



Lao People's Democratic Republic
Peace Independence Democracy Unity Prosperity

National Plan of Action on Nutrition 2010 - 2015

TABLE OF CONTENTS

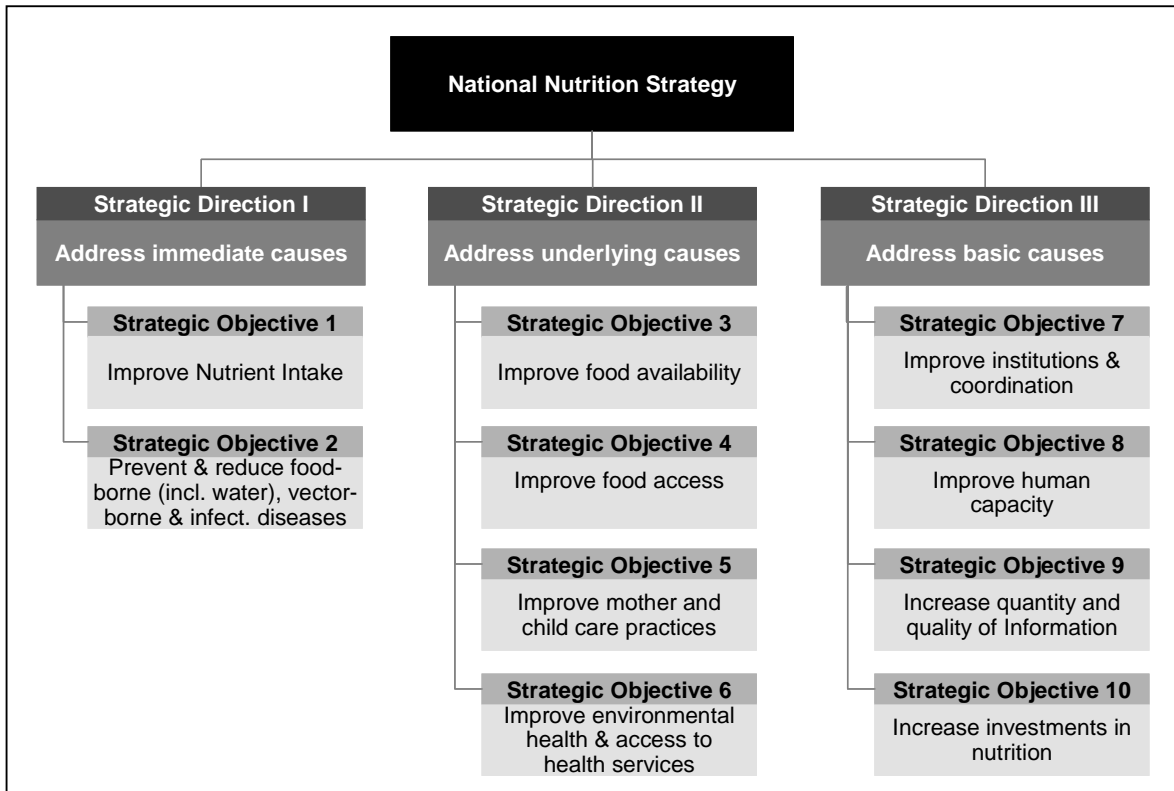
1. Introduction	1
2. Plan of Action	3
3. Implementation roadmap and organizational structure	6
4. Monitoring and Evaluation	8
5. Resource mobilization	9

CHAPTER 1

INTRODUCTION

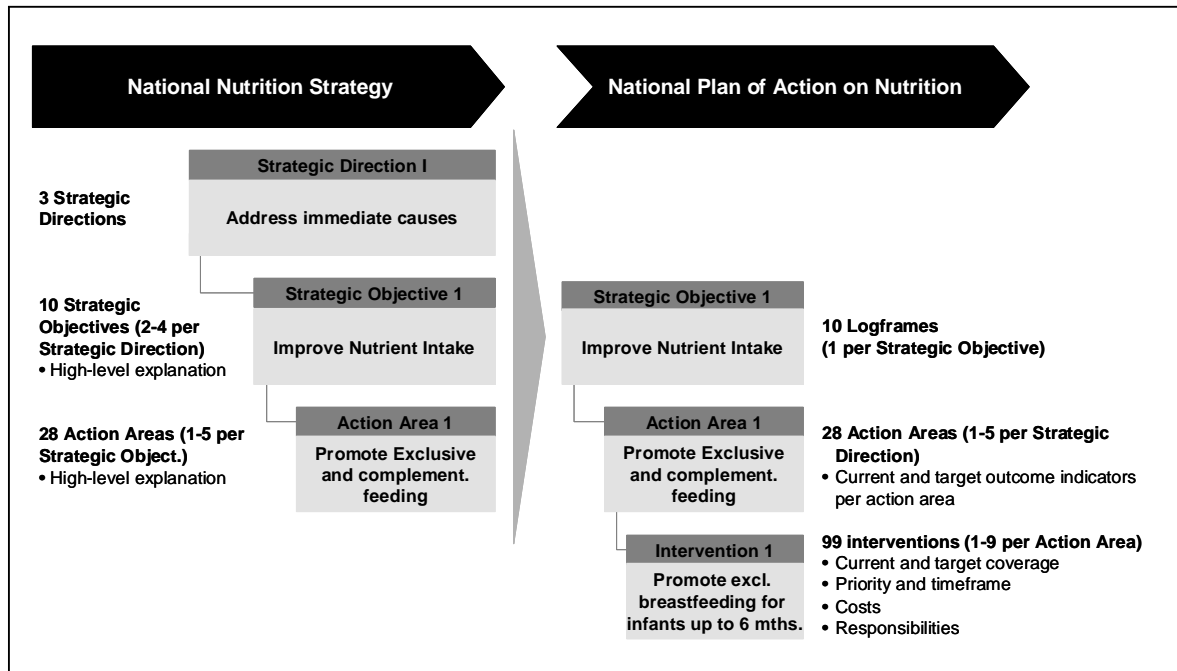
The National Plan of Action on Nutrition (NPAN) is based on the National Nutrition Strategy (NNS), which is the first section of this document. It is structured in line with the overall strategic framework.

Figure 1 - Strategic Framework



The objective of the NPAN is to provide a detailed overview of which interventions should be implemented by whom until when. Interventions within this document constitute not only the delivery of nutrition and/or food security services via a certain delivery channel to a beneficiary, but also more fundamental tasks such as formulating a legislation or developing an information system. The NPAN stops at the intervention level and does not detail individual activities. Thus, it can be regarded as a “plan for a plan” and the starting point for annual operational plans of the implementing stakeholders.

Figure 2 – Link between NNS and NPAN (illustrative example)



The NPAN consists of five chapters: chapter one is the introduction and explains the linkage between the NNS and NPAN and the role of the NPAN. Chapter two is the plan of action and consists of ten logframes, one for every strategic objective. Chapter three presents the implementation roadmap and organizational structure for implementation. Chapter four elaborates on the monitoring and evaluation of the implementation as well as of the input, output, and impact. Finally, chapter five explains the resource generation and mobilization plan.

CHAPTER 2

PLAN OF ACTION

The plan of action in this chapter forms the core component of the NPAN. It consists of ten logframes, one for every strategic objective. Each logframe provides a detailed overview of the planned action areas and interventions.

Figure 2 - Logframe

Strategic Objective 1: Improve Nutrient Intake									
#	Action Areas / Interventions	Target Group	Indicator		Priority	Timeframe	2010 - 2014 Total Costs	Responsibilities*	
			Current	2015				Lead Ministry	Lead Facilitating DP
1	Exclusive Breastfeeding and Complementary Feeding								
	Indicator 1: % of Children <6 months exclusively breastfed	Source: MICS 2006	26%	50%				MOH	UNICEF
	Indicator 2: % of Children 6-9 months receiving complementary foods, in addition to breast milk	Source: MICS 2006	70%	90%				MOH	UNICEF
1.1	Implement. of regulations on breastmilk substitutes / artificial feeding parphenalia		N/A	N/A	3	MT (2015)		MOH	UNICEF
1.2	Promote excl. breastfeeding for infants up to 6 months (incl. BFHI, BFCl)	Women in reproductive age (WRA)	18%	80%	1	ST (2012)	\$0.9	MOH	UNICEF
1.3	Provide infant and young child feeding education (IYCF) (incl. recipies)	WRA	10%	80%	1	ST (2012)	\$5.1	MOH	UNICEF

Column 1 provides a numerical overview: each whole number (e.g. 1) constitutes an Action area and each broken number (e.g. 1.2) an intervention. Column 2 lists the action areas (in dark grey) and interventions (in white). It further lists the relevant outcome indicators of an action area (in light grey). Column 3 states the recipient of an intervention. It is important to note that this recipient can differ from the ultimate target beneficiary (e.g. excl. breastfeeding education for infants up to 6 months is provided to women in reproductive age with the aim to benefit infants up to 6 months). Columns 4 and 5 display the current status and 2015 target of the outcome and coverage indicators. As some interventions do not directly deliver a service, these do not have a coverage indicator. Column 6 states the priority of the intervention (for details on the prioritization process please refer to chapter 3). Column 7 shows the intended timeframe for implementing an intervention / reaching its 2015 target coverage. Column 8 provides an estimate of the total funding requirements for a specific intervention from 2010 until 2014 (5 years). The figures are a first high-level estimate and will have to be further detailed within the annual planning processes. Column 9 and 10 show the lead responsibilities per intervention. The development partner lead responsibilities will be reviewed and potentially revised each year (to accommodate changes in mandates / resources). While it is acknowledged that there are many government and non-government stakeholders involved in the implementation process (for an overview of all involved stakeholders, please refer to the appendix of the NNS – the specific stakeholders per intervention will be defined by the lead ministry), these columns explicitly highlight the

overall responsibility for the intervention's implementation (including reaching its target coverage and outcome indicator in the stated timeframe). To achieve this, the lead ministry (column 9) has the responsibility to coordinate between all relevant stakeholder, to conduct a detailed planning and costing of the intervention, to conduct advocacy and fundraising in coordination with MPI, to implement the intervention in coordination with other stakeholders (e.g. NGOs), to monitor and evaluate the implementation progress, input, and output (in coordination with the national NFS information unit), and to ensure sustainability of the intervention. The lead development partner (column 10) has the responsibility to effectively support the lead ministry in all of above mentioned activities.

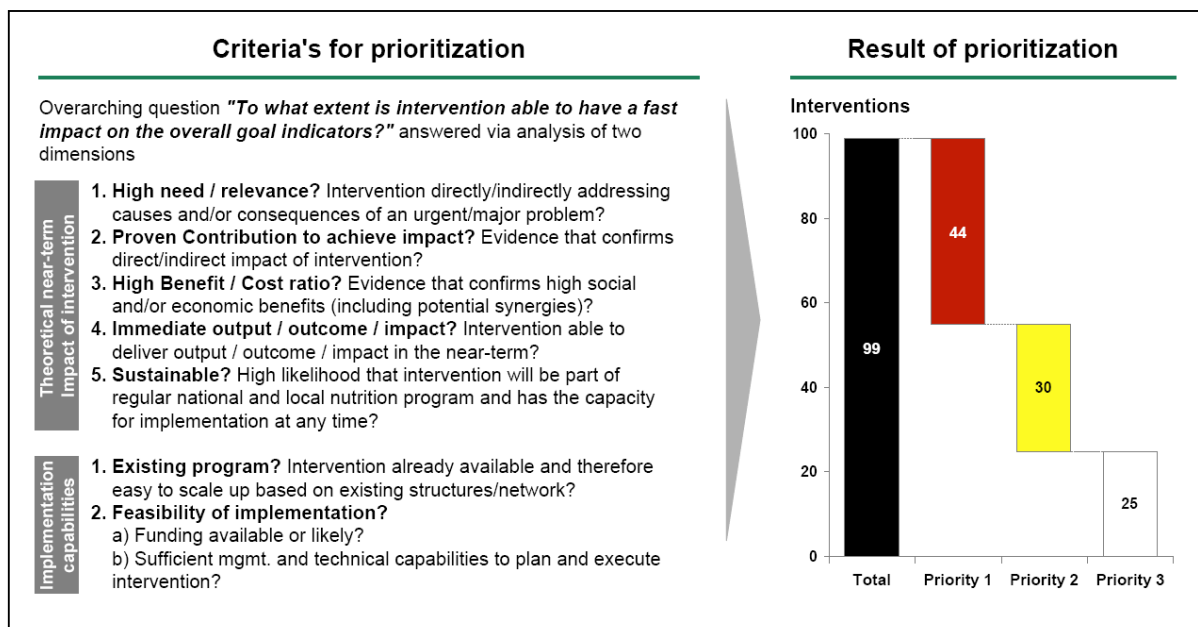
CHAPTER 3

IMPLEMENTATION ROADMAP AND ORGANIZATIONAL STRUCTURE

3.1 Implementation roadmap

The NPAN is a compilation of the most relevant nutrition and food security interventions for Lao PDR. All of its interventions can be regarded as vital towards eliminating malnutrition and food insecurity in this country and hence it should be aspired to implement all of these interventions as fast as possible. However, in the presence of financial and non-financial constraints, some interventions have been identified as particularly crucial for a fast impact on the overall goal indicators. In a consultative process among all key stakeholders, the NPAN interventions were prioritized based on below mentioned criteria's.

Figure 3 – Prioritization of Interventions



- **Priority 1 interventions:** Interventions that require immediate action, have a proven near-term impact, a high benefit / cost ratio, are sustainable, and allow quick implementation / scale-up. Additionally interventions that form a necessary prerequisite for implementing further interventions (i.e. basic capacity building and baselining).

Figure 4 – Priority 1 Interventions

#	SO	AA	Intervention	201 Budget (\$M)
1	1	1	Promote exclusive breastfeeding for infants up to 6 months	\$0.2
2	1	1	Provide infant and young child feeding education (IYCF)	\$0.5
3	1	2	Provide Vitamin A supplementation	\$0.4
4	1	2	Provide Iron folate acid supplementation	\$0.1
5	1	2	Provide Home-fortification with micronutrient powder (Sprinkles)	\$0.3
6	1	2	Promote fortified products (for Iodine, Iron, Zinc, Vit. A)	\$0.1
7	1	3	Develop countrywide treatment protocol for acute malnutrition	\$0.0
8	1	3	Conduct regular screening & referral procedure according to protocol	\$0.3
9	1	3	Provide treatment for all acute malnutrition cases	\$0.2
10	1	3	Provide supplementary feeding	\$0.9
11	1	3	Provide school feeding programmes	\$8.0
12	1	4	Develop and disseminate IEC material via various communication channels	\$0.7
13	1	4	Conduct nutrition education for behavior change and impact	
14	2	1	Conduct regular national deworming campaigns	\$0.3
15	2	2	Provide and promote Insecticide Treated Bednets	\$1.1
16	2	4	Scale-up immunization for target population	\$1.3
17	2	5	Conduct food safety, health and nutrition education related to diarrhea	\$1.0
18	2	5	Promote oral rehydration therapy (ORT), especially ORS	
19	3	1	Promote & diversify homestead food production including nutrition education	\$1.5
20	3	3	Integrate nutrition aspects into nat'l natural disaster preparedness plan	\$0.0
21	4	4	Conduct gender education in terms of food production and distribution	\$0.1
22	5	1	Conduct maternal NFS education incl. health-seeking behavior and food taboos	\$0.0*
23	5	1	Conduct regular growth monitoring activities	\$0.0**
24	6	1	Provide and promote Household Water Mgmt. (HWT methods; storage)	\$1.2
25	6	1	Conduct hygiene practice & environmental health ed. (incl. handwashing with soap)	\$0.4
26	6	3	Increase coverage and service quality of health facilities, incl. NFS interventions	N/A
27	6	3	Develop routine community delivery of NFS interventions via community resources	N/A
28	6	3	Integrate nutrition and health package in outreach activities to maximize coverage	N/A
29	6	3	Use schools as delivery channel for nutrition interventions	N/A
30	6	3	Engage private sector in 4 dim.: workplace, product., distribution, sales & market.	N/A
31	6	3	Provide CCT to incentivize ANC, Hospital Delivery, and PNC	\$2.4
32	7	1	Implement Working & governance structure and coordination mechanisms for NFS	\$0.0
33	7	1	Strengthen Capacity of CIEH	N/A
34	8	1	Develop national capacity building plan	N/A
35	8	1	Engage short-term international professionals to build capacity of national staff	\$0.2
36	8	1	Train Trainers (ToT) with focus on NFS	N/A
37	8	2	Develop & incorporate NFS education in school curricula	\$0.1
38	9	1	Monitor and evaluate implementation progress of NNS / NPAN (input and output)	\$0.0
39	9	1	Conduct rigorous baselining of all coverage & outcome indicators in NNS / NPAN	\$0.1
40	9	1	Conduct standardized regular surveys on progress of output and outcome/impact	\$0.2
41	10	1	Integrate NFS into 7th NSEDP	\$0.0
42	10	1	Advocate for NFS as high-priority investment for all stakeholders	\$0.0
43	10	1	Conduct proactive fundraising in a coordinated way	\$0.0
44	10	1	Analyze feasibility of joint funding mechanisms	\$0.0
Total 2010 Budget requirement				\$21.6M

* Included in S01 4.3; ** Included in S01, 3.2

- **Priority 2 interventions:** Interventions that should be implemented as soon as there is sufficient capacity to accommodate these in addition to above-mentioned priority 1 interventions.

- **Priority 3 interventions:** Interventions that should be implemented as soon as there is sufficient capacity to accommodate these in addition to priority 1 and priority 2 interventions.

3.2 Organizational Structure

For a high-level overview of the envisioned organizational structure, please refer to the NNS. The working and governance structure in the field of nutrition and food security is currently being developed by an Interim Coordination Task Force and will be added to this document once the process is finalized.

The task force working on this process is led by the National Science Council (NSC) and includes representatives from MOH, MAF, MOIC, MPI, and NCMC. The goal of this task force is to establish a workable mechanism for the effective and efficient implementation of the NNS/NPAN.

CHAPTER 4

MONITORING & EVALUATION

Monitoring and evaluation is a most important tool for adequate program design, resource allocation, and advocacy and fundraising. Over the past years there have been significant improvements in monitoring and evaluating the nutrition and food security situation in Lao PDR. This allowed the formulation of a solid nutrition strategy and plan of action based on the country-specific underlying causes. However, to conduct adequate annual planning on a more detailed level, further improvements in monitoring and evaluation of key outcome indicators will be necessary. A set of key outcome indicators for this has been defined in the NPAN and NNS.

For adequate resource allocation and advocacy and fundraising it is further most important to monitor and evaluate the implementation progress, input, and output. All of the relevant parameters for this can be found in the logframe presented in chapter 2 of this document:

- **Timeframe:** For each intervention the starting year as well as the year in which its implementation should be finalized is clearly stated
- **Input:** An estimate of the financial resources required to implement an intervention is stated. Each intervention will be controlled and evaluated in terms of input and success
- **Output:** Current and target coverage is defined for each intervention that involves a service delivery. All other interventions can be measured based on their existence at the end of the timeframe (either result of intervention is in place or not)
- **Impact:** Current and target outcome indicators are defined for each action area. Further, the NNS states the current and target overall goal indicators.

While rough baseline indicators exist for above-mentioned parameters, it is urgently required to conduct a solid baselining of all parameters listed in the NNS and NPAN. To adequately monitor the progress and impact, it is further necessary to conduct regular surveys on these parameters. Aim is to integrate any missing parameters in existing studies (e.g. LECS, MICS, CFSVA, NRHS). Further, it will be aspired to build on existing studies, information systems, and institutions as much as possible. Finally, rigorous cross-sectoral coordination shall be ensured by the national nutrition center.

CHAPTER 5

RESOURCE MOBILIZATION

To fully implement all interventions of the NPAN, around \$600M in total funds will be required between 2010 and 2014.

The government of Laos acknowledges this major challenge and will allocate own funds to this high-priority area as much as possible. Given fiscal constraints, Lao PDR will nevertheless require major external support to achieve the goals of the NNS. Various measures promote donor support and will ensure that any internal and external resources will be used in the most effective and efficient way (for an overview of these measures, please refer to chapter 6 in the NNS).

To ensure rapid scale-up of interventions with a proven impact, high benefit/cost ratio, high near-term impact on the overall goal indicators, and to rapidly expand capacity for further implementation of the NPAN, priority 1 interventions have been identified. The 2010 funding requirements for all 44 priority 1 interventions amount to approximately \$25M.

The immediate aim will be to raise funds for all priority 1 interventions via well-coordinated proactive advocacy and fundraising. To ensure efficient allocation of funds and sound oversight, it should be considered to establish a Nutrition and Food Security Trust Fund.

A key forum to engage into first discussion on funding the NPAN will be the Round Table Implementation Meeting (RTIM) in November 2009.