



# Accelerating Healthy Agriculture and Nutrition (AHAN) – Saravane, Laos

Progress Brief - March 2021



## About this report

World Vision's Laos Accelerating Healthy Agriculture and Nutrition (AHAN) - Saravane Project (2018 to 2023) aims to create supportive conditions for enhanced household nutrition across 65 villages in four districts of Saravane Province (Saravane, Ta-Oi, Toomlarn and Lao Ngarm districts). Supported by the Australian government through ANCP, the project operates as part of a broader EU-funded AHAN consortium in 12 locations, led by World Vision with partners including Agronomes et Vétérinaires Sans Frontières (AVSF), Green Community Development Association (GCDA) and the Burnet Institute (BI).

The information in this report is drawn from a mid-term evaluation of AHAN, conducted by independent consultants, Elixirs Sole Co., Ltd., with technical review and inputs from World Vision Australia (Margy Dowling and Saba Mebrahtu Habte). The review considered AHAN as a whole consortium approach, and also the contributions and achievements of the ANCP-funded component in four districts. This report focuses solely on progress within the ANCP scope to deliver.



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

© 2021 World Vision Australia. ABN 28 004 778 081. World Vision Australia is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice.

## One in three children in Laos is stunted by the age of five.

Though stunting in children under five years of age has declined over the last five years in Lao People's Democratic Republic, it still affects one in three children (33%), while one in five is underweight (21%), and one in ten are wasted (10%). In Saravane, where the AHAN project is taking place, children face some of the highest rates of malnutrition nationally, well above the national average at 43% for stunting and 29% underweight.<sup>1</sup> The immediate causes of undernutrition include inadequate diet and the effects of food, water-borne and infectious diseases. These are driven by major underlying factors, including lack of access to adequate food, poor access to health care, and poor environmental hygiene.<sup>2</sup>



World Vision's AHAN project aims to reverse the long-term health challenges for children and their families in Saravane province by addressing the drivers behind malnutrition.

AHAN's multi-sector approach resolves issues holistically, inside and outside the scope of maternal and child health.<sup>3</sup> The design seeks improvements to the following challenges by the project's end:

- 1) Poor maternal, infant and young child feeding and caring practices;
- 2) Inadequate food access, in terms of quantity and quality, in particular low dietary diversity;
- 3) Poor access to improved water and sanitation services, and hygiene (WASH);
- 4) Limited nurturing care and developmental stimulation of children in first 1,000 days of life; and
- 4) Inequitable workload distribution and responsibilities for women and girls, as compared to men and boys.

**AHAN GOAL:** To address the immediate causes and underlying factors of poor nutrition in mothers and children.

**Expected Outcomes:**

**Outcome 1:** Improved dietary and care practices among women of reproductive age and children under five;

**Outcome 2:** Reduced incidence of selected Water, Sanitation and Hygiene (WASH) related illnesses, which contribute to malnutrition; and

**Outcome 3:** Improved gender equitable relations at the household level, particularly in decision-making and distribution of workload.

Figure 1, overleaf, shows how the project intends to achieve this change.

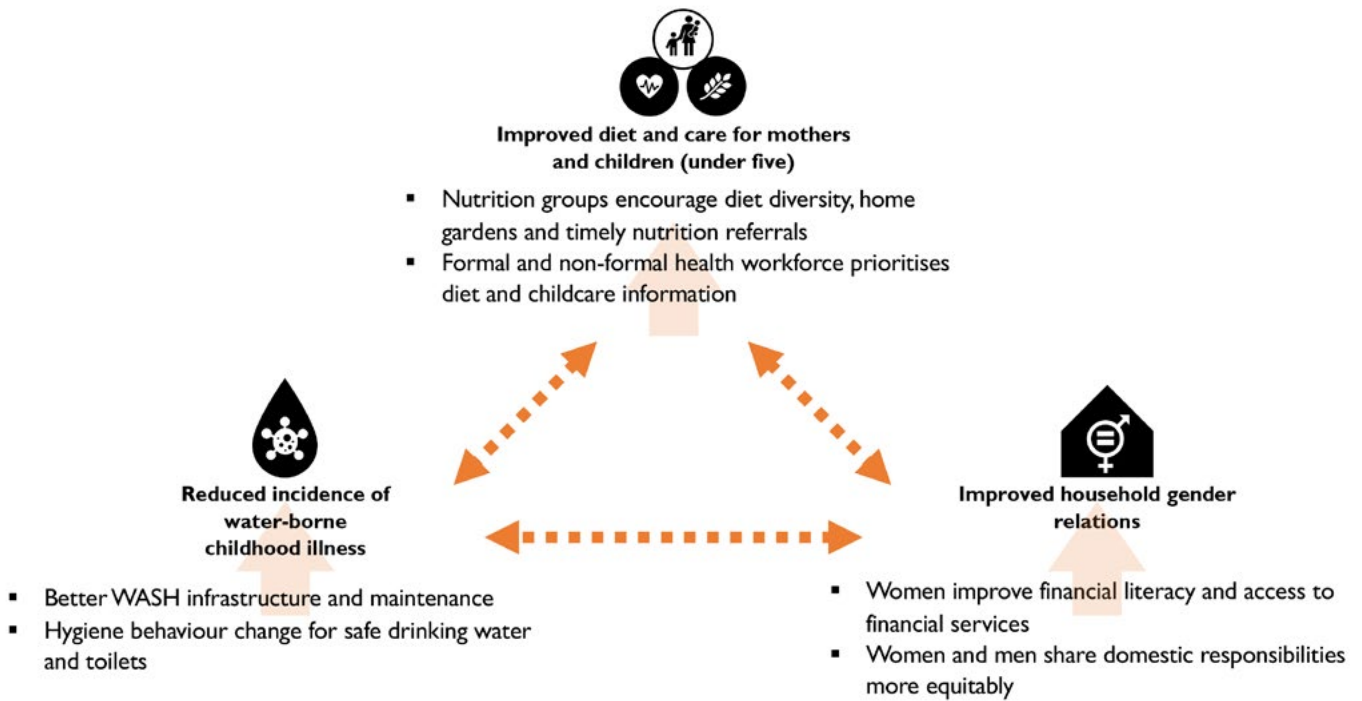


<sup>1</sup> Lao Social Indicator Survey, 2017

<sup>2</sup> National Nutrition Strategy Plan of Action, 2016

<sup>3</sup> As called for by The Lancet to reduce undernutrition: <https://www.thelancet.com/series/maternal-child-undernutrition-progress>

Figure 1. How the AHAN project achieves change



**Interlinking strategies for maximum impact**

- **Disability action** – the project’s approach to inclusion includes training, screening of children with disabilities, inclusion of families with children with disabilities in nurturing care activities, research on disabilities associated with malnutrition, and embedding a disability action plan across all project locations.
- **Nurturing care** – adapting World Vision’s “Go Baby Go!” model, the project works with 65 parenting groups – one in each village of Saravane Province - on better understanding of childcare, nutrition and disability for 65 parenting groups
- **Human resource for health** – training health staff in all health centres on maternal and child nutrition and healthy food consumption
- **Village focal points** – supporting village health volunteers to provide positive home-based support and training in childcare practices



## Progress to date

Between 2018 and 2020, the project has been adapting World Vision's Community-Change approach to address gender and disability issues around food consumption, coupled with nutrition education to promote optimal maternal and infant and young feeding practices. Community conversations included men and elders as champions of gender behaviour change. Traditional structures supporting women were also mobilised; for instance, Lao Women's Union groups, Village Health Volunteers and Traditional Birth Attendants are now leading nutrition cooking demonstrations and other community events for mothers. To provide more effective health services, staff at health centres took courses in Integrated Management of Childhood Illness (IMCI), Infant and Young Child Feeding (IYCF) and training in the newly revised government maternal and child health handbook (known as the 'Pink Book'). AHAN project staff strengthened their own skills in disability screening and behaviour change communications to reach most vulnerable mothers and children.

To improve food access, 935 farming families received training to support results in home gardens and rice cultivation, and 635 families trained in small animal rearing. Towards WASH outcomes, the project combined direct WASH construction with awareness strategies, building toilets in homes that met requirements for hygiene and access, and also conducting Community-Led Total Sanitation to influence hygiene behaviour. The project provided handwashing stations at health centres and village administration offices, and 'tippy taps' training in some villages. With the emergence of Covid-19, World Vision and the Departments of Health used the planned hygiene activities to support prevention strategies more broadly. The project has also worked to strengthen water management committees to improve and maintain water supply facilities in their village.



## Covid-19

The nation-wide COVID-19 lockdown posed challenges in transportation, job and income losses due to closure of small businesses, disruption in food supply chain, and children being out of school. A World Vision analysis of existing secondary data<sup>4</sup> identified multi-dimensional negative impact for vulnerable people such as pregnant women, children under five among poor and vulnerable households, as follows:

- Reduced family income: many families have wage earners working in other areas of Lao PDR and in neighbouring countries
- Reduced food security: disruption of the food supply chain due to transport restrictions within the country
- Increased risk of other preventable diseases (such as diarrhoea): health services became harder to reach and outreach services halted
- Reduced WASH progress: information sessions and supply chain for materials were disrupted
- Child protection issues and domestic violence because of stress and inability to care for children out of school.

The review found that AHAN helped mitigate some of these key effects; community members were able to rely on foods produced in their home gardens during the crisis, while increased access to basic handwashing facilities in communities and health centres helped in hygiene promotion.

### What is Community Change?

Also known as C-Change, Community Change (C-Change) is a process of sustained dialogue and planning where committees form to identify among themselves the shared beliefs and cultural practices that support or challenge children's well-being. Community members then agree on ways forward that promote good practices and step away from harmful ones.

4 Habte SM & Dowling M (2020) Mitigating the effects of Covid-19 on Food and Nutrition Security of vulnerable women and children: Evidence Brief, World Vision Australia, Unpublished.

## About the mid-term review

In February 2021, World Vision Laos commissioned a mid-term review of the AHAN project to determine progress across key project indicators compared to baseline measures. Evidence from the review was used to consider and amend plans and timelines for the project's final phases. AHAN's mid-term review used a mixed-methods approach, based on quantitative and qualitative data with comparison over time, with a particular focus on capturing potentially different experiences of women, men and people with disability interacting with the project. The data collection methods included the following.

- Lot Quality Assurance Sampling (LQAS) methodology, which uses small samples across broad locations to assess the range between high-performing and low-performing areas. Across two sampling areas, Saravane and Toomlane districts, interviews took place with 38 households, where 33 children under five were living (21 boys, 12 girls).
- Review of documents such as the 2018 baseline report and annual project management reports and monitoring data.
- Focus group discussions (FGDs) with Mother's Groups, Village Water and Sanitation Management

Committees, Saving for Nutrition (S4N) Groups, Farmers Groups.

- Key informant interviews with relevant council and government department representatives, plus Disabled People's Organisations.
- Observation of health centres and staff capacity to provide services to mothers and children under five.

### Study Limitations

**Limitations to comparative data:** the baseline and mid-term surveys followed the same measures but used different survey sampling methods. LQAS results are not strictly comparable to baseline figures but can generate more robust estimates across the whole program area using small geographic clusters, as a way to gauge overall project progress.

**Timing of survey:** the time of year differed from baseline to mid-term data collection. This may have some seasonal implications to food security and water measures, and also to household sampling as the mid-term review occurred during a busy planting season.



## Findings

Outcome 1: Improved dietary and care practices among women of reproductive age and children under five		
	2018 baseline study	2021 mid-term review
Minimum dietary diversity – mothers	32.7%	50%
Minimum dietary diversity – children under five	17.8%	31.5%
Mothers receiving iron folate tablets during pregnancy	74.9%	94.7%
Children under five receiving deworming medicine	77%	64%

A recent Burnet Institute study in the project areas, *Eating and Feeding Practices affecting maternal-child nutrition*, found declining issues with cultural practices restricting food to pregnant and lactating women, or during the neonatal confinement. The study concluded that food security is now a more important barrier than cultural traditions to dietary diversity.<sup>5</sup> This study also noted that better food storage and preservation can reduce food loss and enhance year-round food access. In this regard, the review found access to food has improved for mothers, with minimum dietary diversity measured at 50% of women compared to 32.7% at baseline. Children's diet diversity also increased from 17.8% to 31.5%.

Health centres now have broader coverage including monthly outreach clinics to support maternal health. This outreach approach also helps people with mobility

impairments to receive health care; among the household surveys, nobody stated that transport for children with disabilities to clinics was a problem now. Exclusive breastfeeding has increased, and nearly 95% of women said they had received iron folate tablets during ante-natal checkups.

These increases were noted despite the challenges of COVID-19 lockdown. Focus groups confirmed that home gardens and village (co-operative) farming set up through AHAN helped with food security over this time, as people did not need to leave their local area to access vegetables. However, 64% of the children in households surveyed received deworming medicine in the past 6 months, compared with 77% in the baseline. The review suggested this may be due to travel restrictions during the lockdown, as outreach clinics could not take place.

Outcome 2: Reduced incidence of selected Water, Sanitation and Hygiene (WASH) related diseases/ illnesses linked to undernutrition		
Indicators of reduced WASH-related threats	2018 baseline study	2021 mid-term review
Exclusive breastfeeding to six months	72.1%	73.5%
Open defecation	89.5%	63.1%
Access to safe drinking water	38.9%	47.3%
Access to an improved toilet	8%	31.5%
Children with an episode of diarrhea in the last two weeks	19.7%	26.3%

Exclusive breastfeeding was slightly higher compared to the baseline, and ranged from 70.6% in Saravane district to 76.5% in Toomlarn district. A marked decline in open defecation from 89.5% in 2018 to 63.1% in 2021 correlates with increased household access to improved toilets (31.5% in 2021, compared to just 8% in 2018). Access to improved water sources also increased from 38.9% to 47.3%. Focus groups reported that hygiene and handwashing had improved, including with soap and with

alcohol gel, though only 26.3% of households surveyed could show soap and water near their toilet.

**Diarrhoea incidence in children under five increased slightly** according to the household survey, from 19.7% in 2018 to 26.3% in 2021. As the baseline and review took place in different seasons, this may signify a trend of water availability for handwashing rather than a decrease in knowledge.

5 Cultural beliefs that certain foods can be damaging to health and well-being of families / communities.

**Outcome 3: Improved gender equitable relations at the household level, particularly in decision-making and distribution of workload.**

	2018 baseline study	2021 mid-term review
Agree it is natural that men have more power in the family	42.7%	26%
Agree a man makes the final decision on how money is spent	43.5%	31.5%
Agree looking after house and children is a woman's responsibility	53.2%	34.2%
Men involved in daily housework	33%	63.1%
Women satisfied with time spent on rest and leisure	70.1%	78.9%
Women reporting involvement in decisions regarding minor household assets	91.7%	71%

Household surveys revealed many positive changes towards more equitable decision making and distribution of workload between midline and baseline (see table above). Men were nearly twice as likely to be taking part in daily housework, and fewer respondents were in agreement that a man holds the power or should make the final decisions on financial matters. However, women's involvement in decisions regarding minor family assets had decreased. Focus groups confirmed women and their husbands were more likely to discuss how to spend money; however, most women said their husband still made the final decision.



Push carts used to carry wood foraged in the forest, near Nahongyai Village, Toomlam District, Saravane Province.

**“Because of the discussions in the group, I can talk with my husband about how to use our funds and whether we should borrow money. But my husband still makes the final decision – but it is the decision that we discussed together.”**

Focus group participant

The gender analysis and Burnet Institute study both noted the significant amount of time that women spent in field work, collecting water and firewood. To alleviate this, 3,597 'labour saving devices' - push carts, energy efficient stoves and water tanks - were made available to women. Women said the most useful items were the push carts, because it made it easier to carry wood or water, a significant part of their daily labour. Rice mills introduced in villages have also been useful as women do not have to travel as far to mill rice, saving labour, time and money for transportation.





### Sustainability

The project’s sustainability strategy is progressing as planned. Home gardens have already proved their worth during COVID-19 lockdown. Focus group participants were able to identify nutritious, locally available food for different ages and health needs. Both male and female members of the farmers’ groups explained that the food they grow is not only for income but also for the health of their families. Sustainability is likely to strengthen as these families and community members around them take more ownership and leadership on culture shifts, under full implementation of World Vision’s C-Change model, and as communities connect more effectively with government partners on WASH infrastructure.

World Vision is also influencing national policy for better nutrition, joining consultations on nutrition group session content, including Social Behaviour Change Communication tools on nutrition (Infant and Young Children Feeding, MCH counselling, Nutrition Sensitive Agriculture) and the convergence approach by MOH and Ministry of Agriculture and Forestry (MAF).

Community-led total sanitation (CLTS) has been an effective motivator for building household toilets, but open defecation rates in some areas remain high. Reasons included limited water access for flushing toilets, especially during the dry season, construction needs exceeding funding, and cultural taboos that still limit toilet use, such as the belief that a daughter in law cannot use the same toilet as her husband’s parents.

Gender roles are changing, albeit slowly, but with some confidence that such changes will be sustainable. For instance, the household survey discovered that men are helping their wives more at midline with household chores and childcare than at baseline. The labour-saving devices have helped women to see that their workload can be adjusted so that they have more leisure time. Women’s economic advancement through Savings 4 Nutrition groups has stimulated others in the community to form their own groups beyond the original project targets for this activity. The review also noted positive examples, though not yet equal participation, of women in the Village Water and Sanitation Management Committees (VWSMCs) beginning to take financial management roles, as bookkeeper and treasurer.

### Disability inclusion

The project partners with the Lao Disabled People’s Association, Saravane Branch, the only Disabled People’s Organisation in Saravane Province. As well, staff have been trained in disability inclusion principles and practices, also integrated into Nurturing Care, Community Change and home visits from October 2020. As part of outreach health services, referral mechanisms are in place for children with disability for rehabilitation and treatment. However, there is no follow-up on those referred to track their access to the appropriate services. Remaining obstacles include: distance to the rehabilitation centre for assessment and referral, with families needing to take time off from their field work to travel to these facilities, costs for transportation or fuel, and language translation needs.



## Conclusions and recommendations

Overall, considerable progress has been made in the last 18 months towards outcomes for dietary and care practices and gender equitable relations. A strength of the project was its alignment with COVID-19 mitigation, increasing local access to nutritious foods from home gardens and expanding hygiene and WASH at a time when it was urgently needed.

The mid-term review delivered a number of recommendations to guide final stages of the project:

- **Mobilise other influencers as well as men and elders in families:** it is important for women's health and nutrition that everyone in the household knows and applies the same knowledge.
- **Build on success of Community-Led Total Sanitation,** with VWSMC members (both male and female) given opportunities to become facilitators and monitor results.
- **Better water conservation,** for handwashing and keeping toilets clean year round.
- **Continue Community Change,** but strengthening the gender and disability lens further.
- **Strengthen capacity of the Lao Disabled People's Association (LDPA), Saravane Branch,** in participation, consultation and promoting disability inclusion.
- **Localise monitoring and supervision capacity** for community volunteers and health workers to gain confidence in problem-solving skills around healthy behaviours in community.





For more information, contact

Margy Dowling, County Impact Manager, Laos and Cambodia, World Vision Australia; [margy.dowling@worldvision.com.au](mailto:margy.dowling@worldvision.com.au)

Saba Mebrahtu Habte, Evidence Building Advisor, World Vision Australia: [Saba.MebrahtuHabte@worldvision.com.au](mailto:Saba.MebrahtuHabte@worldvision.com.au)

