



HOW TO IMPROVE NUTRITION STATUS

in Lao PDR through Coordinated Decentralised Planning

About 1 in 3 children under the age of 5 in Lao PDR is malnourished, with the rate being even higher in remote rural areas and among ethnic minorities. It is known that children who are still malnourished after their 5th birthday will be affected for the rest of their lives, being more prone to ill-health, performing worse at school, receiving lower wages and living less fulfilling lives than their well-nourished peers. Malnutrition can start before birth if the mother is malnourished. One of the targets of the Sustainable Development Goals is to end all forms of malnutrition in children under 5 and address the nutritional needs of adolescent girls, and pregnant and lactating women.

Malnourishment is caused by a combination of factors including poor diet, poor sanitation, lack of clean water, and insufficient access to health services. Each of these factors can have multiple causes – for instance a child might have poor diet because of non-availability of affordable nutritious food throughout the year, or because her mother does not know how to cook food in an appetising and nutritious way. Malnutrition will not be prevented by

addressing only one cause or factor at a time. They all need to be addressed together. Since the issues are the responsibility of different sectors, all relevant sectors need to coordinate so that they provide their services in the same communities instead of working independently in different communities. This is called multisectoral convergence and it is the methodology that has been adopted by the Government of Lao PDR in the National Nutrition Strategy. The National Nutrition Strategy also provides a list of Priority Interventions that need to be conducted to prevent malnutrition. These are shown in the table on the next page. Most of the interventions are not new to the responsible sectors; the important point is that they should be implemented convergently.

This leaflet proposes a mechanism by which Provincial and District Development Planning Committees can take the initiative to mainstream a convergent nutrition approach into their regular programming. It is based on the lessons learnt from the evaluation of the EU-funded Food and Nutrition Security in Lao PDR project.

LESSONS LEARNT



GOVERNANCE

It is not necessary for nutrition to be addressed by special projects or by special committees. Instead, it needs to be mainstreamed across the entire development programmes of provinces and districts. This can be done through existing planning procedures by adopting a convergent approach. In other words the relevant sectors – agriculture, education, health, planning and investment, supported by Lao Women’s Union and by other sectors as needed – coordinate to focus their priority interventions on the communities that have a high risk of malnutrition.



SELECTION OF TARGET AREAS

It is difficult to choose villages based on nutrition status because the lowest level of reporting about nutrition in Lao PDR is the area served by a small hospital. Therefore, districts should focus their development agendas on the areas served by the small hospitals with the highest levels of children under 5 malnutrition (measured by stunting and wasting). They should cover as many villages as possible – especially remote villages – in those areas, with all sectors working in the same villages / sub-villages.



PRIORITY 1 INTERVENTIONS OF THE NATIONAL NUTRITION STRATEGY

MULTI-SECTORAL	
1	Provide System Capacity Building
2	Improve coordination and partnership among nutrition stakeholders
3	Improve information management (monitoring and evaluation; surveillance and research); and policy development
4	Increase communication, advocacy, and investment for nutrition
HEALTH SECTOR	
5	Provide micronutrient supplements – activities include any micronutrients provided through supplementation or added to the diet (such as iron and folic acid, vitamin A, MNP, zinc, vitamin B1 and so forth)
6	Deworming
7	Food fortification including salt iodization
8	Promote Infant and Young Child Feeding (IYCF) and maternal nutrition
9	Provide food supplements for pregnancy and breastfeeding women
10	Provide food supplements for children aged 6-23 months
11	Improve food quality and safety
12	Management of acute malnutrition in health facilities and in communities
13	Nutrition education and communication for social behaviour change to promote good practices and healthy diet
14	Strengthen water sources and supply systems; and improve sanitation in households, communities, health facilities and schools.
AGRICULTURE SECTOR	
15	Increase the production of nutritionally rich plant-based foods for household consumption
16	Increase the production of animal-based protein (for example meat, poultry, fish and other aquatic life) for household consumption
17	Support establishment of post-harvest facilities and apply technology to food processing, preservation and storage to ensure year-round availability of safe and nutritious food
18	Promoted agriculture-based and NTFP-based income generating activities, to increase household incomes, with emphasis on women
EDUCATION SECTOR	
19	Provide nutritious food in schools
20	Promote and support vegetable gardens in schools
21	Integrate nutrition into curricula
22	Provide iron and folic acid supplements and deworming in schools

Source: Compiled from the Mid Term Review of the NNSPA 2016-2020, National Nutrition Secretariat, 2019.



SCOPE OF ACTIVITIES IN TARGET COMMUNITIES



HEALTH

- Strengthen small hospitals to carry out existing Mother and Child Health activities such as integrated outreach, Antenatal and Postnatal Care, growth monitoring, provision of vitamin A and deworming tablets.
- Re-invigorate Village Health Workers and incorporate nutrition messaging and cooking demonstrations in their duties (along with Lao Women’s Union).
- Promote clean water and sanitation in homes and schools.



AGRICULTURE

- Focus on year-round (summer and winter) small-scale production of a diverse range of nutritious vegetables for home consumption.
- Support household-level chicken and duck production through strengthened Village Veterinary Worker services.
- Coordinate with the education sector to support school vegetable gardens as demonstration plots.



EDUCATION

- Provide nutritious school lunches in target area schools.
- Upgrade sanitation in schools.
- Integrate nutrition into school curricula.
- Promote and support school vegetable gardens.



LAO WOMEN’S UNION

- Social Behaviour Change Communication.
- Assist Village Health Workers with cooking demonstrations.
- Promote healthy village environments.



MINISTRY OF PLANNING AND INVESTMENT (MPI)

- Support village development committees to improve healthy village environments, for example by separating animal housing from human housing; installing latrines; upgrading water supply.

ALL SECTORS

Jointly plan and monitor activities to ensure convergence and to identify and remove constraints.



TIMEFRAME

Resources and activities should be focussed on the target communities for a minimum of 3 years and until joint monitoring identifies significant improvement in nutrition status of children under 5. They should then be transferred to the area served by the small hospitals having highest malnutrition rates at that time.



NATIONAL LEVEL SUPPORT



MPI

- Promote nutritionally convergent planning and investment resource allocation at sub-national levels.
- Train Provincial and District Development Planning Committee members in multisectoral nutrition planning and monitoring using the curriculum already developed by the National Nutrition Centre.



EDUCATION

- Develop nutrition modules for primary and secondary schools and incorporate in curricula.
- Incorporate multisectoral nutrition and the need for convergence in higher education curricula of all relevant sectors, including in agriculture colleges, medical schools, education colleges etc.



AGRICULTURE

- Ensure District Agriculture and Forestry Offices have staff trained in year-round homestead vegetable production.
- Ensure / facilitate seed supplies of appropriate nutritious vegetables.

THE PARTNERSHIP FOR IMPROVED NUTRITION (PIN) WAS AN EU-SUPPORTED PROGRAMME THAT CONTRIBUTED TO THE IMPLEMENTATION OF THE NATIONAL NUTRITION STRATEGY.

The Food Security and Nutrition in Lao PDR project (FSN) was a PIN project implemented in Khammouane Province between January 2019 and August 2021. It was managed by a consortium of two International NGOs (Health Poverty Action and Fundación Pueblo a Pueblo) and the Provincial Health Office, in association with the Provincial Agriculture and Forestry Office and Lao Women's Union. The objective of the project was to improve nutritional status and food security in 100 villages of 6 districts of Khammouane Province with special focus on children under 5 and women of child-bearing age, including ethnic minority women. It had 3 expected results:

1

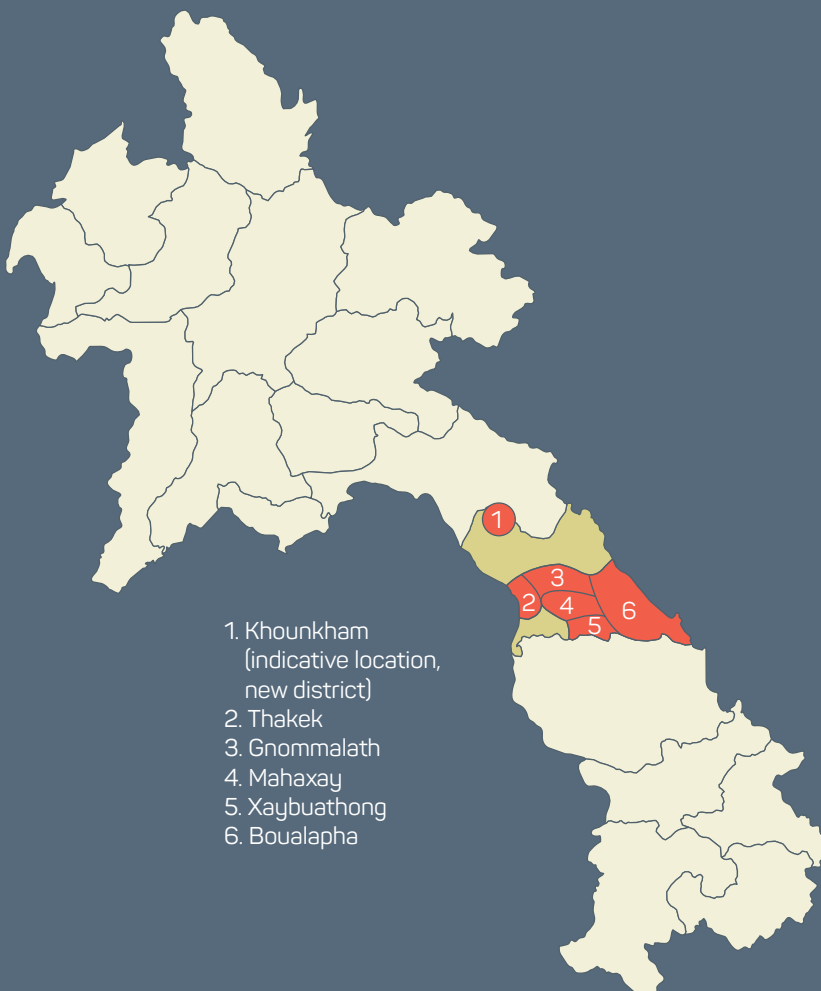
Strengthened food security, resilience and dietary diversification in vulnerable communities;

2

Increased community capacity to prevent, respond to and manage the wider determinants of malnutrition through improved nutrition, nutrition sensitive and hygiene knowledge and practices amongst target communities; and

3

Enhanced capacity of provincial and district level staff to lead multi-sectoral planning and improve coordination.



The Final Evaluation of FSN was an independent assessment of the performance of the project. One of its primary objectives was to identify key lessons learnt to improve future interventions and the content of this brochure is built upon those lessons. The evaluation found that the project was relevant and coherent with national, provincial and district level development strategies, and that it resulted in target communities having improved awareness about nutrition, regularly consuming a more nutritious home-grown diet and receiving improved mother and child health services. Government services have an improved understanding about improving nutrition and the need for a multisectoral approach, but lack a mechanism to incorporate nutrition in routine programming. Levels of chronic and acute CU5 (children under five years) malnutrition were lower at the end of the project and there are indications that some of the key activities, particularly involving diversified nutritious vegetable production and village level health services provided through small hospitals and village health workers, are sustainable.

It should be noted that this leaflet addresses rural areas with high CU5 malnutrition. It does not address CU5 malnutrition in urban/periurban areas where CU5 malnutrition rates are lower, but (because of higher population density) the actual number of cases is higher. That situation needs to be addressed separately.

