



# Promoting positive behaviours in nutrition through community volunteers

Using community volunteers to reach pregnant women and families with an infant below 24 months



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## About SNV

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## About the ENUFF project

The ENUFF project is a programme of the Swiss Agency for Development and Cooperation (SDC), implemented by SNV with the assistance of Agrisud International in Lao PDR. The project is implemented together with government counterparts and other development partners with the aim of improving family nutrition in remote and ethnically diverse upland farming communities through nutrition-sensitive agricultural production, sustainable management of natural resources and good practices in health and hygiene. A core pillar of ENUFF is NSA, which is seen as a key way to improve food production and diversity at the household level. NSA is complemented by improvement of women's skills in nutrition and care practices, in particular women of reproductive age (WRA); physical and economic access to nutritious and diversified food through income generation activities, market and short value chain opportunities and a development of a conducive policy, strategic and institutional framework to address and prevent food and nutrition insecurity. The project is being implemented in Xiengkhor and Viengxay districts of Houaphanh province and Nga and Beng districts of Oudomxay province in collaboration with the Provincial Health Departments (PHD), Provincial Agriculture and Forestry Offices (PAFO) and Lao Women's Union (LWU) with their subordinate offices in the target districts. The project targets 4,000 farming families in 40 villages across the four districts of these two provinces. For more information: <https://snv.org/project/enhancing-nutrition-upland-farming-families-enuff>

## Colophon

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## List of abbreviations

CU2	Children under 2 years
DNT	District Nutrition Team
ENUFF	Enhancing Nutrition of Upland Farming Families
IYCF	Infant and young child feeding
MAM	Moderate Acute Malnutrition
MDD	Minimum Dietary Diversity
MDDW	Minimum Dietary Diversity for Women
NSA	Nutrition Sensitive Agriculture
SAM	Severe Acute Malnutrition
SBCC	Social and Behaviour Change Communication
VNT	Village Nutrition Team
WRA	Women in Reproductive Age

## Introduction

Malnutrition is devastating to young children. Malnourished children suffer from irreversible cognitive impairments such as delayed motor development, impaired brain function, and poor school performance<sup>1</sup>. In order to grow and develop to their full potential, infants and young children require the right type and amount of food at the right time. The first 1,000 days of life, from the start of a woman's pregnancy until a child's second birthday, are the most critical time for good nutrition.

Worldwide, around 45% of deaths amongst children under five years of age are linked to under-nutrition<sup>2</sup>. In 2019, more than half of all stunted children under five lived in Asia<sup>3</sup>. In Lao PDR specifically, a third of children under five are stunted<sup>4</sup>. Children living in rural areas experience higher stunting rates than those living in urban area: Lao PDR has one of the largest location gaps worldwide, 21.2% (the rural rate is 48.6%, the urban rate is 27.4%)<sup>5</sup>. Similarly 9% of children under five suffer from acute malnutrition<sup>6</sup>. Acute malnutrition is caused by a decrease in food consumption and/or an illness, resulting in sudden weight loss or oedema. There are two forms of acute malnutrition: Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM).

Enhancing Nutrition of Upland Farming Families (ENUFF) is a project of the Swiss Agency for Development and Cooperation, implemented by SNV Netherlands

Development Organisation (SNV) in partnership with Agrisud International.

The ENUFF project works with 4,000 households in 40 rural villages in four districts, in two provinces, Houaphanh and Oudomxay, in Northern Lao PDR. The project implements a multi-sectoral nutrition programme to improve family nutrition in the remote and ethnically diverse upland farming communities, by promoting nutrition-sensitive agricultural production and good practices in health and hygiene<sup>7</sup>. The project is implemented through local governance structures whose capacity is strengthened to converge on nutrition. A core pillar of ENUFF is Nutrition Sensitive Agriculture (NSA), which is a key way to improve food production and nutrition diversity at the household level. Promotion of NSA is complemented with (1) improvements in women's knowledge and skills of nutrition and care practices, in particular for women in their reproductive age (WRA) through Social and Behaviour Change Communication (SBCC); (2) physical and economic access to nutritious and diversified foods through income generation activities; (3) market and short value chain opportunities and a development of a conducive policy; and (4) strengthening the strategic and institutional framework to address and prevent food and nutrition insecurity.

As part of its SBCC approach, in February 2019, the ENUFF project trained three

1 The Lancet. Maternal and child undernutrition: global and regional exposures and health consequences. 2008.

2 Factsheets-Malnutrition-World Health Organization. 2020

3 Join Malnutrition Estimates 2020. UNICEF/WHO/World Bank Group

4 Lao Statistics Bureau, 2018. Lao Social Indicator Survey II 2017, Survey Findings Report. Vientiane, Lao PDR: Lao Statistics Bureau and UNICEF.

5 Global Nutrition Report. 2020.

6 Lao Statistics Bureau, 2018. Lao Social Indicator Survey II 2017, Survey Findings Report. Vientiane, Lao PDR: Lao Statistics Bureau and UNICEF.

7 A unique component of ENUFF is the coordination and alignment of the different sectors activities at district and community levels. Since its implementation, ENUFF has gained valuable insights to realise effective convergence across various sectors, in particular at the subnational levels, from district to community. This has been enhanced through participatory convergence planning with the use of village convergence tools. (SNV, 2017. Converging for improved nutrition in Lao PDR. Enhanced Nutrition for Upland Farming Families Technical Brief No. 1. SNV Netherlands Development Organisation.)



volunteers in ten target villages each (five of which were in Beng District, and five in Xiengkhor District, in Oudomxay and Houaphanh provinces, respectively), for a total of 30 volunteers. The volunteers are part of the Village Nutrition Team (VNT) which supports and monitors the implementation of ENUFF activities. The teams are expected to be a key mechanism for the long-term impact and sustainability of the project

The training empowered volunteers to provide monthly one-on-one nutrition counselling to pregnant women and families with an infant below 24 months (CU2). The volunteers participated in two training sessions. One on basic nutrition which included Infant and young child feeding (IYCF) practices and maternal health. The second session focused on strengthening the volunteers' facilitation skills by using counselling cards for household visits (See also figure 1).

During the monthly households visits, families were counselled about the importance of a diverse diet, preparation of complementary food, the importance of exclusive breastfeeding and proper hygiene practices. If the children had diarrhoea, fever or any other illness, they were referred to the local health centre.

Support to the VNTs was provided by field assistants who were also responsible for monitoring progress. After three months, a workshop with the VNTs was held to reflect on experiences, to help understand the VNT's members' motivation to continue counselling and the challenges they faced.

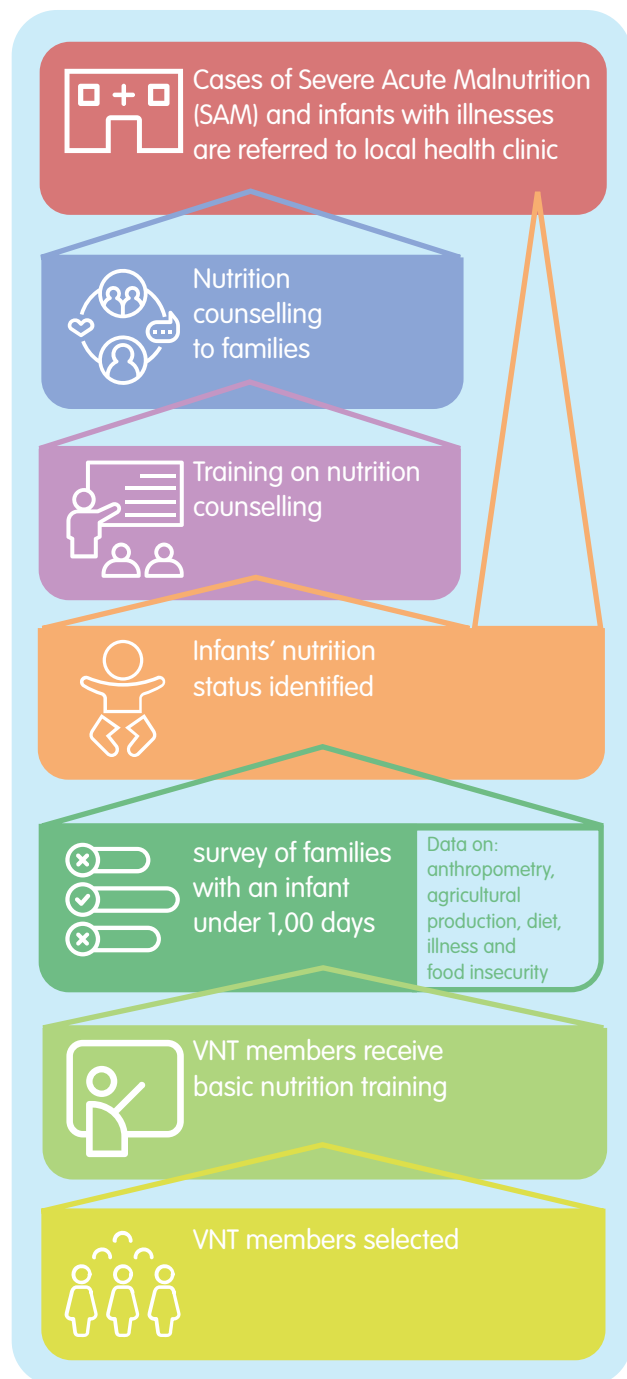


Figure 1 Household visit process using VNT structure

## Measuring impact

To better understand the impact of the counselling services, a base-line survey was conducted with 224 households in February 2019 (dry season) before the first household visits began. To gather if any changes in dietary practices took place, a follow-up survey was conducted with 120 families after nine months (after 10 household visits) in December 2019 (dry season). Key informant interviews with mothers and a focus group discussion with VNT members were also held to gain qualitative insights on their experience receiving counselling and providing counselling respectively. The data collected during the surveys and interviews present interesting findings that can help the ENUFF project to tailor its interventions and increase its impact.

### Base-line survey findings

The baseline survey provided the following results:

- Two cases of SAM and 10 cases of MAM were identified amongst the 189 children measured;
- Around 50% of the interviewed households had participated in at least one ENUFF training on poultry management or home gardening;
- Most households reported having a home garden and owning small livestock (see Figure 2);

### Note on COVID19

The findings presented in this survey are based on data collected before the COVID19 pandemic broke out. Undoubtedly, the COVID19 pandemic is a health and human crisis that threatens the food security and nutrition of millions of people globally. Considering the level of hunger and malnutrition before the pandemic, projects like ENUFF are taking immediate action to mitigate the immediate and long term impact.

The ENUFF project is currently undertaking rapid assessments to monitor potential increases in acute malnutrition, risk perceptions associated with food, its availability and prices, labour and access to inputs. Some immediate findings, which are also reflected in the Laos WFP recent report<sup>a</sup> are:

- Nutrition Sensitive Agriculture & Markets: the restrictions in movement by traders and farmers had an impact on the sale of produce (cash crops and horticulture) and on the availability and prices of some food products;
- Food access: The primary constraint in food access is a result of interrelated factors of a lack of income, higher food prices and unemployment. Unemployment, particularly amongst daily labourers has increased, and income for farmer households has declined resulting in decreased purchasing power to purchase food.

To date, these rapid assessments have not indicated a rise in acute malnutrition, however this may not reflect an accurate picture as some mothers were not able to access the health centres for routine monitoring.

Moving forward the project will continue to promote nutritious diets to build immunity, prioritise hygiene and food safety messages. At the household level the project will continue to promote home gardens and small animal management, to ensure a supply of food in the immediate and long term.

<sup>a</sup> WFP, 2020. Rapid assessment of food security and agriculture in Lao PDR.

- 7 out of 10 villages had at least one family with a pregnant woman or a child under two who expressed being food insecure<sup>8</sup>;
- In Phonsa-at, 42% of the first 1,000 day families reported being food insecure;
- The most common months of food insecurity are June, July and August when families have used all the rice stored from the previous season. During this lean season families mostly eat bamboo shoots and other foraged vegetables;
- Not having enough money to buy meat and grains was the most common response from interviewed households for experiencing food insecurity;
- Exclusive breastfeeding for the first six months was practiced by 100% of mothers surveyed in 8 out of 10 villages and practiced by over 80% in all villages (see figure 3);
- Practice of continued breastfeeding varied between villages. In Natong, 73% of the children were continuing to receive breastfeeding after 5 months while in Hap only one third did;
- In eight of the villages, all surveyed infants (6-23 months) received food the minimum number of times or more over the previous day<sup>9</sup>;
- In three villages, all WRA had a minimally adequate diet diversity which was measured using Minimum Dietary Diversity for Women (MDDW)<sup>10</sup> scores (see Figure 3);
- Minimum Dietary Diversity (MDD) varied across the villages. Pangthong had the highest score with 77% of children 6-23 months having received foods from 5 or more food groups. Bao had the lowest with only 27% of children having a minimally diverse diet.

## Reflections

The ENUFF project does not have the capacity to address cases of acute malnutrition. As a result, the infants concerned were referred to local health centres. However, medical staff there also are not trained on the management of these cases and as a result are unable to provide the appropriate support.

While the majority of households have home gardens and small livestock the MDD and MDDW was still low. This suggests that agriculture production does not necessarily translate into consumption of nutritious foods. Most households reported having chickens, however eggs were rarely observed in their diets which could be because the eggs are used for chick production rather than egg production. In the survey we did not assess the diversity of the home gardens which could have given us a better understanding of the relationship between production and consumption. While dietary diversity is quite low, meal frequency seems to be less of an issue. Vulnerable households in all villages did mention that there are months (i.e. the lean season) where they did not have sufficient food to meet their family's needs. A similar survey if conducted during this period would clarify the change in MDD and the food groups that are impacted most.

Exclusive breastfeeding seems to be widely practiced. However, the rates could be exaggerated as the survey is based on a 24-hour recall and includes babies up to six months. Continued breastfeeding rates were quite low. This also affects the dietary diversity score. While there has been a push towards exclusive breastfeeding from the health centres and the project, continued breastfeeding does not get much attention which could explain the low rates. These

8 Food insecurity was measured by asking if in the past 12 months, households did not have enough food to meet their family's needs.

9 The minimum number of meal frequency is 2 times for breastfed infants 6-8 months. 3 times for breastfed children 9-23 months. 4 times for non-breastfed children 6-23 months.

10 The Minimum Dietary Diversity for Women (MDDW) is a population-level indicator of diet diversity validated for women aged 15-49 years old. According to the MDDW, women who have consumed at least 5 of the 10 possible food groups over a 24-hour recall period are classified as having minimally adequate diet diversity.



Figure 2 Percentage of first 1,000 day households with a home garden and small livestock

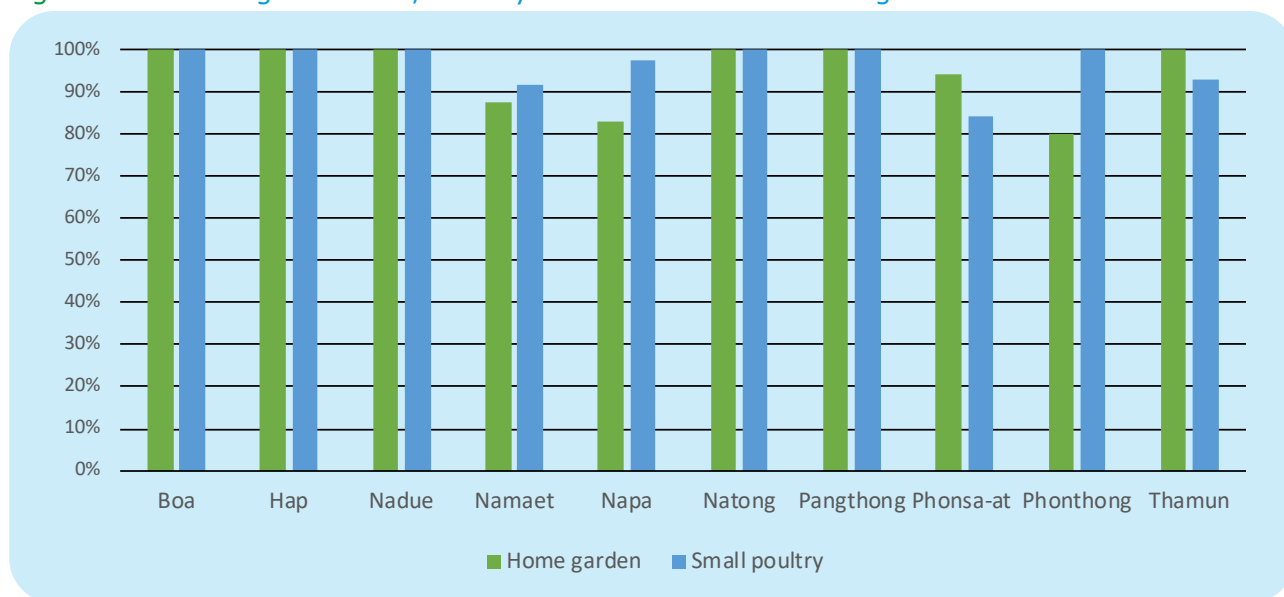
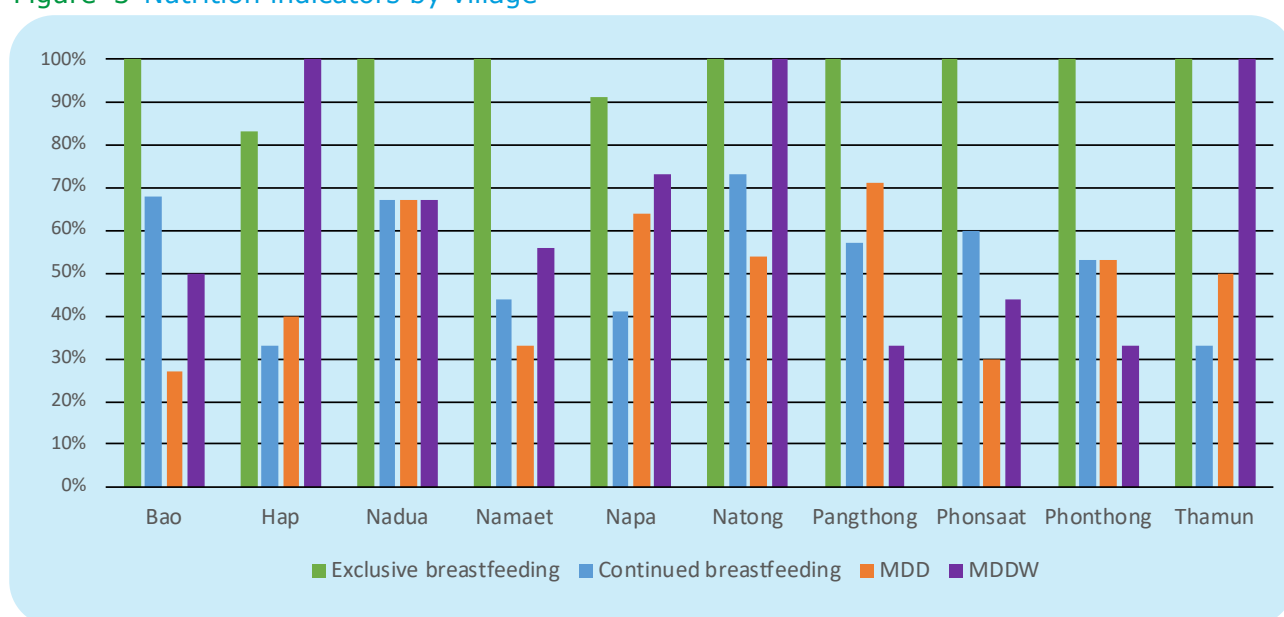


Figure 3 Nutrition indicators by village



findings clearly highlight the specific areas that the project can intervene in.

### End-line survey findings

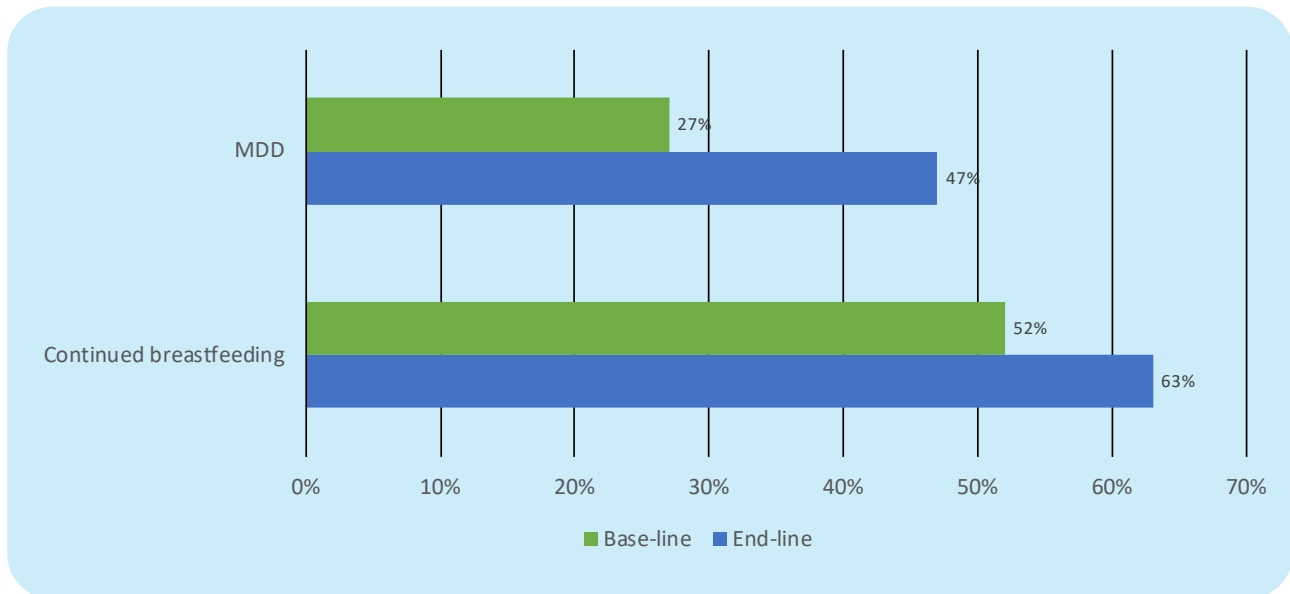
The follow-up survey of household visits provided the following results:

- There was an increase in the average MDD from 27% to 47% (see figure 4);
- Continued breastfeeding rates increased from 52% to 63%;
- Continued breastfeeding rates are high

until the age of 11 months. Between 12 to 23 months the rate decreased by half (see table 1);

- Consumption of grains, flesh foods, eggs, other fruits and vegetables increased (see figure 5);
- Egg consumption by children under 2 increased from 28% to 55% (see figure 5);
- Due to seasonality, there was a drop-in percentage of children under two years of age (CU2) consuming vitamin A rich

Figure 4 MDD and Continued Breastfeeding rates amongst 120 infants after 10 months of household visit



fruit or vegetables such as papaya and pumpkins. At base-line, there was a lot of consumption of papaya and pumpkin, which we do not see in end-line;

- The least consumed food groups are legumes and dairy.

### Reflections

Overall, the household visits seem successful in improving the dietary diversity of the targeted households. After nine months, the proportion of children 6-23 months of age who receive foods from five or more food groups had nearly doubled - from 27% to 47%. A focus on the household level has been specifically helpful in improving dietary diversity according to the national Food Based Dietary Guidelines i.e. the Laos Food Flag. However, the Laos Food Flag categorises animal sourced protein and legumes as

one food group which could explain the low consumption of legumes. Also, legumes are harvested in august and our study was conducted outside their availability season. During the household visits particular focus was given to the promotion of the consumption of an egg a day, which could explain the increase in their consumption. As dairy products are not traditionally part of the Laotian diet, consumption of this food group was expected to be low.

There may be other factors such as NSA that could have contributed to the observed changes, but these effects were not measured during this survey. Also, it is difficult to achieve large changes in continued breastfeeding rates, as once breastfeeding is discontinued, it is difficult for mothers to re-lactate. Hence the SBCC around continued breastfeeding needs to start early.

Table 1 Continued breastfeeding rates disaggregated by infant age

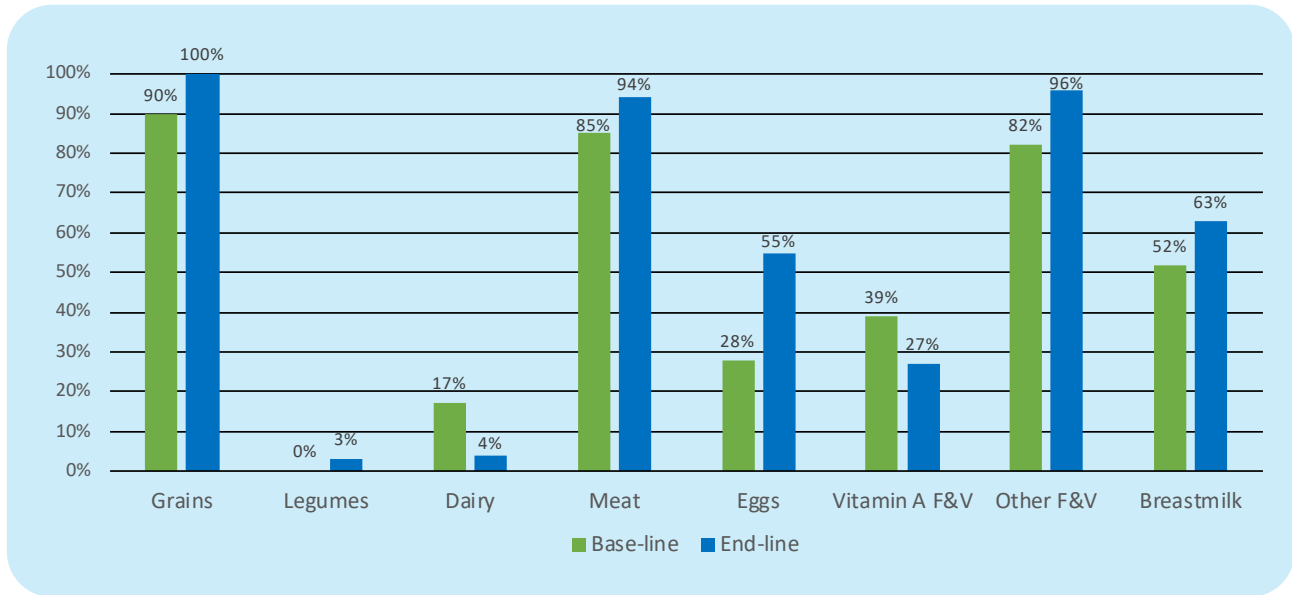
	Base-line	End-line
6-11 months	84%	100%
12-23 months	37%	47%

### Focus group discussions

Focus group discussions with VNT members were held in Beng and Xiengkhor.

VNT members expressed that the communication with the District Nutrition Team (DNT) had improved and that their relationship had strengthened after starting

Figure 5 MDD and Continued Breastfeeding rates amongst 120 infants after 10 months of household visit



the counselling sessions. Furthermore, the VNT's presence was recognised by the community, which gave them a sense of pride. Depending on the situation (i.e. less than five pregnant women in a village), they sometimes preferred to organise group sessions with the CU2 families instead of doing household visits.

Also, there are some team members who are retiring and would like younger members to join the VNT and get counselling training. The members said they could see improvements in the families behaviour and would encourage households to visit the health centre when their child was sick. They would like to continue counselling even after the end of the project. They requested to have more trainings and receive notebooks and pens for record keeping.

### Household Interviews

As part of the follow-up survey, several qualitative interviews with mothers were conducted, to get a better understanding of the changes in their knowledge and attitudes due to the household visits and the challenges and barriers the families experience in improving their nutrition status.

From the interviews with families that were part of the initial survey, the group was segmented into three categories: 1) mothers who were able to improve nutrition practices; 2) mothers who were not able to improve behaviours, and; 3) mothers with chronically sick children.

The majority of the mothers were concerned by their child's under-nutrition and were actively trying to improve their situation.

Ms. Sueang from Natong village (pictured below on the left) for example, was worried when she found out her child was undernourished. Before she received any advice, she used to feed him rice and grilled meat, but after receiving counselling from the VNT she started making khaotom (rice porridge) with meat, vegetables and eggs. She also gives her son fruits. She continues to breastfeed him. She has noticed that he has also started eating more and his appetite has improved.

Ms. Chanphon from Pangthong village used to leave her child with her mother-in-law while she was out working in the fields. But now she takes care of her son by herself. After receiving advice from the VNT, she started giving her son snacks in between meals like jackfruit and papaya. She also started finding alternatives if her son does not eat. As a result, now her son has started eating things that he did not eat before.



**Ms Sueang and her child**

Ms. Kom from Namaet village says she has been following the advice in the booklet that was given to her by the VNT. She has started washing her hands before food preparation and before feeding her child breastmilk, and also after using the toilet.

Ms. Saam from Hap village says that she did not know much about what she should eat during her pregnancy or what she should feed her child. The VNT members told her that she should breastfeed exclusively which she did for 6 months. Now that her child is 6 months, she gives him boiled rice with meat and vegetables.

While there were mothers that were able to change their behaviour, there were also some who could not. For instance, Ms. Sieng (pictured below) felt sad when she found out her child was undernourished and though the VNT gave her advice on what to cook, she does not have time to make khaopiak, so she continues to feed him sticky rice with grilled



**Ms. Sieng and her child**



meat and sometimes vegetables. Women like Ms. Sieng have to work in the field most days so they eat whatever they can find. She does not have money to buy meat and eggs, so they consume it rarely. Due to her circumstances, it is difficult for her to change her behaviour.

There are also parents who changed their behaviour, but due to a continued illness their children are not recovering. Ms. Son from Phonsa-at (pictured below) was not happy when she found out her daughter was undernourished. She feeds her khaopiak with vegetables and meat, and also gives her a lot of fruits. She has also started paying attention to hygiene after getting advice from the VNTs. However, her daughter continues to get diarrhoea frequently and has been losing weight suggesting that there are other underlying issues such as access to safe water or exposure to animal faeces.



**Ms. Son and her child**

Overall, all of the mothers appreciated the household visits and requested that they continue.

## Highlights

- Household visits were effective in triggering families' awareness of their child's nutritional status;
- Monthly nutrition messaging along with other ENUFF activities, such as promoting NSA and WASH SBCC, helped improve dietary and hygiene behaviours;
- VNT structures were effective in reaching the households with infants younger than 1,000 days;
- Being recognised by the community and district nutrition team staff was an incentive for VNT's to continue with the household visits;
- There is demand from the households to continue the counselling visits

## Gaps

- Seasonality affects dietary diversity;
- Spouses need to be included during household visits so they also understand the importance of nutrition and support the mothers accordingly;
- Excessive workload in vulnerable households affects the dietary quality of family members;
- Local health centres lack the resources to manage cases of acute malnutrition.



## Recommendations

**The ENUFF project makes the following recommendations, based on counselling experiences and survey results:**

### Enabling environment

- Utilise existing village structures, like village nutrition teams to provide nutrition SBCC and support health centres. Linking local health centres to villages is key to address certain problems such as the prevalence of diarrhoea and acute malnutrition. This can include, supporting outreach visits to villages, supporting households with children at risk to visit health centres, and providing training to village health workers on management of diarrhoea;
- Ensure health centres are equipped with proper resources to manage cases of acute malnutrition. Most health centres do not have the proper equipment for anthropometry and hence are unable to track children's nutritional status. Health centre staff and district hospital staff are not trained on integrated management of acute malnutrition (IMAM). Provision of essential training and proper equipment is needed in health centres as well as in district hospitals
- Co-locate with actors involved in pro-poor resource allocation to assist vulnerable households who lack resources to improve nutrition outcomes.

### Supply side

- Household counselling through local village level volunteers is an effective way to address malnutrition. Regular trainings should be provided to encourage and motivate VNT members to continue with the work;
- Explore the reasons for low egg consumption and explore ways to increase it, such as incorporating recipes with eggs in cooking demonstrations;
- Promote diversification of home gardens with vitamin A rich vegetables and fruits, legumes and nuts, such as papaya, beans and peanuts. Organise cooking demonstrations and other activities to encourage the consumption of food groups that are still under consumed, tailored to specific target groups;
- Promote processing and storage technologies as well as greenhouses to ensure the year-round availability of foods from all food groups. Use of year-round calendars can also help address seasonality.

## Demand side and SBCC

- Wasting and stunting are often present in the same population and there is evidence suggesting they share several common factors. It is important that all first 1,000 day households are reached with household visits regardless of their nutritional status;
- Investments in SBCC strategies that promote key relevant positive sanitation and hygiene practices need to be increased. WASH packages need to be adapted and contextualised. This will play a key role in keeping families, in particular infants, healthy and reduce exposure to WASH related disease through exposure to contaminated water, animal and human faeces;
- Focus SBCC for women of reproductive age on the importance of consumption of a diverse diet, specifically emphasising intake of vitamin A rich foods, such as eggs and legumes and nuts;
- SBCC messaging should involve men and other influencers and not just women;
- Develop strategies that integrate women's empowerment so it can support women to gain decision-making power related to income, time, labour assets and knowledge<sup>11</sup>.

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11 SNV, 2018. From Agriculture to Nutrition: Insights from ENUFF. Technical Paper No. 2. SNV Netherlands Development Organisation

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