



‘Bringing Justice Closer to Women Suffering from Gender Based Violence’

Baseline Report to the European Commission

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I. Executive Summary

The European Commission funded project, *'Bringing Justice Closer to Women Suffering from Gender-Based-Violence (GBV)'* aims to “contribute to the reduction of GBV and increase access to justice for vulnerable women in Laos”. The present baseline report draws on various sources of information but particularly the Baseline Survey conducted in Vientiane and Champasak Provinces in 2016/7. The aim of this report is to present findings and to provide recommendations on three areas of interest for the project as follows:

1. Prevalence and awareness of GBV in project target area

- There is a large recognition of the occurrence of all forms of GBV in the entire project target area; however, communities were particularly reluctant to discuss details of GBV incidences they personally knew of, stressing the high sensitivity of the issue of GBV.
- The sensitivity of the topic is heightened by the fact that GBV mostly occurs within the family and within the home whilst it is largely considered as “a private matter, never to be intervened with” (UNFPA, 2014).
- A number of taboo issues were identified, including child abuse, the denial of access to resources and services for women (including denial of inheritance, contraception, saving, and land rights) and to a lesser extent (or lesser known extent¹), harmful cultural practices in relation to marriage and birth giving.
- Types of GBV most commonly reported as occurring in project target area include child/early marriage, the use of physical violence (hitting or slapping), psychological and emotional abuse as well as sexual assaults.
- The issue of child and early marriage was found to be widely practiced in the target area, and was reported by both a majority of Lao and other ethnic communities.
- The main causes of early/forced marriages were identified as being primarily linked to poverty as well as being grounded in gendered expectations for girls within the society.

2. Perceptions and attitudes toward GBV

- Domestic violence is largely accepted in target area with nearly 70% of respondents who agreed that a husband could beat his wife under certain circumstances.
- Domestic violence was most accepted in situations where a wife could be perceived as making independent decisions within the household or over her own life that threaten existing power structures.
- On the other hand, domestic violence was most condemned when associated with repression of woman's right to express their voice and opinion, and related to alcohol suggesting that violence under such circumstances is not socially acceptable (different from tolerated).
- Women were generally less likely to acknowledge women's rights to physical integrity than men; however, men were more likely to defend negative 'masculine' privileges and interests.
- Whilst 72% of respondents agreed that a wife should report being beaten by her husband to local village authorities or the police, only 60% of respondents thought women had the ability/right to report GBV and only 32% recognized the ability/right of children to report.
- A majority of respondents had a sense of the illegality of GBV, however a minority reported being aware of the laws surrounding women's rights and having accessed information about GBV before. Women and ethnic respondents in particular were less likely to have accessed information on GBV and women's rights.

¹ There is limited external data available on occurrence of harmful cultural practices in the specific target area to compare with actual reporting from the baseline survey, which indicated such practices were relatively low (or that people didn't want to talk about it) however the survey did not include Hmong communities, where such practices are known to be more common.

3. Access to services and access to justice

- Whilst the actual reporting of GBV to authorities is known to be particularly low and highly sensitive, access to justice is directly influenced by people's awareness of services, access to and confidence in these services (UNDP, 2011).
- In terms of access, the project strategy to develop village-based paralegals seems very relevant to overcome a number of barriers by providing services that are free of cost and available at the village level by a familiar and trusted individual.
- The significant preference for reporting to village-based authorities, including a large preference for reporting to the village committee and VMU was also explained by the fact that people and especially women lacked awareness of both the existence and procedures of other legal services/justice mechanisms.
- In terms of confidence, very few respondents were familiar with the work of village paralegals, therefore the actual capacity and social recognition of chosen paralegals are likely to be a determinant factor of the confidence people will in fact have in seeking their help, and of the impact on GBV.

RECOMMENDATIONS FOR THE PROGRAM:

Do no Harm implications

- **GBV is a sensitive issue** that requires a specific Do No Harm approach and conflict sensitivity throughout project strategies and activities.
- Because the large acceptance of domestic violence and other forms of GBV directly limits abilities of victims to seek and access justice, the project should **adapt its strategies to the level of sensitivity (and acceptance) of various types of GBV** by focusing on 'starting the discussion' on most sensitive issues, and pushing for stronger access to justice on less sensitive issues.
- The promotion of **victims' informed choice of justice mechanisms** options (including the provision of information and consideration of potential social and judicial outcomes from using different justice mechanisms) is an essential risk mitigation strategy to be further developed by legal aid clinics.

Awareness raising key messages and recommended approach

- There is a need to communicate the fact that GBV is not 'a private matter that belongs to the home' but rather **a public matter impacting the entire society and therefore the responsibility of all**.
- **Working with both men and women on changing negative social norms and acceptance of GBV.** Because beliefs and socially accepted violence have an impact on people's likelihood to seek help for fear of social stigma but also on the justice system itself, there is a need to work on the core gender inequalities at the root of GBV, whilst complementing the project's focus on promoting greater law literacy.
- **Important work on raising awareness on existing services needs to be done.** This must include awareness on procedures and costs of services to better build trust and incitement.
- Specific messages for women and girls should focus on the prevalence and impact of GBV and services available for victims, whilst men and boys would mostly benefit from discussions on gender inequality and redefining 'masculinity'.
- **Multiply messages and sources of information accessible to both men and women** with a preference for multimedia (TV, radio and social media), and direct interactions (workshop, training, events) with applied quota for maximizing participation of women and ethnic groups.

On maximizing impact and promoting learning

- GBV is a complex issue rooted in various social norms and practices but also other parameters such as poverty. There is therefore a need to **combine efforts across development sectors** and link with other relevant initiatives related to health, education and access to resources to better reduce GBV.
- **Strengthen the project's double strategy to build the capacity of both civil society / paralegal services, and local authorities.** Especially capacity building of local authorities would benefit from further investigation on priority needs of VMUs in relation to paralegals.
- Because perceptions of the services matter, it is recommended that the project **invest in qualitative monitoring and evaluation of the outcomes of justice services** provided in target area. This would also directly benefit the learning and advocacy components of the project by providing evidence for the need to amend or develop policy framework (or improve specific legal aid approach) toward better protection of women's rights and victims of GBV.

II. Project Background

The present report aims to establish a baseline for the European Commission funded project called, 'Bringing Justice Closer to Women Suffering from Gender Based Violence' (GBV Project) in Lao PDR. The GBV Project is to be implemented over a period of 42 months from March 2016 to September 2019, at a cost of 400,000 euros. Key project implementers are Helvetas Swiss Intercooperation (Helvetas) in partnership with the Association for Women Development and Legal Education (ADWLE) and Bridges Across Borders Southeast Asia Community Legal Education Foundation (BABSEACLEF).

Together they have committed to the following overall objective of the project - **"To contribute to the reduction of Gender Based Violence (GBV) and increase access to justice for vulnerable women in Laos."** Specifically, the project aims to achieve that the social, economic and cultural rights of women with regard to GBV are strengthened through improved awareness, knowledge and capacities among women, civil society organizations and other stakeholders. In doing so, the project aims to contribute to the achievements of Sustainable Development Goals on gender equality, and peace Justice and strong institutions².

The project particularly targets community members and local authorities in 30 villages of Champasak and Vientiane provinces, 30 village mediation units, 50 judicial and law enforcement officials, 2 law faculties at National University of Laos (NUoL) and Champasak University (including 120 law students and 10 law professors and lecturers), and civil society organizations, namely the ADWLE's Legal Aid Clinic in Vientiane, and two Community Legal Education (CLE) and "in-house clinics" based in targeted law faculties of Vientiane and Champasak. In total, 3000 women and men, including at least 50% from ethnic groups, in 30 villages in Vientiane and Champasak provinces are expected to directly or indirectly benefit from the project.

Project strategies and expected results focus on 1) Raising awareness on GBV and its consequences in order to promote community level prevention, protection, seeking redress and legal actions; 2) Increasing availability and accessibility of legal support for victims of GBV including most vulnerable groups; 3) Supporting law enforcement and the capacity of officials to deal with GBV cases effectively; 4) Building the capacities of civil society groups to provide legal services and engage in policy advocacy on GBV.

Main project activities include:

- 1) Trainings and the use of interactive educational tools in 30 villages in Vientiane and Champasak provinces. Train community paralegals to work in the villages and establish GBV support groups. Train Law faculty students, organise outreach to communities with law students (CLE).
- 2) Strengthen capacities of staff and organisation of ADWLE's legal aid clinic in Xaythany and In-House clinic of NUoL/BABSEACLEF to handle GBV cases. Introduce a case reporting system. Support women to bring cases to court.
- 3) Develop a manual on GBV for judicial and law enforcement officials, organise training events for duty bearers, support setting up systems and procedures for GBV cases.
- 4) Coaching of ADWLE staff to enhance organisational capacity (management, reporting, technical support). Establish a management structure for a clinical legal education program in Champasak University. Set up an M&E system for programming, knowledge sharing, documentation and for policy dialogue, develop recommendations, policy briefs and case studies. Bring in international and regional lessons learned and best practices.

² See Annex G for details of relevant SDGs compared to baseline findings.

III. Methodology

1) Baseline objectives and focus

The aim of the baseline is to provide information on a number of areas of interest to the GBV project as well as to provide key recommendations and implications for the programs, especially in regard to the development of awareness raising activities. Main project interest areas were defined as follows³:

1. **Prevalence and awareness of GBV in target area:** especially, the awareness and prevalence of different types of GBV; people's awareness of perpetrators and places of occurrence of GBV; as well as the prevalence and causes of child marriage.
2. **Perceptions and attitudes toward GBV in target area:** in relation to social norms, power dynamics, inequalities and/or gender roles that contribute to GBV; people's awareness of women's rights.
3. **Access to services and justice in target area:** In regards to people's likelihood to seek help and report GBV; people's knowledge of existing services and preferred reporting mechanisms; as well as the capacities of legal clinic and University CLE to deliver services and promote access to justice.

2) Baseline sources of information and methods

In October 2016 and July 2017 BABSEACLEF led a baseline survey of community members in target project areas with the collaboration of the NUoL. The Survey was conducted directly by law students who gathered and entered data working as volunteers. Prior to the survey, students undertook a 2.5 day workshop discussing the issue of GBV, they also reported spending considerable time (one to two hours) per single interview. Therefore the survey directly contributed to the project's objectives by bridging and encouraging trust and understanding between knowledgeable law individuals and local and often vulnerable communities. This is illustrated by students reporting that they are thankful for the opportunity to contribute to the baseline, particularly the experience and greater understanding they gained, especially in regards to understanding communities' challenges to access justice and information on GBV.

In total 480 people including 50% women and 47% ethnic minority groups participated in the baseline survey. Respondents came from both target districts and were selected according to a purposive sampling methodology which is further described in Annex II "Project Baseline Survey Methodology".

Findings and conclusions presented in the present report are mostly deduced from an analysis and triangulation process using the baseline survey mentioned above as well as additional sources of information including the following sources:

- a. Desk review of project documents – including Project Proposal, Logical Framework, Interim Narrative of March 2016-February 2017, and ADWLE's case recording database;
- b. Desk review of relevant national studies and reports – including list in Annex II;
- c. A report on the 5 Capacities Assessment of ADWLE conducted in May 2017;
- d. A participatory workshop reviewing baseline preliminary findings with project team members and partners which helped refine analysis and interpretation of findings as well as completed information from partner organizations on the ground (see list of participants in Annex III).

3) Limitations

According to the project's logical framework, a number of other data sources should have been used to answer the project baseline indicators however these were not available at the time of the writing

³ Note that there are a number of Baseline Project Indicators associated to each of these areas and which are further investigated in section IV of the report, '4. Project Baseline Indicators Table'.

of the present report. These include a capacity assessment of both CLE NUoL and CLE Champasak⁴ and a survey of students and lecturers from both law faculties in Vientiane and Champasak⁵. Other limitations of the survey itself are detailed under Annex A.

IV. Findings

1. PREVALENCE & AWARENESS OF GENDER BASED VIOLENCE

a) Background

Over the past decade a number of GBV related studies have been conducted in Laos. Most recently in 2014, a national study of Violence against Women established prevalence of GBV in Laos and its negative impact on mental and reproductive health of women. Other recent studies have also gathered information on people's and particularly younger generations' awareness of violence against women. These studies therefore offer important comparative frameworks to better interpret findings from the project baseline survey.

The baseline survey was originally designed to gather information on both occurrence and awareness of GBV in target area. However, the limitations of the survey highlighted significantly flawed data on occurrence whilst a triangulation process of both data on occurrence and awareness concluded that **a number of information gathered on occurrence and awareness have to be rather understood as 'respondents willingness and openness to discuss GBV' rather than their actual awareness or the actual occurrence of GBV** (this is particularly true for data gathered on specific experience and witnessing of GBV).

b) Baseline Survey Findings

➤ How open are target communities to talk about GBV?

A majority of respondents (72%) recognized at least one type of GBV (out of a list of 29 types of GBV detailed in annex XX) that apply to their community. Added to the proportion of respondents who said GBV is common in their community (30%) this could indicate **a significant recognition of the prevalence of GBV in the target area**. However, when it came to identifying specific cases of GBV respondents had experienced, witnessed and/or knew of⁶, numbers dropped down to 15%, leaving 85% of respondents who said they'd never experienced or witnessed GBV personally. **The gap between general acknowledgement of GBV in respondents' communities and the reporting of specific cases of GBV indicates the high sensitivity of the topic and respondents' reluctance to discuss details of such types of violence.**

⁴ Note that CLE Champasak is planned to be set up in December 2017 and a capacity assessment conducted soon after.

⁵ The survey of students and professors in both law faculties had just been conducted and needed to be entered in a database for further analysis at the time of the writing of the report.

⁶ Because of the sensitivity of the topic, surveyors found it difficult to collect separate data on GBV directly experienced compared to GBV witnessed and GBV that respondents would know of. Therefore during the data analysis separate questions were merged and survey findings focused on GBV all together experienced, witnessed and/or known of.

Figure 1: Is GBV common in your community?

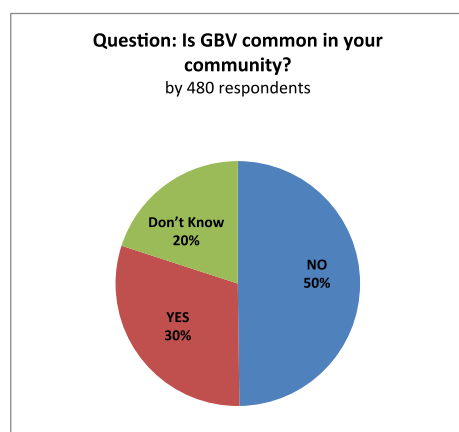
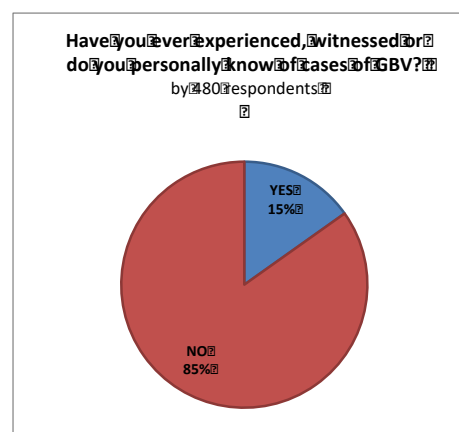


Figure 2: Have you ever experienced or witnessed GBV?



Geographic comparative analysis

A comparison between villages surveyed shows that in all villages surveyed a number of people (between 7 and 21 out of 40) said GBV is common in their communities. Similarly, a number of respondents in all but one village surveyed reported experiencing or knowing of specific cases of GBV (between 2 to 17 people per village except for Huayvhaiy village). One can therefore conclude that **there is a small but existing openness to start the discussion on GBV in the entire target area.**

Gender comparative analysis

The number of women reporting not knowing whether GBV was common in their communities (37% of women) was more than twice that of men (15% of men). Less women than men also said GBV is common in their community (25% women compared to 35% men), and about the same number of women and men identified cases of GBV they had experienced or witnessed (16% of men compared to 14% of women reported experiencing or knowing of specific GBV cases).

Differences between men and women respondents could be explained by the fact that women generally access less information than men⁷ and the fact that **women may not have felt as comfortable as men talking about incidences that more likely resonate with potential personal experiences.** This is particularly true in contexts with little or no options for access to justice and little social recognition and support to victims who choose to speak up.

Ethnic comparative analysis

Respondents from ethnic minority groups were more likely to have answered 'Yes' or 'don't know' to the question "is GBV common in your community" in comparison to Lao respondents (61% of ethnic compared to 40% of Lao respondents said 'yes' or 'don't know'), however these proportions tend to reverse when looking at the identification of specific cases of GBV experienced or witnessed by respondents (7% of ethnic respondents said they had experienced or witnessed GBV compared to 22% of Lao respondents). Whilst one cannot conclude on the reasons for these reversed figures, a possible explanation would be that the issue of GBV is even more sensitive amongst **ethnic minorities who are less willing to talk about the topic in details**⁸. Because respondents from ethnic

⁷ See section of the report on awareness of services and the law.

⁸ Note that because respondents from ethnic minority groups live pre-dominantly in Pakxong district, similar inconsistencies were found comparing district data. The gaps between comparison of ethnic data being slightly

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Figure 3: Average of respondents per category of GBV experienced/witnessed and GBV reported as applying to their community.

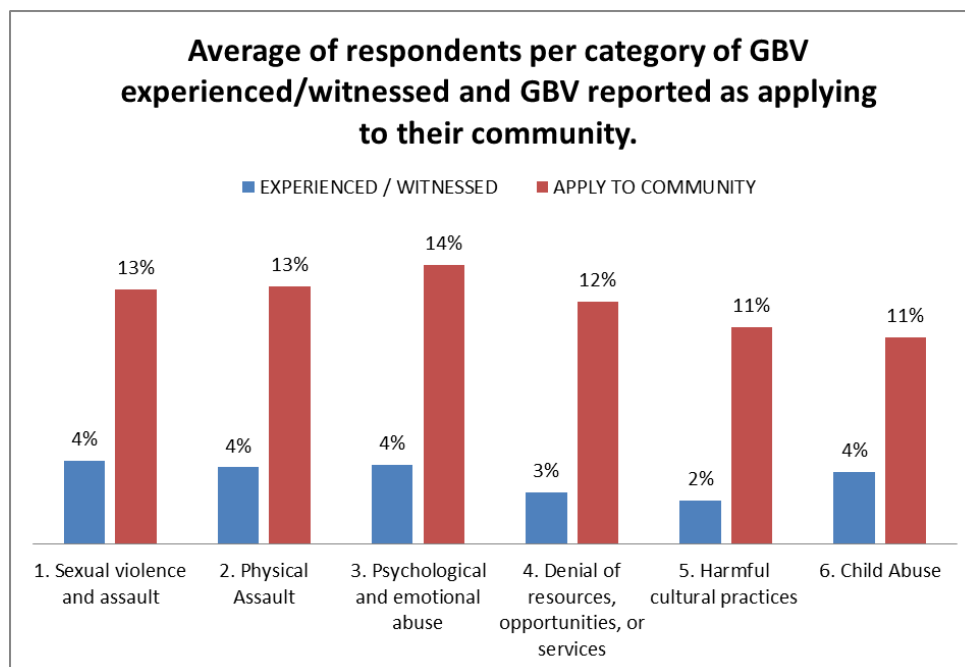


Figure 4: top three types of GBV reported by respondents

GBV Experienced / Witnessed		GBV that apply in the community	
GBV Type	Number of respondents citing	GBV Type	Number of respondents citing
1. Hitting / Slapping	40 (8%)	1. Child marriage	159 (33%)
2. Unwanted Kissing or touching without consent	34 (7%)	2. Hitting / Slapping	149 (31%)
3. Psychological and emotional abuse	31 (6%)	3. Psychological and emotional abuse	121 (25%)

Analysis of types of GBV reported

The survey question reviewed 29 specific GBV examples represented in six categories in figure 3 above⁹. Figure 3 highlights that **all forms of GBV (including the specific 29 types of GBV inquired within the survey) apply to the target area whether these types of GBV have been directly experienced/witnessed or whether respondents had a sense that they occur in their community**. A closer look at specific types of GBV shows high variations in numbers of respondents who acknowledged different types of GBV. When compared to other national studies on occurrence and awareness of GBV in Laos, these results highlight a number of taboo (for example GBV types for

bigger than the gaps between comparison of district data helped conclude that the ethnicity rather than geographic location are the determinant factor for such differences.

⁹ See annex V for details of the 29 types of GBV covered by the survey.

which occurrence is higher than acknowledgement) and other types of violence that people are more open to discuss.

1. Sexual violence and assault

“Unwanted touching or kissing” and other related types of violence were the highest reported form of sexual violence and assault, followed by marital rape. Rape was cited to occur in respondents’ communities by 7% of respondents and marital rape was cited by 10% which is slightly inferior to findings from other studies on awareness¹⁰ and slightly higher than studies on its occurrence according to which 7.2% women have experienced marital rape, 10.9% of women had experienced some type of sexual violence from partner or non-partner) and 1.1% had forced sexual intercourse with a non-partner since the age of 15 years (UNFPA 2014).

2. Physical assault

Over 30% of respondents reported “hitting or slapping” was practiced in their community while this was also the highest reported form of violence experienced or witnessed by respondents. This is however much lower than other studies on awareness which found “70% of respondents reported that, in their respective communities, husbands beat their wives - 41.6% said it was a severe beating” (UNDP 2011). In terms of its occurrence, it is estimated that around 14.4% of women have experienced physical violence in their lifetime (including 11.6% from a partner and 5.1 from a non-partner)”.

3. Psychological and emotional abuse

Psychological abuse was also comparatively highly reported to occur in communities by 25% respondents along with “threat of violence” and “stalking” and “forced isolation”. This is however lower than other studies which found that 26.2% of women have been exposed to emotional violence in their lifetime and 10.5% in the past 12 months (UNFPA 2014).¹¹

4. Denial of resources, opportunities or services

Denial of education was the highest reported type of denied access/opportunity with 20% respondents saying it applies to their communities. This was followed by denial of savings, contraception, land rights, health services and, lastly, denial of inheritance. Whilst there are evidence that these types of GBV apply to the target area, there is little quantitative data to compare it with. During a workshop with project staff, they felt that denial of inheritance should have been reported in higher proportion, suggesting that this is a sensitive issue to discuss, potentially because of its roots into certain cultural practices where a married woman leave her parents’ house to join her husband’s family and is not perceived to be entitled to inheritance from her own family from then on.

5. Harmful cultural practices (related to marriage and birth giving)

The issue of **child/early marriage was the highest form of GBV acknowledged by respondents as applying to their community (33%).** This was followed by the requirement to pay a dowry to end a marriage and forced marriage. Other harmful cultural practices were cited by much less respondents which could be explained by the fact that these practices are mainly known to apply to Hmong ethnic groups living in remote areas in the north of the country¹². The issue of child marriage was further investigated in a separate section of the survey using a different approach. Findings presented in the next section on child and forced marriage suggest that even higher numbers of respondents are in

¹⁰ A 2011 study by UNDP found that 10.5% of people were aware of [rape] occurring in their communities and 15.7% knew of matters of spousal rape”.

¹¹ A 2011 study by UNDP also found that “thirty-five percent reported that husbands humiliated their wives publicly.”

¹² This was clarified during the workshop with project staff.

fact aware of child/early marriage in their communities and that the 33% mentioned here which could either be a sign of the sensitivity of the issue or a sign of some confusing of the definitions of “child marriage” (below 18 years old) and “early marriage” (below 15)¹³.

6. Child abuse

Reporting of child abuse was surprisingly low as just 3% of respondents said it happens in their community. Whilst this might be due to the general terminology used in the survey and whilst other categories benefited from more probing, another potential explanation would be that the sensitivity of the issue prevented people from wanting to discuss child abuse. The sensitivity of the issue in Laos has also been illustrated by a 2014 study on violence against women which found that the self-reporting of women who experienced sexual abuse during childhood “varied depending on how interview questions were asked. The proportion of women who disclosed Child Sexual Abuse (CSA) in face-to-face interviews was 0.9%. However, when answers could be given anonymously by using a card, 9.9% of women disclosed CSA and this further increased to 10.3% when a direct interview and/or a card were employed.” (UNFPA 2014).

➤ Perpetrators and places of occurrence

Only 49 respondents out of 73 who reported experiencing or witnessing GBV agreed to discuss details of perpetrators and only 55 agreed to discuss place of occurrence highlighting **the sensitivity of the topic**. Amongst those who agreed to respond to the questions, spouse was identified as the main perpetrator of GBV (cited 29 times), followed by ‘stranger’ (cited 13 times). The most cited places at risk of GBV were ‘home’ (cited 26 times), ‘in the village’ (cited 24 times) and ‘outside on the way home’ (cited 14 times). ‘School’ was only cited one time.

¹³ Note that whilst the precision of the age for qualifying child and early marriage was not written in the survey questionnaire, the lead of the data gathering activity reported that surveyors had been discussing the definition of child and early marriage amongst themselves prior to conducting the survey and therefore were likely to have explained it to respondents.

Figure 5: Identity of GBV perpetrators

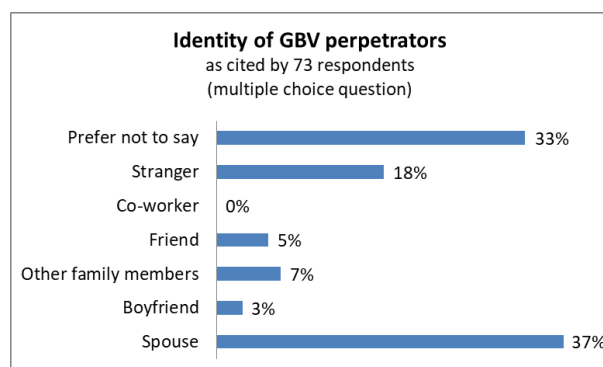
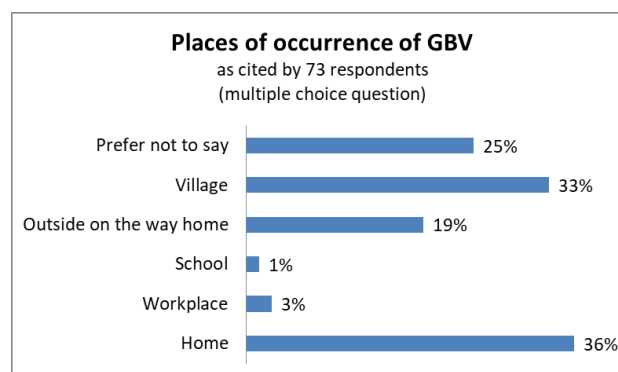


Figure 6: Places of occurrence of GBV



When compared to national data on perpetrators and places of occurrence, a number of ‘misconceptions’ or ‘uneasiness’ about the topic appear. Indeed, whilst national data on GBV also finds that partner or spouse are by far the first perpetrator of violence against women, other family members (specifically mothers/stepmothers) are the second most commonly reported perpetrator of GBV (UNFPA 2014). The comparatively high number of respondents citing “stranger” compared to “other family members” is therefore surprising. Similarly, the relatively high proportion of people reporting GBV occur “in the village” and “outside on the way home” is surprising but can be explained by the fact that **GBV is largely considered as “a private matter, never to be intervened with”** (UN Women, 2013).

➤ Child marriage, prevalence and causes

The survey gathered data on early and forced marriage in four different ways. First, the analysis of the respondents profile (marital status compared to age) gives an idea of the prevalence of early and child marriage amongst respondents themselves but is not as representative because of the small number of people surveyed in the younger age groups. Then, survey questions on whether respondents had a sense that child/early/forced marriages happen in their communities and questions on respondents’ personal experience and witnessing of child/early and forced marriages provides us with an idea of respondents’ willingness to speak about such cases (see previous section on prevalence and awareness of GBV). Finally, specific and additional questions on standard age for men and women to get married and questions on the commonality of early marriage and causes also give an insight into the scale of the issue and its underlying causes.

Respondents’ profile analysis

None of the 6 respondents that were below 15 years old were married. 10 respondents aged 15-20¹⁴ years old, including 9 women, were married out of 53 in that age group. This represents almost a third of women aged 15-20 that were married compared to 4% of men. Most of the married respondents aged 15-20 were from the Yahern ethnic minority (7 out of 10).

Scale and causes analysis

¹⁴ Note that the Lao Family law consider 18 years old to be the minimum age to get married however demographic data of survey respondents did not align with this classification by including the age 19 and 20 in this category.

65% of respondents indirectly acknowledged that child/early marriage – below the age of 19¹⁵ – is the norm for girls in their community whilst only 29% of respondents considered it to be the usual practice for boys. The most cited age group for women/girls to usually get married was 16 to 18 years old (52% of respondents) whilst a majority of respondents said men/boys usually first get married at 19 and above (71%). 13% of respondents considered child marriage for girls (at 15 or below¹⁶) to be the norm in their community against 6% for boys. **A majority of both Lao and respondents from ethnic minority groups acknowledged early/child marriage being the usual practice for girls** however less Lao respondents (58%) reported girls child/early marriage as the usual practice in their community compared to respondents from ethnic minorities (72%). These findings suggest higher rates of early marriage than national statistics from 2012 which reported that 9.3% of Lao PDR girls are married by the time they are 15, and 41% of married women between the ages of 25 and 29 reported that they were first married before they were 18 (compared with 15% of men)¹⁷. One possible explanation for this would be the relatively low representation of younger generations in the survey with 34% of respondents who were below the age of 30 years and 46% below the age of 36¹⁸.

¹⁵ Note that the Lao family law stipulates the legal age to get married is 18 and above with some exceptions possible for children from 15 years old.

¹⁶ Note that child marriage is considered below the age of 15 by the Lao family law, however survey question included the age of 15 in the child category.

¹⁷ Data from the Ministry of Health and Lao PDR Statistics Bureau (2012), in SIGI, 2012.

¹⁸ This argument was advanced during a workshop with the project team and partners who believed that older generations would tend to say people get married at a younger age compared to younger generations who are in fact getting married latter.

Figure 6: At what age do men/boys and women/girls usually first get married?

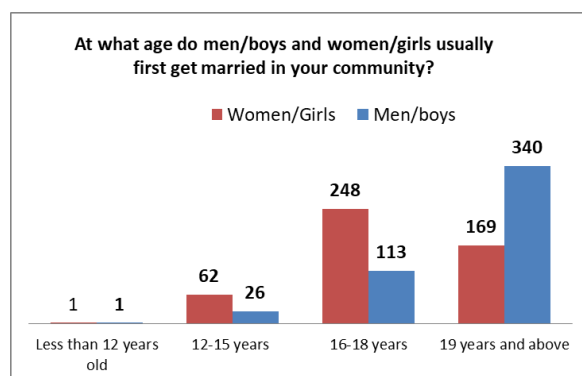
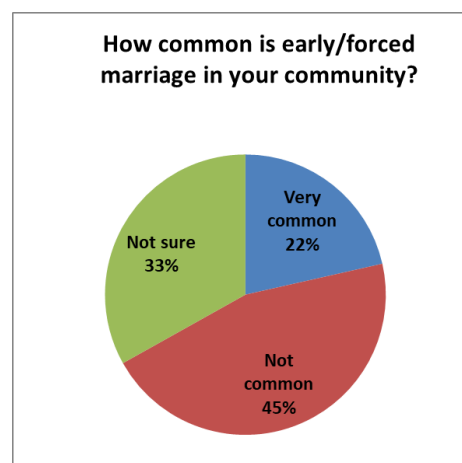
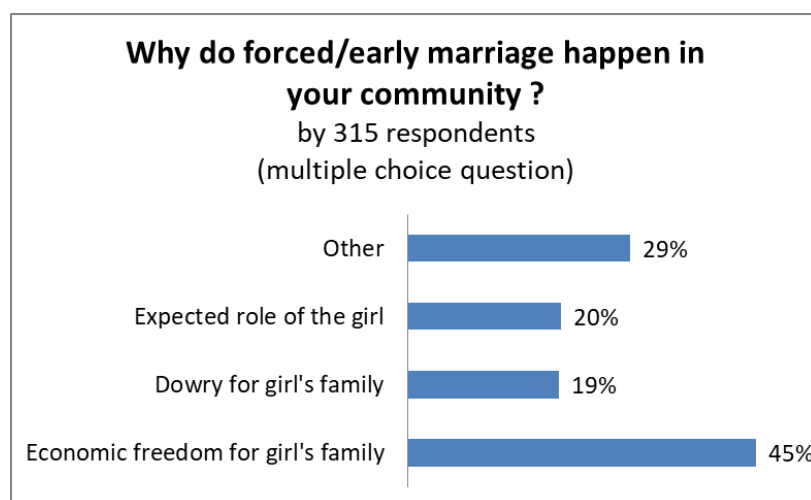


Figure 7: How common is early/forced marriage in your community?



Survey questions on the age at which people usually get married was followed by a question on whether people thought child marriage was common in their community. The inconsistency between relatively low number of people who reported child marriage was common in their community (21%) and the higher number of people indirectly acknowledging child marriage as the norm in previous questions likely highlights **some confusion on the definition of child** or at least between the official definition and more commonly understood definition of child in a context where it is common for young people to start working and start an 'adult life' before 18 years old.

Figure 8: Why do forced/early marriage happen in your community?¹⁹



The primary cause for early/forced marriage cited by most respondents is 'the economic freedom for the girl's family' which is directly linked to poverty (cited by 141 times). Another cause commonly cited, and also related to poverty, is the incitement of the 'dowry for the girls' family' (cited by 61 respondents). Finally respondents also acknowledged the 'expected role of girls' or the fact that girls' marriage is an accepted social norm as playing an important part in the continuous practice of early marriage (cited 62 times). It is unknown what the large proportion of people citing

¹⁹ Note a limitation of the survey question which did not differentiate between early and forced marriage.

“other” had in mind, but this could potentially have given more weight to the social norm/expected role of the girl category²⁰.

c) Implications for the Program

➤ **GBV is a sensitive issue that requires a specific Do No Harm approach**

Findings on respondents’ openness to discuss GBV in their communities highlighted a high sensitivity of the topic with a large majority of people being reluctant to discuss details of the issue despite acknowledging the existence of all forms of GBV in their communities. Especially women and ethnic minority groups were less willing to discuss these issues. The degree of sensitivity also varied per specific type of GBV with a number of taboo issues such as child abuse and a number of cultural practices. This stresses the need for the project to not only discuss and raise awareness on the various forms of GBV and the underpinning gender inequalities at the basis of GBV and violence against women, but also integrate a strong Do No Harm approach and conflict sensitivity throughout all project strategies. There is also a need to communicate the fact that GBV is not ‘a private matter that belongs to the home’ but rather a public matter impacting the entire society and therefore the responsibility of all.

➤ **GBV is a complex issue rooted in various social norms and practices but also poverty**

The case of forced marriage highlights the links between poverty and violence against women and girls. Only combined efforts across development programs would likely have a significant impact on such complex issues that also have repercussions on women’s access to education and women’s health. It is therefore important that the project links up with other relevant initiatives in the target area to multiply messages and efforts in combatting major issues such as forced and early/child marriage. This could refer to other national campaigns promoting gender equalities²¹ but also other economic empowerment, access to education, and maternal health initiatives that need to be investigated in the project area.

2. PERCEPTIONS AND ATTITUDES TOWARD GBV

a) Background

A number of national and qualitative surveys have illustrated the fact that attitudes and perceptions of GBV directly impact people’s likelihood to seek help as well as the justice systems themselves. Legal workers in Laos reported being regularly exposed to limiting perceptions and attitudes that undermine women’s rights to justice²². According to the SIGI report, “a key challenge in Lao PDR is the silence, acceptance and stigma around violence against women”.

A 2011 study on access to justice, stresses the role that limited access to information –owed to physical isolation, language or cultural barriers, lack of formal education, and poverty– plays in different groups of people’s capacity to “understand their rights under State law, as well as in realizing them through formal institutions and mechanisms” (UNDP, 2011).

Therefore this section of the baseline focuses on investigating 1) key perceptions and beliefs surrounding physical domestic violence (most prevalent form of GBV), 2) perceptions toward

²⁰ During a workshop with project team, the important social pressure for women to marry before their 20ties was also stressed as a cause for early marriage especially.

²¹ See UNFPA ‘Noy’ campaign promoting girls rights and empowerment at national level.

²² From a workshop with project staff and partners, in Vientiane December 2017.

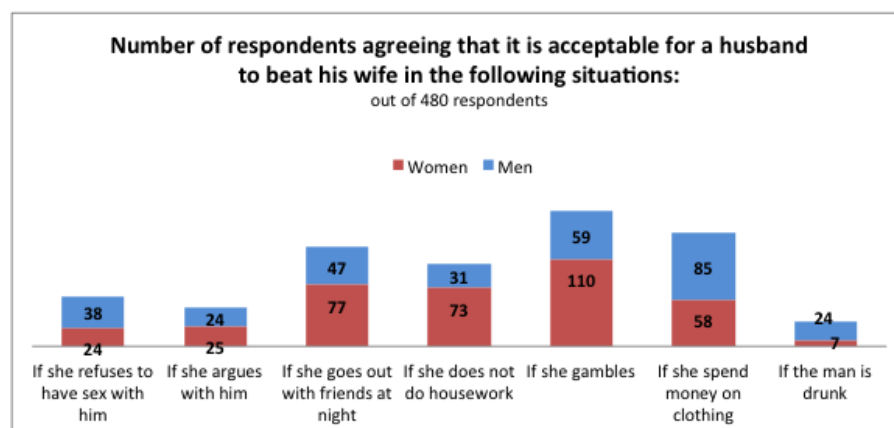
reporting of GBV, and 3) awareness of the law and access to information on women's rights in target area.

b) Survey Findings

➤ Perceptions toward physical domestic violence

Only 31% of respondents disagreed or strongly disagreed with all seven proposed justifications of physical domestic violence leaving **nearly 70% of respondents who found it acceptable for a husband to beat his wife under certain circumstances**. A husband beating his wife whilst being drunk was judged the most unacceptable scenario (93% of respondents disagreed or strongly disagreed). On the opposite end of the scale, a wife gambling was the most accepted scenario in which 35% of respondents thought it would be justified for a husband to beat his wife if she had been gambling. Such **beliefs and socially accepted violence have an impact on people's likelihood to seek help but also on the justice system itself**. Indeed, during a workshop, LDP reported having to investigate on women's behaviors (including whether a wife had been gambling and drinking) as this could play against GBV victims in the local justice systems.

Figure 9: Number of respondents agreeing that it is acceptable for a husband to beat his wife under some circumstances.



Power analysis

Situations that portray women making decisions over the household expenditures (gambling and spending money on clothing) as well as situations that portray women making decisions for their own movements and social life (going out with friends at night) were judged most acceptable to lead to domestic violence by all respondents. It is important to clarify that this does *not* mean that this is the most common trigger or cause of domestic violence²³, rather that **men and women are less likely to question (and therefore potentially report) domestic violence where the wife could be perceived as 'taking the decision power' over the household or over her own life**. Next were situations that portray women refusing to fulfil certain gender role (refuse to do the housework) and expected role of a wife (as a sexual object)²⁴. Lastly, are situations that portray women voicing their

²³ A VAW study indicates that alcohol, infidelity and financial difficulties in the household were often cited as key contributing factors of violence, however, it is rather "the traditional gender norms and masculinity beliefs in Lao society that tolerate men's habits and problems associated with alcohol consumption and infidelity were found to be triggers of such violence." (UNFPA, 2014).

²⁴ A qualitative study conducted with youth in target area also highlighted similar findings where GBV is "oftentimes accepted, or even anticipated, as a justifiable consequence when gender roles and responsibilities were transgressed" and "in most cases where individuals stray from clearly defined gender roles, young people assign blame for the negative consequences onto the victim" (UN Women, 2013).

opinion ('wife argue with husband') and situation where an external factor other than a perceived woman's misbehavior is leading a husband to beat his wife (man is drunk). The fact that 90% and 93% of respondents reported it is *not* acceptable for a husband to beat his wife under these two last circumstances is encouraging and means that **there is a recognition of woman's right to express their voice and opinion, and that violence related to alcohol is not socially accepted** (different from tolerated). This is also supported by a national study that found women were most concerned with the issue of "drunkness" associated with domestic violence, as one of the major issues affecting them (UNDP, 2011).

Similarly, almost 80% of respondents disagreed with the following statement "a man can have extra marital affairs but not a woman". That said, it is likely that respondents meant that "neither a man or a woman shall have extra-marital affairs" suggesting that infidelity is not acceptable, rather than "women can have extra marital affairs too". This is an important distinction as **women having an affair would likely be blamed or repressed disproportionately compared to men**. This is confirmed by a national study that found that "nearly half of women interviewed (45%) agreed that a husband could hit his wife if she was discovered to be unfaithful" whilst the traditional gender norms and masculinity beliefs in Lao society contribute to the tolerance of men's infidelity (UNFPA, 2014).

In all societies, there is high pressure on justice systems, especially local systems, to be aligned with most accepted social norms as it is harder to enforce policies that would be seen as 'unfair' or 'unjustified'. In the case of GBV in Laos, this means little justice and recourse are likely to exist for victims of GBV and violence against women as long as such treatments are considered as being acceptable by a large portion of society. This is also confirmed by the SIGI report that explores the strengths and weaknesses of the Lao legal frameworks in regards to women's human rights and which found particularly low provisions for women's physical integrity in link with GBV (SIGI, 2012).

Gender comparative analysis

Overall, **women were less likely to acknowledge women's rights to physical integrity than men**. They were also less likely to "strongly disagree" with proposed justifications for domestic violence than men. Significantly more women than men found it acceptable for a husband to beat his wife 'if the wife gambles', 'if the wife does not do the house work' and 'if the wife goes out with friends at night'. Therefore **women themselves carry harmful social beliefs according to which women have to fulfil certain gender roles and fit into socially accepted gender behaviors and patriarchal structures**. This is also confirmed by a national study that found that "35.6% [of women surveyed] agreed with the statement that a good wife should obey the husband even if she disagreed with him, [...] 22.9% of all women interviewed saw their partner as superior (he is the boss), 29.4% felt that a wife must not refuse sex" (UNFPA, 2014).

On the opposite, more men than women respondents found it acceptable for a husband to beat his wife 'if she spends money on clothing', 'if the man is drunk' or 'if wife refuses to have sex' which all correspond to scenarios where the men's interest are at stake by not being the beneficiary of wife's expenditure, being refused sexual intercourse, or men's ability to drink alcohol is questioned. This highlights **the need to work with men on redefining 'masculinity' or 'what it means to be a man' away from submissive gender roles where a husband is in charge of 'educating' and 'correcting' his wife (and children) when she is perceived to have 'misbehaved'**.

➤ **Perceptions on reporting of GBV**

28% of respondents thought a wife should *not* report being beaten by her husband to local village authorities or the police. This number grows bigger when asking whether a woman can/has the ability or right to report GBV, with only 60% of respondents who said 'yes'. In the case of children, only 32% of respondents believed children have the ability/right to report GBV. Whilst similar

proportions of men and women agreed with statements on reporting, **women respondents were generally less convinced of the ability/rights of different groups to report GBV cases**. This directly contributes to low reporting of GBV (further discussed in next section 3 on Access to Justice).

Figure 10: Should a wife/husband report being beaten by her/his partner to the local authorities or police?

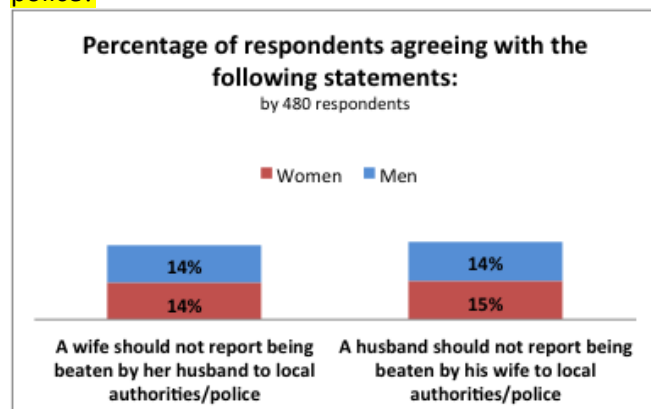
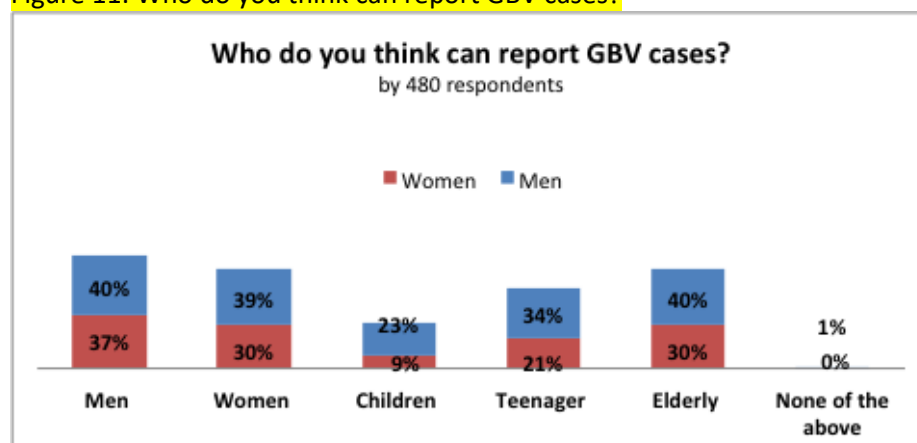


Figure 11: Who do you think can report GBV cases?



➤ Access to information and knowledge of the law

A majority of respondents (68%) were aware that GBV is a crime however only 22% reported being aware of national laws on women's rights²⁵. These findings are surprisingly low compared to a national study that found much higher level of awareness of the illegality of domestic violence and rape specifically²⁶. This means that awareness on the illegality of different types of GBV is likely to vary with most likely higher levels of awareness for rape and domestic violence than an unknown number of other types of GBV.

A majority of respondents (63%) reported they had never accessed information about GBV. For those who reported accessing information, multimedia (including radio, television and social media) was the first medium accessed as well as the only type of media cited by an equal number of men and women. Written material (including newspapers, laws, book, magazines, advertisement, brochure) and village officials (including village head, VMU, Village Women's Unit, and village

²⁵ Note that survey questions only asked respondents whether they knew about 'laws surrounding women's rights' but did not provide further details about the nature or content of these laws.

²⁶

committee) were also cited as important sources of information accessed on GBV, however cited by significantly more men than women.

Figure 12: Is GBV a crime?

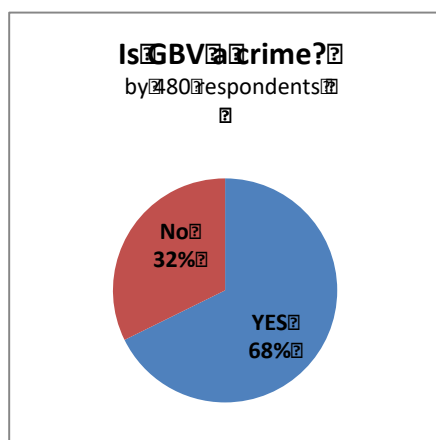


Figure 13: Are you aware of national laws about women's rights?

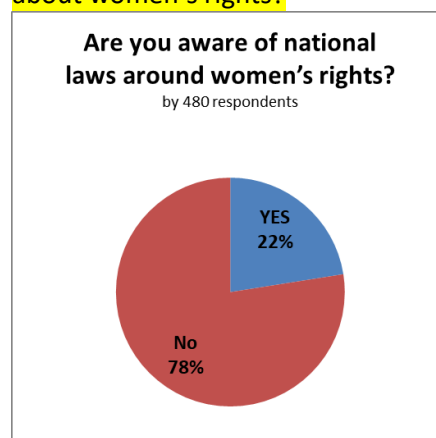
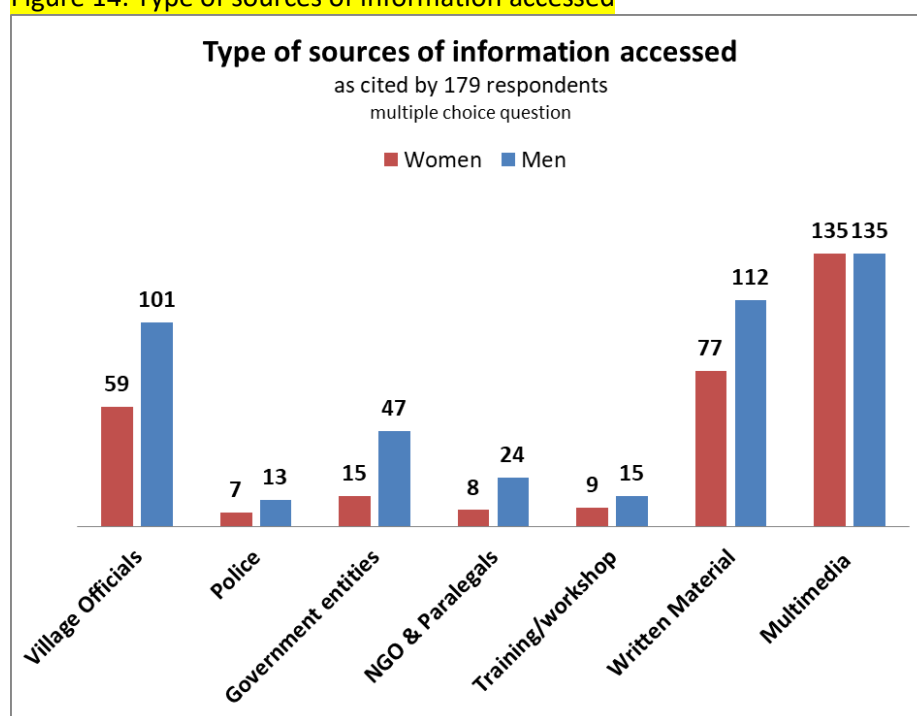


Figure 14: Type of sources of information accessed²⁷



Comparative Analysis

Slightly more women than men recognized that GBV is a crime (66% of men and 69% of women said GBV is a crime) however more women than men reported not being aware of the laws surrounding women's rights (83% of women compared to 72% of men said they do *not* know about national laws on women's rights). **Women reported accessing less sources of information than men except for social media.** Especially, men reported accessing information on GBV from NGOs/Paralegals and from district, provincial and/or National Government Officials at least twice more than women.

²⁷ See annex IV for details of sources of information accessed by men and women as well as details on the categories of sources of information represented here.

Less respondents from ethnic minority groups seemed to be aware that GBV is a crime (59% of respondents from ethnic minorities compared to 75% of Lao respondents) or reported knowing about the national laws on women's rights (16% compared to 28%). That said, **the comparative figures remain consistent with the overall findings where a majority of respondents are aware that GBV is a crime and a significant majority reported *not* being aware of laws around women's rights.**

c) Implications for the Program

➤ **Domestic violence is largely accepted and impacts abilities of victims to seek and access justice**

Within the need for stronger recognition of women's rights to physical integrity, there is a need to adapt the project approach to the different levels of social acceptance of GBV. For example the project could focus on starting the discussion on most accepted negative social norms whilst facilitating stronger access to justice for issues that are more socially recognized as unacceptable (and that therefore expose victims of GBV to lesser risks in seeking formal justice). LDP's approach that explores different options together with GBV victims and supports them in choosing the option *they* feel most comfortable to pursue is key to protecting the victims' best interest, and could perhaps be more strongly institutionalized/documented in the consultation process for ADWLE (for example, by ensuring that referrals of cases to customary system or village authorities are indeed a result of an informed choice of the victim on potential outcomes of such referrals). The recording of justice decisions (systematic or via in depth case studies) would also support advocacy work of the project by building evidence on the need for the development or revisions of policies to better protect women's rights²⁸.

➤ **The need to work with both men and women on changing negative social norms and acceptance of GBV**

Findings have highlighted the need for both women and men to recognize the rights of women, regardless of whether they are wives or potential brides, with equal rights to self-determination and participation in decision making. However, the approach to discuss these issues with men and women might differ slightly. Whilst both men and women would benefit from greater awareness of women's rights and the law, women and girls, especially from ethnic minorities, could benefit from extra information on prevalence of GBV in order to break the feeling of isolation and shame that victims of GBV often find themselves in. In the case of men and boys, there is a need to re-define masculinity or 'what society valorizes about manhood' to undermine socially accepted violence perpetrated by men and husbands²⁹. The project's main approach is to raise awareness about the law and justice system. This would therefore be strengthened by the integration of discussions on the reasoning behind these laws, the negative outcomes of GBV, *and* the core gender inequalities at the basis of GBV so to better impact perceptions and attitudes toward GBV.

➤ **Multiply messages and sources of information accessible to both men and women**

Findings on access to information stress the fact that there is a need to ensure equal access to information by women and ethnic minorities that generally access less forms of sources of information because of comparatively higher illiteracy rate, issues with language and geographic remoteness. Whilst multimedia might reach out to a larger number of people, it is proven that legal information is best transmitted via participatory methods so people are able to ask questions and

²⁸ This could be done using the SIGI report review of weaknesses of national policies before being expanded to other issues as noted by legal workers.

²⁹ There is a variety of approaches to working with men of GBV, one being the multiplication of representations of men as defenders of victims of GBV rather than perpetrators (in line with project indicator SO1.1 which mentions the increased number of men and women acknowledging the rights of women in relation to GBV).

receive clarifications (UNDP, 2011). Generally speaking, social norms are better changed by a multitude of messages, suggesting that linking to other national campaign on gender equality is would increase impact. Key messages should also target awareness of legal processes which the project is already investigating via the making of a video on how ADWLE legal aid clinic and paralegal work.

3. ACCESS TO SERVICES & ACCESS TO JUSTICE

a) Background

According to a 2011 national study on access to justice, “the key elements influencing Access to Justice are awareness, access, and confidence – [...] these are all dependent upon the actual existence or recognition - formal or customary - of people’s rights and of the mechanisms to assert them” (UNDP, 2011).

In terms of access (and to a certain extent confidence), the project strategy is based around the fact that local capacities of NPA’s, other Civil Society Organisations and local authorities need to be strengthened. Especially the organisational capacity of NPAs needs further development in order to meet the demands of women, while legal assistance from lawyers is not available³⁰. In that regard, the project supports two legal clinics, namely the LACVW under the management of ADWLE which started in July 2015 with 15 paralegals, and the in-house clinic under the NUoL which started in 2013 with the support of BABSEACLEF. The project also aims to start a third clinic under the university of Champasak from 2018. At the same time, the project focuses on supporting local authorities who often are the first recourse for victims of GBV, including village authorities, VMUs, the police and a number of legal officials.

Advocacy activities of the project aim at building confidence by promoting strong legal frameworks for the protection of women’s rights and victims of GBV. This is complemented by awareness raising activities on services and process of justice mechanisms to communities. This last component of the project is directly implemented in partnership with university CLE who are in charge of conducting legal awareness activities in target communities and within universities themselves. There is also a plan to create a hotline for support to victims of GBV and provide information³¹.

Awareness, access and confidence levels in various justice mechanisms available in target areas are therefore further investigated in this section of the baseline.

b) Survey Findings

➤ People’s likelihood to seek help and report GBV (Access)

Out of the 73 respondents who reported experiencing or witnessing GBV in previous questions, a **majority of respondents preferred not to answer questions on actual reporting of GBV**, illustrating the sensitivity of the issue. However, when asked hypothetically, a large majority of respondents said that they *would* report GBV cases witnessed or experienced in the future, especially in regards to child abuse and personal experience compared to other cases they might hear of in their communities. **The gap between actual and hypothetical reporting of GBV indicates a certain awareness and a sense that GBV is not legal and therefore *should* be reported rather than people’s**

³⁰ Firstly, because there is a general shortage of lawyers who are virtually absent from rural areas and secondly, the population in rural areas cannot afford their fees.

³¹ Note that a similar hotline exist under Lao-Women Union but is often unreachable and lack capacity to deliver quality information on legal matters.

readiness to do so in a context where a number of other challenges to do with confidence, awareness and social norms remain³².

National studies on reporting of GBV also confirm the sensitivity of the issue. According to a recent study, “nearly half of women (43.2%) who encountered partner violence did not report the incident(s) due to embarrassment and fear of social stigma, and less than 30% actually sought help from official agencies and others”(UNFPA, 2014). Other challenges for access to justice were stressed by a national study as including financial barriers (cost of formal legal services and even VMU), language and cultural barriers (preference for non-confrontational and reconciliation mechanisms), physical barriers (area courts cover multiple districts) and last, the lack of enforcement of judgments or implementation of mediation agreements (UNDP,2011). In that regard, **the project strategy to develop village based paralegals seems relevant to overcome a number of other barriers by providing services free of cost, available at the village level by a familiar individual.**

Figure 15: Comparison of answers on actual reporting of GBV.

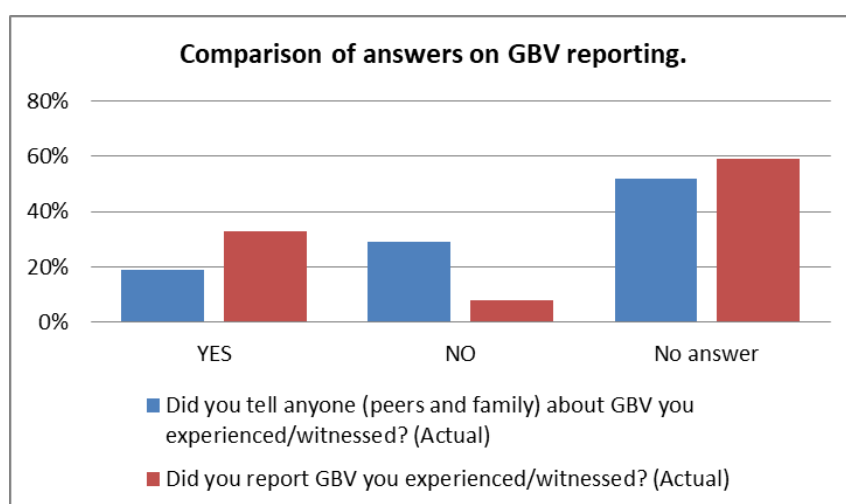
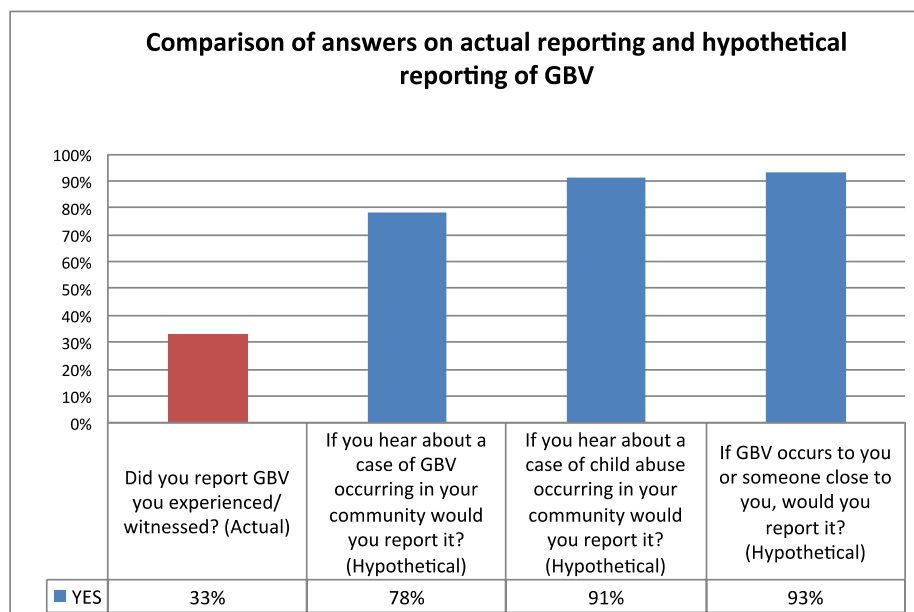


Figure 16: Comparison of answers on actual reporting and hypothetical reporting of GBV.

³² See below and above sections on access to information, social norms surrounding GBV and reporting of GBV, and access to services for more details on challenges to reporting and access to justice.



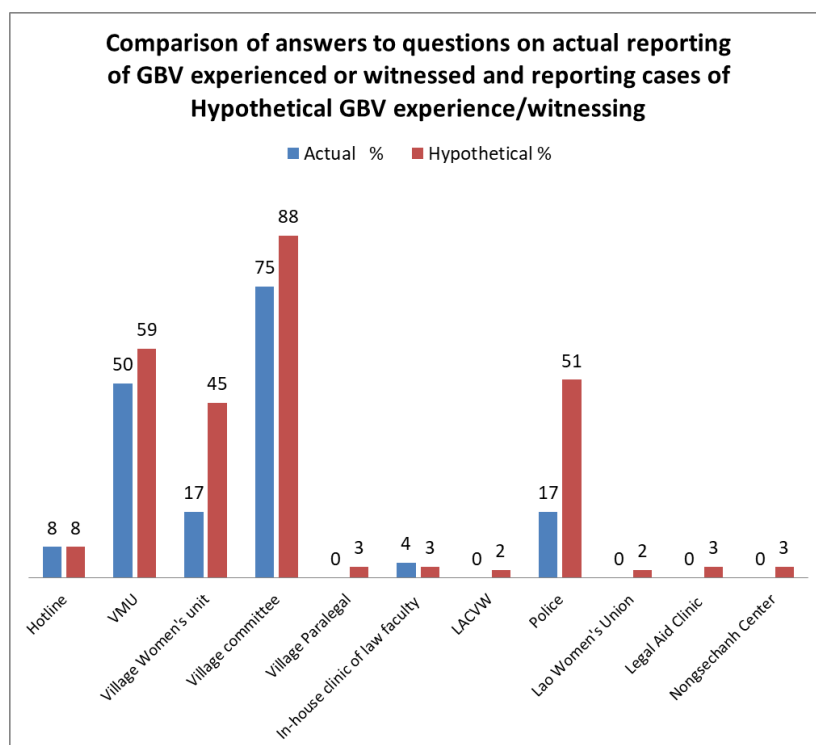
Survey questions on preferred mechanisms for actual and hypothetical reporting of GBV shows similar **preferences for reporting to village-based authorities, including a large preference for reporting to village committee and VMU**. The village Women's Unit and the police were also cited in 3rd and 4th position with however larger gaps between actual and theoretical reporting. **Paralegals, legal clinics, Vientiane-based shelter, university CLE, and hotline were under cited or not cited at all**. However, findings under the next section on respondents' low awareness of such services is likely to explain these results. Such findings are in line with national studies on access to justice that found that informal mechanisms - usually the naiban or the local administration – are preferred to the semi-formal (VMU)³³ or formal (court) mechanism in terms of both access and confidence in solving disputes and GBV related issues. This is particularly true for women who were also found to prefer an informal mechanism even more than men. (UNDP, 2011).

Gender Analysis

Similar proportion of men and women respondents answered questions on reporting, however findings under the next section on respondents' awareness of services largely undermines conclusions on potential access to services by women especially.

Figure 17: Preferred reporting mechanisms for GBV (actual and hypothetical)

³³ Note that the UNDP 2011 access to justice study found a number of limitations to the VMU mechanism including a need for independent offices, deficient training and materials, delays, and lack of empathy or professionalism - all of which affect the quality of service and experience.



In terms of actual number of GBV cases reported to or handled by different justice mechanisms, the project aims to gather data from VMU, partner legal clinics and, if possible, from area courts. The project team is currently in the process of developing a system to gather information from VMU and is investigating possibilities to access court data on GBV cases via the NUoL. One key aspect of this process of data gathering is to develop a sound definition of GBV that takes into account existing recording systems of cases handled by VMUs and the Courts so as to facilitate the identification of GBV cases only. Annex F details baseline data currently available on the number of cases handled from legal clinics and other data to be collected as part of the project M&E plan.

➤ **Awareness of existing services (Awareness)**

All respondents reported knowing at least one organization/facility/option available in their district for supporting GBV survivors out of a list of 11 options (including village authorities, VMU, the police, legal clinics, and Lao Women Union amongst others). However, when asked whether there is any organisation working on GBV in Laos, only 13% of respondents, including two-thirds of men, said yes and only 7% respondents, including only two women, could tell the name of at least one organization. This means that **despite knowing the name of organization/services that work on GBV, very few respondents (7%), and even less women, identified these organisations as relevant to GBV**. Only 4% of respondents reported knowing about a hotline for help³⁴. A national survey on access to justice confirms these findings on low awareness of services but also insists on **the need to communicate on procedures** as the lack of capacity and knowledge - where to go, whom to address, and how to formulate a complaint properly - was found to be the main barrier to accessing the formal justice system (UNDP, 2011).

Figure 18: Knowledge of services and organizations working on GBV

³⁴ Note, it is unsure which hotline/phone number respondents referred to. This could be the police, the Lao Women Union national Hotline or other.



➤ Perceptions of the work of village paralegals (*Confidence*)

Whilst none of the villages surveyed had a ADWLE paralegal based in the community at the time of the survey, respondents in Xaythany district were asked a number of questions about them on the basis that people might have heard of the work of paralegals in other villages as well as for the purpose of measuring people's perceptions and openness to the concept of village paralegals which is planned to be extended under the project in Xaythany district only.

Only 36 respondents in Xaythany district (15%) reported knowing about ADWLE paralegals. Out of these 36 individuals, 32 had a good experience and thought ADWLE paralegals had the legal knowledge and capacity to help victims of GBV. Whilst not many respondents knew about ADWLE paralegal work, a large majority reported that they thought their community would benefit from having a paralegal and that this could help resolve GBV cases. However, since specific community individuals had not been chosen for this role at the time of the survey, these findings are rather a sign that people are generally open and welcome the idea of having a paralegal in their village rather than their opinion on the actual capacity of specific individuals in resolving GBV. **Ultimately the actual capacity and social recognition of chosen paralegals are likely to be a determinant factor of the confidence people will in fact have in seeking their help, and of the impact on GBV.**

Figure 19: Do you think ADWLE paralegals have the legal knowledge and capacity to help victims of GBV?

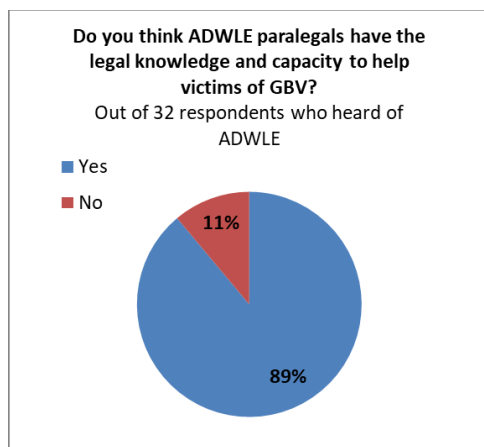


Figure 20: Do you think your community would benefit from the work of ADWLE village paralegals?

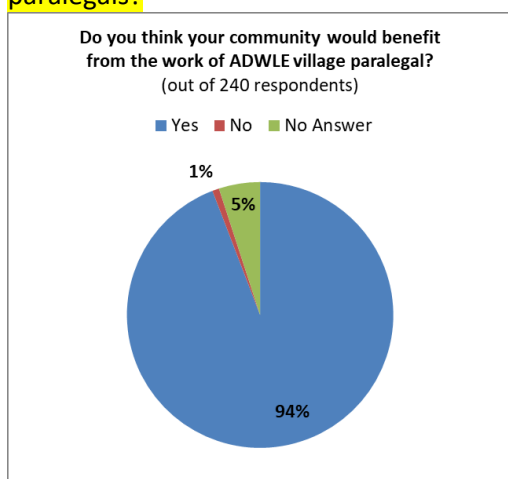
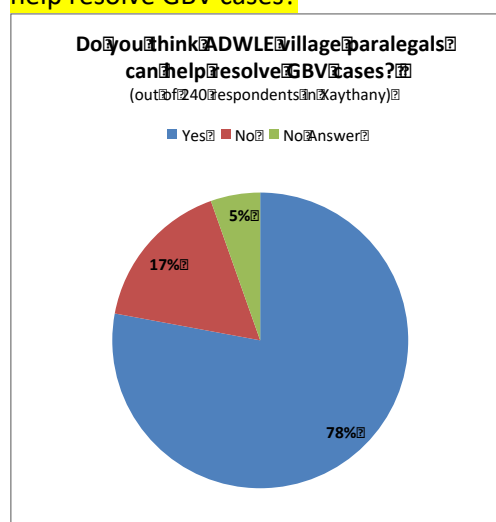


Figure 21: Do you think ADWLE paralegals can help resolve GBV cases?



In May 2017, ADWLE undertook an assessment of its capacity to achieve its mission and objectives to promote gender equality, including equal opportunities, participation in decision making and access to justice for women. The assessment focused on five core capacities as follows:

- the capability to commit and act;
- the capability to achieve development results;
- the capability to relate;
- the capability to adapt and self-renew; and
- the capability to achieve coherence.

Whilst ADWLE scored well for each of the above five capacities assessed (score of 3/5 “considerable capacity”), a number of priority areas for improvement were identified in regards to:

- **Human resources management:** notably, the need to ensure ToRs are developed with clear responsibilities and functions for each staff position; the need to limit staff turn over by reviewing staff benefits policies; the need to develop and implement staff capacity development plan.
- **Management structure of the organization:** The need to create an extra management position, Head of Programme or Deputy Director, to support ADWLE’s current Director in managing programs (taking executive decisions) and conduct fund raising.
- **Financial capacity:** The need to improve and adapt financial reporting and systems in line with donors’ and partners’ requirements, and in line with government policies.

- **Internal and external communication and leadership:** the need to improve participatory decision making from all staff on project strategy, planning, monitoring and evaluation; the need to strengthen external collaboration and promote learning externally.
- **Staff capacity:** the need to develop training on financial systems, fund raising, M&E, Strategic Planning, leadership, IT, and training facilitation skills in line with a capacity development plan.

See also tables III and IV in the Capacity Assessment report for full details of Priority Areas identified as well as a Work Plan devised for 2017-2021 in order to respond to these priority areas. Similar assessments are to be undertaken by the two other clinics partnered to this project. **The actual capacity development realized throughout this project is expected to directly contribute to increasing communities' confidence and access to services provided by legal aid clinics.**

c) Implications for the Program

➤ On promoting access

Findings have stressed that the project strategy to target both capacities of local justice mechanisms and the capacities of paralegal clinics is key to promote greater access to justice for victims of GBV. Whilst the capacity assessment of legal aid clinics and associated capacity building plan provides strong basis for carrying out meaningful and impactful action, the target of local authorities would benefit from further investigation. Especially their relation to and/or overlap with village paralegals needs to be clarified (i.e. following questions: what are the advantages/disadvantages in choosing a VMU member as village paralegal? Would paralegals and VMU benefit from similar training? How to overcome potential challenges with VMUs – including reported lack of independent office, empathy and professionalism³⁵?).

Particular attention should be given to the selection process of village paralegals as ultimately the identity (gender, ethnicity, age), personal skills and attributes (sociability, communication skills and education level), and status (potential leadership position in the community) of chosen individuals are likely to impact confidence and perceptions of paralegal aid from both victims of GBV and other community members. There is a fine balance to find between choosing reachable individuals from the perspective of victims of GBV (mostly women and girls) and choosing individuals that are most likely to be perceived as reliable sources of information and have influential power. Note that if these two considerations were to be in conflict, legal training and support from the project and legal clinic (including the plan to create paralegals peer support groups) could remedy a lack of leadership status while it is harder to compromise on the way victims will feel in reaching out to certain individuals.

➤ On promoting awareness of services

Awareness of services for victims of GBV was particularly low and should be a central piece of awareness raising activities under current project. This should also include information on procedures and free of charge consultation services to build trust and incitement. The current development of a small film on the way ADWLE legal clinic and paralegal work is therefore heading in the right direction and could provide useful material for a broader media campaign and/or direct training and group discussions depending on the final product.

➤ On promoting Confidence

Because perceptions matter, especially when dealing with such sensitive issues, it is important that the project keeps track of outcomes and measures qualitative aspects of the work of various justice mechanisms, not just quantitative measures and recording of number of cases handled. The project's plan to develop a satisfaction survey (either systematically or periodically) is very much in line with

³⁵ See 2011 UNDP Access to Justice study for further details on reported issues with VMU.

this. Other possible developments include the collection and categorization of qualitative data on justice decisions and legal consultations by (ideally) the courts, VMU and legal clinics. ADWLE's database records qualitative information on cases handled such as whether the case has been 'solved', is 'in process', or was 'referred to court', 'referred to customs' or other institutions. This data would benefit from further classification, definition and systematic documentation to facilitate further analysis and ultimately contribute to the institution's learning. Similar qualitative data collection (systematic and/or via in-depth case studies) on the outcomes of cases handled by VMU and the courts would also directly contribute to the project's advocacy components by providing evidence for the need to amend or develop policy framework toward better protection of women's rights and victims of GBV.

4. PROJECT BASELINE INDICATOR TABLE

The below table offers a summary of baseline indicators in line with the Project's Logical Framework for the Action.

Baseline Project Indicator Statement	Baseline Results	Comments
Overall 1: Increased quality and quantity of justice services delivered through a strong and identifiable network of legal services and information providers with regard to GBV in the target areas	<p>Quality: See SIGI report on limitations of the legal framework in Laos to secure women's physical integrity. See also UNDP 2011 study on access to justice for some limitations of the local informal (naiban) and semi-formal (VMU) justice systems.</p> <p>Quantity: 15 ADWLE village paralegals, and one in-house clinic in NUoL in Vientiane; no legal clinic available in Champasak.</p>	No satisfaction survey of legal clinic clients available at baseline.
Overall 2: Reduced number of new incidences of GBV occurring in the target area	<p>A number of respondents from each of the 12 villages surveyed reported GBV occurs in their communities. All 29 types of GBV were reported as applying to target area.</p> <p>See 2014 UNFPA VAW report for estimated rates of occurrence of physical, psychological and sexual violence against women.</p> <p>65% of respondents indirectly acknowledged that early or child marriage of girls (below the age of 19) is the norm in their community against 29% for boys.</p> <p>No quantitative data available for denial of services/opportunities or harmful cultural practices in target area.</p>	<p>Note that given the sensitivity of the issue of GBV, survey questions on occurrence and awareness showed strong reluctance of respondents to discuss the issue of GBV openly. If used for this indicator, reported occurrence and awareness rates are likely to increase rather than decrease by project's end. (exception made for early marriage which benefitted from extra investigation).</p> <p>Consider changing data source to "number of GBV cases successfully resolved, meaning cases for which repetitive/ongoing violence has been durably ended (or reversed in the case of denial of services/opportunities)".</p>
SO1.1: Increased number of men and women acknowledge the rights of women in relation	31% of respondents disagreed or strongly disagreed with all seven proposed justifications of physical domestic violence leaving nearly 70% of respondents who found acceptable	

to GBV in the target areas.	<p>for a husband to beat his wife under certain circumstances.</p> <p>Women were less likely to acknowledge women's rights to physical integrity than men. They were also less likely to "strongly disagree" with proposed justifications for domestic violence than men.</p> <p>A majority of respondents (63%) reported they had never accessed information about GBV). Less women reported accessing various sources of information on GBV than men except for social media.</p>	
SO1.3: Increase in number of litigious and non-litigious cases related to GBV handled by VMU, formal civil or criminal justice system or legal aid clinics	See Annex VI for details of number of cases handled by legal aid clinics, VMU and area courts in target area.	Note the project team is in the process of investigating possibilities to collect data on GBV cases handled by VMU and area courts.
ER4.4: 10 law faculty professors and lecturers and 120 students with increased knowledge of GBV-related laws and social issues and increased capacity to provide GBV related legal services at NUoL and Champasak University In-house clinics	<p>TBC</p> <p>A majority of students involved in data collection for the baseline survey of community members had never heard of GBV before undertaking a 2.5 days workshop in preparation for the survey.</p>	Survey of students and professors conducted in November 2017 -Data in process.
ER4.5: Increase in capacity of ADWLE and CLE NUoL and CLE Champasak University throughout the program on the basis of the 5 capabilities model	See ADWLE Capacity Assessment report and capacity building plan.	Note the capacity of CLE NUoL and CLE Champasak remains to be assessed in 2018.

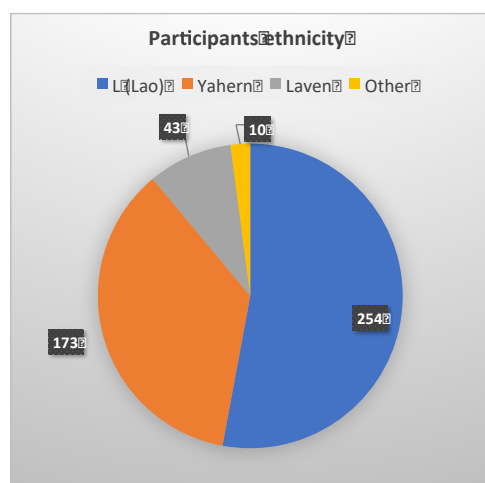
V. Annexes

Annex A: Project baseline survey methodology

In October 2016 (in Vientiane) and in July 2017 (in Champasak), BABSEACLEF led a baseline survey of community members in target project areas with the collaboration of the NUoL. 14 students from NUoL, including half women, took part in data collection under the supervision of two professors and two BABSEACLEF Staff. Prior to conducting the survey, data collectors took part in a 2.5 day sensitive workshop on GBV with the first day of the workshop spent on defining and discussing the definition of GBV.

1. Sampling method

In total 480 people including half from Xaythany and half from Pakxong districts as well as equal numbers of women and men participated in the baseline survey. Almost half of respondents were from ethnic minority groups including a majority of people from Yahern and Laven ethnic groups (mostly located in Champasak).



The data was collected in 12 villages (6 from each target districts) out of the project's 30 target villages. Villages were chosen using a purpose sampling focusing on villages where ADWLE had not yet set up village paralegals in Vientiane, and a mix of urban and rural villages in Champasak.

Respondents were chosen using a random sampling method with data collectors walking in different directions in each village surveyed and requesting participation from each person met on their way. Each respondents were given the choice whether to participate or not with a number of people refusing to undertake the survey. Prior to each interview, data collectors gave an explanation of the objectives and confidentiality of the survey as well as provided a definition of the term GBV to be further discussed in the survey.

The total target population being 38,730 individuals, the survey's confidence interval is estimated at 4.45 with a confidence level of 95%.

2. Data checks

Data checks were performed at both times of data collection in the field and during data entry activities. In the field, data collectors were responsible for checking each questionnaire and then give it to the team leader for review of due completion and identification of potential inconsistencies. During data entry a similar process operated with data collectors themselves entering data into a

database whilst the team leader conducted a significant number of spot checks. As part of the data analysis, an additional number of checks for data inconsistencies and missing data were conducted and led to a number of data cleaning for consistency and a limited number of data re-entry.

3. Limitations

A number of limitations to the survey data were found as follows:

- *Representativeness/sampling:* In Vientiane Capital, ADWLE had already set up paralegals in 6 villages of the target area and it was decided that these villages would not be included in the survey. Unfortunately, most of the Hmong communities of the target area also live in these villages and therefore were not included in the present survey. The fact that Hmong communities living in Xaythany district were not represented in the baseline survey and in the absence of significant documentation on their specific practices and perceptions of GBV there are a number of instances where conclusions of the present report cannot be generalized to these communities.
- *Language:* Data collectors did not know local ethnic language and it is estimated that around 25% of respondents were interviewed with the help of another villager for translation (including two instances where a man had to translate for women respondents). People who did not speak any Lao were also more likely to have refused to participate in the survey.
- *Sensitivity of the topic:* Appropriately, respondents were always given the choice not to answer survey questions they did not feel comfortable answering. As a result, a limited number of follow-up questions on details of GBV experienced and witnessed were not answered by a significantly big enough number of respondents to be representative of the target area. That said the triangulation process of this qualitative data has helped making sense of it.
The survey started with general questions on the prevalence of GBV in respondents' communities before asking about more personal experience and witnessing of specific cases of GBV. Because of the sensitivity of the topic, data collectors found it difficult to ask questions and collect accurate information on the occurrence of GBV following the survey form. The survey questions' specific distinctions between personal experiences of GBV and witnessing/knowledge of GBV as well as the questions' timeframes on the occurrence of GBV "in the past 6 months" and "ever" were therefore not consistently used by the data collectors. They rather led the interviews as 'conversations' on GBV and felt like the testimonies they were hearing needed to be recorded regardless of their timeframe. This has led to questions on personal experiences and witnessing/knowledge of GBV having to be combined and timeframes on the occurrence of GBV removed during the analysis of the data.
- *Survey design:* Whilst the Lao law stipulates the minimum age to get married is 18 and above and consider child marriage to be below the age of 15, the survey questions did not strictly align with these definitions by including the age 15 in the child marriage category and the age 18 in the early marriage category.

A number of survey questions on causes and commonality of early and forced marriages did not distinguish between the two whilst it was stressed in a workshop with project staff that these are not the same thing, with early marriage being more commonly practiced than forced marriages, and main causes of forced and early marriages also likely to be different.

Despite the above mentioned limitations, it is the feeling of the data collection team leader that the information collected is reliable. The fact that students spent a long time (between 1 to 2h per interview) building trust and reported that as the interview went on, it was common for respondents to slowly open up and start talking about more sensitive issues is also a sign of quality information.

Annex B: Baseline desk review of external documentation

OECD Development Centre, 'Social Institutions and Gender Index Lao PDR', 2012, <https://www.genderindex.org/country/lao-pdr/>, (Accessed 12 December 2017).

UNDP and the Lao Bar Association, 'People's Perspectives on Access to Justice Survey in Four Provinces of Lao PDR', November 2011.

UNFPA, UN Women et Al, 'National Survey on Women's Health and Life Experiences: A Study on Violence Against Women', 2014.

UN Women Regional Office for Asia and the Pacific, 'Perceptions and Attitudes of Young People on Issues Related to Violence Against Women and Girls in Lao PDR', 2013.

Annex C: Participatory workshop: list of participants

A participatory workshop was held on December 7th, 2017 in Vientiane with the following objectives:

1. Review and discuss baseline preliminary findings with project team and partners;
2. Complement interpretation of findings with experience and knowledge of project team on the ground;
3. Discuss implications of baseline preliminary findings for the project's upcoming activities.

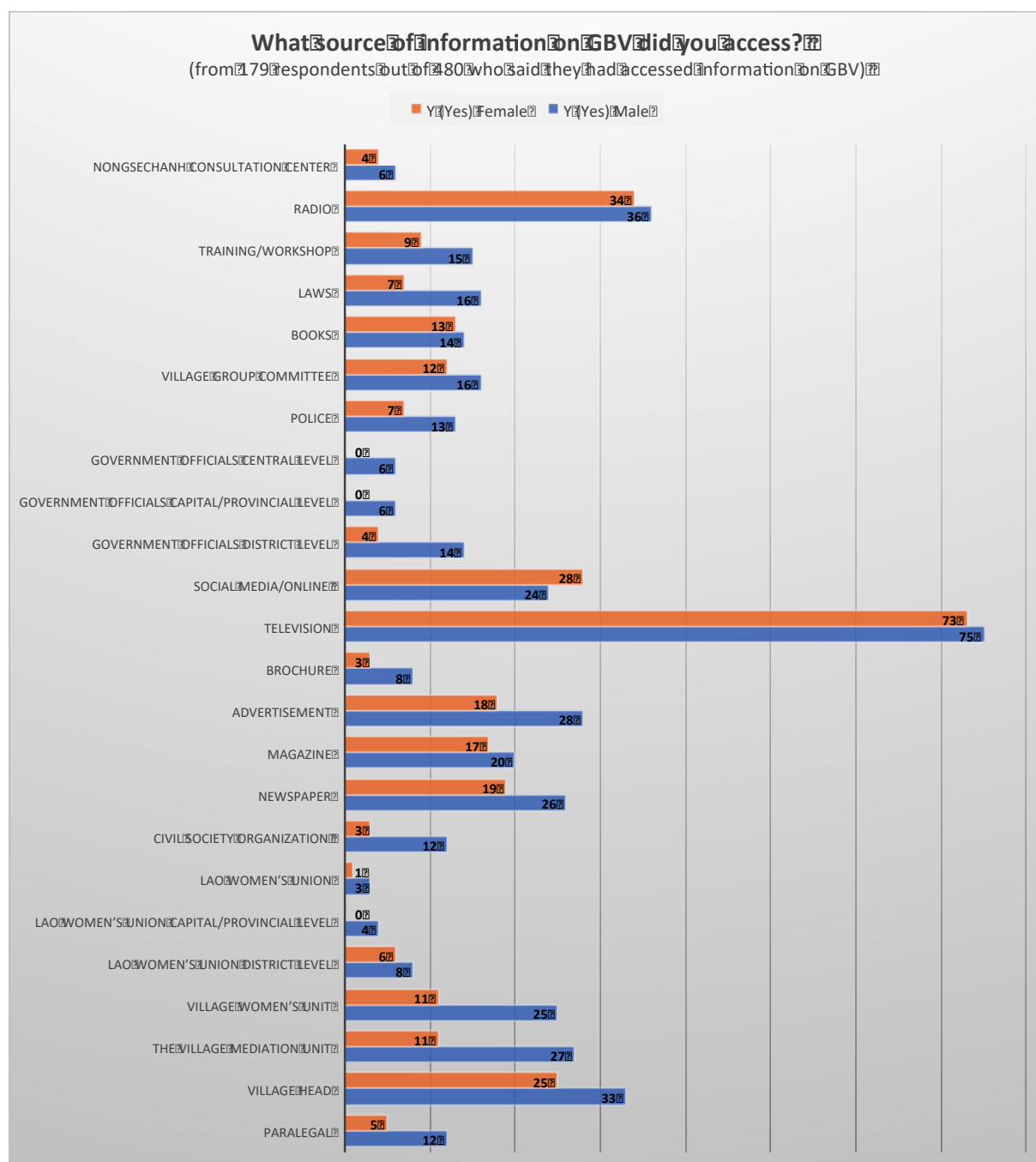
Participants included members of the following organization:

- HELVETAS (3 participants plus one hired consultant);
- BABSEACLEF (1 participant);
- ADWLE (2 participants);
- LDP (2 participants).

Annex D: Types of GBV included in the survey questionnaire

Comparison of reported personal experiences/ witnessing of GBV and reporting of GBV that respondents felt apply in their community		
	EXPERIENCED / WITNESSED	APPLY TO COMMUNITY
1. Sexual violence and assault	# of respondents	# of respondents
Rape	13	33
Marital sex without consent from the wife	16	46
Attempted rape	13	20
Sexual Assault	15	53
Kissing without consent	22	68
Unwanted kissing or touching without consent	34	114
Hugging without consent	24	77
Holding hands without consent	25	87
2. Physical Assault		
Hitting or slapping	40	149
Burning/ physical harm by heat	6	11
Chocking/ strangled	10	29
3. Psychological and emotional abuse		
Psychological and emotional abuse	31	121
Threat of physical violence	25	63
Forced isolation/races	10	41
Unwanted attention / Stalking	11	48
4. Denial of resources/ opportunities/ services		
Denial of education	13	96
Denial of Health services	11	40
Denial of contraception	15	57
Denial of inheritance	10	39
Denial if using own land (land rights)	13	56
Denial of saving (life)	13	67
5. Harmful cultural practices (related to marriage and birth giving)		
Forced marriage	12	52
Early/child marriage	25	159
Refusal of a family to allow their daughter to live with them after she leaves a marriage	7	22
Requirement of payment of dowry in order to end a marriage	10	62
Kidnapping as part of the ritual of marriage	5	16
Forcing a woman to give birth outside the house	4	7
6. Child Abuse		
Child abuse	10	14
Teasing/Harassment	25	87

Annex E: Detail of sources of information on GBV accessed by surveyed respondents



Annex F: Cases handled by Legal Aid Clinics, Area Courts and VMU in target area

		NUMBER OF GBV CASES				
		2015 (Jan-Dec)	2016 (Jan-Dec) (project start in March)	2017 (Jan-Dec)	2018 (Jan-Dec)	2019 (Jan- Sept)
ENTITIES HANDLING GBV CASES	LACVW (ADWLE) legal clinic Vientiane (non-litigious cases)	25 cases (July to December – since start of LACVW) (27 cases in total but 2 cases are not GBV related)	27 cases (36 including 9 cases reported to court)	9 cases (January to March 2017)		
	NUoL in-house Consultation Clinic Vientiane (non-litigious cases)	TBC	TBC	TBC		
	Champasak University In House Legal aid clinic (non-litigious cases)	(Not started yet)	(Not started yet)	(Not started yet)		
	VMU (non-litigious)	TBC	TBC	TBC		
	Area courts (VTE zone 2 & Pakxong)– cases reported via LACVW only (Litigious cases)	0 cases (July to December – since start of LACVW)	9 cases	4 cases (January to March 2017)		
	Area Courts – cases reported via VMUs only (Litigious cases)	TBC	TBC	TBC		
	Area Courts – other cases (Litigious cases)	TBC	TBC	TBC		

Annex G: Sustainable Development Goals and baseline findings

Relevant SDG	Baseline Findings
SDG 4: Quality Education	
<ul style="list-style-type: none"> Ensure inclusive and quality education for all and promote lifelong learning. 	<p>TBC based on results from pre and post test/survey of law students and professors who participated in training on GBV, research procedures, ethical and confidentiality training in 2017.</p> <p>14 students, including half women, and 2 professors also participated in the implementation of the baseline survey with community members, therefore gaining practical experience and deeper understanding of GBV in Laos.</p>
SDG 5: Gender Equality	
<ul style="list-style-type: none"> Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation 	<p>See UNFPA 2014 VAW study for estimated rates of occurrence of physical, psychological and sexual violence against women.</p> <p>Baseline did not include a focus on trafficking and exploitation.</p>
<ul style="list-style-type: none"> Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation 	<p>65% of respondents indirectly acknowledged that early or child marriage of girls (below the age of 19) is the norm in their community against 29% for boys.</p> <p>There is no evidence of practice of female genital mutilation in the country.</p> <p>The occurrence of other harmful cultural practices were confirmed by the baseline survey however there is no reliable source of information on its prevalence in target area.</p>
<ul style="list-style-type: none"> Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences 	<p>There is no quantitative data available for denial of contraception and access to health services in target area however baseline survey suggests its occurrence.</p>
<ul style="list-style-type: none"> Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws 	<p>There is no quantitative data available for denial of services/opportunities in target area however baseline survey confirms the occurrence of denial of inheritance, saving, and land rights for women.</p>
<ul style="list-style-type: none"> Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels 	<p>See SIGI report on national law limitations especially in regards to restricted physical integrity.</p>
SDG 16: Peace Justice and strong institutions	
<ul style="list-style-type: none"> Promote the rule of law at the national and international levels and ensure equal access to justice for all 	<p>See 2011 UNDP study on Access to Justice for details of limitations of various justice systems in Laos.</p>

<ul style="list-style-type: none"> • Develop effective, accountable and transparent institutions at all levels 	<p>The project is investigating possibilities to access information on GBV cases handled by the court.</p> <p>Recommendation of documenting outcomes of justice decisions and legal aid consultations.</p>
SDG 17: Partnerships for the goals	
<ul style="list-style-type: none"> • Revitalize the global partnership for sustainable development 	<p>The baseline survey was conducted thanks to a public-private and civil society partnership, including government support, law teachers volunteering, students volunteering, private lawyers volunteers and regional NGO and international NGO.</p>

Annex H: Acronyms

ADWLE	– Association for Women Development and Legal Education
BABSEACLEF	– Bridges Across Borders Southeast Asia Community Legal Education Foundation
CLE	– Community Legal Education
GBV	– Gender Based violence
LDP	– Law and Development Partnership
NUoL	– National University of Laos
SIGI	– Social Institutions and Gender Index
VAW	– Violence against women