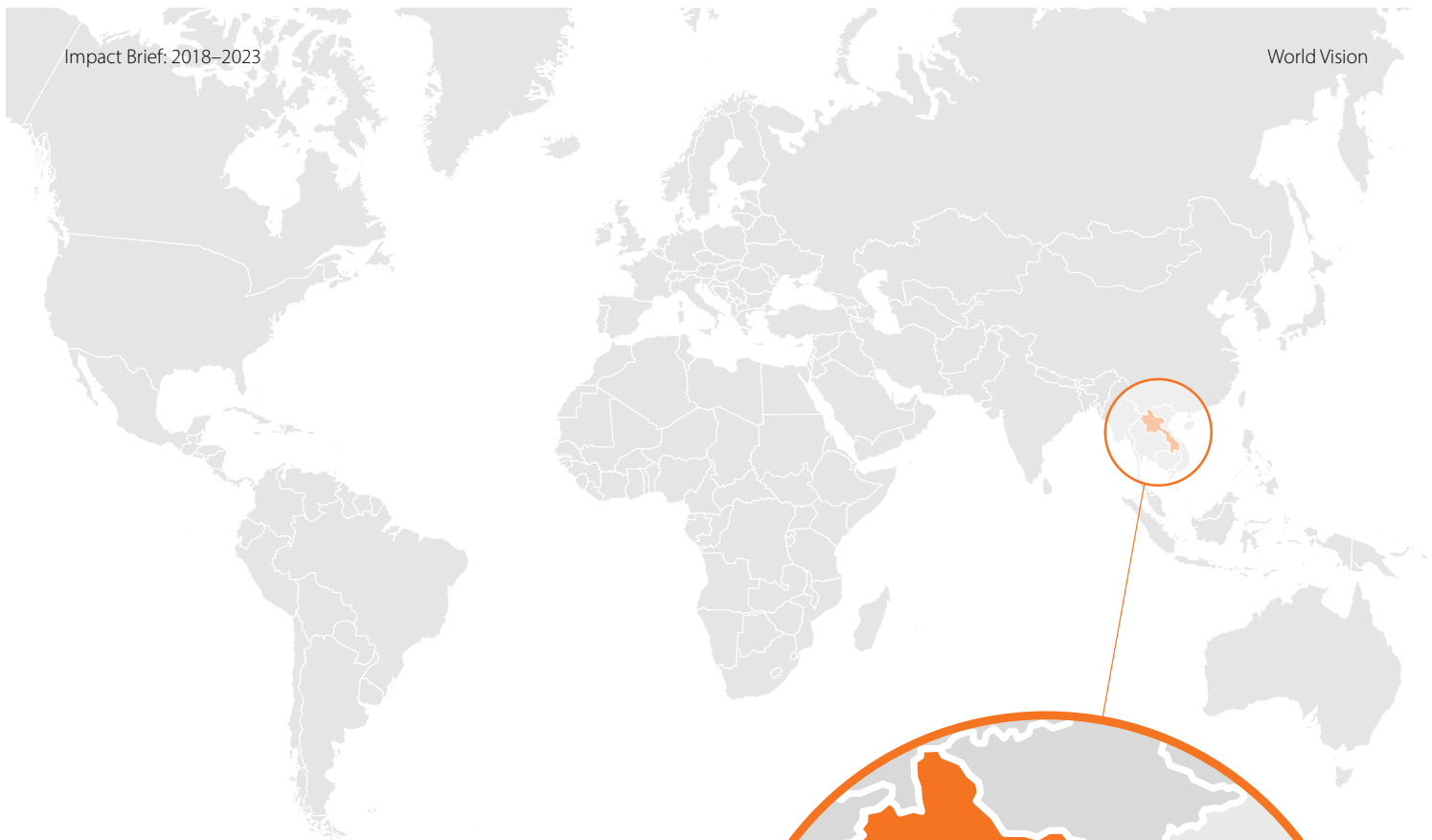




ACCELERATING HEALTHY AGRICULTURE AND NUTRITION (AHAN)

Saravane, Laos | Impact Brief
(2018–2023)



About this report

This brief summarises the endline evaluation results for the Accelerating Healthy Agriculture and Nutrition (AHAN) project, implemented in four districts of Saravane Province in Laos from 2018 to 2023. Supported by the Australian Government through the Australian NGO Cooperation Program (ANCP), the project operated as part of a broader EU-funded AHAN consortium in Savanakheth, Saravane and Attapeu Provinces. AHAN was led by World Vision with partners including Agronomes et Vétérinaires Sans Frontières (AVSF), Green Community Development Association (GCDA) and the Burnet Institute (BI).



The evaluation and light review were conducted by independent consultants, Elixirs Sole Co. Ltd. and Barbara Lewis, with technical review and inputs from World Vision Australia (WVA). For more information, please contact Jane Hosking, WVA Country Impact Manager (jane.hosking@worldvision.com.au) and Karen Mejos, WVA Evidence Building Advisor (karen.mejos@worldvision.com.au).

All photos © World Vision

Front cover photo: Members of a communal garden established through the AHAN project are harvesting lemongrass. Equipped with agricultural training and support, community members are now able to grow food to eat and sell despite their region's sandy soil.



EXECUTIVE SUMMARY

Duration	July 2018 to June 2023
Budget (US\$):	US\$4,780,971
Estimated number of participants	54,833 direct project participants across 65 target villages in Saravane Province

In Laos, officially Lao People’s Democratic Republic (Lao PDR), chronic undernutrition among children under five is an alarmingly widespread and life-threatening reality. **Close to one in three Lao children is stunted by the age of five!** The Accelerating Healthy Agriculture and Nutrition (AHAN) project (2018-2023) aimed to enhance household nutrition with a particular focus on reaching women of reproductive age and children under five years old in 65 target villages in Saravane Province.

The AHAN project was supported by the Australian Government through the Australian NGO Cooperation Program (ANCP) as part of a broader EU-funded AHAN consortium. The project was led by World Vision in partnership with the Ministry of Health, Agronomes et Vétérinaires Sans Frontières (AVSF), Green Community Development Association (GCDA) and the Burnet Institute (BI). Each partner’s technical and organisational strengths were leveraged to implement integrated, multisectoral interventions that aligned with the National Nutrition Strategy and Plan of Action (2016–2025) and the National Plan of Action for Nutrition (2021–2025).

An independent endline evaluation was completed for the AHAN project in 2022, followed by a light review in 2023. Together, their findings show that AHAN generated considerable progress in addressing food insecurity and malnutrition in the target communities since the 2019 baseline assessment.

Promising evidence of improved child nutrition and household food security:

- Stunting rates have **reduced from 51 percent to 34 percent**
- Underweight rates have **reduced from 38 percent to 29 percent**
- Household food security, as measured by the Household Food and Insecurity Access Scale (HFIAS), has **increased from 6 percent to 75 percent**

In terms of meeting targets, 78 percent of the project’s outcome indicators were fully achieved, positively contributing to the project’s overall food security and nutrition goal.

- **Dietary diversity:** The proportion of women of reproductive age meeting minimum dietary diversity rose from 33 percent to 83 percent. For children aged six to 23 months, it rose from 18 percent to 68 percent.
- **Water, sanitation and hygiene (WASH):** The proportion of households with access to handwashing facilities increased from 32 percent to 97 percent, and 57 out of 65 villages in the target districts have successfully built toilets and have been declared free of open defecation.
- **Gender equity in the household:** The proportion of households agreeing that housework and childcare are the total responsibility of a woman reduced from 53 percent to 16 percent.



A participant in the AHAN project is harvesting a cucumber from the communal garden. Having locally grown produce reduces the need for the community to travel long distances to find food.

1 Lao PDR Social Indicator Survey (LSIS), 2017.



Yuey (left) and her husband Somphorn (right) joined the AHAN project in 2021, undergoing training in gardening, frog-raising and managing finances. Their family has been supplied with tools, seeds and a water tank, enabling these hard-working parents to produce surplus food to sell, transforming their situation.

CONTEXT

In 2017, 21 percent of Lao children under five were underweight, 10 percent were wasted and one in three was stunted, leaving Laos with one of the highest undernutrition rates in Southeast Asia.² Lao children living in the poorest rural households – many with inadequate water and sanitation facilities – were worst affected.³ Saravane was identified as one of the provinces facing the highest rates of malnutrition in the country with 29 percent of children underweight and 43 percent with stunted growth.⁴

The causes of undernutrition are complex and are often driven by multiple underlying factors related to access to food, education, healthcare and environmental hygiene. Recognising these intersecting factors, the Lao PDR National Nutrition Strategy and Plan of Action 2016-2025 identified 22 priority actions involving the health, agriculture and education sectors. The National Plan of Action for Nutrition (2021-2025) also identified associated sector action plans involving gender, industry and commerce – each of which has an impact on women’s and children’s nutrition.⁵ This is why the AHAN project used a multisectoral approach to look beyond maternal and child health alone and instead offer a holistic solution to address the root causes of malnutrition and poor health.

2 Lao PDR Social Indicator Survey (LSIS), 2017.

3 World Health Organization. Our Work in Lao PDR. <http://www.wpro.who.int/laos/topics/nutrition/en/>.

4 Lao PDR Social Indicator Survey (LSIS), 2017.

5 National Nutrition Committee (2021). National Plan of Action on Nutrition (2021 to 2025) (NPN).

PROJECT OVERVIEW

World Vision’s AHAN project aimed to create supportive conditions for enhanced household nutrition for women and children under five in Saravane Province by addressing the underlying causes of poor nutritional outcomes. The project’s multisectoral approach sought to improve the following challenges by the project’s end:

1. Poor maternal, infant and young child feeding and caring practices
2. Household food insecurity from inadequate access to quality and quantity of food
3. Poor access to improved water, sanitation and hygiene services
4. Limited nurturing care and developmental stimulation of children in the first 1,000 days of life
5. Inequitable workload distribution for women and girls, as compared to men and boys

The project was supported by the European Union (October 2017 to September 2022) and the Australian Government through the Australian NGO Cooperation Program or ANCP (July 2018 to June 2023). The ANCP-supported component of the project targeted four districts in Saravane Province and focused on the outcomes and outputs detailed in Table 1.

To guide the implementation of AHAN activities, the following range of evidence-based project models and approaches were adapted to the local context:



Nurturing Care (Go Baby Go) strengthens the knowledge, skills and resilience-promoting behaviours of parents and caregivers so they can provide age-appropriate nurturing care for their children. This holistic model equips parents both in their homes and through group sessions to confidently support their child’s nutrition, well-being and early development.



Savings for Nutrition (S4N) aims to improve nutrition and financial well-being in communities through the mobilisation of Savings Groups. Group members collectively save small amounts of money which accumulate and can be lent to one another when needs arise, such as to purchase agricultural equipment to improve crop production or to respond to a child’s medical emergency.



Community Change, or C-Change, is a process for creating social change through establishing committees and generating community dialogue to support children’s well-being. Community members work collaboratively to identify and challenge the beliefs, traditions and customs which can perpetuate harmful nutritional practices and gender inequality in the household.



Social and Behaviour Change Communication (SBCC) aims to change behaviour that contributes to undernutrition in children and their families through the promotion of evidence-based and high-impact maternal, infant and young child nutrition practices.



Gender Inclusive Financial Literacy Training (GIFT) challenges power imbalances between men and women linked to financial decision-making, offering equitable alternatives. This approach combines financial management and business training materials with key gender concepts to improve household resilience and child well-being.

Table 1: How the AHAN project achieves change

Project goal: Create supportive conditions for enhanced household nutrition for women and children under five in Saravane Province by addressing the underlying causes of poor nutritional outcomes	
Objectives	Outputs
<p>Outcome 1: Improved dietary and care practices among women of reproductive age and children under five; strengthening of health services</p>	<p>Output 1.1: Mothers and other caregivers have the knowledge and skills to care for their families</p> <p>Output 1.2: Women of reproductive age and children under five have improved access to quality health services linked to nutrition</p> <p>Output 1.3: Children under five experience positive, safe, healthy and stimulating home environments</p> <p>Output 1.4: Households have improved dietary diversity through small livestock- and insect-raising and home gardening</p>
<p>Outcome 2: Reduced incidence of selected water, sanitation and hygiene (WASH) related illnesses which contribute to malnutrition</p>	<p>Output 2.1: Households have the knowledge and skills to practice improved hygiene</p> <p>Output 2.2: Households have sustainable access to improved sanitation facilities and practice safe sanitation (waste) management</p> <p>Output 2.3: Communities have a well-managed and sustainable water supply system for household and productive uses</p> <p>Output 2.4: Increased capacity of the private sector in planning and delivering sustainable, inclusive WASH services to communities</p>
<p>Outcome 3: Improved gender-equitable relations at the household level, particularly in decision making and distribution of workload</p>	<p>Output 3.1: Households have the knowledge, skills and resources to practice more gender-equitable roles and responsibilities</p> <p>Output 3.2: Households have access to savings and loans and have improved financial literacy and management</p>

EVALUATION OVERVIEW

The AHAN project had two endline evaluations: one in 2022 to correspond with the end of the EU-supported project component and another light review in 2023 to correspond with the end of the ANCP-supported component. The findings detailed in this report reflect the project components supported through ANCP.

ENDLINE EVALUATION IN 2022

PURPOSE

The endline evaluation assessed the impacts of the AHAN project against its goal, outcomes and outputs. Key successes and lessons learned were also identified.

METHODOLOGY

The evaluation was conducted in April and May 2022 and used a mixed-methods approach and quasi-experimental design to compare baseline and endline results. Quantitative methods used a two-stage stratified random sampling to select villages and conduct a survey with 401 households. Anthropometric measurements were conducted among children under five following the guidelines and protocols from the World Health Organization (WHO). Qualitative methods included 21 key informant interviews with four rice mill operators, four health centre staff and 13 people with disability. Twenty-four focus group discussions were held with Farmers Groups, Savings Groups, Village Water and Sanitation Management Committees and Mothers Groups.

LIGHT REVIEW IN 2023

PURPOSE

The light review supplemented the 2022 endline evaluation with updated information in the lead-up to the project's end in June 2023.

METHODOLOGY

Conducted between April and May 2023, this light qualitative review interviewed 220 project participants, including 26 people with disability. Seven focus group discussions were held with Farmers Groups, Savings Groups, Village Water and Sanitation Management Committees and Go Baby Go Groups. Forty key informant interviews were conducted with four rice mill operators, 10 government staff and 26 people with disability.

LIMITATIONS

Time constraints required the field data collection to be condensed into five-day periods, leading to limited training for enumerators. The inclusion of a more comprehensive training program, and involving a pilot phase, could have been advantageous to ensure data quality. The absence of a counter-factual group also limited the project's ability to assess attribution and generalise findings to various contexts or populations. Additionally, the 2023 light review relied on the 2022 endline evaluation for assessing impact metrics and triangulation of findings. To address this limitation, the review relied on the project's monitoring database to capture updated data on project outputs.

OVERALL FINDINGS

Table 2. The AHAN project goal results

Project goal: Create supportive conditions for enhanced household nutrition for women and children under five in Saravane Province by addressing the underlying causes of poor nutritional outcomes				
Indicator	Baseline Value	Endline Value	Percentage-point Change	Life of Project Target
Prevalence of stunting in children under five	51.4%	34.1%	-17.3%	45.0%
Prevalence of underweight in children under five	37.7%	28.6%	-9.1%	32.0%
Proportion of households that are food secure (access)⁶	5.8%	74.7%	68.9%	8.5%

By the end of the AHAN project, all three goal-level indicators were achieved in terms of surpassing their life of project targets (see Table 2). The rates of stunting and underweight in children under five reduced by 17 percent and 9 percent, respectively. Household food security increased by 69 percent. The project's efforts in mainstreaming nutrition in community activities have equipped participants with the knowledge and means needed to ensure food security in their households. Their understanding of the importance of consuming a variety of foods has improved, helping to ensure diet diversity for their growing children.

The project made a notable impact on children's nutritional status, indicating the success of activities such as home gardening and small animal raising in improving families' food security and access to diverse foods. Participants in the Go Baby Groups and Farmers Groups highlighted positive dietary outcomes as a result of the AHAN project. The project's positive results can also be attributed to its multi-sectoral approach, reflecting the importance of coordinated and integrated actions of the agriculture, health, education and WASH sectors in addressing the underlying causes of malnutrition.

“We have joined a lot of the project activities, including how to set up a kitchen garden to grow pumpkins, plums, betel leaves, fennel, cabbage and gourds. We are raising a number of small animals such as fish and are having success with frog raising now. We learned in the farmers group about the types of nutrition in the foods we are growing or raising.”
 – Women's focus group participant

“The positive result of the activities is that the villagers have a variety of food, organic vegetables to eat and better animal raising. This has helped us reduce the cost and time [needed] for traveling outside the village for buying food from outside markets since we raise our own foods. We can also trade or bring produce to the small market to sell for some income” – Women's focus group participant

6 Measured by Household Food and Insecurity Access Scale (HFIAS), USAID (2007).

FINDINGS BY OUTCOME

Table 3: Outcome 1 Results

Outcome 1: Improved dietary and care practices among women of reproductive age and children under five; strengthening of health services						
Indicator	Baseline Value	Mid-term Value	Endline Value	Percentage-point Change	Life of Project Target	Achieved
Women of reproductive age meeting minimum dietary diversity	32.7%	45.3%	83.0%	50.3%	51.0%	Yes
Infants under six months who are fed exclusively with breast milk	72.1%	67.6%	89.0%	16.9%	85.0%	Yes
Children under two meeting minimum dietary diversity	17.8%	31.9%	67.9%	50.1%	28.0%	Yes
Children aged between one and five years who received at least one dose of de-worming medication in the last 12 months	77.0%	59.7%	87.0%	10.0%	90.0%	Close to achieving
Pregnant women receiving iron/folic acid supplements	74.9%	81.0%	94.3%	19.4%	90.0%	Yes
Caregivers who report doing a range of age-appropriate stimulating activities with their children under five in the past week	19.9%	N/A	70.0%	50.1%	50.0%	Yes

Both evaluations indicated significant progress towards achieving Outcome 1. As shown in Table 3, a 50 percent increase was observed in the proportion of both women and children meeting the minimum dietary diversity. Access to health services also improved, with 10 percent more children under five receiving at least one dose of de-worming medication and 19 percent more pregnant women receiving iron and folic acid supplements.

Mothers Groups and Go Baby Groups served as important platforms for communicating critical health and nutrition information with pregnant women and mothers with children under two. Group activities featured nutrition education, optimal feeding practices and participatory cooking demonstrations to help caregivers learn how to increase the nutritional content of dishes like rice porridge. The project also supported the training of local health staff across provincial, district and community levels. This training improved the quality of outreach health services and counselling on maternal and infant care, and strengthened nutritional surveillance and monitoring, including the early identification of and support for children with disability.

These promising results are reinforced through the perspectives shared by women and men during the light review in 2023. Many responded that they felt better able to understand and apply good nutrition and nurturing care practices within their households, such as engaging in play and conversation with their young children. They had gained skills in gardening and raising small animals at home. Women also felt that their husbands had a greater understanding of the health needs of their wives and children, demonstrating more equitable gender relations in the household.

“In our Go Baby Go group, we have learned how to make toys for our children and about how playing with children can strengthen their brains.”

– Women’s focus group participant

“We learned to make toys for children using simple materials [such as] wood and plastic bottles to make small cars. We learned that women have the right to express more opinions in the home and in society, [and we learned the value of] taking the children to sing songs and telling stories.”

– Men’s focus group participant

Table 4: Outcome 2 Results

Outcome 2: Reduced incidence of selected water, sanitation and hygiene-related diseases and illnesses linked to undernutrition						
Indicator	Baseline Value	Mid-term Value	Endline Value	Percentage-point Change	Life of Project Target	Achieved
Children under five with diarrhoea within the last two weeks	19.7%	N/A	21.2%	1.5%	15.5%	No
Households with handwashing facilities available	31.9%	36.8%	97.0%	65.1%	65.0%	Yes
Population practicing open defecation	89.5%	52.6%	14.7%	-74.8%	75.0%	Yes
Households with access to basic water sources	38.9%	63.2%	88.9%	50.0%	70.0%	Yes
Households with access to basic sanitation facilities	8.0%	38.9%	82.3%	74.3%	25.0%	Yes

Both evaluations found that great success was achieved through the WASH efforts in Outcome 2. The project raised awareness of proper sanitation and hygiene through community-led activities aimed at changing behaviour and improving WASH infrastructure. Project inputs included the repair and drilling of boreholes for community wells. In hilly communities, the project provided gravity feed systems that extracted water from springs or rivers and distributed it through taps or to piped water systems in the villages. As a result, the proportion of households with handwashing facilities increased from 32 percent to 97 percent, and households with access to basic sanitation facilities jumped from eight percent to 82 percent (see Table 4).

Furthermore, Community-Led Total Sanitation (CLTS) activities resulted in 57 of the 65 target villages being declared free of open defecation. The successful delivery of well-managed, sustainable and inclusive WASH services can be attributed to the leadership and governance of Village Water and Sanitation Management Committees (VWSMCs) during both the establishment of improved WASH infrastructure and the ongoing monitoring and promotion of the use of these facilities.

Despite improvements in safe water and toilet access, a slight increase in diarrhoea rates was observed during the endline survey in 2022. This increase may be influenced by seasonal changes, living conditions, water source contamination or the practices of non-target households. However, more recent findings in the light review report show that cases of diarrhoea have reduced in project areas. This decrease can be attributed to the strengthened community initiatives in the project's final year which ensured 4,647 people have improved water access after 65 water points were built or upgraded.

“Hygiene in our village is much better than before. We have learned about uses of clean water for hygiene around our houses as well as food hygiene, and we have seen that our children have a lot less diarrhoea.”

– Women’s focus group participant

“Our VWSMC encourages women’s participation in hygiene, toilet use and participation in decision-making and household activities. Our committee has helped to create facilities for access to water and sanitation for [people with disability].”

– Village Water and Sanitation Management Committee member

“Since the project came to repair the water system and we received training on sanitation, we have been able to continue our campaigning on hygiene. These actions are resulting in strong health. We teach our children to keep clean and eat clean.”

– Village Water and Sanitation Management Committee member

Table 5: Outcome 3 Results

Outcome 3: Improved gender equitable relations at the household level, particularly in decision-making and distribution of workload						
Indicator	Baseline Value	Mid-term Value	Endline Value	Percentage-point Change	Life of Project Target	Achieved
Change in levels of women’s reported involvement in decisions regarding minor household assets	91.7%	76.8%	90.0%	-1.7%	96.7%	No
Households/persons in agreement that a man must make the final decision on how money is spent	43.5%	31.5%	18.0%	-25.5%	36.5%	Yes
Average hours per day spent on unpaid domestic and care work	W: 3.0 M: 0.3	W: 1.2 M: 1.3	W: 1.5 M: 1.1	N/A	W: 2.4 M: 1.0	Close to achieving
Women who report satisfaction with their time spent on rest and leisure time	70.1%	70.5%	89.5%	19.4%	75.0%	Yes
Households where men are involved in daily housework	33.0%	64.2%	41.4%	8.40%	38.0%	Yes
Households/person in agreement that looking after the house and children is a woman’s responsibility	53.2%	40.0%	15.7%	-37.5%	48.0%	Yes
Households/person in agreement that it is natural that men have more power in the family	42.7%	33.0%	13.0%	-29.7%	37.0%	Yes

A gender-focused approach was integrated in all project activities to help shift inequitable household decision-making and workload distribution. The endline assessment shows encouraging evidence of this shift. Gender equality improved as seen through a 38 percent increase in the perception that domestic work and childcare are not only a woman’s responsibility, and through an eight percent increase in men involved in daily housework, shown in Table 5. At the project’s end, 26 percent less households agree that only men can make financial decisions.

Gender-Inclusive Financial Training (GIFT) placed a strong emphasis on promoting more gender-equitable relationships while increasing households’ adoption of financial literacy skills. Savings for Nutrition (S4N) increased members’ financial management skills, enabling them to access loans for agricultural activities and ultimately improving their access to nutritious foods. Go Baby Go introduced family-centered activities for young children, and women took an active role in disseminating this information to their husbands to encourage their involvement in these activities. Additionally, the G-Change activities brought communities together to make plans to continue improving household gender relations and women’s participation in financial decisions.

The AHAN project provided labour-saving devices such as hand carts, water tanks for rainwater harvesting, and piped water extensions to households, especially benefiting women and people with physical limitations. The project

also funded rice milling machines for every village. This significantly lightened the workload for women, eliminating the need for manual rice pounding and the time and cost associated with transporting rice to other villages for milling. Over time, the efficiency of rice mill operators improved through enhanced procedures, business planning and a better supply of machine spare parts.

“GIFT has been useful for us. In the past, if we had money, we would spend it right away. But now we discuss together and save the money for the long term. This has helped to have a happier situation in our families.”

– Women’s focus group participant

“Having a rice mill in the village reduces a woman’s labour because she doesn’t have to pound rice. It saves time, as she doesn’t need transportation to the next village, and it saves money. Women have time to cook and take care of children. They have time to eat together and some time to relax and take care of self. For myself, I have learned about making this into a business. I am a school teacher and I have trained other family members to mill the rice when I am not available or at the school.”

– Rice mill operator, Saravane District

SUSTAINABILITY

The evaluation found the AHAN project to be successful in promoting local ownership of project activities and building the capacity of key stakeholders including government staff, village health volunteers, Lao Women's Union representatives and the Village Water and Sanitation Management Committee. This local support indicates a strong likelihood that many activities, as detailed below, will be sustained long beyond the project's end:

- **Home gardens and improved rice cropping** have been integrated into household food production, providing a self-sufficient source of food.
- **Savings for Nutrition members** have been empowered with improved knowledge, equipment and the capacity to borrow from their Savings Groups to improve agricultural production.
- **Gender Inclusive Financial Literacy Training** has helped husbands and wives to share financial decisions and empowered women with ways to contribute to household income.
- **Community-Led Total Sanitation**, driven by community demand and organisation, has equipped participants with proper knowledge and skills to build their own toilets and undertake future repairs or replacements using locally available supplies.
- **Village Water and Sanitation Management Committees** (VWSMCs) are now capable of offering mentorship and training on improved hygiene and sanitation practices to neighbouring villages. Notably, the committee in Napaly village has already extended guidance to 15 surrounding villages.
- **The emergence of women in leadership positions** in VWSMCs, Mothers Groups and Go Baby Go Groups is likely to continue. In partnership with the Lao Women's Union, the project's final year focused closely on developing and strengthening women's leadership capacities.

GENDER

The AHAN project was intentionally designed to ensure the equitable participation of women and men throughout its implementation. G-change, Savings for Nutrition groups, GIFT and Mothers Groups have each offered different tools to stimulate community discussion on gender stereotypes and equity. These discussions can be linked to positive changes towards improved gender inclusion, helping to elevate women's status and create more harmonious households. For example, the proportion of women who agree that housework and childcare is the total responsibility of a woman has reduced from 53 percent to 16 percent. The percentage of women feeling satisfaction with their leisure time has increased from 70 percent to 89 percent.

Financial literacy training through GIFT has been a valuable source of knowledge for women participants. As women have increased their capacity to contribute to their family's income, attitudes towards financial decision-making have been re-oriented towards equitable participation between women and men. Additionally, the group activities fostered meaningful strong social connections and solidarity among women participants.



Members of the Communal Garden Management Committee are tending to their shared garden. The communal garden provides locally available food options as well as income to benefit members and support the garden's maintenance and long-term sustainability.

DISABILITY

The AHAN project prioritised building inclusive communities, and disability-specific measures and initiatives were integrated into broader community development efforts. The project collaborated closely with the Lao Disabled People’s Association, particularly through the delivery of Disability Rights and Equality Training. C-Change Groups provided a platform for community discussions around the rights of people with disability and the challenges they face in their daily lives. Go Baby Go activities also adopted a disability-inclusive approach by equipping families and health centre staff with training to identify children’s developmental delays and respond appropriately.

Importantly, project staff were trained in the use of the ‘Washington Group Short Set on Functioning’⁷ questions. This framework provides a series of questions to enable the proper identification of people with disability and the appropriate referral services. The training aided the identification of 1,638 people with disability in the target communities so they could be better supported in their nutrition and healthcare needs. Subsequently, collaboration with the Saravane Province Rehabilitation Centre enabled the distribution of 342 assistive products to help people overcome physical barriers.

ENVIRONMENT AND CLIMATE CHANGE

To ensure participating households have greater resilience in the face of environmental and climate shocks, the AHAN project included community training in disaster risk reduction and climate-smart agricultural practices. In terms of training, Village Disaster Management Committees were established to help communities cope with and respond to emergencies and climate events. Through project activities, families were invited to map out possible environmental and climate risks in their communities so they could plan appropriate mitigation measures. In terms of climate-smart agricultural practices, women and men farmers have been equipped with valuable skills in sustainability including home gardening, raising small animals, drip irrigation techniques and making compost.



Pavan (centre), District Coordinator of the AHAN project in Saravane province, is training members of a communal garden in key agricultural practices including soil improvement, pest management and harvest techniques.

⁷ Washington Group on Disability Statistics. WG Short Set on Functioning (WG-SS). <https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/>

CONCLUSIONS

The project evaluations have brought to light considerable contributions towards improving nutrition outcomes in Saravane Province for children and their families, summarised below:

- **Using a multi-sectoral approach to addressing nutrition issues is highly effective.** The project has demonstrated that the combined actions of improved agricultural techniques, gender-inclusive financial literacy, proper WASH practices and education lead to increased food security and dietary diversity among households.
- **Training must be accompanied by follow-up efforts** to ensure communities continue to apply the skills and knowledge they have acquired. The project's effectiveness was due in part to its deliberate efforts to monitor ongoing progress and establish systems, such as community WASH committees, that will continue encouraging proper nutrition, health and WASH practices in the future without external support.
- **The AHAN project contributed effectively with sectors involved in nutrition at all levels** – national, province and district – and the project objectives and activities aligned with national strategies and plans.



A group of women participating in the AHAN project are feeding their fish in a shared fish pond that was established through the project. Having a sustainable supply of fish is helping to improve food security and reduce childhood malnutrition.

RECOMMENDATIONS



OVERALL:

Provide mentoring support to further develop village capacity and ownership. Encourage community dialogue especially in remote districts with the lowest reductions in stunting and food insecurity.

Implement a village-wide intervention to help increase the impact and sustainability of future activities. This approach would create a 'critical mass' of villagers who practice improved feeding and WASH practices, helping to ensure good nutrition and hygiene for all.



OUTCOME 1

Promote dietary diversity to ensure long-term nutrition security in women, children and people with disability.

- Continue cultivating diverse vegetables, with a focus on increasing variety. Explore nutrient-dense options like amaranth, tree spinach and local fruits such as star gooseberry, star fruit and papaya.
- Provide training to Farmers Groups on the nutritional value of their crops. Explore the innovations of farmers with disabilities and consider scaling up successful practices.
- Explore strategies for improving access to home gardening for people with disability and develop tactile cues for weeding or other gardening activities to make them more inclusive.

Strengthen village management of activities to ensure sustainability and local ownership.

- Monitor and follow up community volunteers to ensure meetings are continuously taking place.
- To increase men's participation, consider scheduling Go Baby Go sessions during periods with lower agricultural labour demands or in the evenings.
- Develop lesson plans that established Savings Groups can use to train new group members.

Pilot the introduction of small animals like crickets and frogs in villages. Begin with small-scale initiatives and collaborate with organisations that have already successfully implemented frog and cricket rearing. Conduct participatory cooking demonstrations with recipes for cooking frogs and crickets to promote village consumption.

Follow up health centres to ensure new skills are being incorporated into their patient assessments and diagnoses. Trainers should continue using supportive supervision when working with health centre staff as this creates a collaborative learning environment for effective problem-solving.



OUTCOME 2

Empower and encourage VWSMCs to provide guidance on and promotion of WASH practices for the entire community, not only project participants. Future projects should also ensure adequate performance monitoring and follow-up standards are in place, in line with the Ministry of Health guidelines.

Equip VWSMCs to provide mentoring from the project's outset. Future projects should include CLTS training co-facilitated by the VWSMCs to enable self-sufficiency and manage reporting to district health offices.



OUTCOME 3

Compile and share a consolidated list of village plans, including C-Change activities, to improve future planning with community volunteers. Lao Women's Union's should utilise the monitoring of the AHAN village activities, the results of which have been handed over to the villages, to plan future interventions.

Ensure inclusive membership in Savings for Nutrition Groups to improve accessibility for the most economically disadvantaged families and people with disability. This could involve adjusting monthly contribution rates for families who are unable to afford this amount.



The Communal Garden Management Committee are enjoying time together at their shared garden. The nutritional and economic impacts of the garden extend to over 130 people in the village, with 23 percent being children under five.

For more information, contact:

Jane Hosking, Country Impact Manager,
World Vision Australia. jane.hosking@worldvision.com.au

Karen Mejos, Evidence Building Advisor,
World Vision Australia. karen.mejos@worldvision.com.au

World Vision ANCP desk: ancp@worldvision.com.au



World Vision Australia acknowledges the support of the Australian Government through the Australian NGO Cooperation Program.

THIS MEANS THE WORLD