Improving WASH and Health to reduce stunting in Lao PDR

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Lao People’s Democratic Republic
Introduction to Lao PDR

- Lao PDR is an ASEAN country
- Population 6.8 million
- Area 236,800 sq.Km
- 18 provinces
- Generally rural population with many ethnic minority groups
Background

- Lao PDR has highest rates of stunting in Southeast Asia, with up to 44% of Children Under 5 stunted; and highest under-five mortality
- Plan is working in provinces with high rates of stunting (44% in Saravan, 54% in Oudomxay)
- Plan’s goal is reduction of stunting in girls and boys aged 0-23 months and improved nutrition among women and girls
- Supported by Plan Australia and the Australian Government
Causes of undernutrition

**WASH Related:**
- Less than 49% of households have access to improved sanitation

**Health Related:**
- Only 41.8% under 6 months are exclusively breastfed and only 52% of children 6-23 months who receive a minimum acceptable diet
- Food taboos during pregnancy and after birth

**Gender Related:**
- 63% of women continuing to do their usual work during pregnancy and women work more than men, especially in areas without access to water
- Men are usually the HH and community decision makers
Conceptual framework for integrating Health and WASH to Reduce stunting in children under 5

- Health care seeking behaviour
- Nurturing care in first 1000 days

Healthy child

Gender and inclusion
Community Led Total Sanitation (CLTS) Plus approach

- **CLTS-** Usually targets improved sanitation behavior

- **CLTS plus** – integrates health seeking, hygiene and sanitation, nurturing care in first 1000 days with a strong focus on gender into usual triggering and post triggering activities

- Training Modules comprise of:
  - First 1000 Days of life – health seeking and nurturing care
  - Food intake for children under 2
  - Menstrual hygiene
  - Environmental Sanitation Promotion
  - Gender and disability.

- Aim is to change behavior on sanitation, hygiene, health care for women and feeding practice for children under 2
Group envisioning with communities (triggering)

- District health team (composed of health staff, district government staff, and Plan)
- Group discussions with adolescent girls and boys, older men and women, pregnancy group, and parent who have children under 2 years old
- Discussion about future of their children, drawing attention to children’s nutrition and development
- Action in each group such as on sanitation, mother and child health, nutrition, hygiene, and growth monitoring
Monthly group support (post-triggering)

• District health teams conduct group discussions in each communities, refer to their action plans.

• Group of pregnant women and parents who have children under 2

• Older group: support improve sanitation, hygiene, support women to access to health services during pregnancy and delivery at health care service

• Adolescent groups: discuss about menstrual hygiene management, adolescent health, support improve sanitation and hygiene
Examples of BCC materials
Gender and WASH Monitoring tool

- Plan developed this tool to raise awareness about gender roles and relationship in household and community WASH activities.
- District health teams conduct group discussion in community with 6 groups, young ages, middle age and older, separate by sex group.
- 6 groups desire change for women and men and agreement on village action plan.
Snapshot of achievement to date

• An evaluation will be undertaken next year to determine prevalence of stunting reduction and nutrition improvement.

• Examples from project monitoring data to date shows:
  • In Naxiengdee health centre had a significant increase in the number of people utilising their services, almost a 95% increase on the previous year.
  • Health centre include improved data on the number of malnourished children under 5 years (malnutrition records);
  • More regular ANC visits and more regular growth monitoring of Children under 5 years (measurements every time they come to visit in HC).
Thank you for your attention