Acknowledgements

This report is a summary of a joint effort of many individuals across World Vision Offices, communities, and partner organisations in Asia Pacific.

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Thank you to all for partnering with the Asia Pacific Regional Office in this journey towards unmasking the impact of COVID-19 on Asia’s most vulnerable children — once again.

World Vision is a Christian relief, development, and advocacy organisation dedicated to working with children, families, and communities to overcome poverty and injustice. Inspired by our Christian values, we are committed to working with the world’s most vulnerable people. We serve all people regardless of religion, race, ethnicity or gender. Our focus is on helping the most vulnerable children overcome poverty and experience fullness of life. We help children of all backgrounds, even in the most dangerous places, inspired by our Christian faith.

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Understanding the impact

Background

To better understand the socio-economic impact of COVID-19 on the lives of vulnerable children in Asia, and to make evidence-based policy and programming decisions, World Vision conducted a Recovery Assessment in May 2020. The assessment found that the vulnerabilities experienced by children in Asia have been grossly heightened by COVID-19. Families had been experiencing devastating losses of livelihoods, which often led to limited access to food, essential medicines and basic healthcare. As the virus spread across the region and governments started taking drastic public health measures to protect their citizens, World Vision found that children were among the most affected by the severe consequences of lockdowns and major economic contraction and scaled up its emergency response to include the 17 countries in the Asia Pacific. A year on, World Vision sought to again strengthen its understanding of the impacts facing some of the most vulnerable sections of Asian societies, as a result of the COVID-19 pandemic.

The resulting research, conducted over April, May, and June, sought to see what had changed, for who, over the time period. To better understand the socio-economic impact of COVID-19 on the lives of vulnerable children in Asia, and better inform the journey ahead, WV conducted studies in Lao PDR and other countries in the South Asia Pacific. This summary report is a subset from the main regional report, focusing on the key findings of the research in Lao PDR.

Lockdown status of the respondents

In Laos, the data collection was conducted from March to May 2021, before the impacts of the second wave of COVID-19, still ongoing by the time of the publication, reached our target communities. Hence, 84.5% of the Households Survey respondents indicated that the status of the area where they live was normal, while 3.3% responded living under lockdown, and 11.7% under curfew.

Specific objectives:

- Strengthen our understanding on how the COVID-19 pandemic is impacting the lives of the most vulnerable children, their families and their communities, just over a year into the pandemic.
- Identify how children and their families are currently coping (continued access to goods and services amid pandemic), with special focus on the most vulnerable populations and groups (children living in poverty, children from migrant families, children at risk from violence and neglect), as compared with a year ago.
- Assess the recovery capacity of the vulnerable children, their families and communities and understand their recovery needs — to better support programmes that address the impact of the COVID-19 crisis and minimise risks posed by the pandemic, supporting the resilience of children and their families as they recover and heal.
- Enable World Vision programmes to better meet the needs of our most important stakeholder — the most vulnerable children — and amplify their voices, along with those of their parent/caregivers, in the broader regional and global arena.

Methodology

Situational analysis followed by sample studies done in each country with adult and child respondents. From Unmasking COVID I, Opportunities and Barriers to Mental Health Services for Youth, and Unmasking COVID II, it has been observed that during the pandemic the youth and adolescents in the countries in South East Asia are facing a number of mental health challenges including education related stress, school related anxiety, sleeping disorder, chronic illness, domestic violence, verbal abuse, impulse control and conduct disorder; depression, fear of job loss, anxiety of economic hardship, fear of sexual abuse, mood swings etc. However, these challenges are not clinically diagnosed rather identified through analyzing symptoms the research participants mentioned in interviews and focus group discussions. The study utilised two tools: household surveys and child surveys. The quantitative questions for the livelihood sector were retained in order to ensure comparability between the two phases. However, lessons learnt from the first study were implemented to improve both the methodology and sampling techniques. Based on the lessons learnt purpose and random sampling was implemented this ensured that objectives were achievable amidst lockdowns. The assessment was conducted in nine countries in the Asia Pacific region: Cambodia, India, Indonesia, Laos, Myanmar, Nepal, Sri Lanka, Thailand, and Vietnam. The study included 63 questions for the household survey and 24 questions for the child survey across six sectors:

1. Mental health and psychosocial support
2. Health
3. Livelihoods
4. Food security
5. Protection
6. Education

Both parents and children were asked about their mental health, access to education, and child protection issues, so that responses could be compared.

The study considered several variables, such as ‘Most Vulnerable Children’, comparison of rural and urban settings (only rural for Laos), gender of head of household, and comparison of households that have been assisted by World Vision and those that haven’t. The findings presented in this report are those data points where significant findings have been obtained. Frequency distribution analysis has been used to analyse the data and in particular applications, nominal and ordinal data for key variables have been tested for independence using the chi-square test, and non-parametric correlation using Spearman’s Rho.

Percentage and total number of respondents in Lao PDR per age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>791</td>
</tr>
<tr>
<td>Adults</td>
<td>717</td>
</tr>
</tbody>
</table>

Of the 1,508 respondents participating to the survey in Lao PDR, on average:
- 53% of the respondent were female, and 47% were male.
- 57% of the households participating to the survey were considered vulnerable households.
- 88% of the respondents were living in rural communities, 11% in semi-urban and only 1% in urban.
- Of the 791 children who participated to the survey: 67% were aged 11-14 and 32.4% were aged 15-18 years old.

2 Pearson’s chi-squared test is used to determine whether there is a statistically significant difference between the expected frequencies and the observed frequencies in one or more categories of a contingency table. 
3 Spearman’s Rho is a non-parametric test used to measure the strength of association between two variables.
Key findings

Health
On the overall assessment conducted among the nine countries in the Asia Pacific region, Lao PDR ranked highest with 80% of household respondents having access to at least two health facilities (one of the following – hospital, community health center, maternity, outreach services).

Mental Health

About 19% of children surveyed in Lao PDR experienced being afraid, 4th highest in 9 countries.

About 16% of children surveyed in Lao PDR experienced being angry, 3rd highest in 9 countries.

About 17% of children surveyed in Lao PDR experienced being hopeless, 2nd highest in 9 countries.

“The emotional experiences of children of being angry, afraid and hopeless are more common during the pandemic, which is worsened by experiences of vulnerabilities and violence.”

In regards to COVID-19 vaccination, 85% of the respondents reported they were likely to get vaccinated showing a high level of vaccine acceptance.

The results of the HH survey showed that the most entrusted source of information during COVID-19 are the health workers (67.5%), way above the next trusted sources of community leaders (15.1%) and TV or radio presenters (13.7%).

Unmasking the Impact of COVID-19 on Laos’ Most Vulnerable Children

Key findings

### Education

While at the time the children survey was conducted (March-May 2021), 69% respondents reported they were currently able to go to school, leaving 31% of children surveyed reported they were not attending class in person either because the schools were not opened (14%), or for other reasons (17%).

Children willing to stay home (9.2%), children sent to work (6.8%), and lack of transportation to school (4.8%) were the most cited “other reasons” explaining why children are not attending school in person.

“Are you currently attending school?”
- March-May 2021

Only 18% of children surveyed said they had access to network or internet connection.

This data is echoed with the various answers to the question “what home learning technology/devices do you have access to”. The results show that:

- 6.1% of children surveyed accessed to school texts as a way to keep learning remotely;
- only 2.1% of the respondents had access to online materials;
- 0.8% to a learning app on phone or tablet and
- 0.2% to online live classes with teacher.

The reduction in households incomes also impacted their children’s well-being: 12% of the households surveyed declared sending children to work to generate a new source of income and mitigate losses during COVID-19.

“Learning is disrupted with over half of the children having no access to learning opportunities. Those who have access to remote learning are unsatisfied with limited learning options during the pandemic.”

### Livelihoods and Food security

While at the time the households survey was conducted (March-May 2021), 70% respondents reported no change in their salary or income, however 26% were already experiencing negative change in their livelihood due to COVID-19, either by a loss of job or reduced salary (14%), or by resorting to a second source of revenue to maintain the family’s income level (12%).

In addition, 31% of households surveyed reported that they needed to sell productive livelihood assets to mitigate the COVID-19 impact on their incomes. This remains the preferred solution to cope with cuts in livelihoods, above borrowing from neighbors, family or friend (9%), and using savings (6%). It should be noted that majority of households surveyed were from rural communities and findings echo recent data released by the World Bank on the impact of COVID on livelihoods in Lao PDR on rural populations.

In the 2nd quarter of 2021, 41.3% of households surveyed were already opting to rely on less preferred and less expensive food when the basic food supplies started to become less affordable, while 16.6% were opting for reducing the number of meals in a day.

“Poverty, insufficient and reduced income have become the primary experience even in 2nd year of pandemic are leading to consequential effects on children’s learning, wellbeing and protection.”
Key findings

Protection - Child Labour & Violence against Children

On the overall assessment conducted among the nine countries in the Asia Pacific region, Lao PDR ranked 2nd highest among the nine countries with children engaged in child labour (11%).

Lao PDR ranked 1st in number of children engaged in economic activities (80%).

16% of these children are engaged in labor or economic activities that are at risk of exposure to hazards.

The households survey revealed that parents are significantly concerned by the impact of the COVID-19 pandemic on the lives of their children, especially when it comes to education, with 28% of households concerned by their children dropping out from school.

On another hand, 14% expressed their concern on children more likely to get married early, and 12% on girls getting early pregnancy.

"More children are sent away for work due to loss of income especially in urban, resulting in more children engaging in economic activities and exposed to occupational hazards."

Conclusions & Recommendations
Conclusions

There are cultural, economic and institutional dimensions that need to be addressed for children and adolescents to help them to be in a happy state of mind and wellbeing. There needs to be short and long term interventions, since the pandemic still goes on with a new normal. If as adults we have adapted ourselves and still find it challenging, for children and adolescent it is altogether a different world that they are exposed to.

A multi-layered multi-stakeholder approach is required and World Vision has been closely working with the Lao Government, UN agencies, donors and other Civil Society organizations to find solutions and have better strategies to ensure that children and adolescent are protected and their rights and wellbeing is assured. Achieving the main purpose of the SDGs - leaving no one behind – cannot be done without taking millions of people in dire needs of mental health services across South East Asia and Lao PDR into consideration.

There is a need to strengthen child-protection systems and partner with community leaders (including faith leaders) to address the physical and emotional abuse of children. As WV highlighted in its April 2020 Aftershocks report¹, governments should include child protection, mental health, and psychosocial support for caregivers in their core components of COVID-19 Response.

Digital capacity and internet access remains low in rural areas of Lao PDR, and need to be increased while ensuring a safer online environment for children. Across Asia, digital access and bandwidth remain uneven between more and less developed Asian economies. This disparity results in a significant lack of access to education and financial services, which are increasingly going online. In addition, as children increasingly access the internet, it is critical to ensure greater protection against online bullying and sexual exploitation.

Individuals from low-income households appear to have been less impacted by COVID-19 partly because depending on agriculture and, even prior to the crisis, without stable monetary income. Nonetheless, one over five households (21%) still reported they sold productive and livelihood assets in order to handle the impact of COVID-19 on their families. The three highest coping mechanisms indicated for lack of nutritious food.

These choices increase the risk of malnutrition from decreased access to nutritious food.

Leverage multi-sectoral responses to promote child well-being. Economic recovery responses should leverage and integrate interventions that promote child nutrition, reduce risks of child labour/marriage; and prevent Gender-Based Violence (GBV) and violence against children. This should leverage the work of NGOs, civil society and other actors in our COVID-19 emergency response providing appropriate health and child protection messaging and psychosocial support reaching every vulnerable child and family.

Recommendations

To Government

- Work alongside civil society to engage communities in school reopening plans, ensuring school environments are safe and girls are returning to school alongside boys. Teachers must be trained and supported alongside children. Consider long-term digital connectivity strategies that could enable more flexibility in education modalities going forward.

- Strengthen the commitment to the development of all Lao human resources, and poverty reduction plans, ensuring that people of all ethnic groups, ages, genders, and locations have access to quality health, nutrition, and education services; minimizing the risk that reassessment and cut of budget and requirements in light of the COVID-19 affect an underserved and most vulnerable segment of the population.

- Prioritise the mental health and trauma recovery of children and young people, integrate mental health services into other health services where available, incorporate technological innovations in mental health services, and promote family unity initiatives.

- Continue child-centred services that prioritise equity of access. Classify core child protection services as essential and enable integration with other sectors (e.g. mental health).

To Donors

- Work closely between government and civil society to design plans of action to bring children back into school safely and with support plans that are inclusive of communities and of all children.

- Fund multi-sectorial responses that promote the needs of the most marginalized children, with strong social equity inclusion, leaving no one behind and direct to reduce rural-urban disparities, gender, and disability inequality. The lack of access to education, the digital divide, the increased risk of GBV, child labor, early marriage, and child anxiety was shown in their voices collected.

- Fund mental health and psychosocial support interventions that focus on children and young people, and on raising awareness to normalise mental health issues in communities, with innovation funding made available for technology in mental health services.

- Prioritise protection funding, particularly towards interventions that prevent and respond to gender-based violence, enable government and civil society to provide immediate social assistance to alleviate risk factors, and rollout practical strategies to support families to provide a protective environment.
Recommendations

To Civil Society

- Prioritise community and child engagement in school reopening plans, working with parents, caregivers, youth and children to ensure school environments are safe and supported. Where invited, provide training and support to teachers alongside children. Support girls to return to school alongside boys. Facilitate digital connectivity, possibly through the provision of equipment and training and take home learning materials.

- Focus on raising awareness in communities to change attitudes and reduce stigma and discrimination on mental health issues; provide complementary interventions that engage children and young people in a safe environment.

- Enable parents and caregivers to manage their own mental health and the mental health of their children through practical strategies, tools and support mechanisms. Promote child-centred services and child-centred outcomes.

- Reinforce child protection and GBV risk communication in all existing programming, including strengthening the awareness and use of the hotlines (#1362 for concerns about violence, exploitation, trafficking, and NoiYakhoo app) and Lao PDR Government law referral mechanisms.

- Support initiatives to reduce the risk of children falling into early marriage and pregnancy.

Since the adolescents and youth are the future, putting them at risk of lifelong impairment due to increased mental stress, would create setbacks for Lao PDR in achieving the Socio Economic Development plan and Sustainable Development Goals.

Acronyms

- COVID-19: Coronavirus Disease
- AP: Asia Pacific
- COVER: COVID-19 Emergency Response
- FO: Field Office
- GBV: Gender-Based Violence
- HH: Household
- PPE: Personal Protective Equipment
- UNDP: United Nations Development Programme
- WASH: Water, Sanitation and Hygiene
- WFP: World Food Programme
- WV: World Vision