



COVID-19 Risks and Vulnerabilities in Lao PDR



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Foreword

COVID-19 has shown the interdependency and interconnectedness of countries and why global health issues should be taken seriously by everyone. The pandemic has resulted in hundreds of thousands of deaths, created economic and social hardships, and adversely affected education and other sectors.

While the world is racing to find a remedy to the pandemic, most nations are grappling with its potential social and economic impacts. Globally, it is estimated that tens of millions of people are at risk of falling into extreme poverty. Job losses have pushed about 45 million people into food insecurity, with about 33 million residing in the South and South-East Asian Regions. The number of children with acute malnutrition is also expected to substantially increase.

Lao PDR has made remarkable progress in recent years in many sectors, halving monetary poverty, reducing malnutrition, and improving education and health outcomes. However, the COVID-19 pandemic poses a significant threat to the gains made and may impact the country's goal of LDC graduation by 2024.

In response to the potential impact of COVID-19, the Centre for Development Policy Research (CDR) and the Ministry of Planning and Investment (MPI), with the support of UNICEF, UNFPA, the European Union, and SIDA, commissioned a study to assess the social and economic impact of the pandemic on children, adolescents, and women in Lao PDR. This evidence will guide the government's possible interventions as well as feed into the current National Social Economic Development Plan (9th NSEDP), while considering the vulnerabilities of the populations in the country. As a country, we are committed to seeking appropriate interventions and initiatives to prevent our people from hardship caused by the social and economic impacts of the COVID-19 pandemic. This evidence in these reports is the evidence of our commitment.

I congratulate the CDR for this very important report. I also acknowledge the technical and financial support provided by our partners – UNICEF, the European Union, UNFPA, SIDA, and EPRI – in the production of these reports and briefs on the social and economic impacts of COVID-19 on children, adolescents and women in Lao PDR. We will continue to strengthen our partnerships to address risks and vulnerabilities in Lao PDR, especially during emergencies. I, therefore, urge all respective ministries, departments, and agencies to align their interventions with the recommendations in these reports and policy briefs to reduce the social and economic impacts of the pandemic.



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List of acronyms

ADB	Asian Development Bank	NAR	Net Attendance Rate
ANC	Antenatal care	NCAW	National Commission for the Advancement of Women
EAP	East Asia and Pacific	NCD-RisC	Non-Communicable Disease Risk Factor Collaboration
ECE	Early Childhood Education	NCMC	National Commission for Mothers and Children
FAO	Food and Agricultural Organization	NHI	National Health Insurance
FNG	Fill the Nutrient Gap	NPI	Non-pharmaceutical interventions
FRAC	Food Research & Action Center	NSSF	National Social Security Fund
FSIN	Food Security Information Network	OCHA	Office for the Coordination of Humanitarian Affairs
FSN	Food Security and Nutrition	OECD	Organisation for Economic Co-operation and Development
GDP	Gross Domestic Product	OHCHR	Office of the United Nations High Commissioner for Human Rights
GNI	Gross National Income	PNC	Postnatal care
IFAD	International Fund for Agricultural Development	SDGs	Sustainable Development Goals
IFPRI	International Food Policy Research Institute	SMEs	Small and Medium Enterprises
ILO	International Labour Organization	SRH	Sexual and Reproductive Health
IOM	International Organization for Migration	UN	United Nations
IOM	International Organization for Migration	UNDP	United Nations Development Programme
IRC	International Rescue Committee	UNFPA	United Nations Population Fund
LECS	Lao PDR Expenditure and Consumption Survey	UNICEF	United Nations Children's Fund
LSB	Lao Statistics Bureau	USAID	United States Agency for International Development
LSIS II	Lao Social Indicator Survey	WASH	Water, sanitation and hygiene
LYU	The Lao People's Revolutionary Youth Union	WFP	World Food Programme
MMR	Maternal Mortality Rate	WHO	World Health Organization
MoH	Ministry of Health	WTO	World Trade Organization
MoLSW	Ministry of Labour and Social Welfare		
MSME	Micro, Small and Medium Enterprises		

Introduction

The COVID-19 pandemic first emerged as a health crisis but has rapidly evolved into a global crisis, threatening survival – economically, socially, politically and epidemiologically – with grave consequences for human development, economic stability and sustenance. In Lao PDR, soon after the first case of COVID-19 was reported in March 2020, the Government swiftly implemented a nationwide lockdown which was gradually lifted from mid-May. As a result, the epidemiological impact of the pandemic on Lao has not been severe. As of December 2020, the country has been relatively unaffected by the health shock of the pandemic and the number of cases has been significantly lower compared with other parts of the world.¹ Lao PDR has also been acknowledged as one of the countries that achieved sustained successes in suppressing the epidemic by using non-pharmaceutical interventions (NPI).²

The impact of the pandemic in Lao has been predominantly socioeconomic due to the breakdown in domestic and regional supply chains, business closures, livelihood disruptions and income losses. Almost 500,000 people are estimated to have lost their jobs and 383,000 people are expected to fall back into poverty. In addition, food insecurity levels are expected to escalate as COVID-19 compounds an existing food security crisis that has been building up for the past two years. Further, disruptions in education for 1.7 million learners across the country is expected to have long-term ramifications in terms of large-scale learning losses.

Overall, the pandemic has “seriously affected Vientiane’s development objectives, exacerbated existing vulnerabilities and disrupted progress towards smooth graduation from least developed country status,” according to the Prime minister’s address during the UN General Assembly plenary on 3 December 2020.³ The impact of the crisis has been unprecedented and governments around the world are navigating important choices and thinking through the contours of the new normal. More caveats, assumptions and speculations feed into every policy choice, which will affect the rate of economic recovery.

This report serves to provide background on risk and vulnerabilities affecting children, adolescents and women in Lao PDR and to identify the factors that put the country (and these groups) at risk epidemiologically, economically and socially in the context of COVID-19. The report utilizes a life cycle approach to risk and is structured as follows: Section one presents the overall situation in Lao PDR in the context of COVID-19, highlighting the macroeconomic scenario, labour market context, demographic context, poverty and deprivation, health context, food security and nutrition and explores risks that affect individuals and families (across life cycle stages). Section two presents a life cycle approach to risk and vulnerability, highlighting pre-existing vulnerabilities by age cohort and how the COVID-19 pandemic has (and could in the future) intensify vulnerabilities for children, adolescents and women across Lao PDR.

¹ As of 10 December 2020 only 41 cases have been reported, of which 28 have recovered: Worldometers, 2020.

² The Lancet. (2020). *Lancet COVID-19 Commission Statement on the occasion of the 75th session of the UN General Assembly*. The Lancet.

³ United Nations. (2020). *The impact of COVID-19 on Food security and nutrition*

Section three provides an overview of access to social protection in the country. Section four presents concluding recommendations to build provision of support for newly vulnerable groups as well as pre-existing groups that have experienced an intensification of vulnerabilities due to the impact of COVID-19 and related mitigation measures.

The study relies on secondary data sources, existing data and information to identify the risk drivers through a review of relevant literature from Lao PDR and globally. A microsimulation report that estimates the potential effect of COVID-19 on socioeconomic indicators of interest in Lao PDR complements these secondary sources with estimations of losses in key development indicators and implications of varying levels of risks due to COVID-19.

This report and the microsimulation analysis were commissioned in May 2020, when the COVID-19 crisis was still unfolding. Hence, the assumptions reflect the most accurate suppositions based on the intensity and duration surrounding the pandemic at that point in time. However, as the pandemic has unfolded during the year, some of these assumptions have been revised. For instance, in early 2020, the impact of the crisis was expected to be far more severe for Lao PDR and the East Asia and Pacific region. However, the swift and timely NPI responses in the region have mitigated the worst of the health shocks and, as a result, allowed for a gradual reopening of the economy. Consequently, Lao PDR and countries in the region have managed to minimize the socioeconomic impact of the crisis, particularly on education for children and on health care systems. Therefore, several of the initially modelled impacts, which reflect the initial globally accepted assumptions about the trajectory of the crisis but do not adequately reflect how the crisis has unfolded in Lao PDR, have been moved from the main report into the annex.



Setting the context

Macroeconomic context

Lao PDR has demonstrated robust growth and is among the fastest-growing countries in the East Asia and Pacific region, averaging above 7 per cent GDP growth each year for most of the past decade. Economic and political reforms in Lao PDR over this period have spurred the remarkable growth. However, since 2019, the growth trajectory has been adversely affected due to natural disasters and their impact on the agricultural sector.⁴ Simultaneously, Government debt levels have risen. The COVID-19 crisis is placing considerable pressure on the national economy of Lao PDR (Box 1).⁵

BOX 1: ECONOMIC IMPACT OF COVID-19

Economic growth in 2020 was projected to range between negative 1.8 and 1 per cent as per World Bank estimates. The Lao National Institute for Economic Research (NIER) provided a more optimistic projection of 3.3 per cent. As of October 2020, the growth rate stood at 0.2 per cent. National growth by 2022 is expected to rebound to an average of 4.5 per cent in the low-impact scenario and 2.5 per cent in the high-impact scenario.

The impact on the most economically relevant sectors, businesses and individuals is expected to reduce the domestic revenue collection to about 3–4 per cent GDP for 2020.

The fiscal deficit may rise from 5.1 per cent of GDP in 2019 to between 7.5 and 8.8 per cent of GDP in 2020.

Consequently, debt levels are expected to rise to between 6 to 9 percentage points, from 59 per cent of GDP in 2019.

Source: (World Bank Group, 2020)

Economic resilience in the COVID-19 context is determined by a combination of three main factors:

1. **The extent of exposure to and reliance on sectors that depend on global value chains:** The Lao PDR economy is deeply integrated with regional and international markets, especially bilateral relations with China. High exposure to and reliance on industries such as travel, tourism and hospitality (11 per cent of total employment and 22 per cent of urban jobs),⁶ export commodities (export of goods growth forecast is -11.7 per cent in December 2020)⁷ and migrant remittances (estimated reduction of US\$125 million in 2020)⁸ make the Lao PDR economy exceptionally vulnerable to the impact of the measures adopted to contain the spread of the virus.
2. **Long-standing structural macroeconomic vulnerabilities, including fiscal deficits and public debt level, which will determine the national economic relief and response:** As domestic revenue continues to fall due to COVID-19, it could plunge Government debt dynamics into distress. In 2012, the fiscal deficit increased to 6 per cent of GDP and Government debt as a percentage of GDP rose to 57 per cent. The 2016 Joint International Monetary Fund-World Bank Debt Sustainability Analysis placed the country in the category of 'high risk of distress'. The high fiscal deficit and public debt levels, as well as low reserves, compound against the urgent need to increase

⁴ World Bank. (2020, April). *World Bank In Lao PDR*.

⁵ Impact scenario refers to the impact of mitigation measures such as disruptions and social distancing measures that cause disruption of economic activities and human capital accumulation services; Low-impact indicates lesser disruption and high-impact refers to extensive disruption.

⁶ World Bank. (2020, April). *World Bank In Lao PDR*.

⁷ International Monetary Fund. (2020). *Laos Forecast: Exports of Goods Growth*.

⁸ World Bank. (2020). *Covid-19 to Impact Lao PDR Growth, Debt in 2020: New World Bank Report*.

Government expenditure to provide support for vulnerable households to help them survive the socioeconomic impact of the pandemic with minimal long-term losses.⁹ As a result of high debt levels, the country also faces heightened challenges in meeting public external debt service obligations. A more recent report also indicates that the growing turbulence in global financial markets limits the Government's options in refinancing its maturing debt.¹⁰ These economic shocks have placed significant strain on the Government's budget, either limiting the economic relief it can provide to citizens through social protection interventions or limiting the duration of these interventions for cost recovery reasons.

3. The maturity of the domestic market as a buffer against short-term shocks emerging from global value chains: The national employment structure is not conducive to providing the necessary domestic buffer. The sectors directly affected by COVID-19 are critical contributors to the Lao PDR economy and rely deeply on global value chains – tourism and related sectors, manufacturing (particularly garments) and migrant work.

Labour market and livelihoods context



COVID-19 continues to generate gravely negative consequences for livelihoods and employment around the globe. In Lao PDR, following the end of the lockdown, there has not been a significant rebound in economic activity. Global predictions from the World Bank and others had also indicated a slower rebound from COVID-19. In Lao PDR, the unemployment rate has risen to 25 per cent from a previous rate of 2 per cent. Women and migrant workers have been particularly affected.¹¹

In the short term, the urban poor have been hardest hit, but the impact of the crisis is expected to be felt strongly in rural areas over time. The socioeconomic risks presented by COVID-19 have been significantly higher for certain households (Box 2).

Using the ILO risk mapping (ILO, 2020) to categorize livelihood risks, approximately 80 per cent of households in Lao PDR remain at low risk while 18 per cent are considered at high risk. However, the ILO approach downplays the levels of risk in Lao PDR as it does not consider agriculture an at-risk industry. Overall, urban households are expected to be affected the most by COVID-19 due to their overwhelming rate of participation in high-risk sectors. While most of the skip-generation households are in rural areas and are expected to face low levels of risk, single-parent households in urban areas are expected to face both medium and high risk levels. With rapidly accelerating migration from Lao PDR to other parts of East Asia, children are increasingly seen to be taken care of by their grandparents in rural areas – a trend also documented for other countries.¹²

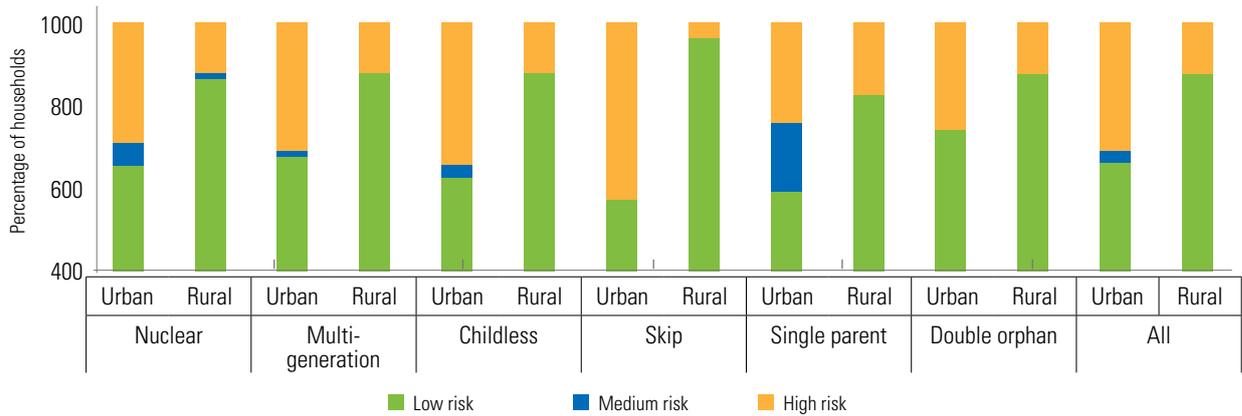
⁹ International Monetary Fund. (2020). *Laos Forecast: Exports of Goods Growth*.

¹⁰ World Bank Group (2020). *Covid-19 to Impact Lao PDR Growth, Debt in 2020: New World Bank Report*.

¹¹ Based on Ministry of Labour and Social Welfare (MoLSW) estimates.

¹² Piotrowski, M. (2009). *Migrant Remittances and Skipped Generation Households: Investigating the Exchange Motive Using Evidence from Nang Rong, Thailand*.

FIGURE 1: LIVELIHOOD RISK COMPOSITION BY DIFFERENT FAMILY TYPES



Source: LSIS II

In households where livelihoods are deeply strained, the COVID-19 shock could enhance the intergenerational transmission of poverty in two ways. First, as a coping strategy, caregivers could be forced to reduce spending on children’s education and health. Given the centrality of education to finding employment in the formal economy, these shocks could increase the number of children experiencing multidimensional poverty. Children who are born into poverty face layers of suffering, such as malnutrition, illness and limited social capital such as illiterate parents which hinder cognitive development and education. These deprivations make upward social mobility extremely difficult and in the absence of adequate social welfare nets, poverty tends to reproduce itself.¹³ Secondly, another prominent mechanism for coping with loss is selling household assets, such as land, livestock and equipment. These coping strategies are not easily reversible in that they reduce the future ability to cope with stress, thereby intensifying exposure to contingency and vulnerability. The sale of these assets, which could have been transferred to future generations, increases the likelihood of intergenerational poverty transmission.

The tourism industry in Lao PDR not only plays a significant role in boosting economic growth (it is the third-highest contributor to GDP),¹⁴ but studies estimate that tourism has directly created 114,000 jobs and that tourism and related services have generated more than 385,000 jobs in the country. Apart from hotels, guesthouses, restaurants and travel agencies, the tourism industry also supports small and informal businesses like handicrafts, tuk-tuks, taxis and snack shops. These job opportunities have had

BOX 2: GROUPS VULNERABLE TO LIVELIHOOD LOSSES

Individuals working in the tourism or related sectors, manufacturing (especially garment industry), wholesale, retail, real estate, business sectors and agriculture are expected to be most affected.

Migrant and informal workers in vulnerable employment, including those in micro, small and medium enterprises (MSMEs) and those without formal contracts or protection from labour laws, are at the highest risk of losing their livelihoods and tend to remain invisible to Government-provided support.

Women are affected due to their high participation in the tourism sector, garment industry and informal work. Livelihood diversification has led to a marked increase in rural-urban migration, dominated by women seeking domestic work, employment in the garment industry, beer bars and karaoke bars.

Source: (BBC, 2020); (World Bank, 2020); (UNESCO, UNPD, IOM, UN Habitat, 2018).

¹³ Behrman, J. R., Schott, W., Mani, S., Crookston, B. (2017). *Intergenerational transmission of poverty and inequality: parental resources and schooling attainment and children’s human capital in Ethiopia, India, Peru, and Vietnam.*

¹⁴ United Nations. (2019). *Lao PDR tourism enterprises participate in the first awareness event on international cashless payments acceptance.*

direct implications for boosting incomes of poor households.¹⁵ COVID-19 has not only translated into a loss of income for many households across the globe – limiting their spending capacity for travel – but travel restrictions have meant that leisure activities like tourism cannot take place, even if people had the financial means to do so. Data suggest that 62.5 per cent of those employed in the sector are women,¹⁶ suggesting a disproportionately high impact of the loss of tourism on women and female-headed households. A recent study in Lao, unsurprisingly, found that enterprises focusing on international guests suffered more from the COVID-19 downturn than those catering to the domestic market, with the first category having laid off 46.3 per cent of their employees (as compared with 26.5 per cent laid off for domestically focused enterprises).¹⁷

About 15 per cent of Lao PDR's labour force (300,000 est.) are estimated to be working in Thailand as migrant workers. Of these, more than a third have returned to Lao PDR with adverse consequences – lost employment, livelihoods and incomes. The impact of more than 100,000 returned migrant workers is expected to result in an estimated loss of 0.7 per cent of GDP in remittances in 2020. At the household level, the impact of lost remittances alone is estimated to push between 96,000 (low-impact scenario) and 214,000 (high-impact scenario) persons into poverty in Lao PDR.¹⁸ Further, many migrants working in informal settings do not have access to social security schemes¹⁹ and are hence more vulnerable to falling into poverty.



The garment industry is Lao PDR's largest employer in the manufacturing sector. The industry brings in substantial export revenue (30 per cent)²⁰, provides employment to a large proportion of the country and is one of eight priority industries in the development of the economy. While the employment figures are not quite as staggering as those in tourism, the impact on the industry has been significant. The COVID-19 crisis places export-oriented sectors – especially those that rely extensively on imports of raw materials as well – such as the garment industry in Lao PDR at grave risk as mitigation measures continue to disrupt global supply chains. Due to COVID-19, the garment industry temporarily

shut down, causing retrenchment of workers and high levels of non-payment or delays in salaries, after consultations at a national level.²¹ The impact on the sector becomes more relevant for policymaking due to the disproportionate impact it has for women – primarily younger women, since most of the workers are women under the age of 25, typically from rural areas, who seek seasonal/temporary employment as an additional source of income.

¹⁵ Data from The United Nations' World Travel and Tourism Council as reported in Pongkhao, 2018.

¹⁶ United Nations. (2019). *Lao PDR tourism enterprises participate in the first awareness event on international cashless payments acceptance*.

¹⁷ Asian Development Bank. (2020). *Poverty Data: Lao PDR*.

¹⁸ World Bank Group. (2020). *Covid-19 to Impact Lao PDR Growth, Debt in 2020: New World Bank Report*.

¹⁹ UNESCO, UNPD, IOM, UN Habitat. (2018). *Overview of Internal Migration in Lao*

²⁰ Food and Agricultural Organization. (2020). *Laos at a glance*.

²¹ World Bank Group (2020). *Lao PDR Economic Monitor: Lao PDR in the time of Covid-10*.

Approximately 80 per cent of Lao PDR's workforce is engaged in agriculture, mostly for subsistence reasons.²² Subsistence farming is an important safety net for many households to reduce their vulnerability in times of economic crisis, where the loss of incomes could threaten food security. Nonetheless, a rapid assessment by WFP found that COVID-19 and mitigation measures are affecting cash crops and horticulture (reduced sales), threatening availability and prices of certain commodities in provinces such as Luangnamtha and Bokeo and reducing the overall income of farmer households.²³ Moreover, the agricultural sector in Lao remains critically vulnerable to extreme weather events, pest attacks and other shocks that regularly threaten farmers and their livelihoods.²⁴ Though the agricultural sector globally has shown resilience to the impact of the pandemic, faring better than many other sectors,²⁵ in Lao PDR the industry is still recovering from the devastating impact of the 2019 floods and droughts and has been unable to absorb the impact of the pandemic.

The COVID-19 pandemic and its impact on the global economy has created economic disruptions for MSMEs, which form a sizeable proportion of businesses in Lao PDR, as evidenced by a study in six provinces which indicated that 95 per cent of MSMEs were adversely affected.²⁶

Demographic context

Lao PDR has one of the youngest populations in the South-East Asian region, with over 50 per cent of the population between 10 and 35 years old and 50 per cent under the age of 23.5 years. The country is projected to see the working-age population expand by 2040. Declining fertility rates, changing age structures and demographic transition present great potential to reap the demographic dividend²⁷ in the years to come, contingent upon adequate investments in children today to ensure the necessary human capital accumulation and productivity.²⁸



Recent internal migration between rural and urban areas, especially among females, has transformed the composition of Lao PDR households. One study shows that remittances from migrant workers are spent on education and agricultural outputs and are contributing to a change in traditional gender norms.²⁹ For instance, migrant daughters are increasingly perceived as reliable contributors to the household economy, thereby increasing their social standing. However, COVID-19 and associated mitigation measures have had a severe impact on migrant workers, many of whom have returned to Lao due to livelihood disruptions. Thus, many of these gains could be under the threat of reversal.

²² Food and Agricultural Organization. (2020). *Laos at a glance*.

²³ WFP. (2020). *Rapid Assessment of Food Security and Agriculture in Lao PDR*

²⁴ Food and Agricultural Organisation. (2020). *Special Report - 2019 FAO/WFP Crop and Food Security Assessment Mission to the Lao People's Democratic Republic*.

²⁵ World Trade Organization. (2020). *COVID-19 and Agriculture: A story of resilience*.

²⁶ United Nations Sustainable Development Goals. (2020). *UN Lao PDR Socio Economic Response Framework to COVID-19*.

²⁷ A demographic dividend refers to the opportunity for accelerated economic growth resulting from declining fertility and mortality, which leads to a growing proportion of working population accompanied by a reduction in population dependent on them.

²⁸ A younger workforce can accelerate national growth and development; an underproductive workforce threatens the country's sustained growth and developmental achievements.

²⁹ UNESCO, UNPD, IOM, UN Habitat. (2018). *Overview of Internal Migration in Lao*.

Urbanisation trends are also reshaping the dynamics of existing vulnerabilities in the country. The reduction in the percentage of households in rural areas presents significant planning challenges in urban areas and has led to a rise in poverty and inequality.³⁰ Internal migration to urban areas, apart from women, is dominated by the youth, which could negatively impact agricultural productivity as rural labour availability shrinks, leaving rural areas with a high concentration of older individuals.³¹ Due to the impact of COVID-19, migrant workers in informal urban conditions, who have limited access to essential services, as well as the urban poor can experience disproportionate impacts.³²

Poverty and deprivation

Notwithstanding the past achievements, poverty reduction and accelerating human capital accumulation is still a national priority. Economic growth has been disproportionately concentrated in urban areas. Of the 7.1 million population in the country, 65 per cent live in rural areas³³ and experience significant challenges in communications, transport and delivery of essential services. The poverty rate in rural areas is four times higher than in urban areas and significant proportions of the population lack roads, water and electricity.³⁴ Even today, many households that have been lifted out of poverty live dangerously close to the poverty line, child poverty is

BOX 3: POVERTY PROFILE IN LAO PDR

Historically, there are stark differences in urban-rural poverty divides and poverty levels among ethnic groups. Child poverty levels are high while poverty is also gendered, with women facing marginalization and people with disabilities and mental illnesses among the most vulnerable

■ According to the World Bank poverty is estimated to increase in 2020, compared with a 0.6 percentage-point decline estimated pre-COVID-19.

■ Data suggest that new poverty will be deeply concentrated among those linked to sectors experiencing strong demand shocks in the short-term and that the impact of poverty will be felt across the board due to declines in disposable incomes and expected business closures (mainly among SMEs).

still persistent and people remain highly susceptible to climate risks and shocks, which makes them vulnerable to falling back into poverty.

The Lao PDR Expenditure and Consumption Survey (LECS) of 2012/13 shows that the poverty rate is the highest among the Mon-Khmer (42.3 per cent) and Hmonglu-Mien (39.8 per cent) groups. The Mon-Khmer have a poverty incidence of more than two and a half times the rate of the Lao-Tai and have experienced a relatively slower decline in poverty incidence.³⁵ Certain ethnic

groups are more deprived than Lao-Tai at all economic levels. Inequities in terms of access to education, job opportunities, livelihood assets and the intergenerational transmission of poverty drive much of this differential.³⁶

The World Bank estimates that a child born in Lao PDR today will not reach his/her full development potential (will be only half as productive) due to the limited access to and uptake of full health and education

³⁰ Epprecht, Bosoni, & Hayward. (2018). *Urbanisation processes in the Lao*.

³¹ Food and Agriculture Organization. (2006). *Needs and Potential for Rural Youth Development In Lao PDR*.

³² United Nations Sustainable Development Goals . (2020). *UN Lao PDR Socio Economic Response Framework to COVID-19*.

³³ Moore. (2020). *Share of rural population in Laos from 2009 to 2018*.

³⁴ OHCHR. (2019). *UN expert calls for reform of poverty-driving policies in Lao PDR*.

³⁵ MoH (2015). *Indigenous Peoples Planning Framework: Ethnic Group Development Plan*.

³⁶ UNESCO, UNPD, IOM, UN Habitat. (2018). *Overview of Internal Migration in Lao*.

services. About 88 per cent of children experience some form of deprivation, about 33 per cent of children under five are stunted and more than 9 per cent are wasted.³⁷

Development in the country differs starkly based on gender. Reports suggest that girls and women face widespread marginalization and discrimination in Lao PDR.³⁸ A high adolescent birth rate, high rate of child marriage, high rate of anaemia and low secondary school completion rate among girls put half the young population at grave risk of not achieving their full potential in adulthood.³⁹

Persons living in informal settlements

Approximately 31.4 per cent of Lao PDR's urban population lives in informal settlements/slums^{40,41} where (i) physical space is scarce, (ii) daily wage labour is the mainstay for many, (iii) access to essential services such as water and sanitation facilities is uncommon and (iv) risks of violence and abuse are high due to multiple deprivations. Not only are those living in informal settlements more likely to be poor and vulnerable, have weaker immune systems and poor health and nutrition overall; in South Africa, informal settlements are the primary hotspots for COVID-19 infections.⁴²

All other risks that affect children, adolescents and women in other settings affect those in urban settings more intensely.⁴³ Children living in urban slums are far more likely to be out of school and in labour; women are at much greater risk of maternal mortality or losing young children; they are also far more likely to experience abuse and violence. Unfortunately, there are no empirical data on the impact of the crisis on urban slums or informal settlements, making it difficult to quantify the magnitude of impact on these persons.



³⁷ National Information Platforms for Nutrition. n.d. *Why is it important to invest in nutrition?*

³⁸ OHCHR. (2019). *UN expert calls for reform of poverty-driving policies in Lao PDR.*

³⁹ UNFPA (2020). *Enhance Human Capital and Social Investments for Demographic Dividend in Lao PDR.*

⁴⁰ UN Habitat. (2014). *Population living in slums (% of urban population).*

⁴¹ Wahba, B., Lall, Marconcini, & Soppelsa. (2020). *Cities, crowding, and the coronavirus: Predicting contagion risk hotspots.*

⁴² World Bank. (2020). *COVID-19 Turns Spotlight on Slums.*

⁴³ Indo-Asian News Service. (2020). *Huge impact of Covid-19 on people living in urban slums: Study.*

Health context

There is conclusive evidence that the older population and those with underlying health conditions are the primary groups^{44,45,46,47} at high risk of becoming severely ill due to COVID-19. Specifically, evidence identifies cardiovascular diseases, lung diseases, liver diseases (such as hepatitis), diabetes and kidney diseases as the significant comorbidities that can escalate illness and cause deaths in infected persons.^{48,49,50} The

BOX 4: STATUS OF HEALTH CARE

■ In Lao PDR, health care delivery is predominantly a public system, with health centres and district and provincial hospitals owned and operated by the Government.

■ Although various national insurance schemes exist, only 15.4 per cent of women aged 15–49 years, 10.3 per cent of children aged 5–17 years and 13.7 per cent of children under the age of 5 years are covered by any health insurance. The health insurance coverage for children under 18 is even lower.

■ Families which lack savings to cover medical costs rely on a range of strategies, including borrowing through informal networks, reducing consumption, taking children out of school or sending them to work, or selling assets.

Source: (Lao Statistical Bureau, 2018)

2020 Global Nutrition Report in the context of COVID-19 also highlights that “undernourished people have weaker immune systems and may be at greater risk of severe illness due to the virus. At the same time, poor metabolic health, including obesity and diabetes, is strongly linked to worse COVID-19 outcomes, including the risk of hospitalization and death.”⁵¹

Thus far, Lao PDR has not faced severe epidemiological impacts due to the COVID-19 crisis. However, with many countries experiencing a resurgence of COVID-19 cases since the beginning of the fourth quarter of 2020,⁵² the risk remains high. Lao PDR’s risk is moderated by a smaller share of older persons in the country⁵³ but

aggravated by the risk of comorbidities and compromised immune systems and health from malnutrition. The leading causes of death in Lao PDR are influenza and pneumonia (13 per cent), coronary heart disease (11 per cent), stroke (10 per cent), dengue fever (9 per cent) and diarrhoeal disease (5 per cent).⁵⁴ Malaria and dengue fever are endemic to the southern provinces.⁵⁵ Tuberculosis continues to persist – approximately 6,710 cases of tuberculosis were registered in 2018. Furthermore, although the prevalence of HIV is low, incidences are on the rise, especially in urban areas and especially among young

females.⁵⁶ Inherent population risk factors, such as compromised immune systems from comorbidities and prevalent malnutrition, increase the risk of severe infections and the prevalence of avoidable communicable diseases that place more pressure on health care systems.⁵⁷



⁴⁴ European Centre for Disease Control. (2020). *Epidemiology of COVID-19*.

⁴⁵ Payne. (2020). *Global Covid-19 Case Fatality Rates*.

⁴⁶ World Health Organization. (2020). *Coronavirus disease 2019 (Covid-19) Situation report*.

⁴⁷ World Bank. (2020). *The Human Capital Index 2020 Update : Human Capital in the Time of COVID-19*.

⁴⁸ European Centre for Disease Prevention and Control. (2020).

⁴⁹ Emami, Javanmardi, Pirbonyeh, & Akbari. (2020). *Prevalence of underlying diseases in hospitalised patients with Covid-19: a systematic review and meta-analysis*.

⁵⁰ Fang, Karakiulakis, & Roth. (2020) *Are patients with hypertension and diabetes mellitus at increased risk of Covid-19 infection?*

⁵¹ Global Nutrition Report. (2020). *The 2020 Global Nutrition Report in the context of Covid-19*.

⁵² Reuters. (2020). *Asia at a crossroads in fight against coronavirus as cases surge*.

⁵³ A smaller share (4.5 per cent) of the Laotian population is aged 65 years or older, which reduces the risk of severe illness.

⁵⁴ Miaschi. (2017). *Leading Causes of Death in Laos*.

⁵⁵ Lao Statistical Bureau. (2018). *Lao Socio-Economic Indicator Survey II, Survey Findings Report*.

⁵⁶ Department of Planning and Cooperation. (2019). *National Health Statistic Report 2018*.

⁵⁷ Nyasulu, J., & Pandya, H. (2020). *The effects of coronavirus disease 2019 pandemic on the South African health system: A call to maintain essential health services*.

Further, access to water, sanitation services and handwashing (WASH) facilities are low in the country. Overall, only 39.9 per cent of the population has access to WASH facilities.⁵⁸ Approximately 84 per cent of households have access to improved water sources⁵⁹ and nearly 80 per cent of the population have access to a water source within 30 minutes of travel or less. Similarly, 62 per cent of all households have access to improved sanitation facilities,⁶⁰ but nearly a quarter (23.9 per cent) of the population makes use of open defecation.⁶¹ Likewise, only 54.1 per cent of the population has access to a handwashing facility on-premises that includes soap and water. While these numbers demonstrate improvement, the progress is inadequate to enable quarantine and isolation measures. These poor washing, sanitation and hygiene practices contribute significantly to communicable diseases such as diarrhoeal diseases and pneumonia in children and adults. Thus, minimal access to health care due to a scarcity of essential health care infrastructure, high out-of-pocket health care expenses, low penetration of national health insurance and low access to WASH facilities compound the health risks in the country.

Status of food security and nutrition



The impact of the pandemic on economic growth and livelihoods may have detrimental consequences on access to food, health, education and nutrition services with lifelong impacts on education, child growth and development and overall human capital development.⁶² A study⁶³ across several countries exploring the nutritional impacts of growth shocks during 1990–2018 on children estimates that a 10 per cent annual decline in Gross National Income (GNI) can increase moderate/severe wasting by 14 per cent and severe wasting by 22 per cent.

Mitigation measures to curb the spread of the virus and save lives have affected livelihoods and limited income-generating opportunities. The resulting income losses may cause households to adopt negative coping mechanisms, with detrimental effects on food quantity and dietary diversity. Currently, one in four (23.2 per cent) households is living below the poverty line⁶⁴ and 69 per cent of total household expenditure is allocated towards food procurement in Lao PDR.⁶⁵ Global evidence indicates that a reduction in the frequency of meals and reliance on inexpensive and non-nutritious foods are among the top coping mechanisms for households in response to income shocks – alongside the sale of household assets for income.⁶⁶ COVID-19 mitigation measures will adversely affect households' income and ability to access much-needed foods to meet their nutritional needs⁶⁷. Households may adopt coping measures that may compromise the nutritional status of children and exacerbate the incidence and severity of childhood illnesses and the onset of malnutrition.⁶⁸ The Ebola outbreak in Sierra Leone has shown that quarantines and panic during the outbreak led to an increase in hunger and malnutrition.⁶⁹

⁵⁸ Department of Planning and Cooperation, 2019.

⁵⁹ World Health Organisation. (2016). *UN Global analysis and assessment of sanitation and drinking water*.

⁶⁰ World Health Organisation. (2016). *UN Global analysis and assessment of sanitation and drinking water*.

⁶¹ Lao Statistical Bureau. (2018). *Lao Socio-Economic Indicator Survey II, Survey Findings Report*.

⁶² Martorell, R. (2017). *Improved nutrition in the first 1000 days and adult human capital and health*.

⁶³ Headey, D., Heidkamp, R., Osendarp, S., Ruel, M., . (2020). *Impacts of COVID-19 on childhood malnutrition and nutrition-related mortality*.

⁶⁴ Pimhidzai, Fenton, Souksavath & Sisoulath. (2014). *Poverty Profile in Lao PDR: poverty report for the Lao Consumption and Expenditure Survey, 2012-2013*.

⁶⁵ Pimhidzai, Fenton, Souksavath & Sisoulath. (2014). *Poverty Profile in Lao PDR: poverty report for the Lao Consumption and Expenditure Survey, 2012-2013*.

⁶⁶ Mjonono. (2009). *An Investigation of Household Food Insecurity Coping Strategies in Umbumbulu.*; Khullar & Sharma. (2020). *How COVID-19 Accelerates Malnutrition in Women and Children*.

⁶⁷ United Nations. (2020). *Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19*.

⁶⁸ Chilton, Rabinowich, Breen & Mouzon. (2013). *When the systems fail: Individual and household coping strategies related to child hunger*.

⁶⁹ FAO (2020). *Novel Coronavirus (COVID-19)*.

BOX 5: MOST AFFECTED REGIONS (FAO 2020)

Luangnamtha is likely to be most affected in terms of food availability, market access, food prices and, thus, food consumption, followed by Bokeo, Savannakhet and to some extent Phongsaly and Luangphabang.

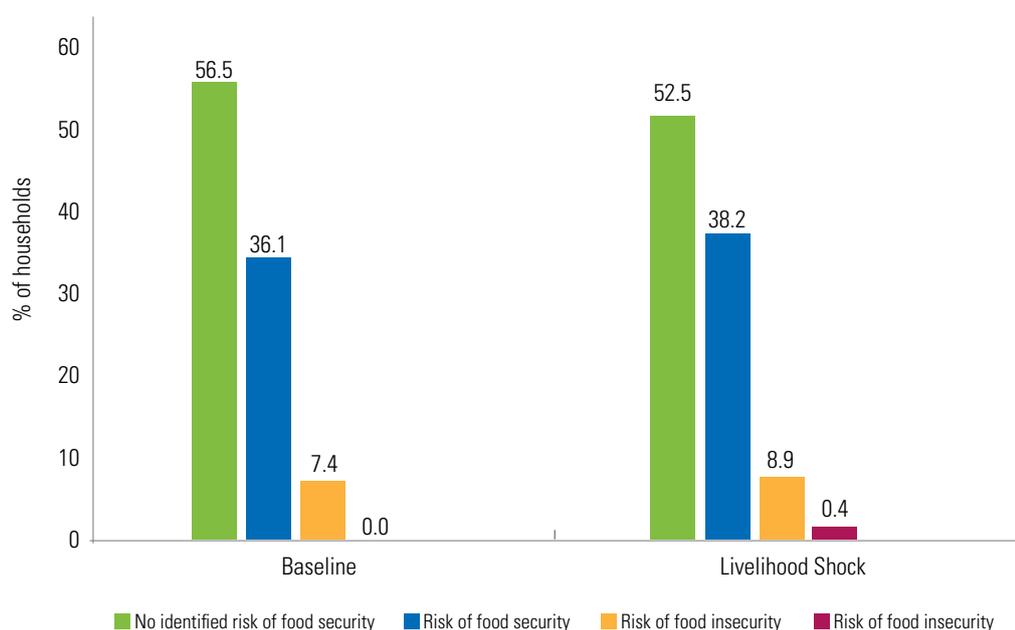
Households from Bokeo, Luang Prabang, Oudomxai, Attapeu, Savannakhet and Sekong are likely to have the highest numbers of food-insecure households.

There is evidence across leading indicators of malnutrition to support this in Lao PDR as well. A recent study⁷⁰ indicates that following the onset of COVID-19 and mitigation measures in the country, approximately 50 per cent of households reduced their food consumption or reduced spending on food. In another study,⁷¹ one in every two persons reported a reduction in income, salary or revenue due to COVID-19. The study reported an overall 42 per cent reduction in monthly income (on average from 1,052,276 kip to 605,429 kip). Reducing the quantity and quality of meals was among the top three coping mechanisms. Evidence

from other countries also shows that COVID-19 may have resulted in the increased consumption of less nutritious foods, more irregular meal patterns⁷² and with that a decrease in the quality of complementary foods provided to children aged 6–23 months who are already at high risk of stunting.

The results of the Lao microsimulation study⁷³ indicate that, overall, 47.5 per cent of households will be at risk of food insecurity (moderate, severe and extreme) due to the COVID-19 crisis as compared with 43.5 per cent at the baseline. A small share (0.4 per cent) of households will also plunge into the extreme risk category due to COVID-19.

FIGURE 2: RISK OF FOOD INSECURITY



Source: Microsimulation results using LSIS II

⁷⁰ FAO. (2020). *Special Report - 2019 FAO/WFP Crop and Food Security Assessment Mission to the Lao People's Democratic Republic*.

⁷¹ Ammar, Brach, Trabelsi & Chtourou. (2020). *Effects of COVID-19 Home Confinement on Eating Behaviour and Physical Activity: Results of the ECLB-COVID19 International Online Survey*.

⁷² Ammar, Brach, Trabelsi & Chtourou. (2020). *Effects of COVID-19 Home Confinement on Eating Behaviour and Physical Activity: Results of the ECLB-COVID19 International Online Survey*.

⁷³ Please refer to *Microsimulation: Socioeconomic Impact of COVID-19 on Lao PDR Households*.

Through its impact on food insecurity, poverty, deprivations of access to clean water and proper sanitation, limited access to health care and preventive health services, the pandemic could further undermine nutrition outcomes in the country. There is a strong indication that malnutrition may rise in the short to long term should the outbreak and mitigation measures in Lao PDR be prolonged.⁷⁴

Malnutrition in the country could worsen further for the following reasons:

1. Many individuals are at risk of losing their livelihoods (especially those working in the tourism, manufacturing, wholesale, retail, real estate and business sectors). According to the World Bank, poverty is estimated to increase in 2020, compared with a 0.6 percentage-point decline estimated pre-COVID-19. With more than 80 per cent of the national workforce employed in the informal sector, lockdown measures with border closures will affect household income. Data suggest that poverty will be concentrated among those linked to sectors experiencing strong demand shocks. In the short term the impact of poverty will be felt across the board due to declines in disposable incomes and expected business closures (chiefly among SMEs). The resulting income shock can undermine households' ability to access much-needed foods due to loss of income and competing household priorities. This may result in adverse nutrition practices such as households eating reduced food portions, consumption of less preferred and less nutritious foods as well as spending less on preventive health services.⁷⁵ Consumption of less diverse and nutritious foods may exacerbate the already high prevalence of malnutrition among children and women of reproductive age. A less active lifestyle, as evidenced by studies in other countries,⁷⁶ coupled with a decrease in nutritious foods eaten by children may predispose them to being overweight and obesity.
2. COVID-19 mitigation measures may disrupt nutrition services, especially at community level, with populations in relatively inaccessible areas worst affected. The impact of the crisis on the health sector may limit the continuation of essential health care services and the uptake of maternal and childcare interventions.^{77, 78, 79} Since nutrition services are generally conducted at health care facilities, the lack of access to health care services may automatically limit the access to nutrition services. The COVID-19 pandemic and associated lockdown measures have disrupted public health and nutrition services and are expected to result in significant declines in nutrition services, in line with observations during the Ebola outbreak in 2014/16 in sub-Saharan Africa.⁸⁰

⁷⁴ Consultations with development partners including UNICEF and UNFPA

⁷⁵ Mjonono. (2009). *An Investigation of Household Food Insecurity Coping Strategies in Umbumbulu.*; Khullar & Sharma. (2020). How COVID-19 Accelerates Malnutrition in Women and Children.

⁷⁶ Ammar, Brach, Trabelsi & Chtourou. (2020). *Effects of COVID-19 Home Confinement on Eating Behaviour and Physical Activity: Results of the ECLB-COVID19 International Online Survey.*

⁷⁷ De Beni & Maurizio. (2020). *Coronavirus is leaving pregnant women with tough choices and bleaker outcomes.*

⁷⁸ Lao Statistical Bureau (2018). *Lao Socio-Economic Indicator Survey II, Survey Findings Report.*

⁷⁹ UNFPA's extrapolation of administrative data from the Ministry of Health.

⁸⁰ Elston. (2017). *The health impact of the 2014–15 Ebola outbreak.*

3. Globally, a 30 per cent reduction in the coverage of essential nutrition services, including vitamin A supplementation, treatment of severe wasting, promotion of improved young child feeding and provision of micronutrient supplements to pregnant women, has been estimated due to COVID-19.⁸¹ Analysis of routine data show a reduction in mother and child health (MCH) and immunization indicators in Lao PDR. For example, ANC attendance, skilled delivery, early initiation of breastfeeding and others were lower in Quarter 1 of 2020 as compared with the same period in 2019.⁸² Initial lockdown measures in Lao PDR resulted in cancellation of outreach services and suspension of services at health centres/clinics and a reduction in the coverage of essential nutrition services including vitamin A supplementation, detection and treatment of severe wasting, nutrition education and counselling and micronutrient supplementation.
4. Childhood illnesses and poor nutrition may result in an increased incidence of wasting among children. Interruptions of health and nutrition services as well as household coping measures, due to reduced income, may result in an increased incidence of childhood illnesses. Weather conditions may increase the incidence of childhood illnesses such as pneumonia, respiratory tract infections, diarrhoeal diseases, etc.⁸³. Coupled with inadequate dietary intake, children may be predisposed to acute malnutrition. In the worst-case scenario, it is estimated that about 73,000 children could suffer from severe acute malnutrition per year in Lao PDR.⁸⁴ Children may also suffer from micronutrient deficiencies due to lower consumption of nutrient-rich diets. With global evidence suggesting that severely malnourished children are 9.4 times more likely to die than non-wasted children,⁸⁵ mortality in children under the age of 5 may increase if the situation persists in the short to medium term.
5. Optimal infant and young child feeding may be compromised due to misconceptions, which must be monitored. Misinformation on the link between breastfeeding and COVID-19 transmission, coupled with likely disruptions in nutrition services and ability to provide nutritional counselling at scale, may cause changes in breastfeeding practices. Evidence from other countries suggests that breastfeeding rates reported by neonatal departments of hospitals decreased due to fears that COVID-19 can be transmitted via breastmilk.⁸⁶ Furthermore, anecdotal evidence suggests the separation of mothers from babies after delivery as a preventive measure, which, if adopted, will challenge the progress toward early initiation of breastfeeding. With lockdown measures limiting support for pregnant and lactating mothers at the community level, and given the potential for future waves reinstating restrictions, strong communication strategies and monitoring measures will be critical to keep progress in breastfeeding on track.

⁸¹ UNICEF. (2020). *An additional 6.7 million children under 5 could suffer from wasting this year due to COVID-19*.

⁸² WHO monitoring, Lao PDR.

⁸³ Christopher & Director (2018). *The Impacts of Climate Change on Child Malnutrition in Lao PDR*.

⁸⁴ Using incidence factor of 3.0 for a full-blown emergency.

⁸⁵ Khara (2016). *The relationship between wasting and stunting: policy, programming and research implications*.

⁸⁶ For instance, in many countries it has been reported that medical professionals recommend the separation of mothers and children to avoid breastfeeding although the available evidence indicates that COVID-19 is transmitted through respiratory droplets and not breastmilk; <https://www.who.int/news/item/27-05-2020-countries-failing-to-stop-harmful-marketing-of-breast-milk-substitutes-warn-who-and-unicef>.

6. COVID-19 mitigation measures can affect school nutrition services and perpetuate gender inequities. The country is currently battling a high adolescent birth rate (83 per 1,000), a high rate of child marriage (23.5 per cent of girls aged 15–19) and a high rate of anaemia among women of reproductive age. The COVID-19 pandemic may create a situation where young adolescent girls may be exposed to sexual harassment, rape and other violence at the community level.⁸⁷ Poor families may also give out young adolescent girls for marriage to be able to sustain themselves. Girls in such situations may become pregnant at a time when they are not physiologically and psychologically prepared. Coupled with poor nutrition, girls forced into early marriage are at grave risk of poor health outcomes.⁸⁸ Keeping girls in school has been recognized as an essential pathway to tackling early marriages. The school platform provides an opportunity for micronutrient supplementation, iron supplementation for adolescent girls and promotion of hygiene-related behaviours. Prolonged school closures, coupled with the economic burden and uncertainty for poor and vulnerable households, may result in young girls engaging in harmful behaviours such as transactional sex to cater for their personal and household needs. There are widespread concerns that girls whose education is disrupted during the pandemic may never return to school and be at considerable risk of child marriage.⁸⁹



⁸⁷ UNICEF. (2020). *COVID-19 - GBV Risks to Adolescent Girls and Interventions to Protect and Empower them*.

⁸⁸ UNFPA. (2020). *Enhance Human Capital and Social Investments for Demographic Dividend in Lao PDR*.

⁸⁹ Jordana. (2017). *Situational Analysis on Child, Early and Forced Marriage in Vietnam, Laos, Myanmar and Cambodia*.

Life cycle risks and vulnerabilities

As elaborated in the previous section, macroeconomic trends alongside the impact of mitigation measures have exacerbated drivers of several socioeconomic, health and psychosocial risks for vulnerable groups such as children, adolescents and women across Lao PDR. While the last section introduced the overall trends, this section explores the risks across life cycle stages in more detail. In the first part of the section, the risks and vulnerabilities specific to various life cycle stages focusing on children, adolescents and women of reproductive age are detailed. The second part of the section presents the risks and challenges that affect individuals across lifecycle stages.

Life cycle risks

There are risks specific to certain age cohorts across life cycle stages, as highlighted in the following subsections:



Stage 1: Early years (0–5 years)

Early childhood is the first window of rapid development and from birth to age 5, a child's brain develops more than it does at any other time in his or her life. Deprivations in early childhood can have an enduring effect on long-term productivity and strongly determine whether a child will reach his or her full development potential. Sustaining early childhood investments is critical to avoid the worsening of inequalities in human development during crises such as the COVID-19 pandemic, as well as to prevent the reversal of hard-earned gains. The main risks in this group include low birth registration rates, reduced immunisation, risk of malnutrition, harsh disciplinary practices and low enrolment in ECE.

Low birth registration rates

More than a quarter of all children under the age of 5 in Lao PDR remain invisible to the Government because their births are not registered. Birth registration is strongly linked with place of delivery.⁹⁰ Some high-risk provinces include Saravane, Champasack, Attapeu, Khammouane and Luangprabang. Lack of registration is an overwhelmingly rural phenomenon, with rural areas demonstrating rates of birth registration 22–33 percentage points lower than urban areas. Children from wealthier quintiles have higher birth registration rates (94.4 per cent among the richest compared with 54.8 per cent in the most deprived). Youngest children aged up to a year (59.6 per cent) and those with mothers who have little to no education (56.1 per cent) are least likely to have their births registered. As of September 2020, there was a 50–74 per cent drop in the coverage rate of civil registration services in the country compared with the previous year, showing that the pandemic has been a further impediment to already low registration rates.⁹¹

⁹⁰ Analysis of data from the Lao Social Indicator Survey (LSIS) II

⁹¹ UNICEF. (2020). *Tracking the situation of children during COVID-19*.

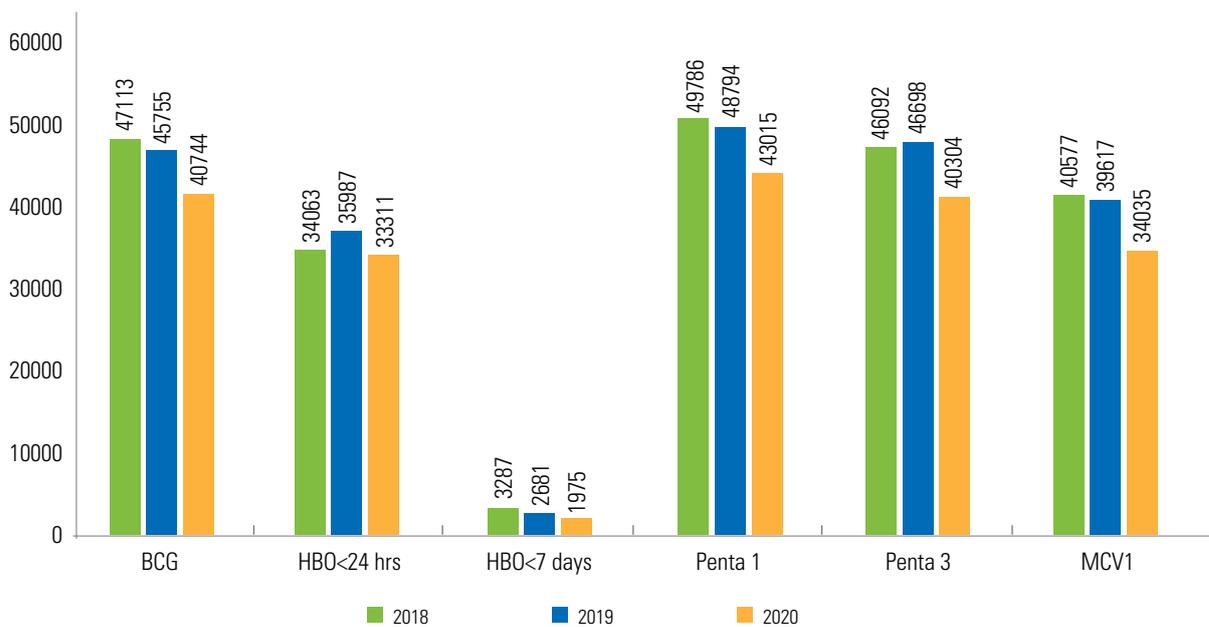
Reduced immunization

Across the globe, health care professionals and policymakers have been concerned with the sharp reduction in childhood vaccinations during the pandemic. Lao PDR was one of the few countries that continued immunization services even during the lockdown (from March to May), maintaining proper hygiene and social distancing.⁹² Despite the continuation of supply, the demand for immunization remains low in Lao PDR (especially among ethnic communities and in remote areas where benefits of immunizations are largely unknown).^{93, 94} There is a 12 percentage point difference in full immunization coverage between urban areas (53.4 per cent) and rural areas (40.7 per cent). Likewise, while nearly 60 per cent of Lao-Tai children (0–3 years of age) have full immunization coverage, only 37.3 per cent Mon-Khmer, 29.6 per cent of Hmong-lu Mien and 27.4 per cent of Sino-Tibetan children have full coverage. Finally, children in the wealthiest quintile are twice as likely to have full immunization than those in the most deprived quintile.⁹⁵

BOX 6: AT RISK OF DELAYED/ MISSED IMMUNIZATION

- Children in rural areas and from non-Lao-Tai family groups are at risk as coverage before the pandemic was already low.
- While coverage will likely drop across all wealth quintiles, larger drops are estimated for higher wealth quintiles, where coverage is higher.

FIGURE 3: CHILD VACCINATIONS



Note: The MoH reports lower numbers of BCG,⁹⁶ HB,⁹⁷ Penta 1, Penta 3⁹⁸ and MCV⁹⁹ vaccinations

Source: MoH, 2020

⁹² World Health Organisation. (2020). *Lao health system continues to offer immunization services despite COVID-19 pandemic.*

⁹³ World Health Organisation. (2020). *Lao health system continues to offer immunization services despite COVID-19 pandemic.*

⁹⁴ World Health Organisation (2020). *At least 80 million children under one at risk of diseases such as diphtheria, measles and polio as COVID-19 disrupts routine vaccination efforts, warn Gavi, WHO and UNICEF.*

⁹⁵ Analysis of data from the Lao Social Indicator Survey (LSIS) II

⁹⁶ Bacillus Calmette-Guérin (BCG) vaccine is a vaccine primarily used against tuberculosis.

⁹⁷ HB: Hepatitis B vaccine.

⁹⁸ Pentavalent vaccine protects against five major diseases: diphtheria, tetanus, pertussis (whooping cough), hepatitis B and *Haemophilus influenzae* type b (DTP-hepB-Hib).

⁹⁹ MCV refers to measles-containing vaccine.

Recent estimates, including the Lao Microsimulation study,¹⁰⁰ show that there has been a reduction in basic vaccination coverage across Lao PDR. According to the 2017 Lao indicator survey, the coverage for Penta 3 was 67 per cent. However, recent estimates show that the coverage is below 50 per cent.¹⁰¹ Using Penta 3 as a proxy, there is an estimated 10-24 per cent coverage drop in uptake of routine vaccinations in Lao PDR¹⁰² due to COVID-19. Additionally, southern provinces experienced a vaccine-preventable measles outbreak earlier this year, indicating that there has likely been a drop in coverage.

Risk of malnutrition

Early nutritional intake affects growth, cognitive ability and overall health. When the body lacks nutrients it moves to 'survival mode', first dedicating nourishment to survival, then growth and, finally, cognitive development.¹⁰³ Thus malnutrition can have negative and potentially irreversible effects on children,

BOX 7: GROUPS AT RISK OF MALNUTRITION

- Children from rural areas (especially without road access), and Northern upland regions. These areas are also dominated by Hmong-lu Mien and Sino-Tibetan ethnic groups
- Children whose mothers were under the age of 20 years at the time of birth or had little to no education (ECE)
- Male children are more at risk than their female counterparts
- Children from poorer households are far more likely to experience stunting, wasting and underweight children
- Children from households that are reliant on agriculture and have suffered severe food insecurity over the past year from the floods and droughts of 2019

especially during the first few years of their lives. In Lao PDR, one in every three children under the age of five experiences stunting. The Lao PDR Social Indicator Survey (LSIS II) showed that approximately 40.1 per cent of children aged 36–47 months experience stunting compared with 39.1 per cent among those aged 18–23 months and 14.7 per cent of children aged 0–5 months.¹⁰⁴ The levels of stunting are severe (>30 per cent) in 11 provinces in the country (2017 data) and significant disparities exist across groups. For instance, children in rural areas without roads whose mothers have no education and are from the lowest quintile are 2–3 times more likely to be stunted. 48 per cent of children

from the most deprived quintile experience stunting (21.7 per cent experience severe stunting) compared with 13.9 per cent (4.4 per cent for severe stunting) from the richest. Stunting is also prevalent among children whose mothers were under the age of 20 years at the time of their birth and those from poorer households.

The incidence of underweight children is also highest among this age cohort. However, wasting affects younger children aged 0–17 months more than those aged 18–59 months. Research indicates that even reasonably short lockdown measures, combined with mobility and food system disruptions, can lead to a 7.9 per cent decrease in Gross National Income (GNI) per capita in low- and middle-income countries,¹⁰⁵ which is associated with increased child wasting¹⁰⁶ Reflected in a 14.3 per cent increase in moderate or severe wasting among children.¹⁰⁷

¹⁰⁰ Refer to results in Appendix.

¹⁰¹ UNICEF. (2020). *UNICEF Supports the Lao Government in Strengthening Communication for Immunization*.

¹⁰² UNICEF. (2020). *UNICEF Supports the Lao Government in Strengthening Communication for Immunization*.

¹⁰³ Sagan, & Dryuyan. (1994). *Literacy - The path to a more prosperous. Less Dangerous America*.

¹⁰⁴ Analysis of data from the Lao Social Indicator Survey (LSIS II)

¹⁰⁵ Laborde, Martin, & Vos. (2020). *Poverty and food insecurity could grow dramatically as COVID-19 spreads*.

¹⁰⁶ Headey & Ruel (2020). *The impact of economic recessions on child acute malnutrition: implications for the COVID-19 crisis*.

¹⁰⁷ Headey, Heidkamp, Osendarp & Ruel. (2020). *Impacts of COVID-19 on childhood malnutrition and nutrition-related mortality*.

The impact of the pandemic on early life nutrition can have imminent detrimental consequences for child growth and development and lifelong impacts on education, chronic disease risks and overall human capital formation, with reverberations across generations.¹⁰⁸

The intergenerational impact may affect multiple causal pathways. Mothers might be unable to afford adequate nutrition or access appropriate health care, leading to a decline in the nutritional and health status of pregnant women. This is associated with adverse pregnancy outcomes such as foetal growth restriction, preterm birth and low birth weight, linked with infant and child mortality. Similar findings have been observed in other countries and settings, including Argentina’s economic crisis in 2001, particularly among the most vulnerable groups.¹⁰⁹ The knock-on effect of subsequent levels of childhood stunting has been observed in some settings, including the 1988-92 crisis in Peru.¹¹⁰ Another potential impact of the economic crisis on intergenerational health and nutritional outcomes is through psychological stress, leading to both hypertension and raised cortisol levels, which are known inhibitors of foetal development and which are also associated with preterm delivery.^{111,112} While a smaller economic crisis, the impact of income loss during a month-long power outage in Zanzibar in 2009 on birth weight could not be explained by factors of service delivery, food shortages or increased rates of fertility amongst young women, other than the shock of the event itself.¹¹³

Harsh disciplinary practices

According to LSIS II, 69 per cent of parents use violent methods to discipline their children. This trend is similar across regions and ethnic groups in Lao PDR. Violent discipline includes psychological aggression and physical punishment. Only 24 per cent of the respondents reported relying solely on non-violent methods for child discipline. Box 9 lists the population groups that reported relying on violent discipline methods, placing children from these households at a higher risk due to social-distancing measures, which have restricted social interaction among children and caregivers, teachers,

BOX 8: AT RISK OF VIOLENT DISCIPLINARY METHODS

- Sino-Tibetan families (46.1 per cent).
- Parents and caregivers from the poorest quintiles report the highest use of severe physical punishment to discipline children.
- Nearly 17 per cent of respondents from the province of Xaysomboun use severe physical punishment as a discipline method.
- Households where mothers are illiterate (6 per cent) as opposed to those where mothers have a tertiary degree (3 per cent).

social workers – people who typically enquire about their well-being.¹¹⁴ An early recovery rapid assessment conducted in Lao in 2020 indicated that only one in every five households reported feeling fully capable of dealing with the changes in their child’s behaviour and stress in the household. Additionally, the study found that a small proportion of children were aware of how to report incidents of violence or access

¹⁰⁸ Martorell (2017). *Improved nutrition in the first 1000 days and adult human capital and health*

¹⁰⁹ Bozzoli & Quintana-Domeque (2014). *The weight of the crisis: Evidence from newborns in Argentina*.

¹¹⁰ Paxson & Schady. (2005). *Child health and economic crisis in Peru*.

¹¹¹ Bolten, Wurmser, Buske-Kirschbaum. (2011). *Cortisol levels in pregnancy as a psychobiological predictor for birth weight*.

¹¹² Wadhwa, Entringer, Buss & Lu. (2011). *The contribution of maternal stress to preterm birth: issues and considerations*.

¹¹³ Burlando. (2010). *The impact of electricity on work and health: evidence from a blackout in Zanzibar*.

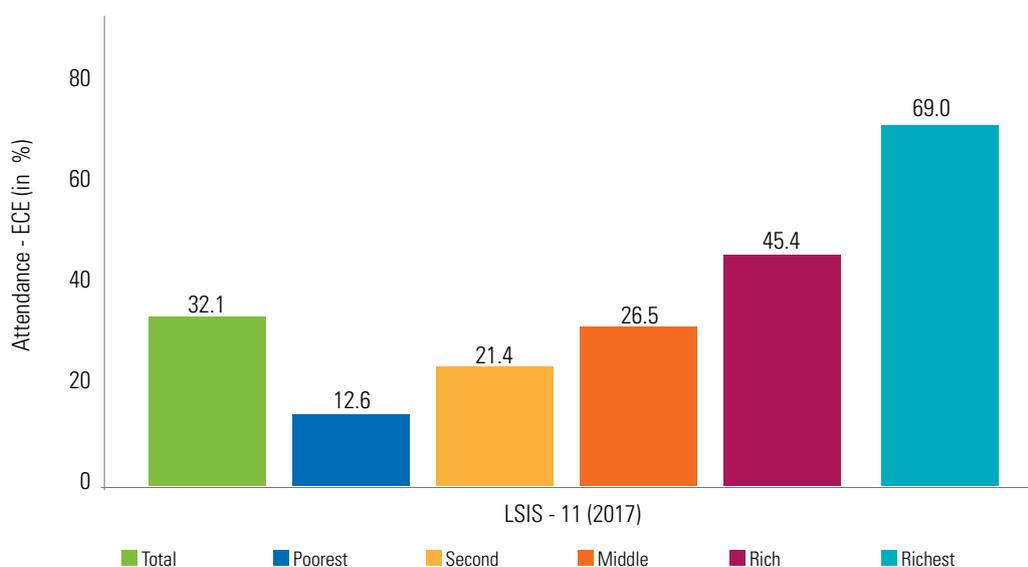
¹¹⁴ Analysis of data from the Lao Social Indicator Survey (LSIS) II

support.¹¹⁵ Being near stressed adults is a risk factor for children¹¹⁶ because it makes them vulnerable to not only physical but also psychological violence (seeing their mothers or siblings face violence causes psychological stress for children).

Low enrolment in early childhood education (ECE)

Research shows that organized learning significantly improves children’s school readiness and facilitates their transition into higher grades.¹¹⁷ However, nearly two-thirds of children under the age of 5 in Lao PDR do not go to any organized early childhood education programmes.¹¹⁸ Additionally, significant socioeconomic, geographic and ethnic disparities exist in terms of ECE attendance. For instance, attendance rates for all ethnic groups are below the national average apart from the Lao-Tai. Additionally, attendance rates are highest among urban households and children from the wealthiest quintiles. This is because, despite ECE being free, pre-primary classes and kindergartens supported by the Government are still mostly in urban and semi-urban areas, leaving children in remote areas with little or no opportunity to access ECE. As shown in the figure below, children from the wealthiest quintiles are almost six times more likely to attend ECE compared with those from the poorest quintiles.¹¹⁹

FIGURE 4: ECE ATTENDANCE ACROSS WEALTH QUINTILES IN LAO PDR



Source: LSIS II

Since pre-primary education is free in Lao PDR and school closures were for a relatively short period, the expected impact of COVID-19 on attendance rates has been minimal thus far. However, beyond attendance and dropout rates, these closures can have longer-term consequences on young children. During the 2–2.5 months of school closure, the pressure to work to mitigate income losses due to the COVID-19 pandemic

¹¹⁵ World Vision. (2020). *Impact of COVID-19 to children and their families*.

¹¹⁶ Dabkowska & Dabkowska-Mika. (2015). *Risk Factors of Anxiety Disorders in Children*.

¹¹⁷ Crouch, L., & Merseth, K. (2017). *Stumbling at the first step: Efficiency implications of poor performance in the foundational first five years*.

¹¹⁸ The low enrolment rates are mainly in the 3–4 age group; 82.7% of children aged 5 were enrolled in school in 2019 as per EMIS data (2019-2020); Lao Statistical Bureau, 2018.

¹¹⁹ Analysis of data from the Lao Social Indicator Survey (LSIS) II

may have forced many parents to leave their young children in unsafe and unstimulating environments at a vital point in their development. There is evidence to show that the length of child-care time is positively associated with language, literacy and cognitive skills, which are affected during education disruptions.¹²⁰

The financial stress of the pandemic may also make it difficult for parents to provide adequate care, nourishment and support to their children, even after early childhood education centres are reopened. The resulting lack of stability at this crucial point in a child's life can have deep and long-lasting detrimental consequences on his or her physical, emotional and cognitive development, as evidenced by the financial crisis of 2008-2009.¹²¹



Stage 2: Middle childhood (6–10 years)¹²²

Middle childhood is a vital period of transition for children. Children develop foundational skills for building healthy social relationships and learn roles that will prepare them for adolescence and later adulthood.¹²³ During this period, education plays a pivotal role in shaping children's experiences and the type of learning provided by schools can have a profound effect on children's social and intellectual development.¹²⁴ Consequently, one of the most significant risks for children at this age is school closures, which could lead to disruptions and dropouts. In Lao PDR, the attendance rates in primary education are relatively high. However, school disruptions could lead to learning loss and increase the likelihood of students disengaging, which heightens their risk of dropping out. Apart from education, risk of child labour, child marriage, child abuse and risk of trafficking, COVID-19 poses high risks of increasing the inequality of human capital growth for this cohort, primarily through its impact on education.¹²⁵

Education disruptions

Education is a fundamental right for every child. It forms the bedrock of societies and promotes opportunities for flourishing. Schools are vital support systems that promote learning, health and development of children. School connectedness¹²⁶ is associated with several benefits, including higher self-esteem and life satisfaction,¹²⁷ reduced rates of substance use and violence¹²⁸ and reduced participation in risk-taking behaviours.¹²⁹ Consequently, interrupted access to school-based resources, connections and support have detrimental effects on both children and families.

¹²⁰ Loeb, S., Fuller, B., Kagan, S. L., & Carrol, B. (2004). *Child care in poor communities: Early learning effects of type, quality, and stability*.

¹²¹ Heather, S., & Sandra, H. (2013). *The negative effects of instability on child Development: A Research Synthesis*.

¹²² The official primary age group in Lao PDR is 6–10 years old.

¹²³ healthypeople.gov, n.d. *Early and Middle Childhood*.

¹²⁴ Epps, E. G., & Smith, S. F. (1984). *School and children: The middle childhood years. Development during middle childhood: The years from six to twelve*.

¹²⁵ Hanushek, E., & Woessmann, L. (2020). *The Economic Impacts of Learning Losses*.

¹²⁶ School connectedness is the belief held by students that adults and peers in the school care about their learning as well as about them as individuals according to American Psychological Association, n.d.

¹²⁷ Oberle, E., Schonert-Reichl, K. A., & Zumbo, B. D. (2011). *Life satisfaction in early adolescence: Personal, neighborhood, school, family, and peer influences*.

¹²⁸ McNeely, C. A., Nonnemaker, J. M., & Blum, R. W. (2002). *Promoting school connectedness: Evidence from the national longitudinal study of adolescent health*.

¹²⁹ McNeely, C., & Falci, C. (2004). *School connectedness and the transition into and out of health-risk behavior among adolescents: A comparison of social belonging and teacher support*.

Globally, the COVID-19 pandemic has led to unparalleled disruptions in education, affecting nearly 1.6 billion learners in more than 190 countries across all continents.¹³⁰ In Lao PDR, school closures were relatively short (2–2.5 months) and the school year was extended to cover the missed days. However, with constrained livelihoods and limited coping mechanisms – including minimal social protection – school dropout rates could increase across socioeconomic, ethnic and geographic groups.¹³¹ **Despite the short school closures in Lao PDR, 86 per cent of parents believe that the disruption in education had a major impact on children.**¹³² The loss of other forms of support that schools provide could compromise children’s well-being. Girls, for instance, may become more susceptible to gender-based violence and be more isolated as their school peer support network shrinks.

The microsimulation analysis estimated the impact on attendance rates in primary education.¹³³ **The model only considered the impact of livelihood losses on attendance and did not consider the impact of prolonged school closures.**¹³⁴ The model estimates a 1.3 percentage point reduction in net attendance rates¹³⁵ at the primary level. The microsimulation estimations are in line with a UNESCO (2020) study¹³⁶ which projects a 0.17 per cent increase on average of at-risk students who might drop out of primary education in the East Asia and Pacific region.

For many children, the pre-existing pressures of poverty already push young girls, mainly in rural areas, into early sexual debut, marriage and early pregnancy, likely to be exacerbated by the pandemic. Research shows that being out of school is also associated with a higher likelihood of child marriage.¹³⁷ Young boys are also likely to feel pressurized to take on provider roles, to make up for lost household income due to COVID-19 livelihood shocks. Children may be forced to take on household chores or child care (for siblings) to support households where both parents may have to take up available work.

During school closures, the introduction of distance learning options mitigated the impact of school closures and reduced the drop in attendance to some extent. However, it is the poorest (households in rural areas with and without roads as shown in the figure below) without access to TV, internet or smartphones, who will be most affected. Research in April 2020 found that students in certain provinces were adversely impacted as their villages did not have electricity.¹³⁸ Further, according to historical data, ethnic differences in digital accessibility exist: mobile phone ownership and internet access have been far lower among Mon-Khmer, Hmong-Mien and Sino-Tibetan families compared with Lao-Tai families (figure below).

¹³⁰ United Nations. (2020). *SHARED RESPONSIBILITY, GLOBAL SOLIDARITY: Responding to the socio-economic impacts of COVID-19*.

¹³¹ Lao Tribune. (2020). *In times of COVID-19, school lunches are more important than ever*.

¹³² United Nations Sustainable Development Goals. (2020). *UN Lao PDR Socio Economic Response Framework to COVID-19*.

¹³³ The analysis was done for the age group of 6–11 years.

¹³⁴ Please refer to *Microsimulation: Socioeconomic Impact of COVID-19 on Lao PDR Households*.

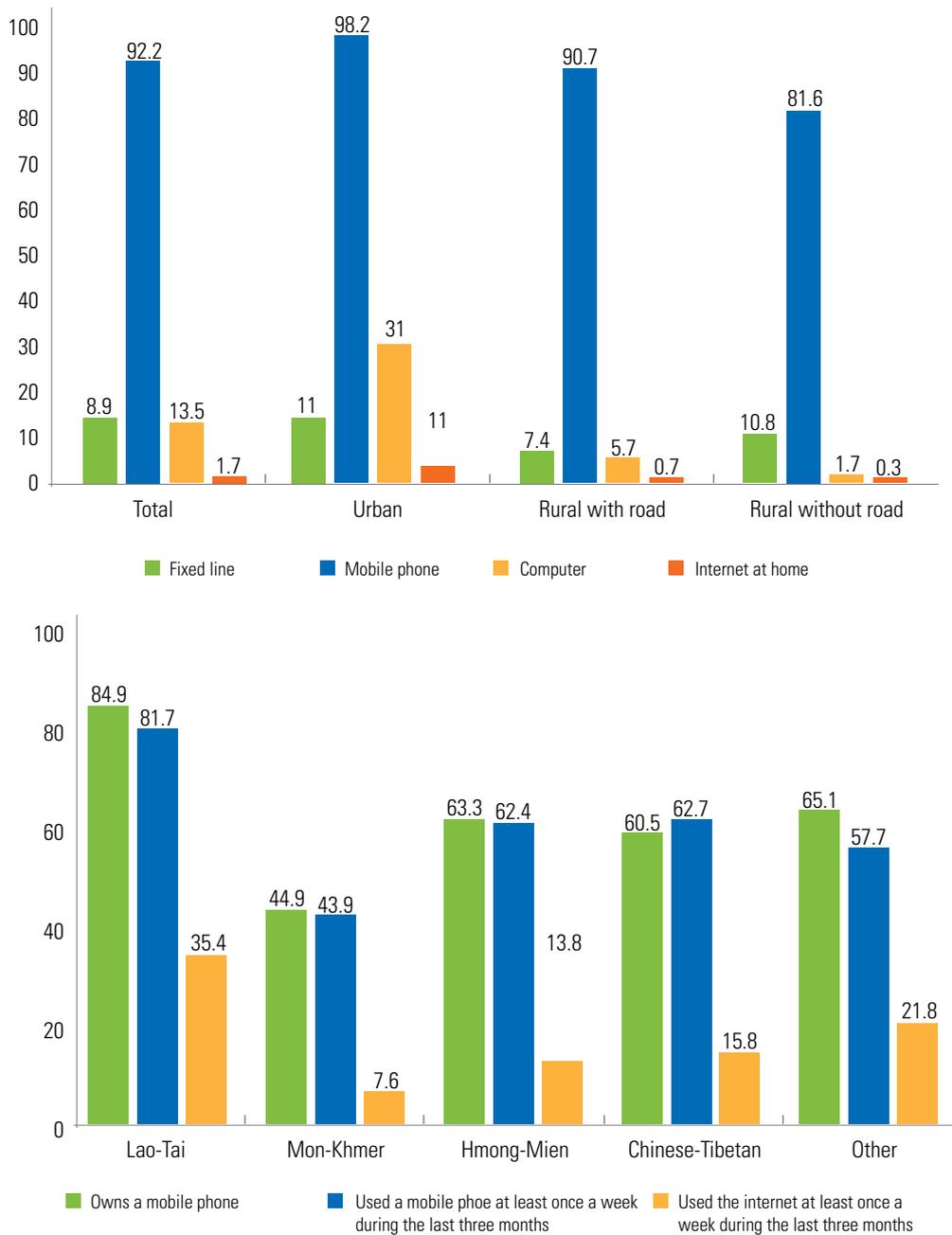
¹³⁵ We define Net Primary Attendance Rate as the share of children of the primary age group (6–11 years of age) who are attending primary education (Grade 1–Grade 5). This is different from the LSIS 2017 estimates which define Net Adjusted Attendance rate as the percentage of children of primary school age currently attending primary or secondary school. Hence, our estimates are lower than the LSIS estimates. Additionally, we have used population weights to update the attendance rate from 2017 to 2020.

¹³⁶ UNESCO. (2020). *How many students are at risk of not returning to school?*

¹³⁷ Girls Not Brides, n.d. *What’s the child marriage rate? How big of an issue is child marriage?*

¹³⁸ RFA. (2020). *Poor, Rural Students in Laos Lack Tech to Learn From Home*.

FIGURE 5: HOUSEHOLD OWNERSHIP OF MOBILE PHONES AND ACCESS TO THE INTERNET, BY AREA OF RESIDENCE – (IN %) AND AGE AMONG FEMALES BY ETHNIC GROUP (IN %)



Source: LSIS II

Before the COVID-19 pandemic, specific groups of children were already at high risk of dropping out. The livelihood shocks the pandemic has brought to many households could exacerbate the situation and put these groups of children at even higher risk of dropping out:

- Girls (aged 6–11) from Southern provinces such as Savannakhet, Saravane and Sekong, where primary dropout rates before COVID-19 were the highest.^{139, 140, 141}

¹³⁹ Lao Statistical Bureau. (2015). *Results of the Population and Housing Census 2015*.
¹⁴⁰ Lao Statistical Bureau. (2018). *Lao Socio-Economic Indicator Survey II, Survey Findings Report*.
¹⁴¹ WB & ADB. (2012). *Country Gender Assessment for Lao PDR*.

- Gender stereotypes could disadvantage girls and limit their access to education, as households struggle to manage finances. Boys, often considered to be primary future breadwinners, are more likely to complete their education. According to LSIS II data, the primary completion rate is 84 per cent for males, 83 per cent for females.
- Caregivers' and especially mothers' (often the primary caregiver) education has a far higher impact on the likelihood of children continuing and completing education. In households where parents'/caregivers' education levels are low, that is, primarily in rural areas and non-Lao-Tai families, there is a higher risk of dropout for children.
- In households where adult literacy *and* digital connectivity are low, which is especially the case in rural areas with no road access, children have a more challenging time in making up for lost hours in learning.
- Based on LSIS II data, poverty is one of the biggest drivers of dropouts and non-completion of the primary cycle. Children from the most impoverished families have only a 58 per cent completion rate as compared with 98 per cent for the wealthiest households. Thus, children from the most impoverished families are the most vulnerable, especially if they face overlapping factors, including disabilities and belonging to non Lao-Tai ethnic groups. Additionally, any prolonged school closures could exacerbate a deepening learning crisis as children miss out on face-to-face learning time. Recent large-scale learning assessments show children in Grades 3, 5 and 9 are not mastering the basic literacy and numeracy skills they should be acquiring for the grades.



Stage 3: Adolescence (10–19 years)

Adolescence is a time of heightened neuroplasticity (brain malleability) – a period of tremendous opportunity and considerable risk. The needs of adolescents differ from those of children or adults. This life stage is critical in developing a sense of identity, social skills and empathy – much of which result from interactions and engagement with peers. As much as young people flourish when exposed to positive, supportive environments, they are likely to suffer in powerful and enduring ways if exposed to toxic environments at this age. The COVID-19 crisis is poised to set adolescents back in these critical social and emotional dimensions of development. The emotional impact of the crisis and mitigation measures is likely to be far greater for them.¹⁴² Even short-term disruptions of essential services that ensure good health and continued education for this group – a risk exacerbated by COVID-19 – can have detrimental long-term impacts for adolescents and future generations.¹⁴³

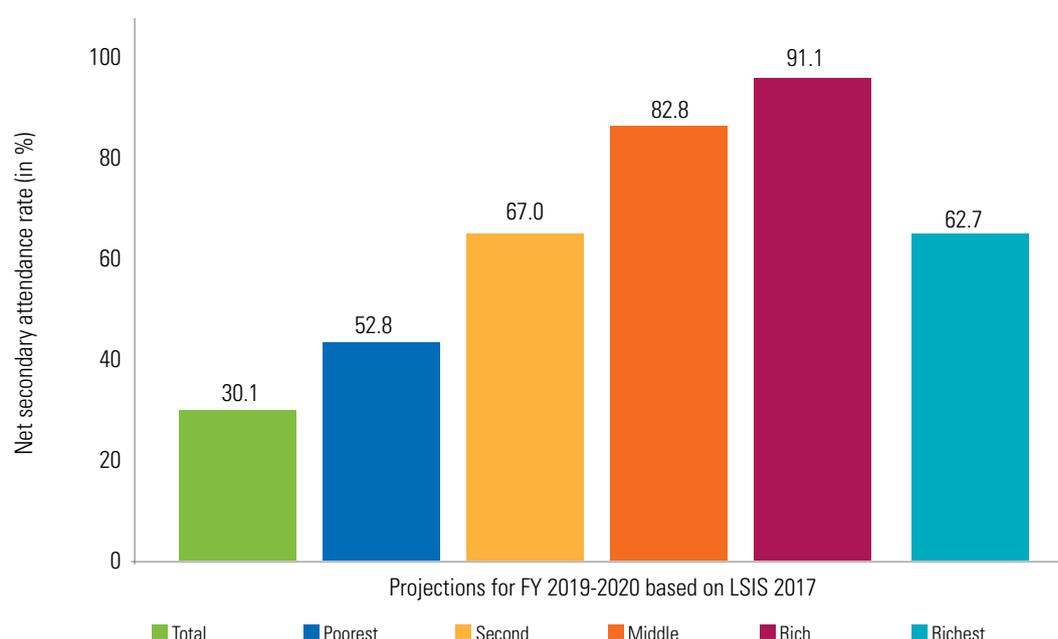
¹⁴² Volkin. (2020). *The Impact of The Covid-19 Pandemic on Adolescents*.

¹⁴³ World Bank. (2020). *The Human Capital Index 2020 Update : Human Capital in the Time of COVID-19*.

High likelihood of school dropout

The LSIS II data show that while the net enrolment in secondary education (both lower and upper secondary) stands just over 60 per cent, only 31 per cent of adolescents complete secondary education. The transition from secondary to tertiary education is concerningly low and has declined steadily since 2013, standing at 14.97 per cent in 2018.¹⁴⁴ 41.8 per cent of children aged 15–17 are not in school and children in the most deprived quintile households are at far higher risk (60.9 per cent) of being out of school compared with those in the wealthiest quintile (9.6 per cent). The figure below demonstrates that the uptake of secondary education is related with the wealth index – children from lower-income households are less likely to attend secondary school.

FIGURE 6: SECONDARY ATTENDANCE BY WEALTH QUINTILE



Source: LSIS II

School closures have far-reaching economic and social effects, especially where the education system is fragile. With Lao PDR’s pre-existing low levels of participation in secondary and tertiary education, in case of prolonged school closures, the adverse effects will be more severe for disadvantaged learners and their families. More families are likely to pull children out of school due to the higher opportunity cost of staying in secondary school compared with engaging in income-generating activities or, for some, getting married. Income shocks, disruption of education and closure of essential services and support leave children, particularly girls, increasingly vulnerable to child marriage and sexual exploitation and both boys and girls more vulnerable to child labour, as demonstrated by previous conflicts, disasters and epidemics.^{145, 146, 147, 148, 149}

¹⁴⁴ UNESCO Institute for Statistics. (2020). *Lao People’s Democratic Republic*.

¹⁴⁵ Human Rights Watch. (2020). *Covid-19 and Children’s Rights*.

¹⁴⁶ Seo. (2020). *COVID-19 Is Pushing Girls to Marry Early and Drop Out of School: Reports*

¹⁴⁷ Seo. (2020). *As COVID Shuts Schools, Girls Marry Out of Poverty*.

¹⁴⁸ Seo. (2020). *As COVID Shuts Schools, Girls Marry Out of Poverty*.

¹⁴⁹ Oppenheim. (2020). *‘Some girls have already married early’: Young women at risk of never going back to school in Africa and Asia amid coronavirus crisis*.

The microsimulation analysis estimated the impact on secondary education at a 1.6 percentage point reduction in net attendance rates¹⁵⁰. **Once again, the model only considered the impact of livelihood losses on attendance and did not consider the impact of prolonged school closures.**¹⁵¹ The results are in line with the UNESCO (2020) study¹⁵² which projected a 0.76 per cent (lower secondary) and 1.20 per cent (upper secondary) average increase of at-risk students who might drop out of secondary education in the East Asia and Pacific region.

As in the case of primary education, the availability of various distance learning options mitigates the impact of school closures and reduces the drop in attendance. However, low access to digital infrastructure renders specific households more vulnerable to experiencing losses in learning.

The following groups of children in this age cohort were already at risk of dropping out and may become more at risk as a result of the pandemic:

- Adolescents from rural areas, especially without road access.
- Non-Lao-Tai ethnic families, where net attendance is below 50 per cent compared with 71 per cent among Lao-Tai ethnic groups.
- Adolescents and young adults from the poorest quintile.

Increased incidence of child marriage

Keeping girls in school has been recognized as an essential pathway to tackling early marriages. The shock and uncertainty for poor and vulnerable households elevates the risk of reversing decades of improvements in this regard. There are widespread concerns among UN agencies, NGOs and INGOs working in this area that girls whose education faces disruptions during the crisis may never return to school and are at considerable risk of child marriage.¹⁵³ Organizations working on monitoring child marriages have estimated that 4 million girls are at risk of child marriage in the next two years due to the COVID-19 crisis. A UN report has predicted an additional 13 million child marriages over the next decade, globally, due to the COVID-19 crisis.¹⁵⁴

Families from non-Lao-Tai ethnic groups, rural areas and households with mothers and caregivers with lower education levels are most likely to encourage child marriages. In these communities, caregivers often believe that girls, in particular, are ready for marriage at around age 14.¹⁵⁵ As child marriage is also a source of financial relief, the livelihood shock brought by the pandemic is likely to exacerbate the deterioration of family and community structures, which could reinforce the desire to control girls' sexuality¹⁵⁶ while reducing the pressure on limited household income by marrying girls young.

¹⁵⁰ We define Net Secondary Attendance Rate as the share of children of secondary age group (12–17 years of age) who are attending secondary education (Grade 6–Grade 12). This is different from the LSIS 2017 estimates which define Net Adjusted Attendance Rate for lower secondary and upper secondary differently – as a percentage of children of lower/upper secondary school age currently attending lower/upper secondary school or higher. Hence, our estimates are lower than the LSIS estimates. Additionally, we have used population weights to update the attendance rate from 2017 to 2020.

¹⁵¹ Please refer to *Microsimulation: Socioeconomic Impact of COVID-19 on Lao PDR households*.

¹⁵² UNESCO. (2020). *How many students are at risk of not returning to school?*

¹⁵³ Jordana, A. D. (2017). *Situational Analysis on Child, Early and Forced Marriage in Vietnam, Laos, Myanmar and Cambodia*.

¹⁵⁴ Batha, E. (2020). *Coronavirus could put 4 million girls at risk of child marriage*.

¹⁵⁵ Rigby, B. (2013). *Young Brides in Laos face Uncertain Futures*.

¹⁵⁶ Girls Not Brides, 2020. *What's The Child Marriage Rate? How Big of An Issue Is Child Marriage?*

BOX 9: GROUPS AT RISK GROUPS OF CHILD MARRIAGES

- Poverty: girls from the poorest households are far more likely to be married early. As COVID-19 pushes families into or deeper into poverty, many girls are at high risk of being married early.
- Ethnicity and traditional customs: girls from non-Lao-Tai ethnic groups, specifically the Hmong-lu Mien, are more likely to be married as children. Child marriage before the age of 15 is nearly 10 per cent higher in this ethnic group (18.4 per cent) than the national average (8 per cent), due to traditional practices: (i) 'Tshoob nii' – the practice of exchanging girls as young as 13 years old as payments to settle disputes could see a significant increase amid and post-COVID-19; (ii) lack of awareness or agency among young girls who believe marriage is their only choice will continue to encourage child marriages; and (iii) traditionally accepted early sexual initiation, which leads to more unintended pregnancies and, thus, marriage.
- Poor sexual and reproductive health (SRH) coverage: limited SRH service delivery capacity and stigmatization of pregnant adolescents put the lives of many young girls at risk and leaves them with no option other than unsafe abortions or getting married to continue their pregnancies.
- Geography: girls from northern uplands and southern regions of Lao PDR, which are poorer, have limited access to health care and education and are more likely to marry early.

There is limited empirical evidence from the COVID-19 crisis; however, experience from the Ebola crisis strongly suggests that girls and women, particularly among the poorest and socially marginalized groups, will be affected disproportionately.¹⁵⁷ Furthermore, consultations with stakeholders at the national level¹⁵⁸ revealed that child marriage or trade of child brides for money is more prevalent in northern areas bordering China.

Increased risk of child labour

The impact of a rise in poverty and extreme poverty, coupled with social norms that normalize child labour to some extent, make households far more likely to resort to child labour to cope with job losses associated with COVID-19. Approximately 15 per cent of children aged 5–17 years (17 per cent of girls and 13 per cent of boys) are classified as 'working children'.¹⁵⁹ One study found children as young as 9 years old working in brick factories in Vientiane Province, while another study reported that out-of-school children commonly work more than 48 hours per week.¹⁶⁰ About 75.8 per cent of children aged 15–17 years engage in economic activity for less than 43 hours compared with 6.8 per cent who work more than 43 hours per week. About 57.8 per cent of children engage in less than 14 hours of economic work per week. **These proportions are likely to change – the prevalence and duration of work undertaken by children are expected to increase as a result of the impact of COVID-19.**

BOX 10: GROUPS AT RISK OF CHILD LABOUR

- Children from poor families, especially those from households relying on high-risk sectors for their livelihoods – tourism and manufacturing of goods relying on global value chains – who have to support family income.
- Children (particularly girls) with younger siblings and belonging to more impoverished families, who have to take over unpaid care work.
- Children living in informal settlements or slums or homeless children with and without parents, who are invisible to the system and have no access to essential services.
- Children whose mothers have little or no education.
- Children who are already working for a small number of hours each week alongside

¹⁵⁷ Menéndez, C., Lucas, A., Munguambe, K., & Langer. (2015). *Ebola crisis: the unequal impact on women and children's health*.

¹⁵⁸ KII and FDGs with personnel working closely with women in Lao PDR.

¹⁵⁹ Lao Statistical Bureau (2018). *Lao Socio-Economic Indicator Survey II, Survey Findings Report*.

¹⁶⁰ LYU & UNFPA. (2014). *Adolescent and Youth Situation Analysis Lao People's Democratic Republic*.

Child labour is marginally higher among young males – nearly 42.1 per cent of girls and 41.9 per cent of boys aged 5–17 years are involved in child labour (28.7 per cent of boys and 26.4 per cent of girls engage in hazardous labour) according to LSIS II data.¹⁶¹ Females tend to enter the labour force at an earlier age and many find employment in garment factories, restaurants, hotels and other jobs in the growing hospitality industry. While males also work in the tourism industry, many tend to find employment in jobs that are more physically demanding, such as construction, factories or farming.

Poverty is a known driver of child labour. With COVID-19, loss of lives and livelihoods make more families prone to poverty or extreme poverty. Using children to support income generation is likely to be one of the most immediate coping mechanisms, especially during school closures,¹⁶² and may continue after. Girls, in particular, are at heightened risk of having to support unpaid care work such as domestic chores and caregiving for older persons or younger siblings.¹⁶³ Consultations with the Lao PDR Youth Union confirm these trends emerging in Lao PDR as of June 2020.

Child labour is closely linked with lack of access to education. As the risk of dropouts increases, so does the risk of child labour or work among children. COVID-19 has disrupted education, though briefly, for many children in Lao. In instances where home-schooling cannot take place – such as among impoverished families and children without educated parents – school closures often mean that children will engage in paid or unpaid work, a trend that will likely continue even after schools open.^{164, 165}

Children who were already working part-time or who are at risk of child labour may never return to school. Children who were both working and studying are at risk of losing the only protection against child labour and, with loss of livelihoods, may be forced to work longer hours.¹⁶⁶ Evidence from Malawi after the lockdown demonstrates that children are far more likely to engage in economic activities during the ‘holidays’.¹⁶⁷

Threat of abuse and violence

One in six children in the country reports having experienced at least one form of violence before the age of 18.¹⁶⁸ According to the Survey on Violence Against Children in Lao PDR from 2018,¹⁶⁹ male (35.1 per cent) and female (34.3 per cent) children are almost equally likely to experience some kind of violence during childhood. Males are more likely to experience physical violence during childhood (16.9 per cent)¹⁷⁰ compared with females (15 per cent), but female children are more likely to experience violence by a

¹⁶¹ Children involved in child labour are defined as children involved in economic activities above the age-specific thresholds, children involved in household chores above the age-specific thresholds, and children involved in

hazardous work. See the MICS tabulation plan for more detailed information on thresholds and classifications in the LSIS II Report.

¹⁶² de Hoop, J., & Edmonds, E. (2020). *Why child labour cannot be forgotten during COVID-19*.

¹⁶³ CARE & IRC. (2020). *Global Rapid Gender Analysis for COVID-19*.

¹⁶⁴ de Hoop, J., & Edmonds, E. (2020). *Why child labour cannot be forgotten during COVID-19*.

¹⁶⁵ ILO & UNICEF. (2020). *COVID-19 and Child Labour: A time of crisis, a time to act*.

¹⁶⁶ International Labour Organization. (2020). *Protect children from child labour, now more than ever!*

¹⁶⁷ International Labour Organization & UNICEF. (2020). *Covid-19 And Child Labour: A Time Of Crisis, A Time To Act*.

¹⁶⁸ NCMC, LSB, & UNICEF. (2016). *National Violence against Children Survey in Lao PDR*.

¹⁶⁹ National Commission for Mothers and Children, Lao Statistics Bureau and UNICEF Lao PDR, 2016. *Violence against children survey in Lao PDR: Preliminary report*.

¹⁷⁰ Consultations at the national level contradicted this finding and suggested that violence against young girls may be underreported and as such, the result must be treated with caution.

parent, guardian or caregiver or another adult (11.6 per cent) compared with males (8.7 per cent). Females tend to suffer greater emotional violence, underreport sexual violence and are less likely to seek or access care (0 per cent of females received services for an incident of sexual abuse during childhood compared with 26.2 per cent).¹⁷¹ Female children are also more likely to encounter first unwanted sexual intercourse before the age of 18 years.

Stakeholder discussions with hotline counsellors revealed that instances of child sexual abuse have increased amid COVID-19 due to the associated lockdown measures. The number of reported rape cases has increased per province, as have the counselling requests for girls under the age of 18 who have been sexually exploited, mainly by family members. COVID-19 exposes women, adolescents and children to violence and abuse in several ways. First, the economic hardships and livelihood shocks often lead to increased psychosocial morbidity, frustration and violent corporal punishment by caregivers. Second, in cases when gender-based violence (GBV) occur, restrictions on movement mean that victims will face a greater constraints in gaining access to protection shelters and health care services. Third, quarantine measures confine adolescent girls to spaces where they are in direct contact with perpetrators.¹⁷² In fact, according to stakeholder discussions, most cases of sexual exploitation of girls under the age of 18, the incidence of which has increased during the pandemic, take place at the hands of a family member.

Unfortunately, there are no mechanisms or models that can accurately estimate the extent to which these cases might increase. However, the link between economic insecurity and sharp rises in intimate partner violence and exposure of adolescent girls to sexual exploitation, harassment and other types of gender-based violence is well established from past epidemics.¹⁷³ During the Ebola outbreak, researchers declared a parallel “epidemic of rape, sexual assault and violence against women and girls.”¹⁷⁴

Exploitation through technology

Anecdotal reports suggest that online racial and sexual harassment are on the rise during the COVID-19 pandemic.¹⁷⁵ However, internet access is still limited in Lao PDR, with only 1.7 per cent of households having access to the internet at home, while more than 75 per cent of respondents in the LSIS II reported owning a mobile phone.¹⁷⁶ According to our stakeholder discussions, organized crime syndicates engaged in human trafficking identified potential victims and tracked their locations via the internet. As young adults resort to technology and internet usage to cope with increased isolation, they are at increased risk of abuse and exploitation^{177, 178}

¹⁷¹ NCMC, LSB, & UNICEF. (2016). *National Violence against Children Survey in Lao PDR*.

¹⁷² Fraser, E. (2020). *Impact of COVID-19 Pandemic on Violence against Women and Girls*.

¹⁷³ O'Donnell, Peterman & Potts. (2020). *A gender lens on covid-19: pandemics and violence against women and children*.

¹⁷⁴ O'Donnell, Peterman & Potts. (2020). *A gender lens on covid-19: pandemics and violence against women and children*.

¹⁷⁵ Fraser, E. (2020). *Impact of COVID-19 Pandemic on Violence against Women and Girls*.

¹⁷⁶ Lao Statistical Bureau. (2018). *Lao Socio-Economic Indicator Survey II, Survey Findings Report*.

¹⁷⁷ Volkin. (2020). *The Impact of The Covid-19 Pandemic on Adolescents*.

¹⁷⁸ UNICEF. (2020). *COVID-19: Children at heightened risk of abuse, neglect, exploitation and violence amidst intensifying containment measures*.

Risk of compromised health and nutritional status

Global evidence as well as evidence in Lao PDR¹⁷⁹ indicates that the prevalence of anaemia is a public health concern, with both adolescent boys and girls at risk of developing anaemia. Nearly half of all girls of reproductive age in Lao PDR are anaemic. This affects cognitive performance, physical capacity and work performance. In addition, if girls become pregnant, anaemia is associated with an increased incidence of both maternal and foetal morbidity and mortality.¹⁸⁰

BOX 11: COVID-19 AND NOI

In Lao PDR, specific groups of adolescent girls have traditionally been 'left behind' in terms of equitable access to health, education and employment. These vulnerabilities are exemplified by the fact that Lao has the highest proportion of child marriage and adolescent birth rate in the region. Recognizing the need to prioritize this population group, Government ministries, development organisations and civil society developed a framework of action with Noi – a ten-year-old girl – as an anchor.

Noi represents approximately 700,230 adolescent girls aged 10–19 years in Lao PDR. The Noi 2030 framework provides a platform for visualizing and addressing the challenges girls face in education, sexual and reproductive health, nutrition, employment and gender equality, as well as their agency in decisions that affect them directly. To this end, the framework sets out a Sustainable Development Goal (SDG) agenda to ensure girls in this age group will be productive citizens by 2030. The SDG agenda of the Noi framework sets out the following objectives:



SDG 2: bring down the prevalence of anaemia among girls aged 15–19 years from 42.6 per cent to 0 per cent by 2030.



SDG 3: reduce the adolescent birth rate of 83 births per 1,000 girls to zero by 2030.



SDG 4: bring down the percentage of adolescent girls who are out of school from 41.8 per cent (15–17 years) to 0 per cent by 2030.



SDG 5: Reduce the early marriage rate among girls aged 15–19 years from 23.5 per cent to 0 per cent by 2030.



SDG 8: reduce the number of girls engaged in child labour from 42.2 per cent (15–17 years) to 0 per cent by 2030.



How could COVID-19 alter Noi's future?

Reductions in livelihood income will have adverse effects on the food security and nutrition of many households. As a result, efforts to reduce the prevalence of anaemia in Noi's population group could be threatened. This has negative implications for Noi's ability to concentrate in school, engage in productive activities and recover from illness. Additionally, the pandemic increases Noi's exposure to risks of becoming pregnant. Quarantine measures confine Noi to spaces where escape from sexual exploitation is difficult and access to sexual reproductive health services limited due to restrictions on movement. Should Noi be anaemic when she falls pregnant, her health and that of her baby is severely threatened, especially as access to nutritious food and health care services become constrained. Both Noi and her child are at greater risk of losing their lives – during pregnancy or in the neo-natal period. Her child is at great risk of being physically stunted, having weaker cognition, experiencing learning challenges in school and, by implication, struggling to find a job in the formal economy as an adult.

¹⁷⁹ <https://www.tandfonline.com/doi/full/10.1080/16549716.2020.1786997>

¹⁸⁰ Anlaaku, P., Anto, F. *Anaemia in pregnancy and associated factors: a cross sectional study of antenatal attendants at the Sunyani Municipal Hospital, Ghana.*

Alternatively, should Noi fall pregnant, she may have to leave school or get an abortion, which is often unsafe as access remains challenging for unmarried adolescents. Depending on her parents' view, Noi's pregnancy means that she will have to get married – perhaps forcefully, perhaps to a man who is not ready to look after her, to avoid being a 'dishonour' for her family. Although the education department has developed remedial programmes for the time Noi might have missed school, if she gets married the likelihood of her returning to school is small. Her husband is far more likely to make the decision and he is highly unlikely to allow her to return to education. Especially in crisis situations, as community structures break down, he or his family are more likely to control Noi's body and her future.

Noi's education could also be disrupted through being made to earn an income or help out with domestic work in order to support her family. In some cases, especially if her family struggles to cope with the multiple losses brought on by COVID-19, there is a risk that Noi may fall victim to human trafficking. In fact, the crisis is creating the conditions for this to happen. Many parents are losing their jobs, the economy is in contraction and employment opportunities are limited. Without comprehensive action from the Government to provide relief to Noi and her family, COVID-19 could seriously jeopardize Noi's life and those of her future family.

COVID-19 has the potential to seriously derail the SDG agenda, risking another generation being 'left behind.'



Stage 4: Women of reproductive age (15–49 years)

Risk of micronutrient deficiencies

According to LSIS II, 42.6 per cent of girls aged 15–19 years in Lao PDR are anaemic. Anaemia affects performance levels at school and the ability to work, while also interfering with building a healthy immune system. More importantly, the COVID-19 pandemic has created conditions that could lead to an increase in early pregnancies. During pregnancy, the body requires extra iron for the proper development of babies. Anaemic mothers often give birth to children that suffer from stunted physical and cognitive development and low birth weight.¹⁸¹

Risk of compromise in sexual and reproductive health

Lao PDR has one of the highest adolescent birth rates in South-East Asia. Nine provinces have adolescent birth rates exceeding 100 births per 1,000. Adolescents engage in early sexual debut, especially in the provinces of Xaysomboune, Huaphanh and Bokeo, and among Hmong-lu Mien and Sino-Tibetan families.¹⁸²

Sexual and reproductive health (SRH) services in Lao PDR face two immediate challenges: (i) inadequate financing due to declining external funding and (ii) inequities in access and coverage across regions and socioeconomic sections of society.¹⁸³ Consultations with development partners reveal that stigmatization of adolescent and unmarried pregnancies have further implications on the delivery of SRH services, adolescent health and well-being. Many adolescent girls are either unable to seek, or are not provided with the necessary information about, products and services that promote safe sexual practices, pregnancy and prenatal care and advice. A recently completed landscaping study corroborate limited access to adolescent and youth-friendly SRH information and services and the adoption of unsafe sexual behaviour.¹⁸⁴

¹⁸¹ Meyerhoff. (2014). *The Intergenerational Cycle of Malnutrition: How Gender and Social Status Doom Many Mothers and Newborns*.

¹⁸² Lao Statistical Bureau. (2018). *Lao Socio-Economic Indicator Survey II, Survey Findings Report*.

¹⁸³ UNFPA. (2019). *A Landscape Analysis of Universal Health Coverage for Sexual and Reproductive Health in Lao PDR*.

¹⁸⁴ UNFPA. (2019). *A Landscape Analysis of Universal Health Coverage for Sexual and Reproductive Health in Lao PDR*.

Unmet needs: unwanted pregnancies and use of contraception

In Lao PDR, the family planning needs of unmarried adolescents are mostly unmet and the use of contraception in this age group is rare. As per the LSIS II research findings, only 27 per cent of girls aged 15–24 years of age reported using a condom in their last sexual encounter.¹⁸⁵ Unmet family planning needs is one of the main reasons behind unwanted pregnancies, unsafe abortions and child marriages. Unintended pregnancies are common due to limited contraceptive services and sex education for adolescents and unmarried couples. In fact, as per the LSIS II data, only 14.8 per cent of women aged between 15–49 years who are unmarried or not in union use contraception.¹⁸⁶ Modern contraceptive methods are much more prevalent and make up 14.5 per cent of contraceptive use in this population group, compared with 0.3 per cent of women who use traditional methods. Administrative data from the MoH show a decline in uptake of new contraception users (15 per cent) between January and April this year, compared with the same period in 2018 and 2019.¹⁸⁷

UNFPA estimates an increase in the number of unintended pregnancies of from 15.46 per cent to 23.9 per cent in 2020–21 based on extrapolation of administrative data. 35 per cent of the unintended pregnancies are expected to occur among 15–24-year-old women. Recent estimates for 14 countries in the Asia-Pacific region¹⁸⁸, including Lao PDR,¹⁸⁹ suggest that COVID-19 mitigation measures could cause the unmet need for family planning to increase between 22 per cent (best case scenario) and 26 per cent (worst case). As a result, there may be thousands of unintended pregnancies and a higher risk of adverse health outcomes for many women and new-borns.

These unintended pregnancies and a lack of access to services lead many young women to pursue unsafe abortions.¹⁹⁰ As per LSIS II data, there were 39 induced abortions per 1,000 live births among girls aged 15–19 in 2017.¹⁹¹ Further to that, pregnant girls from rural areas with undereducated parents are often encouraged to get married, drop out of school and give birth.¹⁹² Across the globe, many adolescent girls and young women are exposed to situations where they are at risk of being exploited sexually and concerns are being raised about a spike in unwanted pregnancies during economic crises.¹⁹³ For instance, during the Ebola outbreak in West Africa, lockdown measures in Sierra Leone were associated with 11,000 schoolgirls becoming pregnant and being unable to return to school, at least in the short term.¹⁹⁴

¹⁸⁵ Lao Statistical Bureau. (2018). *Lao Socio-Economic Indicator Survey II, Survey Findings Report*.

¹⁸⁶ Lao Statistical Bureau. (2018). *Lao Socio-Economic Indicator Survey II, Survey Findings Report*.

¹⁸⁷ MoH. (2015). *Indigenous Peoples Planning Framework: Ethnic Group Development Plan*.

¹⁸⁸ De Beni & Maurizio. (2020). *Coronavirus is leaving pregnant women with tough choices and bleaker outcomes*.

¹⁸⁹ The model of De Beni and Maurizio (2020) focuses on 14 countries in the Asia-Pacific region: Afghanistan, Bangladesh, Bhutan, Cambodia, India, Indonesia, Lao PDR, Myanmar, Nepal, Pakistan, Papua New Guinea, the Philippines, the Solomon Islands and Timor-Leste.

¹⁹⁰ UNFPA. (2019). *A Landscape Analysis of Universal Health Coverage for Sexual and Reproductive Health in Lao PDR*.

¹⁹¹ Lao Statistical Bureau. (2018). *Lao Socio-Economic Indicator Survey II, Survey Findings Report*.

¹⁹² United Nations (2015). *Country Analysis Report: Lao PDR. Analysis to inform the People's Democratic Republic-United Nations Partnership Framework (2017-2021)*; LYU & UNFPA. (2014). *Adolescent and Youth Situation Analysis Lao People's Democratic Republic*.

¹⁹³ Girls Not Brides. (2020). *Young Brides in Laos face Uncertain Futures*.

¹⁹⁴ Global Partnership for Education (2020). *Global Partnership for Education announces US\$250 million for developing countries battling COVID-19*.

The microsimulation model predicts a reduction of contraception prevalence from a baseline 54.1 per cent to 47.1 per cent in a high-impact scenario. Although contraception prevalence in the wealthiest households is relatively low (compared with middle-income households), contraception usage is likely to reduce for all quintiles with significant declines in the middle-income and wealthiest quintiles.

Increased exposure to gender-based violence

As loss of income and other stressors affect households, women lose bargaining power and are confined to their homes, the risk of gender-based violence is expected to increase. A survey in Lao PDR in 2015 found that approximately 33 per cent of women aged 15 years and above experience at least one form of violence – physical, sexual, or emotional – during their lifetime and nearly half of these incidents go unreported.¹⁹⁵ Violence, sexual exploitation and verbal abuse occur at the workplace, at home, in the community and in educational settings.¹⁹⁶

There is consensus among experts that, “as communities around the world are forced to stay at home, women and girls are at heightened risk of domestic violence, intimate partner violence, child abuse and other forms of sexual and gender-based violence.”¹⁹⁷ The Ebola crisis provides the most recent evidence in this regard. As the COVID-19 pandemic deepens economic and social stress, gender-based violence is increasing exponentially amid social isolation and lockdown measures around the world.¹⁹⁸ Many women and children are confined to their homes with their abusers at the same time that services to support survivors are being disrupted or made inaccessible. Stakeholder discussions with hotline counsellors revealed that many women and young girls experience forms of violence in Lao PDR. For married women, the primary source of conflict that often led to physical and emotional abuse was the distribution of household income. As incomes may become more stressed, spousal tensions are likely to increase in many households across Lao PDR, exacerbating the risk of emotional and physical abuse.

Gender inequities manifest across all ages in Lao PDR, with the highest gaps in adolescence and adulthood, where gender roles manifest. As women in adulthood grapple with the deprivations from earlier life stages and find themselves limited by gender roles and traditional social norms, these differences and inequities become more pronounced.

Low coverage of maternal health services

At 185 deaths per 100,000 live births, the maternal mortality rate (MMR) in Lao PDR is still the highest in the region. Nearly two-thirds of births do not take place at health care facilities in rural Lao PDR. The country demonstrates high rates of malnutrition in women and children in recent years, with 12 per cent of women of reproductive age being underweight. The high prevalence of anaemia (almost half the women of reproductive age are anaemic) contributes to the country’s high MMR and maternal morbidity. As mentioned earlier, the impact of anaemia reduces well-being and overall productivity in the country.

¹⁹⁵ NCAW. (2015). *Summary Report: a Study on Violence Against Women in Lao PDR: Lao National Survey on Women’s Health and Life Experiences 2014*.

¹⁹⁶ Fraser, E. (2020). *Impact of COVID-19 Pandemic on Violence against Women and Girls*.

¹⁹⁷ Regan, A. (2020). *Sexual and gender-based violence during COVID-19: lessons from Ebola*.

¹⁹⁸ United Nations. (2020). *Policy Brief: The Impact of COVID-19 on Women*.

According to recent estimates by UNFPA through extrapolation of administrative data, maternal deaths are expected to increase by 92 per cent to 140 per cent. A regional study focusing on 14 countries¹⁹⁹ shows that in countries with high MMR, which often reflect lower use of health services, such as contraceptives, giving birth in medical facilities or the help of skilled birth attendants, a 20 per cent decline in access to these three essential services will translate to a 17 per cent increase in MMR and a 50 per cent decline will result in a 43 per cent increase in MMR. Most of the increase, the researchers predict, will result from the increase in fertility resulting from reduced access to contraceptive services.

Safe birth

The highest risk of mortality for mothers and new-borns is during labour, birth and the first few hours after birth. To this end, giving birth at a formal health facility, equipped with adequately skilled birth attendants, in hygienic conditions, can significantly reduce MMR and ensure the well-being of the baby. Yet, nearly 35 per cent of women **deliver babies without the assistance of a skilled attendant.**²⁰⁰ Women in rural areas, from non-Lao-Tai families, face multiple barriers in accessing health care, such as physical and financial access, as well as cultural and linguistic barriers.²⁰¹ These barriers make home births unavoidable for many women. As a result, many women die from preventable and easily manageable obstetric complications such as sepsis, haemorrhage, eclampsia, obstructed labour and unsafe abortion. Restrictions on movement during COVID-19-related lockdowns have reinforced these barriers, including in urban areas such as Vientiane Capital and Savannakhet.²⁰² Likewise, data from the Ministry of Health show a stark reduction in the number of home deliveries by a skilled birth attendant from January to April this year, compared with the same period in 2018 and 2019. Estimates from the microsimulation model show that the share of institutional births and deliveries in the presence of a skilled birth attendant can drop to between 60.5 per cent and 50.8 per cent from a 64.6 per cent baseline.²⁰³

Low uptake of antenatal care (ANC) and postnatal care (PNC)

ANC for pregnant women in Lao PDR is low, as 42 per cent do not benefit from continuous ANC. Ethnicity, region, area and income play a significant role, as does the quality of ANC women receive. For instance, among Lao-Tai women, 23 per cent had eight or more ANC visits in 2017, compared with only 6 per cent of Mon-Khmer women, 5.7 per cent of Sino-Tibetan women and 4.5 per cent of Hmong-Mien women.²⁰⁴ In urban areas, 29.1 per cent of women had eight or more ANC visits, compared with only 6.6 per cent of women who live in rural areas without a road. In terms of income, only 3.6 per cent of women in the poorest wealth quintile had eight or more ANC visits, compared with 42 per cent from the wealthiest quintile. Likewise, more than 53 per cent of women do not take up PNC after giving birth. While nearly 70 per cent of women in urban areas go for PNC visits, only 41.5 per cent of women in rural areas with a road pursue PNC and only 25.9 per cent in rural areas without a road.²⁰⁵

¹⁹⁹ De Beni & Maurizio. (2020). *Coronavirus is leaving pregnant women with tough choices and bleaker outcomes.*

²⁰⁰ Boudreau, Tandon, & Yap. (2013). *Lao People's Democratic Republic: Maternal Health, Child Health & Nutrition in Lao PDR.*

²⁰¹ Boudreau, Tandon, & Yap. (2013). *Lao People's Democratic Republic: Maternal Health, Child Health & Nutrition in Lao PDR.*

²⁰² MoH (2015). *Indigenous Peoples Planning Framework: Ethnic Group Development Plan.*

²⁰³ Please refer to *Microsimulation: Socioeconomic Impact of COVID-19 on Lao PDR Households.*

²⁰⁴ Lao Statistical Bureau. (2018). *Lao Socio-Economic Indicator Survey II, Survey Findings Report.*

²⁰⁵ Lao Statistical Bureau. (2018). *Lao Socio-Economic Indicator Survey II, Survey Findings Report.*

Evidence suggests that restrictions on movement, as well as fears of contracting the virus, are causing fewer women to pursue ANC and PNC during the COVID-19 pandemic. According to the microsimulation model, in a high-impact scenario the uptake of full ANC coverage could reduce from 62.2 per cent to 50.1 per cent at a national level or 57.8 per cent in the case of low impact.²⁰⁶ The microsimulation estimates²⁰⁷ that the pandemic is also expected to affect the uptake of PNC, with coverage nationally dropping by approximately 7 percentage points from 47.4 per cent to 40.1 per cent in the case of a high-impact scenario. Administrative data from the Ministry of Health (MoH) show a significant reduction (around 2000 visits) in ANC visits from January to April 2020, compared with the same period in the previous two years. Most often, women who are already less likely to access these services are at the highest risk of reversing any progress.²⁰⁸

Overall, a 10–24 per cent drop in maternal health services (including antenatal care, obstetric care and postnatal care) has been observed in Lao PDR between January and April 2020.²⁰⁹

The following groups are at particularly high risk of reduced access to ANC and PNC:

- Women in rural areas without road access, of whom only 6.6 per cent pursued the minimal ANC visits in 2017.²¹⁰
- Non-Lao-Tai women in rural areas and, specifically, where factors such as language, stigma and accessibility act as additional barriers in seeking health care.
- Women from households in the poorest quintile, where ANC and PNC visits pre-COVID-19 were extremely low in number.

Socioeconomic deprivations

Conti et al. (2019) and Almond et al. (2018), among many others, highlight the adverse impact of stressors (including natural disasters, weather events, death of a family member and others) on physical health, cognition and mental health and their disproportionate impact on women, particularly those of lower socioeconomic status.^{211, 212} Currie et al. (2015) show that increased prevalence of unhealthy behaviours and comparatively worse physical and mental health, is more common among poorer households.²¹³ Unlike previous recessions, the current crisis is harming women's labour market prospects more than that of men; and as Hupkau and Petrongolo (2020) rightly identify, "it is increasing the volume of home production, currently widening existing gender inequalities, for example, in relation to child care."²¹⁴

For women of reproductive age, women's rights are often intertwined with the rights of children and their role as caregivers. While women's role as primary caregivers is critical to long-term growth and development,

²⁰⁶ Please refer to *Microsimulation: Socioeconomic Impact of COVID-19 on Lao PDR Households*.

²⁰⁷ Please refer to *Microsimulation: Socioeconomic Impact of COVID-19 on Lao PDR Households*.

²⁰⁸ Administrative data from MOH (2020)

²⁰⁹ UNICEF (2020). *UNICEF Supports the Lao Government in Strengthening Communication for Immunization*.

²¹⁰ Lao Statistical Bureau. (2018). *Lao Socio-Economic Indicator Survey II, Survey Findings Report*.

²¹¹ Conti, G., Mason, G., & Poupakis, S. (2019). *Developmental origins of health inequality*.

²¹² Almond, D., Currie, J., & Duque, V., (2018). *Childhood circumstances and adult outcomes: Act II*.

²¹³ Currie, J., Duque, V., & Garfinkel, I. (2015). *The great recession and mothers' health*.

²¹⁴ Hupkau, C., & Petrongolo, B., (2020). *COVID-19 and gender gaps: Latest evidence and lessons from the UK*.

it is also unforgiving, often at the cost of their rights to opportunities, agency and empowerment. In this section, we explore women as individuals and productive citizens as well as caregivers. As women juggle domestic responsibilities with income generation activities, the burden on women with children or in caregiving positions is likely to increase dramatically. Women in Lao PDR, especially those of reproductive age, are affected in multiple ways by the pandemic:

Women workers are more likely to lose their source of income due to COVID-19

The global evidence unanimously affirms that economic crises exacerbate pre-existing inequalities. Evidence from the 1980s debt crisis, the 1997 Asian financial crisis and the 2008 Global Financial Crisis demonstrates the risk of reversing progress towards gender equality and economic empowerment through interventions targeted at bridging the equity gap. Currie et al. (2015) note that while men might be more likely to lose their jobs (due to a higher share of employment), their recovery is generally faster.^{215, 216}

Compared with 'regular' financial and economic recessions, which tend to affect men's employment more severely, the job losses brought on by social distancing measures, border closures and lockdowns have a significant impact on sectors with high female employment rates. ILO estimates suggest that agriculture still accounts for 64.3 per cent of female employment, the services sector accounts for 26.9 per cent and industries account for 8.8 per cent of female employment. The previous agricultural crisis and now COVID-19 have placed these sectors at high risk. Of the total employed females, more than 87.5 per cent are also self-employed. Furthermore, migrant women from Lao PDR tend to work in non-essential service industries such as food, service and hospitality and as domestic workers (e.g., housekeeping, child care). Therefore, they are particularly vulnerable to being laid off or exploited for their labour during the pandemic.

Loss of income has implications which raise the risk of reversing progress for women's agency and empowerment

Women are at grave risk of losing independent income, which undermines their development outcomes. The COVID-19 pandemic has exposed the depth and extent of gender inequalities that persist in many societies across the globe. During the closure of schools and day-care centres, the increased burden of child care mainly affected working mothers and adolescent girls who often have to take over the responsibility for care. Additionally, the diversion of financial and human resources away from sexual and reproductive health services adversely affect women and girls' well-being. Finally, the COVID-19 pandemic and its corresponding mitigation measures have significantly increased the exposure of women and girls to gender-based violence. Hotline counsellors in Lao PDR explained that counselling needs for women under the age of 18 who experienced sexual exploitation have increased exponentially during the pandemic.

²¹⁵ Currie, J., Duque, V., & Garfinkel, I., (2015). *The great recession and mothers' health*.

²¹⁶ United Nations. (2020). *SHARED RESPONSIBILITY, GLOBAL SOLIDARITY: Responding to the socio-economic impacts of COVID-19*.

These changes imply a direct loss of bargaining power and, as a result, agency and empowerment, which make women more susceptible to prejudice, discrimination and abuse – especially intimate partner violence. These relationships are based on the premise that “increasing the flow of resources that women bring into the household may alter their position as a bargaining partner directly and lower the tolerance for abuse.”²¹⁷ According to the latest available estimates from 2015 from Lao PDR, nearly 15 per cent of ever-partnered women aged 15–64 years experienced intimate partner physical and sexual violence at least once in their lifetime and 6 per cent of ever-partnered women aged 15–64 years experienced intimate partner physical and sexual violence in the last 12 months. 5 per cent of women aged 15–64 years experienced sexual violence perpetrated by someone other than an intimate partner at least once in their lifetime.²¹⁸

A 2018 survey on Violence Against Children in Lao PDR²¹⁹ revealed that more than half of women aged 18–24 years endorse spousal violence in one or more circumstances (60.8 per cent) and more than 82.5 per cent believe that a woman should tolerate violence to keep her family together compared with 37.6 per cent and 75.4 per cent of males respectively. **In Lao PDR, where gender inequities are pronounced, awareness and agency are limited and violence is prevalent, the risks are far higher for both women and children in times of crisis such as COVID-19.**

Women’s caregiving responsibilities are set to multiply their burden during the lockdowns

Gender inequalities and roles have intensified²²⁰ due to the lockdown, as women, mothers and caregivers experience an added burden of the care load. In Lao PDR, men spent 2.5 hours per day on average on unpaid domestic and care work, while women spent over four times more – 10.4 hours per day on average (2013 estimates). The lockdown has forced families to be confined to the home, older persons and others are at higher risk of illness (more so in poorer households) and mitigation measures initially kept children out of school. Health crises often transfer additional care responsibilities onto women. Among working-age women who are still employed, many are now bearing a double load of income generation activities as well as caregiving. The manifestation of gender inequities on multiple levels places women more at risk of suffering more intensely due to COVID-19 and associated distancing and isolation measures.

²¹⁷ World Bank. (2012). *World Development Report 2012 : Gender Equality and Development*

²¹⁸ LSB; NCMC; UNICEF. (2018). *Violence Against Children Survey in Lao PDR.*

²¹⁹ LSB; NCMC; UNICEF. (2018). *Violence Against Children Survey in Lao PDR.*

²²⁰ Based on KII discussions.

Access to social protection

Lao PDR's social protection system extends to only 15 per cent of the population's 7 million residents, predominantly covering the formal sector.²²¹ Lao PDR provides limited social welfare benefits to vulnerable populations, largely excluding the informal sector, and the country's social protection system remains highly fragmented. The findings of LSIS II show that only 12.4 per cent of all household members received any social transfer. Of the lowest wealth quintile, only 9.2 per cent reported receiving any social support. Only 4.2 per cent of children aged 5–24 currently attend a school that received any support in the current/most recent academic year.

In terms of social security, the Social Security Law of 2013 and subsequent regulations have provided the basis for a contributory social protection system, managed by the National Social Security Fund (NSSF), which merges both the private and public system and offers voluntary participation for the self-employed and those in the informal sector. Men over the age of 60 and women over the age of 55 are entitled to an old-age pension. A maternity benefit is provided to women covering up to 60 per cent of their salary for 90 days and a lump sum benefit amount upon birth. The Government also provides a death benefit to the family of deceased employees, a survivor benefit to the family of the deceased, an incapacity benefit for employees who are no longer able to work and a child allowance for employees whose child is below 18 years old. However, the social security system largely excludes informal workers, who have low incomes and no systematic state support (in the form of welfare or social security).²²²

Lao PDR has seen significant improvements to health and nutrition over the past several years. The Health Equity Fund and, more recently in 2019, the roll-out of National Health Insurance (NHI) have contributed to these improvements. The NHI consists of both contributory and non-contributory health schemes and includes civil servants, private sector employees who previously fell under the National Social Security Fund, the unemployed, self-employed and those employed in the informal economy.²²³

In addition to free health care, other social welfare initiatives implemented by the Government include free education, disaster relief and a universal child benefit for pregnant women and children from 0–2 years of age. The Ministry of Education and Sport provides free primary education up to Grade 5 and has implemented a complementary National School Meal programme – an in-kind, conditional cash transfer programme subject to school attendance. The Ministry also provides scholarship programmes to support

²²¹ Jointsgdfund, n.d. *Leaving No One Behind: Establishing the Basis for Social Protection Floors*

²²² United Nations Lao PDR. (2020). *Developing a shock-responsive national social protection system to respond to the covid-19 crisis in Lao PDR: Briefing Note*.

²²³ United Nations. (2015). *Country Analysis Report: Lao PDR. Analysis to inform the People's Democratic Republic-United Nations Partnership Framework (2017-2021)*.

poor children and provides block grants to schools to eliminate the need for school fees. However, the coverage and targeting measures for both scholarship and school meal programmes are unclear. In the event of a disaster such as flooding, the Government has previously implemented emergency assistance with the help of donors; however, this assistance is limited. While the Government has made some effort to expand social welfare to its broader population, the National Social Protection Strategy recognizes that there are no systematic welfare services and benefits provided to vulnerable groups such as children, the poor, persons with disabilities, unemployed individuals, older persons and other vulnerable groups. Some of the current challenges that the strategy cites include an insufficient budget allocation for scholarships, concerns over the nutritional adequacy of the school meal programme and a heavy reliance on donor funding.

Acknowledging the significant gaps in the current social protection system, particularly in covering the rural, informal and working-age population as well as older persons and young children, the National Social Protection Strategy details Government's commitment to expanding the social protection system and enabling more significant inter-departmental synergies. The strategy articulates that, "By 2030, Lao PDR people have access to basic social protection services, consisting of health insurance, social security and social welfare, in an equitable, adequate, effective and sustainable way".²²⁴ Some of the immediate commitments that the strategy presents include the roll-out of a Universal Child Benefit for pregnant women and children from 0–2 years of age, a disability grant targeted at people with disabilities who are not covered by the NSSF and an old-age benefit targeting individuals aged 65+ (excluding those who are already covered by the NSSF).



²²⁴ International Labour Organization (2018). *National social protection strategy*.

Recommendations

The COVID-19 pandemic is poised to reverse years of progress and generate adverse consequences unless the Lao PDR Government and the development community implement immediate measures to anticipate and mitigate the short-, medium- and long-term outcomes. The impact on the economy in terms of lost growth potential, reversal of progress across development indicators and on the health and well-being of significant proportions of the population can adjust the structural risk profile, detrimentally altering poverty and social dynamics in the long-term. The impacts may be widespread and affect individuals across their life cycle, with far worse implications for households with children. Social protection coverage in Lao PDR remains low, existing social assistance programmes are fragmented and have limited coverage. Social insurance also covers a marginal proportion of the at-risk population. Previous crises have demonstrated the need for effective and continuous fiscal stimulus to aggregate demand growth: helping businesses stay afloat, supporting households and helping preserve employment.

Social protection offers an excellent entry point to maintain Government expenditure and sustain the economy for a more rapid recovery, by simultaneously providing direct support to the vulnerable households. The recommendations for social protection are developed with a focus on mitigating short-term deprivations, building long-term resilience for vulnerable households, while simultaneously strengthening the social protection architecture in the country.

National Government

Income support



Recommendation 1:

Provision of a family-based humanitarian transfer or temporary basic income

Urgent and immediate income support for all or most households is necessary to mitigate long-term costs to national growth and development. The majority of the Lao PDR population was vulnerable to poverty even before COVID-19; the pandemic is exacerbating these underlying financial vulnerabilities and a large number of individuals are at risk of falling into poverty through not having access to basic food and essential care in the immediate term. These short-term deprivations can push many households into a poverty trap and put pressure on the Government in the medium-to-long-term to overcome the poverty impact.

The impact of the pandemic is widespread and set to affect all, including the wealthy. Poverty targeting in this context, using any targeting approach, poses high risks of exclusion. The number of individuals and households who are at risk of falling into poverty without adequate support is almost equal to the number poor households in the country.

The Government should prepare for medium- to long-term cash-based support for vulnerable households. The emerging risks will not recede once the immediate response to COVID-19 is over. The impact on poverty will be severe in the short term and persist in the medium to long term. The global economic crisis is likely to see many businesses close. The recovery from the crisis is expected to be slow and gradual and the return to pre-pandemic levels will require timeous and extensive support from governments to meet short- and medium-term needs and prevent the reversal of development trends .

BOX 12: FAMILY BENEFIT PACKAGE AND TBI DESIGN

Option 1: Family benefit package

- Benefit per child, including adolescents (up to age 18) to cover food, nutrition, education and health care needs.
- Benefit for working-age adults and older persons to fill gaps in lost income and employment, meet nutritional needs and maintain basic standard of living.

Option 2: Temporary basic income

Temporary Basic Income (TBI) is a minimum guaranteed income above the poverty line, for vulnerable people. Estimations by UNDP suggest that a TBI could cost between 0.27 and 0.63 percent of GDP. In Lao PDR, the most appropriate form of response includes a combination of:

- Top-ups on existing average incomes in each country up to a vulnerability threshold.
- Conversion of existing social assistance measures, such as school feeding, to cash-based support.
- Lump-sum transfers that are uniform regardless of the locations in which people live.

Irrespective of the most preferred method, it is important that the benefits are:

- Unconditional and unrestricted.
- Adequate to meet the basic needs for households with no income.
- Adequate to enable productive investments or savings for households with some income.
- Most suitable in the current context, as a per capita benefit provided per household.

The programme should:

- be universal or affluence-tested using an income threshold that minimizes exclusion, given the widespread impact of COVID-19 and vulnerability of Laotian households.
- Not adopt geographic targeting given the extent and nature of impacts.
- Not require proof of employment or other forms of proof given the informality and the intensity of impact for all and the impact of lockdown measures on accessing these services.

Any cash-based support must consider the national landscape and prevent the exclusion of women and other marginalized groups by design and in implementation:

- Many vulnerable groups, including migrant workers or certain ethnic groups, may not have national ID documents or proof of income or employment. Therefore, requiring these documents may automatically exclude the most vulnerable groups.
- Women are at high risk of losing employment and their income sources and are very likely to bear the burden of caregiving responsibilities when children stay home. Women are also less likely to have IDs or access to mobile phones or bank accounts. All delivery mechanisms must recognize and build around these bottlenecks to ensure that the support reaches women, who most need it.

Existing social protection architecture is not adequate, but leveraging existing programme architecture, such as expanding the child benefit programme both vertically and horizontally, will achieve a double benefit. It will strengthen the social protection system as well as deliver the necessary emergency support to the most vulnerable groups in a systematic way.

The Laotian social protection architecture is weak and the pandemic presents an opportunity to build the system's architecture while delivering emergency support. Many countries in the region, including Cambodia, have capitalized on the momentum and need for widespread social protection to strengthen their social protection architecture, through investments in systems building (e.g. the on-demand IDPoor and digitalization of most payments in Cambodia). The government of Lao PDR should invest in the development of core social protection programmes that deliver support in the short and medium terms.



Recommendation 2:

Complement the cash transfer with livelihood development programmes

Now, more than ever, a graduation approach to social protection will provide the greatest value.

Households living at the threshold of poverty or just above the poverty line, who may have lost stable income due to COVID-19, are best positioned to benefit from livelihood development programmes. A combination of cash and livelihood development programmes (savings programmes, productive asset and upskilling programmes, among others) can mitigate the medium-term impact of COVID-19 and enable families to build resilience against such shocks in the future.

- Use a graduation-based approach, linking cash with productive assets, where appropriate (geographic targeting).
- Implement public work programmes, wherever and whenever these are conducive to distancing measures – short cycles, a fewer number of days, for disadvantaged workers – combined with payments equivalent to regional minimum wage.

Nutrition

Adverse conditions such as emergencies may derail a country's desire for meeting its nutrition goals. This could affect the country's long-term goals and sustainable development. To that end, nutrition security must necessarily be at the centre of both development and humanitarian responses.



Recommendation 3:

Place nutrition security at the centre of both development and humanitarian responses

- **Develop guidelines and standard operating procedures (SOPs) for nutrition programming in the context of COVID-19.** The Ministry of Health and allied institutions, with the support of development partners, should develop context-appropriate guidelines and SOPs for the continuation of nutrition services and programmes while observing COVID-19 prevention measures and protocols. These include preventive measures of handwashing with soap over running water, use of face masks, sanitizing work surfaces and tools as part of infection prevention and control. Also, guidance on organization of health and nutrition services at all levels will ensure that services are available to those who require them most.
- **Develop appropriate messages on nutrition that address myths and misconceptions.** As part of communication for development, context-specific messages should be developed and disseminated using multi-pronged approaches to address some of the myths and misconceptions of COVID-19 and nutrition. These should include messages on healthy eating, infant and young child feeding practices in the context of COVID-19, complementary feeding and maternal and adolescent nutrition during the pandemic. Messages on sound hygiene practices such as handwashing with soap over running water, appropriate use and handling of face masks and other protective measures ought to be disseminated.
- **Establish hotlines for nutrition counselling.** As a result of lockdown measures that may restrict the movement of people, including outreach services, the creation of nutrition hotlines to assist families who may require nutrition support such as guidance on lactation management, complementary feeding, maternal nutrition, etc. will be very useful.
- **Explore partnerships for cash transfers to the most vulnerable households, targeting pregnant and lactating women as well as children under 2 years.** As governments evaluate their options, universal social protection programmes have emerged as the most cost-effective and efficient way of providing necessary support for poor and vulnerable households in emergencies. Aside from the longer-term improvements and benefits to nutrition, shock-responsive social protection could build household resilience to future shocks and improve nutrition security; improve access to health and nutrition services where out-of-pocket payments are required for services and transportation; and prevent adverse coping mechanisms in the short to long term. A targeted programme focused on acutely malnourished children could be considered as it has been linked to increased demand and utilization of Severe Acute Malnutrition (SAM) treatment services.
- **Explore innovative ways to provide nutrition services while observing COVID-19 protocols for school-age children.** While schools may be on temporary breaks as a result of COVID-19, there is the need to continue services that benefit school-age children and adolescent girls in the country, such as vitamin A supplementation for children in early childhood development centres, iron supplementation for adolescent girls and deworming for children.
- **Develop a comprehensive nutrition emergency response plan.** Since the COVID-19 pandemic is evolving quickly, it is prudent to develop a comprehensive emergency response plan for nutrition that

addresses the various phases of the pandemic. This should be costed with clear roles and responsibilities. This will enhance national preparedness and action should the pandemic persist for a long time.

- **The Government should consider scaling up its Integrated Management of Acute Malnutrition (IMAM) programme to address both the existing and growing burden of wasting.** The current capacity of health workers and coverage of severe acute malnutrition (SAM) treatment is inadequate to meet the growing need of children in need of such services, should the situation persist along with enhanced lockdown measures.

For subnational Government

- Provide training for health staff on COVID-19 protocols and SOPs as well as how to reorganize health and nutrition services at both static and outreach points to prevent cross-transmission of the virus, for example, how to set up services at the community level to prevent transmission of COVID-19 during outreach.
- Mobilize resources and logistics for the implementation of nutrition interventions in the context of COVID-19 by preparing micro-plans for various phases of the emergency. This includes human resources, nutrition supplies, funds and other components as part of the preparedness and response plans.
- Support the identification of at-risk communities and areas suitable for cash-based or social protection assistance to meet food and nutritional needs, including sanitation and hygiene kits for poor households.
- Provide sustained or long-term support for high-risk areas that are prone to adverse nutrition outcomes during shocks, such as areas with high poverty levels, high levels of food insecurity, pre-existing high malnutrition rates and poor access to health care and water and sanitation facilities. This calls for innovative programming to ensure access to nutrition services year-round.

For development partners

- Provide technical and financial assistance to identify, mitigate and address the impact of COVID-19 on nutrition outcomes:
 - » Support is required for the development and dissemination of nutrition-related messages in the context of COVID-19.
 - » Support the scaling-up of nutrition programmes, including IMAM. This includes support for improving the supply chains for nutrition commodities, particularly for the IMAM programme, as currently the Government contribution for the lifesaving commodities including ready-to-use therapeutic food (RUTF) is minimal. In anticipation of a surge in the number of severely malnourished children, there is the need to pre-position therapeutic nutrition supplies in at various locations in the country for timely response.

- » Support mainstreaming of and improvements in coverage of biannual distribution of vitamin A supplements and provision of deworming tablets for children under 5, 90+ days of iron/folate supplements for pregnant and lactating women, provision of nutrition interventions to adolescents including iron supplements and other essential nutrition interventions.
- » Support for good infant and young child feeding practices, including monitoring of violations of the national decree for the marketing and promotion of breastmilk substitutes (BMS) as well as the design and piloting of an infant and young child feeding (IYCF) hotline for counselling of lactating mothers and caregivers

Availability or accessibility of essential services

Cash alone is not enough to ensure the maintenance of or improvements in development outcomes. Therefore, the Government must invest committedly in (i) providing services where there are gaps, (ii) improving the quality of service providers, (iii) improving the quality of public infrastructure and (iii) ensuring access to services for the most vulnerable families.



Recommendation 4:

Delivery of pandemic-resilient education

To the extent possible, the Government must make all provisions to keep schools open and reduce disruptions, as the cost of disruption for children is high. For the education system to be resilient, schools must be made safe. The Government must ensure that:

- All schools have clean water and soaps and that students and teachers engage in good hygiene practices.
- Schools and communities are fully aware and informed of good mitigation practices to keep schools safe.
- School start hours for different grades are staggered, alongside other approaches to keep children at recommended distances, Government school infrastructure is strengthened and strict protocols are implemented.
- If schools must be shut, this should be limited to hotspots and necessary high- and low-tech distance learning measures must be employed: take-home assignments, take-home textbooks and e-learning. Remedial/catch-up support should be provided for students who may lag.



Recommendation 5: Investments to ensure

continuation of quality sexual, reproductive and maternal health care services

- Provision and rapid expansion of National Health Insurance (NHI), especially covering maternal and child health, including prenatal care, sexual and reproductive health (SRH) services as well as treatment of chronic conditions.
- Ensure sustained financing of the delivery of essential and primary health care services – maternal and child health, sexual and reproductive health and treatment for chronic conditions.

- Commit increased financial and human resource support to identifying and mitigating sexual and mental health issues, especially among adolescents and women, but with due attention to mental well-being of children.
- Ensure equitable financing of health care at the provincial, district and health centre levels – subnational facilities often receive lower levels of funding and a higher burden of health service requests than central/national health care facilities.



Recommendation 6: Strengthen the capacity of health workers to deliver quality sexual, reproductive and maternal health care services

- Gradual and sustained investment in enhancing the capacity of the health care system to deliver regular health care services, while ensuring management of epidemiological shocks and crises.
- Targeted training and sensitization of health workers delivering sexual, reproductive and maternal health care services on gender sensitivity, dealing with adolescents with sensitivity and the importance of providing necessary support to adolescents.



Recommendation 7: Strengthen the capacity of health workers to deliver psychosocial support services

- Ensure the sustained financing of the delivery of psychosocial support throughout the country, including investment in the training of social workers, counsellors and shelters for victims of abuse.
- Ensure equitable financing of psychosocial health care at the provincial and district level to expand the availability of these services across Lao PDR with targeted expansion of services where it is currently not available.
- Gender-sensitive support



Recommendation 8: Provide gender-sensitive relief packages

- Adopt gender-sensitive economic incentives and relief packages such as cash transfers for women, expand unemployment benefits to those employed in the informal sector, or provide tax relief measures for industries dominated by women-own businesses.
- Support (cash-based) families with children where caregivers may no longer be able to engage in economic activities, as they are busy caring for children who are no longer in school. These interventions are critically important in single-parent households.
- Build resilience of the female workforce through social protection/safety nets in the long term.

- Expand family-friendly policies, such as paid leave and sick leave in the short and medium-term, to protect employment and livelihoods of women.



Recommendation 9:

Provide protection against violence and abuse

- Strengthen the rule of law to prevent gender-based violence, abuse and exploitation.
- Ensure that domestic violence shelters are declared essential services and increase the mobilization of financial resources to these centres as well as the civil society and advocacy groups that lead this line of response.
- Strengthen hotlines and counselling services to provide the necessary support for children and women suffering from violence and abuse.
- Provide the necessary means for victims – such as a community-level focal person, safe space, etc. – to access these services. Women and children are less likely to own mobile phones and may not be able to call a hotline.
- Communication and awareness



Recommendation 10: Delivery of communication

to prevent and caution against impacts of COVID-19 and against social barriers

- Ensure investments in communication for protection against COVID-19, against the risks of mental and emotional well-being as well as information on accessing essential care services in various languages and using methods that are accessible to all individuals across ethnicities, literacy levels and differing needs.
- Establish rigorous awareness raising campaigns at community levels, involving adolescents where possible, to mitigate child marriage and child labour and to ensure the continuation of education.

IN CONCLUSION

The impact of COVID-19 and related mitigation measures threaten to reverse decades of progress made in Lao PDR. The realization of the high-impact scenario could lead to devastating impacts on the country.

Tackling short-term crises becomes a necessary priority, but often at the cost of addressing long-term risk factors. In such a scenario, social protection has been and will continue to be a crucial support mechanism to ensure long-term developmental progress while keeping sight of the Sustainable Development Goals. COVID-19 has heightened the importance of social protection systems and illustrated the kinds of crises for which social protection must strengthen national responses. The crisis has not only deepened existing vulnerabilities among children, adolescents and women but has also exposed vulnerabilities among new groups in the country, such as the urban poor. Therefore, investments in comprehensive and integrated social protection systems with a focus on mitigating short-term deprivations, building long-term resilience for vulnerable households, while simultaneously strengthening the social protection architecture in the country, are essential to support population groups who have been pushed deeper into poverty and vulnerability.

Appendix

Vaccination coverage

The Lao PDR microsimulation study²²⁵ estimates a reduction in basic vaccination coverage²²⁶ from a baseline scenario of 33.1 per cent nationally to 31.8 per cent in a low-impact scenario and down to 29.6 per cent coverage in high-impact scenario at a national level. Southern Lao PDR has the lowest coverage and is expected to face a reduction of just under 1.5 percentage points. Central Lao PDR may see the most substantial fall in vaccination coverage. Importantly, the impact varies across wealth quintiles. Immunization is directly correlated with income and wealth as more than double the number of children in the wealthiest quintile have had full immunization coverage as compared with those from the most deprived quintile. Thus, the largest drop is likely to be observed for the wealthiest households with a five percentage point decrease to 44.4 per cent coverage while the impact in the poorest quintiles is lower, due to their already low coverage rates. The pandemic could thus potentially cause the gap between the coverage rates of the richest and poorest quintiles to narrow.

TABLE 1: VACCINATION COVERAGE BY REGION AND QUINTILE (FOR CHILDREN AGED 12–24 MONTHS, IN PERCENTAGE)

Region	Baseline	Low-impact scenario	Mid-impact scenario	High-impact scenario
North	31.73	30.6	29.57	27.55
Central	38.56	37.29	35.81	34.74
South	22.47	20.92	21.12	21.03
Poorest	18.93	18.07	17.62	17.16
Poorer	30.13	28.93	29.3	26.71
Middle	33.21	31.54	30.56	29.5
Rich	39.66	38.97	36.76	35.94
Richest	49.82	47.66	45.43	44.42
National	33.1	31.82	30.82	29.63

Source: Microsimulation analysis using LSIS II

Children living in poorer households are at increased risk. The drop may be of smaller magnitude but carries far more severe implications for poorer households, who tend to have limited financial and human capital to deploy in surviving the impact of these secondary diseases. Physical assets and financial resources are critical barriers for mothers and caregivers to be able to visit health care centers and ensure that their children receive the required vaccination coverage.

²²⁵ Please refer to paper: *Microsimulation: Socioeconomic Impact of COVID-19 on Lao PDR Households* for more details.

²²⁶ We define full immunization coverage according to the vaccination schedule from Lao PDR National Immunization programme. A child aged 12–23 months is categorized as being fully immunized when he or she is able to show a document of vaccination records for BCG, three doses of polio vaccine, three doses of pentavalent (DTP-hepB-Hib) and measles vaccine.

Contracting vaccine-preventable diseases during the pandemic could lead to a rise in fatalities linked to COVID-19 by putting pressure on health systems through trying to prevent loss of life from diseases that could have been prevented. Additionally, it will increase the likelihood of comorbidities, which increase the risk of developing severe symptoms and death.

Contraception usage

TABLE 2: CONTRACEPTION PREVALENCE BY REGION AND WEALTH QUINTILE (IN PERCENTAGE)

	Contraception Prevalence				Modern Method Used			
	Baseline	Low-impact scenario	Mid-impact scenario	High-impact scenario	Low-impact scenario	Mid-impact scenario	High-impact scenario	Low-impact scenario
North	58.1	55.42	52.86	51.16	55.8	53.38	50.89	49.31
Central	52.6	49.29	46.62	45.52	46.2	42.52	40.37	39.46
South	50.9	48.43	45.74	44.23	45.0	42.88	40.48	39.18
Poorest	43.4	41.29	39.09	37.58	41.53	39.38	37.6	36.65
Poor	53.4	50.77	47.8	46.45	49.2	47.25	44.82	43.84
Middle	57	53.72	51.74	49.91	53.33	50.39	47.58	46.08
Rich	59.9	57.03	53.87	52.54	54.49	51.58	48.88	47.86
Richest	55.3	51.75	48.95	48.07	45.36	41.59	39.78	38.28
Total	54.1	51.11	48.47	47.1	49.1	46.1	43.79	42.6

Source: Microsimulation analysis using LSIS II

PNC uptake

TABLE 3: PNC UPTAKE BY REGION AND WEALTH QUINTILE (IN PERCENTAGE)

	Baseline	Scenario 1	Scenario 2	Scenario 3
North	40.35	37.13	35.54	33.99
Central	54.3	51.47	48.81	46.24
South	43.52	41.83	39.27	36.6
Poorest	18.76	17.63	16.79	16.54
Poor	30.62	28.76	27.27	27.05
Middle	54.46	51.73	49.16	45.26
Rich	68.71	64.8	60.77	58.34
Richer	82.71	77.71	74.36	68.43
Total	47.41	44.69	42.41	40.15

Source: Microsimulation analysis using LSIS II

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