FINAL EVALUATION OF FOOD SECURITY AND NUTRITION IN LAO PDR Project No. FWC SIEA 2018 - Lot 4, 2018/6272

Workshop Session 1 The Evaluation and its Findings 28 June 2022







Food Security and Nutrition in Lao PDR

also known as

Partnership for Increased Resilience and Improved Food and Nutrition Security of Vulnerable Communities in Khammouane Province

Awarded: 29 August 2017 (for 39 months)

MOU signed: 4 January 2019

Commenced: 5 January 2019

Closed: 31 August 2021 (32 months duration)

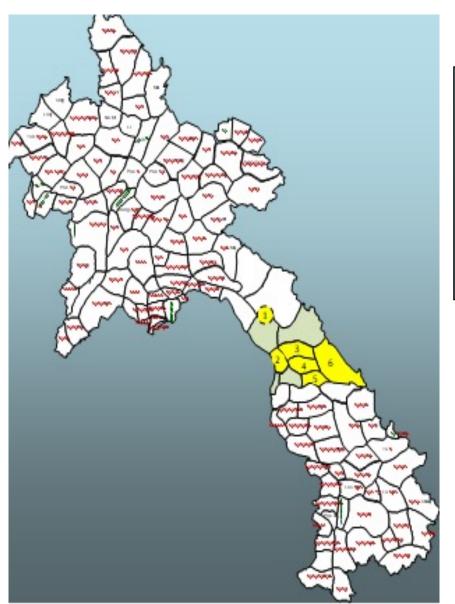
Project Objectives

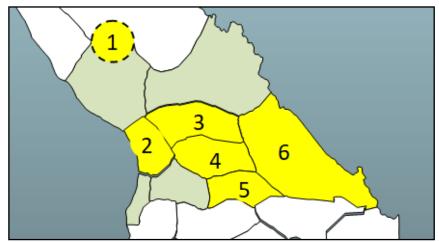
Overall Objective

Specific Objective

Contribute to improved nutrition and food security towards achieving Priority 1 of Lao PDR National Nutrition Strategy and Action Plan 2016-2020, and SDG2

Improved nutritional status and food security in 5,000 vulnerable households in 100 villages of 6 districts with special focus on children under 5, women of CBA including EM women, urban poor and migrants - and youth





Khammouane Province

- 1. Khounkham; 2. Thakek;
- 3. Gnommalath; 4. Mahaxay;
- 5. Xaybuathong; 6. Bualapha

Expected Results

ER1: Food security, resilience and dietary diversification in vulnerable communities is strengthened

ER2: 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

ER3: Enhanced capacity of provincial and district level staff to lead multi-sectoral planning and improve coordination

Co-Applicants and Associates











Evaluation of the Project

- an overall independent assessment of the past performance of the Project, paying particular attention to its results measured against its expected objectives; and the reasons underpinning such results;
- key lessons learnt, conclusions and related recommendations in order to improve future Interventions.
- the concrete best practices, challenges, and coordination among the members of consortium and the coordination between the consortium and the government counterparts at sub-national level and other government stakeholders involved in the Action.

Evaluation Team

Tim Bene, Team Leader

Remote working

Overall responsibility, all stages

Vanxay Vang, Key Expert

Vientiane and Khammouane

Fieldwork and reporting

Support development of methodology, findings and conclusions

Evaluation Schedule

Inception Phase: December 2021

Fieldwork: January – February 2022

Synthesis and reporting: March – June 2022

Evaluation Topics

Relevance

- at all levels from national to local;
- degree of convergence assured by the design

Coherence

Alignment with other PIN projects and other projects being implemented in Khammouane Province

Efficiency

 whether the implementation arrangements helped or hindered performance

Evaluation Topics

Effectiveness

Extent of achievement of Expected Results

Impact

 Likelihood that Specific Objective 'to improve nutritional status and food security in 5,000 vulnerable HHs in 100 villages of 6 districts with special focus on children under 5, women of CBA including EM women...' will be achieved

Sustainability

 Current functionality of the groups, institutions, infrastructure and other technologies provided by the Project

Evaluation Topics

EU Added Value

Alignment with EU Joint Programme 2016-2020

Gender and other Crosscutting Issues and Approaches

- Gender
- Environment & climate
- Leave no-one behind
- Rights-based approach.

Evaluation Locations

District	Village	Date Visited	Proximity to District Centre	% HH w CU5 stunting in 2019	Special Project Features
	Namorkhou	26 January	Remote	55	CLTS Nutrition
Boulapha	Napeng	27 January	Close	27	Producer group; Seed Bank; CLTS Nutrition
	Naphanung	28 January	Close	40	
	Phonesaed	1 February	Remote	32	CLTS Nutrition
Yommalath	Tard	2 February	Remote	49	CLTS Nutrition Seed Bank
	Natherd	3 February	Close	38	
Thakhek	Nakhangxang	9 February	Close	34	Producer group; Seed Bank; CLTS Nutrition
	Nonghang	10 February	Remote	48	
	Muanglathkhuay	11 February	Remote	17	Seed bank

Limitations of the Evaluation

- Remote working of Evaluation Team Leader
- Project closed and staff dispersed
- Lack of overall Project Team Leader
- No opportunity to pre-test the tools
- Work overload during the field phase

Relevance

- The Project was relevant to stakeholders at all levels from national to local
- It implemented a convergent approach that ensured the activities of Expected Results 1 and 2 were undertaken in the same communities and frequently by the same households.

Coherence

- The Project design was coherent with the EU's Programme for Improved Nutrition (PIN) and its subsequent Budget Support Programme
- It was well aligned with Provincial and District Development Programmes.
- There was insufficient learning and sharing between projects

Efficiency

- The Project was managed as 2 separate projects with different teams and no overall Team Leader
- There was no Project M&E programme
- Opportunities to adapt to externalities such as delayed start-up, new data availability etc were missed.

Effectiveness - what worked very well

- ✓ Vegetable demonstrations
- ✓ Training on hygiene, sanitation and nutrition
- ✓ Health monitoring and screening with strengthened VHWs
- ✓ Cooking demonstrations

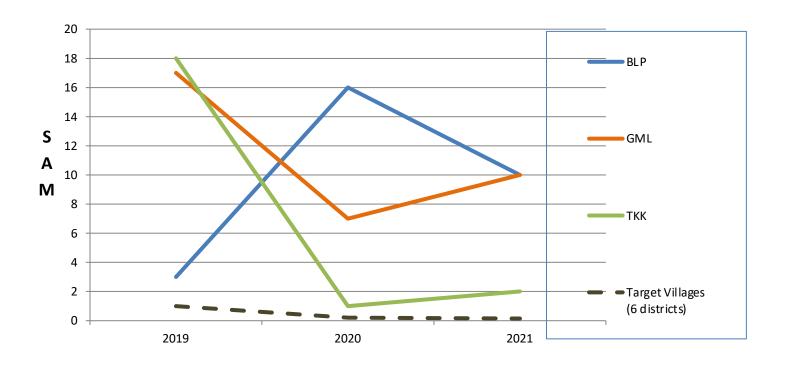
Effectiveness - what did not work or worked less well

- Animal pass-on loans
- Producer groups
- Development of DNC leadership in multisectoral nutrition planning and coordination

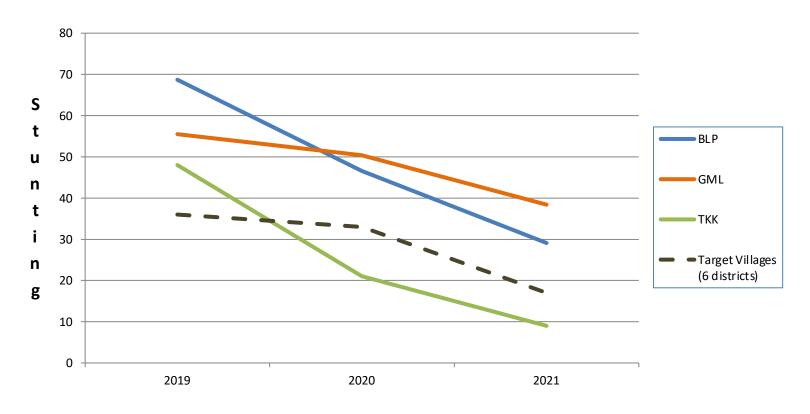
Impact

- The Project exceeded its targets for reduced acute malnutrition and chronic malnutrition
- However the reductions cannot necessarily be attributed to the project (see graphs)

Impact



Impact



Sustainability

There was no sustainability strategy

Items in **bold** have good prospects for sustainability:

Groups	Activities	Infrastructure
Farmers' Clubs Womens' Groups VHW / VNV Producer groups DNCs	Diversified nutritious vegetable demonstrations SRI Pass-on animals Climate smart agriculture Food processing / storage Screening / monitoring CU5 SBCC practices EPI Visits / deworming / Vit A ANC and PNC attendance	Seed banks Irrigation facilities Latrines

Crosscutting Issues

- Climate change / environment was addressed through the selection of agricultural technologies promoted
- No gender strategy or gender sensitive approach
- Other specified topics were not addressed
- Project governance systems did not track CCIs

Lessons Learnt

For future grant awards

Prepare calls for proposals in a manner that:

- Prevents possibility of leadership vacuum
- Ensures written gender,
 M&E, CCI and sustainability
 strategies will be followed
- Promotes smooth adoption by relevant government agencies

For multisectoral nutrition programming

 DNCs are unable to provide leadership in multisectoral nutrition programming

(Topic of the next session)

FINAL EVALUATION OF FOOD SECURITY AND NUTRITION IN LAO PDR Project No. FWC SIEA 2018 - Lot 4, 2018/6272

Workshop Session 2 Recommendation for future Multisectoral Nutrition Programming in Lao PDR 28 June 2022







Three Strategic Directions:

- 1. Address Immediate Causes
- 2. Address Underlying Causes
- 3. Address Basic Causes

Eleven Strategic Objectives...

1. Address Immediate Causes

- 1. Improve nutrient intake
- 2. Prevent food and water-borne infections

2. Address Underlying Causes

- 3. Produce food for consumption
- 4. Improve access to nutritious food
- 5. Improve Mother & Child Health practices
- 6. Improve clean water, sanitation and environments
- 7. Improve access to health and nutrition services

3. Address Basic Causes

- 8. Improve institutions and coordination
- 9. Develop human resources
- 10. Increase quality and quantity of information
- 11. Increase investment in nutrition interventions

SO	PI	Multi-sectoral
8,9	1	Provide System Capacity Building
8	2	Improve coordination and partnership among nutrition stakeholders
10	3	Improve information management (monitoring and evaluation; surveillance and research); and policy development
11	4	Increase communication, advocacy, and investment for nutrition

SO	PI	Health sector
1	5	Provide micronutrient supplements – activities include any
		micronutrients provided through supplementation or added to the
		diet (such as iron folic acid, vitamin A, MNP, zinc, vitamin B1 and so
		forth)
2	6	Deworming
1	7	Food fortification including salt iodization
1	8	Promote Infant and Young Child Feeding (IYCF) and maternal nutrition
1	9	Provide food supplements for pregnancy and breastfeeding women
1	10	Provide food supplements for children aged 6-23 months
2,3	11	Improve food quality and safety
1	12	Management of acute malnutrition in health facilities and in communities
5	13	Nutrition education and communication for social behaviour change to promote good practices and healthy diet
6	14	Strengthen water sources and supply systems; and improve sanitation in households, communities, health facilities and schools.

SO	PI	Agriculture sector
3	15	Increase the production of nutritionally rich plant-based foods for household consumption
3	16	Increase the production animal-based protein (for example meat, poultry, fish and other aquatic life) for household consumption
3	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
4	18	Promoted agriculture-based and NTFP-based income generating activities, to increase household incomes, with emphasis on women

so	PI	Education sector
3	19	Provide nutritious food in schools
3	20	Promote and support vegetable gardens in schools
9	21	Integrate nutrition into curricula
1,2	22	Provide iron and folic acid supplements and deworming in schools

How to Mainstream Nutrition in District Programming?

- Development Planning Committee decides whether to prioritise nutrition, and what proportion of resources to allocate.
- 2. Select villages covered by the small hospital with highest malnutrition rates in the district
- Ensure allocated resources are used by relevant sectors to implement their PIs in the same target villages, sub-villages and communities (ie convergently)
- 4. Focus on the same communities for at least 3 years and regularly monitor effect on malnutrition rates
- 5. When appropriate, start again with the small hospital having the highest malnutrition rate at that time.

Points for discussion!!

Can this plan work?

What support is needed from Provincial level?

What support is needed from National level?

How can we improve this plan?

Thank You Very Much!!