

Scaling Up Nutrition Civil Society Alliance



WOMEN'S EMPOWERMENT FOR IMPROVED COMMUNITY NUTRITION

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Table of Contents

Abbreviations and Acronyms	3
Executive Summary	4
1. Introduction	6
2. Background	6
a) Gender in Nutrition Globally	6
b) Gender and Nutrition in Lao PDR	7
c) A Multi-Sectoral Approach to Nutrition	9
3. NGOs working in Lao PDR	10
4. The Multi-Sectoral National Food and Nutrition Security Action Plan	10
a) The Agricultural Sector and the FNSAP	10
I. Successful Approaches in the Agriculture Sector	11
i. WINGS	11
ii. Women Agricultural Extension Workers	12
iii. The LANN Approach with a focus on Women's workloads	12
II. Issues to consider when designing or implementing activities in the Agriculture Sector	13
i. Opportunities for Women to earn Incomes	13
ii. Who controls income from Income-generating activities	13
iii. Duration of Intervention	13
b) The Health Sector and the FNSAP	15
I. Successful Approaches in the Health Sector	15
i. Increasing Access to Health	15
ii. Support women working for women and Women working with women	16
iii. Working through existing Government Systems	16
iv. Supporting Women Health Volunteers	16
v. Working with the Private Sector alongside the Public Sector	16
c) WASH and the FNSAP	17
I. Successful Approaches to WASH	17
i. Non-subsidised Toilets	18
ii. A Behavioural Change Approach	19
iii. Monitoring of WASH for Gendered Outcomes	19
iv. WASH to support Income Generation	20
d) Education and the FNSAP	21
I. Successful Approaches or Elements of Nutrition through Schools	21
i. School Meals to Keep Girls in Schools	21
II. Issues to consider when Designing or Implementing Activities	21
i. Vegetable Patches in Schools	21
ii. Retaining Trained teachers	21
iii. Opportunity to Improve Literacy through Nutrition	21
iv. Children as Agents of Change	21
5. Recommendations across the Sectors	22
6. References	23
7. Attachments	25
Attachment A: 22 Priority Interventions within the NFSAP	25
Attachment B: Organisations and Individuals interviewed	26
Attachment C: More Women and Children have access to Essential Health Services	27
Attachment D: The impact of Sprinkles on rates of Anaemia	28
Attachment E: Access to Sanitation facilities and their Usage	29
Attachment F: The Cost of taking a Gendered approach to Nutrition	30

Abbreviations and Acronyms

CLTS	Community-Led Total Sanitation
DHO	District Health Office
DPs	Development Partners
FNSAP	Food and Nutrition Security Action Plan
GOL	Government of Lao PDR
GWMT	Gender WASH Monitoring Tool
INGOs	International Non-Government Organisations
LANN	Linking Agriculture, Natural Resource Management and Nutrition
LSIS	Lao Social Indicator Survey
MNCH	Maternal, New-born and Child Health
MoES	Ministry of Education and Sports
MoH	Ministry of Health
NGOs	Non-Government Organisations
NPAs	Non-Profit Associations
NTFPs	Non-Timber Forest Products
SDC	Swiss Development Cooperation
SUN CSA	Scaling Up Nutrition Civil Society Alliance
TBAs	Traditional Birth Attendants
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation
WINGS	Women's Income and Nutrition Groups

Executive Summary

The ability to act on one's preferences, regardless of one's gender, and to translate those preferences into desired outcomes is a development objective in its own right (World Bank 2012). Women's agency enhances development as when women are free to make choices, that freedom positively affects all levels of society. Increasing women's voice and influence has been found to improve children's education, health and income. There is evidence of a positive association between women's empowerment and improved nutrition outcomes, and conversely, the disempowerment of women can result in reduced nutritional status for themselves and for their families (Quisumbing et al. 2013).

Recognising the lack of progress on MDG 1 in Lao PDR, Development Partners have increased their commitment to support the Government of Lao PDR for improved nutrition. Twenty-two priority actions are identified in the Food and Nutrition Security Action Plan (FNSAP, November 2012) using a multi-sectoral approach.

The Scaling Up Nutrition Civil Society Alliance, with support from Plan International and the Swiss Development Cooperation (SDC), has undertaken this study to document examples of successful approaches to improved nutrition implemented in Lao PDR that address gender equality or gender mainstreaming, and to support all organisations working on nutrition in Lao PDR to better address gender equality in their work. It is our intention that this paper inform the FNSAP to strengthen the commitment to gender equality recognising that this is key to improved nutritional outcomes, and inform partners supporting the implementation of the FNSAP on approaches and models that work.

In this report, examples are cited from all sectors in the convergence approach, and include:

Women's Income and Nutrition Groups: WINGS is an approach designed by CARE International with the Lao Women's Union to address issues important to women, including nutrition, and to create space in community life where women can come together to address these issues. WINGs provide a platform to deliver **LANN** (Linking Agriculture, Natural Resource Management and Nutrition), a community based nutrition education program that mainstreams gender and is tailored for ethnic and upland communities. Several INGOs and NPAs implement the LANN approach.

With a focus on supporting female government staff, Helvetas has successfully introduced **quotas for women agriculture extension workers**, and Save the Children has introduced the use of **female Village Health Volunteers** in addition to the existing, often male, volunteers. Save the Children has worked to ensure there are **trained women in health facilities**. Several NGOs support **scholarships for women** from ethnic communities to study nursing, midwifery, teaching and other professions, to increase the number of trained female staff able to speak in local languages.

WHO estimates that 50% of malnutrition is associated with repeated diarrhoea or intestinal worm infections as a result of unsafe water, inadequate sanitation and/or insufficient hygiene. In Laos, 36% of rural households do not have access to improved water supplies, and 52% do not have access to improved sanitation. WASH interventions are highly effective in reducing diarrheal infection and environmental enteropathy. Plan, SNV, UNICEF and the World Bank have successfully introduced **non-subsidised sanitation (CLTS)** to Laos, and it has proven an effective way of eradicating open defecation. CLTS in combination with improvements in access to clean water and improved hygiene behaviours could be a significant contributor to reducing stunting and under-nutrition in Lao PDR.

Women and girls have a central role in WASH and CLTS, and programs are enhanced with an explicit focus on gender equality. The **Gender Wash Monitoring Tool (GWMT)** - Plan International Australia) enables analysis and monitoring of gender relations in implementation of WASH related initiatives.

Recommendations:

1. **Use of local, ethnic languages** when working with non-Lao speaking communities. Lao language skills are often lower for ethnic women and girls.
2. Develop **approaches that are inclusive of women**. This can include holding women-only trainings or activities, or it can be about methodologies that specifically encourage the meaningful participation of

women and girls. This must also include working with men, so they support women's participation in activities and women's empowerment.

3. **Use women to work with women.**
4. **Use or develop tools that are suitable for non-literate persons.**
5. **Work at district and village levels.** Nutrition needs to be addressed in homes and communities. Households and communities need to be targeted to change behaviours to support good nutritional outcomes. Recognising that women are less represented in leadership or technical roles in government, working with households and at village level is essential.
6. **Build and invest in long-term relationships with communities.** Changing behaviours, testing approaches, convincing communities and delivering benefits all take time.
7. Acknowledge and **understand the specifics of different communities** such as the cultural differences, including language but also the different roles and responsibilities of men and women, different cultural practices, food taboos and food practices.
8. Incorporate **monitoring and evaluation**, including feedback and adjustment mechanisms, into programs, and ensure monitoring and evaluation frameworks fully mainstream gender.
9. **Ensure that the cost of taking a gendered approach is included in the overall budget**, and recognize the additional costs required to support gender equality and to fully mainstream gender.

1. Introduction

The Scaling Up Nutrition Civil Society Alliance (SUN CSA) in Lao PDR is a formal network established in 2014 to promote sustainable improvement in the nutrition status of Lao people, in particular women and children in their first 1000 days of life. It seeks to coordinate and align civil society through skills building, convergent action and learning from best practices. The SUN CSA supports the Government of Lao PDR's (GOL) national nutrition agenda to accelerate the eradication of extreme poverty and hunger (MDG 1).

The GOL Multi-Sectoral National Food and Nutrition Security Action Plan (FNSAP) (draft November 2013) is a multi-sectoral approach based on the convergence model of multi-sectoral planning and monitoring and sectoral implementation. The FNSAP prioritises 28 nutrition sensitive (in agriculture and education) and nutrition specific (in health and WASH) activities. However, subsequent to this draft, the Ministry of Health agreed to a shortened list of 22 interventions (see Attachment A for the list of interventions by sector). This list was approved without drafting a new version of the FNSAP. This report is therefore based upon the text of the November 2013 draft and the agreed 22 interventions. Young children, women of reproductive age, adolescent girls and school children are the primary focus. A primary goal of the action plan is to meet the MDG1 targets relating to under-nutrition (that is, to halve, between 1990 and 2015 the proportion of people who suffer from hunger).

The SUN CSA Secretariat and Plan International commissioned this study, funded by Swiss Development Cooperation, to examine the experiences of SUN CSA members in Lao PDR in the sectors identified within the FNSAP, with the aim of identifying approaches that have been tested and proven to improve nutritional outcomes, using approaches which empower women, or at a minimum meaningfully mainstreams gender. This paper is based on interviews with SUN CSA members, donor organisations, UN agencies and individual consultants (see Attachment B); and a literature review to examine international practice and experience as well as experience in Lao PDR. This paper is constrained by limited documentation of the approaches and experiences in Lao PDR, and relies heavily on grey literature.

The purpose of this paper is to provide organisations implementing the 22 interventions identified in the FNSAP with information regarding tested approaches to the interventions that take a gendered approach for better nutritional outcomes.

2. Background:

a) Gender and Nutrition Globally

The World Bank (2012) argues that the ability to act on one's preferences, regardless of one's gender, and to translate those preferences into desired outcomes is a development objective in its own right. Women's agency enhances development as when women are free to make choices, that freedom positively affects all levels of society. Increasing women's voice and influence has been found to improve children's education, health and income. At the same time, at the household level, general poverty often masks the gender dimensions of consumption, income and resource distribution.

More specifically, there is well documented evidence of a positive association between women's empowerment and improved nutrition outcomes, and conversely, the disempowerment of women can result in reduced nutritional status for themselves and for their families (Quisumbing et al. 2013). A woman's ability to control her fertility, to make decisions about how to spend (often limited) family income, to decide what to cook for her family, to limit her workload during pregnancy, to access health care for herself and her children, and to support her children to attend school are just some indicators of her level of empowerment, and they influence her own nutritional and health status as well as those of her family.

A large body of evidence, both within and between countries, shows that healthier, better educated mothers have healthier, better educated children (World Bank 2012). The health status of a woman even before pregnancy - a reflection of her diet, her workload, her level of education and her access to health services - plays a role in her pregnancy and the health of her unborn child and her breast-fed child. It is important to recognise that 30% of a child's 'first 1000 days' is during pregnancy. Therefore the nutritional status of women prior to and during pregnancy is crucial to achieving good nutritional outcomes for themselves, their children, their communities and through them, the nation.

Some studies indicate that maternal nutrition during early stages of pregnancy contribute more to pregnancy outcomes than later stages of pregnancy and that breastfeeding, whilst promoted for at least the first 6 months of life up to 2 years, places an extra time and physical burden on women (FAO (draft) 2012). Women play a significant role in caring for families and contributing to household food production (small animal raising and vegetable gardens), yet their decision-making may be limited, including on how household income is spent or if children go to school. Women's contributions to the household are often in the context of them bearing an inequitable share of the household workload, women's work being unpaid, and women lacking decision-making within their own households.

b) Gender and Nutrition in Lao PDR

*About 15% of infants are born underweight. By two years of age, 44% of Lao children born in rural areas are irreversibly stunted while 30% are underweight.
(LSIS, 2012)*

*19 % of women have given birth by the age of 18. 39% of women have become mothers by the age of 20.
(LSIS, 2012)*

*In Lao PDR, under-nutrition represents an underlying condition for 1/3 of all under 5 deaths. In other words, children would not have died of pneumonia, diarrhea and other conditions if they were not malnourished.
(UNICEF, 2012)*

*Children from poor families, from some ethno-linguistic groups and those living in remote areas and whose mothers have lower educational level are more likely (x5) to die before reaching their fifth birthday.
(UNICEF, 2012)*

The Lao Constitution declares that women and men have equal rights. The Lao National Commission for the Advancement of Women in Laos was established in 2002 to uphold Lao women's rights. The Lao Constitution notes that women, in particular those living in rural or remote areas and of ethnic minority communities, are severely disadvantaged in their ability to access their rights and significant gender gaps persist. Women and girls from ethnic minority communities perform 70% of agricultural and household tasks, and have little access to labour-saving technology. They make up the majority of the lowest income quintile. Female-headed households are poorer, even after controlling for education, household composition and other factors (Asian Development Bank, 2011).

Within a diverse ethnic context there is great variation in social and cultural practices, and the characteristics of different ethnic groups, and ethnicity as a determinant of poverty and health status, intersect with gender in Lao PDR. This intersection represents diverse and entrenched stereotypical attitudes toward women and girls in the family, school, and society, and these sustain traditional gender roles and result in reduced opportunities for women and girls particularly in secondary school that worsens at each successive level of education, particularly in remote and rural areas. The relationship between gender and ethnicity is manifest in a number of social indicators. Gender disparity is worse in areas where ethnic groups live, where women are less likely to access education and are not fluent in spoken and/or written Lao. The lack of Lao language skills prevents women's active participation in decision-making processes at different levels.

Health

Health indicators reflect the disparity in women's access to essential services. For example, whilst overall maternal mortality is declining (from 650 per 100,000 live births in 1995 to 357 in 2012) (Ministry of Health and Lao Statistics

Bureau 2012), rates in rural areas are substantially higher than in urban areas. Women's access to reproductive health services, skilled birth attendants (SBAs) and ante-natal and emergency obstetric care services is poorer in rural and remote areas than in urban areas, and is also lower among certain ethnic groups, the poor and those with lower levels of education. The 2012 LSIS found that while 79% of urban women delivered with a doctor or nurse/midwife in attendance, only 29% of rural women experienced the same care, and for women living in rural areas without road access, the figure is 11%. This level of care is also reflected across poverty levels (87% of the richest quintile of women have a doctor or nurse/midwife attending delivery, whilst only 9% of the poorest quintile of women have a doctor or nurse/midwife attending delivery) and ethnicity (52% of Lao-Tai women compared to 15-17% of other ethnic origin women).

Child marriage (before the age of 18 years) is prevalent in remote and mountainous areas of Lao PDR (Ministry of Health and Lao Statistics Bureau 2012; Plan International and ChildFund 2011), and early childbearing has a direct impact on neonatal outcomes, in particular higher prevalence of low birth weight newborns. Young mothers are less likely to have completed school, and the link between low education attainment in women and poor health outcomes for children is well documented. Furthermore, when pregnancy and lactation coincide with adolescence, the nutritional needs of a growing girl compete with the nutritional needs of the foetus and for the production of breast milk.

Education

Gender gaps are narrowing in primary and secondary levels, but challenges persist in completion rates. Gender gaps are largest in poor, remote and largely ethnic group districts. In 2013/14, for every 100 boys, there were 95 girls in primary school; by upper secondary school this has reduced to 85 girls. At university levels, there are only 60 girls attending technical vocational education and training (TVET) and 80 girls attending university for every 100 boys (MoES 2014). Rural areas without roads have the lowest access rate to primary school with only about half of the children enrolled in school. 17% of girls (versus 11% of boys) have never been to school (World Bank and Asian Development Bank 2012, p.25).

Physical factors, such as distance to the nearest school, road access to the school, and separate latrines for boys and girls, are important factors in girls attending school. Girls are also more likely to attend infrequently as their household responsibilities and farm work take them away from school. The cost of clothing, school supplies, and girls' lost labour are also factors in their attendance at school.

Agriculture

More than 71% of households in Lao PDR report agriculture, forestry or fishing as their main activity and most of this work is on family-run small holdings (World Bank and Asian Development Bank 2012, p.36). Most farming households maintain a traditional gender division of labour for crops and livestock, though this is changing in some areas. Generally women work in the fields (planting, weeding and harvesting crops) and tend to smaller livestock (pigs, poultry and goats). Men undertake select agricultural tasks of ploughing, constructing bunds, and preparing seedbeds and looking after cattle and buffalo. (Sonevilaysack in interview, 2014; World Bank and Asian Development Bank 2012). In addition to the time needed for women to contribute to agricultural activities, women's domestic activities, such as fetching water and firewood, are also time intensive and physically demanding. When men do not substitute for women in domestic labour, it is often the female children that share the burden with their mother, whilst boys either work in the fields (but fewer hours) or go to school (World Bank and Asian Development Bank 2012, p.37).

Forests continue to contribute to household food security, particularly in between agricultural seasons, and are an important resource for families. Both men and women collect and manage various forest resources: women tend to collect non-timber forest products (NTFPs) while men hunt animals. Increasingly, with deforestation and poor forest management, women are reporting that it takes longer to find the NTFPs they need to supplement their diets and income (World Bank and Asian Development Bank 2012; Pirotte & Gordon 2012).

c) A Multi-Sectoral Approach to Nutrition

Plan multi-sectorally, implement sectorally, review multi-sectorally
(Levinson & Balarajan 2013)

The FNSAP draws heavily on Levinson and Balarajan (2013), and their analysis of multi-sectoral approaches to addressing nutrition. Levinson and Balarajan describe the evolution of multi-sectoral approaches from the 1970s, noting the challenges given the coordination requirements across sectors that have not traditionally worked closely together. With an increasing focus on nutrition as central to child survival and well-being, there is an interest in again exploring models of multi-sectoral collaboration and cooperation, that addresses nutrition problems directly (through nutrition-specific interventions) and to address the determinants of nutrition (through nutrition-sensitive interventions in other sectors).

The authors present successful case studies from Peru, Bangladesh and Brazil. Three key findings emerge from their study.

- “First, the value of the convergence approach, where combined nutrition-specific and nutrition-sensitive interventions are jointly targeted to vulnerable geographical areas and populations within them. ...
- Second, the importance of results based incentives to sub-national governmental bodies with elected officials to encourage more proactivity and accountability for results...
- Third, the importance of active and sustained civil society advocacy....to ensure political and administrative commitment to nutrition and food security...to ensure adequate budgeting...”¹.

Levinson and Balarajan argue that the convergence approach “capitalises on the synergy between combined nutrition-specific and nutrition-sensitive interventions....geographical targeting is critical....as is the targeting of vulnerable low income populations...”. More specifically Levinson and Balarajan found that:

- WASH programs do not need to be tailored to nutritional needs. Clean water, sanitary latrines and hygiene counseling are what is necessary.
- Literate, better informed, and empowered girls and women are the most important benefit of education programs. Nutrition education, school gardens and school feeding programs can, in the long run, improve nutrition.
- Nutrition-specific interventions are essential.
- Social protection, alongside counseling that helps translate the income to better health and nutritional outcomes, can be useful.
- Agriculture is the most challenging sector. Levinson and Balarajan suggest that agriculture programs should be nutrition-sensitive. They should: focus on household production and household consumption diversity; look at the role of women in agriculture and how to increase the efficiency of this work; use agricultural extension workers to disseminate key information; and focus on labour intensive and employment generating activities.

This work has informed the development of a multi-sectoral approach in Lao PDR.

In 2013, a task force of UN agencies and the GOL developed the FNSAP in consultation with development partners, including civil society. This was undertaken following the establishment, for the first time, of an inter-ministerial National Nutrition Committee (Prime Minister’s Decree 065/21), chaired by the Deputy Prime Minister, which provides a governance structure for inter-ministerial cooperation in policy and implementation. The National Nutrition Centre hosts the Secretariat for the National Nutrition Committee and is tasked with delivery of the FNSAP.

The FNSAP is centred on the convergence approach. The FNSAP identifies 22 interventions across 3 sectors: health and WASH (14), education (4) and agriculture (4) (see Attachment A). (At the time of writing this report, a 23rd priority intervention was added, nutrition governance). The FNSAP sets out the implementation of evidence based, high impact interventions in all villages of a selected set of districts targeted on the basis of poverty, food insecurity and malnutrition. These activities will be delivered using the convergence model (multi-sectoral planning, sectoral implementation, and multi-sectoral monitoring). The target districts for Phases 1 and 2 of the Plan are as follows:

¹ Find the full report <http://scalingupnutrition.org/news/addressing-malnutrition-multisectorally-what-have-we-learned-from-recent-international-experience#.VMdcJ2AR7ml>

Luang Namtha	Oudomxay	Salavan	Phonsaly	Houphong	Xiengkhoung	Sekong
Sing	Nga	Ta Oi	May	Xiengkhor	Kham	Lamarm
Long	Beng	Lao Ngarm	Samphanh	Viengthong	Nonghed	Kaleum
Viengphouka	Hoon	Samuoi	Nhot Ou	Huameuang	Khoune	Dakcheung
Nalae	Pakbeng			Xamtay	Phookood	
				Sopbao		

At the time of writing this report, micro-planning workshops and training had commenced in the three phase 1 provinces (Salavan, Oudomxay and Luang Namtha).

3. NGOs working in Lao PDR

NGOs, in coordination and cooperation with the GOL, have been working in the health and WASH, education and agricultural sectors in Lao PDR for many years. They have invested in developing effective approaches to addressing food security and nutrition through nutrition-specific and nutrition-sensitive activities and programs. This report will summarise the lessons learned and provide recommendations to others working in these sectors, focussing on those approaches that incorporate women's empowerment and gender mainstreaming.

4. The Multi-Sectoral National Food and Nutrition Security Action Plan (FNSAP)

a) The Agriculture Sector and the FNSAP

The interventions identified within the Agricultural Sector in the FNSAP are:

1. Production and promotion of diversified crop production (including home-gardens, herb boxes, bean production etc) and agriculture-linked nutrition education.
2. Production and promotion of small and healthy livestock (with a focus on poultry and pigs).
3. Improve post-harvest handling and promoting food processing to improve year-round food security.
4. Support and promotion of income generating activities, for example agricultural products as well as non-timber forest products including traditional herbs and education on wise spending of money.



Photo credit: Plan International Laos

In the FNSAP, home gardens and small animal production have been identified as a primary means of increasing household food security and food consumption diversity in vulnerable families², as well a primary means of generating income and, in turn, decision making power for women in these households (Smith et al, 2003 and

² A DFID-funded comprehensive study of the effect of agricultural interventions on nutrition found that, with few exceptions, home garden production increased fruit and vegetable consumption and, in turn, nutrient intake (Masset E et al, 2012.)

UNICEF, 2011 in United Nations Development Partners 2013)³. Assistance includes counseling on the importance of providing the produced vegetables, fruits, eggs and meat to reproductive age women and young children⁴ (United Nations Development Partners 2013, p.10).

Vulnerability to food insecurity for poor households increases when access to land and natural resources decreases, and conversely decreases when the diversity of livelihoods is higher. There are a number of issues affecting vulnerability and food security for poor families in Lao PDR.

- Access to natural resources is decreasing for a number of reasons, including logging, conversion of small farms into large commercial farms, resettlement and hydropower development.
- Access to markets is low for subsistence farmers, however there are several major roads projects that are reducing isolation from markets.

I. Successful Approaches in the Agriculture Sector

i. Women's Income and Nutrition Groups (WINGS)

WINGS is an approach designed by CARE International in Lao PDR in partnership with the Lao Women's Union (LWU) to address issues important to women, including nutrition, and to create space in community life where women can address these issues (Hackman & Santolaria 2013). WINGS have become a hub for new knowledge and life-skills for both men and women through training in gender roles, gender and negotiation, nutrition (Linking Agriculture, Natural Resource Management and Nutrition (LANN)) and income generation. Several INGOs with local NPAs (CARE, Helvetas, World Renew, CCL, Agrisud, GAA, IRD, DED, CKSA) have worked collaboratively on projects using the LANN approach.

WINGS brings together women from a village, 'around-the-cooking-pot', to provide training in the preparation of nutritious tasty foods for adults and weaning children, using in-village seasonally available foods, and limited purchased foods. The aim is to support women to be able to make decisions on how (household) resources are used in order to improve nutrition. Whilst the groups have a focus on nutrition, including how to grow their own food (fishponds, cropping etc), they are also encouraged to look at other aspects of their lives that also impact on nutrition such as their workloads, incomes, and health. WINGS respond to the needs of women based on their own experience. To support this, the groups aim to respond to issues raised by the women themselves. For example, some WINGS groups have linked women to the District Health Office (DHO) for access to contraception and child and mother health checks. Others have provided wheelbarrows to reduce women's workloads, or provided training on coffee growing and processing as a potential income earning opportunity. The women themselves agree upon who are in their groups, topics for discussion and what support or technical assistance they will request.

The implementing NGOs address nutrition and income using a longer term multi-sectoral strategy that combines rural infrastructure development (water supply and sanitation, small tracks/roads and irrigation schemes), with agriculture, land and natural resources management. Associated health, hygiene and nutrition components are designed to ensure that they decrease (women's) workloads.

An evaluation of the WINGS approach acknowledges that there is no unique model for addressing gender mainstreaming in project implementation (Hackman & Santolaria 2013). Important however, is:

- A pro-poor approach and targeting women.
- Using the "4L rule" ie low risk, low investment requirement, low duration for income/production and low competition.
- Identifying the poorest families with low labour availability and target specific activities for them.
- Using demonstrations implemented by poor families and poor model farmers.
- Using approaches that take into account low literacy levels.

³ An evaluation of the MDG/F program in Bangladesh found that home garden assistance targeted to low income households increased women's decision making capacity considerably. Of women in project areas receiving such assistance, 42.7% believed their decision making role in the family had increased relative to the previous year. The comparable percentage in control areas was 4.3% (Levinson and Hussain, 2013)

⁴ A review of food-based means of reducing nutrient deficiencies found production coupled with such counseling had significantly enhanced effectiveness (Ruel, 2001.)

ii. Women Agricultural Extension Workers

Helvetas has found that women extension workers are better at 'listening', rather than 'telling' and are better able to reach out to women farmers. Helvetas's experience is that women agricultural extension workers are critical to working with women farmers and extending the reach of activities beyond male farmers (Munankami interview, 2014).

Women agricultural extension workers are currently small in number (about 20%) and an even smaller number work in the field (about 5%) (Munankami interview, 2014). Those working in offices are often relegated to administrative work, or making the tea/coffee, despite having graduated from agricultural colleges and holding equivalent qualifications to their male colleagues.

To support women extension workers and to encourage their involvement in programs, Helvetas has implemented a quota for women agricultural extension officers. That is, they aim for 1 out of 3 extension officers to be a woman at the district and provincial level. This has resulted in an increased number of women extension workers in the field. To address the issue of safety of women agricultural workers Helvetas has put in place simple safety measures, such as female extension workers working and travelling in teams of two. This has facilitated the ability of women agricultural extension workers to travel as a part of their job (Munankami interview, 2014). Improvements in infrastructure, particularly roads and bridges, have also made it easier for women to travel to undertake fieldwork, and for extension workers (men and women) to visit more remote areas.

iii. The LANN Approach, with a focus on women's workloads

A major concern with interventions focussed on women in the agriculture sector, particularly home gardens, small animal promotion, and women's employment generation, is that they can, if not carefully planned and implemented, lead to an increase in women's already heavy workloads. For instance, men are mostly responsible for preparing the land and buying seeds, whereas women do the watering and harvesting, activities that are more time-intensive, very physical and need to be done regularly, and sometimes daily (Munankami interview, 2014).

CARE's approach to LANN - which links agriculture, natural resources and nutrition - is careful *not* to increase the workloads of women. It does this by bringing together men and women to assess workloads, often with the result that men take a more active role in supporting what previously had been the work of women. Improvements to infrastructure, including better access to rice mills, tractors (to carry firewood), fuel efficient stoves and village-level water systems have resulted in reductions in women's workloads in traditional areas such rice milling, fetching water, firewood collection, clothes washing and overall household upkeep (Stoeber et al. 2013, p.20).

Whilst the LANN approach resists increasing women's workloads and challenges traditional roles of men and women, and there is some evidence that, once more aware of women's workloads, men are more willing to contribute to household activities (Rusinow in interview, 2014), there is also evidence that men have felt that these reductions in women's workloads should make them more available to help with other, more traditionally male work-roles, such as cutting trees in the forest, carrying trees back home and house construction (Stoeber et al. 2013).



Photo credit: Plan International Laos

II. Issues to consider when designing or implementing activities in the Agriculture Sector

i. Opportunities for women to earn incomes

The FNSAP argues that income controlled by women through employment generation has a far greater effect on children's health and nutritional status than income earned by men. Whilst this reflects experience in many countries, the CARE International, FAO and National University of Laos' report *Women, Food and Land: Understanding the impact of gender on nutrition, food security and community resilience in Lao PDR* (2013) found that there are limited income generation possibilities for women and where there are choices, women largely take on work that is of lower value and payment (Albone 2011; Pirotte & Gordon 2012). While men are able to take up temporary or seasonal jobs at construction sites at hydropower dams or sawmills, women often have neither the time, skills or network to find paid work. Often the only choice available to women is to sell the vegetables they do not need for their own household (both vegetables grown on the farm and wild vegetables), and in some areas fish, bamboo, worms and other NTFPs. To do even this, many women need to get up very early and walk many hours to walk to district market centers to sell their produce.



Photo credit: Plan International Laos

ii. Who controls Income from Income-Generating Activities

Income generation has a direct effect on the diet composition, since fats and proteins are mainly bought as they cannot easily be produced in the home (Pirotte & Gordon 2012). In many ethnic groups women often hold the money and are able to make small purchases. However, they do not have equal decision-making, particularly on larger or more expensive items (Albone 2011, p.12). Women tend to have more control over income they have earned themselves, though as noted above, income-earning opportunities are limited.

iii. Duration of Intervention

Many project-based interventions are 18 months to 3 years in length. However, evaluations of LANN projects in Laos recommend that this be extended to at least 3 ½ to 4 years (Pirotte & Gordon 2012, p.33), in order to facilitate a longer term multi-sectorial strategy and program choice that also gives time to test and adjust activities.

Resources:

Vonghlokham & Krahn, 2012, *LANN: English Guidelines for Program Managers*, CARE International in Laos.

Hackman R and Santolaria L, 2013, *Assessment of Group-Specific needs on Women's Income and Nutrition Groups (WINGS)*.

Video on WINGS groups, subtitled in English; original in Taliang and translated into Lao language:
https://www.youtube.com/watch?v=U_kgWhX-na4

EU Pamphlet: *LANN Approach: Support to Food Security for Women and Rural Poor in Lao PDR*

The RAIN project: An example from Zambia

(International Food Policy Research Institute & Concern Worldwide 2014)

Zambia is a country where nearly every second child or 45% of children below five years of age are suffering from malnutrition. The Realigning Agriculture to Improve Nutrition (RAIN) project integrates agriculture, nutrition and health interventions with a strong focus on gender issues to improve the nutritional status of children within the first 1000 days. The Rain project identifies 8 pathways through which household agricultural activity can have an impact on child nutrition and all of which have gender dimensions:

- 1) Through consumption by household members of the produce a household produces.
- 2) Through agricultural income that is spent on nutritious food or healthcare.
- 3) Through positive or negative interactions with the food market environment.
- 4) The natural resource environment.
- 5) The health environment.
- 6) Through a woman's control of income and assets in making household decisions and thus often increased spending and allocation towards nutrition.
- 7) Through effects on a woman's time, for instance time available for childcare and feeding as well as self-care.
- 8) Through a woman's dedication of labour and energy to agricultural tasks and her subsequent nutritional status when pregnant.

The gender component of the RAIN project focuses on the various dimensions of women's empowerment:

- Individual (the skills, knowledge, confidence and aspirations of women).
- Relational (the ability to negotiate and influence the nature of relationships and the decisions made within those relationships).
- Structural (the policies, laws, social norms, culture and traditions which determine what women are expected to do, what services are available for them and who holds power).
- Associational (that women working together will have a louder voice and achieve a greater impact).

At the start of the project, a gender needs assessment was conducted to look at gendered attitudes and behaviours within communities related to agriculture and nutrition and the associated barriers that they present to good nutrition outcomes:

- Awareness and behavior change messages were developed.
- Women's group leaders were provided training to increase their leadership skills and participation of women in community structures.
- Innovative ways to overcome gender barriers were promoted including time- and labour- saving technologies such as the promotion of fuel efficient clay stoves and fast growing fuel trees.

The findings of the project suggest that women with greater empowerment are able to exercise their bargaining power to divert resources so that children in their households get proper nutrition. Preliminary analysis shows that there are clear linkages between women's empowerment and children's nutritional status, dietary diversity and health seeking behaviour.

b) The Health Sector and the FNSAP

The priority interventions identified in the Health and WASH sectors are:

1. Iron supplement weekly for women of reproductive age and daily for pregnant women.
2. Vitamin A supplementation for children under 5.
3. Deworming supplementation for children under 5.
4. Universal Salt iodization.
5. Breastfeeding and Infant Young Child Feeding promotion counseling.
6. Food supplementation for pregnant and lactating women.
7. Food supplementation for children under 2 years.
8. Food safety and fortification.
9. Management of acute malnutrition in community-based facility.
10. Education community program for out of school girls through LWU and other community networks.
11. Growth monitoring among children under 5 (for individual counseling).
12. Capacity building from community to central level.
13. Strengthening specific nutrition surveillance reporting system.
14. Strengthening water supply systems in health centers, communities, household, school WASH.

Key to the delivery of a number of these interventions is that they can be implemented using a common delivery system - integrated health outreach - in line with the MoH strategic framework for delivery of MNCH package. The FNSAP specifically references the successful implementation experience of this approach with the support of development partners, in particular Save the Children (United Nations Development Partners 2013).

Photo credit: Plan International Laos



I. Successful Approaches in the Health Sector

i. Increasing Access to Health

Save the Children currently supports a health systems-strengthening approach to enable District Health Offices (DHOs) to provide quality health and nutrition services to all villages in their district. As well as providing funding for regular integrated health outreach, a strategic decision has been made to invest in health infrastructure in remote areas, with the aim of increasing the percentage of the population with 'access to health' as defined by WHO, which is a health facility within 5km or one hour's walk. Bringing health care within one hour's walk can change, and save, lives and improves nutrition (Sampson interview, 2014).

To increase access to health care, Save the Children has supported the construction of village clinics, with each clinic serving a cluster of 5-8 villages (about 3-4000 people). The clinics have a standard design, including a consultation room, a 3-bed ward for overnight stays, a maternal and child health room and a dispensary. No appointments are necessary and at a minimum, one nurse is always at the clinic.

Whilst more women and children are accessing essential health services (see Attachment C), there are still:

- *High geographical inequities in antenatal care utilization
21.4% in Phongsaly versus 88.8% in Vientiane Capital*
- *High geographical inequalities in Skilled Birth Attendance
18.7% in Phongsaly versus 85.4% in Vientiane Capital*
- *Very low coverage of postnatal care visits.
(UNICEF, 2012)*

ii. Support Women working for Women and Women working with Women to Improve Access and Utilisation

Having trained women in Health facilities is critical. The DHOs participating in the Primary Health Care Program funded by Save the Children are encouraged to consider staffing quotas and placement. Now, each health centre has at least one, and often two women staff (out of two or three total staff) working in their health centres, one of which is usually a nurse midwife/skilled birth attendant. Pairing women staff together in health centres provides a more supportive working environment for the women, and increases the retention rates of trained staff. Having women staff also increases the number of patients to the centres (Save the Children has seen an increase from 200 patients to 2,500 patients over 2-3 years in some centres). Several NGOs support scholarships for women from ethnic communities to study nursing to increase the number of trained female health staff able to speak in local languages.

iii. Working through existing Government Systems

Important to the success of the Save the Children Primary Health Care Program is that it operates within the Government Health system, not apart from it. Save the Children provides skills training, better facilities and equipment, but it does not pay the nurses salaries or cover the cost of clinic maintenance. These costs are born by the Provincial Department of Health. Similarly, to ensure sustainability of its distribution of micronutrient powders program, Population Services International (PSI) and UNICEF use Government delivery mechanisms through district and provincial clinics and hospitals, using village health volunteers.

iv. Supporting Women Health Volunteers

Volunteers are an important support to rural, isolated and poor communities to ensure the provision of health services. Volunteers are appointed by the GOL as a part of the health infrastructure and they provide services to those often too far away or too sick to access clinics.

A number of organisations have been challenged by the difficulty of encouraging women to be volunteers. These organisations seek women volunteers, recognising that women are often better placed to understand the experience of other women, and that women are more comfortable dealing with another woman especially in the provision of maternal and child health care services. Save the Children and their partner DHOs have established a second cadre of (unpaid) volunteers at the village level. As well as the Village Health Volunteers (usually male), there is a cadre of trained women health volunteers referred to as TBAs (traditional birth attendants) working across the Maternal, Child Health and Nutrition spectrum. Save the Children and the District Health Departments partnering in the Primary Health Care Program have found that:

1. Women volunteers are not hard to find. Key is recruiting women volunteers as additional to the male volunteers (that is, not trying to replace male volunteers with female volunteers).
2. The literacy requirement for volunteers is often a barrier to women volunteering. However it has been possible to negotiate with the GOL on this requirement, making it easier for women with low(er) literacy skills to participate as volunteers, particularly as the second cadre of volunteers.

v. Working with the Private Sector alongside the Public Sector

PSI, UNICEF, and the MoH are engaged in a project to provide micronutrient powders ('sprinkles') for children 6 months to 5 years old that spans the public and private sectors. PSI supports market-based distribution of sprinkles for sale at subsidized prices, while UNICEF works with the MoH to make sprinkles available for free in public health facilities. At the moment, three delivery channels are being tested in three provinces in southern Laos: market-based distribution alone; free public sector distribution alone; and a combination of market-based distribution and free distribution.

Simply, the aim is to create a distribution system that will be sustainable over the long term, where donors provide micronutrient powders and support public education and marketing; income from sales (at a price 'affordable to mothers') covers the cost of distribution; and those who cannot afford the powders are provided them for free (Seastedt interview, 2014). Sprinkles have been proven to dramatically reduce rates of anaemia, as well as other micronutrient deficiencies (see Attachment D).

PSI leads the private sector component of this project, selling sprinkles to a commercial distributor at subsidized prices. The distributor then sells the sprinkles to pharmacies, clinics, and shops where caregivers can access them easily and purchase them at affordable prices. PSI conducts activities to increase both provider and consumer demand for sprinkles. Marketing includes broadcasting radio and TV spots, distributing point of sale materials, holding mobile video unit events, and producing billboards and posters. Mothers are the targets, as they are the ones that tend to buy the powders; however, both men and women are reached by marketing efforts.

This approach aims for the public and private sectors to work together. It harnesses existing private sector distribution systems to make sprinkles available at subsidized prices in outlets, and uses the government delivery mechanisms to make the sprinkles available in public health centers and hospitals for free. Both delivery mechanisms are complemented by outreach and education surrounding the use of sprinkles.

c) WASH and the FNSAP

The WASH intervention identified within the Health Sector in the FNSAP is:

1. Strengthening water supply systems in health centers, communities, households, school WASH.

WASH is a term used to highlight the importance of integrating hygiene promotion in water and sanitation interventions. WASH incorporates: Water (clean water supply for human consumption and household needs); Sanitation (excreta disposal, solid waste management, drainage, vector control) and Hygiene (community mobilisation and engagement, information, education and communication) (Oxfam International 2013). Community Led Total Sanitation (CLTS) is the provision of community wide solutions to sanitation, that have no external subsidies for hardware, and result in the elimination of open defecation (Kar & Chambers 2008).

WHO estimates that 50% of malnutrition is associated with repeated diarrhoea or intestinal worm infections as a result of unsafe water, inadequate sanitation and/or insufficient hygiene (from FNSAP). At the same time, under-nutrition exacerbates diarrhoea and results in increased mortality rates. 36% of rural households in Lao PDR do not have access to improved water supplies, and 52% do not have access to improved sanitation. Several provinces report a high prevalence of open defecation (OD), including Salavan with 77.5% of households practicing OD and Phongsaly (61.8%) (LSIS, 2011).

Photo credit: Plan International Laos



WASH interventions are highly effective in reducing diarrheal infection and environmental enteropathy.⁵ WASH programs that incorporate proper hand washing practices help protect a child's nutritional status by reducing the amount of faecal-oral pathogens that are ingested and cause infections. It is one of the most effective and cost-efficient ways to prevent pneumonia and diarrhoea. CLTS has proven an effective way of eradicating open defecation and in combination with improvements in access to clean water and improved hygiene behaviours could be a significant contributor to reducing stunting and under-nutrition in Lao PDR (Plan International 2014). Important for WASH and CLTS is understanding that the provision of toilets and sanitation facilities will not necessarily lead to an increase in the use of toilets or an increase in hygienic practices (see Attachment E). Behaviours, such as washing hands with soap after using the toilet and before preparing food, also need to change.

*Stunting increases by 2.5% per diarrhea episode.
(Lancet Journal, Vol.374, Sept, 2009 in UNICEF 2012)*

In Lao PDR:

- *Average annual incidence of diarrhea is 1.9*
- *For children 6-24 months, incidence is 2.8*
- *For poorest children 6-24 months, incidence is 3.7*
(UNICEF, 2012)

A lack of safe water close to home has many indirect effects on nutrition. Without safe water people are often left with no choice but to drink unsafe water from unprotected sources. Where safe water is available to purchase, limited quantities leave little for good hygiene practices and reduce disposable income within a household. The time wasted collecting water or suffering from water-related illnesses prevents young people from getting an education. Collecting water is a physically heavy burden for women and girls.

The absence of latrines in schools has contributed to low school enrolment and high absenteeism rates among girls (World Bank and Asian Development Bank 2012, p.27). Additionally, a large number of school-aged children are infected by intestinal parasites with negative effects on active learning capacity.

I. Successful Approaches to WASH

i. Non-Subsidised Toilets

WASH and CLTS approaches do not support subsidised construction of toilets, rather they support personal investment in their household toilets (either through building with local materials or purchasing through the private sector), and behavioural change methodologies to encourage the use and maintenance of toilets. International experience suggests that subsidised toilets, or fully subsidised toilets, are more likely not to be maintained, and toilet provision, without behavioural changes incorporated alongside their provision, does not lead to decreases in open defecation (Girgis interview 2014; Leong interview 2014). In Salavan, over 25% of existing toilet facilities are not used or are broken. In TaOi, close to half of the households in the district have toilets that are not functional and therefore not used (Salavan Provincial Health Department records, unpublished 2012, in Plan International in Laos 2014, p.9).

*Children from households with safe disposal (of feces) have nearly ½ the odds of stunting compared to those who leave feces in the open.
(UNICEF, 2012)*

⁵ Refer to Spears 2012, also available in Lao translation.

Sanitation Marketing is a WASH intervention that does not use hardware subsidies to expand access to improved sanitation. Instead, it leverages the power of the private sector to: 1) tap into demand created by CLTS and other WASH promotion activities, and create additional demand through direct sales approaches and marketing and advertising; and 2) support private sector suppliers of latrines to respond to latent demand in villages with high quality, low cost improved sanitation. This non-subsidized approach, which persuades consumers to make a personal investment in household sanitation, increases the likelihood of continued use and maintenance because the latrine product is more highly valued by the user (Cairncross, 2004). In addition, sanitation marketing frees up public funds to be used for targeted subsidies for the very poorest, while those who can afford latrines have the ability to purchase with their own money from the private sector (Cairncross, 2004). Finally, marketing is cost-effective and can be taken to scale (Cairncross, 2004).

"In the past, sanitation provision has been mainly supply driven, often with full direct household subsidy and with little or no community participation. Toilet technologies were decided upon and designed by engineers with little understanding of user preferences. This has led to millions of dollars of investments in sanitation not yielding the desired results, as many of the facilities provided were unused or used for other activities. Evidence has shown that demand generation approaches that are user-led have been more successful in ending open defecation and increasing uptake of sanitation facilities at scale, particularly in settlements with a sense of community. Other approaches with the ability to increase access at scale are those that integrate user preferences and build on user motivations."

(USAID, *Application of Total Sanitation and Sanitation Marketing (TSSM) Approaches to* USAID. November 2010)

ii. A Behavioural Change Approach

WASH programs seek to change behaviours including encouraging increased washing of hands and increasing the use of toilets. Increased washing of hands has been shown to have a greater impact on morbidity from diarrhoeal disease than any other single intervention (Oxfam International n.d.). Women and girls have a central role in WASH and CLTS, as the main providers of domestic water supply and sanitation, and as maintainers of a hygienic home environment. Hygiene promotion that focuses on key household practices (such as washing hands with soap after defecation and before handling food, and the safe disposal of children's faeces) is an effective way to prevent diarrhoea, especially among young children, who spend most of their time at home (UN Economic and Social Committee 2005).

iii. Monitoring of WASH for Gendered outcomes

The effectiveness and sustainability of WASH programs are enhanced when there is an explicit focus on gender equality. The Gender Wash Monitoring Tool (GWMT) (Plan International Australia n.d.) enables local project staff and Government partners to explore and monitor gender relations in the implementation of WASH related initiatives. This was first developed and tested by Plan in Vietnam. GWMT comprises a series of participatory rural appraisal (PRA) activities as well as preparatory training. GWMT has two aims:

1. To build capacity among project staff in analysing gender relations, enhance their skills in monitoring gender equality outcomes and ensure they have a set of tools that can be used to collect gender disaggregated data.
2. To create awareness among the community members on gender roles and relationships and to provide a platform for the community to explore their shared aspirations towards gender equality.

It is anticipated that the tool will be used every 6 to 12 months with data developed at the first community meeting providing the baseline information. GWMT generates data for four indicators

1. Level of shared WASH workload in the household
2. Level of participation in WASH activities in the community
3. Level of shared WASH decision making in the household
4. Level of women's leadership in the community around WASH.

Development of the GWMT in Laos went through an extensive process of adaptation from the tools developed in Vietnam. A series of consultations with WASH facilitators working in remote rural areas in Lao PDR were undertaken. These tools were then examined by gender and WASH experts. The final draft was pretested through several workshops with the communities in Northern Laos. Now the tools are available in both English and Lao languages.

“...many people in the world continue without sanitation, though they may say they want it badly. Why? One reason is that sanitation is most important to women and children, though it is men who make the investment decisions in many communities, and they may have other priorities.”

(Cairncross, 2004)

iv. WASH to support Income Generation

CLTS and Sanitation Marketing approaches do not support the subsidisation of toilet construction. Rather, communities are taught about different low-cost latrine options, how to build them from local materials or purchase them from the private sector, and encouraged to change behaviours. PSI and Plan argue that subsidisation, or full subsidisation, or the provision of goods for free reduces the sustainability of programs by stifling the private sector which otherwise could be a market for affordable, desirable latrines. PSI supports small, local concrete businesses and gives them the tools and knowledge they need to tap into the latent demand for high quality, low cost latrines. By training business owners to produce latrines that meet the expectations and cost-constraints of consumers, small business owners are able to improve their livelihoods, grow their businesses, and earn a greater income for their families. This approach is most effective when implemented in close coordination with CLTS (Seastedt interview, 2014).



Photo credit: Population Services International

Resources:

Kar & Chambers 2008, *Plan International (UK) Handbook on Community Led Total Sanitation*

Plan International Australia n.d., *Gender and WASH Monitoring Tool*. Available at: <http://www.plan.org.au/Learn/Gender-and-WASH-Tool.aspx>

Plan International Australia 2014, *Preparatory Training: Gender and WASH Monitoring Tool – A Sample Trainer’s Guide*. Available at: <http://www.plan.org.au/Learn/Gender-and-WASH-Tool.aspx>

d) Education and the FNSAP

The FNSAP identifies 4 priority interventions in the Education Sector:

1. The provision of school lunch.
2. School based gardens combined with nutrition education (with encouragement of school children as change agents).
3. The inclusion of nutrition in the primary, secondary and high school curriculum.
4. Using education as a delivery platform for nutrition specific interventions (deworming, iron, folic acid for school age children).

The FNSAP acknowledges that the overriding value of school meals is to increase enrolment and attendance at primary schools, particularly of girls, and to reduce the short-term hunger of students and therefore increase their learning capacity. This is supported by DFID's literature review which found that school nutrition programs resulted in higher enrolment and attendance rates, lower dropout rates, and increased performance of students. Levinson and Balarajan (2013) argue that literate, better informed and empowered girls and women are the most important benefit of education programs and that this benefits the nutrition status of women and families in the longer term.

In addition to the enhanced educational outcomes that result from school nutrition programs, DFID (2012) also argues that the other significant benefit is the entry point they provide for other interventions such as de-worming and school WASH programs, that can have a significant impact on nutritional outcomes.

In Lao PDR, WFP supports a mid-morning snack program to 8000+ schools which is transitioning to a school meals program and CRS supports school meals in 300+ schools. WFP also provides 37,000+ take home rations for informal secondary school boarders. Both WFP and CRS import food supplies. CRS supplements this with locally grown products for their programs.

I. Successful Approaches or Elements of Nutrition through Schools

i. School Meals to Keep Girls in Schools

The primary objective of a school meals and/or snacks program is to keep children, especially girls, in schools. Whilst it is too early to provide evidence that the school meal programs in Laos have increased enrolment rates and/or reduced dropout rates, Catholic Relief Services (CRS), which works in 300+ schools has recently begun tracking how many girls return to school the following year, and is starting to see improvements in re-enrolment rates (Poole interview, 2014). This is consistent with international experience.

II. Issues to consider when designing or implementing activities.

i. Vegetable Patches in Schools

In small schools, there may be only one garden for the whole school with larger schools having a garden per grade level (primary school only). School gardens that provide sufficient complimentary ingredients for 1-2 lunches per week are considered a success. Some schools are also beginning to have their own fishponds and small animal husbandry that contributes to the school meals (such as chickens and insects) (Poole interview, 2014).

ii. Retaining trained teachers

To incorporate nutrition into the curriculum requires teacher training. However, many teachers only teach in ethnic communities for 1-2 years before moving to another school, and so the benefits of the training do not stay in the community though the teachers do take the experience and knowledge with them to their new schools.

iii. Opportunity to Improve Literacy through Nutrition

The inclusion of nutritional knowledge in the curriculum could be an opportunity to improve practical literacy skills, teaching children words for vegetables and food-related items. The MoES has encouraged this approach but it is only in its very early stages of implementation.

iv. Children as Agents of Change

Given the school gardens support, at best, 1-2 meals / week, it is unlikely that school gardens will ever be able to support nutritional outcomes beyond the children in school (ie to families and parents). However, the FNSAP

argues that the process of learning how to grow vegetables and about nutrition in schools can be taken back to families via the school children. This approach has not yet been tested by NGOs in Lao PDR.

Resources: DFID Human Development Resource Centre, (2012), *Helpdesk Report: Education interventions and their impact on nutrition*. Available at: <http://www.heart-resources.org/wp-content/uploads/2012/12/Education-interventions-and-nutrition-October-2012.pdf>

5. Recommendations across the Sectors:

The recommendations that follow, cut across the sectors. That is, they apply to programming no matter which sector:

- **Use of local, ethnic languages** when working with non-Lao speaking communities. Lao language skills are often lower for ethnic women and girls (as they are likely to have had less formal education and exposure to public and civil activities compared to boys and men), so conducting activities, meetings and trainings in local languages encourages the participation of girls and women.
- Develop **approaches that are inclusive of women**, including when appropriate, measurement of success with quantifiable targets. This can include holding women-only trainings or activities, or it can be about methods that specifically encourage the meaningful participation of women and girls (such as timing activities to enable women to participate and undertake their normal daily duties). It is important to also work with men, so they support women's participation in activities.
- **Use women to work with women**, for example women agricultural extension workers tend to reach further into the community and access women farmers (Munankami interview, 2014), and women are more likely to visit district clinics and volunteer health workers if the health workers are women (Sampson interview, 2014).
- **Use or develop tools that are suitable for non-literate persons**. As women are often less literate than men, the use of video, music, theatre, posters and such that do not require high levels of literacy encourage the participation of both men and women who are less literate.
- **Work at district and village levels**. Nutrition is a complex issue that needs to be addressed in homes and communities. Households and communities need to be targeted to change behaviours to support good nutritional outcomes. Recognising that women are less represented in leadership or technical roles in government, working with households and at village level is essential.
- **Build and invest in long-term relationships with communities**. Changing behaviours, testing approaches, convincing communities and delivering benefits all take time. Any project or program needs to allow sufficient time to build the trust of the community (children, women, men) so that approaches can be tested and implemented.
- Acknowledge and **understand the specifics of different communities** such as the cultural differences, including language but also the different roles and responsibilities of men and women, different cultural practices, food taboos and food practices and such.
- Incorporate **monitoring and evaluation**, including feedback and adjustment mechanisms, into programs, and ensure monitoring and evaluation frameworks fully mainstream gender.
- Ensure that the cost of taking a gendered approach is included in the overall budget, and recognize the additional costs required to address gender equality and to fully mainstream gender (See attachment F).

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7. Attachments

Attachment A: 22 Priority Interventions within the NFSAP

14 Priority Interventions for Health and WASH

1. Iron supplement weekly for reproductive women and daily for pregnant women.
2. Vitamin A supplementation for children under 5.
3. Deworming supplementation for children under 5.
4. Universal Salt iodization.
5. Breastfeeding and Infant Young Child Feeding promotion counseling.
6. Food supplementation for pregnant and lactating women.
7. Food supplementation for children under 2 years.
8. Food safety and fortification.
9. Management of acute malnutrition in community-based facility.
10. Education community program for our of school girls through LWU and other community Networks.
11. Growth monitoring among children under 5 (for individual counseling).
12. Capacity building from community to central level.
13. Strengthening specific nutrition surveillance reporting system.
14. Strengthening water supply systems in health centers, communities, household, school WASH.

4 Priority Interventions for Agriculture

1. Production and promotion of diversified crop production (including home-gardens, herb boxes, bean production etc) and agriculture-linked nutrition education.
2. Production and promotion of small and healthy livestock (focus poultry, pigs etc).
3. Improve post-harvest handling and promoting food processing to improve year-round food security.
4. Support and promotion of income generating activities for example agricultural products as well as non-timber forest product including traditional herbs and education on wise spending of money.

4 Priority Interventions for Education

1. Provision of school lunch.
2. School based gardens combined with nutrition education (with encouragement of school children as change agents).
3. Inclusion of nutrition in the primary, secondary and high school curriculum.
4. Using education as a delivery platform for nutrition specific interventions (deworming, iron, folic acid for school age children).

Attachment B: Organisations and Individuals interviewed

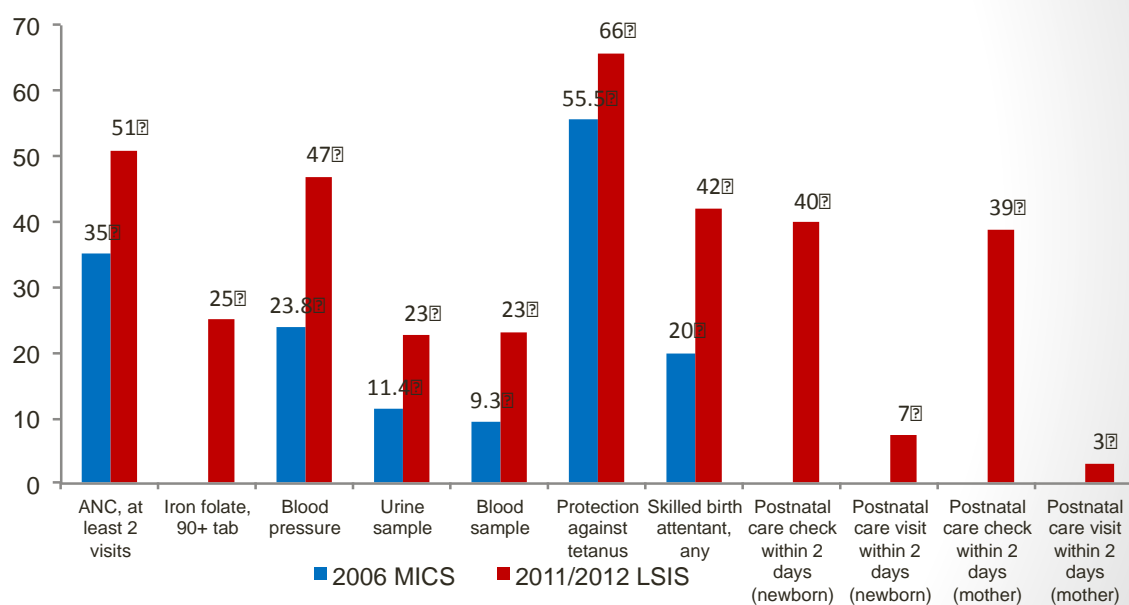
Date	Name	Organisation
12 Sept and 25 Sept	Viorica Berdaga	UNICEF
19 Sept and 22 Oct	Louise Sampson	Save the Children, Lao PDR
24 Sept	Uma Palaniappan	UNICEF
25 Sept	Scott Drimie	Consultant, NFSAP
27 Sept	Koen Everaert	EU Delegation, Lao PDR
1 Oct	Mona Girgis	Plan International, Lao PDR
3 Oct	Stefania Dina Rik Delnoye	IFAD
10 Oct	Solal Lehec	Adviser to MAF
13 Oct	Lee Leong	Plan International Australia
15 Oct	Alison Rusinow	CARE International, Lao PDR
16 Oct	Nivone Sonevilaysack	World Vision Lao PDR
19 Nov	Suzie Albone	UNICEF
19 Nov	Eric Seastedt	Population Services International
26 Nov	John Holvec	Health Poverty Action, Lao PDR
26 Nov	Jutta Krahn	Consultant, IFAD
26 Nov	Joshua Poole	CRS Lao PDR
1 Dec	Rakesh Munankami	Helvetas Lao PDR

Note: Jutta Krahn and Scott Drimie were interviewed via phone/Skype. All other interviews were held in Vientiane, Lao PDR.

Attachment C: More Women and Children have access to Essential Health Services

More women and children have access to essential health services

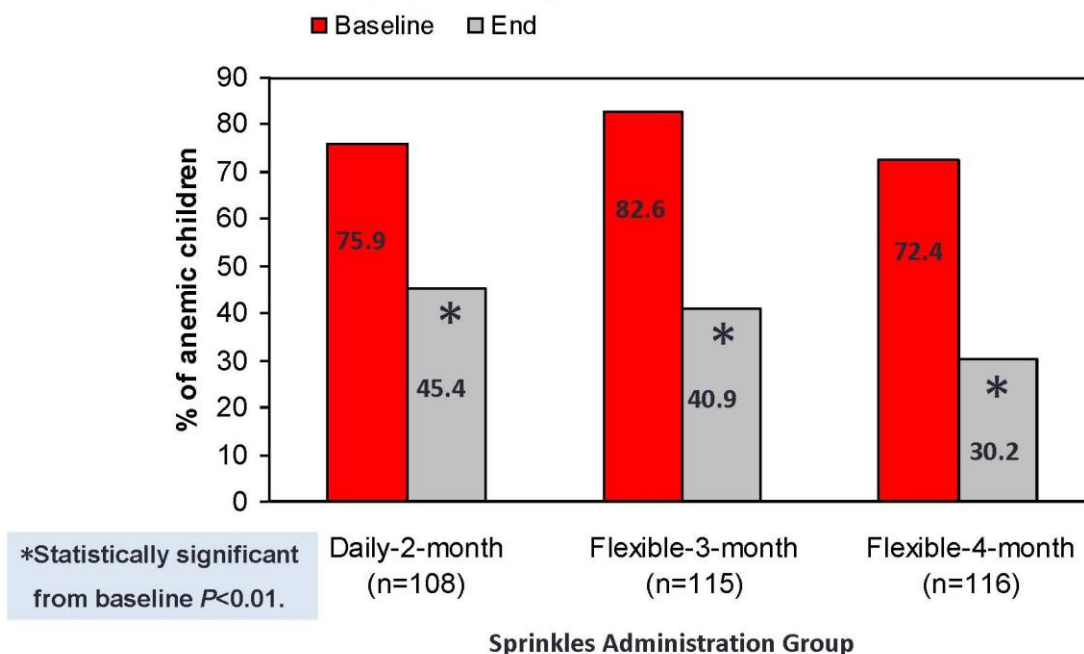
Coverage with selected maternal and newborn health interventions



(UNICEF, 2012)

Attachment D: The impact of Sprinkles on rates of Anemia

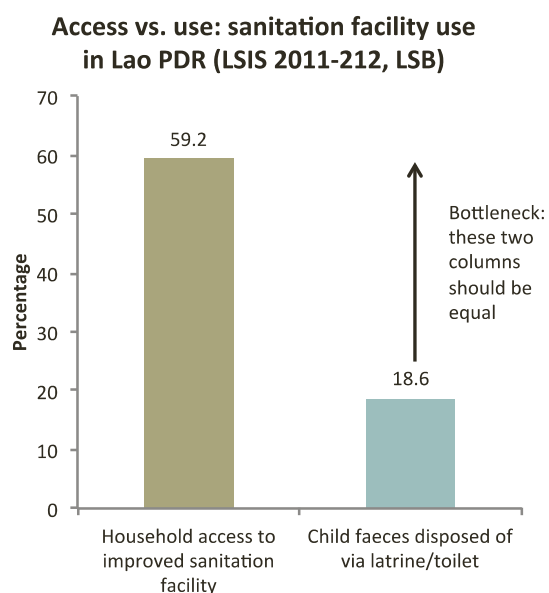
Flexible Administration of Sprinkles (60 sachets) on Prevalence of Anemia (Hb < 110g/L) in Bangladeshi Infants



Ip H, Hyder Z, Haseen F, Rahman M, Zlotkin S. Improved adherence and anaemia cure rates with flexible administration of micronutrient Sprinkles – A new public health approach to anaemia control. Eur J Clin Nutr 63(2):165-72, 2009.

Source: PSI

Access to sanitation facilities does not necessarily equate to use



This information shows that:

Almost 60% of the population has access to an improved sanitation facility (note: almost all - 57% of Lao PDR households - have access to a non-shared facility)

Yet only 18.6% of 0-2 year olds faeces' are being disposed of using a toilet or a latrine

Therefore a significant proportion of households with young children and access to an improved sanitation facility are not actually using their facility to dispose of child faeces safely

Indicators: W56: Percent distribution of household population by use of private and public sanitation facilities and use of shared facilities; "improved sanitation facilities", Lao PDR 2011-12; W57: Percent distribution of children age 0-2 years according to place of disposal of child's faeces the last time the child passed stools, "child used toilet/latrine" and "put/rinsed into toilet/latrine" (i.e. "safe" disposal), Lao PDR 2011-12

(UNICEF, 2012)

Attachment F: The Cost of taking a Gendered Approach to Nutrition

It is important to acknowledge that addressing and/or implementing a gendered or women's empowerment approach to improving nutrition is not cost-neutral. Just as mainstreaming gender into any project is not cost-neutral, so taking a gendered approach may incur some additional costs. Whilst it is not possible within the scope of this paper to identify the exact costs, it is possible to anticipate where some additional costs may be incurred:

- It can be difficult to find suitably trained and qualified persons with local language skills. Where this is not possible, the cost of translation into local languages must be factored in.
- Holding 'women-only' activities may require holding more of a type of activity than would normally be needed (eg a training for men plus a training for women, rather than just one combined training). Similarly methodologies or planning that factor in the needs of women may incur additional costs. For example, it may be necessary to spread a one-day training or meeting over two half-days so that women are able to participate as well as do their normal daily work. This will result in additional staff time, potentially the need to pay for accommodation and associated costs (such as meals), possibly increased rental costs for meeting rooms and such.
- There are costs associated with employing women workers. For example, women health volunteers are often in addition to the male volunteers (they do not necessarily replace the male volunteers) and so training and compensation costs increase. Similarly, ensuring the safety of women agricultural extension workers by allowing them to travel in teams, increases the staff time to implement an activity.
- Costs of design and production of non-literate forms of communication such as posters and videos can be high.
- Working at district and village level is costly. Working at district and village level often involves travel beyond the reach of public transport and on roads or rivers that take considerable time to travel. Travel may require 4-wheel drives, an expensive investment for many organisations. Working at household level can require a one-to-one transfer of knowledge or one-to-one monitoring (for instance of children that may be at risk for stunting). This is time- and staff- intensive.
- Building trust and long-term relationships takes time. These relationships are not built over short one-off visits. Often they require an organisation's long-term commitment to the development of the community as a whole, addressing the multiple needs of the community (not only the nutritional needs). Similarly, understanding the specifics of a community requires spending time in the community which means travel, accommodation and staff costs. It may also require specific research into particular practices and customs.

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