Terms of Reference

Endline Evaluation for the Improved Access to Health Services for Women, Infants and Young Children (WASHIC) Project in Saravan and Oudomxay provinces.

August 2026

Plan International Laos invites proposals from qualified local consultants or firms to design and conduct the endline survey and final evaluation of the Improved Access to Health Services for Women, Infants and Young Children (WASHIC) Project. The assignment will include methodology design, data collection, data analysis, and report writing, covering project areas in Samoui District, Saravan Province, and Houn District, Oudomxay Province.

1. Introduction

Working in over 50 developing countries globally, Plan International strives for a just world that advances children's rights and equality for girls. Plan International has been working in Laos since 2007, and together with local partners, is delivering programs in 10 provinces in Laos, including Bokeo, Oudomxay, Luang Prabang, Vientiane and Saravan Provinces. We support children and youth to access their rights through our Public Health, Education, Livelihoods, Adolescent and Youth Economic Empowerment programmes. In all contexts, together with partners, we strive for lasting impact in norms, attitudes and behaviors, social and economic safety nets, and policy frameworks. Our work includes community-based action, partner strengthening, and policy advocacy, all focused on gender transformative programming. Visit www.plan-international.org for more information.

2. Background of the project

The Improved Access to Health Service for Women Infants and Young Children (WASHIC) project, funded by BMZ and Plan International Germany, began in 2023 and is scheduled to end in December 2026. The project is implemented through partnerships with two local civil society organizations, the Promotion of Family Health Association (PFHA) and Community Health and Inclusion Association (CHIAs), with technical oversight from Plan International Laos (PIL).

The project involves working with multi-sectoral municipal and district level government agencies, led by the Provincial Health Departments, to strengthen and support their capacity to monitor, plan and respond to community needs and demands for improved health and sanitation services, and to support achievement of the National Nutrition Strategy and Action Plan and Rural WASH Strategy.

The project has combined demand-side and supply-side interventions. On the demand-side, scaling up of social and behaviour change communication directed at mothers, fathers, child caregivers, as well as influential family members (grandmothers, husbands), focusing on appropriate infant and young child feeding practices and improving sanitation and hygiene practices at both the household and community level. Some villages are supported with access to both borehole and gravity fed water systems.

On the supply side, improve health and nutrition services delivered by frontline health workers to deliver quality, respectful and friendly service, particularly in strengthening the skills and confidence among health workers in providing nutrition and growth promotion counselling. Also, on the supply side, health facilities have been provided with clean and convenient water access to enable improved hygiene and sanitation behaviours.

The overall objective of the project is to improve the status of reproductive health and reduce maternal, newborn and child mortality and morbidity, including malnutrition, in Lao PDR in line with the RMNCH Strategy 2016-2025.

The project has three interrelated objectives as below:

Objective 1: Strengthening of health services for delivery of quality MNCH, nutrition and WASH services.

- Sub-goal 1.1 Health centre staff are trained and supervised to provide quality integrated maternal and child health services.
- Sub-goal 1.2 Health facilities are equipped with the necessary equipment and WASH infrastructure

Objective 2: Communities adopt practices that are essential for good WASH, MNCH and nutrition

- Sub-goal 2.1 Support target communities to sustain ODF with integrated MNCH, nutrition, gender and inclusion.
- Sub-goal 2.2 Change harmful gender norms affecting MNCH and WASH in target communities and health facilities.
- Sub-goal 2.3 Improve access to WASH facilities for target communities (community water systems)

Objective 3: Improve aid effectiveness by aligning relevant partners' support to the government upon implementation of the strategy and action plan with coordination through the national RMNCAH Committee and Technical Working Group (TWG) meetings

- Sub-goal 3.1 CSOs support sub-national forums for planning and review of national strategy relevant to WASH, MNCH and nutrition
- Sub-goal 3.2 CSO partner staff have improved understanding on financial and risk management systems and work processes for effective delivery of public health and nutrition development projects.

This project has a 2023 baseline study and a 2025 mid-term review, which determined values for each indicator in the project logframe (see Annex 2).

3. Objective of the Evaluation

The main objective of the Endline Evaluation is to gain a meaningful understanding of the project's results and impact on project beneficiaries, target groups and stakeholders in the two target districts: Houn District in Oudomxay Province and Samoui District in Saravan Province. The company or consultant(s) will collect and analyze data to measure the final results of the indicators identified in the project results framework at the overall objective, outcome and output levels.

The evaluation study findings will be shared with the following stakeholders:

- Plan International Laos, Project management staff, project teams, country office leadership;
- Project M&E staff;
- Project participants, key local government offices, and relevant line ministries;
- Plan International Germany; and
- The donor: BMZ.

The above stakeholders will use the endline study report to:

- Compare endline indicator values with baseline & midline values and identify achievements and variances against targets;
- Demonstrate accountability to project participants, donors, and other stakeholders;
- Communicate learnings and achievements to project stakeholders, donors, and other stakeholders
- To inform the decision-making around course corrections.

The Endline Evaluation will also generate credible evidence on the project's achievements against the OECD evaluation criteria, while measuring endline progress against the project's log-frame indicators and expected results. The study will focus in particular on the key questions listed below, which are based on the OECD DAC criteria:

Effectiveness

Assess the extent to which the project stated objectives have been achieved or are likely to be attained by the project end:

a) What changes have been achieved comparing baseline versus (vs) endline values /achievement vs target?

b) To what extent has the target group been reached?

c) What were the main factors influencing the achievement or non-achievement of objectives?

d) Were any unplanned results observed, and how did they affect the project in positive or negative ways?

e) Were the project activities adequate to realise the project objectives?

f) Was the monitoring system implemented appropriate to gather timely relevant information on goal achievement?

Efficiency

Assess the overall project performance, the results in relation to the input, financial management and the implementation time.

a) Was the project design well aligned with the local health strategy?

b) To what extent have project resources been used economically?

c) Is the relation between input of resources and results achieved appropriate and justifiable?

d) What is the cost-benefit relation?

e) Were the results achieved within the time and budget?

f) Was the project, including its finances, activities and monitoring managed efficiently?

Impact

Assess the effects of the project on the general situation of the target group and stakeholders, measuring both positive and negative impacts.

a) How has the project benefitted the need of the target group?

b) To what extent does the project contribute towards increased food security in the target communities?

c) Is there any impact on neighbouring communities or other people in the district that have not been directly addressed by the project?

d) How is the project contributing to an increase in awareness of climate change, its impact and ways to mitigate it or adapt to it?

e) What are the learnings of the villagers in relation to the project intervention?

Sustainability

Assess the extent to which benefits from the project will continue after the donor support has come to an end.

a) Have the partner organisations and target groups embraced the vision and aims promoted by the project? Can they continue the project independently? Do they have their own problem-solving strategies?

b) To what extent does the project intervention consider factors influencing sustainability, such as government support, appropriate technology, socio-cultural aspects, and institutional and management capacity building?

c) How much can the target communities and other key stakeholders (i.e., district Government) continue the activities implemented by the project?

Relevance

Assess the extent to which the project is justified and appropriate in relation to the needs and situation of the beneficiaries.

a) How well is the project integrated into the local context?

b) Would another project design or strategy have better addressed the needs and priorities of the target group and/or the objectives of the project? If yes, why and how?

c) How well the project stakeholders/prospective project participants were involved or consulted in the design of the project.?

Coherence

a) Has the project aligned with current relevant Government Policies, Strategies and Action Plans? If so, which ones and how?

b) Has the project worked with other organisations and/or projects working in the same area or topic? If so, how well?

Gender Equality Safeguarding and Inclusion

a) To what extent and how successfully did the project apply gender-sensitive and inclusive approaches?

b) How explicitly did the project aim for results that strengthen gender equality?

c) Were there effective measures to protect project participants, particularly children, young people and marginalized groups?

4. Scope of the Consultancy

The consultant or consultancy team will be responsible for the following tasks:

- Literature/document review of relevant project documents (project document, log-frame, M&E framework, baseline study, mid-term review, annual progress reports and other relevant research/publications;
- Develop and verify the evaluation methodology, including the data collection methods, review and revision of tools and sampling used during baseline and mid-term;
- Develop an evaluation matrix covering all evaluation questions and project indicators to be assessed
- Test the data collection methods and tools;
- Design interview questionnaires and surveys for key target groups/beneficiaries: (1) Village CLTS Committees; (2) Health Centre staff: (3) Provincial and district health office staff;

- Outline the Endline Evaluation design in a succinct inception report, including but not limited to: instructions for data collection, data entry, data cleansing, data processing, data quality assurance and data analysis;
- Conduct training for enumerators (Plan, CHIAs, PFHA and government staff) and supervise the data collection, including travel to and within the 2 project target areas;
- Review and analyze data, including statistical analysis of survey results;
- Consolidate, clean and deliver all data in a specific format (e.g. Excel, SPSS);
- Draft the report in English, including analysis of the project results and impact on beneficiaries, target groups and stakeholders;
- Facilitate an online workshop to present the initial key findings to the project team and partners;
- Finalize the report based on feedback from project partners;
- Produce summary presentations of the findings in English and Lao languages.

5. Methodology

A mixed-methods, cross-sectional design incorporating both quantitative and qualitative approaches is recommended for this project endline and final evaluation. To enable comparison with baseline and mid-term survey results, it is proposed that the same sample size is used for the household survey:

District Name	No. of HH	No. of Children U5	No. of Children U2	No. of women (15-49 years old)
Samoui (10 Communities)	246	313	172	390
Houn (5 Communities)	143	186	110	224
Total 15 Communities	**389**	**499**	**282**	**614**

Key respondents	Data collection method	Quantity (minimum)	Remarks
Health Centre staff	KII	8	7 HCs & 1 district hospital
Household Survey	KII	389 HH	HHs with CU2; CU5 & people aged 15-45 years old
Parents/caregivers with children under-five (male and female groups) and Village CLTS Committees	FGD	45	Diverse group participants (3 FDG per village)
District Health Officers	KII	8	4 in Oudomxay province & 4 in Saravan provinces

Anthropometric measurements should be taken from children under 5 (CU5) to determine the incidence of stunting, wasting and underweight. The weight and height of mothers of CU5 should also be measured to calculate their body mass index (BMI).

In Saravan, all 7 health centres and the Samoui district hospital should be included in the survey.

Target households should be randomly selected in proportion to the number of households in the target villages. The study methodology should combine quantitative and qualitative approaches and include villagers, village administration and CLTS committee members, people with disabilities (PWDs), project staff, DHO staff and trainers, CSO staff, and DHO directors.

Approximately 12 enumerators are available to support data collection, being Plan, CHIAs and PFHA project staff, as well as members of the District CLTS Team involved in implementation throughout the life of the project.

Use of Artificial Intelligence (AI) Tools

PI recognizes the potential of Artificial Intelligence (AI) to advance children's rights and gender equality. We are committed to harnessing AI technologies to strengthen our programmes, advocacy, research, and operations while ensuring that their use remains ethical, transparent, responsible, inclusive, and aligned with the **principle of Do No Harm**.

As part of its commitment to safeguarding data, maintaining research integrity, and ensuring the quality of deliverables, PI requires all consultants and service providers to comply with the organization's Acceptable Use Policy on AI. The consultant is therefore required to clearly disclose, demonstrate, and commit to the following as part of their proposal:

- **Transparency in AI Use:** Clearly disclose whether AI tools will be used at any stage of the assessment process, including data collection, transcription, translation, analysis, report writing, or presentation development.
- **Risk Management and Compliance:** Demonstrate appropriate cybersecurity measures and compliance with relevant legal, regulatory, and professional standards governing the use of AI and data management.
- **AI Ethics and Governance:** Confirm the existence of organizational policies, procedures, or guidelines governing the ethical use of AI.
- **Documentation and Licensing:** Confirm that all AI tools are appropriately licensed and used in accordance with applicable terms of service and intellectual property requirements.
- **Human Oversight and Quality Assurance:** Ensure that all AI-assisted outputs are subject to meaningful human review, validation, and quality assurance before submission to Plan International.
- **Data Protection and Confidentiality:** Personal, confidential, sensitive, or proprietary information relating to Plan International, its partners, staff, programme participants, or stakeholders shall not be entered into any AI system without the prior written authorization of Plan International.

6. Ethics and Safeguarding

Plan International is committed to ensuring that the rights of those participating in data collection or analysis are respected and protected, in accordance with Ethical MERL Framework and our Child and Youth Safeguarding Policy. All applicants should include details in their proposal on how they will ensure ethics and child protection in the data collection process. Specifically, the consultant(s) shall explain how appropriate, safe, non-discriminatory participation of all stakeholders will be ensured and how special attention will be paid to the needs of children and other vulnerable groups. The consultant(s) shall also explain how confidentiality and anonymity of participants will be guaranteed.

The data collection process must take account gender and disability inclusion, child protection, safeguarding and ethical standards. This includes informed consent, appropriate survey length, questions and survey methods that take a 'do no harm' approach, capturing the voices of the most marginalized, avoiding the raising of expectations during the survey, and applying gender and inclusion considerations for both interviewers and interviewees.

7. Deliverables

The following table sets out the deliverables to be provided by the consultants:

- Full methodology design (Inception Report)
- Full set of Endline and Evaluation data collection tools and revisions as needed (e.g. following field testing)
- Transfer data collection tools (English and Lao) into ODK/Kobo Toolbox format (and revisions as needed)
- Delivery of Enumerator Training (Lao) and summary report on training of enumerators (English)
- WASH and health analysis of data including meetings with Plan Laos WASH team and local consultant as needed.
- Soft copies of final versions of all data collection tools in English and Lao (the final survey forms deployed, in excel or word format)
- Debriefing with Plan Laos, CHIAs and PFHA
- Final, clean tabulated dataset in Excel
- Debrief meeting (either online or in the Plan Vientiane Office)
- Full raw dataset and cleaned dataset and data analysis.
- Endline and evaluation report with completed M&E project results framework (max. 55 pages).
- Executive Summary of the main findings of the evaluation in English (max. 4 pages)
- English and Lao language power-point summaries of the endline evaluation (approximately 15-20 slides)

8. Time frame (estimates)

Activity	Deliverables	Estimate Timeframe	Estimate	Individual Involve
Consultative meeting – understanding of ToR and reporting requirements.	NA	Late Sept	1 day	Plan and consultant/s
Develop data collection tools and Inception Report (IR) which including methodology design (including incorporating feedback). This required to use PIL template.	Inception Report and data collection tools	Early Oct	3 days	Consultant/s
Review IR and data collection tools and develop/revise as needed (including incorporating feedback)	Full set of data collection tools	Mid Oct	1 days	Plan, CHIAs, PFHA Consultant/s
Data collection Trainings, field testing, data collection including travelling	Data collection tool, enumerator training material	Late Oct	12 days	Consultant/s, Plan, CHIAs, PFHA

Data analysis and report writing draft	Full dataset, cleaned and syntax/tabulation sheet	Early Nov	5 days	Consultant/s
Debrief endline key finding presentation to project team	Key finding PowerPoint presentation.	Early Nov	1 day	Consultant/s
Final study report and submission of data and analysis file.	Endline report with completed M&E project results framework and data set.	Late Nov	3 days	Consultant/s
		TOTAL	**26 days**	

9. Qualifications and competencies

- Demonstrated previous experience in data management and data analysis for health or WASH sector surveys including baseline, endline and technical impact evaluation.
- Demonstrated previous experience in programming for digital data collection.
- Demonstrated experience in data analysis for development programs.
- Preferable to be highly proficient in written and spoken Lao and English (translation needs should be provided for in the application and budget.)
- Experience in MNCH, nutrition and WASH development interventions is desirable.
- Experience in gender equality and socially inclusive surveys desirable.
- Strong ability to work collaboratively in a team, including good communication skills, openness, flexibility, reliability and responsiveness.

Other requirements and expectations

This evaluation must consider and abide by Plan International's Policies and Standards. This means, for example, ensuring that principles of gender equality, inclusion and non-discrimination are considered and acted upon throughout. Furthermore, the assessment is required to be conducted in-line with Plan International's Safeguarding and Child Protection Policy and internal guidelines on Child Protection and ethical standards in Monitoring, Evaluation and Research. These will be provided to the Consultants and must be signed before commencement of the Consultancy.

The consultant is also expected to lead and work collaboratively in a team demonstrating good communication skills, openness, flexibility, reliability and responsiveness.

No international travel is required for this consultancy. Any expenses incurred by an international consultant for this TOR and contract must be covered by the international consultant.

10. Application Procedure

Interested companies/consultants should apply by **21 September 2026** to laos.procurement@plan-international.org cc. Bounyang.Latsamy@plan-international.org & Somkhith.Vilasak@plan-international.org Any questions regarding this ToR can be sent to Bounyang.Latsamy@plan-international.org Application documents must include:

a. Covering letter detailing suitability for the consultancy, with specific reference to the qualifications and competencies listed above

b. Outline of the proposed methodology you would use for the evaluation, no more than 5 pages, including proposed plan for enumerator training, piloting, data collection, data entry, data analysis.
c. Detailed budget:
    - Including role, number of days and net daily fee rates for each team member
    - Food and accommodation costs for enumerator supervisors during field data collection
d. Proposed timeline and confirmation of your ability to work in the dates provided and meet the required deadlines.
e. Full detailed CVs of the main endline evaluation team members.

All applications received after the time of the deadline will not be accepted without exception and only shortlisted applicants will be contacted. Shortlisted applicants may be requested to participate in an in-person or online interview process.

Remark: Any non-Lao national member of the consultant team will need to have a valid working visa and supporting documents such as work permit and expert ID. The budget must also be inclusive of any taxes including VAT

Please note that other field costs for the endline evaluation transport, including daily allowances and accommodation for enumerators, venue for enumerator workshops, transport for the evaluation team, will be the responsibility of the Plan Project Team.

11. Annex 1: List of project activities

Objective 1: Strengthening of health services for delivery of quality Maternal and Newborn Child Health **MNCH, nutrition and WASH services.**

- Sub-goal 1.1 Health center staff are trained and supervised to provide quality integrated maternal and child health services.

    - Act 1.1.1 PFHA-Clinical in-service trainings health centres and District Hospital staffs. Samoui district;
    - Act 1.1.2 PFHA-Peuan Tae (True Friend) training/workshop for health centre and district health staffs in Samoui district;
    - Act 1.1.3 PFHA-Supportive supervision visits undertaken by district health staffs to all health centres on regular basis;
    - Act 1.1.4 PFHA-workshop on MNCH amongst health centres and districts level in the same province. Saravan province;
    - Act 1.1.5 PFHA-Health centres and district health's outreach to communities in Samoui district;

- Sub-goal 1.2 Health facilities are equipped with the necessary equipment and WASH infrastructure
    - Act 1.2.1 PFHA-Essential Medical Equipment and Health Service Needs Assessment;
    - A1.2.2 PFHA-Survey, design for Improved/renovation of latrine, handwashing facilities and water system;
    - Act 1.2.3 PFHA-Monitoring the water system and renovate sanitation, handwashing facility and renovation water system in target health centre;
    - Act 1.2.4 PFHA-Training on operation and maintenance water system in health centres;

Objective 2: Communities adopt practices that are essential for good WASH, MNCH and nutrition

- Sub-goal 2.1 Support target communities to sustain ODF with integrated MNCH, nutrition, gender and inclusion.
    - Act 2.1.1 Plan-Improve training manual on post open defecation free (Post-ODF) session by integrated WASH and MNCHN, training manual;
    - Act 2.1.2 CHIAS-Training on post Open Defecation Free session with integrated WASH, MCHN, gender and inclusion to district team. Samoui and Houn district;
    - Act 2.1.3 CHIAS-Post ODF session in target communities, Samoui;
    - Act 2.1.4 CHIAS-Post ODF session Train to Village volunteers, Samoui, Saravan province;
    - Act 2.1.5 CHIAS-Post ODF and WASH, MNCHN Train to Village volunteers for HOUN district, Oudomxay province;
    - Act 2.1.6 CHIAS-Refresher /Training /workshop on CLTS include post ODF. (agenda include CLTS and using SBSS package). Houn district;
    - Act 2.1.7 CHIAS-CLTS include post ODF session at communities in Houn district;

- Sub-goal 2.2 Change harmful gender norms affecting MNCH and WASH in target communities and health facilities.
    - Act 2.2.1 CHIAS-Training /refresher training on Gender WASH monitoring tools to district team. Samoui, Saravan province;
    - Act 2.2.2 CHIAS- Training /refresher training on GWMT (Gender WASH monitoring tools) to district team. Houn, Oudomxay;

- Act 2.2.3 CHIAS-Gender and WASH monitoring tool session at target communities, Samoui, Saravan;
- Act 2.2.4 CHIAS-Gender and WASH monitoring tool session at target communities, Houn, Oudomxay;
- Act 2.2.5 CHIAS-District team train on how gender roles impact WASH and MCHN outcomes and how to encourage improvement at community levels. Houn and Samoui;
- Act 2.2.6 PFHA- HC staffs and district team train on how gender roles impact MCHN and WASH outcomes and how to encourage improvement at community levels. Samoui district;
- Act 2.2.7 Plan- Training/refresher training to CSO on GESI;

- Sub-goal 2.3 Improve access to WASH facilities for target communities
  - Act 2.3.1 CHIAS-survey and design Communities water system/borehole rehabilitation for target communities. Include monitoring constructions, handover and training on operation and maintenance. Samoui and Houn;
  - Act 2.3.2 CHIAS-Engineer expert for support improve water CWS/borehole;

Objective 3: Improve aid effectiveness by aligning relevant partners' support to the government upon implementation of the strategy and action plan with coordination through the national RMNCAH Committee and Technical Working Group (TWG) meetings

- Sub-goal 3.1 CSOs support sub-national forums for planning and review of national strategy relevant to WASH, MNCH and nutrition
  - Act 3.1.1 PFHA-Training/workshop to Health staffs on how to record and report MCHN and measure anthropography, basic analyse and planning for surveillance. Samoui, saravan;
  - Act 3.1.2 PFHA-Health sector meeting on MNCH and Nutrition, ODF and post ODF meetings at district/provincial level. Samoui, Saravan province;
  - Act 3.1.3 CHIAS-Health sector meeting on MNCH and Nutrition, ODF and after ODF meetings at district/provincial level. Houn district, Oudomxay;
  - Act 3.1.4 CHIAS-National meetings on ODF road map post ODF strategic planning;
- Sub-goal 3.2 CSO partner staff have improved understanding on financial and risk management systems and work processes for effective delivery of public health and nutrition development projects.
  - Act 3.2.1 Plan-Coordination and Planning Meeting between Plan and CSOs (including grant finance compliance);
  - Act 3.2.2 PFHA-Government coordination meeting costs-annual, bi-annual, quarterly meeting, MoU related meeting, Samoui, Saravan;
  - Act 3.2.3 CHIAS-Government coordination meeting costs-annual, bi-annual, quarterly meeting, MoU related meeting, Houn (Oudomxay) and Samoui (Saravan);
  - Act 3.2.4 Plan-Advocacy activities by the SUN CSA secretariat (event/workshop for SUN CSA members);

12. Annex 2: Project Results Framework (The last updated up to June 2026)

Overall objective:
To improve the status of reproductive health and reduce maternal, newborn and child mortality and morbidity, including malnutrition, in Lao PDR. (RMNCH Strategy 2016-2025).

Project objective	**Indicators (specify quantity where applicable)**		
	Initial situation (quantitative and qualitative)	Target situation (objective) (quantitative and qualitative)	Situation achieved (quantitative and qualitative), including explanations of deviations, where applicable ***Updated to June 2026***
1. Mothers, newborns and children in the target communities in Houn and Samoui have improved access and use of adequate health services, nutrition programmes, sanitation facilities and drinking water supply.	50 % of pregnant women (3,652 women aged 15-49 in the target communities) receiving a high-quality ANC service at least four times according to national standards.	20% increase in the number of pregnant women receiving quality ANC services at least four times.	In June 2026, an increase of 18% (659) out of 3,652 pregnant women receiving quality ANC services at least four times- Not achieved During the last 6 months' period, the special attention will be given to this indicator to increase the number of women attending ANC at least 4 times.
	64 % of pregnant women (3,652 women aged 15-49 in the target communities) giving birth with skilled birth attendant (SBA).	20% increase in the number of pregnant women (3,652 women aged 15-49 in the target communities) delivering with SBA.	Up to June 2026, An increase of 18% (659) of 3,652 pregnant women delivering with SBA- Not achieved During the last 6 months' period, the s special attention will be given to this indicator and to increase the number of women interviewed who were delivering with SBA.

	81 % of 134 pregnant women (3,652 women aged 15-49 in the target communities), (and their partners) who say they are satisfied with the friendly service they receive at health facilities.	20% more pregnant women (3,652 women aged 15-49 in the target communities) (and partners) reporting satisfaction with friendly service at health facilities.	During the period (Jan-June 2026), 194 pregnant women interviewed and 100% of 194 pregnant women reporting sati sfaction with a friendly service at health facilities Achieved
	12% of 2,880 people in the target communities reported washing their hands with soap at key times. Baseline 2023.	At least 50% of 6713 people in the target communities reported washing their hands with soap at critical times.	During the period (Jan-June 2026), a total 6,713 people in target communities were monitored. 77.4% (5,200) out of 6,713 people reported with washing their hands with soap at critical times Overachieved
	39% of 495 households in target communities can be shown to use at least basic sanitation and hygiene facilities. Baseline 2023	80% of 1,052 households in the target communities have been shown to use at least basic sanitation and hygiene facilities.	Up to June 2026, 1,052 households in target communities were monitored 78% (841) out of 1,052 households have been shown to use at least basic sanitation and hygiene facilities Almost achieved It should be noted that reducing dry pit-latrines in communities showed good results as was reflected from the CLTS sessions. The project aimed to increase the number of the pour-flush toilets based on the MoH sanitary guideline and to reduce the number of shared toilet households and the pit-latrines.
	59 % of 495 households in the target communities consume water from a protected or treated	80% of 1052 households in the target communities consume water from a protected or treated water source	During the period (Jan-June 2026), 1,052 households in 60 villages monitored. 100% of 1,052 households in 60 target communities interviewed reported consuming water from

	water source. Baseline 2023.	that is resilient to climate change.	a protected or treated water source that is resilient to climate change-Overachieved. This was able to maintain 100% to date. Overachieved
Sub-objectives	**Indicators (specify quantity where applicable)**		
	Initial situation (quantitative and qualitative)	Target situation (objective) (quantitative and qualitative)	Situation achieved (quantitative and qualitative), including explanations of deviations, where applicable ***Updated to June 2026***
1.1 Health centre staff are trained and supervised to deliver high-quality integrated mother and child health services	0 Health department and health centre staff have received MNCH training in the last 12 months and can apply their services during monitoring visits as successful according to Plan's 'True Friend' methodology (at least 75%).	10 PHD and DHO staff, 20 health facility staff trained in EENC, EmOC, Peuan Tae - True Friend Service Delivery, Nutritional Counselling, Reproductive Health and Adolescent Friendly Health Services and their services during subsequent regular monitoring visits considered successful according to Plan's 'True Friend' methodology (at least 75%).	During the period (Jan-June 2026), 14 health officers (10 female) received refresher training on the EENC, EmOC, Peuan Tae - True Friend Service Delivery, Nutritional Counselling 14 staff passed the test and the average score improved from 35%-65% to 76%-89%. 100-% compared to the 75%. Achieved
1.2 Health Care Facilities are equipped with essential equipment and WASH infrastructure	7 Health Centres that meet or partially meet, on average with 21%, the targets of the 6 areas of WASH FIT[1]: Water, Sanitation, Medical Waste, Hand Hygiene, Environment and Cleanliness.	All 7 health centres met the targets with a score of over 69% for the 6 WASH-FIT areas of water, sanitation, medical waste, hand hygiene, environment a nd cleanliness.	During the period (Jan-June2026), 8 health facilities visited to conduct the WASH-FIT assessment based on the 6 areas as below was conducted: 1. Functioning water system (75%); 2. Active sanitary facilities (75%); 3. Waste management (75%); 4. Hand-hygienic facilities (75%); 5. Environmental management (75%); 6. Administration system (75%) The results showed 8 target health facilities visited reached 69% (70%-88%) that

			showed achievement against the above 6 WASH-FIT areas
1.3 Target communities have achieved ODF status and/or exemplary sanitation village status.	85 % of 70 target communities verified as ODF and/or model sanitation villages.	At least 95% of the 70 target communities achieve ODF status or model sanitation village status.	Up to June 2026, 100% of the 60 target communities in Samoui district could be maintained the ODF status However, the results of the 4-star monitoring showed 31.6% (19) out of 60 target villages in Samoui district fully achieved 100% sanitation criteria. **19 target villages including:** Ho, Phin-B, Talor-tai, Kaleng, Kilinoi, Kiliyai, Awaikao, Lavanoi, Asingsomboun, Meokao, Thiengtandee, Thiengasao, Thetsaban-1, Thetsaban-2, Thetsaban-3, Asao, Teup-neua, Lalai-angkong, Thieng asoi. During the last 6 months' period, special attention to mobilize and promote the sanitary and hygiene practice through CLTS and SBCC session at the communities.
1.4 There is a positive change in gender norms affecting MNCH and WASH	11 Municipalities rated as "not meeting expectations" in one of the 4 dimensions of the Gender WASH Monitoring Tool (GWMT) at the beginning of the project activity. **Indicator 1:** Share of WASH workload in households: 64% of villages met expectations, while 36% did not. **Indicator 2:** Participation in community WASH activities: 82%	In 11 municipalities, the 4 dimensions of the GWMT assessment were rated 'in line with expectations.	This activity was planned in Q4 (October 2026). The progresses and updates in 2026 will be reported in the next period. *[In 2025, the GWMT assessment was conducted in the 11 target municipalities, the progresses were reported as below:* ***Indicator 1:** Level of shared WASH workload in the households in 11 municipalities.* *100% of 11 municipalities monitored met expectation – Achieved*

	of villages met expectations, and 18% did not. **Indicator3:** Women's leadership in WASH: 100% of villages did not meet expectations. **Indicator 4:** Shared decision-making at the household level: 18% of villages met expectations, and 82% did not.		*The progressive update of 50% met expectations in 2024 increased to 100% met expectations.* *in 2025), indicating stronger sharing of responsibilities within households* ***Indicator 2:*** *Level of participation in WASH activities in 11 municipalities.* *91% of 11 municipalities monitored met expectation – Mostly achieved* ***Indicator 3:*** *Level of women's leadership in the community around WASH in 11 municipalities.* *100% of 11 municipalities monitored met expectation – Achieved* *At least 1-2 woman included in 11 village development committee members.* *The progressive update of 100% met expectation in 2024 and this was able to maintain 100% in 2025.* *100% of women's leadership in communities proved by at least 1-2 female members of the village development committees in 11 communities.* ***Indicator 4:*** *Level of shared decision-making at the household level in 11 municipalities.* *73% of 11 communities monitored met expectation – Mostly achieved].*
1.5 CSO staff (e.g. CHiAS und PFHA,	0 Subnational meetings are held as	Sub-national forums are held every six months at	This activity was not planned in this period. Progresses and

SUN CSA Network) are involved in sub-national forums to plan and review the national strategy for WASH, MNCH and nutrition.	an add-on to other meetings because the budget is limited. The newer members of the nutrition committees are not familiar with their tasks and functions. There is no monitoring of the committees' activities at the community level.	the district and provincial levels, attended by representatives of civil society organisations and communities (e.g. CHiAS and PFHA, SUN CSA Network) and communities (e.g. mayors, village or water committee leaders and/or other village leaders).	updated will be reported in the next period.
	8 health staff of Health centres that lack of capacity to report data on DHIS2 (no or inaccurate data being stored in DHIS2). Support needed to compile and analyse data.	At least 2 staff from each health centre, 5 from the district and 5 from the province will be trained and supported to enter accurate and timel y data into DHIS2 for monitoring and analysis.	This activity was completed; the below results of the activity will prove the achievement of the activity through the whole project. *[In 2025, 21 officers (11 female) received a training to enter accurate and timely data into DHIS2* - *2 Provincial Health Department Officers* - *3 District Health Officers* - *2 District Hospital Officers* - *14 Health Centre Officers*
1.6 Partner organisation staff have a better understanding of financial and risk management systems and workflows for effective implementation of public health and nutrition development projects.	Newly recruited staff: have limited knowledge of programme planning, finance and compliance, monitorin g and reporting (to be verified through training tests).	All members of the CSO project teams (about 15 people) pass the training exams and report increased confidence in the end-of-project competency tests covering all areas of capacity building offered.	This activity was completed; the below results of the activity will prove the achievement of the activity through the whole project. *[In 2025: 17 CSO staff (9 female) including project direct staff and operation staff received technical training on programme planning, finance and compliance, monitoring, data tracker and reporting - Achieved* *Other relevant technical training provided for CSO staff:* *11 CSO staff with 8 females (7 CHIAs with 4 female and 4 PFHA with 4 female received training on Gender Equality and Sexual Inclusion (GESI).* *2 CSO staff (1 female) received M&E and Data tracker training]*