficient, nutritious food sources year-round. Women living in these conditions are too often malnourished caused by inadequate diets, disease, or both, which affects not only their own health, putting them at risk for maternal death, but also the health of their children who are born without the necessary nutrients and vitamins. Poor nutrition impacts development at every level, impairing mental and physical health, productivity, weakening the immune system and the child's ability to grow and thrive.

CARE Lao PDR has extensive experience in nutrition through their projects in maternal and child health, family planning, food security and rural development. CARE is in partnership with CCL, RDA and LOPA delivering SUPA (EU funded) project in Phongsaly, where CCL led an informative IYCM research on beliefs and practices related to IYCF among Yao and Akha ethnic groups. CARE would like to follow up on this research and carry out similar research in Sekong Province where CARE also implements projects in districts with Alak, Tarieng, Katu and Nge/Krieng ethnic groups, and where a new 1000 Days Nutrition Project is being prepared for implementation in partnership with MOH covering both Phongsaly and Sekong provinces (funded by the Luxembourg Ministry of Foreign Affairs).

Objectives of the Study:

The **first objective** of the study will be to provide in-depth analysis of the economic, political social and cultural influences on IYCF beliefs and practices in Sekong Province. More precisely, this will be to:

- Assess the main barriers and constraints for women regarding IYCF practices;
- Assess the perception of beneficiaries and target groups regarding the evolution of IYCF practices inside the communities but also their perception regarding factors that might impact their food and nutritional security;
- Assess the social and cultural beliefs, attitudes, practices and knowledge that can influence IYCF practices;
- Explore gender roles regarding breast milk feeding (e.g. How are decisions made regarding the need to exclusively breast feed up to 6 months or more?).

The **second objective** will be to identify key factors that could inform the future design and effective implementation of projects promoting maternal child health and IYCF practices regarding:

- Elements that need to be in place in order to have an enabling environment for development of effective IYCF practices, including quality maternal and child health care services and information, available foodstuffs, etc.

- Aspects that should be considered for incorporation into ICYF project design when working with mothers and communities from target ethnic groups.

Methodology:

The study will be conducted by one international or national consultant with the support of a translator/interpreter (depending on the villages and ethnic groups targeted).

The study will be conducted in up to four villages in Kaluam and Dakchueng Districts (Sekong) involving two ethnic groups (two villages per ethnic group). The selection of villages will be done in coordination with the CARE team.

The final methodology will be proposed by the consultant. However, the main approach used should include collection of qualitative data through Focus Group Discussions with different target groups (village leaders, health volunteers, mothers, fathers, elders, young people, etc.) and through individual interviews, especially with women with children under 5, pregnant women and teenagers. Time dedicated for observation in the villages will be sufficient to allow in-depth analysis of behavior and IYCF practices among families.

The duration of the consultation will be 18 days including literature review, field visits, and interviews and reporting.

The study should be conducted by the end of December 2019.

The following schedule gives an overview of the potential timetable of the mission:

Day	Tasks
Day 1	Desk review + meeting with key stakeholders in Vientiane
Day 2	Desk review + meeting with key stakeholders in Vientiane
Day 3	Travel to Sekong Province (including flight VTE-Pakse)
Day 4	Field work preparation + meeting with staff assisting study to review questionnaires
Day 5	Meeting with MOFALUX CARE staff & main counterparts working in the field (DAFO, LWU, DHO) Afternoon: Journey to village 1 (TBC). Overnight in village 1. (TBC)
Day 6	Fieldwork in village 1. Overnight in village 1
Day 7	Journey to village 2. Fieldwork in village 2. Overnight in village 2 (TBC)
Day 8	Fieldwork in village 2. Overnight in village 2.
Day 9	Travel back, debriefing and overnight in Dakchueng
Day 10	Travel from Dakchueng to Kaleum District (Sekong Province) by CARE car.
Day 11	Meeting with CARE team and main counterparts and travel to village 3 (TBC.), overnight in village 3.
Day 12	Field work in village 3. Journey and overnight in village 4 (TBC).
Day 13	Field work in village 4. Travel back and overnight in Kaluam
Day 14	Debriefing in Kaluam (am) and travel to Pakse (evening).
Day 15	Flight back to VTE (from Pakse). Summarize main observations and findings
Day 16	Summarize main observations and findings + Write full consultancy report
Day 17	Write full consultancy report
Day 18	Write full consultancy report

Day	Tasks
TBC	Presentation of Study with key partners. Location (TBC).

Skills consultant required

- Have a minimum of a Master degree in Sociology, Anthropology, Politics of Development, or others related fields.
- Have at least 5 years of experience in sociology/ socio-anthropology studies; additional experience in food security/ nutrition projects will be an asset;
- Native Lao speaker and professional level English or international expert with good skills in Lao;
- Knowledge of Lao agricultural, nutrition and health sector will be an asset;
- Demonstrated good report writing skills.

Key contacts:

SENGPOR LAO (Program Quality Coordinator): sengpor.lao@careint.org

[Phone: 020 581 07912](tel:02058107912)

Deadline: Sep 22nd 2019

Submit applications to: SengporLao.contracts@careint.org

Annex 2. Village Profiles

1. Dakcheung District

Village Profile - Prao

VILLAGE: Prao ³⁹ (Tanglou)			DISTRICT: Dakcheung	
Total Population:	No. of Households 33 HHs (37 families)	Total Pop. 243	Total Male 134	Total Female 109
Child Population:	Under 5 years ⁴⁰	43		N/A
	Under 2 years	21		N/A
Ethnicity:	Mostly Talieng (30 households) but with 3 Katu households located outside of the main village)			
Village Background	Tanglou villagers moved from Daklue village and resettled in this new home, Tanglou (administratively part of Prao Village), in 1997 due to lack of access to road and water supply. Tanglou is a small village that belongs to Prao and it is officially recognised as part of Prao village, using the same village stamp. In terms of village administration, there was one deputy village head in Tanglou/Daklue and he has to meet and report to the village head based in Prao regularly.			
Distance from District Town	32 km.s to the District town			
Nearest Health Center & Distance	6 km.s to the nearest health center, established in 2014 with the support of the Poverty Reduction Fund (<i>Tor Lor Nyor</i>)			
Nearest School & Distance	There is a complete primary school in the village			
Health Data	There was an increase in health issues/sickness incidence among children and adults, possibly as a result of using unclean water as well as animal waste around the village.			
Water Supply	In 2003, the village received support of a GFWS from ACF and then some additional water and sanitation support from CARE Laos in 2013. Water insufficient, especially after the effect of a natural disaster (storm and flooding) ⁴¹ in September 2019 which damaged the water supply system.			
Latrines	CARE supported construction of latrines in 2016 but these are not being used regularly.			
Livelihoods	Income crops	Cassava		
	Rice fields	Main livelihood activity is growing upland rice and growing lowland rice is secondary.		

³⁹ Prao is a new resettled village. In the 1990s, it comprised four smaller villages, namely Prao (a small existing, old village all of whom are Katu ethnic group), Tungroung village (ethnic make up unknown), New Tanglou village (who moved from Tanglou, all are Katu ethnic group), and Tanglou/Daklue village (Talieng ethnic group). The village that the study team visited is Tanglou/Daklue. However, since the village is officially recognised as Prao, that name - Prao - will be used in the report, though the data presented was only from villagers from the Talieng ethnic group in Tanglou/Daklue.

⁴⁰ This includes children under age of 2.

⁴¹ See <https://reliefweb.int/report/lao-peoples-democratic-republic/flash-update-no-01-tropical-storm-podul-jenny-and-tropical> and <https://reliefweb.int/report/lao-peoples-democratic-republic/flash-update-no-03-tropical-storm-podul-jenny-and-tropical>.

VILLAGE: Prao ³⁹ (Tanglou)		DISTRICT: Dakchueng	
	Issues	<ul style="list-style-type: none"> • Low productivity of rice growing, partly due to low quality of soil and weather conditions. • Not having enough rice to eat – the rice produced is only enough for 6 months, the remaining months villagers eat cassava or buy/ borrow from relatives. • Lack of household labour to work on the land. It is reported that it was partly because most children have gone to secondary school. In 2018/19, students from 20 families have gone for further study and 4 families have children studying in higher education in Champassak, Vientiane, Salavanh and Vietnam. Children from the remaining families (13 families) did not go to either secondary school or college. • Villagers still largely rely on hunting and forest products to make a living. 	
Forests	Villagers have enough agricultural land and forest to make a living.		
Other Projects	<ul style="list-style-type: none"> • PRF (1998?): Road construction • ACF (2003): GFWS construction • EDP II (2003): Pre- and primary school construction • CARE (2013, 2016): animal raising?, fishponds (but not effective due to lack of regular water supply, fish were eaten by snakes). 		
Outstanding Needs	Support to continue growing cassava and provision of nets for fencing to protect cassava crops from animals.		

Village Profile - Tong Xieng

VILLAGE: Tong Xieng			DISTRICT: Dakchueng	
Total Population:	No. of Households 42 HHs (45 families)	Total Pop. 266	Total Male 130	Total Female 136
Child Population:	Under 5 years⁴²	45	19	26
	Under 2 years	15	7	8
Ethnicity:	Talieng 100%			
Village Background	<p>In the past, villagers lived in scattered households and not consolidated until 1973. At first, there were 10 households who came together and resettled in Tong Xieng Village, all of whom were from the Talieng ethnic group.</p> <p>Four decades later, in 2013, due to population growth, villagers (perhaps the new generation) moved close to the road and other facilities including electricity and a school, whereas the first resettlement area was around five minutes walk to the road and other facilities.</p>			
Distance from District Town	The village is located on the road and is only about 7 km.s from the District town, Dakchueng.			

⁴² This includes children under the age of 2.

VILLAGE: Tong Xieng		DISTRICT: Dakchueng
Nearest Health Center & Distance	Villagers get access to health services at the District Hospital, and there is no health center near the village.	
Nearest School & Distance	A complete primary school with multi-grade classes is available in the village. Children have to go to attend secondary school in the district, if they decide to continue studying after finishing primary education. Villagers reported that all children attended secondary school, a 1.5-2 hour walk from the village.	
Health Data	Measles, diarrhea, cough, fever, cold, stomach ache (acid), respiratory problems (partly because of cold weather)	
Water Supply	In the past three months, villagers received support from an EU project to establish a 'community water supply system' and they can now use it. The water tank is quite small, and the water flow is slow. As a result, villagers are not sure if they will have regular access to water or not. At the time the team visited, some households were using bore well water (<i>nam bor</i>).	
Latrines	It is reported that all households have latrines, but when observed some households did not have them, and those who did have latrines seem to rarely use them.	
Livelihoods	Income crops	Crops including coffee and vegetables which are the secondary livelihood activities. Coffee is the main crop for household income generation.
	Rice fields	Wet-land rice growing is the main livelihood activity, some households also grow rice in dry-land/ upland areas.
	Issues	<ul style="list-style-type: none"> • Low productivity of rice growing for both lowland and upland farming systems. • Animal diseases
Forests	Most villagers have sufficient agricultural land (avg. 1.5 ha for each household) and there is adequate forest coverage.	
Other Projects	<ul style="list-style-type: none"> • CARE Laos (2012): provided support for growing coffee and kitchen gardens; raising goats and chickens (but all died due to diseases) • IFAD (2015): Provided vegetable seeds, raising goats under 'Southern Laos Food and Nutrition Security and Market Linkages Programme'. • PRF (2017): School construction 	
Outstanding Needs	Villagers faced difficulties in dealing with changes in the weather (rain, cold, soil degradation), natural disasters (floods, rodents); They need support to increase crops/ rice productivity; vaccination/ prevention of animal diseases; supplementary seeds in case main crops are affected by disasters; supply of rice (due to rice produce is only sufficient 6 months).	
Other	Domestic animals are raised and used for traditional cultural activities (when growing rice, housewarming, marriage, New Year celebrations, and deaths/funerals), not for general consumption. There are 7 households which were considered as 'poor/poorest' in the village.	

2. Kaleum District

Village Profile - Jrok

VILLAGE: Jrok		DISTRICT: Kaluem		
Total Population:	No. of Households 52 HHs	Total Pop. 360	Total Male 178	Total Female 182
Child Population:	Under 5 years⁴³	N/A		
	Under 2 years	N/A		
Ethnicity:	Ngae (Kriang) and Katu			
Village Background	The village was first established in 1979 with 17 households, all of whom are from the Kriang ethnic group. Then from 2013 until 2019, people from several small villages migrated into the village – Aye village in 2013 (7 households), and then Apom, Nakdor, Thamdenng, and Apiek from 2017-2019 (11 households). In total, new migrants over the past 6 years (2013 – 2019) were 18 households, all of whom are from the Katu ethnic group.			
Distance from District Town	6 km.s from the District town			
Nearest Health Center & Distance	District Hospital (in the District town)			
Nearest School & Distance	There is a complete primary school in the village. After finishing primary school, children have to attend secondary school in the district town, if they want to continue their education.			
Health Data	Common diseases were sickness, cold, diabetes, and red eyes (<i>taa daeng</i>), and the most common ones were stomach ache (acid) and respiratory problems. Among children, common illnesses were chickenpox, cough, cold, and mouth disease. If compared to the past, the incidence of illness has reportedly increased, as well as that of animal diseases, partly because of weather and the unsanitary village environment (not clean).			
Water Supply	Long ago, there was a support from ACF for construction of a GFWS but then it was not functioning. Later, PRF constructed 4 tapstands but there was only 1 that has water running regularly.			
Latrines	Community members used to have latrines, but now only few households have them and use them, partly due to the lack of water, especially in the past 6 years.			
Livelihoods	Income crops	Cassava		
	Rice fields	Upland farming system is the main livelihood activity, but most of fields are located far from the village and communities have to stay in the fields for work. Apart from growing rice as the staple crop, they also grow vegetables and cassava (as a supplement for rice). Rice productivity is very low and can only last for 6 months especially among about 70% of total households in the village. The remaining months, they have to either eat only cassava or mix with rice		

⁴³ This includes children under age of 2.

VILLAGE: Jrok		DISTRICT: Kaluem
		that they buy from the market or borrow from relatives.
	Issues	<ul style="list-style-type: none"> • Rice insufficiency is a severe issue facing families • Lack of enough wet-land for rice farming • Not having enough water for drinking and bathing • Not having enough fruit to eat • Need fishponds to raise fish at least for consumption • Often experienced the spread of animal diseases
Forests	Scarcity of agricultural land and forest, partly due to population growth, the resettlement of the new Kaluem district town (moved from the old location to near Ban Jrok). Previously, Ban Jrok was about 40 km.s from the old town but now only 6 km.s. While it is good for them in terms of getting access to services, this has increased negative impacts in terms of how people make a living from the forest.	
Other Projects	<ul style="list-style-type: none"> • ACF (2000s): GFWS • PRF (2010s?): GFWS • SUFORD (Sustainable Forestry and Rural Development) – forest conservation and surveying 	
Project Activities (if yes)	As above	
Outstanding Needs	Expansion of wet-land areas, fishponds, growing vegetables and fruit trees for livelihood security	
Other	The village has electricity and road access all year round to the District town.	

Village Profile - Vangpangor

VILLAGE: Vangpangor			DISTRICT: Kaluem	
Total Population:	No. of Households 35 HHs	Total Pop. 394	Total Male 199	Total Female 195
Child Population:	Under 5 years⁴⁴	56	26	30
	Under 2 years	N/A		
Ethnicity:	Katu 100%			
Village Background	Vangpangor ⁴⁵ was established in 2009, and is comprised of four villages Yueb Yai, Yueb Noy, Ban Oun, and Ban Pay. Initially there were a total of 20 households but over the past decade, the population has increased and now there are 35 households.			
Distance from District Town	35 km.s from the District town.			

⁴⁴ This includes children under the age of 2.

⁴⁵ Vangpangor is called in accordance to the name of spirit ghost living in the river (Vang) near the village. In the past, there was a woman from the village who spiritually married with the ghost (ພິເສດ) and often visited the ghost in the water (Vang) but her clothes never got wet.

VILLAGE: Vangpangor		DISTRICT: Kaluem
Nearest Health Center & Distance	<p>There is a health center (<i>souksala</i>) located near the village (Khoum Ban Tanueng). This <i>souksala</i> was actually established in Vangpangor but later moved, possibly due to location (Tanueng is more central to the cluster of villages, and has electricity). Also, the villagers were reportedly unable to provide food for the health center staff. The health center was moved and established in Tanueng around 2013.</p> <p>It is reported that people do not use the <i>souksala</i> or District Hospital much due to distance and poor road condition.</p>	
Nearest School & Distance	<p>There is a primary school in the village and all children seem to attend primary school. However, very few have gone on to secondary school located in Khoum Ban Tanueng which, although only 7 km.s distant, has a very bad road through a forest. In 2018/19 alone, there were 17 students who finished primary school but only 6 (1 female) continued to secondary school. A teacher told us that main reason for not continuing was because of poverty related issues – parents could not support their children to continue their schooling.</p> <p>It seems there was a high rate of non-literacy and low level of Lao language speaking ability among women around 24-35, and this was more severe among women at the age of 45 above. Early marriage seems to have a high incidence in the village. The marriage age range is around 15-18 years. Those women who are 20 years of age and above are considered to be ‘too old’ to get married.</p>	
Health Data	<p>The most common illness among adults were kidney problems and stomach ache (acid). Others were arthritis in the joints (<i>Pa dong khor</i>), and respiratory illnesses.</p> <p>Among children, common illnesses were chickenpox, fever, cold, and diarrhea (partly because of not being clean, not wearing clothes and shoes, not drinking boiled water).</p>	
Water Supply	There are 11 tapstands in the village and all are functioning.	
Latrines	Despite having enough water for use, there are no toilets with the exception of the teacher's house (yet it was a dry latrine/ non-flush toilet) and the school. Villagers used to receive advice from district health staff to build latrines but no one could follow the advice due to not having money to buy materials.	
Livelihoods	Income crops	Cassava, vegetables and taro.
	Rice fields	Upland farming is the main livelihood activity for the villagers. Apart from growing rice, people go to the forest for hunting and gathering food.
	Issues	<ul style="list-style-type: none"> • Women have experienced difficulties in delivery of children, at least 1 in 5 mothers faced this problem. There was also incidence of ‘sudden’ illness and death without knowing the reason. • Spread of animal diseases, especially among chickens. • Not enough low-land rice fields (people were more interested in doing low-land farming rather than upland farming).

VILLAGE: Vangpangor		DISTRICT: Kaluem
		<ul style="list-style-type: none"> Villagers could not cross the rivers to their agricultural lands during the rainy season – need to have a bridge.
Forests	Large forest coverage and upland rice fields for making a living.	
Other Projects	<ul style="list-style-type: none"> WFP: school feeding, Rice Bank (3 tons) PRF: GFWS, road construction EDP II (2014): School construction Oxfam (2015): Irrigation Lao Red Cross: Clothes CARE (2017): animal husbandry (goats, fish, chicken, seeds) 	
Outstanding Needs	Basic healthcare services, including family planning, maternal and child health and nutrition, livelihood security.	
Other?	High incidence of rural-urban temporary economic migration, especially among female youth. During the evaluation, the team managed to meet only two female youths, the rest having just gone to Champasak for work (working on coffee plantations).	

Annex 3. Sample Village Priorities

A. Community Perspectives

Villages	Priority areas
Tong Xieng	<ul style="list-style-type: none"> • Income generation: Create opportunities for income generation, including promoting vegetable plantations and animal husbandry, and SMEs (credits, market linkages, etc.); • Food security/sufficiency: Ensure food security by expanding wet-land areas and the capacity to grow rice two times a year; help families to set up integrated kitchen gardens, raise animals (chickens and pigs) using traditional breeds, and grow fruit trees using traditional seeds as well as seeds from other places; • Water: Help improve GFWS; • Enhance MCH practices: Promote mother and child health and nutrition activities, including nutrition and hygiene promotion, and family planning.
Tanglou/ Prao	<ul style="list-style-type: none"> • Food security/sufficiency: Promote households to set up kitchen gardens, grow cassava, and raise animals using traditional breeds and seeds or seeds from other places, also expand fish ponds; • Income generation: Establish animal husbandry groups and grow cash crops (but not coffee trees as not appropriate to the local context – not fruitful); • Capacity building: Provide technical support to farmers and follow up activities; • Water: Help improve GFWS for consumption and irrigation systems for farming; • Infrastructure: Help improve road access and electricity supply.
Jrok	<ul style="list-style-type: none"> • Food security/sufficiency: Expand wet-land areas, promote kitchen gardens, raise animals (chickens, ducks, pigs, and goats) using traditional breeds; also, expand fish ponds, grow cassava, sweet potatoes, fruit trees (pineapples, bananas, and sugar cane) as they grow very well and are fruitful; • Capacity building: Provide technical support to farmers; • Prevention of animal diseases: Provide support on how to prevent animal diseases.
Vangpangor	<ul style="list-style-type: none"> • Food security/sufficiency: Expand wet-land areas, grow more vegetables, including supplementary crops to ensure there is all year-round food available; grow fruit trees (pineapples, bananas, peanuts), grow cassava, sweet potatoes; raise animals (ducks, chickens, goats, pigs, and insects); • Prevention of animal diseases: Provide support on how to prevent animal diseases; • Latrines: Provide support for latrine construction; • Income generation: Support generation of more income, especially growing rice and vegetables for sale; • Others: Provide metal fences to prevent animals eating food crops, construct bridges to cross over to the rice fields as it is particularly difficult during the rainy season, and provide a tractor to the village.

B. District Staff Perspectives

District	Priority areas
Dakcheung (Talieng communities)	<p><i>At village level</i></p> <ul style="list-style-type: none"> • Conduct thorough needs assessments in target villages and identify key development priorities; • Conduct awareness raising and community-based behaviour change activities on health and nutrition practices; • Involve the village in the development process to promote ownership and sustainability, and work closely with spirit doctors as they play significant roles in the village; • Establish village MCH committees to help monitor and support MCH related activities, and revolving funds for women's groups to help them generate income for their families; • Improve access to health (including improved road access) and, if possible, provide a tractor to the village to take patients to the health center or hospital; • Train on animal raising and vegetable growing, as well as on gender with 'practical' knowledge and skills rather than 'theory'; and regularly follow up activities by project staff, Govt staff and villagers; • Promote the use and development of local, traditional breeds and seeds that are suitable for the local context; prior to introducing any new plants, conduct soil testing to assess suitability; • Where needed, establish a disaster warning system to inform residents in advance of potential disasters; suggest supplementary crops should villagers experience any disaster impact; <p><i>At district level</i></p> <ul style="list-style-type: none"> • Provide medical equipment for health centers and staff training.
Kaleum (Katu communities)	<p><i>At village level</i></p> <ul style="list-style-type: none"> • Improve road access in more remote villages, which, as a result, will help improve access to healthcare; • Conduct reproductive health promotion; • Promote nutrition and care for infants and young children; • Provide financial and technical support for agriculture and livestock raising (fish, pigs); • Follow up activity implementation regularly; • Promote and raise awareness more gender equity. <p><i>At district level</i></p> <ul style="list-style-type: none"> • Build capacity of health staff at hospitals and health centres; • Provide funding to district health staff to conduct health education, and prenatal and postnatal care at the village level; • Provide transport services to the hospital to transport patients from villages in case of emergencies; • Provide health equipment (e.g., Echo/ultrasound). • The District does not have enough health staff to work in health centers, each health center only has approximately two staff – more staff or volunteers needed.