Lao People's Democratic Republic
Peace Independence Democracy Unity Prosperity

National Nutrition Strategy to 2025

and

Plan of Action 2016-2020

December 2015

A prosperous country, with a healthy population, free from food insecurity, malnutrition and poverty.

Foreword

This 2016-2020 National Nutrition Strategy (NNS) has been improved based on the experiences, opportunities, obligations, and important participation of multiple domestic sectors and development partners and thanks to international interest in providing support and acts as means of adopting the policies and strategies of the long-term National Socio-Economic Development Plan (NSEDP) of the government of the Lao PDR.

This NNS is a tool for all sectors related to nutrition and food security (NFS) and is to be used over a ten-year timeframe up until 2025. The National Plan of Action on Nutrition (NPAN) is to run for a five-year period and emphasizes the same kinds of implementation – using a multi-sectoral convergent approach with common focus points, common goals, and common timeframes while boosting resources and increasing support from development partners and the relevant stakeholders to the greatest extent possible to reduce all forms of malnutrition among women, children and disadvantaged groups, to achieve success, and meet the set targets.

This NNS shows the necessity for and sincere efforts made by the government towards nutrition and I am absolutely confident that all the relevant sectors, development partners, and stakeholders will provide support for the adoption of this strategy to bring about positive changes with respect to nutrition in the Lao PDR.

Vientiane Capital, **28 December 2015**

Deputy Prime Minister in Charge of Social and Cultural Affairs

Chair of the National Nutrition Committee

[SEAL OF THE PRIME MINISTER OF THE LAO PDR AND SIGNATURE]

Phankham VIPHAVANH

Foreword

Under the leadership of the Lao People's Revolutionary Party (LPRP), the government of the Lao PDR has laid out the National Nutrition Policy (NNP) to promote nutrition with a focus on reducing undernutrition at a basic level among – for example – women and children and disadvantaged groups and to specify directions for nutrition to be included in the National Socio-Economic Development Plan (NSEDP) while working alongside the implementation of the National Growth and Poverty Eradication Strategy (NGPES).

The timeframe for the Millennium Development Goals (MDGs) has now reached its final period but reducing malnutrition remains one of three challenging targets and will not be achieved in the Lao PDR in accordance with the MDGs. The challenges which have yet to be overcome and other problems of the world have been included in the Sustainable Development Goals (SDGs). This National Nutrition Strategy and Plan of Action (NNSPA) has been created with the aim of achieving SDG 2 – "End hunger, achieve food security and improved nutrition and promote sustainable agriculture" and also to contribute towards achieving the targets of the 8th Five-Year NSEDP of the government of the Lao PDR (GoL).

This 2016-2025 National Nutrition Strategy and 2016-2020 Plan of Action has been amended based on a full analysis of the nutrition situation in the Lao PDR and focuses on the immediate, underlying, and basic causes and on a multi-sectoral convergent approach with common focus points, common goals, and common timeframes while also seeking to raise support from our development partners and other relevant stakeholders so that malnutrition, especially among women and children and disadvantaged groups, may be reduced in the Lao PDR.

I, on behalf of the health sector and as the main person in charge of improving this strategy, wish to express my profound gratitude to the Chair of the National Nutrition Committee (NNC) and the leaders of the relevant sectors, whose guidance and leadership have resulted in the high level of responsibility being applied to the amendment of this strategy. I wish to offer my praise and gratitude to the NNC Secretariat, the various sectors involved, our development partners, both domestic and international, and all of you who have made sacrifices and given up your valuable time to contribute to making this NNS a great success.

It is my fervent hope that this NNS will be of benefit to implementation and be adopted into the work of each stakeholder in practice within their respective scopes of responsibility with a focus on resolving nutrition problems in the Lao PDR so that results are achieved in real terms. Furthermore, if any of you have any additional opinions on this strategy, we would be pleased to hear all that you have to say.

Vientiane Capital, **28 December 2015**

Minister of Health

[SEAL OF THE MINISTER OF HEALTH AND SIGNATURE]

Prof. Dr Eksavang Vongvichit

Acknowledgment of Gratitude

The Secretariat to the National Nutrition Committee (NNC) wishes to express its gratitude to all of you from the health, agriculture and forestry, education and sports, planning and investment, and rural development and poverty eradication sectors, other relevant sectors, all levels of local government bodies, and organizations and development parties who have – both intellectually and in terms of your hard work – gone to such great efforts in the development of the National Nutrition Strategy to 2025 and Plan of Action to 2016 (NNSPA), listed as follows:

Government sector

Dr. Phankham Vilavanh, Deputy Prime Minister, leader of socio-economic development, Minister of Education and Sports, and NNC Chair

Prof. Dr. Eksavang Vongvichit, Minister of Health and NNC Vice Chair

Dr. Inlavanh Keobounphanh, Deputy Minister of Health and Director of the NNC Secretariat

Dr. Phouangparisak Pravongviengkham, Deputy Minister of Agriculture and Forestry and Deputy Director of the NNC Secretariat

Mr. Litou Bouapao, Deputy Minister of Education and Sports and Deputy Director of the NNC Secretariat

Dr. Kikeo Chanthabouly, Deputy Minister of Planning and Investment and Deputy Director of the NNC Secretariat

Dr. Thongvanh Vilayheuang, Vice Chair of the National Committee for Rural Development and Poverty Eradication and ordinary member of the NNC

Team from the Ministry of Health: Dr. Phath Keungxaneth, Dr. Chandavone Phoxay, Dr. Kaysone Choumlamany, Dr. Phasouk Vongvichit, Dr. Somchanh Xaysida, Dr. Bouthavong Phengsisomboune, Dr. Sivong Sengaloundeth, Dr. Phisith Phoutsavath, Dr. Bounthom Phengdy, Dr. Soutsakhone Chanthaphone, Dr. Khamseng Philavong, Dr. Latthiphone Oula, Dr. Kopkeo Souphanthong, Dr. Souvankham Phommaseng, Mr. Maikho Vongxay, and Dr. Khouanheuane Semgkhamyong

Team from the Ministry of Agriculture and Forestry: Mr. Savanh Hanphom and Ms. Phimmasone Xaymonty

Team from the Ministry of Planning and Investment: Ms. Sisomboune Anouvong and Mr. Molakot Vongxay

Team from the Ministry of Education and Sports: Ms. Yangxia Lee and Ms. Soutthasone Manivong

Team from the National Committee for Rural Development and Poverty Eradication: Dr. Bounkwang Souvannaphanh, and Mr. Kingkeo Sengsouvanh

Development partners

Dr. Viorica Berdaga, Dr. Stephen Rudgard, Mr. Koen Everaert, Dr. Dorothy Foote, Dr. Intong Keomoungkhoune, Dr. Uma Palaniappan, Ms. Nova Deleon David, Mr. Mike Adair, Mr. Solal Lehec, Ms. Aachal Chand, Dr. Jun Gao, Dr. Katrin Engelhard, Khounphet Mongkhongkham, UNICEF, EU, FAO, WFP, the UN network, MQSUN, SUN-CSA, WHO, and other development partners

Vientiane Capital, **28 December 2015**

Director of the NNC Secretariat

[SIGNATURE]

Dr. Inlavanh Keobounphanh

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Global Nutrition Report 2014

"GOOD NUTRITION IS THE BEDROCK OF HUMAN WELL-BEING.

Before birth and throughout infancy, good nutrition allows brain functioning to evolve without impairment and immune systems to develop more robustly. For young children, good nutrition status averts death and equips the body to grow and develop to its full potential. Over the course of the human lifespan, it leads to more effective learning at school, better-nourished mothers who give birth to better-nourished children and adults who are likelier to be productive and earn higher wages. In middle age, it gives people metabolisms that are better prepared to ward off the diseases associated with changes in diet and physical activity. Without good nutrition, people's lives and livelihoods are built on quicksand."

International Food Policy Research Institute. 2014. *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition*. Washington, DC.

Brief Summary

Despite impressive gains in economic growth over the past decade, the Lao PDR (LPDR) has one of the highest rates of chronic malnutrition in Southeast Asia. According to the most recent data, approximately 44%[1] of children under the age of five years (CU_5s) suffer from chronic malnutrition and stunting[1]. There has nevertheless been a small amount of progress just as there has been with other Millennium Development Goal (MDG) indicators. This undernutrition threatens lives and national socio-economic development and is associated with reduced school enrolment, poses a challenge to the attainment of education targets, and has an impact on development, which is set to lead to a future productivity deficit of more than 20%[2]. Child malnutrition (including fetal malnutrition caused by maternal malnutrition) was the cause of 45% of global child deaths in 2011[3]. The promotion of nutrition is therefore an urgent priority for development in the LPDR.

Reduction of malnutrition is one of three challenging MDG targets and is seriously off track in the LPDR. As we are all aware, the MDG timeframe is in its final stages and unmet and ongoing challenges worldwide have been encapsulated in 17 Sustainable Development Goals (SDGs) that build on the foundation laid by the MDGs[4]. This National Nutrition Strategy and Plan of Action (NNSPA) first and foremost seeks to achieve SDG 2 *"End hunger, achieve food security and improved nutrition and promote sustainable agriculture,"* and contributes directly to several others. It is increasingly clear that SDG 2 – as well as various other SDGs – will not be achieved without decisive and integrated action among all stakeholders in the LPDR.

In order to respond to this high level of malnutrition, the Government of the LPDR (GoL) promulgated the first National Nutrition Policy (NNP) in December 2008[5]. Based on this policy, the 2010-2015 NNSPA was formulated and promulgated by the GoL[6].

Although the first NNSPA covered what was needed in detail and in full, its implementation was difficult due to the absence of coordination mechanisms and its adoption and monitoring within the various sectors. Another major limitation on the implementation of this NNSPA resulted from limited budgets to support direct nutrition interventions and promote indirect nutrition interventions. Limited and declining direct assistance for nutrition interventions, mainly implemented by the health sector, was another factor explaining the low coverage of these important interventions for nutrition, especially interventions associated with the first 1,000 days of life, something which is important for the world to approve as interventions to promote the Scaling Up Nutrition (SUN) movement. To begin to remedy this, the National Nutrition Committee (NNC) was created on 31 July 2013 with the mandate to provide the necessary overall leadership and guidance for the coordination of the NNSPA for the relevant sectors at all levels in order that the targets may be achieved.

This 2016-2020 National Nutrition Strategy (NNS) builds on the above mentioned experiences and opportunities and receives important commitment and participation from many domestic sectors and development partners along with international interest and support while also reflecting the GoL policy for long-term strategic time frames. This NNSPA is therefore presented as a guideline for all sectors associated

with nutrition and food security (NFS) with a 10 year horizon to 2025 in the LPDR. It forms the basis for implementing food security and nutrition interventions and is to operate in association with the National Socio-Economic Development Strategy (NSEDS) to 2020. This national nutrition strategy[6] has a 5 year horizon and aims to contribute to the adoption of the 8th 5-year National Socio-Economic Development Plan (NSEDP) and has been improved and put together based on comprehensive analysis into malnutrition in the LPDR, which places strong emphasis on the immediate, underlying, and basic causes.

Strategic directions and objectives

- To tackle the immediate causes at the level of the individual and focus on achieving sufficient food consumption and safety, emphasizing the first 1,000 days of life and reducing the prevalence of diseases caused by contaminated food and indirectly transmitted infectious diseases which impair the body's ability to absorb food consumed; and

- To tackle the underlying causes (mostly at household and community levels), which requires improvements to the safety and diversity of food consumed so that people may have access to food at all times and locations, and moreover, to focus on improving maternal and child health (MCH) practices, clean water [systems and/or practices], and sanitation and [on providing] healthy environments and access to health services.

The strategies aimed at tackling the fundamental causes (mostly at institutional and national level) have been specified to comprise capacity building at institutional level and improving coordination, human resource development, the quantitative and qualitative improvement of information, promotion for investment into nutrition interventions, and increased food security. These strategies also emphasize the socio-culturally embedded causes of malnutrition and specify interventions which relate to many areas and the creation of broader national strategies in order to focus on ensuring rights and equality concerning access to nutritional natural resources. These strategies also explain the necessary and related policies of each sector which affects malnutrition.

The NNS includes broad, deep, and complete content aimed at supporting the attainment of the GoL socio-economic development targets and the SDGs.

This amended strategy embodies a multi-sectoral convergent approach designed to accelerate the reduction of maternal and child malnutrition and to prevent the advancing trend towards overnutrition. The main goal of this multi-sectoral convergent approach is to reduce CU_5 chronic malnutrition (stunting) from 44% to 25% in 2025. The NNS is also consistent with the global nutrition targets and SDGs in that it aims to reduce the prevalence of underweight children, sudden malnutrition (wasting), and anemia, to prevent overnutrition, and to promote breastfeeding (Table 1).

Attaining the strategy's objectives will require management and administration systems, coordination mechanisms, and cooperation, communication, collaboration, and partnership between many relevant sectors along with development partners, including donors, international bodies, and the private sector so as to achieve

efficiency and effectiveness at all levels. One of these national strategies is to promote community-based nutrition (CBN) and food security and to increase the level of support from the GoL and development partners, including the private sector, social organizations, and other bodies. This strategy emphasizes **multi-sectoral unity** with common efforts, goals, and timeframes with 22 common priority interventions to be implemented in areas with high malnutrition rates and numbers, areas of food insecurity, poor localities, and GoL priority focus points with a focus on tackling nutrition problems rapidly and in a sustainable manner through the involvement of multiple sectors while improving existing NFS services and interventions nationwide.

Mobilizing support from development partners and the relevant stakeholders also requires focus on expanding resources and increasing the support of development partners to the extent possible in order to succeed and achieve these benefits together.

This NNS has been approved by all the relevant ministries and the main development partners and demonstrates the necessity of the sincere efforts being made by the GoL in the implementation and adoption of the NNP and its firm commitment towards the implementation of this strategy so that it leads to improvements in NFS in the Lao PDR.

Part 1
Preamble

The current CU_5 malnutrition profile in the LPDR is dominated by undernutrition as measured by the rates of chronic malnutrition, underweight children, micronutrient deficiencies and low-birth weights[1], the rates of chronic malnutrition or stunting being particularly high. Child malnutrition (including fetal malnutrition caused by maternal malnutrition) was the cause of 45% of global child deaths in 2011[3]. It is estimated that in the LPDR, 17,300 CU_5s die annually, the deaths of whom 6,016[15] (40%) are related to malnutrition. Malnutrition is responsible for the disabilities of 50% of disabled children under the age of four years worldwide[7].

Chronic malnutrition (stunting) is closely related to low education levels and incomes when reaching adulthood. Malnutrition leads to increased expenses owing to the fact that it results in frequent sickness. Moreover, it leads to lower future national revenues. In the LPDR, malnutrition costs the country an estimated 197 million US dollars annually, approximately 2.4% of gross domestic product (GDP)[8]. 73% of these losses, equal to 142 million US dollars come as a result of malnutrition during the first 1,000 days of life while a third, equal to 38 million US dollars, are related to maternal nutritional status and the roles mothers play in looking after their children. Good nutrition is central to promoting the health of the multiethnic people so they may contribute to national construction and development and sustainable development on a global level.

GoL response to malnutrition

In response to the problem of malnutrition in the LPDR, in 2008, the GoL approved the first NNP (248/PM). The policy had a comprehensive and solid framework which acted as a direction for the specification for the 2010-2015 NNSPA and its official promulgation by the GoL[9]. In April 2011, Laos joined a number of countries to form the global SUN movement. In 2012, the GoL set up the National Nutrition Center, which operated under the Ministry of Health (MOH), and in 2013, established the National Nutrition Committee (NNC) (73/PM), which formed parts of the important efforts being made by the GoL to tackle nutrition problems.

NSPA implementation was met with a number of challenges owing to a lack of effective multi-sectoral coordination mechanisms along with disjointed implementation, a failure to move in a united direction, a lack of focus points, and the fact that a number of important interventions were never implemented due to the constraints in the GoL budget and support allocated by development partners.

In 2013, the first MDG Report found that there were severe challenges to overcome so the GoL and development partners increased their emphasis and support for nutrition interventions. The NNS to 2025 consists of five parts – Part 1: Preamble, which gives an overall explanation of nutrition and the NNS; Part 2: Nutrition and Food Situation, which explains the importance of the problems arising from and main causes of malnutrition in the Lao PDR; Part 3: Vision, Mission, Overall Goal, and Guiding Principles, which explains the NFS targets; Part 4: NNS Framework and Priority Areas for Solutions to Nutrition, which specifies concrete focus points to tackle the immediate, underlying, and basic causes of malnutrition; and Part 5, which

gives a general presentation on the mobilization of funding, resource allocation, implementation, and monitoring and evaluation (M&E).

Part 2

Nutrition and Food Situation in the Lao PDR

2.1 Current status

Despite the ongoing and rapid growth of the national economy, the problems of malnutrition, especially among the vulnerable CU_5 group and of food insecurity continue to pose a monumental challenge to national development. Over the past two years, although GDP per capita has almost tripled and poverty halved, malnutrition rates have reduced only slightly and progress is slow.

In the Lao PDR, chronic malnutrition affects 378,388 CU_5s, accounting for 44%, one of the highest rates in Southeast Asia. Micronutrient deficiency rates are also high with 41% of CU_5s and 59% of children under the age of two years suffering from anemia, the latter figure being especially high. One in three women of reproductive age (WRA) nationwide are affected by anemia, which constitutes a severe public health problem. Although the underweight malnutrition rate among CU_5s fell from 32% in 2006 to 27% in 2012, the sudden malnutrition (wasting) rate stood still at 6%. Moreover, the chronic and underweight malnutrition rates of the 6-24-month age group are markedly higher than those of other age groups. Malnutrition continues to have an impact on other vulnerable groups, including WRA, pregnant women, and women who breastfeed, and this is related to infant and child care. Decisive actions must therefore take place for these vulnerable groups, especially during the first 1,000 days of life, in order to reduce malnutrition rates in the Lao PDR.

In addition to the problem of malnutrition, there is an increasing trend of overnutrition. In 2013, it was found that 25.6% of persons aged 18-64 years were overweight, of whom 7.3% were obese women and 28.7% were overweight, compared to 14.3% of WRA in 2006. Moreover, there is evidence which points to a rising trend of overnutrition in the CU_5 group, which leads to a risk of obesity and communicable diseases. While overweight levels may still be low, in order to meet the global target in the new era, it is important to prevent an increase in overweight children.

Factors concerning malnutrition mostly relate to household poverty, mothers with low education levels, and ethnic groups residing in remote areas with no access to clean water, sanitation, environment and health services. Malnutrition is also associated with beliefs, customs, and traditions which can lead to incorrect nutritional practices.

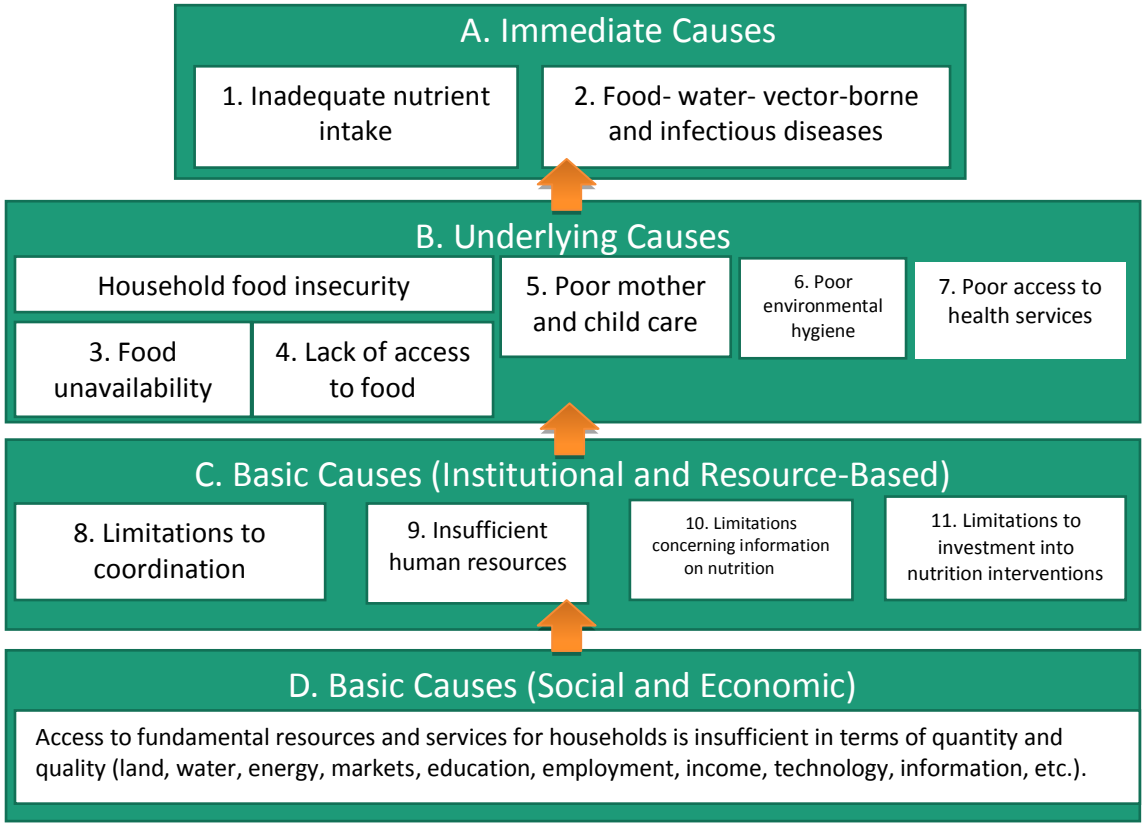
Despite the progress made with the reduction of iodine deficiency (ID), challenges remain to our becoming an ID-free country, something which this strategy aims to achieve in 2020. Currently, 89% of households consume iodized salt[10] but the quality of the iodized salt still often fails to meet standards. Despite expansions in the coverage of vitamin A supplementation (VAS), the distribution of deworming tablets to children aged 12-59 months, and the handing out of iron supplements to WRAs and pregnant women, there are still challenges to achieving full coverage and challenges concerning the quality of services.

2.2 Causes of malnutrition and food insecurity

2.2.1 Immediate causes

The NNP is based on the 1990 UNICEF conceptual framework, which specifies the main causes for malnutrition in children at three levels – immediate, underlying, and basic.

Figure 1 – Causes of malnutrition in the Lao PDR



The quantity and quality of nutrients [being consumed] are insufficient for bodily needs. Diseases caused by contaminated food and infectious diseases impair the body's ability to absorb food consumed. The factors leading to food intake which is insufficient in terms of quantity and quality include poor and incorrect infant and child feeding practices – the rate of breastfeeding in the first hour of life remains low (39%), the rate of exclusive breastfeeding for the first six months is low (40%), and many children fail to consume sufficient and diverse food at each meal. The practice of food restrictions and taboos for breastfeeding women affects health and nutrition. Food restrictions and taboos deprive both mother and child of sufficient and diverse food intake. Food intake lacks variety and is mostly based on rice (which accounts for 67% of food consumed) and the consumption of fats, meat, vegetables, and fruits is extremely low. Some households are unable to ensure food security and have extremely low intakes of protein and micronutrients. Their intake of micronutrients is insufficient, leading to micronutrient deficiencies, such as iron deficiency anemia (IDA), vitamin A deficiency (VAD), and vitamin B1 deficiency, besides others.

The national average caloric intake is sufficient and this is one of the indicators for sufficient food intake in terms of quantity but there are disparities between different areas and seasons. In addition, high micronutrient deficiency rates indicate insufficient quality of food intake, especially a lack of variety of foods consumed at each meal to ensure the intake of all necessary micronutrients (such as vitamins and minerals).

Food consumption data indicates an excess nationwide average daily caloric intake but the intake of 23% of the population falls below recommended daily intake (RDI) standards[11]. The major problem is the lack of diversity in the nutritional values of food consumed. Food consumption in Laos is mostly based on rice. On average, 73% of caloric intake comes from carbohydrates, 12% from meat, and 15% from fats. This survey showed that the consumption of fats, oils, and fruits was also low[12]. Food consumed lacks animal protein. The survey also showed that infant and young child feeding (IYCF) in the poorest households is extremely low (16%) and in the 6-23-month age group[1], consumption of all food groups (acceptable foods) is extremely low at just 5%.

There is clear evidence for the relationship between infectious diseases and malnutrition in the LPDR. Diarrhea, malaria, and parasitic infections require close attention. Historically, malaria is one of the causes of morbidity and mortality and has been implicated in anemia. In recent years though, progress has been achieved with reductions in malarial cases and deaths but preventive methods must be continued. Incidence of diarrhea was recorded at 10% and it was also found that diarrhea peaks at 12-23 months, which coincides with the weaning period[1]. Especially during this period, feeding with safe food and clean water is of great importance in avoiding food- and waterborne diseases. Nearly 54% of children aged 24-59 months have intestinal parasitic infections and this constitutes a public health problem. Also, acute respiratory infections (ARI), measles/rubella and dengue fever as well as several vaccine preventable diseases reduce children's appetites and impair absorption making them more prone to malnutrition.

2.2.2 Underlying causes

The availability of adequate food strongly influences the NFS status. The most significant difficulty concerning the availability of food in Laos is the low level of domestic production of food. The largest source of food was the household's own food production, 82% of total value of food consumed came from households' own food production while the national average of households' own food production was just 45%. This food produced by households is mainly food which provides calories (rice) while other foods which households lack are purchased. The low level production is mainly due to insufficient productivity in high risk agricultural sectors. The main causes of these problems include the small size of land holdings – with some 50% of the farming households owning less than one hectare of land – and the prevalent absence of secure land tenure. Production mostly relies exclusively upon rainfall during the wet season and there is little dry season production. There is a high risk from natural disasters owing to climate change, including flooding, landslides, drought, and so forth. There is little effective facilitation to support production, such as fertilizers, seeds, preparation, and equipment. Agro-processing and modern food and seed storage equipment remains limited. There is a shortage of suitable infrastructure for the distribution of agricultural produce and a lack of a service

framework. Limited knowledge decreases productivity and increases food security risks. In addition, the LPDR is becoming more and more inter-linked with regional and global economies and is importing foods from overseas so the impact external crises or disasters have on food availability in the LPDR is unavoidable. Access to a variety of foods is essential to good health and nutrition and there are many important components. In the LPDR, from a physical perspective, infrastructure, such as roads, transportation, and markets, is limited, and such infrastructure plays an essential role in ensuring food is available at all locations and times it is needed. There are also limitations to processing systems and seasonal food preservation techniques to allow consumers access to all kinds of foods throughout all seasons so as to resolve the problem of food insecurity. In certain remote areas, access to natural resources, the use of non-timber forest products (NTFPs), the promotion of household cultivation, and the provision of a wide variety of traditional seeds are of great nutritional value and come at a low cost but there remain constraints and these are unsustainable.

Poor mother and child care practices also represent an underlying cause of all forms of malnutrition. Mothers mostly lack knowledge concerning suitable food intakes, especially when pregnant and postpartum. Women still have extremely low food intakes at household level. Food restrictions and taboos are frequently practiced by women across all ethnic groups, especially during pregnancy and postpartum, which has a negative impact on the nutritional status of both mother and child. Burdens and workloads placed on women affect the health of both them and their child. There is a huge disparity in family planning (FP) in rural areas and certain ethnic groups and most mothers lack knowledge about how to look after their children correctly and suitably.

There is evidence which shows that there is a close link between sanitation and chronic malnutrition (stunting). A lack of environmental hygiene, such as the use of contaminated water, poor sanitation, and incorrect hygiene practices, including difficulties in access to public health services, represents an underlying cause of malnutrition. Although the LPDR has made progress in improving access to safe water (72%), the rate of defecation remains high in poor sectors of the public, reaching 80% and 45% in rural sectors of the public[13]. The unsuitable disposal of child feces remains a significant problem with only 17% of caregivers following the recommendations correctly. A 2005-2006 survey showed that despite improvements to access to clean water sources, approximately 60% of households were using water which had been contaminated with animal feces – both from natural and household water sources. This also relates to unsafe water storage practices. Hand washing after toilet use was also not widely practiced with only around 21% of rural households practicing it. Most women do not wash their hands before preparing food or feeding their child. Moreover, there is a clear disparity between rural and urban areas with respect to toilet use which is consistent with sanitary principles.

2.2.3 Basic causes

The basic causes of malnutrition in the LPDR are rooted in a number of systemic factors. Food security and nutrition objectives are included and clearly visible in the 8th NSEDP (2016-2020). The basic causes are causes at institutional and national level and include infrastructure through which support may be provided, legislation, organizations, coordination, human resource development, information systems, gender roles, surveillance, M&E, and investment into NFS. Although progress is

currently being made in many areas, there remain constraints in terms of human resources, organization and implementation, and monitoring within the various sectors. One of the main constraints is insufficient budgets to provide support for direct and indirect nutrition interventions. Certain important interventions are not being implemented due to limitations in the GoL budgets and the allocation of support from development partners. There is a declining trend in funding from donors to assist directly with interventions aimed at solving the problem of malnutrition. Mechanisms for inter-sector coordination remain unsystematic and not as effective as they should be. Implementation is disjointed, there is a failure to move in a united direction, and there is a lack of focus points. Access to basic resources and services for households, such as land, water sources, energy, markets, education, employment, incomes, technology, information, and so forth is insufficient in terms of both quantity and quality. There is therefore a need for capacity building among organizations and personnel, for improved legislation, and for coordination and coherent and unified implementation through the participation of multiple sectors, development partners, and foreign stakeholders with a focus on improving the nutritional status and health of all people.

Part 3
Vision, Mission, Overall Goal, and Guiding Principles

3.1 Vision

The NNSPA adopts the vision specified in the 8th Five-Year NSEDP (2016-2020):

A prosperous country, with a healthy population, free from food insecurity, malnutrition and poverty.

3.2 Mission

Establish effective overall mechanisms through policies, strategies, programs and interventions. Arrange priorities, ensure coordination, and implement plans through multi-sectoral unity and M&E in order to achieve good NFS in the Lao PDR.

3.3 Overall goal

To reduce malnutrition rates among women and children and improve the nutritional status of the multiethnic people so that they may be healthy and have a high quality of living and thus contribute to the preservation and development of the nation so that it is elevated from its status as a least developed country (LDC) in 2020 and attains its strategic targets in 2025;

Table 1: Indicators for the overall goal

Indicator	2012 baseline data (%)	2015 baseline data (%)	2020 targets (%)	2025 targets (%)
Malnutrition rates from data gathered				
CU_5 chronic malnutrition rate (above or below World Health Organization (WHO) standards)	44	42[b]	34	25
CU_5 sudden malnutrition rate (wasting) (WHO standards)	6	6	5	5
CU_5 underweight rate (WHO standards)	27	22	17	12
CU_5 anemia rate (hemoglobin<11g/dL)	41	40	30	20
WRA anemia rate (hemoglobin<12g/dL)	36[a]	30	23	15
Low birth weight (LBW)	15		11	8
CU_5 overweight rate	2	2	2	2
Breastfeeding rate	40	40	50	60
ID rate among school-age-children (SAC)	27[c]		17	10

Support and promotion for the implementation of this NNS will help to attain the targets of the 8th Five-Year NSEDP (2016-2020) and especially, help to reduce the maternal mortality ratio (MMR) and the child mortality rate (CMR) and contribute to the eradication of poverty. The relevant indicators are listed below:

Health				
Infant mortality rate (IMR)[e]	68/1,000		30/1,000	20/1,000
CU_5 mortality rate (U_5MR)	40/1,000		40/1,000	30/1,000
MMR	220/100,000[d]		160/100,000	100/100,000
Poverty				
Poverty head count ratio (PHCR)	23.2[f]		N/A	N/A

Sources:
a: 2006 National Maternal and Child Nutrition Survey (MICS3-NNS)
b: 2011/12 Lao Social Indicator Survey (LSIS); *Remark: Anthropometric data (chronic malnutrition, wasting, underweight, and body mass index (BMI)) will be available in 2015 from the 2015 National EPI Survey Anthropometry Tag-on survey so these statistics and targets may need to be revised at the end of 2015*.
c: 2014 School Survey on Iodine
d: 2013 WHO MMR estimates

3.4 Guiding principles

The NNS to 2025 is based on four principles, which are aligned with National Nutrition Policy (NNP) and the 8th Five-Year NSEDP and are also in line with the national socio-economic development goals aimed at achieving the outstanding MDGs and moving towards the successful fulfillment of the SDGs.

3.4.1 Define a realistic strategy

- This NNS shall aim to address the problems of the nation and of the multiethnic people.
- The steps specified in this strategy shall enable the achievement of the targets set and be implemented in such a way that nutrition interventions are improved during each period.

3.4.2 Support effective management

- Ensure transparency in implementation, assessment, and reporting on the outcomes achieved.
- Specify strategies which are clear, concrete, and measurable and which can be inspected, monitor progress, and specify a clear framework of responsibilities.
- Achieve multi-sectoral harmony and unity through the use of common priorities, focus points, targets, and schedules for planning, implementation, and M&E.
- Build CBN systems and increase support from the GoL, domestic and external development partners, the public, and the private sector.

3.4.3 Achieve measurable outcomes for each period

- Short-term outcomes shall be measured during 2016-2018.
- Medium-term outcomes shall be measured during 2016-2020.
- Long-term outcomes and guaranteed sustainability shall be measured during 2016-2025.

3.4.4 Ensure efficient and effective implementation

The interventions aimed at solving NFS problems will be implemented using investment which is low but maximizes impacts for the multiethnic people, prioritising vulnerable groups, especially children in their first 1,000 days of life from conception through to the age of two years and continuing this emphasis until they reach the age of five years and are enrolled into schools. These interventions shall also place strong emphasis on WRA, pregnant, postpartum, and breastfeeding women, the elderly, and persons suffering from infectious diseases such as malaria, diarrhea, HIV/AIDS, and other such diseases.

Geographically, focus shall be placed on groups residing in remote areas high up in the mountains where there is high child malnutrition rates while in urban areas, focus shall be placed on groups with low education, areas to which people have recently been relocated, and persons affected by natural disasters, placing them in an emergency situation or having a long-term impact.

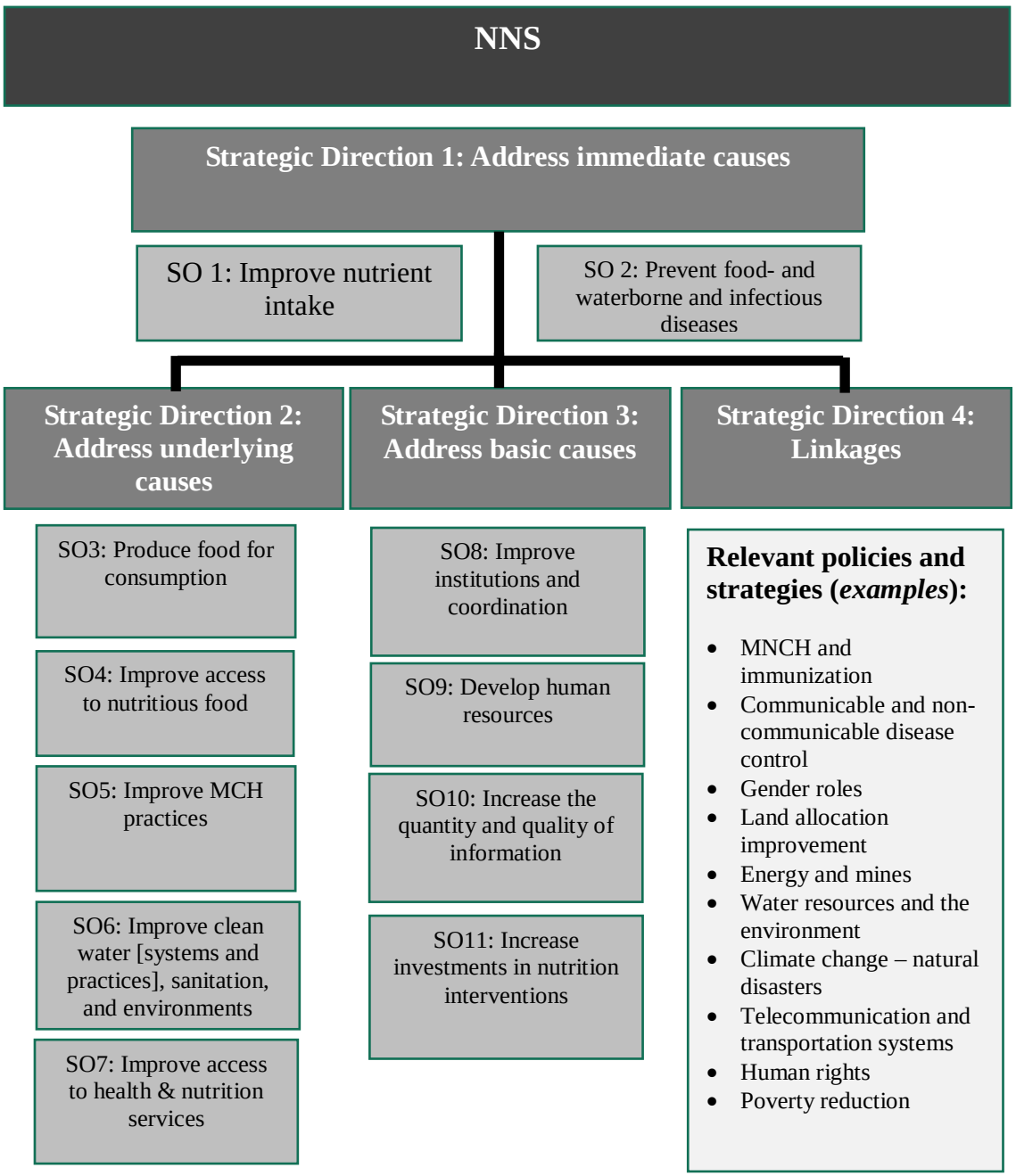
3.4.5 Gender roles

This NNS shall promote gender roles, placing emphasis on women's access to health services, to NFS information, and to food. Women and girls shall receive an education and training and be enabled to earn an income and participate in household and community decision making on an equal basis with men.

Part 4
Core Strategies and Priority Areas of Intervention

This strategy sets out 4 strategic directions, 11 strategic objectives (SOs), and 29 interventions, of which 22 fall under Priority 1. It is a ten-year strategic implementation framework aimed at reducing maternal and child malnutrition rates while also improving the nutritional status and food security of the multiethnic people and attaining these strategic targets for 2025.

Figure 2: Strategic framework



The NNS specifies three periods: 1) the Short-Term Period, during which focus shall be placed on implementing the high priority interventions which will yield the greatest benefits and which shall cover the first three years, allowing for the achievement of outcomes and the paving of long-term foundations; 2) the Medium-Term Period, during which focus shall be placed on the implementation of interventions which lead on from the Short-Term Period by strengthening the important management structure and which shall cover the first five years; and 3) the Long-Term Period, during which focus shall be placed on interventions which lead on from the Medium-Term Period by continuing to strengthen the management structure and NFS services, which shall produce long-term outcomes over the ten-year period and guarantee sustainability.

This strategy is comprehensive and composed of Priority 1 and Priority 2 interventions. The Priority 1 interventions specified focus on using investment which is low but maximizes short-term impacts, which shall lay the foundations for solving the problem of malnutrition and food insecurity in high risk areas and for ensuring these solutions are sustainable. There are 22 Priority 1 interventions and these aim to address the issue of nutrition directly and indirectly. Of these, 10 fall under the health sector, 4 under the agriculture sector, 4 under the education sector, and 4 are multi-sectoral. The vast majority of these nutrition interventions fall within SOs 1, 2, 3, 4, 5, 6, 8, 9, 10, and 11 of Strategic Directions 1-3. The remaining interventions are Priority 2.

Table 2: 22 Priority 1 interventions

22 priority interventions	
4 interventions of other sectors 1. Promote capacity building in institutions in order to ensure that NFS is provided efficiently and effectively. 2. Improve NFS management and coordination across multiple sectors. **3.** Improve nutrition information and surveillance systems, scientific research, and the M&E of NNSPA implementation. **4.** Increase support and investment for NFS. **10 interventions of the health, nutrition, and clean water – sanitation sectors** 5. Provide micronutrients, vitamins, and minerals, create a needs plan	**4 interventions of the agriculture sector** 15. Increase the cultivation of crops which have high nutritional value. 16. Produce and promote meat which has protein for household consumption: poultry, fish, and other aquatic life. Provide materials and equipment for production along with the necessary infrastructure: small-scale irrigation, agricultural service units, and so forth. 17. Build post-harvest facilities (including food dehydrators, and food storage facilities) and apply technology to food processing, preservation, and storage so that it remains safe and nutritious as a means of ensuring food availability all year round.

for each product and medicine related to nutrition, and procure, deliver, and distribute. Provide integrated MNCH services and immunizations. Manage, store, and inspect inventories (iron, vitamin A, deworming tablets, vitamin and mineral powder, zinc, vitamin B1, and so forth). 6. Deworming 7. Provide oral rehydration salts (ORS) and achieve full coverage, promote the consumption of iodized salts and micronutrient fortified food: Procure, deliver, and distribute potassium iodate, basic diagnostic equipment, and the necessary chemicals, improve inspection and M&E systems, and declare ID eradication in 2020. 8. Promote exclusive breastfeeding for the first six months of life and promote counseling for infant and child care. 9. Supplement food for pregnant and breastfeeding women. 10. Supplement food for children under the age of two years. 11. Improve food quality and safety. 12. Control severe acute malnutrition, provide therapeutic food for treatment at health service facilities and in communities. 13. Bring about a change in practices – nutrition education with the participation of multiple stakeholders. 14. Strengthen clean water systems in households, communities, health service facilities, and schools.	18. Promote income generating activities, such as the cultivation of crops, NTFPs, and traditional medicines and foods, to build household incomes. **4 interventions of the education sector** 19. Provide food in schools. 20. Promote vegetable gardens in schools. 21. Integrate nutrition into curricula. 22. Distribute deworming tablets and iron supplements in schools.

4.1 Strategic Direction 1: Address immediate causes

This Strategic Direction specifies SOs aimed at solving problems at the level of the individual with respect to food intake and methods for controlling food-, water-, and vector-borne diseases, including infectious diseases, in order to ensure the consumption of nutritious and safe foods, which bring about good health and nutrition.

This Strategic Direction is composed of 2 SOs:

SO1: Improve nutrient intake.
SO2: Prevent water-, food-, and vector-borne diseases.

SO1: Improve nutrient intake

This SO focuses on food intake which is sufficient in terms of both variety and quantity in order to prevent and solve the problem of malnutrition in CU_5s, pregnant, postpartum, and breastfeeding women, and WRA. Interventions necessary to achieving this SO comprise the supplementing of food and micronutrients, the provision of food in schools, micronutrient fortification, the promotion of [exclusive] breastfeeding, infant and child care, and the prevention and treatment of CU_5 malnutrition.

SO2: Prevent water-, food-, and vector-borne diseases

This SO aims to prevent and reduce water-, food-, and vector-borne diseases, including infectious diseases, such as ARI, diarrhea, measles, parasitic diseases, HIV/AIDS, and symptoms associated with diseases which can lead to injury and/or death. The interventions necessary to achieving this SO comprise deworming, improving food quality and safety, promoting immunization, preventing and controlling diarrhea, preventing malaria and dengue fever, and preventing and controlling HIV/AIDS and tuberculosis related malnutrition.

4.2 Strategic Direction 2: Address underlying causes

This Strategic Direction concerns food security and aims to bring about the availability of sufficient nutritious food as a means of solving the problem of food insecurity at household and community level, to improve environments, and to improve the quality of health services. This Strategic Direction involves increasing the production of a variety of foods in households and schools, access to food, the provision of food in schools, mother and child interventions, and improving clean water [systems and practices], sanitation, and environments while improving access to health services.

This Strategic Direction is composed of 5 SOs:

SO3: Produce food so that it is available for consumption.
SO4: Improve access to nutritious food.
SO5: Improve mother and child care practices.
SO6: Improve clean water [systems and practices], sanitation, and environments.
SO7: Improve access to health services.

4.2.1 SO3: Produce food so that it is available for consumption

The problem of malnutrition mostly arises in remote rural areas and is due to low agricultural yields and the high risk of natural disasters owing to climate change. This SO specifies interventions aimed at expanding and focusing on the agricultural production of a diverse range of nutritious and safe foods for households, communities, and schools and providing the necessary equipment and infrastructure to facilitate agricultural production.

4.2.2 SO4: Improve access to nutritious food

This SO is composed of food access interventions which require the involvement of multiple sectors, such as road construction, transportation, service connections, and markets, but must focus on safe food storage and processing in order to ensure food is available for consumption all year round, which is a means of promoting activities which generate incomes through the cultivation of crops, NTFPs, and traditional foods in order that households may build an income with the main emphasis being placed on women.

4.2.3 SO5: Improve mother and child care practices

This SO is composed of interventions aimed at providing education on health and nutrition in order to bring about a change in practices using the mass media, networks and mass organizations, such as the Lao Women's Union, FP services, and other networks, and publicity campaigns focused on mobilizing communities to take responsibility for interventions on NFS, safe foods, and sanitation with a focus on giving them the courage to pass on what they know and promote correct practices in order to reduce the prevalence of beliefs, traditions, and customs which influence incorrect nutritional practices, such as food restrictions and taboos and so forth. It also focuses on the specific health care needs of WRA, pregnant and breastfeeding women, and infant, child, student, and youth care.

4.2.4 SO6: Improve clean water [systems and practices], sanitation, and environments

This SO is composed of interventions which focus on providing clean water systems, toilets, sanitation, household water treatment (HWT), and environmental hygiene in order to enhance the capacities of communities to use, manage, and maintain [these systems and practices] at household, community, school, and health care facility levels. It also aims to promote environmental health impact assessments (HIAs) and adjustments to cope with climate change. It focuses on facilitating and supporting the adoption and implementation of legislation which relates to environmental hygiene in both the State and private sectors so as to ensure the protection of environments and the effects they have on health, which in turn have repercussions on NFS.

4.2.5 SO7: Improve access to health services

This SO focuses on improving access to health and nutrition services by integrating nutrition services into MNCH services to form a regular comprehensive service at fixed and mobile health service facilities in communities and on promoting village health volunteers (VHVs), birth assistants, village LWU units, village doctors, and

village health committees (VHCs) to take responsibility for the implementation of NFS interventions in their communities through the adoption of the policy for free birth assistance and free CU_5 medical treatment.

4.3 Strategic Direction 3: Address basic causes

This Strategic Direction is focused on improving institutions and human resources in order to ensure that NFS interventions go ahead smoothly, systematically, consistently, and in a sustainable manner through increased cooperation and coordination between sectors at each level and to ensure that the NNS is adopted into the budget plans of each sector for each period. It also aims to improve nutrition, health education, food security and safety systems, strengthen institutions and human resources, improve M&E and information systems in terms of both quality and quantity, and encourage domestic and external development partners and the private sector to support NNS implementation and invest more in NFS interventions.

Strategic Direction 4 is composed of 4 SOs:

SO8: Improve institutions and coordination.
SO9: Improve human capacities
SO10: Increase the quantity and quality of information
SO11: Increase investments in nutrition

4.3.1 SO8: Improve institutions and coordination

This SO emphasizes the development and improvement of policies, legislation, and working frameworks which relate to NFS with a focus on increasing management for the strengthening of institutions with respect to NFS, improving the nutrition network at each level and health education so that education on nutrition may be provided and food quality analyses strengthened. It also aims to raise the capacity of the agricultural technical service network in order to meet the needs of communities with regard to seed production and rearing of livestock so as to ensure sustainable improvements to NFS systems at each level; and aims to improve coordination mechanisms in multiple sectors at each level from central through to local levels so that [the interventions] go ahead smoothly and consistently through the use of discussions, planning, reporting, and information exchanges.

4.3.2 SO9: Improve human capacities

This SO is focused on domestic and overseas short- and long-term capacity building for personnel (managers, specialists, and community networks in the relevant sectors) at all levels in the management and implementation of the NFS interventions and on integrating topics on nutrition into nursing and bachelor's and master's degree curricula and other programs at the University of Health Sciences (UHS) and public health management school It also aims to review and develop the integration of topics on nutrition, sanitation, household cultivation, livestock raising, and other such topics into the curricula of the ordinary education system, teaching training institutes, and non-formal education (NFE).

4.3.3 SO10: Improve the quantity and quality of information

This SO aims to improve NFS information systems, nutrition surveillance systems, and scientific research for the M&E of the outcomes of NFS implementation with a focus on ensuring its integration into the indicators used in the strategies, planning, and targets of each sector by improving vertical monitoring and reporting mechanisms within each relevant sector and the horizontal coordination of nutrition committees at each level. It also aims to build a master plan for joint NFS education, research, and assessment, the arrangement of priorities, M&E, and surveillance for use in the improvement of policies, strategies, programs, planning, and projects for each period.

4.3.4 SO11: Increase investments in nutrition

This SO emphasizes support and increased investment into NFS and food safety interventions and the integration of NFS into the five-year plans of each sector and the 8th Five-Year NSEDP (2016-2020). It also aims to prioritize investment into NFS areas, such as the promotion of micronutrient fortification and clean domestic and external agriculture, including that of business people, the private sector, markets and so forth. It also aims to promote private sector participation and support for NFS interventions.

4.4 Strategic Direction 4: Linkages

This Strategic Direction emphasizes ensuring linkages with other stakeholders who affect the NFS interventions indirectly. The detailed plans and budgets shall be specified in the programs of the relevant sectors for each period. This Strategic Direction comprises land allocation improvement, energy and mines, water resources and the environment, climate change – natural disasters, telecommunications and transportation systems, human rights, gender roles, and poverty reduction. It also emphasizes MNCH and immunization, the integrated management of childhood illness (IMCI), the control of non-communicable diseases, such as diabetes and cardiovascular diseases and of communicable diseases, including diarrhea, malaria, dengue fever, ARI, tuberculosis, and the prevention of mother-to-child transmission (PMCT) and HIV/AIDS as specified in SO2.

Part 5
Capital Mobilization, Implementation, and M&E

5.1 Capital Mobilization

This NNS is in harmony and consistent with the directions of the GoL. In order for it to succeed, an estimated budget of **411,352,576** US dollars will be required from 2016 until 2020. The GoL is fully committed to solving the vast problems and challenges connected with nutrition and shall approve the most generous GoL budgets possible for this issue. The GoL will, however, need and request domestic and external assistance in the form of resources focused on ensuring united support to be used transparently and accountably in order that the strategic targets for nutrition may be achieved as efficiently and effectively as possible.

5.2 Implementation

5.2.1 Management structure

The NNS represents a direction to be adopted for the implementation of the NFS interventions under NNC guidance and aims to improve coordination mechanisms between multiple stakeholders so that [the strategy] may proceed smoothly at all levels and there may be more cooperation from domestic and external development partners.

A) High level leadership

The GoL has made decisive efforts to solving the problem of nutrition by setting up the NNC on 31 July 2013 pursuant to Prime Minister's Decision 73/PM. This committee is presided over by three Deputy Prime Ministers – the Minister of Health, the Minister of Planning and Investment, and the Minister of Agriculture and Forestry – and composed of deputy ministers and the deputy leaders of the relevant equivalent organizations. The NNC Secretariat was also established to take a leadership role for the committee and is headed by the Deputy Minister of Health with three Deputy Heads – the Deputy Minister of Agriculture and Forestry, the Deputy Minister of Education and Sports, and the Deputy Minister of Planning and Investment. This committee is responsible for reporting and deciding on high level decisions and policies, specifying the main strategies, and ensuring the performance of the obligations of each stakeholder participating in NFS affairs.

B) National level coordination mechanisms

The coordination mechanisms for NNS implementation were developed by the NNC Secretariat Office (SSO), which is located within the MOH in the Department of Hygiene and Health Promotion (DHHP), with the National Nutrition Center acting as the central hub for coordination. Technical nutrition teams have been set up from multiple relevant domestic sectors and foreign stakeholders. The main team has representatives from five ministries – the MOH, the Ministry of Agriculture and Forestry (MOFA), the Ministry of Education and Sports (MOES), the Ministry of Planning and Investment (MPI), and the National Committee for Rural Development and Poverty Eradication and this team has the duties of research and consultation, providing directions for solving problems relating to nutrition, coordination between

the various sectors and stakeholders, including domestic and international development partners, such as SUN, monitoring implementation progress, and resolving technical NFS problems.

C) Provincial and district level coordination

Secretariats to Provincial Nutrition Committees (PNCs) have been set up headed by the Directors of the Provincial Health Departments (PHDs) so that they may facilitate multi-sectoral coordination within their provinces and provide the necessary leadership and support to their districts. Offices for these Secretariats have been set up within the PHDs and act as a hub for coordination, planning, and reporting on the NFS interventions vertically and horizontally at provincial level.

D) Coordination with development partners

External development partners, donors, the United Nations (UN), and non-governmental organizations (NGOs) have the obligation to support the GoL with NNS implementation. Development partners provide support in improving the multi-sectoral coordination framework in order to facilitate increased NFS support and assistance for vulnerable communities, households, and individuals so that they may gain access and optimal benefits consistently with GoL policies.

5.2.2 Implementation methods

This strategy is focused on the various interventions specified in the National Nutrition Plan of Action, which ensures that the various sectors integrate these into their planning for each period. It also ensures the focused implementation of the Priority 1 interventions and quantitatively and qualitatively improves the implementation of existing interventions by evaluating the outcomes yielded during three periods: the Short-Term Period (2016-2018); the Medium-Term Period (2016-2020); and the Long-Term Period (2016-2025).

In order to achieve the outcomes for each period, implementation must take place as follows:

1) Multi-sectoral strategic methods and planning must be applied and include common priorities targets, and schedules for the implementation of the 29 interventions with urgent focus being placed on the 22 priority interventions in areas of high malnutrition rates, areas of food insecurity, poor localities, and those of GoL focus with emphasis placed on the rapid and sustainable reduction of chronic malnutrition.

2) The quality of existing NFS service provision must be improved nationwide.

3) It must be ensured that the NNS is incorporated as a component of the 8th Five-Year NSEDP (2016-2020) and the NNSPA into the annual work plans (AWPs) of the relevant sectors in order to focus on sustainability and ensure that the support of development partners proceeds in accordance with the NNSPA.

4) Coordination mechanisms for planning, implementation, management and M&E must be improved at each level within the various sectors and between sectors and development partners.

5) The use of domestic human resources must be promoted for the management and implementation of the nutrition interventions in order to raise the capacities of these human resources to achieve sustainability.

6) Local communities must be strengthened through active participation including taking of responsibility in planning, playing a role in deciding on solutions to problems and implementing the NFE interventions using initiatives taken by village committees and LWU units with regular provincial and district level oversight.

7) Cultural values and traditional customs which boost the consumption of nutritious foods and their processing must be preserved.

8) The environment must be protected in order to avoid negative impacts which could affect NFS interventions in the long-term.

5.3 M&E

In order to ensure the assessment and measurement of the impact of the implementation of the interventions specified for each period efficiently and effectively, there must be surveillance systems, progress monitoring, scientific research, surveys, and information reporting and management systems along with the development and implementation of *united multi-sectoral plans* which cover the main NNS indicators and targets. Capacity building must also take place for persons participating in data collection, analysis, reporting, and information dissemination with a focus placed on ensuring accuracy, clarity, and keeping the data up to date so that this data may act as a reference for policy formation and mobilizing funding from central level government and donors.

This strategy has been approved by all the relevant ministries and development partners and there is a strong belief that its implementation shall result in positive changes concerning NFS in the LPDR.

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Appendices

Definitions

- ***Nutrition*** shall refer to the "consumption of nutritional and safe food to enable physical growth and balance and to enhance mental development" (Law on Food, Article 4).

- ***Malnutrition*** shall include both undernutrition and overnutrition. *Undernutrition* shall refer to a caloric, protein, and/or micronutrient intake which is insufficient for the physical growth or which the body is unable to utilize due to a given disease. *Overnutrition* shall refer to a caloric intake which is in excess of the needs of the body.

- ***Food Security*** shall refer to a sufficient and complete availability of food (in terms of quantity, quality**,** safety, and socio-cultural acceptability) which is accessible and sufficient for the use and benefit of all persons in a region at all times and locations in order that they may have strong health.

- The ***first 1,000 days of life*** shall commence at conception and end at the age of two years.

Ministries and organizations which participated in forming the national policies and NNSPA

Ministry of Health
Ministry of Agriculture and Forestry
Ministry of Education and Sport
Ministry of Planning and Investment
Ministry of Finance
Government's Office
Ministry of Industry and Trade
National Committee for Rural Development and poverty Eradication
Ministry of Foreign Affaire
Ministry of Information, Culture and Tourism
Ministry of Labour and Social Welfare
Ministry of Public Security
Ministry of National Resource and Environment
MCH committee
Ministry of Science and Technology
Provincial, district, village cluster, and village authorities

Mass organizations:

- Central Lao Federation of Trade Unions (LFTU)
- Central Lao Front for National Construction (LFNC)
- Central Lao Revolutionary Youth Union (LRYU)
- Central LWU

Development Partner
UNICEF, EU, FAO,WFP,UN network, MQSUN, SUN-CSA,WHO and other development partners

Acronyms

ANC	Ante Natal Care
ARI	Acute Respiratory Infection
AWP	Annual Work Plan(s)
BMI	Body Mass Index
BFHI	Baby Friendly Hospital Initiative
CCT	Conditional Cash Transfers
CED	Chronic Energy Deficiency
CEFDAW	Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)
CFSVA	Comprehensive Food Security and Vulnerability Assessment
CMR	Child Mortality Rate
CU5	CU5 Years
CRC	Convention on the Right of the Child
DHHP	Department of Hygiene and Prevention
EIA	Environmental Impact Assessment
EPI	Expanded Programme of Immunization
FCT	Food Composition Tables
FIVIMS	Food Insecurity and Venerability Information and Mapping System
FP	Family Planning
GAP	Good Agricultural Practices
GHP	Good Hygiene Practices
GMP	Good Manufacturing Practices
GoL	Government of Laos
HACCP	Hazard Analysis and Critical Control Points
HIA	Health Impact Assessment
HIV/AIDS	Human Immuno-deficiency Virus/Acquired Immune Deficiency Syndrome
HWT	Household Water Treatment
ICESCR	International Covenant on Economic, Social and Cultural Rights
IDA	Iron Deficiency Anaemia
ID	Iodine Deficiency
IMR	Infant Mortality Rate
IMCI	Integrated Management of Childhood Illness
IPM	Integrated Pest Management
IYCF	Infant and Young Child Feeding
JICA	Japan International Cooperation Agency
LECS	Lao Expenditure Consumption Survey
LNHS	Lao National Health Survey
LPDR	Lao People's Democratic Republic
LRHS	Lao Reproductive Health Survey
LWU	Lao Women's Union
MAF	Ministry of Agriculture and Forestry
MCH	Maternal and Child Health
MDG	Millennium Development Goal

MICS3NNS	Multiple Indicator Cluster Survey 3 and National Nutrition Survey
MIC	Ministry of Commerce and Industry
MMR	Maternal Mortality Rate
MNCH	Maternal, Neonatal and Child Health
MOES	Ministry of Education and Sport
MOH	Ministry of Health
MPI	Ministry of Planning and Investment
M&E	Monitoring and Evaluation
MR	Mortality Rate
NCMC	National Commission for Mother and Child
NCNRCD	Non Communicable Nutrition Related Chronic Diseases
NFS	Nutrition and Food Security
NHS	National Health Survey
NIPH	National Institute of Public Health
NIEC	Nutrition Information, Education and Communication
NGOs	Non-Governmental Organization
NME	National Monitoring and Evaluation
NNC	National Nutrition Committee (responsible to manage the NNP and coordinate partners in the NNSPA)
NNP	National Nutrition Policy
NNS	National Nutrition Secretariat
NNSPA	National Nutrition Strategy for 2016 to 2025 and Plan of Action for 2016-2020
NSEDP	The 8thNational Socio-Economic Development Plan 2016-2020
NSEDS	National Economic and Social Development Strategy to 2025
NTFP	Non-Timber Forest Products
ORT	Oral Rehydration Therapy
PM	Prime Minister
PEM	Protein Energy Malnutrition
PHC	Primary Health Care
PHCR	Poverty Head Count Ration
PMCT	Prevention of Mother to Child Transmission
POU	Point of Use
REACH	Renew Effort Against Child Hunger
RDA	Recommended Dietary Allowances
RH	Reproductive Health
SAC	School attendance children
SC	Steering Committee
SIA	Social Impact Assessment
SO	Strategic Objective
SSO	National Nutrition Secretariat Support Office
STH	Soil Transmitted Helminths
UIE	Urine Iodine Excretion
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
U5MR	Under-five Mortality Rate
USI	Universal Salt Iodization

VAD	Vitamin A Deficiency
VAM	Vulnerability Analysis and Mapping
VAS	Vitamin A Supplement
VHW	Village Health Worker
VNV	Village Nutrition Volunteer
WHO	World Health Organization
WFP	World Food Programme
WRA	Women of Reproductive Age

Lao People's Democratic Republic
Peace Independence Democracy Unity Prosperity

National Plan of Action

on Nutrition

2016-2020

Contents

Part I
Summary of Plan of Action and Budgets

The development of the 2016-2020 National Plan of Action on Nutrition (NPAN) was based on the National Nutrition Strategy (NNS). The first part of the NPAN will be arranged so as to maintain full consistency with the NNS.

The NPAN aims to provide a detailed explanation of the interventions to be implemented, the stakeholders responsible, the implementation timeframe, the expectations of the donors and development partners providing funding, and the expected budget requirements.

The NPAN consists of three parts, the first of which will give an overall summary of the plan of action and the budgets, the second presenting an implementation framework, and the third presenting in detail its intended implementation from 2016 through to 2020.

Figure 1: Bar chart of interventions separated by sector

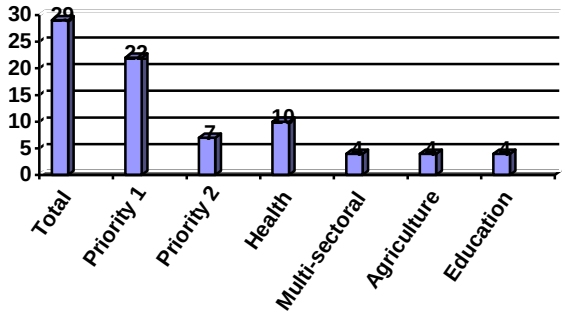

Table 1: Overall plan of action and budgets

Total number of interventions	29
Multi-sectoral	4
Health sector	10
Agriculture sector	4
Education sector	4
Strategic Objectives (SOs)	11
Activities	145
Priorities	
Number of Priority 1 interventions	22
Number of Priority 2 interventions	7

Priority 1 Interventions			**Total Cost (USD)**
SO	**PI**	4 Multi-sectoral	
SO8,SO9,SO11	1	Promote capacity building in organizations in order to ensure nutrition and food security (NFS) efficiently and effectively.	22,326,117
SO8	2	Improve multi-sectoral NFS management and coordination systems.	2,490,000
SO10	3	Improve nutrition surveillance data systems, conduct scientific research, and perform monitoring and evaluation (M&E) of NNSPA implementation and adoption.	7,041,158
SO11	4	Increase NFS support and investment.	585,000
		Total multi-sectoral budget	**32,442,275**
		10 Health sector	
SO1	5	Provide micronutrients, vitamins, and multi-micronutrient powder (MNP). Create an overall needs plan for all products and medicines related to nutrition. Procure, deliver, and distribute. Integrated MNCH services, immunizations, storage management and inventory inspections and reporting (iron, vitamin A, deworming tablets, MNP, zinc, vitamin B1, and others).	17,668,203
SO2	6	Deworming	3,225,728
SO1	7	Provide iodized salt, achieving full coverage. Promote the consumption of iodized salt and micronutrient fortified foods. Procure, deliver, and distribute potassium iodate, basic testing equipment, and the necessary chemicals. Improve monitoring systems. Inspect quality. Evaluate and declare the eradication of iodine deficiency by 2020.	2,628,587
SO1	8	Promote exclusive breastfeeding for children from birth up until the age of six months and promote counseling for infant and child care.	60,212,971
SO1	9	Food supplements for pregnant and breastfeeding women.	33,543,106

SO1	10	Food supplements for children under the age of two years.	7,537,609
SO2	11	Improve food quality and safety.	1,047,124
SO1	12	Control severe malnutrition, to include the provision of therapeutic food supplements for treatment at medical treatment facilities and in communities.	9,960,797
SO5	13	Bring about a change in practices related to nutrition through multi-stakeholder participation.	24,339,071
SO6	14	Strengthen clean water systems in health centers, communities, households, and schools.	14,270,118
		Total health sector budget	**174,433,284**
		4 agriculture sector budgets	
SO1,SO9,SO10	15	Increase the cultivation of crops of high nutritional value and high nutrient levels.	44,861,691
SO3, SO9	16	Produce and promote animal meat which has protein for household consumption (for example, poultry, fish, and other aquatic life). In doing so, provide the necessary materials, equipment, and infrastructure (for example: small-scale irrigation systems, agricultural service units, and so forth).	49,495,786
SO9	17	Build facilities to cater for post-harvest produce (including food dehydrators and food storage facilities) and apply technology in the processing and preservation of food so that it may remain safe and nutritious in order to ensure food security all year round.	22,045,506
SO2, SO10	18	Promote income generating activities, such as the cultivation of crops, non-timber forest products (NTFPs), and traditional medicines and foods to build household incomes.	27,787,148
		Total agriculture sector budget	**144,190,131**
		4 education sector budgets	
SO1,SO9,SO10	19	Provide food in schools.	45,270,054
SO3,SO9,SO10	20	Promote vegetable gardens in schools.	6,879,550
SO4, SO9	21	Integrate nutrition into curricula.	7,758,000
SO2,SO9, O10	22	Distribute deworming tablets and iron supplements in schools.	153,000
		Total education sector budget	**60,060,604**
		Priority 2 Interventions	
SO2	23	Promote immunizations (based on the Expanded Program on Immunization (EPI).	
SO2	24	Prevent and control diarrhea.	
SO2	25	Prevent malaria and dengue fever (based on the Five-Year Strategic Plan to Combat Malaria and Dengue Fever).	

SO2	26	Prevent and control malnutrition associated with HIV/AIDS and tuberculosis (based on the Five-Year Plan to Combat AIDS).	
SO5	27	Family planning (FP) (based on the Five-Year Mother and Child Plan).	
SO7	28	Improve access to health and nutrition services.	
SO6	29	Promote health impact assessments (HIAs) and adapt to climate change.	226,280
		Total Priority 2 budget	**226,280**
Health sector			***174,659,565***
Multiple relevant stakeholder			***32,442,275***
Agriculture			***144,190,131***
Education			***60,060,604***
GRAND TOTAL			**411,352,576**

Strategic Objectives (SOs)	Interventions		Total cost
	Total	Priority 1	
Strategic Direction 1: Address immediate causes			
SO1: Improve nutrient intake.	7	7	169,705,697
SO2: Prevent water-, food-, and vector-borne diseases.	7	3	4,425,852
Strategic Direction 2: Address underlying causes.			
SO3: Produce food so that it is available for consumption.	3	3	32,340,042
SO4: Improve access to nutritious food.	2	2	23,585,148
SO5: Improve mother and child care practices.	2	1	24,339,071
SO6: Improve clean water [systems and practices], sanitation, and environments.	2	1	14,496,398
SO7: Improve access to health and nutrition services.	1	N/A[1]	N/A[1]
Strategic Direction 3: Address basic causes.			
SO8: Improve institutions and coordination.	2	2	6,064,481
SO9: Improve human capacities.	1	1	100,598,734
SO10: Increase the quantity and quality of information.	1	1	31,645,858
SO11: Increase investments in nutrition.	1	1	4,151,293
Strategic Direction 4: Linkages with other stakeholders			
GRAND TOTAL	**29**	**22**	**411,352,576**

[1] N/A Budget to be calculated in accordance with relevant program(s)

Part 2
Implementation Framework

This is the main part of the NPAN and consists of twelve columns, each column detailed as follows:

Column 1: SO number
Column 2: The intervention number
Column 3: Activity number
Column 4: Area of implementation and intervention
Column 5: Target group
Columns 6&7: Outcomes and coverage indicators (current and 2020 forecasts)
Column 8: Intervention priority
Column 9: Evaluation period
Column 10: Total expected budget requirement for 2016-2020 (five years)
Column 11: Main government sectors responsible
Column 12: Main development partners responsible

Figure 1: NPAN framework structure

1	2	3	4	5	7		8	9	10	11	12
SO	Intervention	Activity	Intervention / activity group	Target group	Outcome / coverage indicator		Priority	Evaluation period	2016 – 2020	Main entities responsible*	
					Current	2020			Total costs	Relevant ministries	Development partners
	1		Provide micronutrients, vitamins, MNP, zinc, vitamin B1). Create an overall needs plan for all medicinal products related to nutrition. Procure, deliver, and distribute. Integrated MNCH services, immunizations, storage management and inventory inspections and reporting						$17,668,203		
			Indicator 1: % of children aged 6-59 months suffering from anemia (Hb<11g/dL)	Source: 2014 survey	41%	30%				MOH	UNICEF
			Indicator 2: Vitamin A distribution coverage among children aged 6-59 months	Source: 2012 LSIS	59%	>80%				MOH	UNICEF
			Indicator 3: % of under-5 children (CU_5s) with low blood retinol levels	Source: 2006 NNS	45%	10%				MOH	UNICEF
			Indicator 4: % of women aged 15-49 years suffering from iron deficiency (serum ferritin < 15µg/L)	Source: 2006 MICS III	22%*	15%				MOH	UNICEF
			Indicator 5: % of women of reproductive age (WRA) suffering from anemia (Hb < 12g/dL)	Source: 2006 MICS III	36%*	23%				MOH	UNICEF
			Indicator 6: % of pregnant women (or postpartum women) receiving at least 90 iron-folic acid (IFA)tablets	Source: 2012 LSIS	25%	75%				MOH	UNICEF
			Indicator 7: % of pregnant women suffering from anemia	No data	No data	30%				MOH	UNICEF
1	5	5.1	Develop and improve national instruments for the provision of the necessary micronutrients – deworming tablets, vitamins A and B1, iron, zinc, and MNP, and so forth and create annual needs plans.	Overall population	No data	80%	1	Short-term (2016-2018)	$1,678,25	MOH	WHO
1	5	5.2	Procure iron for pregnant women to take 1 tablet daily for a period of six months – the 2nd and 3rd trimesters (180 tablets) and for three months postpartum (90 tablets). Distribute these via both fixed and mobile service units by integrating the process into MNCH services, including periods during which health promotion campaigns are taking place in communities.	1. Priority: Pregnant and three-month postpartum women		80%	1	Short-term (2016-2018)	$2,051,107	MOH	UNICEF, WHO

The development partners will be reviewed annually as appropriate while we are all well aware that there is also participation from government organizations and non-governmental organizations (NGOs) Each row specifies clearly and in detail the overall responsibilities for the implementation of the interventions (including the coverage targets and indicators to measure the outcomes achieved within the timeframe).

Part 3
2016-2020 NPAN in Detail

SO 1: Improve Nutrient Intake											
SO	Intervention	Activity	Intervention / activity group	Target group	Outcome / coverage indicator		Priority	Evaluation period	2016 – 2020	Main entities responsible*	
					Current	2020			Total costs	Relevant ministries	Development partners
1	**5**		**Provide micronutrients, vitamins, and MNP. Create an overall needs plan for all products and medicines related to nutrition. Procure, deliver, and distribute. Integrated MNCH services, immunizations, storage management and inventory inspections and reporting (iron, vitamin A, deworming tablets, MNP, zinc, vitamin B1, and others).**						**$17,668,203**		
			Indicator 1: % of children aged 6-59 months suffering from anemia (Hb<11g/dL)	Source: 2014 survey	41%	30%				MOH	UNICEF
			Indicator 2: Vitamin A distribution coverage among children aged 6-59 months	Source: 2012 LSIS	59%	>80%				MOH	UNICEF
			Indicator 3: % of under-5 children (CU_5s) with low blood retinol levels	Source: 2006 NNS	45%	10%				MOH	UNICEF
			Indicator 4: % of women aged 15-49 years suffering from iron deficiency (serum ferritin < 15µg/L)	Source: 2006 MICS III	22%*	15%				MOH	UNICEF
			Indicator 5: % of women of reproductive age (WRA) suffering from anemia (Hb < 12g/dL)	Source: 2006 MICS III	36%*	23%				MOH	UNICEF
			Indicator 6: % of pregnant women (or postpartum women) receiving at least 90 iron-folic acid (IFA) tablets	Source: 2012 LSIS	25%	75%				MOH	UNICEF
			Indicator 7: % of pregnant women suffering from anemia	No data	No data	30%				MOH	UNICEF
1	5	5.1	Develop and improve national instruments for the provision of the necessary micronutrients – deworming tablets, vitamins A and B1, iron, zinc, and MNP, and so forth and create annual needs plans.	Overall population	No data	80%	1	ST(16-18)	$1,678,255	MOH	UNICEF ,WHO
1	5	5.2	Procure iron supplements for pregnant women to take 1	1. Priority:	No data	80%	1	ST(16-18)	$2,051,107	MOH	UNICEF,

SO 1: Improve Nutrient Intake											
SO	Intervention	Activity	Intervention / activity group	Target group	Outcome / coverage indicator		Priority	Evaluation period	2016 – 2020	Main entities responsible*	
					Current	2020			Total costs	Relevant ministries	Development partners
			tablet daily for a period of six months – the 2nd and 3rd trimesters (180 tablets) and for three months postpartum (90 tablets). Distribute these via both fixed and mobile service units by integrating the process into MNCH services, including periods during which health promotion campaigns are taking place in communities.	Pregnant and three-month postpartum women							WHO, JICA
1	5	5.3	Procure iron supplements for WRA aged 12-25 years in vulnerable areas for them to take one tablet daily. Create needs plans, procure, deliver, and distribute in communities and schools. Create summary reports.	Women aged 12-25 years	No data	80%	1	ST(16-18)	$981,084	MOH	WHO
1	5	5.4	Procure vitamin B1 supplements for pregnant women during the six months of their 2nd and 3rd trimesters and 3 months postpartum in vulnerable areas. Create needs plans, procure, deliver, and distribute via both fixed and mobile service units and also periods during which health promotion campaigns are taking place in communities.	Pregnant and postpartum women	No data	80%**	1	ST(16-18)	$7,833,142	MOH	UNICEF, WHO
1	5	5.5	Procure vitamin A supplements for CU_5s, distribute micronutrients, MNP, and other necessary supplements. Distribute via both fixed and mobile service units and integrate the process into MNCH services, also using health promotion campaigns taking place in communities, for distribution.	Children aged 6-59 months	59%	>80%**	1	ST(16-18)	$1,951,678	MOH	UNICEF, WHO
1	5	5.6	Provide MNP to be mixed into food processed in households.	Children aged 6-23 months	1%	25%	1	ST(16-18)	$4,838,924	MOH	UNICEF
1	5	5.7	Deliver vitamins and MNP – iron supplements, vitamin A, deworming tablets, MNP, zinc supplements, and vitamin B1 – from central through to provincial levels	Medical staff	N/A	N/A	1	ST(16-18)	$59,166	MOH	UNICEF, WHO
1	5	5.8	Deliver vitamins and MNP – iron supplements, vitamin A, deworming tablets, MNP, zinc supplements, and vitamin B1 – from provincial through to district levels	Medical staff	N/A	N/A	1	ST(16-18)	$31,356	MOH	UNICEF, WHO

SO 1: Improve Nutrient Intake											
SO	Intervention	Activity	Intervention / activity group	Target group	Outcome / coverage indicator		Priority	Evaluation period	2016 – 2020	Main entities responsible*	
					Current	2020			Total costs	Relevant ministries	Development partners
1	**7**		**Provide iodized salt, achieving full coverage. Promote the consumption of iodized salt and micronutrient fortified food. Procure, deliver, and distribute potassium iodate, basic testing equipment, and the necessary chemicals. Improve monitoring, quality inspection, and evaluation and declare the eradication of iodine deficiency by 2020.**						**$2,628,587**		
			Indicator 1: % of households consuming iodized salt	Source: 2006 MICS	89%	>90%				MOH	UNICEF
			Indicator 2: % of children enrolled in schools with urinary iodine excretion (UIE) levels of under 100µg/L	Source: 2012 LSIS	27%	13%				Health	UNICEF
1	7	7.1	Improve the revolving fund scheme for the procurement, delivery, and distribution of potassium iodate to salt factories and improve monitoring and reporting systems.	Lao Salt Producers' Group			1	ST(16-18)	$126,434	Industry and Commerce	UNICEF, USAID
1	7	7.2	Procure, deliver, and distribute the necessary testing equipment and chemicals for salt factories and customs checkpoints and improve monitoring and reporting systems.	Lao Salt Producers' Group			1	ST(16-18)	$395,990	MOH	UNICEF, USAID
1	7	7.3	Disseminate and effectively enforce the regulations and laws for the promotion of iodized salt	General public			1	ST(16-18)	$593,985	MOH	UNICEF, USAID
1	7	7.4	Review and improve measures and the implementation of external quality testing systems to enhance the production, transportation, and distribution of iodized salt	General public			1	ST(16-18)	$84,855	MOH	UNICEF, USAID
1	7	7.5	Implement the internal quality testing systems of salt factories and related sectors so that such systems are stronger and to ensure the production, transportation, and distribution of iodized salt and test salt iodine levels on a regular basis.	Lao Salt Producers' Group			1	ST(16-18)	$565,700	MOH / Industry and Commerce	UNICEF, USAID
1	7	7.6	Implement processes and declare the country free of	General public			1	ST(16-18)	$424,275	MOH	UNICEF,

SO 1: Improve Nutrient Intake											
SO	Intervention	Activity	Intervention / activity group	Target group	Outcome / coverage indicator		Priority	Evaluation period	2016 – 2020	Main entities responsible*	
					Current	2020			Total costs	Relevant ministries	Development partners
			iodine deficiency.								USAID
1	7	7.7	Survey the situation with regard to iodized saltavailability and iodine deficiency in pregnant women and students.	Pregnant women and primary schoolchildren			1	ST(16-18)	$200,000	MOH	UNICEF, USAID
1	7	7.8	Develop a working framework along with relevant legislation concerning micronutrient fortified food	General public			1	ST(16-18)	$237,347	MOH	UNICEF, USAID
1	**8**		**Promote exclusive breastfeeding for the first six months of life and promote counseling for infant and child care.**						**$60,212,971**		
			Indicator 1: % of children exclusively breastfed for the first six months of life	Source: 2012 LSIS	40%	50%				MOH	UNICEF
			Indicator 2: % of children who breastfeed within the first hour after birth	Source: 2012 LSIS	39%	50%				MOH	UNICEF
			Indicator 2: % of children aged 6-23 months who receive complementary foods	Source: 2012 LSIS	70%	95%				MOH	UNICEF
			Indicator 3: % of children aged 6-23 months who receive at least three meals a day of complementary foods.	Source: 2012 LSIS	37%	>80%				MOH	UNICEF
			Indicator 4: % of children aged 6-23 months who receive a variety of complementary foods	Source: 2012 LSIS	16%	>50%				MOH	UNICEF
1	8	8.1	Improve and enforce legislation concerning the marketing of breast milk substitutes and food for infants and children	The entire population	N/A	N/A	1	LT(16-25)	$49,620,814	MOH	UNICEF, WHO
1	8	8.2	Create and implement plans to promote exclusive breastfeeding for children from birth up to the age of six months and promote counseling for infant and child care.	Mothers with children < two years	No data	80%	1	LT(16-25)	$5,770,142	MOH	UNICEF, WHO
1	8	8.3	Procure and provide basic equipment and vehicles for service units to use in their operations to promote exclusive breastfeeding and to promote counseling for infant and child care and for the monitoring of child growth.		1%	1%	1	ST(16-18)	$865,913	MOH	UNICEF, WHO

SO 1: Improve Nutrient Intake											
SO	Intervention	Activity	Intervention / activity group	Target group	Outcome / coverage indicator		Priority	Evaluation period	2016 – 2020	Main entities responsible*	
					Current	2020			Total costs	Relevant ministries	Development partners
1	8	8.4	Procure and provide food processing equipment for communities and service facilities for use in their promotion of breastfeeding and provision of counseling for infant and child care.		0%	0%	1	ST(16-18)	$3,956,102	MOH	UNICEF, WHO
1	8	8.5	Improve hospital conditions with respect to mothers and children and transform such work into one of the hospital health services which is to see improved conditions while also improving M&E systems.	Hospitals	18%	60%	1	LT(16-25)	Associated with SO1, Activity 9.1	MOH	UNICEF, WHO
1	8	8.6	Train medical staff at all levels, including village doctors, village health volunteers (VHVs), and village Lao Women's Union (LWU) units so that they promote breastfeeding and provide counseling on infant and child care. Perform regular M&E.	Medical staff, VHVs, and village LWU units			1	LT(16-25)	Associated with SO1, Activity 9.1	MOH	UNICEF, WHO
1	**9**		**Food supplements for pregnant and breastfeeding women**						**$33,543,106**		
			Indicator 1: % of pregnant and breastfeeding women receiving food supplements	Pregnant and breastfeeding women in vulnerable areas	No data	>75%					WFP
1	9	9.1	Provision of food supplements to pregnant and breastfeeding women when receiving prenatal care, childbirth services, postpartum checkups, and immunizations in vulnerable areas				1	LT(16-25)	$33,543,106	MOH	WFP
1	**12**		**Control severe acute malnutrition, provide therapeutic food for treatment at health service facilities and in communities.**						**$9,960,767**		
			Indicator 1: % of CU_5s suffering from moderate acute malnutrition	Source: 2012 LSIS	6.0%	5.0%				MOH	WHO
			Indicator 2: % of CU_5s suffering from severe acute malnutrition (SAM)	Source: 2012 LSIS	1.4%	1.0%				MOH	WHO

SO 1: Improve Nutrient Intake											
SO	**Intervention**	**Activity**	**Intervention / activity group**	**Target group**	**Outcome / coverage indicator**		**Priority**	**Evaluation period**	**2016 – 2020**	**Main entities responsible***	
					Current	**2020**			**Total costs**	**Relevant ministries**	**Development partners**
1	12	12.1	Review and improve instruments to control cases of severe and moderate acute malnutrition.	CU_5s	Not improved	Improved	1	ST(16-18)	$839,128	MOH	WHO
1	12	12.2	Ensure consistent implementation nationwide of the identification of children suffering from acute malnutrition. Monitor the growth of CU_5s and refer children consistently with the instructions for case management.	CU_5s	0%	80%	1	ST(16-18)	$16,519	MOH	WFP
1	12	12.3	Treat and manage all cases of acute malnutrition in communities. Cases of children suffering from SAM are to be referred to medical units with the necessary facilities.	CU_5s			1	ST(16-18)	$3,394,201	MOH	WFP
1	12	12.4	Treat and manage cases of SAM in medical treatment facilities and follow up.	CU_5s	1% (SAM CU_5s)	45%	1	ST (16-18)	$5,710,919	MOH	WFP
1	12	12.5	Provide nutritional food supplements (give things which are enticing to eat and provide food to treat cases of acute malnutrition in children aged 6-59 months).	Children aged 6-59 months suffering from malnutrition	0%	20%	1	ST(16-18)	Associated with Activities 10.1	MOH	WFP
1	12	12.6	Provision of food in emergency situations	Areas affected by natural disasters	0%	100%	1	ST(16-18)	Associated with Activity 10.1	MOH	WFP
1	**10**		**Food supplements for children under the age of two years**						**$7,537,609**		
			Indicator 1: % of children < two years receiving food supplements		None	0%					WFP
			Indicator 2: Chronic malnutrition rate (stunting: below height standards) in CU_5s		44%	34%					WFP
			Indicator 3: Rate of malnutrition of the type that results in CU_5s being underweight		27%	17%					WFP
			Indicator 4: % of overweight CU_5s		2%	≤2%					WFP

SO 1: Improve Nutrient Intake											
SO	Intervention	Activity	Intervention / activity group	Target group	Outcome / coverage indicator		Priority	Evaluation period	2016 – 2020	Main entities responsible*	
					Current	2020			Total costs	Relevant ministries	Development partners
1	10	10.1	Provision of food supplements to children aged 6-23 months	Children aged 6-23 months	0%	80%	1	LT(16-25)	$7,537,609		WFP
1	19		Provision of food in schools						$38,154,454		
			Indicator 1: % of schools (kindergartens, primary, secondary) in poor districts where food is provided in schools	Kindergartens and primary and secondary schools in poor districts	20%	50%					
			Indicator 2: % of girl and boy students with access to nutritious food at schools on at least 80% of the days on which they attend	Girl and boy students at the target schools	40%	100%					
1	19	19.5	Provision of food in 2,349 target schools in 2,326 villages, exclusive of schools in focus areas	2,349 schools			1	LT(16-25)	$27,976,017	IEC, DPPE, MOH, MAF provinces, districts, schools, GoL, students	WFP, CRS, EDF
1	19	19.6	Provision of food in 517 schools exclusively in 64 focus points in 56 districts	517 schools	0%	0%	1	LT(16-25)	$10,178,438	IEC, DPPE, MOH, MAF provinces, districts, schools, GoL, students	WFP, CRS, EDF

SO2: Prevent water-, food-, and vector-borne diseases											
SO	Intervention	Activity	Intervention / activity group	Target group	Outcome / coverage indicator		Priority	Evaluation period	2016 – 2020	Main entities responsible*	
					Current	2020			Total costs	Relevant ministries	Development partners
	2		**Deworming**						**$3,225,728**		
			Indicator 1: % of children aged 12-59 months who have received deworming tablets	Source: 2014 HMIS	90%	>95%				MOH	UNICEF
2	6	6.1	Launch a national process for consistent deworming (in place of mobilization of the public to distribute deworming tablets in their own communities)	Children aged 15 years, primary schoolchildren, and WRA	94%	95%	1	MT(16-20)	$1,398,546	MOH	EU, UNICEF, USAID
2	6	6.2	Procure and provide deworming tablets to CU_5s, distributing them via both fixed and mobile service facilities by integrating them into MNCH services, including periods during which health promotion campaigns are taking place in communities	Children aged 15 years, primary schoolchildren, and WRA	0%	0%	1	MT(16-20)	$282,017	MOH	EU, UNICEF, USAID
2	6	6.3	Procure deworming tablets for women in their 2nd and 3rd trimesters of pregnancy and postpartum (in vulnerable areas): Create needs plans, procure, deliver, and distribute these along with iron supplements at both fixed and mobile service facilities and integrate this into MNCH services in communities. Create summary reports.	Women in their 2nd and 3rd trimesters of pregnancy and postpartum women	0%	0%	1	MT(16-20)	$1,545,165	MOH	EU, UNICEF, USAID
2	**22**		**Distribution of deworming tablets and iron supplements in schools**						**$153,000**		
			Indicator 1: % of schools distributing deworming tablets and iron supplements on a weekly basis	Target schools		75%				MOES	
			Indicator 2: % of schools receiving deworming tablets and iron supplements on a weekly basis in time [for them to be distributed on schedule]	Target schools		100%				MOES	
			Indicator 3: % of students receiving deworming tablets	Primary and lower-secondary students		100%				MOES	

SO2: Prevent water-, food-, and vector-borne diseases											
SO	Intervention	Activity	Intervention / activity group	Target group	Outcome / coverage indicator		Priority	Evaluation period	2016 – 2020	Main entities responsible*	
					Current	2020			Total costs	Relevant ministries	Development partners
			Indicator 4: % of secondary school girls receiving iron supplements	Secondary students		100%				MOES	
2	22	22.2	Distribution of deworming tables and iron supplements to primary and lower-secondary students				1	MT(16-20)	$153,000	DPPE, secondary schools,	UNICEF
	7		**Improve food quality and safety.**						**$1,047,124**		
			Indicator 1: New cases of food-borne diseases							MOH	FAO
2	11	11.1	Develop a working framework and legislation concerning food safety.	General public			1	MT(16-20)	$419,564	MOH	FAO
2	11	11.2	Strengthen the capacity for food and water inspection and analysis (including lab testing)	General public	40%	80%	1	MT(16-20)		MOH	FAO
2	11	11.3	Monitor and inspect contaminated food and perform surveillance of food-borne diseases.	General public	30%	80%	1	MT(16-20)		MOH	WHO
2	11	11.4	Boost and provide knowledge on food and water safety.	General public	40%	80%	1	ST(16-18)		MOH	FAO
2	11	11.5	Implement good agricultural practices (GAP), good hygiene practices (GHP), and good manufacturing practices (GMP) in food processing through the provision of hazard analysis critical control point (HACCP) training.	Persons engaging in food production and processing	60%	80%	1	ST(16-18)	$226,280	Ministry of Industry and Comerce	FAO
2	11	11.6	Build and promote awareness on consumer rights and safe and healthy foods.	General public	No data	80%	1	ST(16-18)		Ministry of Industry and Comerce	FAO
2	11	11.7	Inspect the quality of food and food products	Producers	No data	90%	1	MT(16-20)	$226,280	MOH	UNICEF
2	11	11.8	Provide training on food safety to medical staff, teachers, and communities.	Medical staff, teachers, and communities			1	MT(16-20)	$75,000	MOH	UNICEF
2	11	11.9	Monitor and inspect food safety in schools.	Schools			1	MT(16-20)	$50,000	MOH	UNICEF
2	11	11.10	Monitor and inspect the safety and hygiene of food sold on roadsides and in restaurants, hotels, stores, markets, and communities.	Food sold on roadsides and in restaurants,			1	MT(16-20)	$50,000	MOH	UNICEF

SO2: Prevent water-, food-, and vector-borne diseases											
SO	Intervention	Activity	Intervention / activity group	Target group	Outcome / coverage indicator		Priority	Evaluation period	2016 – 2020	Main entities responsible*	
					Current	2020			Total costs	Relevant ministries	Development partners
				hotels, stores, markets, and communities							
	23		**Promote immunizations (refer to EPI sub-program)**								
			Indicator 1: % of children < 1 year vaccinated against DPTHepBHIB3	2012 LSIS	51%	95%				MOH	WHO
			Indicator 2: % of children < 1 year vaccinated against measles	Not available	55%	95%				MOH	WHO
2	23	23.1	Expansion of mobile immunization units for target populations (including promotion for health and nutrition during the immunization process)	Children <1 year and WRA			2	ST(16-18)	Based on the EPI program	MOH	WHO, UNICEF, GAVI, JICA, Lao LUX
2	**24**		**Diarrhea prevention and control**								
			Indicator 1: % of CU_5s suffering from diarrhea	CU_5s	12%	TBD				MOH	WHO
			Indicator 2: % of CU_5s suffering from diarrhea who receive oral rehydration therapy (ORT)	CU_5s	57%	90%				MOH	WHO
2	24	24.1	Use of education on health and nutrition concerning diarrhea (in association with SO5 and based on the Five-Year MNCH Strategic Plan)*	General public			2	LT(16-25)	Associated with SO5 and based on the Five-Year MNCH Strategic Plan	MOH	WHO, UNICEF, JICA, INGOs
2	24	24.2	Promotion of ORT, especially using ORS (based on the Five-Year MNCH Strategic Plan)	CU_5s			2	LT(16-25)	Associated with SO5 and based on the Five-Year MNCH Strategic Plan	MOH	WHO, UNICEF, JICA, INGOs
2	24	24.3	Promotion of the provision of zinc supplements when children	CU_5s			2	LT (2016-	Associated	MOH	WHO,

SO2: Prevent water-, food-, and vector-borne diseases											
SO	Intervention	Activity	Intervention / activity group	Target group	Outcome / coverage indicator		Priority	Evaluation period	2016 – 2020	Main entities responsible*	
					Current	2020			Total costs	Relevant ministries	Development partners
			have diarrhea (associated with SO1)					2025)	with SO1		UNICEF, JICA, INGOs
2	**25**		**Prevention of malaria and dengue fever (based on the Five-Year Strategic Plan to Combat Malaria and Dengue Fever)***								
			Indicator: % of CU_5s who slept under insecticide treated mosquito nets last night	2012 LSIS	43%	TBD				MOH	WHO
			Indicator: % of CU_5s who slept under insecticide treated mosquito nets last night	2006 MICS	15%	TBS				MOH	WHO
2	25	25.1	Insecticide treated mosquito nets (provision, promotion, correct use) (based on the Five-Year Strategic Plan to Combat Malaria and Dengue Fever)*	Households	81%	81%	2	ST(16-18)	Based on the Five-Year Strategic Plan to Combat Malaria and Dengue Fever	MOH	WHO
2	25	25.2	Provide health education and nutrition to support the prevention of malaria and dengue fever (based on the Five-Year Strategic Plan to Combat Malaria and Dengue Fever)	The entire population	No data	TBD	2	ST(16-18)	Based on the Five-Year Strategic Plan to Combat Malaria and Dengue Fever	MOH	WHO
2	**26**		**Prevent and control malnutrition associated with HIV/AIDs and tuberculosis (based on the Five-Year Plan to Combat AIDS)**								
			Indicator 1: % of pregnant women coming in to receive services	Pregnant	No data	50%				MOH	UNICEF

SO2: Prevent water-, food-, and vector-borne diseases											
SO	Intervention	Activity	Intervention / activity group	Target group	Outcome / coverage indicator		Priority	Evaluation period	2016 – 2020	Main entities responsible*	
					Current	2020			Total costs	Relevant ministries	Development partners
			at prenatal care facilities who are tested for HIV and receive counseling for prevention of mother-to-child transmission (PMCT)	women							
			Indicator 2: % of HIV+ pregnant women coming in to receive services and prenatal care facilities who receive medicine	HIV+ pregnant women	No data	90%				MOH	UNICEF
			Indicator 2: % of children born to HIV+ mothers who receive antiretroviral therapy (ARV)	HIV+ children	No data	100%				MOH	UNICEF
2	26	26.1	Provide and promote the use of tools to provide nutritional care for persons infected with AIDS / pregnant and breastfeeding women (associated with mother and child subprogram and subprogram to prevent and combat HIV/AIDS)****	Persons infected with AIDS / pregnant and breastfeeding women			2	ST (16-18)	Based on Five-Year Plan to combat AIDS	MOH	WFP
2	26	26.2	Provide counseling on infant feeding for mothers infected with AIDS and children born to infected mothers (associated with mother and child subprogram and subprogram to prevent and combat HIV/AIDS)****	Mothers and WRA infected with AIDS	No data	50%	2	ST (16-18)	Based on Five-Year Plan to combat AIDS	MOH	UNICEF
2	26	26.3	Identify, treat, and control cases of malnutrition in children infected with AIDS (associated with mother and child subprogram and subprogram to prevent and combat HIV/AIDS)****	Children infected with AIDS	No data	100%	2	ST (16-18)	Based on Five-Year Plan to combat AIDS	MOH	
2	26	26.4	Promote prevention of non-communicable diseases (NCDs): tuberculosis, AIDS, diabetes, cardiovascular diseases (based on program to control NCDs)				2	ST (16-18)	Based on Five-Year Plan to combat AIDS	MOH	

SO 3: Produce Food so That It Is Available for Consumption											
SO	Intervention	Activity	Intervention / activity group	Target group	Outcome / coverage indicator		Priority	Evaluation period	2016 – 2020	Main entities responsible*	
					Current	2020			Total costs	Relevant ministries	Development partners
3	**15**		**Increase the cultivation of crops which have high nutritional value.**						**$19,244,923**		
			Indicator 1: Rate of daily consumption of homegrown vegetables and/or purchased vegetables and crops (including vegetable oil) in the target households	Target households	None	75%					
3	15	15.1	Make preparations at community level (including needs assessments).	Rural households		75%	1	MT(16-20)	$1,074,790	MAF	FAO, EU, IFAD
3	15	15.3	Provide cultivars, seedlings, and seeds.	Rural households		75%	1	MT(16-20)	$5,191,467	MAF	FAO, EU, IFAD
3	15	15.4	Provide agricultural tools (including small-scale irrigation systems for vegetable gardens).	Rural households		75%	1	MT(16-20)	$12,978,667	MAF	FAO, EU, IFAD
3	**20**		**Promote vegetable gardens in schools.**						**$462,550**		
			Indicator 1: % of target schools teaching about vegetable gardens	Target schools		100%					
			Indicator 2: % of target schools with vegetable gardens	Target schools	20%	100%					
3	20	20.2	Provide seeds and equipment and implement the operation of vegetable gardens in schools			0%	1	MT(16-20)	$462,550	IEC, MAF, MOH, provinces, districts, schools, GoL, students	WFP, CRS, EDF, PLAN
3	**16**		**Produce and promote meat protein for household consumption (eg. poultry, fish, and other aquatic life). Provide materials and equipment for production along with the necessary basic infrastructure (eg. small-scale irrigation, agricultural service units, and so forth).**						**$12,632,569**		
			Indicator 1: Rate of daily consumption of household-produced animal protein among all members of the target households	Target households	None	75%					
3	16	16.3	Provide baby poultry and baby fish (3,000 baby fish per household	Rural		75%	1	MT(16-20)	$12,632,569	MAF	FAO, EU, IFAD

SO 3: Produce Food so That It Is Available for Consumption											
SO	Intervention	Activity	Intervention / activity group	Target group	Outcome / coverage indicator		Priority	Evaluation period	2016 – 2020	Main entities responsible*	
					Current	2020			Total costs	Relevant ministries	Development partners
			at the price of 300 kip per baby fish) and baby frogs (500 baby frogs per household at the price of 500 kip per baby frog). raise crickets at household level (500,000 kip per household). Provide equipment and vaccines for the livestock of the target households.	households							

SO4: Improve Access to Nutritious Food											
SO	Intervention	Activity	Intervention / activity group	Target group	Outcome / coverage indicator		Priority	Evaluation period	2016 – 2020	Main entities responsible*	
					Current	2020			Total costs	Relevant ministries	Development partners
4	**17**		**Build post-harvest facilities (including food dehydrators and food storage facilities) and apply technology to food processing, preservation, and storage so that it remains safe and nutritious as a means of ensuring food availability all year round.**						**$17,095,815**		
			Indicator: Rate of harvest and food processing by target households for all food groups	Target households	None	75%					
4	17	17.1	Techniques for the dehydration of agricultural products. Training in food processing		0%	75%	1	MT(16-20)	$5,656,790	MAF	FAO, EU, IFAT
4	17	17.2	Provision of equipment for food processing and preservation for villages		0%	75%	1	MT(16-20)	$4,949,691	MAF	FAO
4	17	17.3	Prevention of food losses and warehouse improvements		0%	75%	1	MT(16-20)	$6,489,333	MAF	FAO
4	**18**		**Promote income generating activities, such as the cultivation of crops, NTFPs, and traditional medicines and foods, to build household incomes.**						**$6,489,333**		
			Indicator 1: Rate of consumption of food from forests (such as NTFPs, meat, and fish) among the target households (all members)	Target households	None	50%					
4	18	18.4	Create a specific NTFP seed center as a seed provision facility.		0%	75%	1	MT (16-20)	$6,489,333	MAF	FAO

SO 5: Improve mother and child care practices											
SO	Intervention	Activity	Intervention / activity group	Target group	Outcome / coverage indicator		Priority	Evaluation period	2016 – 2020	Main entities responsible*	
					Current	2020			Total costs	Relevant ministries	Development partners
5	**13**		**Bring about a change in practices – nutrition education with the participation of multiple stakeholders.**						**$24,339,071**		
			Indicator 1: Based on the indicators stated in the interventions	Source: LSIS	27%						WHO
			Indicator 2: % of overweight CU_5s	Source: LSIS	≤2						WHO
5	13	13.1	Develop and review health education publicity tools and media to bring about a change in practices. These should be in both Lao and local languages and aimed at supporting implementation and give broad support to nutrition or provide support centered around specific focus points.	The entire population			1	ST(16-18)	$1385,966	MOH, MAF, ES	UNICEF, WB, IFAD, WFP, WHO
5	13	13.2	Provide education on nutrition via the mass media and all forms of publicity to bring about a change in practices in order to support implementation and give broad support to nutrition or provide support centered around specific focus points.	The entire population			1	ST(16-18)	$17,126,914	MOH, MAF, ES	UNICEF, WB, IFAD, WFP, WHO
5	13	13.3	Raise awareness in order to bring about a change in practices in order to promote healthy living.	The entire population			1	ST(16-18)	Associated with SO1 activities 9.1	MOH, MAF, ES	UNICEF, WB, IFAD, WFP, WHO
5	13	13.4	Disseminate media on nutrition via mass organizations: the LWU, the Central Lao Front for National Construction (LFNC), and others.	The entire population			1	ST(16-18)	$5,551,216	MOH, MAF, ES	UNICEF, WB, IFAD, WFP, WHO
5	13	13.5	Provide education on hygiene and environmental protection practices (promote toilet use and a reduction in open defecation through community responsibility and promote hand washing with soap).	The entire population			1	ST(16-18)	$274,976	MOH, MAF, ES	UNICEF, WB, IFAD, WFP, WHO
5	27		**FP (based on the Strategic Plan for Mothers and CU_5s)**								
5	27	27.1	Education on nutrition, health, and FP, specifically for newly wedded couples (based on the mother and child subprogram)****	Newly wedded couples	40%	80%	2	ST(16-18)	Based on the Five-Year Strategic Plan for Mothers and Children	MOH	UNFPA

SO6: Improve clean water [systems and practices], sanitation, and environments											
SO	Intervention	Activity	Intervention / activity group	Target group	Outcome / coverage indicator		Priority	Evaluation period	2016 – 2020	Main entities responsible*	
					Current	2020			Total costs	Relevant ministries	Development partners
6	**14**		**Strengthen clean water systems in households, communities, health service facilities, and schools (based on the Five-Year Plan for Clean Water and Environmental Hygiene)**						**$14,270,118**		
			% of households using household water treatment (HWT) for clean and safe drinking water	LSIS 2012	53%	70%				MOH	UNICEF
			% of households using clean water sources	LSIS 2012	70%	90%				MOH	WB
			% of households using toilets	LSIS 2012	60%	75%				MOH	WB
			% of the population practicing open defecation	LSIS 2012	38%	18%					
			% of the population washing their hands with soap	WASH TWG	25%	50%				MOH	UNICEF
			% of the primary schools using clean water and toilets	WASH TWG	52%	65%					
			% of health service facilities using clean water and toilets	WASH TWG	75%	80%					
6	14	14.1	Manage water in households by promoting the HWT to make water clean and safe and ensure clean water is stored safely in the household.	General public	53%	70%	1	LT(16-25)	$12,721,715	MOH, NCRDPE, PWT	UNICEF, WSP, WHO, INGOs
6	14	14.2	Improve water sources and water supply systems in rural communities.	General public			1	LT(16-25)	$32,474	MOH, NCRDPE, PWT	UNICEF, WSP, WHO, INGOs
6	14	14.3	Improve water supply systems used in health service facilities.	General public			1	LT(16-25)	$16,833	MOH, NCRDPE, PWT	UNICEF, WSP, WHO, INGOs
6	14	14.4	Improve school water supply systems.	General public			1	LT(16-25)	$20,541	MOH, ES, NCRDPE, PWT	UNICEF, WSP, WHO, INGOs
6	14	14.5	Provide health education on sanitation, environmental protection, and the promotion of toilet use.	General public	21% (mothers)	75%	1	LT(16-25)	Associated with Activity 14.1	MOH, ES, NCRDPE, PWT, MONRE	UNICEF, WSP, WHO, INGOs
6	14	14.6	Promote sanitation practices and hand washing with soap.	General public			1	LT(16-25)	$1,460,299	MOH, ES, NCRDPE, PWT	UNICEF, WSP, WHO, INGOs
6	14	14.7	Get communities to take responsibility for themselves with respect to sanitation in order to ensure the eradication of open	General public			1	LT(16-25)	$18,256	MOH, ES, NCRDPE,	UNICEF, WSP,WHO,

SO6: Improve clean water [systems and practices], sanitation, and environments											
SO	**Intervention**	**Activity**	**Intervention / activity group**	**Target group**	**Outcome / coverage indicator**		**Priority**	**Evaluation period**	**2016 – 2020**	**Main entities responsible***	
					Current	**2020**			**Total costs**	**Relevant ministries**	**Development partners**
			defecation.							LWU	INGOs
6	14	14.8	Provide toilets and water systems for rural communities.	General public			1	LT (16-25)	Associated with Activity 14.1	MOH, ES, NCRDPE, PWT	UNICEF, WSP,WHO, INGOs
6	14	14.9	Provide toilets to health service facilities.	General public			1	LT (16-25)	Associated with Activity 14.1	MOH, ES, NCRDPE, PWT	UNICEF, WSP,WHO, INGOs
6	14	14.10	Provide toilets to schools.	General public		50%	1	LT (16-25)	Associated with Activity 14.1	MOH, ES, NCRDPE, PWT	UNICEF, WSP,WHO,
6	14	14.11	Provide toilets to health service facilities, schools, and poor households.	Schools, health service facilities, and poor households	None	75%	1	LT (16-25)	Associated with Activity 14.1	MOH, ES, NCRDPE	UNICEF, WSP,WHO, INGOs
6	**29**		**Promote HIAs and adapt to climate change.**						**$226,280**		
6	29	29.1	Support the implementation of policies and legislation concerning HIAs for development projects	Persons implementing large projects	None	100%	2	LT (16-25)	$226,280	MOH, NRE, MPWT, IC	Private sector, WHO

SO7: Improve Access to Health and Nutrition Services											
SO	Intervention	Activity	Intervention / activity group	Target group	Outcome / coverage indicator		Priority	Evaluation period	2016 – 2020	Main entities responsible* Priority	
					Current	2020			Total costs	Relevant ministries	Development partners
7	**28**		**Improve access to health and nutrition services****								
7	28	28.1	Improve the nutrition services regularly integrated into the MNCH services at health services facilities (associated with the primary health care (PHC) subprogram).	CU_5s and mothers	0.19	TBD	2	LT(16-25)	Associated with the PHC subprogram	MOH	WHO, WB, ADB, JICA, UNFPA, UNICEF
7	28	28.2	Get communities to take responsibility for NFS in their communicates on a regular basis by collaborating with VHVs, birth assistants, the LWU, village doctors, village health committees (VHCs), and so forth (associated with the PHC subprogram)	CU_5s and WRA	20%	80%	2	LT(16-25)	Associated with the PHC subprogram	MOH, LWU	UN, donors, INGOs
7	28	28.3	Improve mobile health services in their integration of nutrition into their MNCH services and projects to integrate comprehensive services in communities (associated with the mother and child program and the PHC subprogram).	CU_5s and WRA	No data	TBD	2	LT(16-25)	Associated with the PHC subprogram	MOH	UN, donors, INGOs
7	28	28.4	Promote the implementation of free childbirth and CU_5 medical treatment (based on the mother and child subprogram).	Pregnant and postpartum women and CU_5s	None	80%	2	LT (16-25)	Associated with the PHC subprogram	MOH	WB, WHO, ADB, GAVI, Lao LUX, INGOs

** *Associated with budget in others subprogram*

SO 8: Improve Institutions and Coordination											
SO	Intervention	Activity	Intervention / activity group	Target group	Outcome / coverage indicator		Priority	Evaluation period	2016 – 2020	Main entities responsible* Priority	
					Current	2020			Total costs	Relevant ministries	Development partners
8	**1**		**Promote capacity building in institutions in order to ensure that NFS is provided efficiently and effectively.**						**$3,574,481**		
			Indicator 1: Number of relevant employees receiving training on nutrition								
8	1	1.1	Improve policies, legislation, and working frameworks which constitute nutrition strategies.				1	LT(16-25)	$839,128	MOH, MAF, ES, PI	UN, donors, IO, INGOs
8	1	1.4	Improve the capacities of institutions to strengthen the nutrition services network at all levels from central through to community levels.				1	LT(16-25)	$16,833	MOH, MAF, ES, PI	UN, donors, IO, INGOs
8	1	1.5	Strengthen food quality analysis.				1	LT(16-25)	$2,097,819	MOH, MAF, ES, PI	UN, donors, IO, INGOs
8	1	1.6	Build capacities in institutions which enable them to provide nutrition education and communications to bring about a change in practices				1	LT(16-25)	$620,701	MOH, MAF, ES, PI	UN, donors, IO, INGOs
8	**2**		**Improve NFS management and coordination across multiple sectors.**						**$2,490,000**		
			Indicator 1: Ensure coordination structures and institutions function to their fullest extent.							NSC	FAO, UNICEF
			Indicator 2: Operate a system of annual progress reports on NPAN implementation.							NSC	FAO, UNICEF
			Indicator 3: Proportion of target households participating in the implementation of the annual NFS improvement plans of District Agriculture Offices.	District Agriculture Offices	None	80%					
8	2	2.1	Improve multi-sectoral coordination mechanisms for the implementation of NFS activities at each level: Establish and operate provincial, district, and village coordination committees.				1	LT (16-25)	$490,000	MONRE, LNCCI	FAO, UNICEF
8	2	2.2	Strengthen national level coordination with multiple stakeholders for NFS.				1	LT (16-25)	$525,000	MONNRE ,LNCCI	FAO, UNICEF
8	2	2.3	Improve domestic-international NFS coordination.				1	LT (16-25)	$500,000	MONRE, NCC	FAO, UNICEF
8	2	2.4	Micro-planning for multi-stakeholder participatory NFS activities				1	LT (16-25)	$520,000	MONRE, NCC	FAO, UNICEF
8	2	2.5	Create systems to report on the outcomes achieved from the				1	LT (16-25)	$455,000	MONRE	FAO,

SO 8: Improve Institutions and Coordination											
SO	Intervention	Activity	Intervention / activity group	Target group	Outcome / coverage indicator		Priority	Evaluation period	2016 – 2020	Main entities responsible* Priority	
					Current	2020			Total costs	Relevant ministries	Development partners
			implementation of NFS plans to the National Nutrition Committee (NNC) Secretariat and to other sectors.							NCC	UNICEF

SO 9: Improve Human Capacities											
SO	Intervention	Activity	Intervention / activity group	Target group	Outcome / coverage indicator		Priority	Evaluation period	2016 – 2020	Main entities responsible* Priority	
					Current	2020			Total costs	Relevant ministries	Development partners
	1		**Improve human capacities**						**$92,840,736**		
9	1	1.3	Develop capacity building plans for NFS personnel .		0%	0%	1	LT(16-25)	$1,578,304	MOH, MAF, ES, PI	UN, donors. IO, INGOs
9	1	1.7	Provide training for trainers of personnel in all relevant stakeholders, focusing on NFS activities.	Relevant personnel	0%	0%	1	ST(16-18)	$2,307,603	MOH, MAF, ES, PI	UN, donors. IO, INGOs
9	1	1.8	Set up short-term training for nutrition administrators and managers from central through to district levels – 2 people per province and 1 person per district.	Relevant personnel	0%	0%	1	ST(16-18)	$738,239	MOH, MAF, ES, PI	UN, donors. IO, INGOs
9	1	1.9	Set up short-term training for nutrition service providers and training in the treatment of malnutrition at central-level hospitals through to district hospital 4 people per central hospital, 2 people per provincial hospital, and 1 person per to district hospital.	Relevant personnel	0%	100	1	ST(16-18)	$254,565	MOH, MAF, ES, PI	UN, donors. IO, INGOs
9	1	1.10	Set up short-term training to promote nutrition among medical staff and district and health center level, and for staff in multiple sectors – 1 person per district, 1 person per health center, and 1 person per village which lacks road access.	Relevant personnel	0%	2,700 people	1	ST(16-18)	$3,818,477	MOH, MAF, ES, PI	UN, donors. IO, INGOs
9	1	1.11	Integrate nutrition into the nursing and bachelor's degree medical doctor's curricula along with other faculties of the University of Health Sciences (UHS) and public health management school	Relevant personnel	0%		1	ST(16-18)	$300,000	MOH, MAF, ES, PI	UN, donors. IO, INGOs
9	1	1.15	Develop university-level curricula (bachelor's and master's degrees) and an NFS institute.	Universities	0%	Yes	1	MT(16-20)	$385,931	MOH	FAO
9	1	1.12	Long-term upgrade of domestic staff in NFS	Relevant personnel	0%	30 people	1	LT(16-25)	$135,768	MOH, MAF, ES, PI	UN, donors. IO, INGOs
9	1	1.13	Provide a long-term program to upgrade personnel overseas in NFS.	Relevant personnel	0%	20 people	1	LT(16-25)	$1,470,921	MOH, MAF, ES, PI	UN, donors. IO, INGOs
9	1	1.14	Provide short-term programs to upgrade personnel overseas (study tours, exchanges, seminars, trainings, and conferences).	Relevant personnel			1	ST(16-18)	$4,195,638	MOH, MAF, ES, PI	UN, donors. IO, INGOs
9	19	19.1	Capacity building for management and administration personnel	IEC, DPPE, MAF, provinces, disricts, schools, the GoL, and			1	LT(16-25)	$6,524,200	MOES	WFP, CRS, EDF

SO 9: Improve Human Capacities											
SO	Intervention	Activity	Intervention / activity group	Target group	Outcome / coverage indicator		Priority	Evaluation period	2016 – 2020	Main entities responsible* Priority	
					Current	2020			Total costs	Relevant ministries	Development partners
				students							
9	20	20.1	Strengthen capacities for the creation of vegetable gardens at provincial, district, and school levels (training, study tours of vegetable gardens, and the provision of food in schools).	IEC, DPPE, MAF, provinces, districts, schools, the GoL, and students			1	LT (16-25)	$6,417,000	MOES	WFP, WRS, EDF, PLAN
9	15	15.2	Improve and strengthen agricultural facilities so that they may provide cultivars and seedlings to provide fruit and seeds.	Agricultural facilities		75%	1	LT (16-25)	$4,828,064	MAF	FAO, EU, IFAD
9	15	15.5	Organize training on the cultivation of organic crops and mushrooms in vegetable gardens (including herbs, tools and equipment for this training) and on dealing with pests and provide basic training on nutrition in connection with agriculture.	Personnel and villagers		75%	1	MT (16-20)	$12,374,228	MAF	FAO, EU, IFAD
9	15	15.6	Organize study tours and exchanges on organic cultivation.	Personnel and villagers		75%	1	MT (16-20)	$3,464,784	MAF	FAO, EU, IFAD
9	16	16.2	Raise the capacities of personnel and communities (training in livestock raising, animal husbandry, fish and frog farming, and livestock disease prevention (including the provision of tools related to livestock raising and the prevention of various diseases).	Rural households		0%	1	MT (16-20)	$7,424,537	MAF	FAO, EU, IFAD
9	16	16.7	Strengthen institutions (procure computers, motorcycles, vehicles (automobiles), and desks).	Central, provincial, and district levels			1	MT (16-20)	$19,086,528	MAF	FAO, EU, IFAD
9	17	17.4	The Ministry of Agriculture and Forestry (MAF) shall provide technical support for the agriculture and forestry sector at provincial and district levels.				1	MT (16-20)	$4,949,691	MAF	FAO, EU, IFAD
9	18	18.2	Organize training for sustainable NTFP management.				1	MT (16-20)	$3,959,753	MAF	FAO, EU, IFAD
9	18	18.3	Study tours on good NTFP management				1	MT (16-20)	$2,969,815	MAF	FAO, EU, IFAD
9	18	18.5	Training on microfinance (including small-scale funds for villages)				1	MT (16-20)	$5,656,790	MAF	FAO, EU, IFAD
9	**21**		**Integrate nutrition into curricula.**						**$7,758,000**		

SO 9: Improve Human Capacities											
SO	**Intervention**	**Activity**	**Intervention / activity group**	**Target group**	**Outcome / coverage indicator**		**Priority**	**Evaluation period**	**2016 – 2020**	**Main entities responsible* Priority**	
					Current	**2020**			**Total costs**	**Relevant ministries**	**Development partners**
			Indicator 1: Number of curricula into which the topic of nutrition is integrated in the ordinary education stream, teacher training colleges, and non-formal education (NFE)	The ordinary education stream, teacher training colleges, NFE	0%	0%					
			Indicator 2: Number of schools teaching curricula into which nutrition has been integrated.	Target schools	20%	50%					
9	21	21.1	Review and develop curricula to incorporate nutrition, water, sanitation, and vegetable gardening (in the ordinary education stream, teacher training colleges, and NFE).	NCSR, DTT, MAF, MOH, DHE, TVED, colleges, provinces, districts, schools			1	LT(16-25)	$1,590,000	MOES	
9	21	21.2	Provide training for teachers in the teaching of curricula into which nutrition, water, sanitation, and vegetable gardening have been incorporated (in the ordinary education stream, teacher training colleges, and NFE).	NCSR, DTT, MOF, MOH, DHE, TVED, colleges, provinces, districts, schools			1	LT(16-25)	$6,168,000	MOES	

SO10: Improve the Quantity and Quality of Information											
SO	Intervention	Activity	Intervention / activity group	Target group	Outcome / coverage indicator		Priority	Evaluation period	2016 – 2020	Main entities responsible*	
					Current	2020			Total costs	Relevant ministries	Development partners
10	**3**		**Improve nutrition surveillance information systems, scientific research, and M&E for the NNSPA**						**$31,645,858**		
			Indicator 1: Nutrition surveillance systems being fully operational		No	Yes				MOH	FAO
10	3	3.1	Create NFS surveillance systems (including specific nutrition surveillance, databases, analyses, monitoring, summaries, and reporting) in all sectors within the coverage and indicators specified in the NNSPA.				1	ST(16-18)	$3,394,201	MOH	WHO, FAO
10	3	3.2	Consistently conduct surveys on the progress shown and the outcomes/indicators and impacts specified above in the NNSPA.				1	MT(16-20)	$1,800,000	MOH	WHO, FAO
10	3	3.3	Evaluate the work being performed for infant and young child feeding (IYCF) right from the outset of implementation through the micronutrient fortification of foods with support from the private sector for households which have children aged 6-59 months and by developing the State sector; and using plans to expand implementation for households with children aged 6-23 months.				1	MT(16-20)	$904,973	MOH	WHO, FAO
10	3	3.4	Develop national level NFS research plans involving the relevant sectors.				1	ST(16-18)	$600,000	MOH	WHO, FAO
10	3	3.5	Disseminate information (including progress made with the implementation and outcomes of surveys) which can form a basis for the scientific research performed during planning / management.				1	ST(16-18)	$126,983	MOH	FAO
10	3	3.6	Set up systems for reporting to the NNC Secretariat and various sectors on the outcomes achieved during the implementation of NFS plans.				1	LT(16-25)	$125,000	NRE, NCC	FAO
10	3	3.7	Develop a common result framework.				1	LT(16-25)	$90,000	MOH	FAO
10	19	19.2	Develop and improve M&E systems.	IEC,DPPE, MOH, MAF, provinces, districts, schools, the			1	LT(16-25)	$466,400	ES	WFP, CRS, EDF

SO10: Improve the Quantity and Quality of Information											
SO	Intervention	Activity	Intervention / activity group	Target group	Outcome / coverage indicator		Priority	Evaluation period	2016 – 2020	Main entities responsible*	
					Current	2020			Total costs	Relevant ministries	Development partners
				GoL, and students							
10	19	19.3	Data survey on the nutritional status of children in schools	IEC,DPPE, MOH, NAF, provinces, districts, schools, the GoL, and students			1	LT(16-25)	$75,000	ES	WFP, CRS, EDF
10	19	19.4	Impact group-specific assessment of implementation	IEC,DPPE, MOH, MAF, provinces, districts, schools, the GoL, and students			1	LT(16-25)	$50,000	ES	WFP, CRS, EDF
10	22	22.1	Data collection, databases, and request for deworming tablets and iron supplements	DPPE, secondary schools,provinces,districts,and schools			1	LT(16-25)	Associated with SO2, Activity 22.2	ES	UNICEF
10	22	22.3	M&E of the taking of deworming tablets and iron supplements by primary and lower-secondary students	AF, Department of Secondary Education,provinces, districts, and schools			1	LT(16-25)	Associated with SO2, Activity 22.2	ES	UNICEF
10	15	15.7	Field technical monitoring and support to provide technical support to the agriculture and forestry sector at provincial, district, and village level.	Provincial, district, and village agriculture bodies	0%	75%	1	MT (16-20)	$4,949,691	AF	FAO, EU, IFAD

SO10: Improve the Quantity and Quality of Information											
SO	Intervention	Activity	Intervention / activity group	Target group	Outcome / coverage indicator		Priority	Evaluation period	2016 – 2020	Main entities responsible*	
					Current	2020			Total costs	Relevant ministries	Development partners
10	16	16.1	Study needs at village level before implementing projects and assessing the final project outcomes.	Rural households			1	MT(16-20)	$2,206,148	AF	FAO, EU, IFAD
10	16	16.4	The MAF shall provide monitoring and technical support for the agriculture sector at provincial, district, and village level.	MAF, provinces, districts, and villages			1	MT(16-20)	$4,949,691	AF	FAO, EU, IFAD
10	16	16.5	District Agriculture and Forestry Offices (DAFOs) shall provide monitoring and support for the implementation of activities in villages (twice monthly).	Provincial and district personnel			1	MT(16-20)	$3,054,667	MAF	FAO, EU, IFAD
10	16	16.6	M&E (extraction of lessons learned, holding of meetings, and follow-up)	Central level			1	MT(16-20)	$141,646	MAF	FAO, EU, IFAD
10	18	18.1	Assessment of the results of needs analyses at village level prior to project implementation				1	MT(16-20)	$3,761,765	MAF	FAO, EU, IFAD
10	18	18.6	The MAF shall provide technical support to the agriculture sector at provincial and district level.				1	MT(16-20)	$4,949,691	MAF	FAO, EU, IFAD

SO11: Increase Investments in Nutrition										
SO	Intervention	Activity	Intervention / activity group	Target group	Outcome / coverage indicator		Priority	Evaluation period	2016 – 2020	Main entities responsible*	
					Current	2020			Total costs	Relevant ministries	Development partners
11	**4**		**Increase support and investment for NFS.**						**$4,151,293**		
11	1	1.2	Request support from [GoL/Party] leadership and State and private sector, international, and community donors.				1	LT(16-25)	$3,566,293	MOH	REACH Initiative
11	4	4.1	Increase investment into nutrition and safe food.				1	LT(16-25)	$75,000	MOH	REACH Initiative
11	4	4.2	Integrate NFS into the 8th NSEDP (to be included in the monitoring of is the 8th NSEDP and the 8th Five-Year Development Plans of the relevant sectors.				1	LT(16-25)	$40,000	MOH, MAF, ES, PI, Ministry of Finance (MOF)	UNICEF, FAO
11	4	4.3	Prioritize investment into food security.				1	LT(16-25)	$50,000		REACH Initiative
11	4	4.4	Mobilize capital domestically and internationally for use in food security.				1	LT(16-25)	$70,000	MOH, MAF, ES, PI, MOF	REACH Initiative
11	4	4.5	Study the feasibility of special joint NFS investment mechanisms.				1	LT(16-25)	$150.000	MOH, MAF, ES, PI, MOF	REACH Initiative
11	4	4.6	Promote private businesses, private sector investment, and marketing into food security, including clean food, crop cultivation, and so forth.				1	LT(16-25)	$200,000	MOH, MAF, ES, PI, MOF	Private sector

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By cooperation with FAO, UNICEF, EU, MQSUN and UN network