

## Partnership for Improved Nutrition in Lao PDR Pillar 3: Sustainable Change Achieved through Linking Improved Nutrition and Governance

### Welcome!

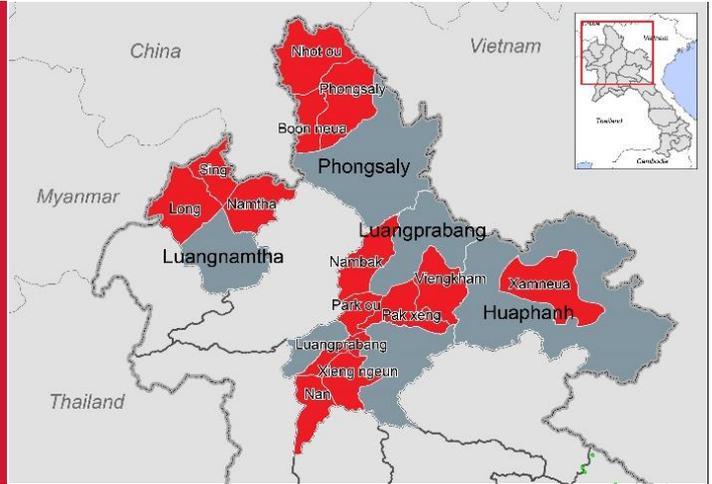
Welcome to our 4<sup>th</sup> issue! This 6-monthly publication aims to bring you updates on the Sustainable Change Achieved through Linking Improved Nutrition and Governance (SCALING) project, implemented by Save the Children, CARE, Comité de Coopération avec le Laos (CCL) and Child Fund Laos (CFL). The project is funded by the European Union (EU) under the Partnership for Improved Nutrition in Lao PDR (PIN).

**SCALING PROJECT AREA**

**4 Provinces**  
Luang Prabang (LPB), Luang Namtha (LNT), Phongsaly (PSL) and Huaphanh (HUA)

**14 Districts**

**420 Villages**  
210 in LPB, 100 in LNT, 80 in PSL, 30 in HUA



The overall objective of SCALING is to improve the nutritional status of adolescent girls, pregnant and lactating women, and children under 5 in 14 target districts in the provinces of Luang Prabang (LPB), Luang Namtha (LNT), Phongsaly (PSL) and Huaphanh (HUA). The action supports the Government of Laos (GoL) to implement at scale the current National Nutrition Strategy (NNS), NNS Action Plan (NNSAP) and convergent approach. The project period covers December 2017 to December 2021 (four years).

In this 4<sup>th</sup> issue we focus on the results of the recent Mid Term Review (MTR). We will also provide an update on key results achieved under the project as of March 2020 and SCALING’s support to the COVID-19 response.

### Social Behaviour Change Communication (SBCC) at Community Level



- **210** villages in which the "Our Promise" SBCC campaign has been rolled out.
- **746** Community Facilitators (CF) trained visiting **4,945** 1,000-days households on a regular basis

### SBCC among young Adolescents in Lower Secondary Schools (LSS) Level



- **280** Adolescent Facilitators (**140** girls) trained in **79** LSS
- **233** Peer Support Groups formed with **3,337** members (**1,655** girls)

### Health Systems Strengthening (HSS) at District Levels



- **27** Health Centers and district hospitals using on line DHIS2 data entry
- **39** Health Centres and **7** Mobile Outreach Teams equipped with Growth Monitoring and Promotion equipment

## Partnership for Improved Nutrition in Lao PDR Pillar 3:

### Sustainable Change Achieved through Linking Improved Nutrition and Governance

 <p><b>Gender</b></p>	<p align="center"><b>Gender and Village Savings and Loan Association (VSLA)</b></p> <ul style="list-style-type: none"> <li>- 91 VSLA have been formed and functioning</li> <li>- 293 women have attended the women leadership skills training</li> <li>- 8,228 women and 1,392 couples in 228 villages have participated in Women Workload Reduction training</li> </ul>
 <p><b>Water System</b></p>	<p align="center"><b>Water Sanitation and Infrastructure</b></p> <ul style="list-style-type: none"> <li>- 16 Water Supply Systems constructed or rehabilitated</li> <li>- 674 households have procured a Water Filter, and 1,125 households have constructed a latrine as a result of WASH Marketing</li> </ul>
	<p align="center"><b>Nutrition Governance</b></p> <ul style="list-style-type: none"> <li>- 157 target villages have completed the new Village Development Plan 2020-2024. All have included one or more Nutrition Priority Interventions.</li> </ul>
<p><b>Mid Term Review</b></p> <p>The objective of the Mid Term Review (MTR) was to assess the implementation of the SCALING project at midway and to adjust any approaches if applicable. Qualitative data were collected among beneficiaries, government counterparts, SCALING project staff and other selected stakeholders in five sample target districts in February 2020. In the next few months the SCALING partners will review and discuss the recommendations and necessary follow-up.</p> <p><b>Key Findings</b></p> <p>This section provides an overview of key achievements, key challenges and key recommendations for each MTR objective.</p>	
<p><b>Objective I: Processes in place for the coordination and implementation of activities</b></p> <p><u>Key achievements</u></p> <ul style="list-style-type: none"> <li>• The collaboration among SCALING partners is an overall positive experience and opens mutual learning opportunities among partners who all have distinct expertise.</li> <li>• SCALING staff and the GoL counterparts are mostly working well together. GoL counterparts are keen on learning from NGOs.</li> <li>• The GoL counterparts are appreciative for the collaboration and evaluate the cooperation as positive/beneficial.</li> <li>• Project staff is regularly sharing good practices, tools and approaches with GoL counterparts to help build capacity.</li> </ul> <p><u>Key challenges</u></p>	



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### Sustainable Change Achieved through Linking Improved Nutrition and Governance

- GoL counterparts expect the project to build capacity, to share all project information and to provide resources on time.
- In some areas, the GoL's level of ownership in the project is perceived as rather low. The GoL also encounters staff turn-overs and/or shifting of positions and responsibilities within its systems.
- Nutrition convergence at the provincial and district level is not given priority in GoL's operations and working procedures.

#### Key recommendations

- Communicate regularly with GoL counterparts over their roles and responsibilities. Intensify a dialogue about the importance of their engagement and ownership and how it can make a difference in people's lives.
- Ensure cross-organizational dialogue over experiences and challenges in working with GoL counterparts on planning and implementation tasks.
- Assess what challenges GoL counterparts face in their roles as counterparts and identify what technical or managerial support might improve their engagement in SCALING.

#### **Objective 2: Review of the 2018-updated learning questions**

##### **Working in a consortium**

#### Key achievements

- At the national and the provincial level, consortium partners have established forums for coordinated planning, project updates, reflection sessions on tools and approaches and capacity building.
- 'Basecamp' is perceived as valuable and staff members who are part of a technical sub-group benefit from the practice of sharing documents and information.
- Good/effective communication and coordination is best-practice within the project team and across consortium partners.
- SCALING's technical advisors (TAs) effectively coordinate across provinces and are well connected with all local project teams.
- Consortium partners as members of SUN CSA are committed to further the nutrition convergence process in Laos.

#### Key challenges

- For proper implementation of activities, technical advisory and capacity building (especially WASH) is in high demand, at the GoL level and village level.
- The geographical distance between project implementation areas is a challenge for TAs who work cross-provincially.
- Effective cross-provincial coordination for learning and sharing remains a challenge because cross-provincial level meetings also need to be coordinated with GoL counterparts.

#### Key recommendations

- Consortium partners work out a plan for speeding up the implementation of activities which are behind schedule.
- Ensure frequent dialogue with GoL counterparts over their challenges in working as implementation partners. Identify areas of desired support, either managerial or technical.
- Intensify advocacy for nutrition convergence through SUN CSA. SCALING can provide field experiences (case studies) to illustrate how convergence is progressing at the village level.



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#### **Community volunteers**

##### Key achievements

- SBCC volunteers are motivated and active learners, able to engage 1,000-days HHs and community members in activities.
- Adolescents are engaged in learning about health, nutrition, hygiene and effective multipliers for sharing the messages with their peers and families.
- Community volunteers as community-selected workforce in SCALING are generally accepted by community members and recognized as important contributors to improvement processes.

##### Key challenges

- The education level, cultural background and Lao language skills of volunteers remain a challenge in their capacity to uptake and share the amount of information and approaches.
- Despite the general acceptance of volunteers in the community, research also revealed certain gaps of knowledge and a lack of confidence among some of the community volunteers, which provoked some resistances at the village level and partially reduced the level of acceptance of messages on nutrition, health, and hygiene.
- For some community volunteers, their volunteer status is a challenge and tension between their engagement in SCALING and their need to secure their livelihoods.

##### Key recommendations

- Offer regular refresher training sessions to all community volunteers and organize cross-village learning forums.
- Communicate with volunteers over the offered incentive package as defined in “Our Promise”. Ensure full understanding of the details and benefits that come along with contributing to the project. This should help to keep up volunteers’ motivation.
- Communicate with village leaders and VDC about the means for better supporting and honouring community volunteers in their regular work with community members.

#### **Collaboration between SCALING and NUSAP**

##### Key achievements

- SCALING teams recognize the complementary aspects of collaborating with NUSAP and SCALING project staff is well informed about the expected synergetic effects at the village level.
- Project teams are effectively communicating and mutually invite each other to participate in special events at the community-, district- or provincial level.
- At community level, the visibility of both projects is strongly represented and thus strengthens the understanding and practice of ‘convergence’ among community members.

##### Key challenges

- The different perspectives over the ‘incentive’ issue for community facilitators /village coordinators between SCALING and NUSAP is perceived by SCALING as a risk factor.
- Obtaining of MoUs was delayed. This continues to affect SCALING’s implementation schedule. Challenges in NUSAP also lead to implementation delays. Such circumstances caused coordination challenges in joint activities between these two projects.

##### Key recommendations



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### Sustainable Change Achieved through Linking Improved Nutrition and Governance

- Consider feasible modification of the current incentive practice for SBCC volunteers, without compromising underlying convictions about voluntarism in community work.
- Ensure that SCALING teams refer and promote NUSAP's upcoming activities in selected villages. This will help villagers to see the 'bigger picture', which means to come to terms with practical implications of convergence and to recognize its benefits.
- Coordinate with NUSAP to identify the best possible ways for mutual support at the village level and to work towards the 'greater common good' of nutrition convergence.

#### **Objective 3: Use and application of the Quality Benchmarks**

##### Key achievements

- In principle, SCALING teams are familiar with the quality benchmarks that are relevant to the context of their work.
- Quality benchmarks help staff to systematically prepare and conduct activities. Most GoL counterparts are compliant to follow these Quality Benchmarks as required.
- Most project staff (91%) are of the opinion that the project meets previously defined quality standards and nearly 82% of staff is convinced that the target population is reached.

##### Key challenges

- Some GoL counterparts tend to follow their 'usual way' of preparing and conducting project activities and pay little attention to the project's Quality Benchmarks.
- Quality Benchmarks have not been introduced to all areas and sectors, until early 2020. SCALING teams are still learning and utilizing the QBs accordingly.
- Some QBs seem to be too complex. There is the suggestion by consortium partners to simplify some of the QBs

##### Key recommendations

- Ensure mainstreaming of Quality Benchmarks among project teams as well as among GoL counterparts by frequently promoting positive experiences with QBs.
- SCALING teams regularly inquire whether GoL counterparts experience and utilize Quality Benchmarks or whether they lack an overall understanding of the purpose of QBs.
- When QBs are perceived too complex, ensure a timely revision and simplification of these instruments. Find ways to regularly promote the usage of QBs for the sake of quality and accountability.

#### **Objective 4: Relevance and uptake at community level of approaches deployed under the programme**

##### Key achievements

- The SCALING project's training models (SBCC, WASH) have led to improved food preparation practices and knowledge about health and hygiene.
- After WWR training, women and men started to dialogue and negotiate over better sharing practices of domestic duties.
- SBCC volunteers use HH visitations to motivate mothers from vulnerable HHs to participate in training at the village level. HH visitations are essential means to build trust.
- The VSLA model is well received in many communities and enables women to cover certain needs or invest in livelihood activities.



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#### Key challenges

- The inclusion of vulnerable groups remains a challenge because some vulnerable HHs opt for prioritizing farm work over their participation in training sessions.
- Traditional/cultural nutrition practices and advisory roles of senior village women limit the effectiveness of nutrition advice to young and lactating mothers.
- Remoteness and lack of food varieties also limit the uptake of new food preparation methods.
- The diversity of eight ethnic groups in the project target areas requires SCALING staff to use interpreters.
- Training skills and technical skills of some SBCC volunteers are very limited, including their ability to speak Lao language.
- Remoteness is a challenge and includes poor road infrastructure and limited access to markets or HCs.
- Beneficiaries (women) mentioned that some HC staff members have difficulties in dealing with local and ethnic people (women) in appropriate ways and in coming to terms with understanding ethnic culture.
- GoL realizes that HC staff is scheduled for participating in training sessions on a quarterly basis, which means to be absent from their duty in health centres. This is a challenge for keeping up with service provisions in HCs.

#### Key recommendations

- Maintain regular conversations with village representatives and SBCC volunteers to ensure the inclusion of all vulnerable households.
- Identify cultural practices that relate to food taboos during pregnancy and the lactation period and identify ways to reflect on these practices during SBCC training sessions.
- Initiate discussions at the village-level on how lactating women might be released from farm work duties during the months of breastfeeding.
- Seek to organize and conduct more frequent TA monitoring visits to villages where support is requested. Consider designing a priority list of community support issues and assess how such support needs can be addressed on time, considering various means of communication.
- Consider shifting off-job trainings of HC staff to trainings on-site and on-the-job.

#### **Objective 5: Feedback from the target communities receiving the interventions**

#### Key achievements

- Beneficiaries positively report about trainings received and the uptake of new approaches, including new food preparation practices for children.
- The election of SBCC volunteers by community members strengthened the legitimacy of their work in their own communities, especially in those ethnic communities with strong cultural backgrounds.

#### Key challenges

- For some reasons, some villagers are not adequately informed about scheduled project activities in their community.
- All project activities are perceived as very valuable. However, some village communities report that some of their basic needs are not met, such as water supply.
- According to the report of village leaders, a number of SBCC volunteers lack important technical skills and are limited in supporting vulnerable HHs as it would be needed (incl. medical knowledge). The level of knowledge determines acceptance and communities' uptake of new approaches.



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- Research participants across the board referred to frequent challenges of dealing with different ethnic groups with cultural taboos in terms of health seeking behaviours.

#### Key recommendations

- Work with village leaders on identifying means to ensure all relevant HHs are informed and can participate in project activities.
- Offer refresher training sessions to SBCC volunteers on technical - and training methodology, including principles of adult learning.
- Women focus group participants suggest that SBCC volunteers (village health workers and midwives) should build basic medical skills and be equipped with basic medications for emergencies in order to address still limited access to HCs for remote communities.
- Include ethnic and cultural aspects regarding health, nutrition and hygiene in HC staff training units.

#### **COVID-19 Response**

The outbreak of COVID-19 and the measures put in place by the Government of Laos have obviously led to some delays in the implementation of activities. At the same time, SCALING is in a very good position to contribute to the COVID-19 response in our project areas. The EU has responded very positively to the use of SCALING funds for this purpose as part of the objectives on Health Systems Strengthening.

1. At the beginning of the lockdown in April, emergency medical supplies were distributed to 90 Health Centers in the SCALING project areas. The supplies included masks, liquid soap, alcohol gel and gloves, all necessary items for the Health Centres to respond and function under the COVID-19 threat in four SCALING provinces.
2. In addition, Physical Protection Equipment (PPE) was provided to PHO and DHO in LPB. Also SCALING project provided support to the deployment of trained medical students to support the GoL response in Luang Prabang district. CARE has re-allocated a total of US\$ 130,000 under SCALING to support the COVID-19 response in LNT province.
3. A plan has been developed to integrate COVID-19 messages and measures in the Health Systems Strengthening activities. SCALING has committed support to the roll-out of the MoH/WHO training on clinical preparedness to district and HC level in all four provinces. An additional priority is the resumption of (mini) medical outreach services to all target villages to ensure the continuation of essential health services including ANC, PNC and immunization with integration of COVID-19 messages. The essential health services have seen a dip during the lockdown period.
4. Under SBCC, the first priority is to support the Community Facilitators to resume the home visits to the 1,000-day households in a safe way and with integration of COVID-19 messages. Job aids and other materials are being developed.
5. With the resumption of activities, a main priority is to make sure to adapt our ways of working to the “New Normal”. This ranges from the training of project staff on COVID-19 before re-deployment to the field to putting measures in place to ensure that the ongoing construction of Water Supply Systems in the target villages is implemented in a safe way.



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Use of medical supplies at District Hospital in LNT



Use of alcohol gel to prevent COVID-19 in LNT

**ອາສາສະໝັກຢ້ຽມຢາມຄອບຄົວ**  
ປົນຄູ່ມືສໍາລັບການລົງຢ້ຽມຢາມຄອບຄົວຢ່າງປອດໄພ

**1** ລ້າງມື 20 ວິນາທີ

**2** ໃສ່ຕ້າອັດປາກ-ດັງ

**3** ຫ້າຫາຍເຈົ້າຂອງເຮືອນດ້ວຍຄວາມ ຫວັງໂຍເຊັ່ນ: ເປັນແນວໂດສະບາຍດີຢູ່ບໍ່?

**4** ພົບກັບເຈົ້າຂອງເຮືອນໂດຍນັ່ງຢູ່ຂ້າງອາຄອນ ສຳສາໄລຍະຫ່າງ 2 ມິຕິ

**5** ເອົາໃຈໃສ່ອັບພັງເຂົ້າເຈົ້າພັງຢ່າງຕັ້ງໃຈ

**6** ໃຫ້ຄຳນຶງເຖິງການປະຕິບັດສິ່ງນ້ອຍໆທີ່ສາມາດເຮັດໄດ້ງ່າຍໆ

**7** ສະຫຼຸບເນື້ອໃນໃຈຄວາມ ແລະ ບອກລາຄອບຄົວ

**8** ເອົາຕ້າອັດປາກ-ດັງຂອງທ່ານ ອອກຢ່າງລະມັດລະວັງ

**9** ເມື່ອກັບເມືອອອດເຮືອນຂອງຕົນແລ້ວໃຫ້ຊີ້ຕ້າອັດປາກ-ດັງ ໃຫ້ສະອາດ (ຕ້າອັດປາກ-ດັງທີ່ສາມາດຊີ້ໄດ້)

**10** ລ້າງມືໃຫ້ສະອາດຕາມຂັ້ນຕອນ ຢ່າງໜ້ອຍ 20 ວິນາທີ.

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Job Aids for the Community Facilitators to resume home visits in a safe way

To subscribe to our 6-monthly newsletter, send comments or suggestions, please contact Houmphanh Soulivongxay at [Houmphanh.Soulivongxay@savethechildren.org](mailto:Houmphanh.Soulivongxay@savethechildren.org).

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