



Improving WASH and Health to reduce stunting in Lao PDR

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Water, Sanitation & Hygiene Conference 2018

Collaboration for Universal WASH

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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:

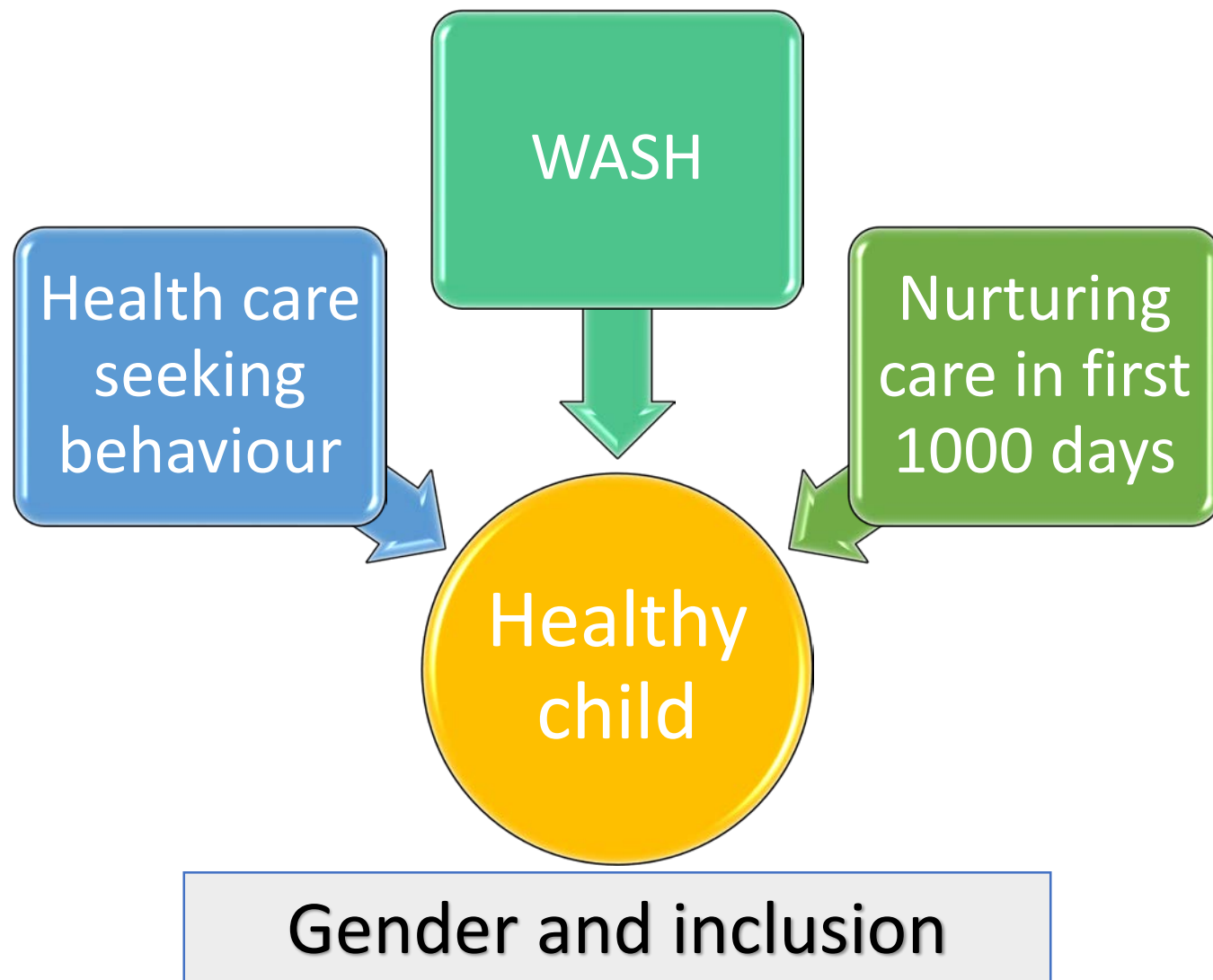
- Only 41.8% under 6 months are exclusively breastfed and only 52% of children 6-23 months who receive a minimum acceptable diet
- Food taboos during pregnancy and after birth

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



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)

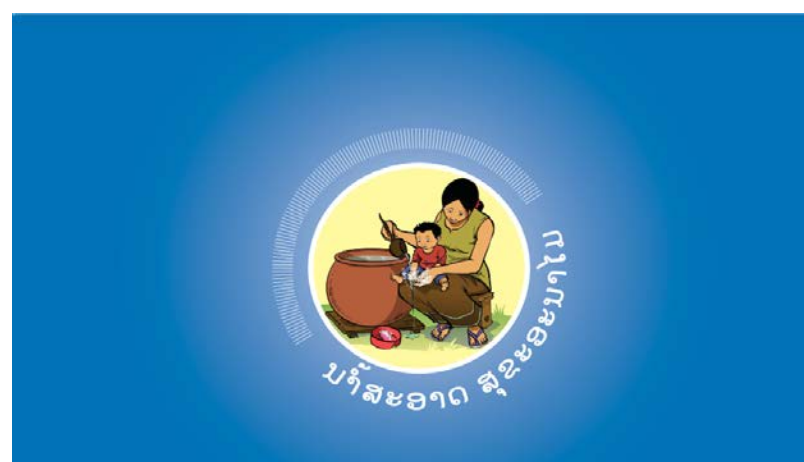
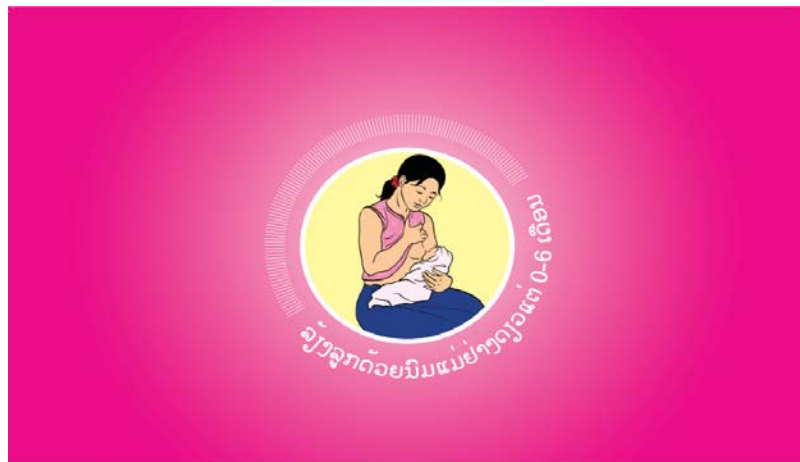
- District health team (composed of health staff, district government staff, and Plan)
- Group discussions with adolescent girls and boys, older men and women, pregnancy group, and parent who have children under 2 years old
- Discussion about future of their children, drawing attention to children's 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 under taken 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



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