

FDG Reporting Template

Consultation with

Children and Young People on the Move

Name of the country	Lao P.D.R.
Date	16-19 May 2017
The place of the consultation	Green earth centre, Laongam district, Salavan province Sapha Coffee, Pakse District, Champasack Province
Number of participants	27 pp/19 female and 8 male
Age group	16-23 years old
How many boys and girls	10 girls and 3 boys
Names of the facilitator and note takers	Keomany, Chansamone, Sayfon and Modtalin
Background of children and young people (<i>select the background of the children and young people who participated in the consultation</i>)	<ul style="list-style-type: none"> - Child victims of trafficking (deported, etc.) from another country (4 girls). - Children who were left behind due to labor migration of their parents (3 girl, 3 boys and 2 young boys) - Child migrants: 5 girls, 7 young women (19-23 years), 3 boys

Themes of the Focus Group Discussion (<i>Select the themes you discussed in the Focus Group Discussion</i>)
Non-Discrimination
<ul style="list-style-type: none"> • All children and young people who participated were from poor families. • The participants had a very similar socio-economic background. • Most members of the community they lived in are migrants. Therefore they all built on the same experience and discrimination is less likely. • Women who returned are less respected by the community and it is difficult for them to marry and re-integrate. • All children (boys and girls) have the possibility to attend school. There is no difference in drop-

out rate between boys and girls. Drop-out depends more on the individual family background (e.g. number of children in the family, age of siblings,...).

- Children who were left behind tend to continue their education, as parents send money back. Migrant children however are often not able to continue their education. Once they drop out it is very unlikely that they ever go back to school.
- In general, children who are left behind tend to reach a higher level of education than migrant children.
- Children from ethnic minorities, in this case Lao Lum and Suay, are not discriminated and have the same opportunities to participate in activities as the other children. They choose according to their interest and talents.
- Young boys are less interested in and therefore attend activities less often than girls.
- Poor children often receive less attention in school, health services and protection than children from more advantaged families (eg. business men, village head,...)
- Disabled children don't attend school. Schools are not equipped to support disabled children.

Access to services (shelter, education and health)

Education:

- All children, except disabled children, attend school.
- Primary education (grade 1-3) is available to all children. Due to financial and family reasons some children drop-out during second grade. As school education is just available for younger children, older children tend to no return to school as they feel embarrassed. The primary schools' equipment and facilities are in dire condition and teaching resources are very basic.
- The ratio of teacher to children is poor. There are only 1 or 2 teachers per school, which means 1/2 teachers per 100 children. The quality of education is consequently very low. Even if children attended school, they are not able to read and write when they leave school.
- There are no non-formal education schools in the villages or located nearby. Not even at district level.
- There are a few secondary schools and even less high schools in the district. The further away the schools are, the less likely that children attend those schools. The costs for transportation are just too high, same applies for school materials. Costs increase as education becomes more advanced. There are additional costs for every co-curricular activity.

Health:

- Most families simply buy medicine from the local pharmacies for their children. Some visit the local clinic and if conditions are serious they might seek help at the district hospital.
- The further away the respective village is from the clinic or district hospital the less likely children receive treatment.
- Often transportation costs to access health care are too high. Road conditions also prevent children/their families from going visiting the clinic/hospital. This especially applies during rainy season. In order to take their children to the hospital, parents need rather big amounts of cash money, which often is not available to them. If they can't pay up front, they don't receive treatment. Hospital stays that exceed more than a day are very costly and therefore poor families can't afford this kind of treatment.
- Some services for smaller children, like vaccination, are financed by the health department. Those services are very limited though and just available for very small children.
- Doctors and nurses are usually not well educated and/or experienced; therefore the quality of treatment is low. There is no knowledge regarding mental health problems.
- Services for persons affected by mental health problems (eg. addiction) are simply not available. They tend to seek support from spiritual leader/healers.
- To cure illnesses related to reproductive health girls usually use traditional medicine or get medicine from pharmacies or the clinic without receiving treatment or advice. Boys often do not seek treatment for reproductive health issues at all. They are too ashamed to seek professional help but rather talk to a salesperson at the pharmacy.

Shelter

Neighboring countries:

- Only children who have been identified as being trafficked have access to shelter. Even if children are identified, they are often not sent to a shelter; less than one out of three are transferred. Most arrested migrant children are just kept at the respective police station. They are treated the

same as illegal adult migrants.

Laos:

- Due to a lack of financial funding there is a lack of shelter homes for migrant children. Consequently just a very small number of migrant children have access to a shelter.
- The government currently operates two shelters with very limited services. The system of approval is very complex and it takes up a lot of time.
- Shelters run by international organizations are easier to access, offer more services and are closer to the boarder. Therefore the number of children at those shelters is higher than at government shelters.
- Currently there are only three shelters that offer long term services and vocational training. All are run by non-governmental organizations.
- Certain areas, for example the north of Lao, lack any services at all.

Shelter/detention/children's home

Detention and shelter:

Neighboring countries:

- As mentioned above, migrant children are kept at police stations for up to 4-12 days. There is no guarantee for appropriate treatment during this time; it largely depends on the respective police officer. Violence is not an exception; this applies in particular for boys.
- Shelters which are run by the respective governments usually provide services like education, life skill/vocational training and counseling. Depending on the legal situation children stay between 5 and 12 months at the shelter. However, they are often treated differently from local children. There seem to be a lot of fights among the children. Some are even taking drugs which goes unnoticed by the shelter staff.
- Children have to wear a uniform that implies where they are living. Therefore a lot of children feel very embarrassed when they are outside the shelter.

Lao:

- All financial support for shelters comes from outside of Lao.
- Available services include safe place to live, clothes, food, education, health care, life skill/vocational training and counseling (individual and family).
- The staff at the shelter makes sure the children plan accordingly for their time after the shelter/graduation. They often receive small grants to start their own business.

Health services

- The health centers are the nearest places to access health services. However, there are challenges due to the fact that most of nurses have limited experience, insufficient equipment and medicines. So that the services cover mainly on common illness such as cough, fever, diarrhea and wound cleaning.
- District and provincial hospitals are located in a far places, therefore individuals use the services when they feel that they have serious illness such as hepatitis, appendicitis and other serious illness. Using the service must hold cash in hand because the payment must be made before receiving medicines. Some of the patients who parents do not have enough money for medicines, treatment and service and can borrow from nowhere will not be able to access the health services.

Reproductive health services

- The vast majority of youth has limited knowledge on productivity as result of that they did not go to school and have never been taught. This does not include having consultation on the matter, which leads to that many young people especially girls could not prevent themselves from sexual transmitted diseases and unexpected pregnancy.
- If they have minor illness such as stomach ache or having Maine, they often buy medicines from the clinic or nearby health center. However, they receive the services at the hospital. If they meet a male doctor, they will feel embarrassed and will not tell the symptom or even not

having a treatment with the doctor. In addition, the doctor does not explain much instead of asking the symptom and issuing the prescription.

Recommendation

- They want to access to non-formal education especially for those who ages are over primary education level, where they can study and do have to pay for any fee.
- They urge to have a grant for the poor and vulnerable children in hospitalization.
- They urge to have unit or hotline for migrate children so they can have consultation when before migrating and leaving a message for the children who dare not the speak to their parents about migration.
- When they are suspended in destination countries, there should be a separation amongst adult and children and all children should be referred to the shelter temporarily for deportation.
- There should be many more assisting center where the young vulnerable can be assisted and there should be an income generating activity while they are studying at the shelter. So, they will not be worried about earning money for their families.
- There should be more plays casted from the real experience that can be displayed in the communities. This would help the villagers to have much understanding on the issues and prevention of themselves. This is because plays are the easiest way in sending messages and are most relevant to the issues.