



Assessment of multi-sectoral approach & nutrition coordination in Lao PDR



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Lao Academy of Social and Economic Sciences

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LIST OF ABBREVIATIONS

CU5	Children under five years
DAFO	District Agriculture and Forestry Office
DAU	Data Analysis Unit
DEO	District Education and Sports Office
DHHP	Department of Hygiene and Health Promotion
DHO	District Health Office
DNC	District Nutrition Committee
DPI	District Planning and Investment Office
DRI	Development Research Institute
DSA	Daily Subsistence Allowance
EU	European Union
FCDO	Foreign, Commonwealth & Development Office of the UK Government
FGDs	Focus Group Discussions
GoL	Government of Lao PDR
HC	Health Center
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HSRS	Health Sector Reform Strategy
IOS	Integrated Outreach Services
IYCF	Infant and Young Child Feeding
KIIs	Key Informant Interviews
LASES	Lao Academy Social and Economic Sciences
LSIS	Lao Social Indicator Survey
MAF	Ministry of Agriculture and Forestry
MCH	Maternal and Child Health
MEAL	Monitoring, evaluation, accountability, and learning
MNCH	Maternal, New-born and Child Health
MOES	Ministry of Education and Sports
MOH	Ministry of Health

MPI	Ministry of Planning and Investment
NFNP	National Food and Nutrition Plan
NHI	National Health Insurance
NIPN	National Information Platforms for Nutrition
NNC	National Nutrition Committee
NNC-S	National Nutrition Committee Secretariat
NNP	National Nutrition Policy
NNS	National Nutrition Strategy
NPAN	National Plan of Action for Nutrition
NSEDP	National Socio-Economic Development Plan
NTPC	Nam Theun 2 Power Company
PAFO	Provincial Agriculture and Forestry Office
PAU	Policy Analysis Unit
PESS	Provincial Education and Sports Service
PHC	Primary Health Care
PHO	Provincial Health Office
PNC	Provincial Nutrition Committee
PNC-S	Provincial Nutrition Committee Secretariat
SDGs	Sustainable Development Goals
SPRI	Socio-Economic Policy Research Institute
SUN	Scaling Up Nutrition
ToR	Terms of Reference
TWG	Technical Working Group
UNICEF	United Nations Children's Fund
VAD	Vitamin A deficiency
VHC	Village Health Committees
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

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At the central level: The Ministry of Planning and Investment: Department of Planning. The Ministry of Health: Department of Hygiene and Health Promotion (DHHP), Department of Planning and International Cooperation, Nutrition Center and MCH Center. The Ministry of Agriculture and Forestry: Department of Planning and Finance, Department of Policy and Legal Affairs. The Ministry of Education and Sports: Department of Planning, Department of Early Childhood Education and the Inclusive Education Center.

At the provincial level in Phongsaly, Bokeo, Houaphanh and Saravane: The Provincial Nutrition Committee (PNC) and the chairperson of the PNC in each province, the PNC Secretariat in each province, along with the following departments: Provincial Planning and Investment, Provincial Health Department/Provincial Mother and Child Health (MCH)/Nutrition, Provincial Agriculture and Forestry Department and Provincial Education and Sports Department.

At the district level in Parktha, Phouadom, Viengxay, Xiengkhor, Boontai, Samphanh, Ta oi and Toomlarn Districts: The District Nutrition Committee (DNC) and the chairperson of the DNC Secretariat in each district and in each province with the following district offices: District Planning and Investment, District Health Office/District MCH/Nutrition, District Agriculture and Forestry Office and District Education and Sports Office.

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EXECUTIVE SUMMARY

The multi-sectoral coordination approach involves engaging multiple sectors in the same locations to address malnutrition's immediate and underlying causes. Evidence from international experience suggests that this combined strategy can successfully tackle malnutrition. However, it is necessary to implement coordinated policy and programme actions to address childhood malnutrition effectively and sustainably.

Lao PDR has adopted a multi-sectoral approach for implementing and coordinating nutrition interventions, aligned with the Scaling Up Nutrition (SUN) movement, which Lao PDR joined in 2011. Accordingly, the implementation of nutrition interventions has been decentralized. The Provincial Nutrition Committees (PNCs) and District Nutrition Committees (DNCs) oversee coordination across the sectors at the sub-national level.

More evidence is needed to understand better how the multi-sectoral approach and nutrition coordination operate at both central and sub-national levels. The assessment explores the implementation of nutrition multi-sectoral approaches and coordination of the National Nutrition Strategy and Plan of Action 2016-2025. It also makes observations and identifies challenges related to the multi-sectoral coordination approach. Lastly, the assessment will provide recommendations on how to improve the mechanisms of multi-sectoral coordination.

The assessment is based on interviews and focus group discussions conducted at national and at sub-national levels in:

- Bokeo Province: The districts of Parktha and Pha oudom
- Phongsaly Province: The districts of Samphanh and Boontai
- Houaphanh Province: The districts of Viengxay and Xiengkhor
- Saravane Province: The districts of Toomlarn and Ta oi

Findings show that Lao PDR is making substantial progress in reducing malnutrition by implementing the National Nutrition Strategy and Plan of Action (2016-2025), focusing on a multi-sectoral approach. However, coordination has been a significant challenge throughout the implementation of various strategies and policies, including health sector reform. Issues with planning and budgeting, funding flows, silo programmes or a project-based approach have created an unfavourable environment for effective multi-sectoral coordination.

Based on the observations and challenges identified in Bokeo, Houaphanh, Phongsaly and Saravane Provinces, the assessment recommends the following actions to implement NPAN 2021 – 2025 at the sub-national level. These are:

- **Increase the awareness of multi-sectoral coordination:** There is still a need to raise awareness of the multi-sectoral coordination approach and why this approach is essential for implementing nutrition interventions. Nutrition and the consequences of malnutrition on national development and productivity should be seen as an integral part of the national development agenda.
- **Strengthening the coordination and monitoring of multi-sectoral activities:** Multi-sectoral coordination was evident in the provinces and districts visited, but there is still a requirement for further strengthening of the multi-sectoral convergence approaches across sectors. To ensure effective multi-sectoral coordination and convergence, it is essential for line sectors to schedule coordination meetings and have joint planning and implementation of nutrition actions.
- **Strengthening capacity and ownership of multi-sectoral coordination:** To enhance coordination, joint planning, and monitoring, there is a need to strengthen the capacity of government staff at all levels on multi-sectoral coordination and implementation of nutrition interventions. The collaboration between central and sub-national levels should be strengthened. The support to PNC and DNC should be enhanced through technical support and supervision from the central level with a structure that facilitates local coordination.
- **Investment in human resources:** To support the provincial and district nutrition coordination committees, it is recommended to invest in human resources in staff allocation and capacity development. Staff rotation has been identified as a challenge for coordinating and implementing nutrition interventions.
- **Strong leadership – commitment:** It is crucial to make roles and responsibilities clear and to establish mechanisms for accountability from the central to village level and vice versa for effective multi-sectoral coordination and the implementation of nutrition actions. Collaboration should be at all levels to ensure commitment and ownership of the interventions.
- **Budget allocation:** Although nutrition is a key priority of the GoL, budget allocation does not meet the distributions needed to implement activities in all districts. The implementation of nutrition interventions relies heavily on external support from development partners, either through funds from projects or through grants. Therefore, resource mobilization should be expedited, and funding earmarked for nutrition should be used transparently.
- **Working closely with the community:** A way to improve the implementation of NNS and NPAN at the community level could be to have the Lao Women's Union and Lao Front for National Development to assist with the implementation of nutrition programmes alongside the education, health, and agriculture sectors and to have meetings across the sectors to share and exchange experiences on lessons learnt, which can help implementation and monitoring going forwards.

1. INTRODUCTION

1.1 NIPN in Lao PDR

The National Information Platforms for Nutrition (NIPN) is an international initiative of the European Commission with support from the Foreign, Commonwealth & Development Office (FCDO) of the UK Government and the Bill and Melinda Gates Foundation. This initiative is an integral part of the Government's nutrition programme, which is implemented jointly by the EU Delegation and UNICEF in their Partnership for Improved Nutrition in Lao PDR in support of the National Nutrition Strategy 2016-2025.

NIPN aims to build institutional capacities at national and sub-national levels to manage and analyse information and data from all sectors that influence nutrition, track progress, and better inform their policies and strategies.

1.2 Rationale and objectives of the study

Lao PDR has adopted a multi-sectoral approach for implementing and coordinating nutrition interventions, aligned with the Scaling Up Nutrition (SUN) movement, which Lao PDR joined in 2011. The initial National Nutrition Strategy and Plan of Action (2010-2015) was the first multi-sectoral framework to address under-nutrition holistically. The second National Nutrition Strategy (2016-2025) aims to strengthen the multi-sectoral approach to nutrition and, more explicitly, defines the interventions, approaches, and institutional arrangements for achieving a more comprehensive action. The implementation of nutrition interventions has been decentralized. The Provincial Nutrition Committees (PNCs) and District Nutrition Committees (DNCs) are now in charge of coordination across the sectors at the sub-national level.

More evidence is needed to gain a better knowledge and understanding of how coordination across sectors is working in practice at the central and sub-national levels, as well as to document the challenges.

The objective of this assessment is to seek an understanding of how the multi-sectoral approach and nutrition coordination in Lao PDR works at both central and sub-national levels. In addition, the assessment will explore the implementation of nutrition multi-sectoral approaches and coordination in Lao PDR and document the gaps that limit multi-sectoral coordination and approaches. Lastly, the objective is to provide recommendations on improving the mechanisms of multi-sectoral coordination in the country.

1.3 Justification and research questions

A multi-sectoral approach requires the involvement of many stakeholders, whose efforts can be strengthened and connected by adopting a programmatic approach.

The assessment will take its point of departure in the following research questions:



How are multi-sectoral coordination and implementation of nutrition interventions carried out at provincial and district levels?

How can planning, budgeting and implementation of nutrition actions be achieved through convergence and multi-sectoral coordination?

These questions will be investigated further through the following sub-questions:

- How is the multi-sector coordination platform for enhanced nutrition operating at the sub-national level?
- How effective are the multi-sectoral coordination systems and mechanisms at the provincial level, and how can the coordination mechanisms be improved?
- What is the monitoring framework for multi-sectoral nutrition coordination at the provincial level?
- What are the challenges to coordinating and implementing nutrition interventions at the provincial and district levels?

1.4 Methodology

1.4.1 Data Collection

This assessment explored mixed data collection methods to access rich data from existing literature and key nutrition stakeholders in the country. Data were collected at two levels: national level and sub-national level (provinces and districts).

- A literature review was carried out to seek global arguments and evidence regarding multi-sectoral approaches for implementing nutrition-sensitive interventions and programming. The purpose of the literature review was also to analyse existing data in Lao PDR for comparison and support the findings collected at the national and sub-national levels.
- Key Informant Interviews (KIIs): Key informant interviews at the management level: Director generals of selected departments in the planning & investment, health, agriculture, and education sectors and provincial and district nutrition committees (PNC & DNC). These key sectoral government representatives at the national, provincial and district levels coordinate and implement nutrition interventions. The interviews aimed to gain insight and perspective on the multi-sectoral coordination of nutrition interventions and implementation. A total of 15 KIIs were conducted at the national and sub-national levels.
- Focus Group Discussions (FGDs): Focus group discussions with technical working groups of the line ministries and in each of the four provinces with the members of the provincial and district nutrition committee secretariats (PNC-S and DNC-S). The interviews aimed to gain insight into the multi-sectoral coordination of nutrition interventions at the provincial and district levels. Each FGD consisted of four to six participants. A total of twenty-two FGDs were conducted at the national and sub-national levels.

Tables 1 and 2 below show the ministries at the national level and sectors at sub-national levels interviewed for the assessment.

Table 1: Interviews conducted at the national level:

Key Informant Interviews (KIIs) and Focus Group Discussions (FGD) (NNC-S):

Ministry of Planning and Investment:

- Department of Planning

In total: one FGD

Ministry of Agriculture and Forestry:

- Department of Planning and Finance
- Department of Policy and Legal Affairs

In total: two FGDs

Ministry of Health:

- Department of Hygiene and Health Promotion (DHHP)
- Department of Planning and Cooperation
- Nutrition Center
- Maternal and Child Health Center

In total: two KIIs and six FGDs

Ministry of Education and Sports:

- Department of Planning
- Department of Early Childhood Education
- Inclusive Education Center

In total: three KIIs and one FGD

Table 2: Interviews conducted at the sub-national levels:

Key Informant Interviews (KIIs) and Focus Group Discussions (FGD)

Provincial Level (Phongsaly, Bokeo, Houaphanh and Saravane):

- One KII with PNC in each province - Chairperson of Provincial Nutrition Committee
In total: two KIIs (PNC in Phongsaly and Bokeo Provinces)
Note: The PNC in Houaphanh and Saravane Provinces were unavailable during the field visit.
- One FGD with PNC-S in each province:
 - Provincial Planning and Investment
 - Provincial Health Department / Provincial MCH/Nutrition
 - Provincial Agriculture and Forestry Department
 - Provincial Education and Sports Department

In total: one KII and three FGDs

District Level (Two districts per province):

- Key informant interview (DNC) - Chairperson of District Nutrition Committee
In total: eight KIIs
- One FGD with DNC-S in each district:
 - District Planning and Investment
 - District Health Office / District MCH/Nutrition
 - District Agriculture and Forestry Office
 - District Education and Sports Office

In total: eight FGDs

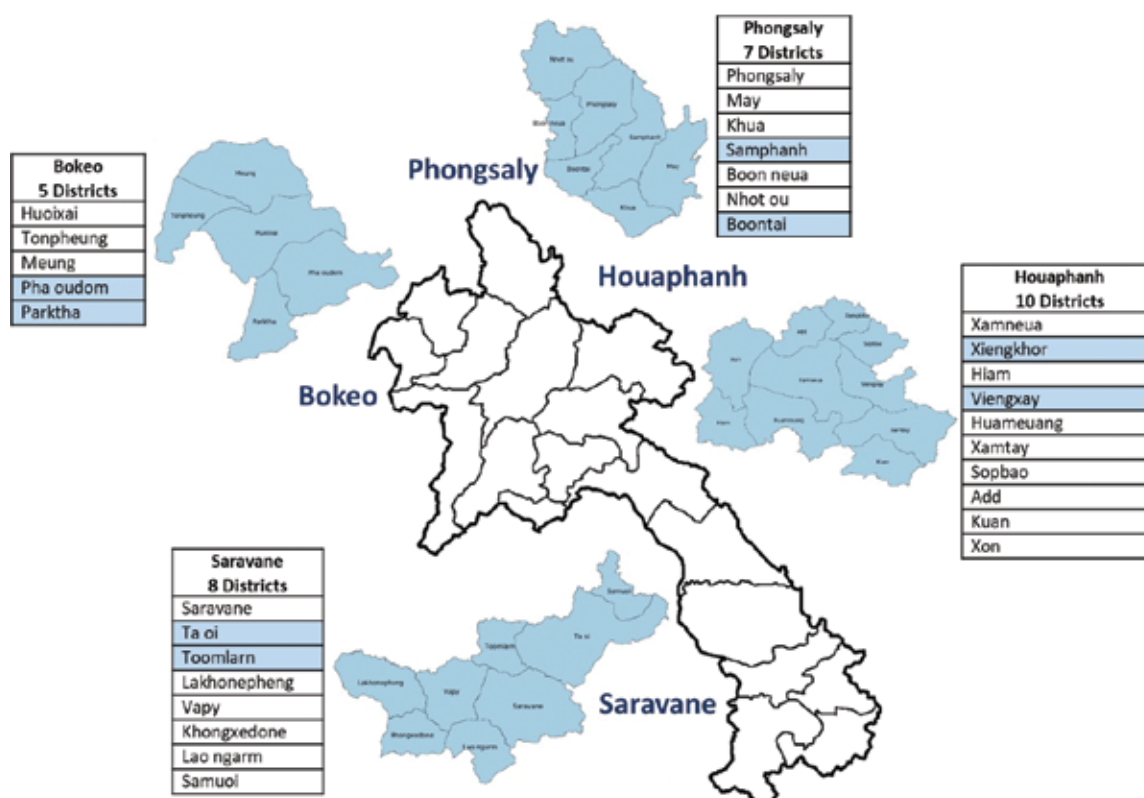
For further details, please see annexe 1 for a complete list of people interviewed.

1.4.2 Geographic coverage

Four provinces were selected for key informant interviews and focus group interviews with representatives from key sectors engaged in implementing nutrition interventions and coordination at the provincial and district levels. All four provinces are assisted by the EU/UNICEF. After consultation with the Center for Nutrition and UNICEF, the following provinces and districts were selected:

- Phongsaly Province: The districts of Samphanh and Boontai
- Houaphanh Province: The districts of Viengxay and Xiengkhor
- Bokeo Province: The districts of Parktha and Pha oudom
- Saravane Province: The districts of Toomlarn and Ta oi.

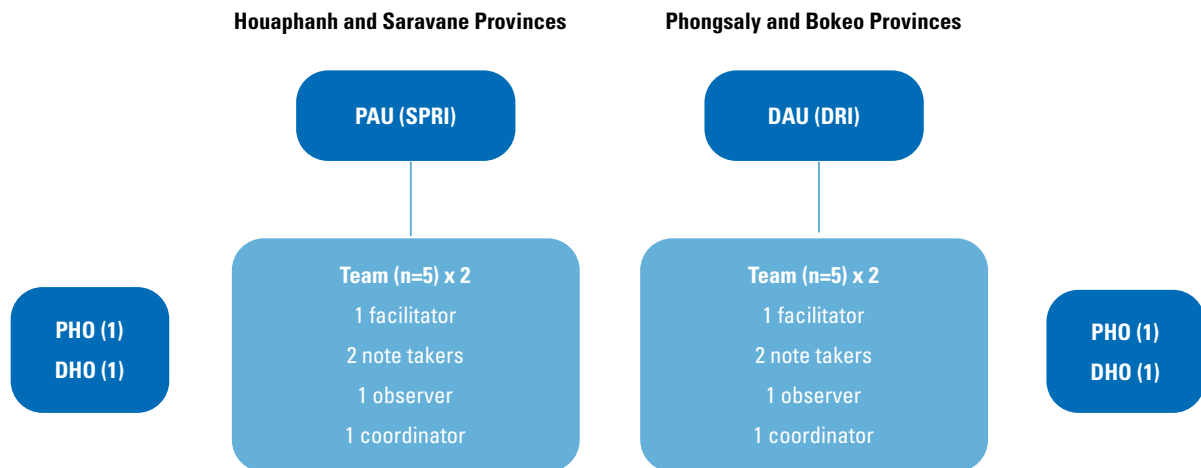
Figure 1: Provinces and districts selected



1.4.3 Data collection and team composition in the field

To carry out the field visits, mixed teams of 10 people were drawn from the DAU (Data Analysis Unit), Development Research Institute (DRI) and PAU (Policy Analysis Unit), and the Socio-Economic Policy Research Institute (SPRI). Each team was allocated one PHO and one DHO coordinator, bringing the total to 12 people per team. The two field teams were comprised of one facilitator, two note-takers, one observer, and one coordinator. These two teams conducted field visits to the four selected provinces and sites. Data collection took place from December 2021 to February 2022. See annexe 2 for the complete list of data collection teams.

Figure 2: Team composition



1.5 Limitations

The assessment covered only selected provinces. Conclusions and recommendations are based on findings and evidence from Bokeo, Houaphanh, Phongsaly, and Saravane Provinces. The assessment concentrated on the coordination and implementation of the National Nutrition Strategy and Plan of Action (2016-2025).

The PNC in Houaphanh and Saravane Provinces were not available for the interviews.



2. NUTRITION AS A MULTI-SECTORAL ISSUE

2.1 Global nutrition situation and trends

Poverty, food insecurity, and malnutrition are linked to individuals' poor health and cognitive development and hold nations back from economic, social, and political development. Malnutrition slows economic growth and perpetuates poverty through direct losses in productivity from poor physical status, indirect losses from poor cognitive function and deficits in schooling, and losses owing to increased healthcare costs.^{1,2}

In the Lancet series on Maternal and Child Undernutrition (2008), the Copenhagen Consensus (2008), and the World Bank's 2006 document *Repositioning Nutrition as Central to Development* findings showed that there is a very small window of opportunity to improve nutrition outcomes and to prevent irreversible losses to human capital in countries. This window of opportunity is the first 1000 days of a child's life: from conception to the child's second birthday. It is the most critical period for brain development and offers the best opportunity for human capital development. Malnutrition during the first two years can disrupt cognitive, emotional, and physical development and prevent children from reaching their fullest potential.^{3,4}

Chronic malnutrition in early childhood does not only affect educational performance but also affects cognitive ability and economic productivity in adulthood. A case study from rural Zimbabwe showed that the impact of stunting in pre-school-aged children correlated with lower human capital potential in adulthood.⁵ Furthermore, stunting at two years of age was closely associated with unemployment or informal work in adulthood.^{6,7}

The link between investment in nutrition and having well-nourished children is important at many levels, as illustrated in figure 2 below. When well-nourished and healthy newborn babies receive proper nutrition, they will develop strong bodies and minds. This will enable them to go to school and learn, get good grades, and become adolescents. With education, these adolescents will grow into young adults that can find work and earn a decent living. As they grow older, form their own families, and contribute to the community, they will be productive and stable. This will result in them emerging from poverty, which, in turn, will lead to their communities being lifted out of poverty and becoming productive and stable. All these steps will contribute to making the world a safer, stronger, and more resilient place.

¹ Busse et al., 2020

² World Bank, 2019a

³ Ibid.

⁴ World Bank, 2019b

⁵ Kristina Reinhardt and Jessica Fanzo, 2014

⁶ Ibid.

⁷ Journal of Water, Sanitation and Hygiene for Development, 2019

Figure 3: Why invest in nutrition



Source: SUN Movement, 2016

Recent data shows that nearly 33% of the world's population (2.37 billion) did not have access to adequate food in 2020. This is an increase of almost 320 million people in just one year, mainly caused by the Covid-19 pandemic. In the *State of Food Security and Nutrition in the World (2021)*, it is estimated that 22% (149.2 million) of children under five years of age were affected by stunting, and 6.7% (45.4 million) were suffering from wasting. At the same time, the number of children under five years who are overweight or obese is on the rise. In 2020 5.7% (38.9 million) children were overweight – whereas the number was 5.4% in 2000. The burden of undernutrition is unevenly distributed, with those in low-income countries, pregnant women and children being most affected.^{8,9}

Most children suffering from malnutrition live in Africa and Asia. Nearly 75% of the world's stunted children live in two regions: 37% in Central and Southern Asia and 37% in Sub-Saharan Africa. In addition, 1 in 2 children suffer from deficiencies in essential micronutrients – and at least 2 in 3 children are not fed the minimum diet they need to grow healthy.¹⁰

Globally the proportion of children under five years suffering from stunted growth has been reduced by one-third and the number of children who are stunted reduced by 55 million. This is also the case in ASEAN, where malnutrition has improved, as indicated in the graph below, with the level of stunting decreasing since 2009. Whilst the prevalence of malnutrition is dropping, Asia still has the highest number of wasted children; in Southern Asia, the prevalence was 14.1%, and in Southeast Asia, the prevalence was 8.2% in 2020, which is the second highest in the region.^{11,12,13}

⁸ FAO, 2021

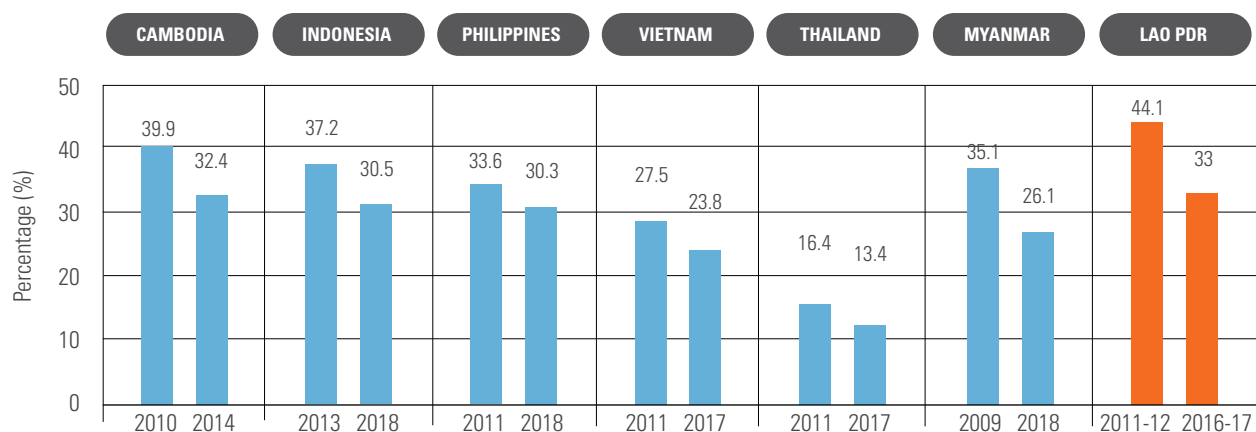
⁹ UNICEF, 2021a

¹⁰ World Health Organization, 2021

¹¹ World Health Organization, 2021

¹² World Bank, 2021a

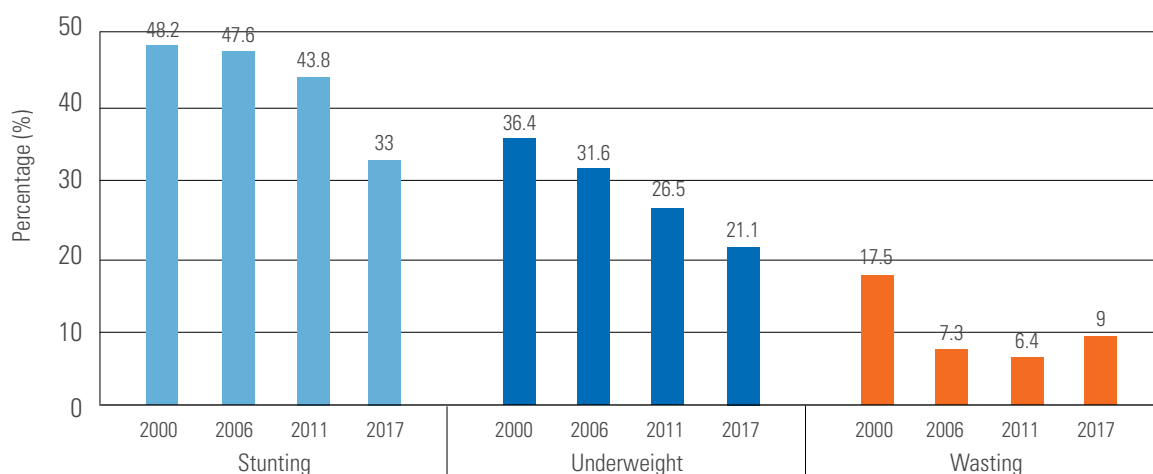
¹³ UNICEF, 2021a

Graph 1: Prevalence of stunting in Southeast Asia

Source: Chaparro C., et al (2014)

2.2 Food security and nutrition situation in Lao PDR

Since 2000 there has been extensive focus on reducing malnutrition in Lao PDR, which resulted in a reduction in CU5 of stunting from 48.2% to 33% in 2017 and underweight from 36.4% to 21.1% in the same period, whereas wasting initially declined but has remained stagnant or even worsened and is presently at 9%.^{14, 15, 16} (See graph 2 below). Despite this significant progress and economic growth, Lao PDR has one of the highest rates of chronic malnutrition in South-East Asia, based on the most recent available data, and there is still a big difference in levels of malnutrition across the country with poor and rural areas most affected. From 2011 to 2017, on average, stunting in Lao PDR declined by approximately 1.5% per annum, and underweight by approximately 1% per annum.¹⁷

Graph 2: Undernutrition rates among children under five years in Lao PDR.

Source: MOH (2000), MICS (2006), Lao Statistic Bureau, 2011 and Lao Statistic Bureau, 2017

¹⁴ FAO, 2003

¹⁵ Lao Statistic Bureau, 2017

¹⁶ MoH, 2000

¹⁷ NIPN, 2019



As illustrated in graph 3 below, in 2019, every third child in Lao PDR under five years of age was stunted, with a wide difference between the 18 provinces in the country. In 2017, Vientiane capital had the lowest prevalence of stunting (13.8%), and Phongsaly Province had the highest (54%). Stunting levels for the four selected provinces for this assessment are Bokeo 35%, Houaphanh 41%, Phongsaly 54% and Saravane 43%. As the following graph shows, 11 out of 18 provinces have stunting rates above 30%, which is classified as seriously high or critical according to the WHO/UNICEF anthropometric classification.¹⁸ Stunting is more prevalent in the northern part of the country and in two provinces in the south.^{19, 20, 21}

Children in remote, rural areas without access to roads have a much higher probability of being nutritionally deprived and stunted than those in urban areas. Stunting is also highest among children living with a household head of Chinese-Tibetan and Hmong-Mien ethnicity. Stunting levels in provinces such as Sekong (50%), Phongsaly (54%), and Xiengkhouang (46%) are exceptionally high. Also, children of mothers with no education were three times more likely to be stunted (45%) than children of mothers with higher education (17%).^{22, 23}

¹⁸ UNICEF, 2019a

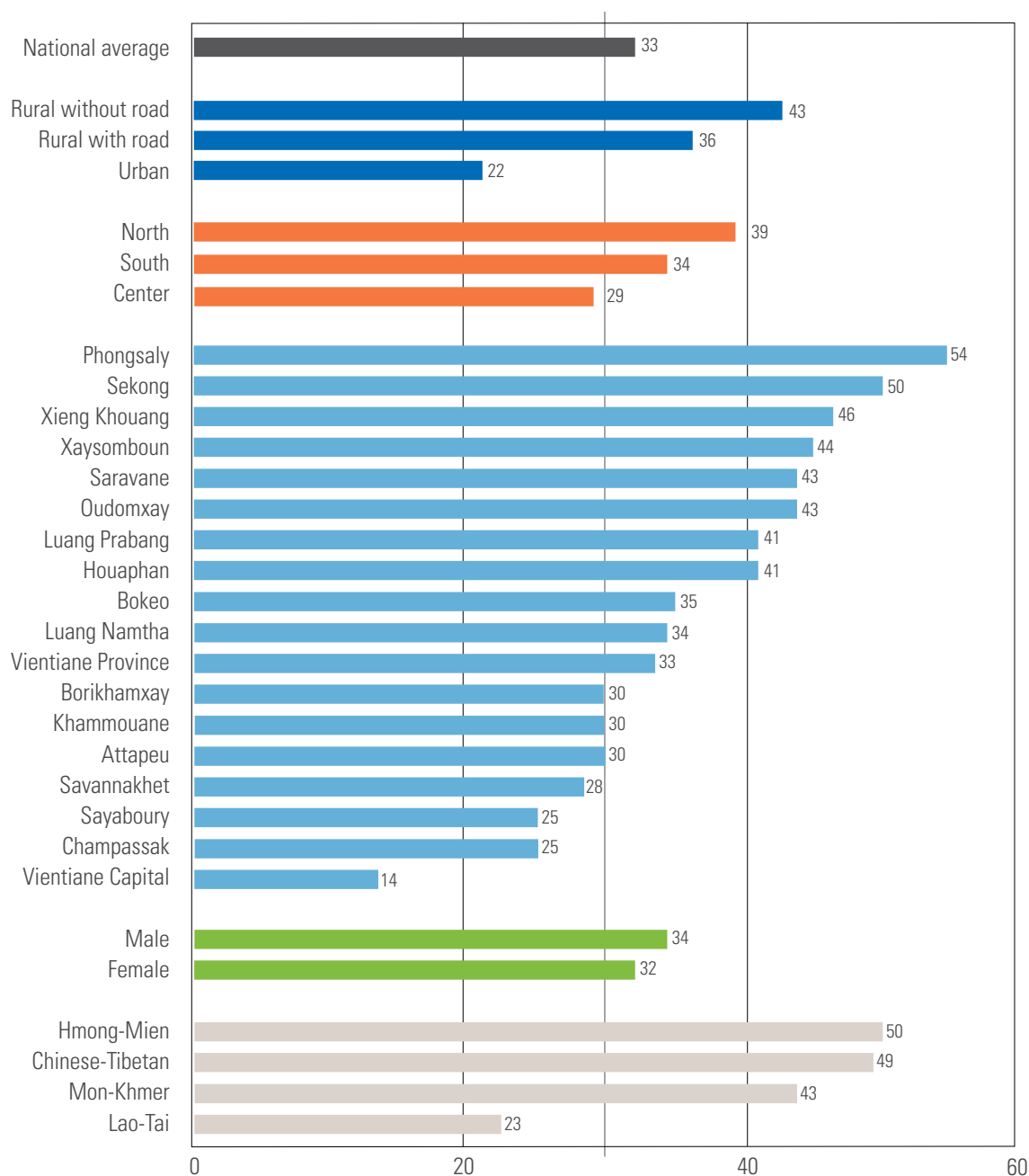
¹⁹ UNICEF, 2019b

²⁰ Ibid

²¹ Lao Statistic Bureau, 2017

²² UNICEF, 2019b

²³ Lao Statistic Bureau, 2017

Graph 3: Stunting levels in Lao PDR

Source: UNICEF, 2019b

Micronutrient deficiency among the Lao population remains a challenge. 44.1% of CU5 are anaemic, and 30% of preschool children suffer from Vitamin A Deficiency (VAD). Approximately 25% of households do not adequately consume iodized salt. Thiamine deficiency is reportedly high among pregnant and lactating women because of the high rice consumption and diets low in Vitamin B1. Thiamine deficiency in Laos has been associated with intrauterine growth retardation and infant mortality.^{24,25}

²⁴ Ibid.

²⁵ Ministry of Health, 2016

There is limited information available about the dietary intake of Lao women. National data shows that only one-third (32%) of women meet a minimum dietary diversity of five or more food groups. A study conducted in four provinces in Lao PDR found that only 44% of pregnant women reached a minimum dietary diversity, while 10% ate less than three meals a day.²⁶

38% of babies born in Lao PDR are introduced to complementary foods too early (before six months), 55% of children aged six months to 2 years do not have a sufficiently diverse diet, and 31% are not fed frequently enough. Also, about 40% of children do not consume vitamin A-rich foods, whilst 46% do not consume iron-rich foods daily. 55% of children 6-59 months consume less than three food groups.^{27,28}

Lao PDR has achieved national food -sufficiency, especially in rice. Nationally, calorie deficiency is less of a challenge. In 2012/13, the average calorie intake per capita per day was 2,751 kcal, which is well beyond 2,400 kcal, the nationally defined minimum daily dietary energy supply per capita to meet the everyday needs of an average Lao person. Despite this impressive national outlook, about 25% of households are food insecure, and many households, especially in remote areas, experience periods during the year with seasonal food insecurity. The situation has worsened with the covid-19 pandemic, where 70% of households have been affected by rising food prices, and 37% have reduced their food consumption.^{29,30}

Lao PDR has experienced impressive economic growth over the past decade, but despite this, Lao PDR still has one of the highest rates of chronic malnutrition in Southeast Asia.^{31,32} Malnutrition leads to enormous economic and human costs in Lao PDR. Nearly two million Lao citizens, mainly women and children, suffer some form of malnutrition. It is estimated that approximately 481 million USD, or 2.66% of GDP, is lost annually due to undernutrition.³³

2.3 Multi-sectoral approach to nutrition

2.3.1 Nutrition and development

Nutrition is both a maker and a marker of development. Improved nutrition is the platform for progress in health, education, employment, empowerment of women and the reduction of poverty and inequality. It can also lay the foundation for peaceful, secure, and stable societies.³⁴ Nutrition is essential for achieving all Sustainable Development Goals (SDGs). In addition, nutrition is linked to goals and indicators beyond SDG 2, which addresses hunger. At least 12 of the 17 goals contain indicators highly relevant to nutrition, as illustrated in the figure below.

²⁶ UNICEF, 2019d.

²⁷ UNICEF 2019c

²⁸ World Food Programme, 2016

²⁹ Ministry of Agriculture and Forestry, 2020

³⁰ World Bank, 2021

³¹ Ministry of Health, 2016

³² Ibid.

³³ NIPN, 2021

³⁴ SUN Movement, 2016

Figure 4: The link between nutrition and the different SDGs.

Source: SUN, 2017

The ambition to “End hunger, achieve food security and improved nutrition and promote sustainable agriculture” is captured in SDG 2, and mainly target 2.2, “by 2030 end all forms of malnutrition.” To achieve the SDGs and targets, effective and strategic multi-sectoral action is required to address direct, underlying, and fundamental causes of malnutrition. The SDGs will not be realised without adequate and sustained investments in good nutrition. It is estimated that for every USD 1 investment in nutrition, a return of USD16 is expected.³⁵

³⁵ SUN, 2017

Figure 5: Nutrition at the heart of the SDGs, investment, and return.



Source: SUN, 2017

2.3.2 Achieving nutrition results through multi-sectoral actions

Improving nutrition requires multiple actors and sectors. A multi-sectoral approach requires a functional and effective system that involves different stakeholders and levels of engagement. Each level does not operate independently – they are interconnected and should be guided by a national policy framework.³⁶ The multi-sectoral nutrition coordination system at the country level brings the government sectors together, which is replicated at the sub-national levels. Therefore, there is a need to see the multi-sectoral nutrition system as a whole; each sector is a part of that system. For this to be achieved, there is a need to overcome the fragmented view and create a shared understanding among stakeholders.³⁷

Traditionally nutrition has been under the health sector. Still, in the 1970s, a new paradigm emerged, which recognised that nutrition and malnutrition were not only health problems, but health and nutrition were interdependent. Accordingly, nutrition was also linked to actions across different sectors, including food and agriculture, education, economics, and the environment.³⁸ With this new way of thinking, governments in other developing countries established units, councils, and committees to implement multi-sectoral nutrition actions. For example, in Thailand in 1976, the first National Food and Nutrition Plan formally adopted a multi-sectoral approach to improving nutrition. It included activities in agriculture, health, education, and

³⁶ NIPN, 2019b

³⁷ Ibid.

³⁸ Garrett, James; Bassett, Lucy; and Levinson, F. James, 2011

poverty reduction. Since then, there has been a move towards a holistic approach and focus on direct and underlying causes of malnutrition to achieve a positive nutrition impact.³⁹

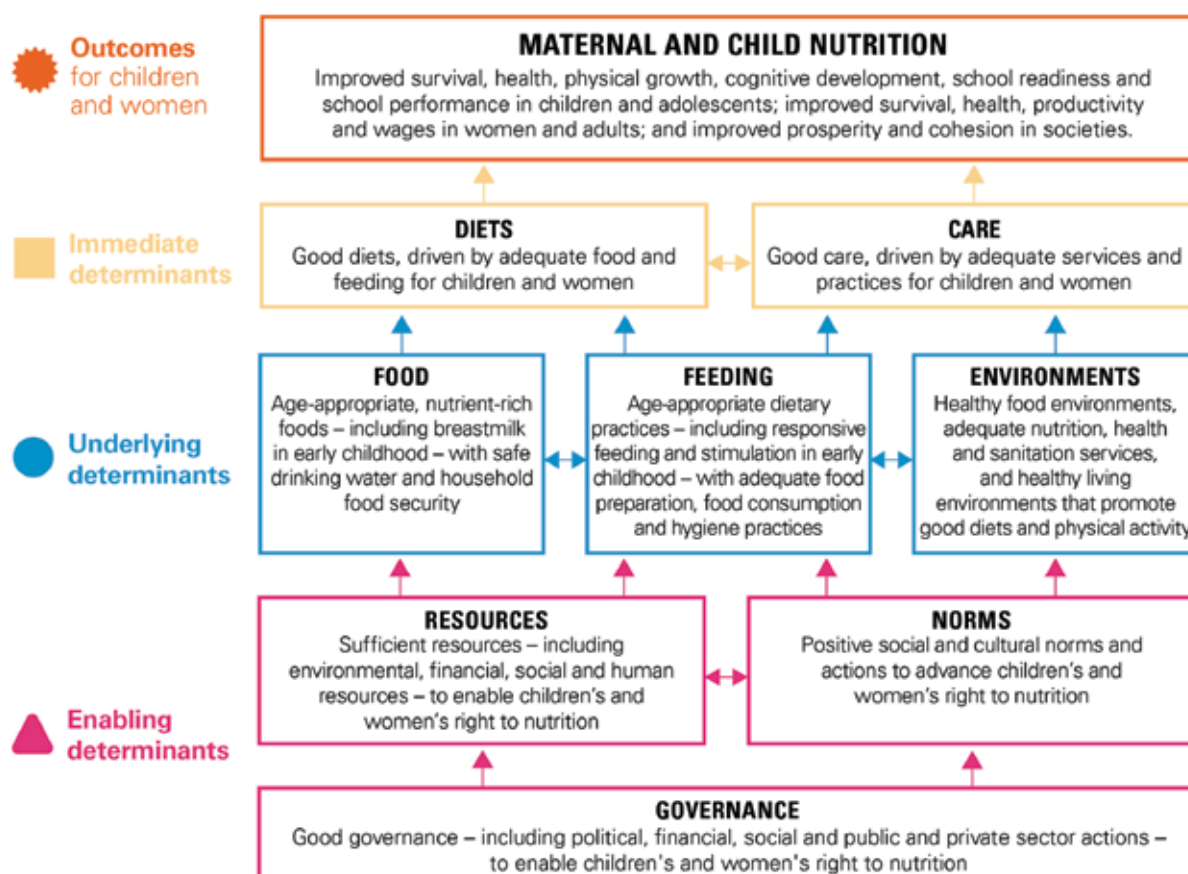
The objective behind the multi-sectoral approach to implementing nutrition interventions was that systematic multidisciplinary planning would produce a combination of policy or project interventions in several development sectors. If these multi-sectoral interventions were well implemented and coordinated, they could effectively reduce malnutrition in a holistic and unified approach.⁴⁰

2.3.3 Policy frameworks for multi-sectoral actions

As part of this development is the well-known conceptual framework developed by UNICEF, which emphasizes the basic, immediate, and underlying causes of malnutrition. The model shows malnutrition as a problem of development rather than of disease and has become the favoured framework for understanding determinants of, and action for, nutrition.^{41,42} The conceptual framework was recently revised in the *UNICEF Nutrition Strategy 2020–2030 with the Conceptual Framework on the Determinants of Maternal and Child Nutrition*.

Figure 6: UNICEF Conceptual Framework on the Determinants of Maternal and Child Nutrition, 2020.

Source: UNICEF, 2021a



³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ Ibid.

⁴² UKAID, 2020

The new framework uses a positive approach through a broad range of actions that address the enabling, underlying and immediate determinants of adequate nutrition. The enabling determinants are the political, financial, social, cultural, and environmental conditions that enable good nutrition for children and women. The underlying determinants are the food, practices, and services available to children and women in their households, communities, and environments to enable good nutrition. The immediate determinants of maternal and child nutrition are diets and care, which influence each other. These multi-sectoral determinants contribute to good nutrition in children and women and will result in improved health, physical growth, cognitive development, school readiness and school performance in children and adolescents, and improved health, productivity and wages in women and adults. For optimal or good nutrition to be achieved among women and children, there is the need for decisive political, social, public, and private sector actions that are backed by sufficient funding and resources to address the social and cultural norms.⁴³

The 2020 Framework also acknowledges the increasing triple burden of malnutrition – undernutrition, micronutrient deficiencies and overweight – and the framework highlights the role of diets and care as immediate determinants of maternal and child nutrition.

2.3.4 Scaling up nutrition actions using multi-sectoral approaches

In a publication by the World Bank, several benefits of a multi-sectoral approach were identified. These include acceleration of action on determinants of undernutrition, integration of nutrition considerations into existing programmes from multiple sectors, and greater government-wide attention to policies and strategies.⁴⁴ The broad recognition that action from several sectors is needed to address nutrition has gained momentum, and several country governments are implementing multi-sectoral and inter-sectoral plans. Governance and coordination at all levels have been identified as critical elements in ensuring the success of national nutrition plans. Governments globally are scaling up both specific nutrition interventions and nutrition-sensitive policies and programmes to combat malnutrition.^{45, 46}

Multi-sectoral actions can strengthen nutritional outcomes in three main ways:

- a. by accelerating action on determinants of undernutrition;
- b. by integrating nutrition considerations into programs in sectors, which which may be substantially larger in scale; and
- c. by increasing “policy coherence” through government-wide attention to policies or strategies and trade-offs, which may have positive or unintended negative consequences on nutrition.^{47,48}

The multi-sectoral nutrition system has many components whose various efforts can be strengthened and connected by adopting a programmatic approach.

- Multiple sectors: health, agriculture, education, gender, water, trade, industry and more
- Multiple levels: national, regional, province, district, sub-district, community
- Multiple stakeholders: government, donors, UN, NGOs, academia, business

⁴³ UNICEF, 2021b

⁴⁴ World Bank, 2013

⁴⁵ Gillespie S. et al., 2013

⁴⁶ Coile et al., 2021

⁴⁷ World Bank, 2013

⁴⁸ Ibid.

The Scaling Up Nutrition (SUN) movement was launched in 2010 in response to the continuing high rates of global malnutrition. The SUN framework for Action is a collaboration between developing countries, academic and research institutions, civil society organizations, the private sector, bilateral development agencies, United Nations agencies (FAO, UNICEF, WFP and WHO), and the World Bank. Since the beginning, 62 countries, four states in India, four networks, at least 14 government and donors, two development banks, 16 United Nations agencies, more than 3,000 civil society organisations and over 800 small, medium, and large businesses have joined the SUN movement. SUN calls for nutrition governance and encourages advocacy for stakeholders across sectors working to address undernutrition. The SUN movement is also considered to hold stakeholders, including the government, accountable and secure further commitment to improve resource mobilisation and allocation. The SUN movement has also made policymakers increasingly aware of nutrition as a development issue, and a few countries have increased nutrition-relevant budgets.^{49,50,51}

The SUN Movement guides how countries can create or strengthen multi-sectoral coordination for nutrition, emphasizing the importance of including multiple sectors across governments and stakeholders from outside the government system in developing and implementing national nutrition action plans. SUN encourages advocacy, which has increased the number of stakeholders across sectors working to address undernutrition. The elements of successful planning, implementation and monitoring of the action plans are presented in the SUN monitoring, evaluation, accountability, and learning (MEAL) Framework and Checklist for quality national nutrition plans.^{52, 53}

It calls for a common understanding of the nutrition actors present at the country level, their specific nutrition capacities, and the activities they conduct at the national level to coordinate these better and improve their timeliness and effectiveness. For undernutrition reduction to be sustained, nutrition leaders at all levels should be able to forge strong alliances (across and between government, civil society, and the private sector), take timely and decisive action, and create and be subject to solid accountability.^{54, 55}

2.4 Lao PDR and multi-sectoral approaches and coordination

Lao PDR has been active on the global stage through SUN Movement since 2011. The first National Nutrition Policy (NNP) for Lao PDR was endorsed by GoL in 2008. Since the development of the NNP, a lot of effort and investments have been made to improve the nutrition situation in the country. This was followed by the first National Nutrition Strategy and Plan of Action for 2010 – 2015.

The National Nutrition Strategy and Plan of Action (2010-2015) was the first multi-sectoral strategy. A second strategy for 2016 – 2025 was formulated, including the NPAN for 2016 – 2020. The current NNS is the strategic document for addressing malnutrition through a multi-sectoral and convergent approach.

⁴⁹ World Bank, 2019

⁵⁰ Gillespie S. et al., 2013

⁵¹ SUN Movement, 2021

⁵² Food and Nutrition Bulletin, 2016

⁵³ World Bank, 2019

⁵⁴ Gillespie S. et al., 2013

⁵⁵ UNICEF, 2019d

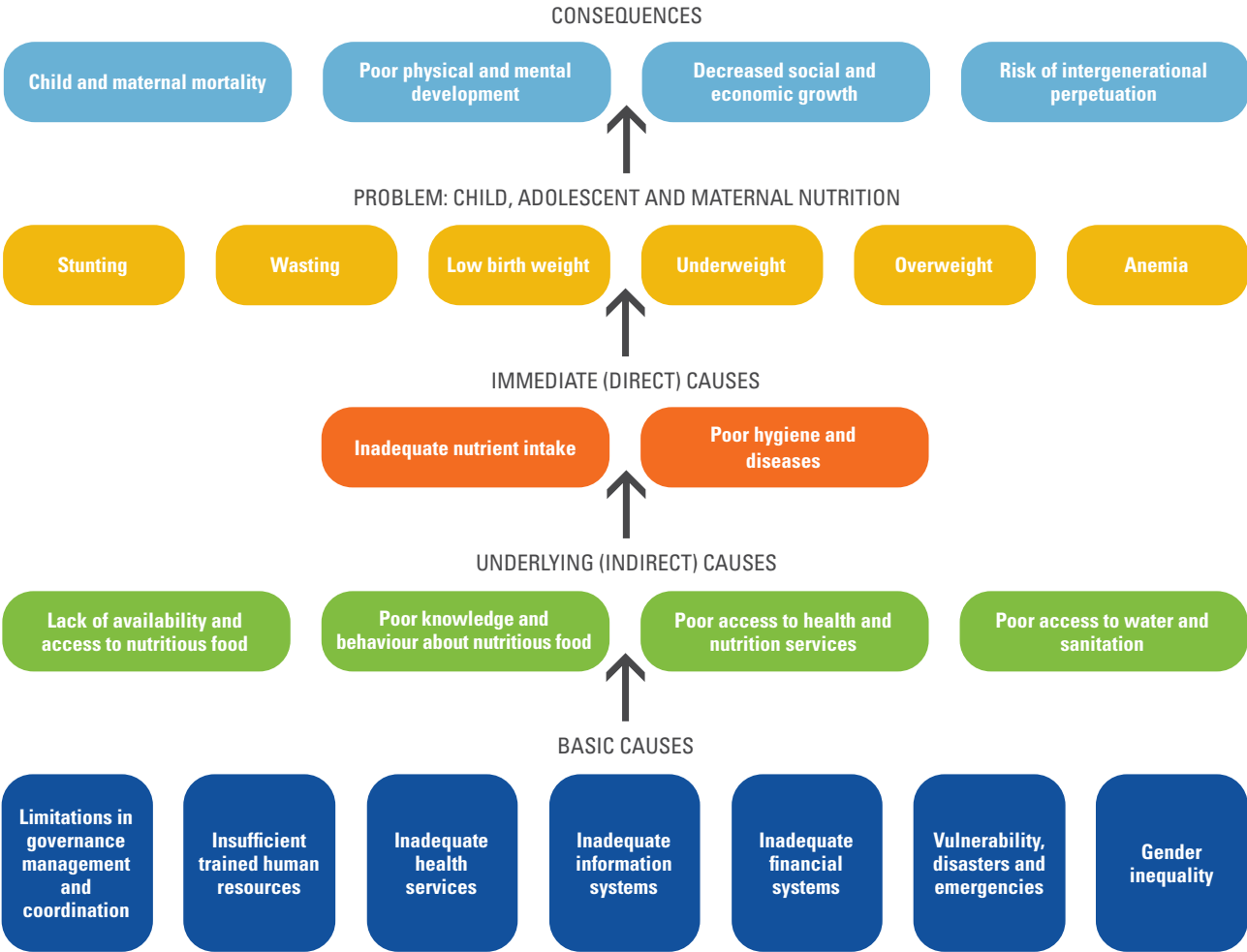
The NNS 2016-2025 has four strategic directions addressing the immediate, underlying, and fundamental causes of malnutrition and addressing their links.⁵⁶

The new NPAN 2021-2025 embodies a multi-sectoral convergent approach with the primary goal of reducing chronic malnutrition to 25% by 2025. The NPAN 2021-2025 has been restructured compared to NPAN 2016 – 2020, and the 29 interventions have been replaced; instead, the new NPAN provides a set of 22 interventions.⁵⁷ In the new NPAN, each sector, particularly education and agriculture, will further integrate nutrition into their sectoral strategies and plans. Through their Provincial and District Nutrition Committees, each province and district will develop and implement annual operational plans for nutrition based on this NPAN.

The 9th National Socio-Economic Development Plan (NSEDP) for Lao PDR incorporates targets on various nutrition and anthropometric and dietary indicators within its monitoring framework. As there is regular follow-up and reporting on the implementation of the NSEDP, relevant sectors are required to report and monitor nutrition indicators listed in the NPAN.

Figure 7: The new conceptual framework for NPAN 2021-2025

Source: Ministry of Health, 2021



⁵⁶ Ministry of Health, 2016
⁵⁷ Ministry of Health, 2021

As illustrated in the framework above, the new NPAN sets out three components for improved nutrition: 1) to address immediate (direct) causes, 2) to address underlying (indirect) causes, and 3) to address fundamental causes, and it specifies the problems and consequences of the basic, underlying, and immediate causes of malnutrition.

The new NPAN emphasizes multi-sectoral action to a much higher degree than before and commitment to planning and delivering multi-sectoral action. The reasons for this are simple: In the conceptual framework, most of the fundamental causes of malnutrition – limitations in governance, management and coordination, inadequate trained human resources, vulnerability to disasters and emergencies, some harmful social norms and behaviours and gender inequality – require action that is larger than can be performed by any single sector.

2.4.1 Overview of multi-sectoral coordination on nutrition in Lao PDR

The National Nutrition Committee (NNC) was established by Prime Minister's Decision 73/PM in 2013. The Deputy Prime Minister chairs the NNC, and the Ministry of Health hosts the secretariat. The National Nutrition Committee Secretariat is chaired by the Vice Minister of Health and co-chaired by the vice ministers of Agriculture and Forestry; Education and Sport; and Planning and Investment. The NNC is multi-sectoral with representatives from Health, Agriculture and Forestry, Education, Planning, Commerce, Finance, National Poverty Eradication and Rural Development, National Commission for Mother and Child and other relevant line ministries. The NNC is the primary coordination mechanism for nutrition-related issues. The NNC Secretariat is responsible for developing technical materials for NNC members and coordinating daily communication with development partners and other stakeholders. The NNC Secretariat is also supported by the Technical Working Group, which is responsible for providing support to the NNC Secretariat, and technical guidance and support to all agencies (in all sectors) working on nutrition. The NNC Secretariat reports quarterly and annually to members and the General Assembly on progress and updates on the NNS and NPAN.⁵⁸

The NNC meets twice a year, and the second meeting is the National Nutrition Forum, which is open to other nutrition stakeholders, including PNC and DNC. The National Nutrition Forum aims to provide a dedicated space for mobilizing government actors, provincial leaders, and external development partners such as international organizations, academia and businesses working on nutrition. The forum provides an opportunity for advocacy and placing nutrition on the policy agenda^{59, 60, 61}

Multi-sectoral Provincial Nutrition Committees (PNCs) have been established at the sub-national level to enhance nutrition governance, coordination, and advocacy for increased investments in nutrition. They are chaired by the provincial deputy governor, with PNC Secretariats led by the director of the Provincial Health Office. The PNCs are expected to promote integrated programming of nutrition-specific and sensitive interventions in the country by bringing together the key social sub-sectors of health and nutrition, education, water, sanitation, and hygiene and agriculture. Provincial Nutrition Committees are in place in all the provinces. In addition, at the district level, District Nutrition Committees (DNCs) have been established.

⁵⁸ SUN Movement, 2020

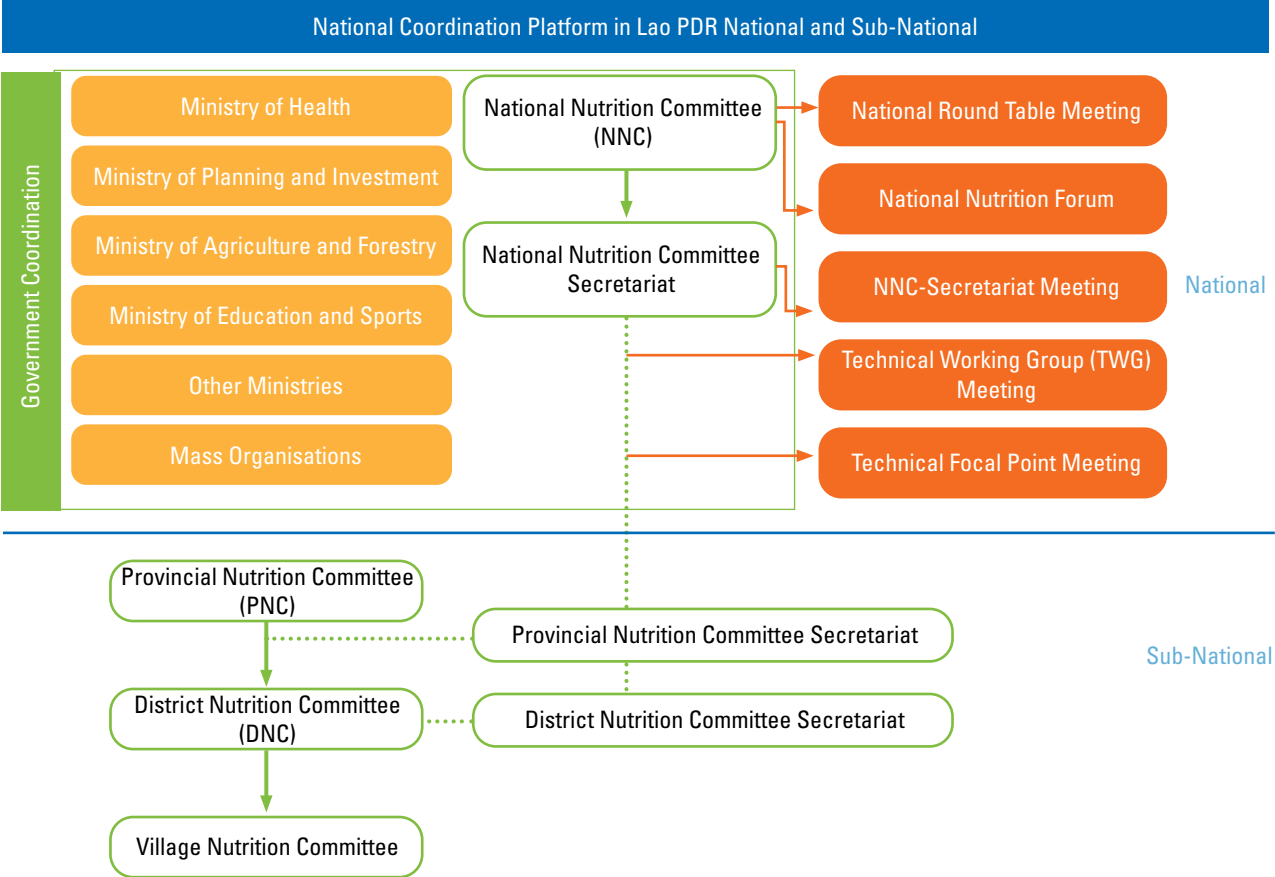
⁵⁹ World Food Programme, 2016

⁶⁰ SNV, 2017

⁶¹ World Bank, 2019b

They are chaired by the District Deputy Governor, with DNC Secretariats led by the director of the District Health Office.

Figure 8: Nutrition coordination in Lao PDR at the national and sub-national levels.



Source: Ministry of Health, 2021

The roles and responsibilities of PNCs and DNCs include leading the nutrition response in their area, coordinating planning, implementation, monitoring and reporting of nutrition interventions, highlighting interventions in the NPAN that are local priorities for implementation and identifying and focusing interventions on priority locations. This way, PNCs and DNCs will engage with and guide key actors and partner organizations, including civil society organizations, which implement nutrition projects.

2.4.2 Challenges and opportunities of multi-sectoral approaches in Lao PDR

Lao PDR has an extensive range of strategies, action plans, sectoral policies and strategies reflecting nutrition and food security. Different sectors are implementing nutrition interventions, but there is a lack of coordination among different sectors in implementing activities. As a result, implementing these policies and plans often delays the outcomes and objectives specified in the policy documents. The challenges identified are implementing these strategies and plans at the sub-national level and how to convey these to the provincial-, district-, and village-level governments. In addition, is the cost of implementation and

resources provided to implement these different policies and strategies. Another key challenge is the human resource base for nutrition programming, which is challenged due to several factors.⁶²

Because of a lack of management, financial considerations, and human capacity, policies and strategies developed at the national level are not being applied at the sub-national level. Delegation of authority from the central to the sub-national level is not always clear, leaving provincial counterparts uncertain about whether they have the designated authority to act. Policy commitments at the national level are not matched by budget allocations to provincial and district-level counterparts. In addition, some provincial and district-level counterparts do not know how to access funds from the national level. This is the single most important gap in governance. Coordination among stakeholders, actors and donors and mapping of interventions and resources, implementation coverage and outcomes are challenges.⁶³

In the Nutrition Policy Landscape Analysis, conducted by NIPN Lao PDR in 2019, it was found that there is limited coordination between sectors involved in nutrition-related activities, especially at the sub-national level. Nutrition is seen as a health issue, not a multi-sectoral problem, where several sectors have roles to play. Even though it is pointed out in the NNP that MOH is responsible for coordinating with other ministries, it has been difficult for MOH to practice due to institutional capacity and engagement by the other sectors.

A study from WFP Lao PDR showed that there are many challenges to multi-sectoral governance and coordination at the local level, and the functioning of the established provincial nutrition committees across the country are very different. For instance, it is mentioned that committee members were unclear about which activities to coordinate across sectors and that provincial authorities continued to engage with districts primarily on a sectoral basis and were not supporting districts in coordinating implementation at district and village levels.⁶⁴

⁶² World Food Programme, 2016

⁶³ World Food Programme, 2016

⁶⁴ Ibid.

3. SUMMARY OF FINDINGS AND OBSERVATIONS

3.1. Observations at the provincial level

Multi-sectoral coordination

In Bokeo Province, NNS and NPAN have been disseminated at the provincial level and integrated into provincial plans. Coordination manuals for multi-sectoral coordination and implementation have also been disseminated at the provincial level in Phongsaly Province. NNS and NPAN have also been disseminated in Houaphanh Province. In Saravane Province, the NPAN has been disseminated, and the NPAN 2016-2020 has been implemented. At the time of the interview, the new NPAN had not been disseminated at the provincial level, but there have been meetings regarding the planning and implementation of the new NPAN 2021-2025.

In Bokeo Province, the PNC and secretariat steering committee are in place, and meetings are organized periodically. PNC meetings are organized every six months with the purpose of coordination between the sectors and sharing updates on the implementation of interventions. In addition, the PNC-S quarterly meetings are organized to monitor and follow up on the implementation of activities under the NPAN.

In Phongsaly Province, PNC meetings take place twice a year. In these meetings, the three main sectors (health, agriculture, and education) report on implementing planned activities. The coordination mechanism, roles and responsibilities of the committee and its secretariat are clear to all stakeholders at the province and district levels.

In Saravane Province, the multi-sector coordination system works well among the four main sectors through the quarterly and annual meetings. The quarterly meetings focus on planning, consultation, reporting, and problem-solving among the multi-sector/stakeholders. In addition, participation in the Annual National Nutrition Forum and sharing experiences on nutrition work with audiences are mentioned by the PNC in Saravane Province as crucial for success as they can learn from other provinces.

Multi-sectoral implementation of nutrition actions

In Phongsaly Province, NNS and NPAN have been integrated into the action plan of the PNC and DNCs at the provincial and district levels. Through the implementation of NNS and NPAN, coordination mechanisms at the provincial level have improved with the cooperation of the relevant sectors. In the beginning, collaborating between provincial and district levels to implement nutrition interventions was difficult, but lessons were learned to improve coordination later. Furthermore, having NNS and NPAN as main policy and coordination guidelines, backed by technical assistance, has resulted in work being done more efficiently, according to PNC in Phongsaly Province.

According to PNC, in Saravane Province, it is key to have a coordinator in each sector who facilitates multi-sectoral coordination and supports participation in identifying and solving identified problems for implementing NNS and NPAN. In Houaphanh Province and Saravane Province, it was mentioned that



the training of technical staff responsible for nutrition activities is carried out in all sectors. In Saravane Province, it was found that families have increased their income due to increased food production and food availability with food diversity as part of the agriculture sector nutrition interventions in NPAN.

In Bokeo Province, developing the NNS and NPAN is advantageous for implementing multi-sectoral nutrition interventions and establishing the PNC and PNC-S. According to the PNC in Bokeo, the implementation of 22 interventions was effective with improvements to health and nutrition indicators for children. In addition, the implementation of ten interventions in the health sector has progressed, particularly the distribution of deworming tablets and vitamins for children. Also, the education sector has integrated nutrition into the curriculum, school meals and horticulture, especially in ethnic minority schools. In addition, the agricultural sector is promoting cultivation and livestock production to increase income and consumption, and in Houaphanh Province, food cooking demonstrations at schools are mentioned.

Examples from Bokeo Province regarding the coordination and implementation of nutrition interventions as listed in NNS and NPAN where coordination and implementation were successful at the provincial level are:

- Children coming from poor households receive nutritious food.
- Supply of clean water and focus on hygiene at schools.

As part of the multi-sectoral coordination approach and implementation of the NPAN, specific budgets for administration and equipment were allocated at the provincial level, which is seen as highly commendable by the PNC in Phongsaly Province. The PNC in Houaphanh has also mentioned that the budget and

equipment to support activity implementation significantly boosts their activities because implementation relies heavily on external budgets, as the government budget is limited.

According to stakeholders, in the past, nutrition was not included in the national budget, which the National Assembly approved, and it was not also included in the government's monthly summary. Without external support, nutrition programmes would not be implemented according to PNC in Houaphanh Province and to be on the safe side. Therefore, it is recommended that going forward, the GoL include it in the national budget.

3.2 Challenges at the provincial level

Despite the improvements in the multi-sectoral coordination and implementation of nutrition actions, some challenges were identified.

Multi-sectoral coordination and implementation

In Bokeo Province, it has proved a challenge to report properly on interventions, as there is no format for reporting, which makes the reporting requirements unclear. PNC in Phongsaly Province identified similar challenges. The monitoring framework has improved, but there is still a lack of clarity regarding the responsibility of some activity implementation, such as the responsibility between the health sector and the agriculture sector on some activities. The PNC proposes that the central level consider these challenges and clarify them with the provincial levels moving forward. In addition, the communication and coordination with the central level related to NNS and NPAN are not regarded as adequate. Communication is mainly done through reports, but reports from the central level are not received regularly and can cause delays.

One challenge mentioned is limited ownership by technical staff in implementing activities, which impacts the output of activities and achievements. In addition, there are insufficient human resources, and staff are involved in multiple activities, resulting in limited time to engage in the implementation fully. It is also challenging to implement nutrition activities due to the frequent rotation of staff in the different sectors, especially when the person in charge of nutrition activities changes. As a result, the implementation is delayed until a person is recruited and fully on board.

The multi-sectoral coordination mechanism is an excellent method. Still, it requires that the person responsible for nutrition work is not engaged in several activities, as the coordination role is time-consuming. Therefore, to improve the coordination mechanism, it is suggested by Bokeo Province to have the planning and investment sector as the focal point and in charge of engaging all sectors and to increase the role of the planning and investment sector in nutrition programmes.

Implementation of nutrition interventions can be complex due to the location and geography of villages and the shortage of vehicles; Bokeo Province and Saravane Province mentioned this. In addition, it can be challenging to implement activities focusing on nutrition and deliver the services in remote areas, as the infrastructure is not adequately developed, and villages can be difficult to access in all four provinces.

Budget allocation

The PNC in Bokeo Province and Phongsaly Province find implementing NNS and NPAN interventions challenging due to limited budget distribution from the central to the sub-national level. It has been mentioned that the budget for the agriculture sector is increasing at the national level. Still, according to

the PNC in Bokeo Province, the budget allocation to provincial and district levels is small, even though the agricultural sector is key and important for improving nutrition. The PNC is experiencing challenges related to budget and limited funds for implementation and receiving financial resources on time. Due to this limited budget, it has proved difficult to have one united plan. At the same time, many development projects are being implemented with funding coming from development partners but in different areas and not coordinated by PNC. Another obstacle is that the provinces must ask the central level for funds every six months, but preparing the documents, transferring them, and submitting them on time is difficult.

In Houaphanh Province, it has proved difficult to carry out joint multi-sectoral monitoring due to a limited budget. It was mentioned that the health sector relies on its own sectoral budget, and other sectors cannot participate in joint monitoring. For the implementation of nutrition interventions, one of the challenges they have mentioned facing is inconsistency in releasing government budgets for each sector. This meant that they were not able to carry out activities at the same time. Implementation of activities relies heavily on financial support from development projects implemented in the province and districts.

In Saravane Province, budget restraints have also been mentioned as a challenge, as there is no specific budget for nutrition activities. Due to the limited budget, the health sector relies on integrated activities with other sectors where funds have been allocated.

The overall comment from PNC in the four provinces is that the budget allocation is insufficient for implementing nutrition interventions. The structure and monitoring framework is considered appropriate, but the funds available are insufficient, making it difficult to implement, monitor and achieve the targets in NNS and NPAN.

3.3 Observations at the district level

Multi-sectoral nutrition coordination

DNCs have been established in all four provinces, and meetings are organized with participation from the health, education, agriculture, planning and investment sectors. In Pha oudom District, Bokeo Province meetings are organized twice a year to prepare work plans and monitor implementation. The establishment of the DNC has made it more convenient to organize meetings and coordinate among the different sectors. Each sector understands its responsibilities for the implementation of interventions. A tool used to guide this process is the manuals for implementing NNS and NPAN. In Bokeo Province, one person oversees nutrition and coordination of nutrition interventions for each sector. Collaboration between provincial and district levels in implementing nutrition interventions is appropriate. There is good collaboration and contribution between the DNC and the partners participating in the implementation of activities, particularly at the community level, where the engagement of the Lao Women's Union and village facilitators is considered high.

The multi-sectoral nutrition coordination at the district level in Samphanh District, Phongsaly Province, is well coordinated, and quarterly meetings are organised. Implementation is going well with nutrition activities such as nutrition education, cooking, complementary supplementation, and other related activities that each sector is implementing. There is regular communication on the implementation and coordination of NNS & NPAN. Periodically there is joint monitoring of communities.

In Viengxay District, Houaphanh Province, the multi-sectoral approach is in place and functioning, but further strengthening is required, as each sector generally works independently. In the beginning, staff found the approach difficult and did not understand it. Still, after several coordination meetings at the district and provincial levels, the understanding gradually improved, and the DNC members can now follow the ToRs and mandates of the DNC.

In Toomlarn District, Saravane Province coordination meetings between the province and district regarding technical matters are regularly occurring. Information, achievements, limitations, and lessons learnt are exchanged and shared at the meetings. In addition, provincial teams also participate in district coordination meetings. As a result, the line sectors have better knowledge and understanding of their mandates compared to the situation before DNC's establishment.

Multi-sectoral implementation

In Toomlarn District, Saravane Province, there have been improvements in multi-sectoral approach, coordination and implementation. Line sectors are carrying out their activities, led by the health sector coordination team, and reporting is done regularly. Monitoring is carried out every quarter. Improvements are also seen in the planning and implementation of nutrition activities. It is also clear that people have gained more knowledge and a better understanding of nutrition and implementing nutrition activities.

For the DNC in Parktha District, Bokeo Province to continue to work during the Covid-19 pandemic, the DNC-S organized online meetings to exchange ideas and seek guidance among stakeholders on implementing activities within the district. It was found that the sectors in Parktha District were performing well in coordinating the implementation of activities under NNS and NPAN. The implementation of the monitoring framework for multi-sectoral nutrition coordination is seen as being quite good, according to the chairperson of the DNC in Parktha District. Also, various policies are in place, serving as a base for implementing activities. In Parktha District, the sectors are good at coordination, joint planning, meetings, implementation, sharing lessons learned and providing reports on the implementation of nutrition interventions.

In Boontai District, Phongsaly Province, NNS and NPAN have been integrated into the socio-economic development plan for the district. The DNC have manuals, legislation, and guidelines for implementing nutrition interventions. The multi-sectoral coordination at the district level is operating well and is quite effective among the relevant sectors. Online coordination groups have been established to ensure coordination and consistency of reporting every quarter. There is regular coordination between district and province levels and within Boontai District at least once every three months. Members of the DNC find that they have a reasonable budget for implementation.

The NNS is being implemented in Ta oi District, Saravane Province. The fact that there is a framework for implementing nutrition interventions through the NNP, NNS and NPAN is considered very useful. It is found that there is good coordination, collaboration, participation and communication in joint activities between the four line sectors engaged in implementing NPAN. The multi-sectoral collaboration for monitoring agriculture, health and education activities has improved community knowledge and understanding.

NNS and NPAN have been disseminated in Xiengkhor District, Houaphanh Province. After setting up the multi-sector coordination framework, nutrition activities are integrated into the district's bi-annual and annual meetings, with one representative from each village invited to these meetings. The DNC is sharing information and reporting on the implementation of each sector and preparing quarterly reports. The monitoring framework for multi-sectoral nutrition coordination is appropriate for well-defined tasks of line sectors. Monitoring is carried out periodically to achieve the goals.

According to the interviews conducted at the district level, each sector has one person appointed who is responsible for the coordination of nutrition activities. This is convenient when attending meetings or monitoring, as it will be the same people attending.

The implementation of nutrition interventions is based on the ToRs of the line sectors, such as the education sector, which focuses on four interventions: the school lunch program, promoting vegetable gardening, integrating nutrition into teaching and learning, and deworming for children under five years of age. The agricultural sector is responsible for four interventions: the promotion of production of various crops, livestock husbandry, facilitation of seed storage and agriculture for commercial production. The health sector oversees ten health interventions, including exclusive breastfeeding, antenatal care, and postnatal care and LWU focuses on proper cooking/food diversity.

3.4 Challenges at the district level

The interviews with DNC and DNC-S in the eight districts identified several advantages of multi-sectoral coordination. However, despite the success stories mentioned, some challenges persist, and there is a need for improvements to address the bottlenecks.

Limited multi-sectoral nutrition coordination

Limited knowledge of coordination and implementation of nutrition activities were identified as challenges. There is a need for clarity on the role and responsibilities of the DNC, as it was mentioned that members of the DNC do not understand their role well. Multi-sectoral coordination and teamwork between provincial and district levels are not harmonious, and joint activities are not carried out. It was also mentioned that communication between central, provincial and district levels is relatively slow. Another challenge mentioned is that each sector works independently, and the activities implemented are based on the sector's own work plan. This has the effect that there is no coordination or joint planning with other sectors engaged in nutrition interventions.

Responsibility for implementation has been divided among each sector implementing nutrition interventions in Pha oudom District, Bokeo Province. However, some challenges were found. There is a need for more focus and awareness of agriculture to improve the nutrition status in the communities. This includes

knowledge and understanding of crop cultivation and livestock raising for consumption, and not only raising livestock as a coping mechanism and as a source of funds in case of emergencies.

In Xiengkhor District, Houaphanh Province, it has been found that there is limited collaboration between the different sectors, and there is no coordination regarding the implementation of activities or joint monitoring. It has also been challenging to conduct joint monitoring in the communities, as people from different sectors are not available to travel to the communities simultaneously.

In Boontai District, Phongsaly Province, the multi-sectoral coordination system at the district level is working well. However, the system can still be improved for enhanced results.

In Toomlarn District, Saravane Province, coordination between the different sectors was rugged initially due to poor understanding, though this has gradually improved. The issue was raised at provincial and district coordination meetings. This led to the clarification of mandates, the scope of work, function and roles and responsibilities of each sector, and the coordination has improved since then. However, there are still challenges with multi-sectoral governance and coordination between some sectors, causing delays in implementing activities. Also, limited human resources and limited understanding of nutrition by the person in charge of nutrition coordination are causing delays in implementing nutrition interventions.

In Samphanh District in Phongsaly Province, awareness and understanding of the NNS and policies related to nutrition are still low in some sectors, which has resulted in limited harmonization of activities. Timely reporting is not done, and sectors are late submitting sector summary reports and reporting on implementing activities.

Another obstacle to implementing activities in villages is the limited access to some villages. Many villages are in remote areas, which makes it a challenge to implement nutrition activities at the community level, especially during the rainy season. This results in villagers trying to implement activities independently, even though the activities require assistance from the relevant sectors. For example, in Toomlarn District, Saravane Province, it is challenging to implement activities due to difficult road access, and implementation cannot be fulfilled. Therefore, limited access to villages is seen as one of the main problems for not being able to implement nutrition interventions.

Inadequate budget allocation

One challenge that is being faced is budget constraints for promoting specific nutrition activities, and even when funds are available, they are not always available on time. Even though several development projects are being implemented in the districts, the budget for implementation is still limited.

In Xiengkhor District, Houaphanh Province, it was mentioned that the budget is allocated directly to the line sectors from projects implemented in the district. There is limited budget allocation from the government received, and this is mainly for purchasing gasoline for visits to villages and monitoring the implementation of project activities. It has proved challenging to organise regular meetings to discuss and consolidate activities due to limited budgets, causing delays in the compilation of data and reporting of the various sectors. In Samphanh District, Phongsaly Province, a challenge found is an insufficient budget to support activities and implementation, and there is a lack of vehicles to travel to villages and follow up on the implementation of activities. In Viengxay District, DNC has been appointed. One meeting was held to discuss the implementation, but meetings were not organized regularly due to a lack of funds.

In Parktha District, Bokeo Province and Boontai District, Phongsaly Province, the limited budget is also mentioned as a challenge for implementation. There is no budget for organizing meetings, and follow-up on implementation is difficult, as staff must use their own vehicles without compensation for fuel payment. Grants from organizations fund the budget for nutrition interventions, and the government allocates some budget.

There is a high demand from communities for nutrition-sensitive agricultural activities in Ta oi District, Saravane Province. Still, due to a lack of financial resources, DAFO is not able to implement these. The same was mentioned in Toomlarn District, Saravane Province, DAFO is working closely with the community, but the budget allocation is delayed leading to the discontinuation of work.

Overall, it was found that there is an insufficient budget to carry out activities and hamper the implementation of multi-sectoral activities.

Staff rotation and limited human resources

A challenge mentioned by DNC-S in Pha oudom District, Bokeo Province, is the frequent rotation of governmental staff. Experienced staff in charge of coordinating nutrition work are usually reassigned or replaced with those unfamiliar with such roles, which causes delays in the implementation and monitoring of activities. Changes and staff rotation are also mentioned as a key challenge in Xiengkhor District, Houaphanh Province. There were not enough staff assigned to carry out activities, and the ownership was lacking.

It has been mentioned that the sectors in Ta oi District in Saravane Province have a poor understanding of multi-sector coordination and how to work with a multi-sector approach, which impacts the implementation and reaching of targets. This also includes delays in sharing information between the sectors. As a result, multi-sectoral coordination and reporting are not carried out regularly and at times only within a single sector. Also, multi-sectoral coordination is difficult to carry out due to frequent staff rotation.

In Toomlarn District, Saravane Province, reporting on implementing multi-sectoral nutrition activities at the district level is not done regularly and is often delayed. Each relevant sector needs to improve reporting mechanisms, including monthly summary reports and timely submission of reports. It was mentioned by the DNC in Boontai District that there is no standard framework for summary reports, and reports drafted are based on different forms from each sector and are not coherent.

Summing up, challenges found at the national level are:

- Nutrition is not seen as a multi-sectoral issue which requires collaboration across sectors.
- Policies and strategies developed at the national level are not all implemented at the sub-national levels due to limited management, financial, and human capacity.
- Delegation of authority from the central to the sub-national levels is not always clear, leaving provincial counterparts uncertain about whether they have the designated authority to act.
- The estimated cost of implementing NPAN 2016–2020 was USD 411 million (2016-2019).

- Out of the estimated amount, GoL invested USD 141.9 million in nutrition (34.5%), of which 90% is a contribution from development partners.
- High reliance on donor funding - a large degree of uncertainty on longer-term financing for nutrition activities.

Challenges found at the provincial level are:

- Policy commitments at the national level do not match the required budget allocations for implementation at the provincial and district levels.
- Some committee members are still unclear about coordinating activities across sectors, and provincial authorities continue to engage with districts on a sectoral basis without coordination.
- Collaboration between provincial and district levels in terms of implementing nutrition interventions was challenging initially.
- A multi-sectoral coordination mechanism is an excellent approach, but people responsible for nutrition activities should not be engaged in other activities, as the role is time-consuming.
- To implement NNS & NPAN and achieve identified targets, various factors must drive the process to achieve the goal, particularly human resources, budget and strengthening multi-sector coordination through participatory planning every quarter.

And at the district level challenges identified are:

- Limited coordination between GoL and development partners implementing nutrition-related activities at the district level.
- Several priority interventions have more than one implementing agency, causing an overlap of activities, whereas other interventions are not carried out at all. This causes inefficient use of resources and overlapping activities at the district and village levels.
- Rotation of staff and limited human resources.

4. CONCLUSION AND RECOMMENDATIONS

4.1 Conclusion

Investing in nutrition remains a key element of building human capital and is essential to achieving the SDGs and *Leaving No One Behind*. The *multi-sectoral coordination approach* includes engaging multiple sectors in the same locations to address the immediate and underlying causes of malnutrition. Evidence from international experience suggests that this combined strategy can successfully tackle chronic malnutrition. However, to address childhood malnutrition effectively and sustainably, it is necessary to implement a series of coordinated policies and project actions.

The literature review and findings from the various interviews conducted with key people at the central and sub-national levels have resulted in some observations and identified some challenges when working with a multi-sectoral approach and implementing nutrition interventions.

Observations made include:

- **Political framework:** Lao PDR has a well-established political framework and an extensive range of strategies, action plans, sectoral policies and strategies reflecting nutrition and food security aspects. Including NNP, NNS 2010-2015, NNS 2016-2025 and NPAN 2016-2020. There is high-level support for nutrition and commitment to implementing NNP, NNS and NPANs from the GoL. The current NPAN 2021-2025 focuses on the multi-sectoral approach and action to address malnutrition. In the conceptual framework, most of the fundamental causes of malnutrition require action larger than one sector can manage.
- **Establishment of PNC and DNC:** Throughout the country, provincial and district multi-sectoral committees and secretariats have been established. Since establishing the PNC and DNC coordination mechanism, roles and responsibilities for the PNC and PNC-S have improved, and the functioning between the established PNC and DNC across the country has varied. Meetings are being organised and held, sectoral and monitoring reports are produced, and there is increased awareness of each sector.
- **Increased knowledge of multi-sectoral coordination:** There is increased awareness regarding nutrition and multi-sectoral approaches and the need to coordinate the implementation of nutrition interventions. Focal points for each sector have been appointed and put in charge of coordination and collaboration with other sectors involved in implementing nutrition interventions.

Challenges identified:

- **Multi-sectoral coordination and implementation:** the NNS and NPAN are in place, but implementation at the community level is done sector-wise with limited coordination and joint planning across sectors. Nutrition is still not seen as a multi-sectoral issue where several sectors coordinate implementation and address different aspects of nutrition, which leads to institutional challenges when implementing and trying to reach targets. In addition, it is challenging to implement strategies and plans at the sub-national level, how these are conveyed to provincial, district and village

governments, and the resources provided to implement the different policies and strategies. There is a great deal of ongoing implementation of nutrition interventions in the four provinces visited. Still, activities are carried out through projects and are often limited to small-scale project sites and limited coordination with PNC and DNC.

- **Roles and responsibilities:** Responsibility for implementation has been delegated and decentralised to provincial and district levels. However, the delegation of authority from the central to the sub-national level is not always clear, leaving provincial counterparts uncertain about whether they have the designated authority to act. Therefore, there is a need for more supportive supervision between the three levels, from central to provincial and district levels, to address the various causes of malnutrition and reach the targets as indicated in NNS and NPANs.
- **Human resources:** Overall, limited human resources are available for nutrition coordination within the different sectors. As a result, the role is often an add-on task for focal points appointed and time-consuming. In addition, frequent rotation of staff is challenging, as institutional memory is lost, and new staff need to get familiar with the new role and responsibilities. This then further delays implementation.
- **Financial resources:** When compared with the past, more funds are available to support the implementation of nutrition interventions in the four visited provinces. Still, the provinces and districts face financial restraints with limited financial resources to facilitate PNC and DNC meetings and conduct joint planning and monitoring field visits to villages in the districts.

4.2 Recommendations

Different causes and factors of malnutrition must be targeted and approached simultaneously to strengthen the multi-sectoral convergence approach. The sectors must work closer together and collaborate to implement activities.

Based on the observations and challenges identified through the interviews and focus group discussions conducted in Bokeo, Houaphanh, Phongsaly and Saravane Provinces, the assessment recommends the following actions to be taken into consideration for the implementation of NPAN 2021 – 2025 at the sub-national level. These are:

- **Increase the awareness of multi-sectoral coordination:** There is a need to raise awareness of the practice of the multi-sectoral coordination approach and why this approach is key for implementing nutrition interventions. Furthermore, nutrition should be positioned as an integral part of the national development agenda, given the negative consequences malnutrition has on the health, productivity and development of individuals, communities, and the nation at large. Therefore, it is recommended to continue creating awareness at the provincial and district levels on the importance of nutrition and the links between nutrition, different sectors, and multi-sectoral coordination.
- **Strengthening the coordination and monitoring of multi-sectoral activities:** Multi-sectoral coordination is carried out in the provinces and districts visited, but there is still a requirement for further strengthening of a multi-sector coordination approach, as each sector tends to implement independently. There is a need to strengthen the multi-sectoral convergence approach and target different causes and factors of malnutrition at the same time. To ensure effective multi-sectoral coordination and convergence, it is essential for line sectors to schedule coordination meetings and have joint planning and implementation at the community level. The best way to work with a multi-sectoral approach when monitoring the implementation of activities is that the three sectors

work together as a team according to mandates. It is also key to have joint plans for monitoring and when going to the field. It is also recommended to improve and strengthen the multi-sector reporting and have better reporting mechanisms in place for each relevant sector with clear and robust monitoring and evaluation mechanisms in place, as reporting by the line sectors often is not standardized, accurate, or complete.

- **Investment in human resources:** To support the provincial and district nutrition coordination committees, it is recommended to invest in human resources in terms of staff allocation and staff capacity. Staff rotation has been identified as a challenge for the coordination and implementation of nutrition interventions and should as much as possible be avoided. Staff rotation happens regularly, causing a loss of institutional memory and delay in implementation when there is a gap between staff members and before the new person in charge is fully onboard and can support the coordination work. In relation to this, the person leaving should prepare a proper handover and other staff members to support the work until the new staff member is fully on-board. To achieve the best result in recruiting coordinators, recruiting suitable candidates and facilitators who can lead the process and accelerate commitment and ownership is important. Coordinators should have good knowledge of nutrition programmes and understand the skills required and the complexity of addressing malnutrition in a multi-sectoral coordination environment.
- **Strengthening capacity and ownership:** To enhance coordination, joint planning with other sectors, and monitoring, there is a need to strengthen the capacity of government staff at all levels, from the national to the district level, to reach the targets indicated in NNS and NPAN. All sectors should learn from each other and understand the linkages between the different sectors and their impact on each other. One way to approach this would be to provide training in nutrition and mutual learning between sectors and to train people in communities on linkages between sectors. There is a need for capacity development and improved knowledge on the coordination and implementation of nutrition interventions and the causes of malnutrition. Capacity development should introduce a process of learning and not just reporting. The collaboration between the central level and sub-national levels should be strengthened. The support to PNC and DNC should be enhanced through technical support and supervision from the central level with a structure that facilitates local coordination. This will enhance local ownership of nutrition programmes by PNC and DNC and the work carried out at the sub-national level. PNC and DNC are also to have increased responsibility and oversee the delivery of a multi-sectoral coordination approach with all key sectors engaged in addressing malnutrition at the local level.
- **Strong leadership – commitment:** If the targets and goals of NNS and the new NPAN are to be reached, accelerating commitment and ownership, particularly at the subnational levels, is key. To continue the multi-sector coordination and implementation, establishing mechanisms for accountability from the central to the village level and vice versa is needed. It is key for implementing activities that plans and defining roles and responsibilities are important and clear. Participatory planning with the four sectors is carried out, but each sector implements activities. Collaboration should be at all levels to ensure commitment and ownership of the interventions.
- **Budget allocation:** Although nutrition is the key priority of GoL, budget allocation does not meet the requirement needed to implement activities in all districts. Implementation of nutrition interventions relies heavily on external support from development partners, either through funds from projects or through grants given to the GoL. Implementation of the multi-sectoral coordination approach should not be so heavily reliant on external support, and resource mobilization should

be expedited, and funding earmarked for nutrition. This should then be used transparently. For the implementation of NNS and NPAN, the budget allocation must be on time, and a specific budget for monitoring is essential. Without this, coordination and monitoring will not be done regularly to ensure proper implementation.

- **Working closely with the community to ensure that they have a better understanding:** A way to improve the implementation of NNS and NPAN at the community level could be to have the Lao Women's Union and Lao Front assist with the implementation of nutrition programmes together with the education, health, and agriculture sectors and to have meetings across the sectors to share and exchange experiences on lessons learnt, which can help implementation and monitoring onwards.



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Annexe 1 - List of people interviewed

a. List of participants at the central level

ID	Type of inter-view	Full Name	Gender	Position	Organization	
					Department/Institute/Centre	Ministry
1	KII	Dr. Panome Sayamoungkhoun	F	Acting Director General	Maternal and Child Health Center, Department of Hygiene and Health Promotion	MOH
2	KII	Dr. Phonesavanh Keonakhone	F	Director General	Nutrition Center, Department of Hygiene and Health Promotion	MOH
3	KII	Ms. Dara Khiamthammakhoue	F	Acting Director General	Inclusive Education Center	MOES
4	KII	Ms. Siphaphone Manivanh	F	Acting Director General	Department of Early Childhood Education	MOES
5	KII	Mr. Maaly Volabouth	M	Deputy Director of Planning Department and Director of Educational Statistics Center	Department of Planning	MOES
6	FGD	Mr. Karouna Nanthavongdouangsy	M	Acting Director General	Department of Planning	MPI
		Mr. Nakhonexay Phimmachanh	M	Chief of Social Development Planning Division	Department of Planning	
		Mr. Bounthaxay Norlakham	M	Deputy Chief of Social Development Planning Division	Department of Planning	
7	FGD	Ms. Sengmany Norchaleun	F	Chief of Administration and Planning Section	Nutrition Center, Department of Hygiene and Health Promotion	MOH
		Dr. Vilasith Mikhasith	M	Deputy Chief of Training Section		
		Dr. Souphaxay Khamphanthong	M	Deputy Chief of Research and Surveillance Section		
8	FGD	Dr. Chanthavone Louangkhot	F	Chief of Maternal Health Care Promotion Section	Maternal and Child Health Center, Department of Hygiene and Health Promotion	MOH
		Dr. Silisouk Souksavath	M	Technical Officer of Maternal Health Care Promotion Section		
		Dr. Phathourmphone Boulomavong	F	Technical Officer of Maternal Health Care Promotion Section		
9	FGD	Ms. Soudakham Phimmasone	F	Deputy Director	Department of Planning and Finance	MAF
		Ms. Sengkeo Chittavong	F	Deputy Chief, Agricultural Statistics Center		
		Mr. Kolakoth Vongsoutthi	M	Technical Officer, Planning Division		
		Mr. Kaisone Yang	M	Technical Officer, Agricultural Statistics Center		

10	FGD	Mr. Somsamay Nonthalath	M	Deputy Chief of Policy Division	Department of Policy and Legislation	MAF
		Mr. Soulieck Kingkeo	M	Technical Officer of Policy Division		
11	FGD	Dr. Southanou Nanthanontry	M	Deputy Director General	Department of Planning and Cooperation	MOH
		Dr. Theppouthone Sonesavath	M	Chief of Health Information Division		
		Dr. Sounethone Nanthanondouangsy	M	Consultant		
		Dr. Phonepaseuth Ounaphom	M	Director General		
		Dr. Sovankham Phommaseang	F	Deputy Chief of Health Promotion Division		
12	FGD	Dr. Latsamy Inthavongsa	M	Deputy Chief of Primary Health Care Division	Department of Hygiene and Health Promotion	MOH
		Dr. Sakoun Inthavong	F	Technical Officer of Health Promotion Division		
		Dr. Phousavanh Muongpak	F	Technical Officer of Health Promotion Division		
		Dr. Naly Xayachack	F	Technical Officer of Health Promotion Division		
		Mr. Xaypaseuth Sundala	M	Consultant, Nutrition Center		
13	FGD	Ms. Soukdavanh Bouadaphom	F	Technical Officer	Department of Early Childhood Education	MOES
		Ms. Southisone Monmanivong	F	Technical Officer	Inclusive Education Center	
		Dr. Phouthong Rattanavong	F	Chief of Child Health Care Promotion Section	Maternal and Child Health Center, Department of Hygiene and Health Promotion	
14	FGD	Dr. Konesanouk Singphongphet	M	Deputy Chief of Child Health Care Promotion Section	Department of Planning and Cooperation	MOH
		Dr. Chansaly Phommavong	M	Deputy Director General		
15	FGD	Mr. Sam Xongyang	M	Technical Officer of Health Information Division	Department of Planning and Cooperation	MOH
		Mr. Fookty Phengphakeo	M	Technical Officer of Health Information Division		

b. List of participants at the provincial level

ID	Type of inter-view	Full Name	Gender	Position	Organization		Province
					Department	Ministry	
1	KII	Dr. Khamphagna Phompanya	M	Vice Provincial Governor	Provincial Governor's Office	GO	Bokeo
2	KII	Mr. Visone Laomao	M	Vice Provincial Governor	Provincial Governor's Office	GO	Phongsaly
3	KII	Mr. Thanva Malaisin	M	Deputy Head of PHO	PHO	MOH	Phongsaly
4	FGD	Mr. Sibounheung Phanthouluck	M	Head of PAFO	PAFO	MAF	Bokeo
		Mr. Sisouk Khouvithong	M	Deputy Head of PPI	PPI	MPI	
5	FGD	Dr. Khammouane Keokhao	M	Deputy Head of PHO	PHO	MOH	Saravane
		Mr. Chitpaxay Sisouphanh	M	Deputy Head of PAFO	PAFO	MAF	
		Mr. Bounpakhong Khamphilay	M	Deputy Head of PESS	PESS	MOES	
		Ms. Bounsong Paphatsong	F	Chief of Planning Section	PPI	MPI	
6	FGD	Mr. Bounphone Bounphachanh	M	Chief of Planning and Finance Section	PAFO	MAF	Houaphanh
		Mr. Kongthong Khamvongxay	M	Chief of International Cooperation Section	PPI	MPI	
		Ms. Khamnang Phommachanh	F	Deputy Chief of Early Childhood Education Section	PESS	MOES	
6	FGD	Dr. Kiengthong	F	Technical Officer	PHO	MOH	Houaphanh
		Mr. Sonephet Phengkhamone	M	Deputy Chief of Cabinet	PHO	MOH	

c. List of participants at the district level

ID	Type of inter-view	Full Name	Gender	Position	Organization		District	Province
					Office	Ministry		
1	KII	Mr. Sommith Xaythavongsith	M	Vice District Governor	District Governor's Office	GO	Pha oudom	
2	KII	Mr. Chansouk	M	Vice District Governor	District Governor's Office	GO	Parktha	
3	FGD	Mr. Souksavath	M	Deputy Head of DHO	DHO	MOH	Parktha	Bokeo
		Mr. Khamin Sonesavath	M	Deputy Head of DEO	DEO	MOES		
4	FGD	Mr. Songkeo Siliphanya	M	Deputy Head of DHO	DHO	MOH	Pha oudom	
		Mr. Sisouphan Ouphathoum	M	Deputy Head of DEO	DEO	MOES		
		Mr. Bouasone	M	Deputy Head of DPI	DPI	MPI		
		Ms. Boualoy	F	Technical staff	DPI	MPI		
5	KII	Ms Khamla Duangmalai	F	Vice District Governor	District Governor's Office	GO	Boontai	
6	KII	Mr. Bounhieng Sensoulin	F	Vice District Governor	District Governor's Office	GO	Samphanh	
7	FGD	Mr. Bounpheng	M	Deputy Head of DPI	DPI	MPI	Samphanh	Phongsaly
		Mr. Air Yinthavong	M	Head of DEO	DEO	MOES		
8	FGD	Ms. Khampieng Thongphouth	F	Deputy Head of DPI	DPI	MPI	Boontai	
		Mr. Thongsouk Jamai	M	Head of Unit	DPI	MPI		
		Mr. Thongphet Saenphatham	M	Technical staff	DPI	MPI		

9	KII	Mr. Phetsamone Louanglath	M	Vice-Governor	District Governor's Office	GO	Ta oi
10	KII	Mr. Sengaloun Ounkhammany	M	Vice-Governor	District Governor's Office	GO	Toomlam
11	FGD	Ms. Phetsamone	F	Chief of Health Promotion Unit, DHO	DHO	MOH	Ta oi
		Mr. Theppadith	M	Chief of Agriculture Unit, DAFO	DAFO	MAF	
		Ms. Soubanh Naevilakone	F	Technician, DPPI	DPI	MPI	
12	FGD	Mr. Vanvilay	M	Deputy Head of DHO	DHO	MOH	Toomlam
		Mr. Sisouk Chanthalangsy	M	Head of DPI	DPI	MPI	
		Mr. Thinnakone	M	Head of DAFO	DAFO	MAF	
		Mr. Peum	M	Deputy Head of DAFO	DAFO	MAF	
13	KII	Mr. Kay Chitdouangchay	M	Deputy Head of DEO	DEO	MOES	Viengxay
		Mr. Singphone Souliphanh	M	Chief of Cabinet	District Governor's Office	GO	
		Mr. Vongsouk Xaysimthong	M	Vice-Governor	District Governor's Office	GO	
15	FGD	Mr. Sengphet Sengdavong	M	Deputy Head of DEO	DEO	MOES	Houaphanh
		Ms. Souklaphanh	F	Deputy Head of DHO	DHO	MOH	
		Ms. Pheunthong Phommixay	F	Technician, DAFO	DAFO	MAF	
16	FGD	Mr. Siphone Savanthong	M	Deputy Head of DHO	DHO	MOH	Xiengkhor
		Ms. Anong Phengmixay	F	Deputy Head of DAFO	DAFO	MAF	
		Ms. Nounthong Phomvixiene	F	Deputy Head of DPI	DPI	MPI	
		Mr. Bounlam Silavong	M	Deputy Head of DEO	DEO	MOES	

Annexe 2 – List of data collection teams

No.	Name English	Gender	Position	Organization	Ministry
	NIPN PAU team: SPRI/LASES, MOES, MAF, MOH and NA				
1	Ms. Khamphuthong Vichitlasy	F	Head of Social Development Policy Research Division	Socio-Economic Policy Research Institute (SPRI)	Lao Academy of Social and Economic Sciences (LASES)
2	Mr. Khamnang Khounpakdee	M	Deputy Head of Social Development Policy Research Division		
3	Ms. Loun Thipphasone	F	Deputy Head of Social Development Policy Research Division		
4	Ms. Soulita Soukmonty	F	Deputy Head of Natural Resources Economic and Environmental Policy Research Division		
5	Mr. Phoutchinda Phompanya	M	Technical Officer, Social Development Policy Research Division		
6	Ms. Mali Sengkhamyong	F	Technical Officer, Green Growth Promotion and Policy Research Division		
7	Ms. Manisavanh Xongvilay	F	Technical Officer, Natural Resources Economic and Environmental Policy Research Division		
8	Ms. Amphouvone Thongmanilay	F	Technical Officer, Social Development Policy Research Division		
9	Mr. Soutthalak Prasith	M	Technical Officer, Economic Development Policy Research Division		
10	Mr. Phoumixay Thiphkhamphanh	M	Technical Officer, Natural Resources Economic and Environmental Policy Research Division		
11	Mr. Thanongchit Phanthaba	M	Deputy Head of Promoting School Lunch and Nutrition Education Sector	Inclusive Education Center	Ministry of Education and Sports
12	Ms. Sengkeo Chittavong	F	Deputy Director of Center for Agriculture Statistics	Department of Planning and Cooperation	Ministry of Agriculture and Forestry
13	Ms. Souvanxay Keungdala	F	Deputy-Chief of Education and Sport Division	Department of Culture	National Assembly
14	Dr. Souksavanh Sysamay	M	Technical Officer, Child Health Promotion Section	Center of Maternal and Child Health	Ministry of Health
	NIPN DAU team: DRI, MPI				

15	Mr. Viengkhone Bouaphachanh	M	Head of Social and Poverty Policy Research Division		
16	Mr. Sonlakay Phetyothin	M	Head of General Affairs and Information Division		
17	Mr. Phoudthachanh Tonpheng	M	Deputy Head of Social and Poverty Policy Research Division		
18	Mr. Vongphachan Xayalath	M	Deputy Head of Social and Poverty Policy Research Division		
19	Mrs. Bouasavanh Mahaphanh	F	Deputy Head of General Affairs and Information Division	Development Research Institute (DRI)	Ministry of Planning and Investment
20	Mr. Khampasird Keovongsoudthi	M	Technical Officer, Social and Poverty Policy Research Division		
21	Mr. Somsai Phongvenxay	M	Technical Officer, Social and Poverty Policy Research Division		
22	Mr. Kilakone Siphonexay	M	Technical Officer, General Affairs, and Information Division		
23	Mr. Ouphachay Thongsamouth	M	National Consultant, Data Analysis Unit		
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