ENUFF:
Enhanced Nutrition of Upland Farming Families

Final Evaluation of ENUFF Project, Phase 2





Vientiane, Lao PDR
Date of Evaluation: 13/11/24 to 31/3/25,

Table of Contents

1. EXECUTIVE SUMMARY ..... - 1 -

2. OVERVIEW OF THE ENUFF PROJECT ..... - 6 -

3. OVERVIEW OF EVALUATION METHODOLOGIES ..... - 7 -

4. CONSTRAINTS FACED BY THE EVALUATION TEAM ..... - 8 -

5. TYPOLOGY OF ENUFF TARGET VILLAGES, AND THE 16 VILLAGES VISITED BY THE ET ..... - 8 -

5.1. TYPOLOGY OF ENUFF TARGET VILLAGES: REMOTENESS, ETHNICITY. ..... - 8 -
5.2. VILLAGES VISITED BY THE ET ..... - 9 -

6. PERSONS INTERVIEWED ..... - 10 -

7. EVALUATION OF THE ENUFF PROJECTS 4 COMPONENTS ..... - 11 -

7.1. NUTRITION IMPROVEMENT BY THE VILLAGE BASED GMP OF CU2 (SEE PHOTO 1) ..... - 11 -
7.2. NUTRITION IMPROVEMENT BASED ON DIVERSE DIETS ..... - 11 -
7.3. NUTRITION IMPROVEMENT BY BCC ..... - 12 -
7.4. SUMMARY OF FINDINGS OF THE WASH COMPONENT: (SEE PHOTO 2 BELOW) ..... - 12 -
7.5. SUMMARY OF FINDINGS OF THE AGRICULTURE COMPONENT: (SEE PHOTO 2 BELOW) ..... - 12 -
7.6. SUMMARY OF FINDINGS OF THE GOVERNANCE COMPONENT: ..... - 13 -

8. BRIEF EVALUATION OF ACHIEVEMENT OF LFM INDICATORS ..... - 13 -

9. RESPONSE TO EVALUATION QUESTION RE. RELEVANCE ..... - 18 -

9.1. EQ 1: PROJECT ALIGNMENT WITH NATIONAL NUTRITION/WASH POLICIES AND GLOBAL GOALS ..... - 18 -
9.2. EQ2: PROJECT'S STRATEGY AND ACTIVITIES ADDRESSAL OF UNDERLYING CAUSES OF MALNUTRITION ..... - 18 -
9.3. EQ3: ADDITIONAL CREDITS CONTRIBUTION TO ADDRESSING UNDERLYING CAUSES AND PROJECT OBJECTIVES? ..... - 19 -
9.4. EQ3.1: THE PROJECTS CONSIDERATION OF LOCAL PRACTICES AND CUSTOMS ..... - 20 -

10. RESPONSE TO EVALUATION QUESTION RE. COHERENCE ..... - 20 -

10.1. EQ4: PROJECT TARGETING WOMEN: CHILDREN UNDER 5 AND ETHNIC GROUPS IN REMOTE AREAS ..... - 20 -
10.2. EQ5: SYNERGIES BETWEEN ENUFF AND OTHER PROJECTS, ENHANCING EFFECTIVENESS AND IMPACT ..... - 20 -

11. RESPONSE TO EVALUATION QUESTION RE. EFFECTIVENESS ..... - 21 -

11.1. EQ6: EFFECTIVENESS OF THE PROJECT'S MULTI-SECTORAL ..... - 21 -
11.2. EQ7: IMPROVEMENT IN INFANT + YOUNG CHILD FEEDING PRACTICES AND DIETARY DIVERSITY ..... - 21 -
11.3. EQ8: PROJECTS CONTRIBUTION TO IMPROVED SUB-REGIONAL NUTRITION POLICIES AND INSTITUTIONAL FRAMEWORKS .. - 24 -
11.4. EQ9+14: WASH PRACTICES, AND MEASURABLE REDUCTIONS IN WASH-RELATED DISEASES ..... - 24 -

12. RESPONSE TO EVALUATION QUESTION RE. EFFICIENCY ..... - 25 -

12.1. EQ10: EFFICIENCY OF PROJECT SET UP ..... - 25 -
12.2. EQ11: WERE THE INTERVENTIONS IMPLEMENTED ON TIME AND WITHIN BUDGET? ..... - 25 -

13. RESPONSE TO EVALUATION QUESTION RE. IMPACT ..... - 26 -

13.1. EQ12: PROJECT COORDINATION ACROSS SECTORS (NUTRITION, WASH, AGRICULTURE) ..... - 26 -
13.2. EQ13: OBSERVED IMPROVEMENTS IN NUTRITIONAL STATUS, PARTICULARLY DIETARY DIVERSITY AND STUNTING OF CHILDREN UNDER 5 - 26 -
13.3. EQ13.1: HAVE THERE BEEN ANY OBSERVABLE GENDER BIASES? ..... - 27 -
13.4. EQ15: PROJECTS CONTRIBUTION TO BROADER SYSTEMIC CHANGES, SUCH AS IMPROVED LOCAL GOVERNANCE AND INSTITUTIONAL CAPACITY FOR NUTRITION-SENSITIVE INTERVENTIONS ..... - 28 -
13.5. EQ15.1: PROJECTS IMPACT ON NATIONAL POLICIES AND FRAMEWORKS? ..... - 28 -
13.6. EQ16: UNINTENDED CONSEQUENCES ARISING FROM THE PROJECT ..... - 29 -

14. RESPONSE TO EQ RE. SUSTAINABILITY ..... - 29 -

14.1. EQ17.1: EXTENT THAT POSITIVE EFFECTS GENERATED BY THE PROJECT ARE SUSTAINABLE ..... - 29 -
14.2. EQ 17.2: MECHANISMS THAT ENSURE POST-PROJECT ACCESS TO NUTRITIOUS FOODS AND WASH ..... - 30 -
14.3. EQ 17.3: LOCAL AUTHORITIES (E.G., DNC) CAPACITY TO SUSTAIN THE MULTI-SECTORAL APPROACH ..... - 32 -
14.4. EQ 17.4: FEEDING PRACTICES AND SANITATION MAINTAINED BY COMMUNITIES OVER TIME ..... - 33 -
14.5. EQ 18: PLANS FOR REPLICATING OR SCALING UP TO OTHER DISTRICTS OR REGIONS IN LAOS ..... - 33 -

15. LESSONS LEARNED AND ET RECOMMENDATIONS ..... - 34 -

15.1. LESSONS LEARNED ..... - 34 -
15.2. RECOMMENDATIONS ..... - 35 -

Table of Tables

Table 1: Summary (of all 60 villages in 4 districts) of BLS+ELS survey data provided to the ET..... - 1 -
Table 2: ENUFF Project Objective, and expected Impact, Outcomes and Outputs ..... - 6 -
Table 3: ET assessment of ENUFF target village remoteness (estimate only) ..... - 8 -
Table 4: Ethnicity of ENUFF project target villages ..... - 9 -
Table 5: Inventory of villagers interviewed by the ET. ..... - 10 -
Table 6: % of exclusive breast feeding (EBF) and number of villages, from BLS and ELS survey ..... - 22 -
Table 7: % of CU5 with diarrhea, and number of villages recording more or less ..... - 24 -
Table 8: Comparison of the BLS and ELS measurement of stunting in Phase 1 villages..... - 26 -
Table 9: Comparison of the 2020 BLS and ELS measurement of wasting..... - 27 -

Table of Figures

Figure 1: ENUFF Project Steering Committee and Mechanism (from ProDoc_..... - 7 -
Figure 2: Hierarchy cases of malnutrition (from UNICEF's Approach to Scaling Up Nutrition for mothers and their children, 2015) ..... - 18 -
Figure 3: Previous 24 hours minimum dietary diversity of women (≥ 5 food groups out of 10) ..... - 23 -
Figure 4: Project set-up ('organizational structure') as per ProDoc. Actual is slightly different ..... - 25 -

Table of Photos

Photo 1: GMP equipment, ET activities, and some posters in the visited villages (Nov/Dec 2024) .... - 14 -
Photo 2: Typical household piped water supply, with meters (Nov/Dec 2024) ..... - 15 -
Photo 3: Some typical vegetable gardens in a range of villages visited by the ET (Nov/Dec 2024) ..... - 16 -
Photo 4: Vegetable seeds on sale, and peanut seeds kept (in-shell) by a Xiengkhor villager..... - 31 -
Photo 5: Photos of leaks in the Water Supply system to public facilities..... - 32 -

Table of Annexes

Annex 1:ToR, Final Evaluation of Enhancing Nutrition of Upland Farming Families, ENUFF II ..... - 37 -
Annex 2: Schedule and villages visited by the Evaluation Team..... - 41 -
Annex 3: List of 38 Persons met by the Evaluation..... - 41 -
Annex 4: List of related Projects working in ENUFF project Provinces (as per SNV). ..... - 43 -
Annex 5: Membership of District Nutrition Convergence organizations (as per SNV) ..... - 43 -
Annex 6: The ENUUF Project Logframe, Targets and target achievement based in the 2024 ELS: ..... - 44 -
Annex 7: Village Convergence poster: 2 villages that achieved high number of self-set targets ..... - 47 -
Annex 8: Village convergence poster: 2 villages that achieved low number of self-set targets..... - 48 -
Annex 9: 3 Examples (A, B, C) of hand over of remaining Water Supply equipment and tools ..... - 49 -
Annex 10: Example of watershed map (unclear, no details) in VWMC watershed book ..... - 52 -
Annex 11: Examples of VNT own recording of GMP, post project..... - 53 -
Annex 12: Examples of Heath Centre GMP records ..... - 58 -

Acronyms and Abbreviations

Abbreviation	Full wording
ENUFF	Enhanced Nutrition for Upland Farming Families (project)
SDC	Swiss Development Corporation
MoH	Ministry of Health
DHHP	Department of Hygiene and Health Promotion
NNC	National Nutrition Centre
MAF	Ministry of Agriculture and Forestry
PAFO	Provincial Agriculture and Forestry Office
DAFO	District Agriculture and Forestry Office
PHO	Provincial Health Office
DHO	District Health Office
PLWU	Provincial Lao Women's Union
DLWU	District Lao Women's Union
PNC	Provincial Nutrition Committee
DNC	District Nutrition Committee
PPHCC	Provincial Primary Health Care Committee
DPHCC	District Primary Health Care Committee
DNT	District Nutrition Teams
VNT	Village Nutrition Teams
SUN CSA	Scaling Up Nutrition Civil Society Alliance
WFP	World Food Program
WB	World Bank
IFAD	International Fund for Agricultural Development
GAFSP	Global Agriculture and Food Security program
ADB	Asian Development Bank
CCL	Committee de la Cooperation du Lao
AFN	Agriculture for Nutrition Project (IFAD and GAFSP, thru WFP)
CLEAR	Community Livelihood Enhancement and Resilience (WB)
RRPMP	Reducing Rural Poverty and Malnutrition Project (WB)
HANSA 2	2nd Health and Nutrition Services Access Project (WB)
SRIWMP	Sustainable Rural Infrastructure and Watershed Management Project (ADB and IFAD)
LSIS	Lao Social Indicator Survey
NPAN	National Plan of Action on Nutrition
BLS	Baseline Survey
ELS	Endline Survey
GMP	Growth Monitoring Promotion
CU2	Children under 2 years old
CU5	Children under 5 years old
SBCC	Social and Behavioural Change Communication
WASH	Water Sanitation and Health
EBF	Exclusive Breastfeeding (normally from 0-6 months old)
MAD	Minimum Acceptable Diets (for children 6 to 23 months
MDD	Minimum Dietary Diversity (formally for women)
ProDoc	Project Document
EoP	End of Project (Report)
HH	Household
ET	Evaluation Team

1. Executive Summary

SDC has engaged a 2-person consulting team to evaluate the Phase 2 of the ENUFF project. The Evaluation Team (ET) worked intermittently from 13/11/24 to 28/2/25 (with an extension to 31/3/25 for final comments and reporting), during which they:

- Undertook a field evaluation mission to 16 villages (of the projects total 60 villages) in 4 Districts of 2 Provinces, including 3 Health Centres;
- Interviewed 40 persons, including 9 SNV staff, 7 persons from other projects in Vientiane, and 24 partners and other stakeholders at Provincial and District level;
- Attended two End-of-Project events in Houaphanh and Vientiane; and
- Reviewed ENUFF project documents and the ELS (Endline Survey) database and some documents of related projects.

The objectives of the ENUFF Final Evaluation, as stated in the ToR (annex 1), were to:

i) Evaluate the relevance of the project and its performance in terms of efficiency, effectiveness, impact and sustainability, and to assess the extent that the project has reached the objectives / expected results as stated in the intervention logic; and

ii) Capture and draw main lessons learnt and recommendations for potential future action of stakeholders of the nutrition sector in the Lao PDR.

The ETs' work was guided by the ToRs 18 evaluation questions, presented under the OECD Development Assistance Committee Evaluation Structure of five perspectives, being: (i) Relevance, (ii) Coherence, (iii) Effectiveness, (iv) Impact and (v) Sustainability. The ETs response to these 18 evaluation questions is provided in sections 9 to 14 of the main report.

Overall, the ET found that:

- Nearly all stakeholders interviewed gave positive assessments of the ENUFF project, and often said it was the best or most comprehensive project, but worked in relatively few villages.
- The ENUFF projects focus on regular, village based GMP (growth monitoring promotion), food cooking support and the supply of water to each household where stand-out interventions appreciated by all.
- Our field observations of ENUFF activities and processes found generally good to very good results, but also a few poor results in some activities or aspects, such as poultry raising for protein, junk/snack food replacement, rubbish reduction and management.
- The ELS results are mostly positive, with only a few indicators negative (see table 1 below). We heard some villagers critique that the ELS methodology was based only on interview responses recorded on a tablet (except the 2 GMP measurements), and the villagers were surprised that no direct observations were made.

Table 1: Summary (of all 60 villages in 4 districts) of BLS+ELS survey data provided to the ET.

	BLS/ELS indicator	BLS	ELS	+ or - direction	comment
	Growth data				
	Stunted (BLS16 to ELS24)	42.3%	34.6%	Dec 7.7%	Compared to 0.2% national, and increase in Provinces
	Wasting (BLS20 to ELS24)	5.5%	8.5%	Inc 3%	
	Nutrition				
	exclusive breastfeeding	97.7%	96%	same	High in both BLS + ELS, possibly no significant change.

	BLS/ELS indicator	BLS	ELS	+ or - direction	comment
	WRA dietary diversity (MDD)	44%	60%	Inc 16%	Data based on 24-hr recall questionnaire.
	Child dietary diversity (MAD	35.6%	58%	Inc 22.4%	
	Agriculture				
	HH that are food secure	67%	62%	Dec 5%	5 % decrease in food security
	HH producing Vit-A fruits, vegs	86%	96%	Inc 10%	Data based on 1-year recall questionnaire,
	HH having small livestock	89 %	91 %	same	Possibly insignificant
	WASH				
	Children (U5) having diarrhoea	7%	23%	Dec 16%	multiple factors: spoilt food, unsafe water, junk food
	HH with handwashing station			n.a.	Handwashing stations now obsolete as water supplied to house via pipes, water meters and taps.
	HH with improved latrines	87%	96%	Inc 9 %	Facilitated by household piped water supply

Note: = in a positive direction = in a negative direction

The results of the BLS (baseline survey) and ELS were provided back to each village in 2024 as "**convergence posters"**, in A4 size. In these posters (see Annex 7 and 8) the villages achievements or results from the ELS is compared to their own nominated targets for 13 indicators, which are mostly very high - often 100% of the village households. Analysis of the convergence tables for 14 of the villages visited found an average per village of 3.5 indicators achieved and 9.5 indicators not achieved, due mainly to the (above mentioned) villagers setting very high targets for themselves.

A summary of the ETs response to the 18 Evaluation Questions (EQs) are as follows:

Response to Evaluation Questions re. Relevance

- The ENUFF Project is well aligned with national nutrition and WASH (Water Sanitation and Health) policies and goals.
- The project has addressed most of the key underlying causes of malnutrition, but some relevant and potentially useful aspects were not included, such as understanding and addressing (as feasible): (i) household level socio-economic factors, (ii) crop production from upland land use, (iii) integrating wild foods and natural resources management, and (iv) consideration of the widespread seasonally outmigration for work / income.

Response to Evaluation Questions re. Coherence

- The project well targeted women and the range of ethnic groups residing in remote areas, but men were also included and active. About 50% of the target villages are not so remote due to GoL recent upgrading of village access.
- Few in-village synergies were found between ENUFF II and other projects, as the GoL avoids project overlap and prefers to spread IDA/TA support to many villages. However, technical and policy synergises were found with various IFI, IDA and CSO organizations.

Response to Evaluation Questions re. Effectiveness

- The Project's multi-sector approach - health, agriculture and LWU (Lao Womens Union) – was very effective, and there was good coordination across sectors;
- Based on a 24hr recall survey in March/April 2024, infant and young child MAD diet improved from the BSL (2020) of 46 % to the ELS (2024) of 58%;
- The project could not contribute to improved sub-regional nutrition policies as these polices are set at the central level. However, it has improved sub-regional institutions by its support to DNC (District Nutrition Committee) establishment and operation;
- The number of pour flush toilets rose from BSL 87 % to ELS 96 %;

- Piped water (and meters purchased by villagers) supplied to all houses in 49 villages greatly facilitates improved WASH but also (i) household gardens and (ii) food preparation; and
- Diarrhoea at the ELS was higher than the BSL, which is likely linked to the ELS being conducted in the hot, dry season, but also to (i) the significant dry season outmigration of young couples to look for work, (ii) the deteriorating socio-economic situation, linked to the macro-economic and financial crises, and (iii) in some cases scarcity of resources linked to poor agricultural land management and even loss of land, which may have led villagers to adopting negative coping mechanisms such as eating more spoilt or off food and be less diligent on hand washing. Consumption of junk snacks was reported to also play a role.

Response to Evaluation Questions re. Efficiency

- The Project set up (a Vientiane office with component leaders, 2 Provincial offices with TA, and funds transfer via bank account, not cash) was efficient;
- A possible shortcoming in the set-up was the lack of office equipment provision to District GoL agencies - the DNTs (District Nutrition teams); and
- Most interventions were implemented on time. However, the supply of water to each house was started to be implemented in year 3 of the 4 year project phase.

Response to Evaluation Questions re. Impact

- The nutritional status of CU5 (children under 5) has improved, as while the 2016 BSL found 42.3 % of CU5 stunted, the 2024 ELS found 34.6% CU5 stunted.
- This 7 % decrease in stunting is favorably compared to the GoL data gathered by LSIS II (Lao Social Indicator Survey) and LSIS III (see table below) which found that nationally, stunting decreased by only 0.2 %, while in the Provinces of Houaphanh and Oudomxay, stunting actually increased.

GoL Survey	National	Houaphanh Prov.	Oudomxai Prov.	ENUFF: 40 villages	
LSIS II (2017/18)	33 %	40.7 %	42.7 %	2016BSL	42.3 %
LSIS III (2022/23)	32.8 %	46.2 %	45.6 %	2024ELS	34.6 %
Overall >>	**0.2 % decrease.**	**5.5 % Increase**	**2.9 % Increase**		**7.7 % decrease**

- There was no gender bias in terms of attention paid equally to male and female children, while it is evident that men now take a stronger role in the care of children.
- The project has contributed to broader systemic changes, such as improved local governance, both via the PNC (Provincial Nutrition Committee) and the DNC, and improved institutional capacity for nutrition-sensitive interventions at the both the Provincial and District level. It does, however, depend on individual staff aspirations.
- Regarding the Project impact on national policies, one policy was issued during ENUFF Phase 2, being the Law on Primary Health Care, 2024 which specifies the role of nutrition in primary health care. The NPAN is due to be revised in 2025, so the impact of ENUFF in this document should be monitored.

Response to EQ re. Sustainability

❖ **<u>Technical, financial and institutional sustainability</u>:**

- The technical ability of both the community and the local GoL staff to maintain and scale up the benefits generated by the project is good.

- The financial sustainability of the WASH interventions is good, as long as the VWMC (Village Water Management Committee) works well, maintains the hardware, continues to set the user fees at an appropriate level and collects the water fees, which most are currently doing.
- The financial sustainability of CU5 nutrition activities, especially the GMP, is an issue as it relies on village health volunteers with currently no compensation for their work with young mothers and their children, or funds to maintain or repair equipment.
- The financial sustainability of those agricultural interventions that were successful is evidenced by villagers' post-project purchase of vegie seeds, livestock medicines etc.
- The allocation of GoL budget for staff and programs to continue the range of activities that are required by nutrition convergence is a well recognised issue, as nutrition funding in the Lao PDR is over 90% dependent onODA.
- Village Institutions have enhanced capacity and are demonstrating the willingness to continue an active role in managing nutrition-related activities
- Regarding GoL institutional sustainability, the DNCs membership was confirmed again in 2023 or 2024, but without any project support their on-going function may be an issue. Most, if not all staff want to continue convergence type activities or projects.

❖ **Mechanisms ensure post-project access to nutritious foods and GMP include:**

- A vegetable seed supply mechanism, via seed supply shops in Provincial or District towns, appears to be working well in 3 of the 4 Districts. The legume seed supply chain is not so evident, but some villagers keep their own seed and sell to others in the village.
- Veterinary supplies mechanisms: In Beng District, a DAFO (District Agriculture and Forestry Office) staff sells livestock vaccines and medicines, along with seeds, in her shop. In other Districts, DAFO staff facilitate access to veterinary supplies.
- **GMP:** the GMP program, implemented by ENUFF for CU2, is a driver of continued demand for nutritious foods. As of November 2024, 11 of the 16 villages continued to do monthly or bi-monthly GMP, but into the future this is unsure, for reasons including:
  - Other nutrition convergence projects do not support or promote village-led GMP, meaning there is no recognition of the value of the VNTs (Village Nutrition Team) GMP.
  - The ENUFF GMP monitoring books were different from the MoH pink monitoring book, and after the ENUFF project ended, those VNTs continuing to do GMP use only hand-drawn tables (see annex 11) which may further erode respect (from projects and MoH) for the value of the VNTS GMP work.
  - The Health Centres ToRs includes village visits to conduct GMP, and some donor project funds support this. However, HCs still have challenges such as limited staff and transportation, and slow release of funds.

❖ **Feeding practices maintenance by the communities over time**

Feeding practices are dependent on a wide range of factors and the realities faced by remote upland villagers, many of them outside the remit of the ENUFF project, such as:

- Low socio-economic status or income generation in the village, resulting in the need to seasonally out-migrate for work outside the village;
- Rice growing in scattered upland fields leading to forest fires resulting in degraded fallows and low food crop yield, and less forest foods and forest products;
- Food taboos, that may still continue in some communities; and
- The unavailability of a diverse range of foods, especially protein and fruits.

That said, we see good community engagement with behavioral changes in many villages, but continued support from other projects and the DNC would be much appreciated.

❖ **Mechanisms to ensure post-project access to WASH services**

1: The community-managed Village Water Supply O+M fund appears to be working well in most villages, partly because the VWMC gets 30% of the collected water user fees. So far, no O+M funds have been spent on O+M, and every VWMC queried said that there are no breakages. However, the ET did notice some leakages in a few villages, but all of these were in public facilities such as schools and clinics. Thus, it is likely that the VWMC were referring only to household water connections when they said there are no problems.

2: There are watershed management problems in at least 4 of the 16 villages visited, and the watershed management aspects of the WASH program are not convincing. For example, upland fields occur in some watersheds, pigs forage in and around the inlet tank, and some water was visibly dirty (Ban Donkham). Watershed maps are not clear, not usable and anyhow not displayed.

3: It is likely that tools left in some villages for O+M are not sufficient. Exactly where to purchase new water meters for new houses was not so clear, and was reported to be different in each Province.

4: Historically, development of communal water supply in rural villages is the responsibility of the MoH, via its WASH Department, while the supply of piped water to households in urban areas is the responsibility of the state enterprise for potable water supply. Thus, the responsibility for this new initiative to supply piped water, with meters, to rural households, is still under discussion. Complicating factors include (i) the state enterprise always adds a chemical - chlorine - to the water supply to make it potable, and (ii) upland village water supply usually comes from a spring or creek in a watershed, which comes under MAF/MONRE.

❖ **Capability and willingness of local authorities to sustain multi-sectoral approach to nutrition**

The majority of the local GoL agencies and staff appear to be able to sustain the multi-sectoral approach to nutrition, with a good understanding of the many activities that combine to produce a good convergence outcome. However, their capacity in terms of financial resources and working equipment is limited, posing challenges for long-term sustainability.

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2. Overview of the ENUFF Project

The ENUFF Projects objective, expected impact, outcomes and outputs are in table 2 below.

Table 2: ENUFF Project Objective, and expected Impact, Outcomes and Outputs

Overall Goal: Improve family nutrition in remote and ethnically diverse upland farming communities in Oudomxay and Houaphanh. **Impact**: Family nutrition in target areas in Oudomxay and Houaphanh is improved.			
Outcome 1: Improved infant and IYCF practices and dietary diversity of WRA, including adolescent girls, and infants in target areas	**Outcome 2:** Improved access to hygiene and sanitation facilities and improved sanitation and hygiene practices in target areas	**Outcome 3:** Increased access to nutritious food in target areas	**Outcome 4:** A more conducive policy and institutional framework at the sub-national level for improving nutrition is established
Outputs: 1.1 Increased capacity of village and district level service providers to implement Nutrition SBCC 1.2 Increased capacity of Health Centres to work with village nutrition teams	**Outputs:** 2.1 Improved functioning of resilient water supply systems 2.2 Increased capacity of service providers to implement WASH interventions	**Outputs:** 3.1 Improved capacity of extension agents to deliver appropriate services to farmers 3.2 Households have increased capacity to produce and consume nutritious + diverse food 3.3 Improved access to markets for increased income	**Outputs**: 4.1 DNCs are capable to coordinate and implement Nutrition Sensitive Programming in target areas 4.2 Evidence based policy dialogue platform are established at the sub-national level in each target areas

The ENUFF project was undertaken in 2 Districts in each of the 2 Provinces of Houaphanh and Oudomxai, and in 2 Phases, covering the following years and number of target villages:

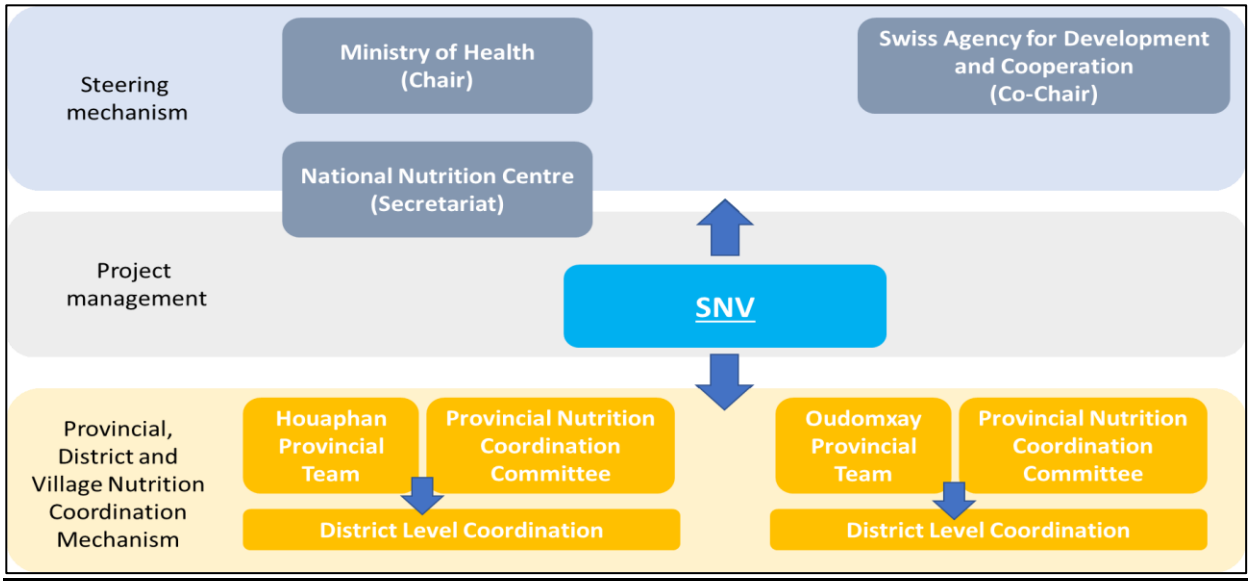
- Phase 1: 2016 to 2020: with 40 target villages in the 4 Districts; and
- Phase 2: 2020 to 2024: addition of 20 villages in same Districts, to be 60 target villages.

The evaluation reported herein is of Phase 2, whose ProDoc (Project Document) states that the projects' nutrition convergence strategy is based on 4 key pillars of (i) Demand Creation, (ii) Behaviour Change Communication, (iii) Development of Markets and Supply Chain, and (iv) Improvement of Governance, while the projects ***'theory of change'*** is based on the 4 components of (i) **Nutrition**, (ii) **WASH**, (iii) **Agricultural** and (iv) **Governance**.

Project implementation was guided by a contract between SDC and SNV, who established an ENUFF office in its Vientiane HQ, and field offices in the PHO of Houaphanh and Oudomxay provinces. The CTA and component leaders in Nutrition, WASH, Agriculture, Governance and the Database and Monitoring staff, were based in Vientiane, while the Provincial ENUFF office's housed national consultants in Nutrition, Agriculture and WASH, plus administration and finance. Two staff of the CSO 'RDA' were placed in each of the 4 Districts to support the WASH and Nutrition activities planning, implementation and reporting, but they were officed in separate locations.

The project was implemented thru the GoI offices of PHO, PAFO and PLWU, and the DHO, DAFO and DLWU offices, whose staff were assigned to the DNT. VNTs were established in each village, covering nutrition and GMP, village water supply and agriculture. The activities were guided by nominated PNCs and DNCs which were the steering mechanisms at the local level (see figure 1).

Figure 1: ENUFF Project Steering Committee and Mechanism (from ProDoc_



3. Overview of Evaluation Methodologies

The Evaluation Team employed the usual range of evaluation methodologies, which included:

1. Compilation and review of ENUFF project documents that were provided by both SNV and SDC. A key document is the EoP Report (July 2024) based on comparing the BLS and ELS.
2. Compilation and review of documents from other Nutrition and/or Convergence projects.
3. Interviews of persons who worked on or were closely related to the ENUFF project, including staff from (a) SNV, (b) partner GoL agencies such as NNC (National Nutrition Centre), PHO, PAFO and PLWU and DHO, DAFO and DLWU, and (c) the two District staff (per district) who accompanied the ET to the villages (see annex 3).
4. Interviews of persons implementing other nutrition and/or convergence projects (annex 3).
5. Biref mission to 16 villages (4 per District)- accompanied by 2 persons from the DNT, from either the DHO, DAFO and/or the DLWU. See Annex 2 for schedule. These visits included:
   a. Interviews of key villagers from the VNT: GMP, Nutrition, WASH and Agriculture;
   b. Walks around the village, in homes, and to some fields to observe evidence of ENUFF interventions at the time of the evaluation; and
   c. Ad-hoc queries to villagers meet while conducting the observation walks.
6. Brief visits to 3 Health Centres: Ban Nadtong (Xiengkhor District), Ban Tangdou (Beng District and Ban Saenjort (Nga District).
7. Review and some re-analysis of the quantitative data provided by SNV, mainly the results of the BLS/ELS. It appears that there are 3 ways that the project has compared the targets and data to estimate project success, although this was not made clear in the EoP Report:
   (a) The ELS results compared to the BLS results (the main focus of the EoP Report).
   (b) the ELS compared to the LFM targets. As the LFM was not mentioned in the ET ToR, we only briefly summarise target achievement (see section 8); and
   (c) The BLS and ELS results compared to the targets set by the villager themselves, as summarised in convergence posters (annex 7+8).

4. Constraints faced by the Evaluation team

1. We assumed that the EoP Report would provide details of participants, level of support provided, quantitative measurements made and outputs produced during the course of the project. However, we found that the EP Report is based on the ELS compared to the BLS with scant information on project activities and data. This was a constraint for the ET as we did not initially have access to data which we assume was collected during project implementation, such as number of participants in each activity, the monthly GMP data, data on house gardens (areas, types of crops, yields), numbers/% of cattle vaccinated, data on producer groups output and income, data on goods distributed, etc. and thus had to spend time trying to get this data in each village, to better understand the context.

   The only village level data that we initially received was (i) village water supply construction progress data, which was very useful, and (ii) the name of activities implemented in each village which lacked details on when, the level of support, the number of participants etc. We later received annual reports, which are more narrative rather than data sets, and then other data as we requested, which was useful but rather piecemeal. The GMP dashboard was also sent towards the end of the consultancy.

2: We often found a diversity of responses from persons interviewed, and sometimes quite different. In these cases, we had to decide which response was likely relevant and/or best reflected reality, backed up by our own observations.

3: There was a range in the progress or success of project activities and interventions between villages, which, together with the fact that we visited only 16 of the 60 target villages, makes it difficult to provide a confirmed evaluation relevant to all 60 villages.

4: The relatively short time allocated to the field mission (9 days).

5. Typology of ENUFF target villages, and the 16 villages visited by the ET

5.1. Typology of ENUFF target villages: remoteness, ethnicity.

The evaluation team has been asked to confirm if the projects target villages are indeed 'remote'. Data supplied by ENUFF is in Table 3 below. 'Remoteness' is a combination of (i) distance from the District Centre, (ii) the type of access road, either earthen or a sealed road, and (ii) the condition and pass-ability of the access road in the wet season. An example is Ban Huaybidt in Xiengkhor District, which is close to the District centre but whose access road is very difficult.

Remoteness can impact project implementation and/or outcomes due to the difficulties that services providers or GOL and project staff have in getting to these remote villages. Remote villagers also face challenges in accessing services in the District or village cluster centres. For example, pregnant women travelling to a Health Centre over rough and dangerous roads, especially in the wet season, is both dangerous for the pregnant woman and likely a deterrent to actually visit the Health Centre.

Table 3: ET assessment of ENUFF target village remoteness (estimate only)

	Total nr. of Villages	Remote	More accessible	Close to main road
Houaphanh Prov				
Viengxai District	17	8	5	4
Xiengkhor District	15	7	5	3
Oudomxai Prov				

Beng District	15	7	2	6
Nga District	13	8	3	2
Total villages	**60**	30	15	15

The evaluation team was asked to confirm if the projects target villages are ethnically diverse, and table 4 below presents our response (based on data from the water supply component). 22 of the 60 villages have mixed ethnicity. In some cases' these EGs live in the same physical village, but in other cases while their administrations are combined they still live in separate hamlets.

Table 4: Ethnicity of ENUFF project target villages

		Oudomxai Province		Houaphanh province		Total Villages
		Beng District	Nga District	Viengxai District	XiengKhor Dist	
	Ethnic Group	**15 Villages**	**13 Villages**	**17 villages**	**15 villages**	**60**
1	Khamu	8 villages	4	3		15
2	Tai Deng			10		10
3	Xing Moun				5	5
4	Hmong		2			2
5	Iu mien			3	1	4
6	Leu	2				2
7	Tai Dum				1	1
	(mixed villages)					
1	Khmu, Leu	4	4			8
2	Khmu, Leu, Hmong		3			3
3	Tai Deng, LaoLoum			1		1
4	Tai Deng, Xing Moun,				2	2
5	Xing Moun, Tai Dum				2	2
6	Tai Dam, Hmong				1	1
7	Xing Moun, Lao Loum				1	1
8	Tai Deng, Xing Moun, Lao Loum				1	1
9	Xing Moun, Tai Dam				1	1
10	Tai Dam, Hmong				1	1
11	Lao Loum, Xing Moun, Tai Deng				1	1

5.2. Villages visited by the ET

Village selection was agreed upon with the SNV team based on criteria such as a range of ethnicity, a range of success of project intervention, and proximity (both remote and near to city/town). The village selections appeared to be impartial and gave us a range of situations, and villagers were candid in their responses to our queries. There was a tendency for the ET to visit villages which are not so remote in order to visit as many villages as possible. Another reason was that roads to some remote villages were blocked/unpassable. In some cases road access has been upgraded, so that some previously remote villages are now not so remote.

	Province/District/Village	Remote/not Remote	Nr. HH	Ethnic Groups	Comment
	Houaphanh Province				
	Viengxay District				
1	Ban Jakien	Not remote	43	Hmong	
2	Ban Borphadtai	Semi remote	81	Khmu	2 Hamlets
3	Ban Jaefai	Semi remote	47	Tai Deng	
4	Ban Pounghang	Not remote	37	Tai Deng	

	Province/District/Village	Remote/not Remote	Nr. HH	Ethnic Groups	Comment
	Xiengkhor District				
5	Ban Huaybidt	Remote	63	Sing Moun, Tai Dam	
6	Ban Sopvun	Not remote	65	Tai Deng, Xing Moun,	
7	Ban Nadtong	Not remote	59	Xing Moun,	***Include health centre***
8	Ban Khounkham	Not remote	59	Xing Moun,	
	Oudomxai Province				
	Beng District				
	Ban Tangdou	semi remote	113	Khmu	
	Ban Tamuen	not remote	112	Lao Loum, Khmu	
	Ban Mokvieng	remote	113	Khmu	***Include health centre***
	Ban Napa	not remote	83 + 156	Leu, Khmu	2 Hamlets
	Nga District				
	Ban Saenjort	remote	101 +	Khmu, Hmong, Lao Loum	2 Hamlets, ***health centre***
	Ban Donkham	not remote	106	Khmu	Hydropower impacted
	Ban Mokloy	remote	102	Khmu	
	Ban Huayxoeui	not remote	234	Khmu, Hmong, Lao Loum	3 hamlets (1 relocated)

6. Persons Interviewed

Annex 3 provides a list of the 38 persons interviewed by the ET (not including villagers) which can be summarised as follows, based on location:

- **Vientiane:** SNV x 5 staff. 7 persons from 7 other projects/agencies.
- **Houaphanh Province:** PHO: 3 persons. PAFO: 2 persons. LWU: 2 persons. SNV: 2 persons.
- **Viengxai District:** DHO and DLWU x1 person each, who accompanied the ET. DAFO x 2 persons.
- **Xiengkhor District:** DHO x 2 persons, who accompanied the ET. LWU: 1 person, and DAFO: 1 person.
- **Oudomxai Province:** SNV: 1 person. PHO: 1 person. PAFO: 2 persons. LWU: 2 persons.
- **Beng Districts:** DHO: 1 person. DAFO: 1 person.
- **Nga District:** DLWU: 1 person. DHO: 1 person.

Table 5 below details the village stakeholders interviewed by the ET, disaggregated by gender.

Table 5: Inventory of villagers interviewed by the ET.

		1,000dayChild Trainer		1,000dayChild parents		'Master farmer' (trainer)		VWMC	
		male	female	male	female	male	female	male	female
	Viengxay District	**1**	**8**	**2**	**14**				
	Ban Jakien	0	2	0	5	1		1	1
	Ban Borphadtai	1	2	0	0			(Vill Chief)	
	Ban Jaefai	0	1	2	6	1		(Vill Chief)	
	Ban Pounghang	0	3	0	3	1		(Dep VC)	
	Xiengkhor District	**1**	**5**	**2**	**41**				
	Ban Huaybidt	0	3	1	6	(both sick)		5	
	Ban Sopvun	0	1	0	9	1	1	5	1
	Ban Nadtong	1	0	1	17			3	2

		1,000dayChild Trainer		1,000dayChild parents		'Master farmer' (trainer)		VWMC	
		male	female	male	female	male	female	male	female
	Ban Khounkham	0	1	0	9	1		7	1
	Beng District	**1**	**6**	**15**	**32**				
	Ban Tangdou	0	1	6	10	1		2	
	Ban Tamuen	0	3	4	8	1		3	
	Ban Mokvieng	0	1	0	9		1	2	1
	Ban Napa	1	1	5	5	1		2	
	Nga District	**3**	**5**	**16**	**34**				
	Ban Saenjort	0	2	5	5	1		3	
	Ban Donkham	1	1	5	5	2		1	
	Ban Mokloy	1	1	6	14	1		1	1
	Ban Huayxoeui	1	1	0	10			1	1

7. Evaluation of the ENUFF projects 4 Components

The evaluation of project results and sustainability of the 4 components is as follows.

7.1. Nutrition Improvement by the village based GMP of CU2 (see photo 1)

The GMP program would have been a significant contributing factor in the nutrition improvement as evidenced by the 7.7 % decrease in stunting found by the ELS.

The ET could not assess the GMP programs' role in nutrition improvement during the course of the project as the GMP data was not provided to the ET (until very late) and the GMP data or monitoring books do not remain in the villages. We realise that the main objective of the GMP was to enable villagers to monitor their children's growth and respond if required. However, the summation of the GMP data gathered over the projects 4 years would possibly be useful.

Importantly, of the 16 villages visited by the ET, 11 village VNTs are continuing the GMP recording, although not using either the ENUFF GMP or the MoH monitoring books, but rather hand drawn tables (see annex 11 for examples).

While the village GMP has been handed over to the Health Centres, evidence of village level GMP data gathered by the HCs visited is variable, and does not appear to be regular.

7.2. Nutrition improvement based on diverse diets

The ELS showed a significant increase in diverse diets, based on 24-hr recall interviews (as per international practice), not on actual observation or measurement (which villagers mentioned) or diets over possibly a longer period. Our interviews also found that villagers' knowledge and awareness on nutrition were improved, encouraging them to have diverse diets to improve nutrition. However, any improved eating habits may be partly overshadowed (negatively impacted) by (a) mass out-migration for work of young families (with/without babies) in the dry season, and (b) consumption of junk food and snacks.

The projects snack food replacement activity appears not successful. Only a few families produce the 2 snack types. No children were observed eating these snacks, but a lot observed eating junk snacks. One of two promoted snacks may be unhealthy due to the oil used to deep fry bananas. Food preservation promotion by ENUFF is not clear to the ET.

7.3. Nutrition Improvement by BCC

Villagers' knowledge and awareness on nutrition has increased significantly, due to the SBCC activities, in combination with the GMP, which included community workshops, training sessions, cooking demonstrations, visual materials, village nutrition days, and radio (or loudspeaker) programs to promote healthy eating and farming practices.

Few posters and other materials used in the SBCC activity (as annexed to the EoP) were observed in the villages by the ET mission. We understand they were distributed in 2020.

While the SBCC activities certainly improved mothers understanding and appreciation of a good diet, when they go to work in far-away fields or in other Provinces, the children are cared for by the grandmothers who may not have participated in the SBCC.

7.4. **Summary of findings of the WASH component**: (see photo 2 below)

1: ENUFF is one of the few projects implementing the excellent program of filtered spring water leading to HH water connections with meters. This program has multiple benefits.

2: Before the HH water connections/meters were installed, sanitation would have been a challenge. Now that HH water with meters are installed in 49 or 60 villages, good sanitation is easier and appears prevalent, and women's and children workload much reduced.

3: The HH water seems essential for wide adoption of home garden, for vegetable watering.

4: In most villages, many VWMC members were organized to meet the evaluation team, and most seem active/engaged and pleased with the activity. Most villages have good water fee payment and accounting, but some reported that a few poor families are delaying payment.

5: When asked if there are any hardware issues, all VWMC said "no, especially as the systems had only recently been finished". However, our field observation found some leaking pipes or non-functional taps in schools and health centres, observed in 3 villages, and thus the VWMC must have been referring only to household water supply system.

6: The protection of the water meters/poly pipes was variable. Some had good water meter housing/covers, while others had none at all, and thus prone to breakage (see photo 2).

7: The handover of tools and spare parts to the VWMC for on-going O+M was based on those materials and tools left over after construction (see annex 9), not on a standard set of tools and toolbox. O+M and future installation into new houses may be an issue.

8: Watershed management or protection is not convincing. Watershed maps are very poor quality (annex 10) and neither the maps nor the rules are displayed. Problems are occurring (as reported by 5 villages, and staff, and in ENUFF reports).

7.5. Summary of findings of the Agriculture Component: (see photo 2 below)

1. House gardens appeared to be widespread if (a) land was available around the houses, and (b) Household water connections (with meters) were installed, for dry season watering.
2. From our brief observations in the 16 villages in Nov/Dec 2024, between 10% to 40 % of houses had "house vegetable gardens", the constraint being lack of land around the house. Villagers also have stream-side vegetable gardens and some dry season gardens in the wet rice fields, while many said they had wet season gardens in upland fields
3. SNV data shows that 50% of families in Viengxai and 26 % of families in Xiengkhor ordered seeds for the 2024/25 dry season gardens. No data is sighted for Oudomxay.
4. Nutrient sensitive vegetables are grown in 3 ecosystems: 1- dry season vegetable gardens around housing, 2- dry season vegetable gardens along streams or beside lowland rice fields, and 3-wet season gardens in (beside) the upland rice fields, which is a useful typology.

5. While the project promoted a wide range of vegetable and bean types, at the time of the evaluation mainly only leafy greens were evident.
6. While the vegetable shade house program was reported as not successful, some villagers still maintain and use the shade houses, and some even build their own new shadehouses. These were said to be an important source of vegetables for the village.
7. Poultry raising seems to have failed. We did not observe any viable poultry flocks. Large livestock vaccinations program is mixed but generally good and sustainable.
8. Pasture grass promotion was successful. This activity is very common in even non-project villages. The sustainability of mono-crop pasture on steep slopes is of serious concern.
9. Some villages reported useful training in fish pond management and productivity, but fish as a protein source could have been more widely supported.
10. The ELS found that 'food security' had decreased. This may be due to a range of factors, some of which are noted in the EoP Report.

7.6. Summary of findings of the Governance component:

1: Based on the few interviews the ET had at Provincial and District level, and the minutes of meetings, the ET cannot comment on the post-project function of PNCs and DNCs.

2: Regarding the DNTs, only 1 District organised for us to meet the whole DNT. In another District at least the DHO and DAFO staff were active and functioning post-project. In a 3rd District, only the WASH staff appeared active, but the DAFO staff at least enthusiastic, while in a 4th the LWU seemed active, but we could not meet relevant DHO or DAFO staff.

2: A District Nutrition Strategy and Plan was seen for only 1 District, Beng District. It is based on the NPAN but with data from the local area. The document appears to be not complete or officially signed/approved. The Beng DNT was not aware of its existence.

3: Most village committees maintain the GMP equipment in good order, but a few not. However, while the water management committee members get 30% of the water fee paid by villagers, the VNT/GMP team has no running funds, as pregnant or nursing mothers do not pay a fee for the GMP service or advice. It depends on the kindness of volunteers.

8. Brief evaluation of achievement of LFM Indicators

While the LFM is not mentioned in the Evaluation ToR, we find it useful to summarise the achievement of indicator targets as provided in the LFM (see Annex 6), as follows:

1: The extent that Outcome Indicator targets are achieved:

- 4 indicator targets are exceeded;
- 3 indicator is achieved exactly as targeted;
- 4 Indicator targets are not achieved; and

2: The extent that Output indicator targets are achieved:

- 5 indicator targets are exceeded;
- 5 indicators achieved exactly as targeted; and
- for 4 indicator targets, we believe the data needs to be verified or confirmed. For example, Output 2 Indicator (below) says there was 68 health centres in the project.

Output 1.2	Output Indicator	target	endline
Increased capacity of Health Centres to link with village nutrition teams in target area	Number of Health Centres that have participated in project activities	34	68

Photo 1: GMP equipment, ET activities, and some posters in the visited villages (Nov/Dec 2024)



Photo 2: Typical household piped water supply, with meters (Nov/Dec 2024)



Photo 3: Some typical vegetable gardens in a range of villages visited by the ET (Nov/Dec 2024)



Ban Huaybidt, Xiengkhor District



Ban Mokloy, Nga District



Ban Napa, Beng District



Ban Khamkhoun, Xiengkhor District



Ban Nadtong, Xiengkhor District



Ban Saenjort, micro garden



Ban Tangdou, Beng District, riverside garden



Ban Tameun, Beng District



Ban Tangdou village, Beng District



Ban Mokvieng, Nga District



Ban Mokvieng, Nga District



A well fenced vegetable garden



Ban Saenjort village, Nga District



Ban Saenjort village, Nga District



Ban Tameun village, Beng District



Ban Tameun village, Beng District

9. Response to Evaluation Question re. Relevance

9.1. EQ 1: Project alignment with national nutrition/WASH policies and global goals

> ***EQ 1: Is the project and its interventions (e.g., feeding practices, WASH improvements) aligned with national nutrition and WASH policies and goals ?***

As stated in the ENUFF EoP Report, 2024:

"ENUFF is aligned with the following national nutrition policies and strategies:

1. *Output 2 'Food security ensured and incidence of malnutrition reduced' under Outcome 2 of the 9th National Socio-Economic Development Plan (NSEDP) (2021-2025).*
2. *ENUFF also met the objective of ensuring food security and nutrition and is in line with the approaches set under the Agriculture Development Strategy 2025 and Vision 2030, such as activities related to NSA, post-harvest losses (through the improvement of drying and storage systems), and food stability (through home gardens).*
3. *The National Nutrition Strategy 2030 and the 2021-2025 National Plan of Action on Nutrition (NPAN) to reduce malnutrition among women and children while meeting its mission of ensuring effective multisectoral coordination".*

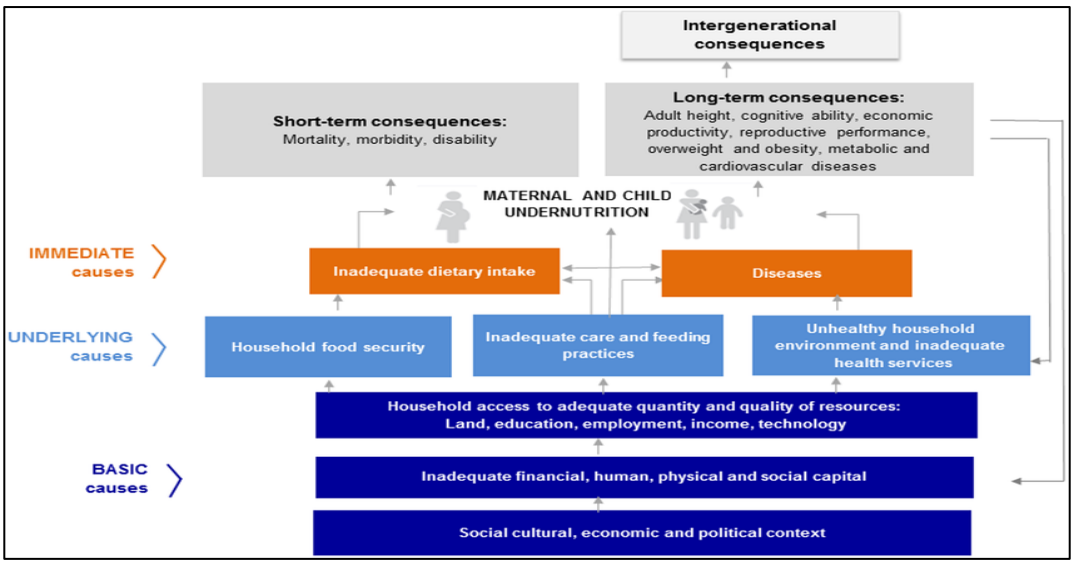
ENUFF is also aligned to national WASH policies. Regarding household water supply, it is believed that the GoI's Water Supply Department (WSD) is interested in the concept of supplying water via meters to each rural household, but is yet to formulate or agree on a policy, possibly due to institutional issues such as the WSDs' current mandate being for urban and peri-urban areas only.

9.2. EQ2: Project's strategy and activities addressal of underlying causes of malnutrition

> ***EQ 2: How well did the project's strategy, approach and activities address the underlying causes of malnutrition in the target upland communities***

While the ENUFF ProDoc does not specifically mention the underlying causes of malnutrition, SNV informed the ET that the ENUFF takes the UNICEFs conceptual framework for understanding the underlying causes of malnutrition are presented below (Figure 2) as also applicable to ENUFF. This framework conceptualises a 3-step hierarchy of causes, being: (i) Basic Causes, (ii) Underlying Causes and (iii) Immediate causes.

Figure 2: Hierarchy cases of malnutrition (from UNICEF's Approach to Scaling Up Nutrition for mothers and their children, 2015)



The ETs evaluation of ENUFF addressing these underlying causes of nutrition (ii and ii) is below.

UNICEF underlying causes of malnutrition.	Extent that ENUFF addressed these underlying causes
Immediate causes	
Inadequate dietary intake	Yes, ENUFF addressed this cause very well, but with some gaps.
Diseases	Yes, ENUFF tried to address but only via WASH links to disease.
Underlying Causes	
HH food security	Not addressed, except for the rice seed management program.
Inadequate care and feeding practices	Yes, ENUFF addressed this cause very well.
Unhealthy household environment and access to health service	Yes, household environment issues addressed well via ENUFF WASH activities, but access to health services only partially addressed.

More specifically, the ET found that:

- Malnutrition caused by inadequate vegetable diets and water supply issues have been addressed well.
- Malnutrition cause by lack of protein was not addressed so well, as the poultry raising was not successful, while legume cropping and consumption likely only partly successful.
- Malnutrition cause by lack of other foods produced in village upland agricultural fields not specifically addressed, except for rice seed storage improvements.
- Malnutrition caused by low upland agricultural productivity not addressed well.
- Malnutrition arising from seasonal out-migration for work, and living in labour camps, not addressed, but admittedly very hard for an IDA project to address this systemic issue.
- Activities to address malnutrition caused by junk food and junk snacks replacing nutritious food not very successful (scant uptake of the 2 snack foods promoted by the project).

9.3. EQ3: Additional credits contribution to addressing underlying causes and project objectives?

EQ 3.1: To which extent the additional credits have contributed to address these underlying causes and have contributed to achieve the project's objectives

The ET understands that the additional credits referred to in this EQ are;

- Additional Credit 1: USD 860,000 for WASH/Water in Schools and Health Centres,
- Additional Credit 2: USD 499,000 for WASH/Water in remaining 21 villages, incl. solar pump.

It is unclear how Additional Credit 2 relates to the original ENUFF Phase 2 budget allocation for water filtration system and piping to each household (to the other 28 villages), as the supply of water to household in the 49 villages started in late year 2/early year 3 of the 4 year ENUFF 2.

In any case the budget allocated to HH level water supply (from either the original budget but certainly from the additional credit) was essential for the achievement of objectives. Without HH water connections we doubt that the following good results of the project would be attained:

(a) The rather widespread growing of vegetables around houses, using HH water supplies;

(b) Full ODF, at least in and around the villages; and

(c) Easier food preparation with tapped water.

9.4. EQ3.1: The Projects consideration of local practices and customs

EQ 3.1: Has the project been adequately considering local practices and customs

While some ethnic groups in the upland villages may have specific dietary staples, agricultural practices, and traditional foods that could inform how nutrition education could be tailored, and which foods should be promoted, we did not see evidence that this was specifically considered y ENUFF. We also did not find evidence that the project specifically considered the reasons for ethnic specific food taboos, or adjust messages or approaches within the framework of these cultural beliefs and food taboos. For example, Khmu taboos related to eating certain animals or food items (big animals) after giving birth may not have been considered. A project could adapt food recommendations according to their food cultures to encourage them to improve nutrition without cultural conflicts.

The custom of young families leaving their children to be cared for by grand-parents who were not targeted for SBCC was acknowledged by ENUFF. The project then included them in the later focus on in-house food cooking, but is a difficult inter-generational aspect to resolve.

10. Response to Evaluation Question re. Coherence

10.1. EQ4: Project targeting women: children under 5 and ethnic groups in remote areas

EQ 4: Has the project adequately been targeting women, children under 5, and ethnic groups in remote areas, including their special needs

- The project targeted women very well.
- The project specific targets were whole families, the WRA and CU2, as CU2 and WRA age groups are the main window of opportunity to embed healthy family nutrition practices and dietary diversity, leading to the hoped for decrease in stunting of CU5.
- The project worked with a good representation of ethnic groups (compared to the ethnic group profile of the whole district). Project teams (both SNV and GoL) included ethnic group speakers. However, we are not sure if implementation plans were adapted to specific needs of specific ethnic groups. When the ET team visited three villages with mixed ethnic groups (Ban Napa, Ban Seanjort, and Ban Huayxoeui), the ET meet only one of the ethnic groups, because the ethnic groups in these mixed villages still live in physically separate hamlets, while the ET planned to visit only one village or one hamlet.
- Two of the 16 target villages visited (Ban Donkham and Ban Huayxoeui), both Khamu ethnic group, where impacted by 'resettlement' which may not have been addressed by ENUFF project, and unsuccessful activities in these villages were likely due to this issue.
- The supply of water to each household is labour saving for women.

10.2. EQ5: Synergies between ENUFF and other projects, enhancing effectiveness and impact

EQ5: Have there been any synergies exploited between ENUFF II and other development projects that have enhanced its effectiveness and impact.

While GoL persons interviewed suggested minimal synergizes between ENUFF and other projects, they are referring mainly to the GoL approach to spread out or distribute IDA projects to a range of villages, so that projects do not overlap (and thus synergize) in the same village. However, there have likely been some synergies beneficial to ENUFF, such as:

- The ENUFF WASH "piped and metered HH water supply" program benefited from the experience of the one UNICEF village and the SCALING project implementing of this activity.
- Some synergy may have been developed with the AFN1 project, and then AFN2.
- ENUFF benefitted from active participation in SUN CSA group, including jointly conducted studies, such as the impact of food insecurity on nutrition.

11. Response to Evaluation Question re. Effectiveness

11.1. EQ6: Effectiveness of the project's multi-sectoral

EQ6: ***How effective was the project's comprehensive (multi-sectoral) approach in reaching the project's goal***

We take this EQ to be another way of asking "..***if the ENUFF projects' 'Theory of Change' was effective*** ?". The Projects Theory of Change is that "..*a comprehensive (multi-sectoral) approach with four impact pathways – or the four domains of nutrition, WASH, agriculture, and gender - will achieve the desired change in the nutritional status of the target population. These pathways are interrelated and influence each other, and they have shown to be the most effective pathways throughout ENUFF but must be implemented simultaneously in order to be effective*...".

This comprehensive (multi-sectoral) approach was effective, in that:

i. Agricultural staff often mentioned that it was good to know that their activities would 'feed into' another measured component; and this was an incentive for them to do good work;
ii. Health staff said it was helpful to have a source of food to resolve nutrition issues, directly in the village, and thus they discussed and worked with agricultural staff in this respect;
iii. Both Health and Agriculture staff mentioned it was very good to have gender, SBCC and food preparation support from the LWU; and
iv. Both Health and Agriculture appreciated the supply of water to each household for both WASH, for vegetable gardens, food preparation and labour saving for women.

While ENUFF implemented the Nang Noi Girls' Group approach in primary and secondary schools, a nutrition convergence curriculum was not developed or embedded in the school curriculum (such as was done for the ABD school curriculum in XKH Province by the TABI project).

11.2. EQ7: Improvement in infant + young child feeding practices and dietary diversity

EQ 7: To what extent has the project improved infant and young child feeding (IYCF) practices and the dietary diversity of households and in particular women of reproductive age

11.2.1: infant and young child feeding (IYCF) practices

The 1st IYCF practice is breastfeeding of children, with the indicator being exclusive breastfeeding (EBF) of children from 0-6 months. The ELS results (table 6 below), based on 24-hr recall, shows an overall slight or insignificant decrease in EBF from 97.5 to 96%. As village women already practiced close to 100% EBF before the project, there was little room for the project to improve on that. However, in the District of Xiengkhor, EBF decreased from BLS 100% to ELS 92%. Looking deeper into the data, we found that this lower 92% figure resulted from 1 mother in 4 villages (1 mother/village) not practicing EBF. This included one village that the ET visited, Ban Sopvun, where only 2 lactating women were interviewed for the ELS, with 1 mother not following EBF. The ET, nor

the VNT or DNT, could identify this woman to ask the reason. The SNV EoP Report did not present this data or provide any explanation for the drop in EBF in XiengKhor District.

Table 6: % of exclusive breast feeding (EBF) and number of villages, from BLS and ELS survey

				Nr. of villages change from BLS to ELS					
	Overall EBF %		Nr.	BL+EL same 100%		Decrease BL to EL		Increase BL to EL	
Province/District	BLS	ELS	Vills	Ph1 Vill	Ph2 Vill	Ph1 Vill	Ph2 Vill	Ph1 Vill	Ph2 Vill
Houaphanh Prov	**98 %**	**96 %**							
Viengxai District	100 %	100 %	17	10	7				
Xiengkhor District	100 %	92 %	15	8	3	2	2		
Oudomxai Prov	**97 %**	**96 %**							
Beng District	97 %	95 %	15	7	3	3	1		1
Nga District	97 %	98	13	9	3			1	

Recent information from SNV, not included in the EoP Report, is that EBF was measured by the ELS at 97% for babies aged 6-8 months (c.f.BLS 94%), at 93% for 9-11 months (c.f. BLS 93%) and at 63% for 12-23 months (c.f BLS 57%).

Following EBF, the next indicator is feeding practice of young children (6-24 months). The ELSs' 24-hour recall in which mothers were asked about the foods they feed to their children, within the framework of a **Minimum acceptable diet (MAD),** is shown in the table below. The ELS found a significant increase, averaged over all 60 villages, from 35% to 58 % at the end of the project.

	Minimum acceptable diet (MAD), children 6-23 months		
Province/District	BLS	ELS	increase
Houaphanh Prov			
Viengxai District	31 %	60 %	29 %
Xiengkhor District	41 %	61 %	20 %
Oudomxai Prov			
Beng District	45 %	67 %	22%
Nga District	27 %	45 %	18%
All 60 villages	**35 %**	**58 %**	**22 %**

The ENUFF EoP Report states:

> *"Overall, it was found that mothers now place greater importance on IYCF practices. They have changed the practice from giving masticated rice to providing diverse meals that include eggs and vegetables. They also offer fruits for snacks. However, providing a diverse meal daily is challenging due to seasonal availability and affordability."*

From our observations and discussion, we agree that mothers now place greater importance on IYCF (6-23 months). But, as stated previously, and also in the statement above, it is a big challenge, for reasons including the seasonal availability and affordability of food, the time required to cook nutritious food, the other (productive) tasks required of the mother, the handover of care to grandparents and the ready availability of junk food and snacks (regularly observed by the ET).

11.2.2: dietary diversity of households and in particular women of reproductive age

The mother and child focus group reported to the ET that they are paying more attention to meal diversity and adequacy, thanks to the nutrition training efforts. A lot of them said they are making

more conscious food choices according to the food pyramid poster, trying to ensure their kids get balanced meals. They also talked about how access to local vegetables played a big role in what they eat and make healthier choices, but challenges with processed snacks.

The ENUFF EoP Report gives 2 sources of information re. dietary diversity, (i) the ELS results, and then (ii) supplementary interviews.

(i) ELS results:

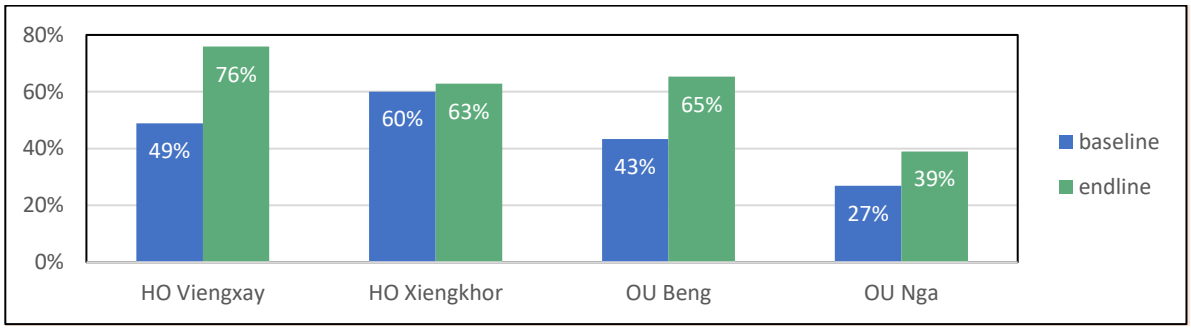
"There is an overall increase of 16 percentage points, from 44% to 60%, for women consuming at least five of 10 food groups. While we see an increase in all districts, in the Nga district, only 39% of women met the MDD compared to the other three districts, where more than 62% of women had a diverse diet, meeting the project's target (figure 3 below).

and:

"More than 80% of the HHs consumed grains, meat, and other vegetables. Consumption of legumes/nuts, eggs, and other fruits significantly increased from baseline. The increase in fruit and egg consumption is attributed to the project's SBCC campaign, which promoted eating one egg and one fruit daily."

Evaluators comment: Assuming the 24-hr recall ELS data is a good reflection of reality, then there is a significant increase in dietary diversity. However, (i) this data is from interview not observation and measurement, and (ii) even some less isolated villagers or city dwellers may find it difficult to achieve such diversity in the previous 24 hrs.

Figure 3: Previous 24 hours minimum dietary diversity of women (≥ 5 food groups out of 10)



(ii) Supplementary interviews

The EoP Report says *"Women said they now plant more kinds of beans (legumes), especially long beans and peanuts, and save some to replant. The children like the beans, and their family eats beans four-five times a week. Another group said that when in season, they eat beans nearly every day and keep some to replant."*

Evaluators comment: We are not convinced by this analysis based on interview, especially the report of children's preferences and that families "*eats beans four-five times a week"* and *"eat beans nearly every day."* It should be noted that 'legumes', 'beans' and 'pulses' are not the necessarily the same, although in Lao they only have one word for all, so when they respond that they eat legumes, it could be long beans, or native legumes, or even leaves of legumes, not 'beans' as such. Beans are not traditional Lao foods, except when used in sweets, so the way the villagers use the '*beans four-five times a week* ', in what food, should be explained bu ENUFF/SNV.

The EoP Report states: *"A Nga mothers' group said they rarely ate eggs in the past, but now they eat them daily. Most buy eggs in the village but use their own if they have any."*

Evaluators comment: This statement may apply to this group, but we are not convinced that villagers in general now eat eggs daily, except those that live in villages with the WFP egg chicken project or a market. Data on egg consumption should be relatively easy to obtain by visiting each house kitchen to observe and count eggs, and the same in village shops .

11.3. EQ8: Projects contribution to improved sub-regional nutrition policies and institutional frameworks

EQ 8: To what extent has the project contributed to more conducive policies and institutional frameworks at the sub-regional level for improving nutrition?

By sub-regional, the ET takes this to mean 'subnational', as mentioned in the ENUFF project documents, and by this we assume to be the District level. In the Lao PDR, policies and institutional frameworks are set at the Central and Ministerial or Department level, and thus Districts have limited, if any, ability to make or amend policies. However, a more conducive sub-regional institutional framework that has been supported by ENUFF is the establishment of the PNC and DNCs. At times, the PNC and DNC have contributed to project activities and help resolve some issues.

11.4. EQ9+14: WASH practices, and measurable reductions in WASH-related diseases

EQ 9: Have WASH practices become safer and have there been measurable reductions in WASH-related diseases in children under 5 in target areas
EQ 14: Has there been a reduction in WASH-related diseases, such as diarrhea, that affect children's nutritional status

According to the ELS (table 7 below), there was an increase in diarrhea over the 2 weeks preceding the ELS (March-April 2024).

Table 7: % of CU5 with diarrhea, and number of villages recording more or less

	% of CU5 with diarrhea		Nr. of village with less or more diarrhea		
Province/District	**BLS**	**BLS**	**less diarrhea**	**more diarrhea**	**the same**
Houaphanh Prov					
Viengxai District	8 %	12%	**9**	**6**	**2**
Xiengkhor District	2 %	17 %	**1**	**14**	
Oudomxai Prov					
Beng District	5 %	26 %		**15**	
Nga District	14 %	34 %	**2**	**11**	
Total / 60 villages	**7 %**	**23 %**	**12**	**46**	**2**

While most staff and villagers interviewed were perplexed by this data as they feel WASH-related diseases have decreased, a senior WASH staff mentioned that there was considera
ble **diarrhea** at the time of the ELS, and postulated this could be due to a number of factors, such as (i) unsafe water sources in the late dry season, (ii) spilt or contaminated food, (iii) consumption of junk food from unknown sources, (iv) the fact that, at the time of the ELS, many families may have just returned from hired labour jobs with poor food sources and, (v) general socio-economic stress. All these factors would have been exacerbated by the timing of the ELS, March-April, the hottest and driest season in the year.

12. Response to Evaluation Question re. Efficiency

12.1. EQ10: Efficiency of project set up

EQ 10: How efficient was the project set up -did it allow for optimal results"?

Project Set-up:

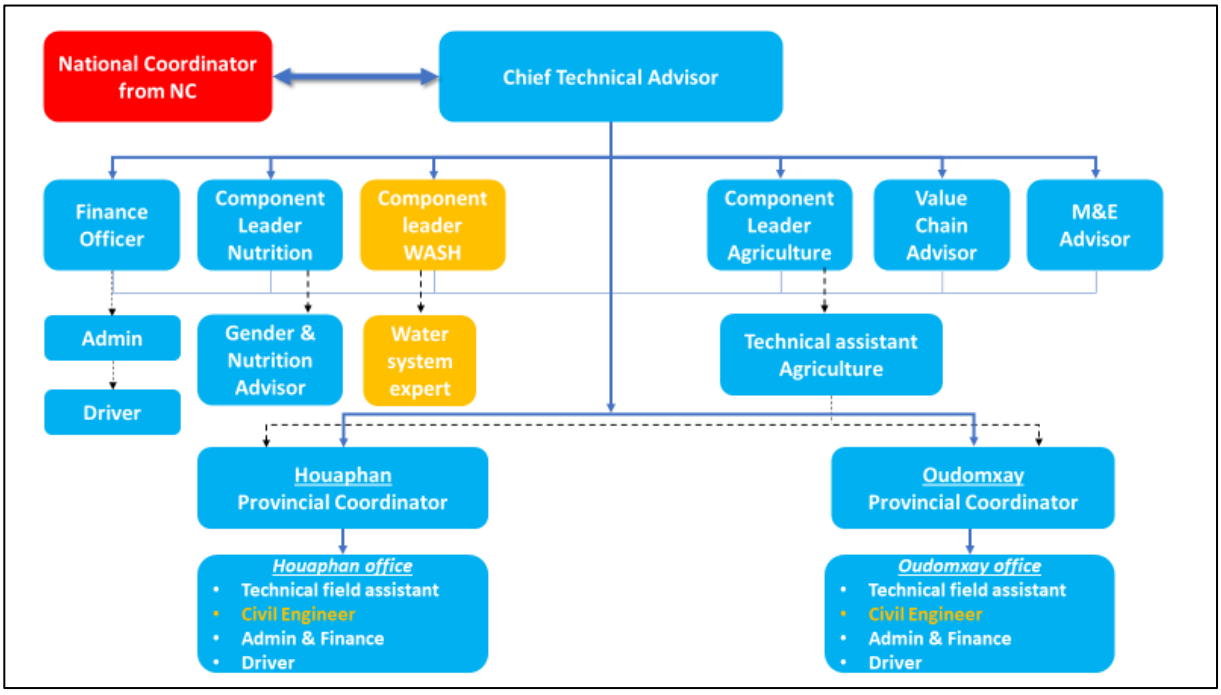
Figure 4 below is the project set-up as provided in the ENUFF Phase 2 ProDoc. This, however, does not fully reflect the eventual set-up or implementation levels, for example:

- We are not sure that the NNC coordinated the project or rather acted as Advisor;
- SNV actually placed 3 technical staff (Nutrition, Agric and WASH) in each Provincial Office;
- The Value Chain Advisor was part-time and the ET could not meet them;
- The role of the CSO RDA is not shown in this organization chart; and.
- Importantly, this chart does not show the crucial teams: the DNT and the VNTs.

The set-up in which national consultants and administration teams were based in each Province was very good. The engagement of RDA to support WASH and Nutrition in each District proved rather effective and efficient, but may hamper the handover to the GoL and thus sustainability. Working thru purpose-designed DNTs and VNTs was very effective.

Administrative set-up: Sufficient dsa and fuel was made available to District staff to undertake regular visits to each village, which was very effective. The modality whereby the dsa and fuel was paid after the field work, and transferred direct to staff bank accounts was effective.

Figure 4: Project set-up ('organizational structure') as per ProDoc. Actual is slightly different



12.2. EQ11: Were the interventions implemented on time and within budget?

EQ 11: Were the interventions (e.g., construction of water schemes, training on nutrition) implemented on time and within budget

While the ET has not seen the planned, and then the actual, timeline of project intervention, from our limited understanding we could observe as follows:

- The nutrition and agriculture interventions were implemented on time, although sometimes the agricultural inputs supply was delayed, but this can often happen.
- The very effective WASH intervention - piped water supply to each HH with meters - was initiated late in year 2/early in year 3 of the 4 year project.

13. Response to Evaluation Question re. Impact

13.1. EQ12: Project coordination across sectors (nutrition, WASH, agriculture)

EQ 12: How well did the project coordinate across sectors (nutrition, WASH, agriculture) to maximize impact

- From what we can ascertain, there was good coordination across sectors, although at times it would have varied, depending on personalities, but generally very good.
- In some Districts there was a lot of GoL staff turnover, and some of the staff we interviewed were new, often very new, to the project.
- We heard that in some few cases, working on such a convergence project was not 'recognized' by their line agency, possibly due to project funds being managed by the implementation partner (SNV) and not provided to the GoI as in related IFI projects.

13.2. EQ13: Observed improvements in nutritional status, particularly dietary diversity and stunting of children under 5

EQ 13: What improvements in nutritional status, particularly dietary diversity and stunting of children under 5, have been observed in the target areas

❖ Improvements in **dietary diversity**, are addressed in the response to EQ 7 above.

❖ **Stunting**: Improvements - a decrease - in stunting in children under 5:

A key indicator of project impact is the "***Percentage of children under five who are stunted in 40 villages of ENUFF Phase 1***". While stunting (and wasting, below) was measured monthly by the VNT as part of the GMP program, the Projects' EoP Report is based only on the ELS anthropometric measurements in March-April 2024, the results of which are summarised in table 8 below. Stunting decreased by 7.7 % between 2016 and 2024, from a base of 42.3 %.

Table 8: Comparison of the BLS and ELS measurement of stunting in Phase 1 villages

	% stunting from BLS and ELS			Nr. of villages		
	BLS, 2016	ELS, 2024	% change	less stunting	more stunting	same
Houaphanh Prov	**40.1 %**	**34.4 %**	**5.7 %**			
Viengxai District	48 %	36 %	12 %	4	2	4
Xiengkhor District	36 %	33 %	3 %	6	4	
Oudomxai Prov	**42.0 %**	**34.8 %**	**7.2 %**			
Beng District	44 %	34 %	10%	7	3	
Nga District	43 %	36 %	7 %	6	4	
Total / 40 villages	**42.3 %**	**34.6 %**	**7.7.%**	**23 (57%)**	**13 (32%)**	**4 (10%)**

This 7 % decrease in stunting is favorably compared to the GoL data as gather by LSIS II and LSIS III - see the table below - which found that nationally, stunting deceased by only 0.2 % while in the target Provinces of Houaphanh and Oudomxay, stunting actually increased.

	National	Houaphanh Prov	Oudomxai Prov	ENUFF: 40 Villages
LSIS II (2017/18)	33	40.7 %	42.7 %	BLS 2016: 42.3 %
LSIS III (2022/23	32.8	46.2 %	45.6 %	ELS 2024: 34.6 %
	0.2 %	**5.5 % Increase**	**2.9 % Increase**	**7.7 % decrease**

An alternative way to interpret ENUFF BLS/ELS stunting data is to compare the decrease in stunting rates as a % of the original 2016 BLS figure. By this approach one could say there was an 18% decrease in stunting in 2024, compared to 2016.

❖ **Wasting**: An increase in wasting in children under 5 (at the time of the 2024 ELS)

Table 9 below summaries the data comparing the 2024 ELS with the 2020 BLS measurements of wasting. Overall, there was an estimated increase in wasting in the population of 3.1 % at the time of the ELS. Interestingly, this increase in wasting is mirrored by the increase in diarrhea, which strongly suggests there was indeed a problem at the time of the ELS.

Table 9: Comparison of the 2020 BLS and ELS measurement of wasting

	% wasting from 2nd BLS and ELS			Nr. of villages		
	BLS, 2020	**ELS, 2024**	**% change**	**Less**	**More**	**same**
Houaphanh Prov						
Viengxai District	5.2 %	9.2 %	4 %	4	12	1
Xiengkhor District	5.6 %	8.2 %	2.4 %	3	9	1
Oudomxai Prov						
Beng District	5.3 %	7.5 %	2.2 %	2	10	3
Nga District	5.5 %	9.4 %	3.9 %	2	8	3
Total / 60 villages	**5.4 %**	**8.5 %**	**3.1 %**	**11 (18%)**	**39 (65 %)**	**8 (13%)**

13.3. EQ13.1: Have there been any observable gender biases?

We did not see any differences in the way the project activities may have been directed towards, or affected differently, male or female children. However, in most villages, villagers still appear to conduct some activities based on gender norms, for example:

- While the project trained 19 females (21%) of the total 89 'master farmers', at the time we visited the 16 villages, only 1 had a female master farmer (although in 5 villages we could not meet any master farmers as they were either absent seeking work or sick).
- There are not many women in the Village Water Management Committee.

With respect to the GMP, SBCC and dietary diversity activities, it appears that men were not so involved in the training. However, in reality, men are now taking a bigger role in child care, and often attended the ET interviews with the young mothers group. We could see that many house gardens were tended by males. In summary, the project has had a very positive effect in promoting a balance in the roles of men and women in relation to child care and nutrition.

13.4. EQ15: Projects contribution to broader systemic changes, such as improved local governance and institutional capacity for nutrition-sensitive interventions

EQ 15: To what extent has the project contributed to broader systemic changes, such as improved local governance and institutional capacity for nutrition-sensitive interventions

- At the GoL District and Province level, the ENUFF project has certainly facilitated changes, and improved the institutional capacity for nutrition-sensitive interventions. The extent that these changes are 'systemic' is not clear, and likely varies in each Province and District.
- Both Houaphanh and Oudomxay PAFOs currently appear very engaged in promoting nutrient sensitive agriculture, and we assume the DAFOs are similar.
- At least one of the two PHOs are also very engaged, while DHOs vary in their focus on nutrient sensitive interventions, due to time taken by the many other health care duties.
- The ET saw scant focus on nutrition-sensitive interventions at the 3 Health Centres visited, again mainly because of their work overload, limited budget and limited transportation.
- At the village level, there has certainly been improved local governance and capacity for nutrition-sensitive interventions, but it risks being over-ridden by factors such as uncontrolled junk sweets, rubbish and the annual out-migration for work.

13.5. EQ15.1: Projects impact on national policies and frameworks?

EQ 15.1: Has the project had any impact on national policies and frameworks

The only policy that we have come across that may have been influenced by the ENUFF Phase 2 is the Law on Primary Heath Care, 2024, towards the end of ENUFF Phase 2. In this Law:

- Articles 10 to 18 concern the Village Health Volunteers, also supported by ENUFF.
- Two of the 10 components of Primary Health Care are stated as (i) Nutrition, and (ii) Access to Clean Water, in the flowing articles of the Law.

  Article 37 Promotion of Nutrition:
  "The promotion of nutrition is to encourage people to have sufficient nutritious food in terms of quantity and quality, clean, safe, healthy food, diverse, and different nutrient groups such as starch, protein, fat, vegetables, fruits, vitamins, mineral salt and sugar.

  The Primary health care committees, health centre, health personnel and village health volunteer shall promote nutrition in the community, particularly to the target population who suffer from malnutrition and undernutrition by data collection, awareness raising, knowledge and information sharing, screening children with malnutrition, monitoring, evaluation and other activities."

- **Article 38 Promotion of Access to Clean Water, Sanitation and Hygiene**
  This article is very general and does not mention supply of water to household level.

- **Part VII** on **Primary Health Care Committees,** which includes (i) Article 58 Provincial Primary Health Care Committee, and (ii) Article 60 District Primary Health Care Committee. **Both these committees have very similar if not the same membership as PNC and DNC**.

The next version of the NPAN is due to be drafted in 2025, and the integration of ENUFF lessons learned and good results into this document should be monitored.

13.6. EQ16: Unintended consequences arising from the project

> ***EQ 16*: What unintended consequences (positive or negative), if any, have arisen from the project (e.g., changes in household decision-making dynamics or gender roles or intergenerational relations and repartition of roles and responsibilities at village levels)?**

There have been no negative unintended consequences.

Positive unintended consequences include:

- ✓ Water connection to each HH has significantly increased the feasibility to grow vegetables in house gardens, as most gardeners use the piped water to water their vegetables.
- ✓ Villagers who worked closely with ENUFF are often elevated to village committee and some even to village chief.
- ✓ The now easy and full access to household water may be a factor contributing to a possible reduced out-migration for work in the dry season.
- ✓ The HH piped water supply project, and the VWMC operations, has developed a level of attention to the management of a natural resource, that could also be applied to other natural resources.
- ✓ As the piped water was made available to each family, then some multi-family households may have been encouraged to split the household to ensure eligibility to receive the piped water during the projects implementation.
- ✓ Community cohesion has been strengthened, and trust in health systems has increased.

14. Response to EQ re. Sustainability

14.1. EQ17.1: Extent that positive effects generated by the project are sustainable

> ***EQ 17.1: To which extent are the positive effects generated by the project sustainable (technically, financially, institutionally***

Technical sustainability:

The technical ability of both the community and the local staff to maintain and scale up the benefits generated by the project is good and, in some cases, very good.

Financial Sustainability - villagers:

The financial sustainability of the WASH interventions is good, as long as the VWMC works well, maintains the hardware and collect the water fees, which most are currently doing. The projects hand over of tools was not standardized or complete, and may be an issue.

The financial sustainability of CU5 nutrition activities, especially the GMP may be an issue, as it relies on village health volunteers with currently no even modest compensation for their effort, or funds to maintain or repair equipment. This could be addressed by allocation of a small amount of the VWMC funds – the accumulation of HH water use payments- to the VNT to conduct the GMP once per month, and to repair equipment as required

The financial sustainability of those agricultural interventions that were successful is evidenced by villager's post-project purchase of vegetable seeds, livestock medicines etc.

Financial Sustainability - GoL:

The allocation of GoL budget for staff and programs to continue the range of activities that are required by nutrition convergence is a recognized challenge, as currently 90% of funding for nutrition projects or interventions come from donor support.

Institutional Sustainability:

Village Institutions have enhanced capacity and are demonstrating the willingness to continue an active role in managing nutrition-related intervention.

Institutional sustainability at the GoL level remains to be seen. While the DNCs membership was confirmed again in 2023 or 2024, the Law on Primary Health Care 2014 mandates both Provincial and District Primary Health Care Committees which have very similar (if not the same) membership as the PNC/DNC. Nutrition is 1 of 10 components of PHCCs, and possibly the PNCs and DNCs are not actually required, but rather work thru the legally mandated PPHCC/DPHCCs.

While most agency staff would want to continue the convergence, some information suggests that in some cases work on convergence activities is not fully recognized by line agencies, although the reason for this is likely not related to nutrition convergence per se.

The handover of the RDA tasks to the DNT was not clear to the ET, especially as they were not officed in the same building as the DNT.

14.2. EQ 17.2: Mechanisms that ensure post-project access to nutritious foods and WASH

EQ 17.2: To what extent are mechanisms put in place conducive to ensure continued access to nutritious foods and improved WASH services after the project ends

Regarding on-going GMP:

One mechanism "*to ensure continued access to nutritious foods"* is the GMP program, implemented by ENUFF for CU2 as a driver of continued demand for nutritious foods. We found in late 2024 that 11 of the 16 villages continue to conduct monthly or bi-monthly GMP, (see annex 11 for example of the forms they use), but into the future this is unsure, for reasons including:

- Few other related projects, some in the same village are, or plan to conduct GMP.
- the ENUFF GMP monitoring books (specifically developed for the VNT) are not left with the village. Thus, post -project the VNTs are not using the ENUFF GMP monitoring books, nor are they using the GoL Pink Book, but rather use their own hand drawn tables to record GMP results (annex 11)
- Unlike the VWMC, the VNT does not get any consideration for their GMP work. This could be addressed by allocation of a small amount of the VWMC funds – the accumulation of HH water use payments- to the VNT to conduct the GMP once per month, and to repair equipment as required

The ENUFF reported that the GMP program has been handed over to the Health Centres, as GMP is part of the Health Centre ToR. We heard from various sources that HCs are supposed to travel to villages to conduct GMP every month, or every 2 or 3 months (different responses from different persons). At the time of the ET visit to 3 HCs, they could not clearly explain to us their regular village-level GMP. In addition, it may be that they do not recognize the villagers GMP hand-written records.

However, after the ET field mission we followed up with DNT/DHOs to enquire more on this aspect, and they have been able to provide us with some Health Centre records of GMPS at village level (see Annex 12 for example), with their trips financed by the HANSA2 and/or KOICA program. By coincidence - or not - the reports from 2 of these HCs are dated 1 or 2 days after the ET field visit.

Regarding continued access to nutritious food:

1: **A vegetable seed supply mechanism** appears to be working well in 3 of the 4 Districts. In the 2 Districts of Houaphanh, ENUFF facilitated contact between villagers and Provincial seed suppliers who supply commercial vegetable seeds (originating from China and Thailand – photo 4). In Oudomxai Province, the DAFO staff play the main role of seed supply.

Viengxai District villages	Need to buy seed from Provincial shops, or the seed seller goes to the village
Xiengkhor Dist. villages	Need to buy seed from Provincial shops, or the seed seller goes to the village
Beng District villages	A DAFO staff have established a seed supply shop in the District town.
Nga District villages	DAFO staff help villagers access seeds

2: The legume seed supply chain is not so clear or evident, and will likely depend more on villagers who grow the legumes, to keep their own seed, and possibly sell to others in the local area (see Photo 4, bottom right, Ban Sopvun, Xiengkhor District).

3: Veterinary supplies mechanisms: In Beng District, a DAFO livestock staff sells livestock vaccines and medicines, along with seeds, in her shop. In other Districts, DAFO staff facilitate access to veterinary supplies.

Photo 4: Vegetable seeds on sale, and peanut seeds kept (in-shell) by a Xiengkhor villager

Below: vegetable seeds in Xam Neua shop	Top: Beng Agric supply shop: Below: Kept peanut seed
	 

Regarding continued access to WASH services:

1: the community-managed Village Water Supply O+M fund (financed by house monthly water user fee) is managed well in most villages, partly because the VWMC gets 30% of the collected water user fees.

However, (a) it is very early days, as most systems only recently finished, and (b) so far, no O+M funds have been spent. However, the ET noticed leaks or problems that require O+M (see photos), even though every VWMC queried said that there are no breakages in the system. Interestingly, all these leaks are in public water connections, not houses.

Photo 5: Photos of leaks in the Water Supply system to public facilities



Left: leak at entry of Ban Saenjort Health Centre, Nga

Bottom: broken school water supply pipe, Mokviang public school



2: There are watershed management problems in 4 of the 16 villages visited, which does not auger well for continued access to water for WASH services. The watershed management aspects are not convincing, and the booklet left with each village titled "'water management regulations" has very poor maps, which were not displayed, and insufficient data.

3: Materials and tools left over after the completion of construction were handed over to the villages, but they are not sufficient, as some villagers asked the ET about these. The purchase of new water meters for new houses was sometime mentioned as a problem, and appears different in each District, or Province. One village VWMC said they may have to go to Vientiane to get water meters, while another said they should be able to purchase in the Province. It appears that the supply of water to each upland farming household with meters is not yet established as a role of the DHOs, and confused with Nam Papa. The WFPs AFN project does not include this essential convergence component, which is unfortunate.

14.3. EQ 17.3: Local authorities (e.g., DNC) capacity to sustain the multi-sectoral approach

EQ 17.3: How capable (and willing) are local authorities (e.g., District Nutrition Committees) in sustaining the multi-sectoral approach to nutrition ?

The ET believes that the majority of the various local GoL agencies and staff that are members of the DNC, the DNC Secretariat and the DNTs are capable of sustaining the multi-sectoral approach to nutrition, in that they have a good understanding of the various facets and activities that

combine to produce a good convergence outcome. However, while they generally have the desire to implement nutrition convergence programs, their capacity in terms of financial resources is limited, which poses challenges to long-term sustainability. Unfortunately, we heard that in some cases staff in convergence projects like ENUFF do not get recognition of this work from their line agencies. If true, then this means that sustaining the approach may be difficult, but this needs to be confirmed, and the reason. Sustaining a multi-sectoral approach will require some form of continued investment in local capacity building and funding for regular village visits and targeted village level activities. If local authorities receive consistent support from the government and development partners, and if they continue to integrate nutrition into local development plans, their capacity and willingness to sustain these efforts will be maintained and even improved.

14.4. EQ 17.4: Feeding practices and sanitation maintained by communities over time

EQ 17.4: What is the likelihood that the improvements in feeding practices and sanitation will be maintained by the communities over time

- Re: "*likelihood that improvements in sanitation will be maintained …"* see EQ17.2 above.
- RE: "*improvements in feeding practices... being maintained by the communities over time"*

Feeding practices are dependent on a wide range of factors and the realities faced by remote upland villagers, many of them outside the remit of the ENUFF project, such as:

- Low socio-economic status and income generation in the village, resulting in the need to seasonally out-migrate for work outside the village;
- Rice growing in scattered, unmanaged upland fields instead of well zone/managed upland fields. Such ineffective upland management leads to forest and bush fallow fires - resulting in less forest foods and forest products - and low food crop yield;
- Food taboos which likely continue in some places; and.
- The unavailability of a diverse range of foods, especially protein and fruits.

That said, the villagers are trying, as of the 16 villages visited by the ET, 11 villages continue GMP program as best they can, while 2 villages continue with district hospital or HC and the remaining 3 villages are not continuing. Thus, we see strong community engagement with behavioral changes in many villages but continued support and recognition is still required.

14.5. EQ 18: Plans for replicating or scaling up to other districts or regions in Laos

EQ 18: Are there plans for replicating or scaling up successful interventions to other districts or regions in Laos (by SNV or others)?

At least one donor/project is specifically scaling up some of the successful interventions of ENUFF - the ADB SRIWMP project - which is engaging SNV and WFP to include:

- Nutrition awareness: (LANN modules, Cooking Demonstration, and Village Convergence);
- Nutrition Sensitive Agriculture, focused on the 4 defined indicators in NPAN; and
- Agriculture techniques.

However, this project is not including GMP or household water supply aspects of ENUFF.

The IFAD/GASFP WFP AFN 2 project is continuing the vegetable gardening as per ENUFF, and chicken raising for egg production. However, they will not be conducting any GMP or SBCC

activities and will not be supporting the promotion of HH water supply, both of which were crucial to ENUFF successes.

The WB has 6 multi-sector convergence projects aiming to reduce malnutrition, including:

- The "Reducing Rural Poverty and Malnutrition Project II (RRPM II)" (2023 to 2028) aims to "*strengthen the social protection system and enhance the convergence of multisectoral interventions to improve nutrition behaviours…..".* This is based on their analysis that "*Child malnutrition, particularly stunting, remains stubbornly high in the Lao PDR"* and that:
  - *Children are more likely to suffer malnutrition if they live in a poor household, belong to an ethnic community, or live in a northern province.*
  - *Stunting prevalence varies significantly across ethnic groups, with determining factors including household wealth, sanitation, skilled birth attendants, and number of children.*
- The WBs "Scaling-up Water supply, Sanitation and Hygiene" project (2019 to 2023), included Oudomxay and Houaphanh Provinces. The ET did not come across this project in any ENUFF villages, but we believe it does not include supply of water to each household.
- The WBs "Community Livelihood Enhancement and Resilience" (CLEAR) projects aims to improve rural livelihoods and consumption of diverse foods for targeted vulnerable communities. However, we understand that they are not implementing the range of good activities that were supported by ENUFF, such as village level GMP and household water supply.

15. Lessons learned and ET Recommendations

15.1. Lessons learned

1. Provision of piped and metered water to each household has multiple positive impacts on nutrition, agriculture, household cleanliness and development of social discipline, and should be included in all rural development related projects. For example, the relatively widespread practice of home gardening (when space is available) is made more feasible by piped household water supply. Similarly, widespread WASH and ODF is greatly facilitated by piped household water supply.
2. Effective (i) SBCC, (ii) hands-on food preparation assistance, and (iii) regular GMP, can have a significant impact on improved nutrition and villager attention to nutrition.
3. Improved nutrition (as seen in the ENUFF project) risks being negated by socio-economic factors such as seasonal out-migration for paid labour and the uncontrolled availability of junk foods/sweets, especially near schools.
4. Provision of support (DSA, fuel, motorbikes) to District staff to undertake frequent target village visit provides a very good basis for a successful project, especially if backed up by Provincial TA and even District based project staff.
5. While stunting measurements are the internationally recognised way to assess chronic malnutrition, the ET found some a of consensus amongst some practitioners concerning the measurements of - the indicators of - the success of a nutrition project. A few experts/projects are not convinced of the reliability of stunting measurements as an accurate indicator of nutrition. On the other hand, they could not provide any alternative or better approach to measure the success of nutrition projects. To avoid inaccuracies in child weight and height, the ENUFF ELS measured each child 3 times.

6. In relation to food security, projects that do not take into account the local agricultural practices and productivity, and understand and promote local 'wild' foods sources and agrobiodiversity, may not be as successful as hoped.
7. As upland areas face unique challenges such as limited access and markets, isolation, and infrastructure difficulties, the ENUFF project could have accounted for these challenges in its implementation plan, perhaps by emphasizing local indigenous food systems.
8. Upland farming and food production system are sensitive to vagaries of the weather, forest fire and bad land management which can deplete soil fertility. ENUFF might have incorporated sustainable land management over and above the home gardens, to address these challenges and ensure that improved farming practices didn't lead to long-term environmental damage and long-term food in-security.
9. Enhancing the availability of protein is a serious challenge that needs to be somehow resolved. Poultry raising projects are notorious for lack of success or sustainability, and need to be planned and implemented with attention to detail. Pig raising for meat may be a better route, but has issues of free ranging pigs and food sources. Pond fish raising, and riverine fisheries management (e.g., FCZ) deserve more attention. Legumes, as promoted by ENUFF may play a role, but understanding the different forms, and uses, of legumes is necessary.
10. Designing useful BL and EL surveys can be an issue, as often too much extraneous information is obtained at the expense of details in crucial key information.
11. Final project reporting with details of the support provided, activities implemented, and family level data of yields, production, areas, sales etc., would be very useful.
12. Engagement of CSOs to support activities and reporting at the local level (District and village) can be useful but may detract from GoL ownership and sustainability.
13. As the ET only saw one, half-finished District Nutrition Plan (out of 4 Districts), it would seem too ambitious to expect similar projects to develop District Nutrition Plans.
14. Similarly, we are not sure if it is necessary, or even feasible, to have specific Provincial and District Nutrition Committees in view of the fact that Provincial and District Primary Health Care Committees - with very similar membership and with nutrition in their ToR - are mandated by Law.

15.2. Recommendations

Recommendation 1: *[Related to Lesson Learned Nr. 10. Target Stakeholder: SNV, SDC]*

SNV should draft a comprehensive ENUFF Phase 2 Project Final Report detailing all the activities undertaken and villages participants, the provision of materials and other support provided and all the data gathered during the implementation of the project phase 2.

Recommendation 2*: [Re. Lesson Learned 1. Target: SDC, donors, project community]*

All projects - nutrition or otherwise - that work in, support and aim to develop upland rural villages should include a component of household water supply (with meters)

Recommendation 3: ***[****Re. Lesson Learned 1. Target: SDC, donors, project community]*

A better understanding of forest and agricultural land use and productivity, and village livelihood and socio-economics should form one pillar of a strategy to address malnutrition.

Recommendation 4: ***[****Re. Lesson Learned 1. Target: SDC, donors, project community]*

If the project is in any way concerned with nutrition, then it should also include an understanding of and, if possible, support to indigenous food and agrobiodiversity.

Recommendation 5: ***[****Re. Lesson Learned 1. Target: SDC, donors, project community]*

All nutrition convergence projects should include village-based GMP as implemented by the ENUFF project, with strong and clear linkages to health centre GMP.

Recommendation 6: ***[****Re. Lesson Learned 3+6. Target Stakeholder: SDC, donors/projects]*

To ensure real long-term sustainability, SDC should consider continuing support to nutrition convergence in the same villages, but at a lower level of TA support, as the intervention processes are now well formulated, and local GoL capable to keep them running, with some improvements. However, a few additional activities are required, such

- ✓ Strategizing how to better address difficult issues such as food taboos, seasonal out-migration, junk food/snacks, plastic rubbish management and overall food security.
- ✓ Whole village landscape forest and land use planning and management, including better "watershed management" and whole village agriculture and food production.
- ✓ Understanding and developing local indigenous food sources - agrobiodiversity; and
- ✓ Data and understanding of household level villager livelihoods and income and their need to leave the village to seek work and income.

Recommendation 7: ***[****Re. Lesson Learned 10. Target Stakeholder: SDC, donors/projects]*

Efforts should be made to make BLS and ELS more useful by, for example,

(i) actual observation and measurement of some indicators, rather than just recall responses of interviewees,

(ii) follow-up questions to responses would be useful. However, the tablet/kobo format of the survey can be an issue here and thus more manual but ultimately more useful methodologies could be considered; and

(iii) Decreasing the large number of questions asked, especially if it is just not practical to analyse and/or report on all the data gathered, but rather focus on more in-depth investigations into key indicators.

Recommendation 7: *Re. Lesson Learned 13+14. Target Stakeholder: donors/projects]*

An assessment should be undertaken resulting in recommendations regarding:

- ❖ The need for, or not, of District Nutrition Plans, in view of the fact that we had been provided with a District Nutrition Plan from only one of the 4 Districts, and were told by some stakeholders that possibly the NPAN is sufficient; and
- ❖ The relation between the Provincial/District Nutrition Committees and the Provincial/District Primary Health Care Committees, given that (a) the membership of these committees is very similar and (b) the ToR of the P/DPHCC includes nutrition.

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Annex 1:ToR, Final Evaluation of Enhancing Nutrition of Upland Farming Families, ENUFF II

Introduction

The Government of Lao PDR (GoL) has made efforts to address malnutrition, but progress has been slow, with chronic malnutrition and stunting rates remaining high. Currently, 33% of children are stunted nationwide, and over 40% in upland ethnic communities. Under-nutrition poses significant economic costs, potentially reducing GDP by 2.4% annually. To address this, the GoL is implementing the National Nutrition Strategy to 2025, which aims to combat malnutrition through a multi-sectoral approach. Switzerland, through the ENUFF project, supports this effort by promoting nutrition-sensitive agriculture, health, hygiene, and care practices, aiming for behavioral change and improved nutrition for women, caregivers, and children.

During phase 1 (2016-2020), ENUFF has worked with 40 villages in Houaphanh and Oudomxay to improve the communities' access to nutritious and diversified food, increase their knowledge about nutrition, improve their health and sanitation practices, and has supported the development of a more conducive policy and institutional framework at the subnational level for improving nutrition. Based on the ENUFF Phase I Mid Term Review, for ENUFF Phase II, key recommendations included refining the theory of change based on Phase I insights, emphasizing market system constraints, and fostering a shared project vision. Prioritizing strategies was seen as crucial, with a focus on behaviour change communication, women's empowerment, WASH, and improving access to diverse diets rather than solely reducing childhood stunting. Inclusivity for the poorest households was to be addressed through participatory strategies and dialogue at the village level.

The project was to consolidate its work in current target areas, expanding only modestly, and engage local stakeholders in selecting new villages based on clear criteria and capacity assessments. Hence, SDC and SNV aspired to continue working with these communities and expand the coverage to ensure that improvements are sustainable. Consequently, a second phase has been implemented from 06.2020-31.12.2024 (including a 6-m time extension and two additional credits). ENUFF II builds on experiences of the first phase of the project and on lessons learned by other nutrition projects being implemented in Lao PDR. The project is funded by the Swiss Agency for Development and Cooperation. The total budget for the second phase of the project is CHF 8,359,443, including two additional credits.

ENUFF PROJECT OBJECTIVES

The goal of ENUFF II is to improve family nutrition in remote and ethnically diverse upland farming communities.

Impact: Family nutrition in target areas in Oudomxay and Houaphanh is improved.

Outcomes:

1. Improved infant and young children feeding (IYCF) practices and dietary diversity of households including Women of Reproductive Age (WRA), adolescents and infants in target areas.
2. Improved access to hygiene and sanitation facilities and safe sanitation and hygiene practices in target areas.
3. Increased access to nutritious food in target areas.
4. A more conducive policy and institutional framework at the sub-national level for improving nutrition is established.

PROJECT STRATEGY

ENUFF II will continue using an integrated approach for agriculture, nutrition, and WASH based on four key pillars: demand creation, behaviour change communication (BCC) on nutrition and WASH, market and supply chain development, and governance improvement, drawing on SNV's Sustainable Nutrition for All (SN4A) approach. The project will also support rehabilitating gravity-fed water systems to meet increased water demand due to interventions like home gardens, toilets, and handwashing stations. Additional Phase 2 interventions include improving nutrition and hygiene awareness among adolescent girls, enhancing WASH in schools, and strengthening the link between health centres and village nutrition teams. ENUFF II will also invest in improving access to water and handwashing facilities in schools and health centres, with additional credit from SDC.

PROJECT APPROACH

The project aims to strengthen local capacity in agriculture, nutrition, and WASH services by creating demand for dietary diversity, nutritious food, safe water, sanitation, and hygiene products. Village Nutrition Teams, which will include women and ethnic minorities, will play a critical role in mobilizing communities and leading initiatives to improve local nutrition and hygiene practices. The project will also work closely with government institutions and market actors to enhance agricultural extension systems and nutrition services.
Additionally, ENUFF II will expand demand creation for nutritious foods tailored to the specific needs of vulnerable groups, such as pregnant women and malnourished children. The project will focus on behavior change by promoting dietary diversity and hygiene practices, particularly among women and children. By improving market linkages for crops, households will have better opportunities to increase their income and invest in nutrition at home. ENUFF II will also continue fostering multi-stakeholder collaboration to ensure coordinated, sustainable nutrition-sensitive activities at the district level.

Target sites and beneficiaries

ENUFF II has been working in two provinces in the Northern part of Lao PDR, namely Houaphanh and Oudomxay. The project will continue to cover the two districts of Viengxay and Xiengkhor in Houaphanh province and Beng and Nga in Oudomxay province. The project has been carrying on its work in 40 villages and will gradually expanded into another 20 villages. In total ENUFF II aimed to benefit around 6,000 households with a total of 34,000 people, including 16,000 women.

Objectives of the Project Final Evaluation
The objectives of the FE are to:

1. Evaluate the relevance of the project, as well as its performance in terms of efficiency, effectiveness, impact and sustainability. The evaluators will assess to which extent the project has reached the objectives / expected results as stated in the intervention logic;
2. Capture and draw main lessons learnt and recommendations for potential future action of stakeholders of the nutrition sector in the eco-system in Lao PDR.

Evaluation questions

1. Relevance

i. Is the project and its interventions (e.g., feeding practices, WASH improvements) aligned with national nutrition and WASH policies and global goals?

ii. How well did the project's strategy, approach and activities address the underlying causes of malnutrition in the target upland communities? To which extent the additional credits have contributed to address these underlying causes and have contributed to achieve the project's objectives?
iii. Has the project been adequately considering local practices and customs?

2. Coherence

i. Has the project adequately been targeting women, children under 5, and ethnic groups in remote areas, including their special needs?
ii. Have there been any synergies exploited between ENUFF II and other development projects that have enhanced its effectiveness and impact?

3. Effectiveness

i. How effective was the project's comprehensive (multi-sectoral) approach in reaching the project's goal?
ii. To what extent has the project improved infant and young child feeding (IYCF) practices and the dietary diversity of households and in particular women of reproductive age (WRA)?
iii. To what extent has the project contributed to more conducive policies and institutional frameworks at the sub-regional level for improving nutrition?
iv. Have WASH practices become safer and have there been measurable reductions in WASH-related diseases in children under 5 in target areas?

4. Efficiency

i. How efficient was the project set up and allocation of resources towards achieving the project's goal?
ii. Were the interventions (e.g., construction of water schemes, training on nutrition) implemented on time and within budget?
iii. How well did the project coordinate across sectors (nutrition, WASH, agriculture) to maximize impact?

5. Impact

i. What improvements in nutritional status, particularly dietary diversity and stunting of children under 5, have been observed in the target areas? Have there been any observable gender biases?
ii. Has there been a reduction in WASH-related diseases, such as diarrhea, that affect children's nutritional status?
iii. To what extent has the project contributed to broader systemic changes, such as improved local governance and institutional capacity for nutrition-sensitive interventions? Has the project had any impact on national policies and frameworks?
iv. What unintended consequences (positive or negative), if any, have arisen from the project (e.g., changes in household decision-making dynamics or gender roles or intergenerational relations and repartition of roles and responsibilities at village levels)?

6. Sustainability

i. To which extent are the positive effects generated by the project sustainable (technically, financially, institutionally)? In particular:
ii. To what extent are mechanisms put in place conducive to ensure continued access to nutritious foods and improved WASH services after the project ends?

iii. How capable are local authorities (e.g., District Nutrition Committees) in sustaining the multi-sectoral approach to nutrition?
iv. What is the likelihood that the improvements in feeding practices and sanitation will be maintained by the communities over time?
v. Are there plans for replicating or scaling up successful interventions to other districts or regions in Laos (by SNV or others)?

Evaluation Methodology
The Final Evaluation team will obtain both qualitative and quantitative data (disaggregated by gender, children and ethnic groups) by applying a combination of desk review, interviews with key stakeholders and informants, focus group discussions with beneficiaries and other stakeholders, site visits with an agreed checklist and observations at the target sites as much as time allows. Note that baseline and endline studies have been conducted by our Partner SNV which should be a good foundation for this final evaluation.

Documents at disposal
For the evaluation, the following reference documents will be provided:
- ENUFF II Project Document and Credit Proposal (including additional credits)
- Progress reports and Management Responses
- End of Project Report from SNV including baseline and end line studies
- Capitalization document from SNV
- Minutes from Steering Committee meetings and other relevant management meetings
- Current Nutrition Strategy and Action Plan
- The national Multi-sectoral Food and Nutrition Security Action Plan (MSFNSAP)
- Agriculture Strategy 2011-2025
- Swiss Mekong Regional Cooperation Programme 2022-25
- 9th NSEDP
- ENUFF Phase I MTR
- Documents and project products developed and produced by the project such as policy or technical briefs.
- Other relevant documents

Reporting / Deliverables: Following deliverables are requested as a result from this consultancy:
- A pre-final evaluation report (incl. executive summary and all annexes)
- The final evaluation (FE) report (incl. executive summary and all annexes)
- Based on the FE report, a Power Point Presentation summarizing main findings (max. 15 slides)

The FE Report must contain an Executive Summary and will not exceed 25 pages in the main text, plus annexes. Focus shall be on findings, their analysis and conclusions. The introductory chapter outlining the context and the project, as well as the chapter highlighting the chosen methodology, shall explicitly be short and succinct.

****

Annex 2: Schedule and villages visited by the Evaluation Team

Date	Location	Villages visited
30/11/2024	Houaphanh, Viengxay District	1: Ban Jakien, 2: Ban BorPhaDtai
1/12/2024	Houaphanh, Viengxay District	3: Ban JaeFai, 4: Ban PounGhang
3/12/2024	Xiengkhor District	5: Ban Huay Bidt
4/12/2024	Xiengkhor District:	6: Ban SopVung, 7: Ban NaDtong
		Included Ban NaDtong Health Centre
5/12/2024	Xiengkhor District, to XMV	8: Ban KhounKham
17/12/2024	Beng District	1: Ban Tangdou, 2: Ban Tamuen
		Included Ban Tangdu Health Centre
18/12/2024	Beng District	3: Ban Mokvieng, 4: Ban Napa
19/12/2024	Nga District	5: Ban Saenjort, 6: Donkham
		Included Goom Saenjort Health Centre
20/12/2024	Nga District,	7: Ban MokLoy, 8: Ban Huay Xoeui

Annex 3: List of 38 Persons met by the Evaluation (internal only) 1: SNV:

SNV Vientiane

SNV ENUFF Offcie Houaphanh

SNV ENUFF Office Oudomsai

2: Partners/Stakeholders in Vientiane:

- **JSI:**
- **WFP**:
- **RDA**:
- **SUN CSA**:
- **CCL**:
- **NNC**:
- **WB**:

3: <u>Houaphanh Provincial Partners/Stakeholders:</u>

- **PHO**
- **PAFO**,
- PLWU,

4: Viengxai District (DNT)

- **DHO**:
- **DLWU**:
- **DAFO**:
- **DAFO**:

5: Xiengkhor District (DNT)

- **DHO:**
- **LWU:**
- **DAFO:**

6: Oudomxai Province <u>Partners/Stakeholders</u>

- **PHO:**
- **PAFO**:
- **LWU**:

7: Beng Districts (DNT)

- **DHO**:
- **DAFO**:

8: Nga District (DNT)

- **DLWU**:
- **DHO**:

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Annex 4: List of related Projects working in ENUFF project Provinces (as per SNV).

Houaphan

1. WFP - PICSA
2. UNICEF - Improving access to water
3. Médecins du Monde Japan (MdMJ)
4. GIZ: I-GFLL and GFLL - PAFO
5. WB: LLL - PAFO
6. WB: Reducing Rural Poverty and Malnutrition Project, PAFO
7. WB: HANSA - Provincial Health Department
8. ADB: Sustainable Rural Infrastructure and Watershed Management Sector Project (SRIWMSP) - PAFO - Nutrition component of the project is being implemented by SNV.
9. KOFIH/KOICA in XiengKhor..built the MCH office/clinic

<u>Other Agric Project Overlaps in Viengxai:</u>

- Irrigated Agriculture (ADB): Meuang Barn, NaBor, Loun, Bark
- LLL: no overlap
- GF-LL: Meuang Barn, Loun
- Coffee: Ban En, Long Lao, Ban Bork

Oudomxay

1. JSI: PHO
2. WFP: AFN 2, PAFO
3. GIZ: I-GFLL and GFLL: PAFO
4. WB: CLEAR/PRF
5. WB: HANSA 2
6. KOICA:

Annex 5: Membership of District Nutrition Convergence organizations (as per SNV)

1: DNC: District Nutrition Committee:

- Deputy District Gov
- Head of DHO
- Head of DEO
- Head of DAFO
- Head of LWU
- District News Office
- DFO, DCO, District Cabinet Head

2: DNS: District Nutrition Secretariat

- DHO: 3 (include Khamphaneg and Somvith from DNT)
- DAFO: 2
- LWU: 1
- Education: 1
- Planning: 1
- District Cabinet: 1
- DFO: 1, DCO: 1

3: ENUFF DNT: District Nutrition Team: DHO: 4, DAFO: 4, LWU:2, Education:

Annex 6: The ENUUF Project Logframe, Targets and target achievement based in the 2024 ELS:

	Exceeds target		Below target		About same as target

Outcome level indicators

Hierarchy of objectives Strategy of Intervention	Key Indicators	target	baseline 2020	endline 2024
Improved household nutrition in the target areas	Number of women of 15 to 49 years of age who consumed food from at least 5 food groups out of 10 groups in 60 villages.	62%	44.2%	59.8%
	Percentage of children under 5 that are stunted in 40 villages of ENUFF Phase	34.8%	37.8%	34.6%
	The number of males and females consumed food from 5 food groups or more in 60 villages.	13,564	9,362	12,415
Outcomes	**Outcome indicators**			
Outcome 1: Improved infant and young child feeding practices and dietary diversity of households, including WRA, adolescents and infants in target areas	Percentage of children (6-23 months) with minimum acceptable diet (MAD)	46%	31.5%	58%
	Percentage of children (0-5 months) that are exclusively breastfed	98%	98%	96%
Outcome 2: Improved access to hygiene and sanitation facilities and safe sanitation and hygiene practices in target areas.	Percentage of households with pour flush latrine	95%	87%	96%
	Percentage of CU5 who had diarrhoea in the past two weeks	5%	7%	23%
	Number of villages that are open defecation-free (ODF)	55	41	57
Outcome 3: Increased access to nutritious food in target areas.	Number of households producing from at least 3 food groups (legumes and nuts, Vitamin A rich fruits and vegetables, other fruits and vegetables, small live stocks)	5,700	5,105	5,991
	Percentage of households that are food secure	69%	67%	62%
Outcome 4:	Number of DNC's that have incorporated national nutrition plan of action into their sectoral planning	4	0	4

Hierarchy of objectives Strategy of Intervention	Key Indicators	target	baseline 2020	endline 2024
A more conducive policy and institutional framework at the sub-national level for improving nutrition in target districts.	Number of districts where key sectors have implemented nutrition activities according to NPAN	4	0	4

Output level indicators

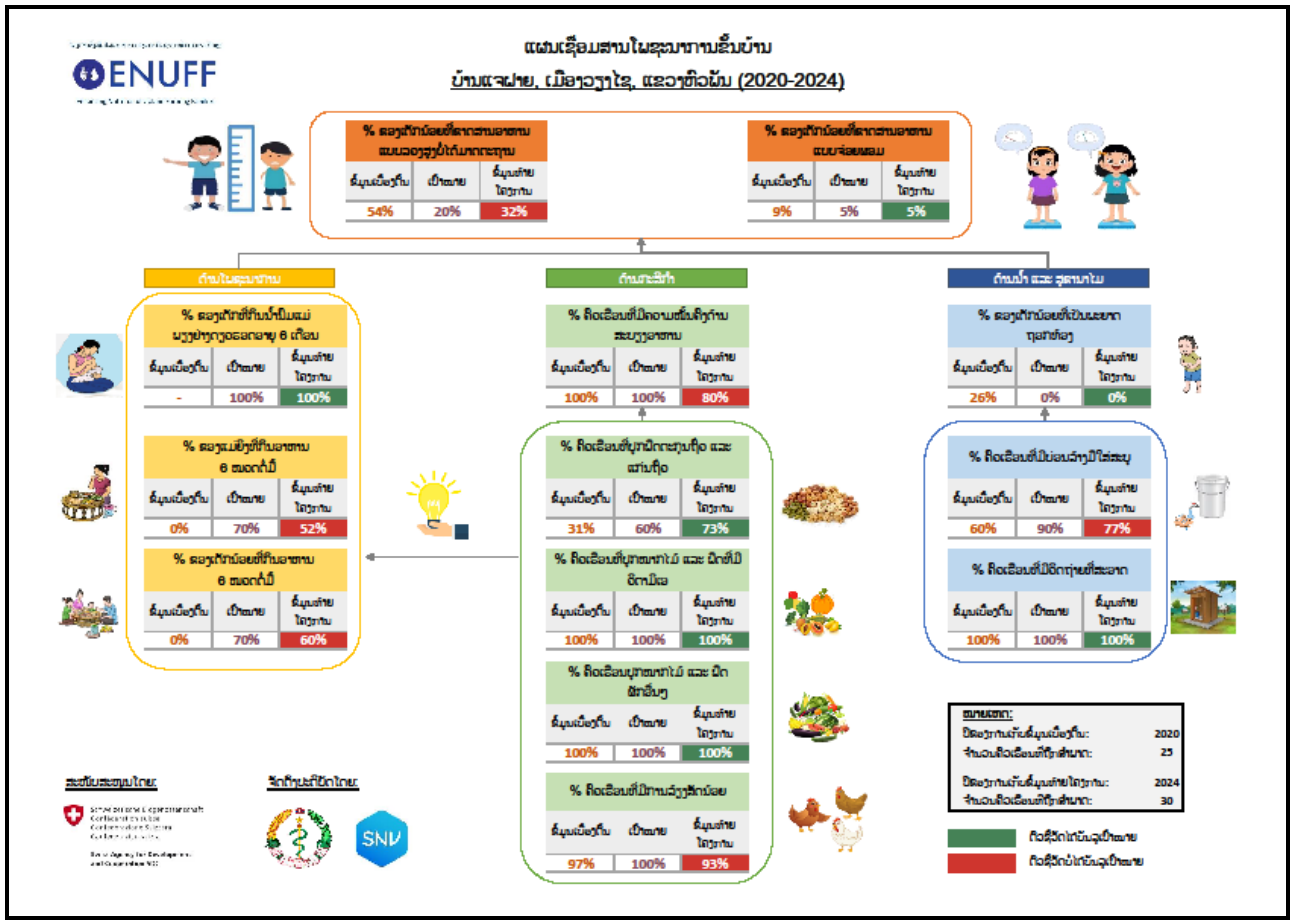
Outcome 1: Infant and Young Child Feeding practices and dietary diversity of households, including WRA, adolescents and infants, are improved.			
Outputs	**Output indicators**	**target**	**endline**
Output 1.1 Increased capacity of village and district-level service providers to implement Nutrition SBCC in target areas.	The number of service providers trained in triggering and promoting improved IYCF practices and dietary diversity of households, including WRA, adolescents, and infants	40	122
	Number of villages receiving nutrition SBCC intervention from trained service providers	60	60
Output 1.2 Increased capacity of Health Centres to link with village nutrition teams in target areas.	Number of Health Centres that have participated in project activities (Note: 68 may be the number of staff, not number of HCs ??)	34	68
	Number of Health Centres that have received training on Integrated Management of Acute Malnutrition	16	28

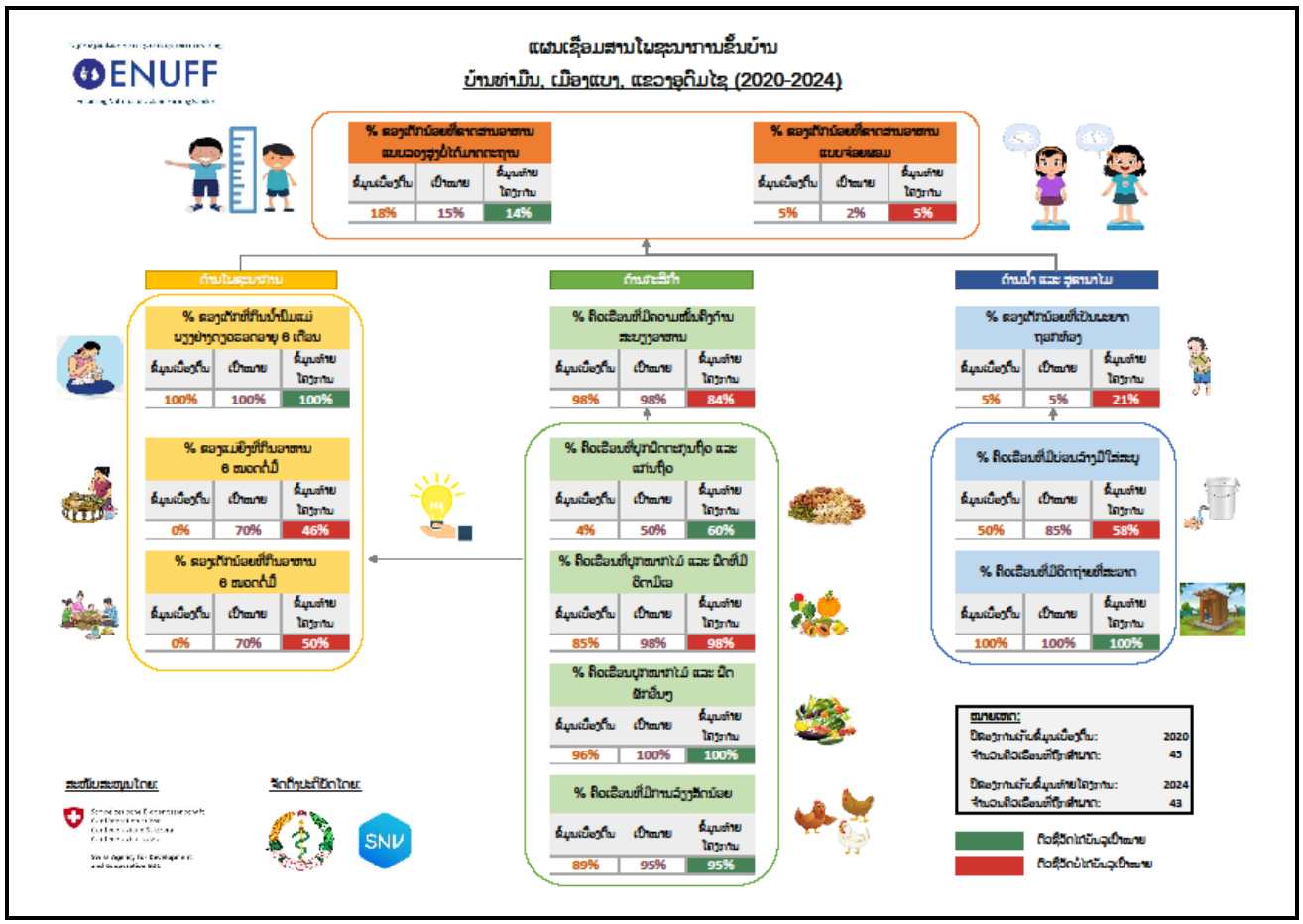
Outcome 2: Access to hygiene and sanitation facilities increased and improved health and sanitation practices.			
Outputs	**Output indicators**	**target**	**endline**
Output 2.1 Improved resilient water supply systems in target areas.	Number of water schemes rehabilitated and operational	40	49
Output 2.2 Increased capacity of service providers to implement WASH interventions in target areas	The number of service providers trained in CLTS triggering and promoting WASH SBCC in 20 new villages.	40	40
	Number of villages receiving WASH intervention from trained service providers.	60	60

Outcome 3: Increased access to nutritious food.			
Outputs	**Output indicators**	**target**	**endline**
Output 3.1 Improved capacity of extension agents to deliver agriculture services to farmers in target areas.	Number of extension agents trained in nutrition-sensitive agriculture production systems (Beans and legumes, home gardening, fruit tree, lowland rice field, livestock raising)	16	16
Output 3.2 Households have increased their capacity to produce nutritious food in target areas.	The number of households trained by extension agents in producing nutritious food. (of total 6,500 HH ???)	3,250	6,401
	Number of households that have access to inputs through the Project.	3,200	5,229
Output 3.3. Improved access to the market for increased income in target areas	Number of producer groups formed and selling to markets	4	14

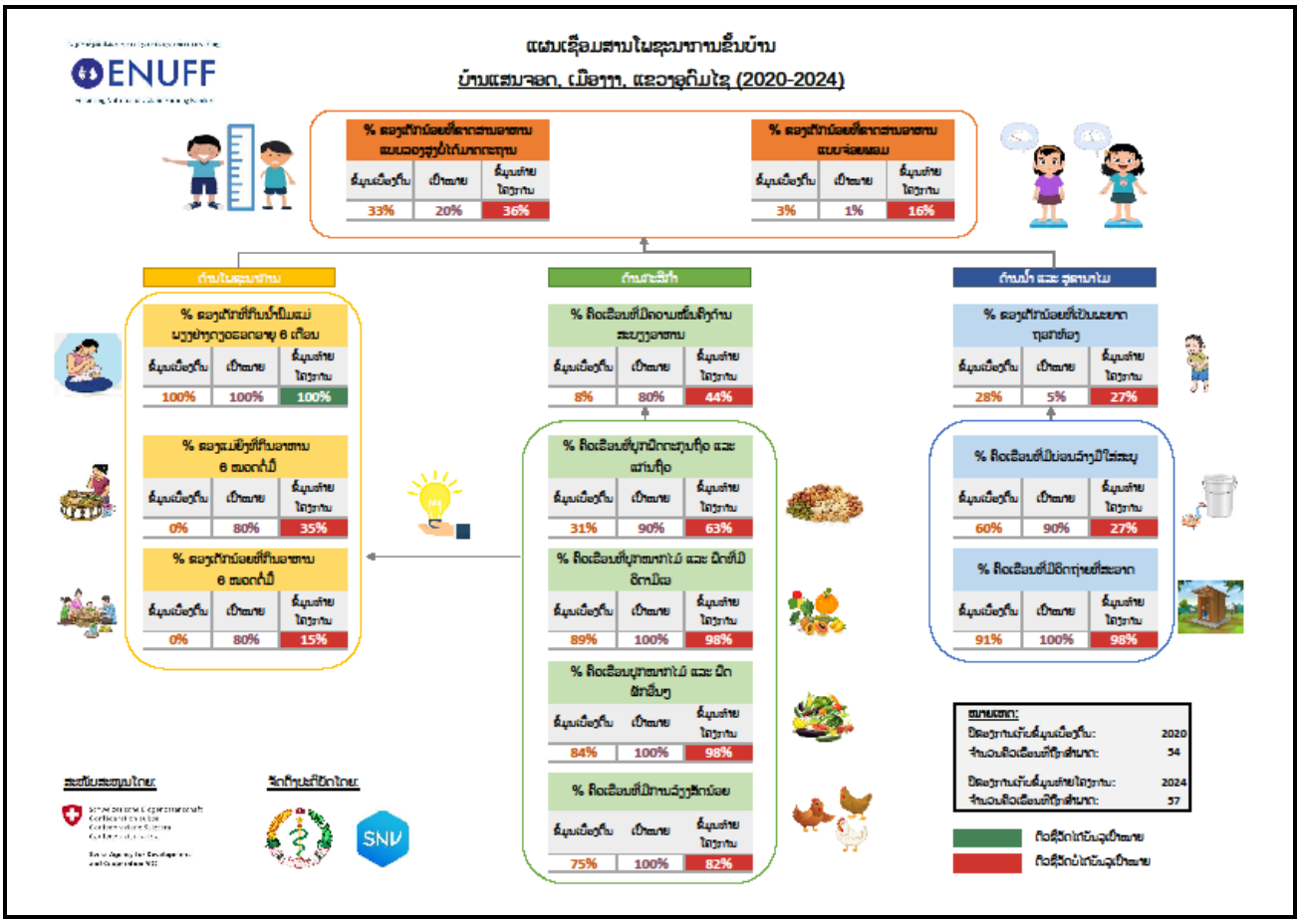
Outcome 4: A more conducive policy and institutional framework at the sub-national level for improving nutrition is established.			
Outputs	**Output indicators**	**target**	**endline**
Output 4.1 DNC has improved its capacity to coordinate the implementation of nutrition-sensitive programming in target areas.	Number of Bi-annual meetings organised by DNC's	8	8
	The number of DNC members participating in trainings and other learning events.	40	150
Output 4.2 Evidence-based policy dialogue platforms are established at the sub-national level in each target area.	Number of DNCs (evidence-based platforms) established and operational at sub-national level	4	4
	At least 3 documented evidence-based policy briefs/technical/learning briefs produced and presented at the Bi-annual DNC meeting and used as identified in the communication strategy (out of 3, at least one policy brief targets issues of gender and ethnic equality)	3	9

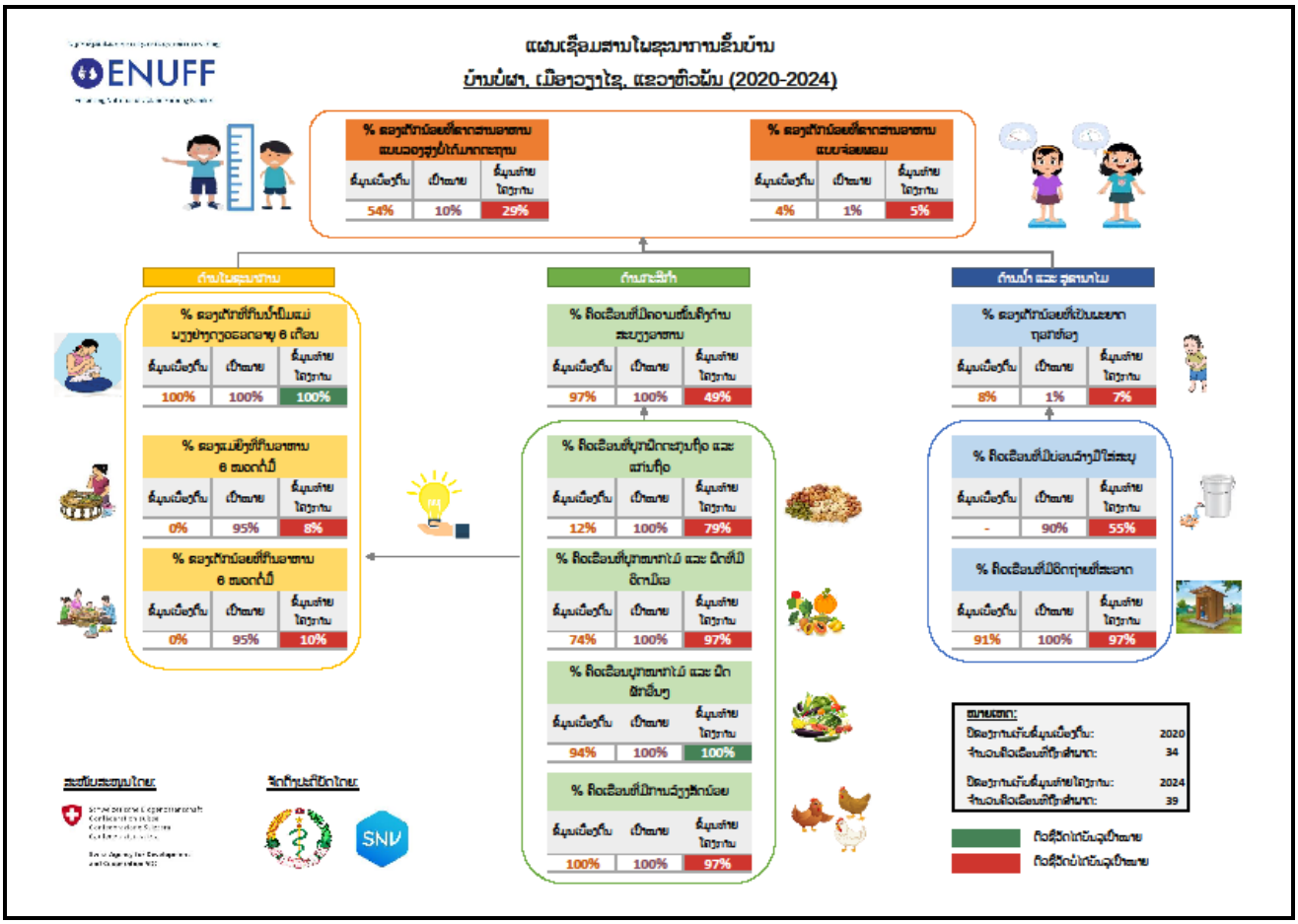
Annex 7: Village Convergence poster: 2 villages that achieved high number of self-set targets





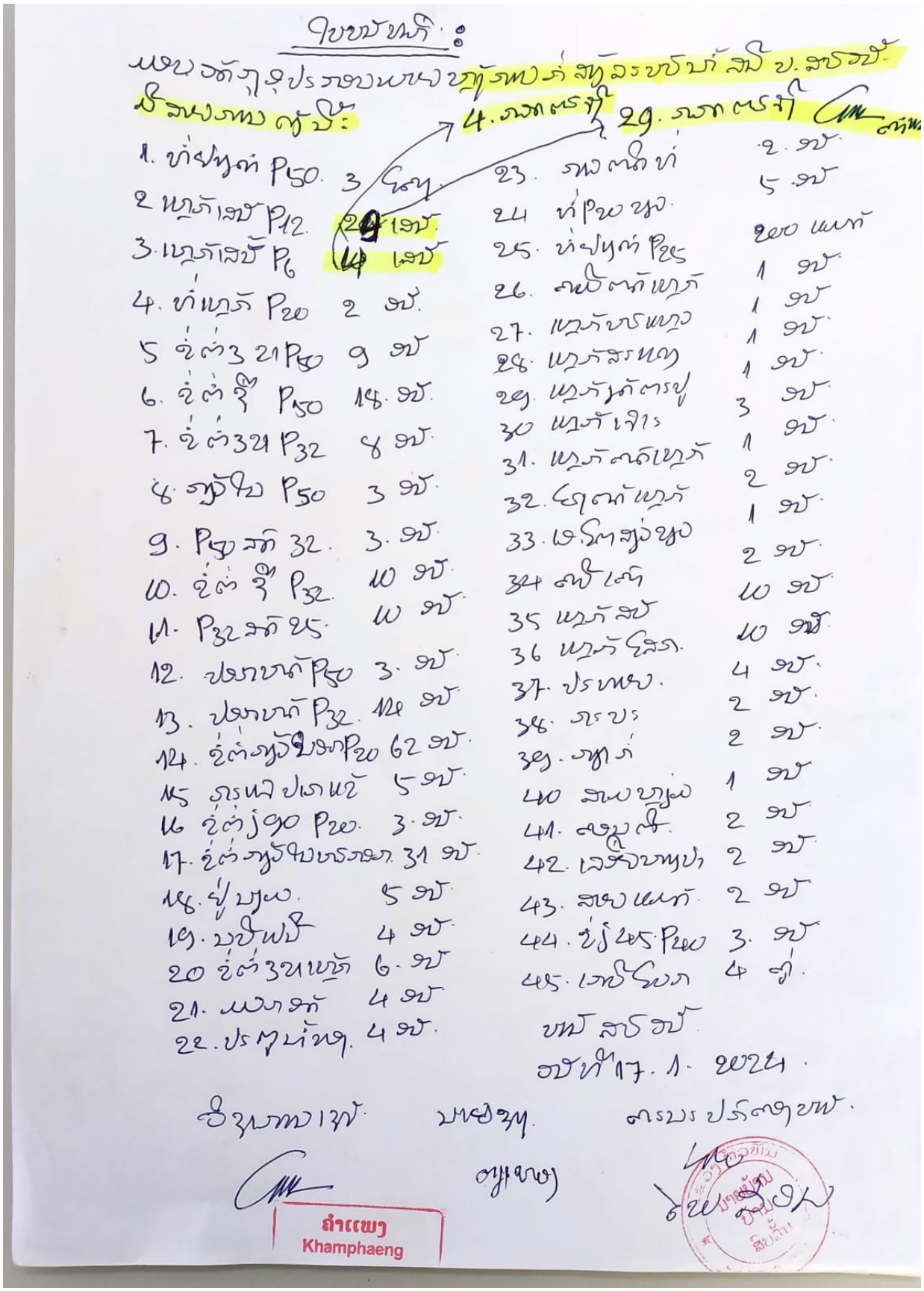
Annex 8: Village convergence poster: 2 villages that achieved low number of self-set targets





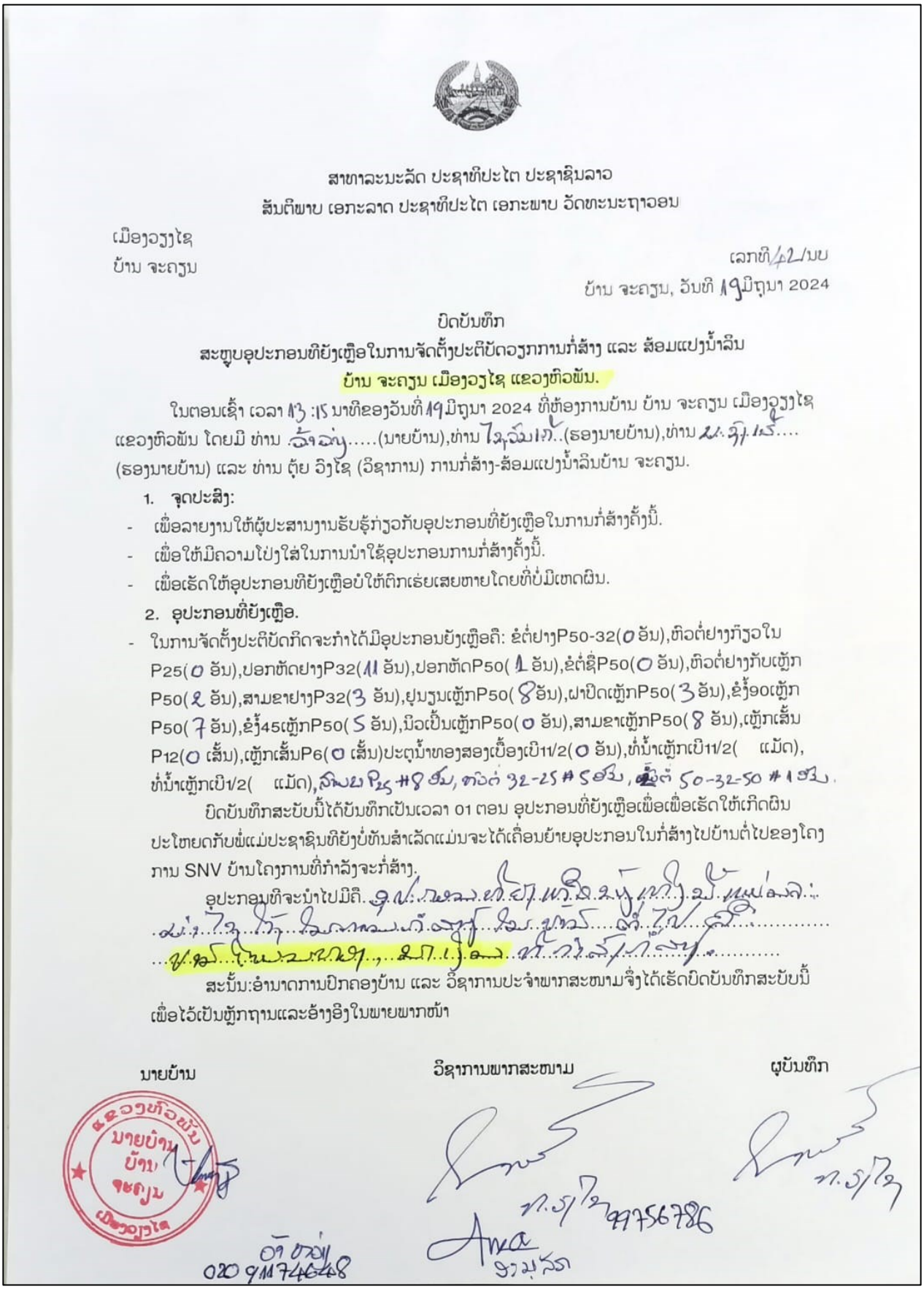
Annex 9: 3 Examples (A, B, C) of hand over of remaining Water Supply equipment and tools

9A: List of hand over of remaining equipment and tools, a village in Xiengkhor District



ຄຳແພງ
Khamphaeng

9B: **List of hand over of remaining equipment and tools, a village Viengxai District**



ສາທາລະນະລັດ ປະຊາທິປະໄຕ ປະຊາຊົນລາວ
ສັນຕິພາບ ເອກະລາດ ປະຊາທິປະໄຕ ເອກະພາບ ວັດທະນະຖາວອນ

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ບ້ານ ຈະຄຽນ

ເລກທີ /ປ.ຊ./ນບ
ບ້ານ ຈະຄຽນ, ວັນທີ 19 ມິຖຸນາ 2024

ປຶດບັນທຶກ
ສະຫຼຸບອຸປະກອນທີ່ຍັງເຫຼືອໃນການຈັດຕັ້ງປະຕິບັດວຽກການກໍ່ສ້າງ ແລະ ສ້ອມແປງນ້ຳລິນ
ບ້ານ ຈະຄຽນ ເມືອງວຽງໄຊ ແຂວງຫົວພັນ.

ໃນຕອນເຊົ້າ ເວລາ 13 :15 ນາທີ ຂອງວັນທີ 19 ມິຖຸນາ 2024 ທີ່ຫ້ອງການບ້ານ ບ້ານ ຈະຄຽນ ເມືອງວຽງໄຊ ແຂວງຫົວພັນ ໂດຍມີ ທ່ານ .....(ນາຍບ້ານ),ທ່ານ .....(ຮອງນາຍບ້ານ),ທ່ານ .....(ຮອງນາຍບ້ານ) ແລະ ທ່ານ ຕຸ້ຍ ວົງໄຊ (ວິຊາການ) ການກໍ່ສ້າງ-ສ້ອມແປງນ້ຳລິນບ້ານ ຈະຄຽນ.

1. ຈຸດປະສົງ:

- ເພື່ອລາຍງານໃຫ້ຜູ້ປະສານງານຮັບຮູ້ກ່ຽວກັບອຸປະກອນທີ່ຍັງເຫຼືອໃນການກໍ່ສ້າງຄັ້ງນີ້.
- ເພື່ອໃຫ້ມີຄວາມໂປ່ງໃສ່ໃນການນຳໃຊ້ອຸປະກອນການກໍ່ສ້າງຄັ້ງນີ້.
- ເພື່ອເຮັດໃຫ້ອຸປະກອນທີ່ຍັງເຫຼືອບ່ໃຫ້ຕົກເຮ່ຍເສຍຫາຍໂດຍທີ່ບ່ມີເຫດຜົນ.

2. ອຸປະກອນທີ່ຍັງເຫຼືອ.

- ໃນການຈັດຕັ້ງປະຕິບັດກິດຈະກຳໄດ້ມີອຸປະກອນຍັງເຫຼືອຄື: ຂໍ້ຕໍ່ຢາງP50-32(0 ອັນ),ຫົວຕໍ່ຢາງກົງຈ ໃນ P25(0 ອັນ),ປອກຫັດຢາງP32(11 ອັນ),ປອກຫັດP50(1 ອັນ),ຂໍ້ຕໍ່ຊື່P50(0 ອັນ),ຫົວຕໍ່ຢາງກັບເຫຼັກ P50(2 ອັນ),ສາມຂາຢາງP32(3 ອັນ),ຢຸນຽນເຫຼັກP50(8ອັນ),ຝາປິດເຫຼັກP50(3ອັນ),ຂໍ້ງໍ90ເຫຼັກ P50(7 ອັນ),ຂໍ້ງໍ45ເຫຼັກP50(5 ອັນ),ນິວເປີ້ນເຫຼັກP50(0 ອັນ),ສາມຂາເຫຼັກP50(8 ອັນ),ເຫຼັກເສັ້ນ P12(0 ເສັ້ນ),ເຫຼັກເສັ້ນP6(0 ເສັ້ນ)ປະຕູນ້ຳທອງສອງເບື້ອງເບີ11/2(0 ອັນ),ທໍ່ນ້ຳເຫຼັກເບີ11/2(ແມັດ), ທໍ່ນ້ຳເຫຼັກເບີ1/2(ແມັດ), ...

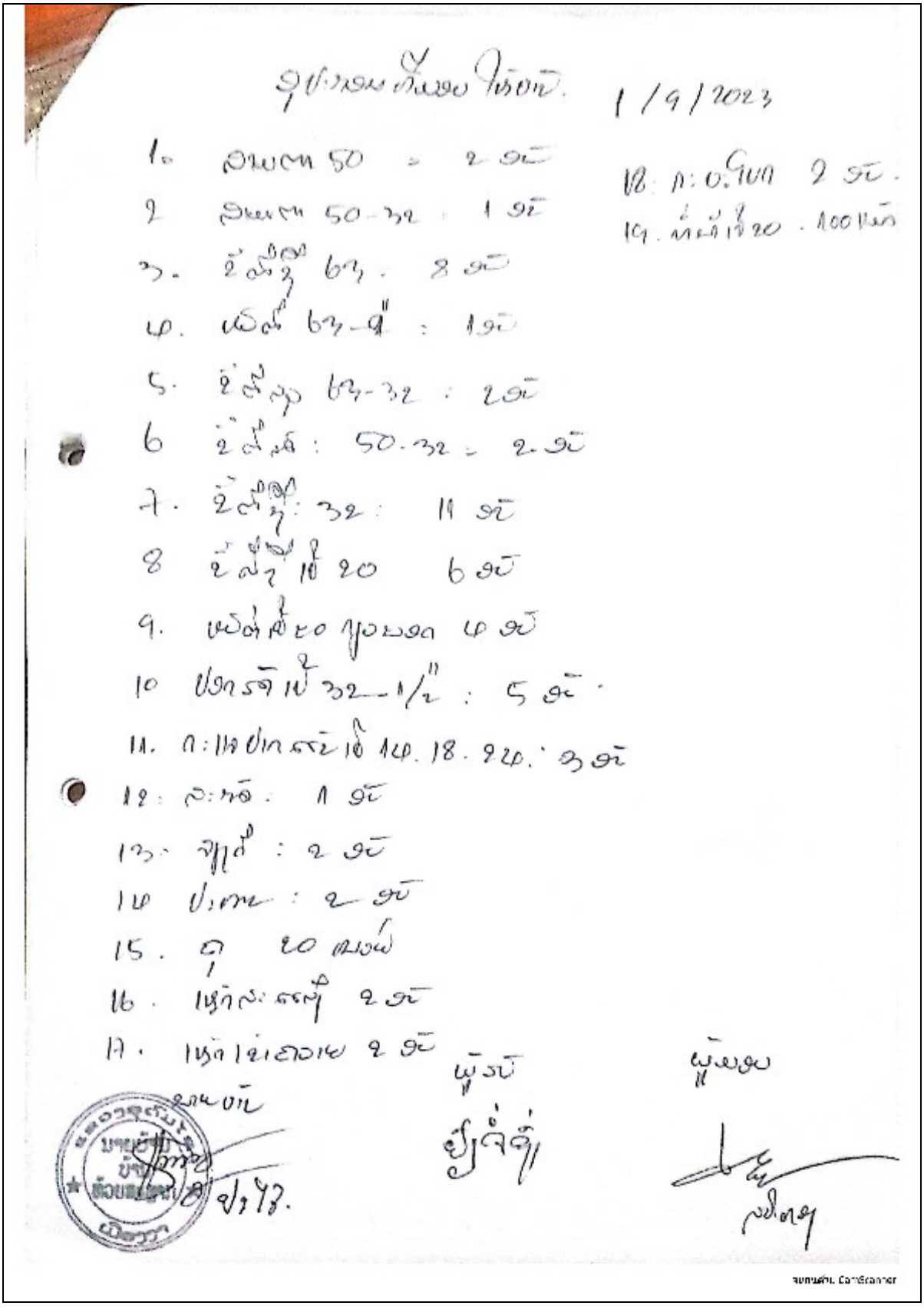
ປຶດບັນທຶກສະບັບນີ້ໄດ້ບັນທຶກເປັນເວລາ 01 ຕອນ ອຸປະກອນທີ່ຍັງເຫຼືອເພື່ອເພື່ອເຮັດໃຫ້ເກີດຜົນ ປະໂຫຍດກັບພໍ່ແມ່ປະຊາຊົນທີ່ຍັງບ່ທັນສຳເລັດແມ່ນຈະໄດ້ເຄື່ອນຍ້າຍອຸປະກອນໃນກໍ່ສ້າງໄປບ້ານຕໍ່ໄປຂອງໂຄງ ການ SNV ບ້ານໂຄງການທີ່ກຳລັງຈະກໍ່ສ້າງ.

ອຸປະກອນທີ່ຈະນຳໄປມີຄື. .....

ສະນັ້ນ:ອຳນາດການປົກຄອງບ້ານ ແລະ ວິຊາການປະຈຳພາກສະໜາມຈຶ່ງໄດ້ເຮັດປຶດບັນທຶກສະບັບນີ້ ເພື່ອໄວ້ເປັນຫຼັກຖານແລະອ້າງອີງໃນພາຍພາກໜ້າ

ນາຍບ້ານ	ວິຊາການພາກສະໜາມ	ຜູ້ບັນທຶກ
...020 91174648	...97756786	...

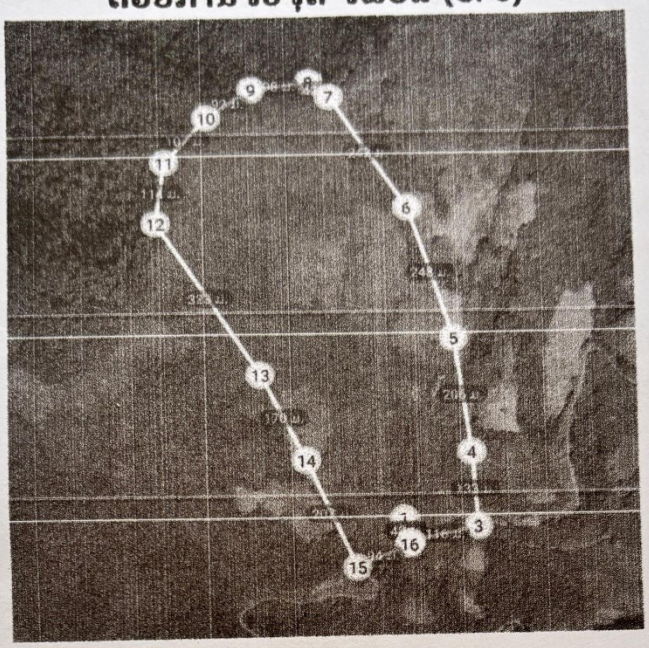
9C: List of hand over of remaining equipment and tools, a village Nga District



Annex 10: Example of watershed map (unclear, no details) in VWMC watershed book

ສ່ວນທິດຕາເວັນອອກແມ່ນລຽບຕາມເສັ້ນທາງໄປໄຮ່ທ້າວເກືອງຂຶ້ນໄປປະມານ 100 ແມັດ ແລ້ວໄຕສັນຂຶ້ນໄປຈົນຈໍາ
ສັນຫຼວງໃຫຍ່ ເຊິ່ງມີເນື້ອທີ່ທັ້ງໝົດ 26,67 ເຮັກຕາ

ຂອບເຂດເນື້ອທີ່ດິນທີ່ໄດ້ລົງຢ່າງກໍານົດຂອບເຂດພົ້ນທີ່ປົກປັກຮັກສາແຫ່ງຍອດນ້ໍາ ດ້ວຍການຈັບຈຸດ ຈີພີອັສ (GPS)



ພາກທີ II

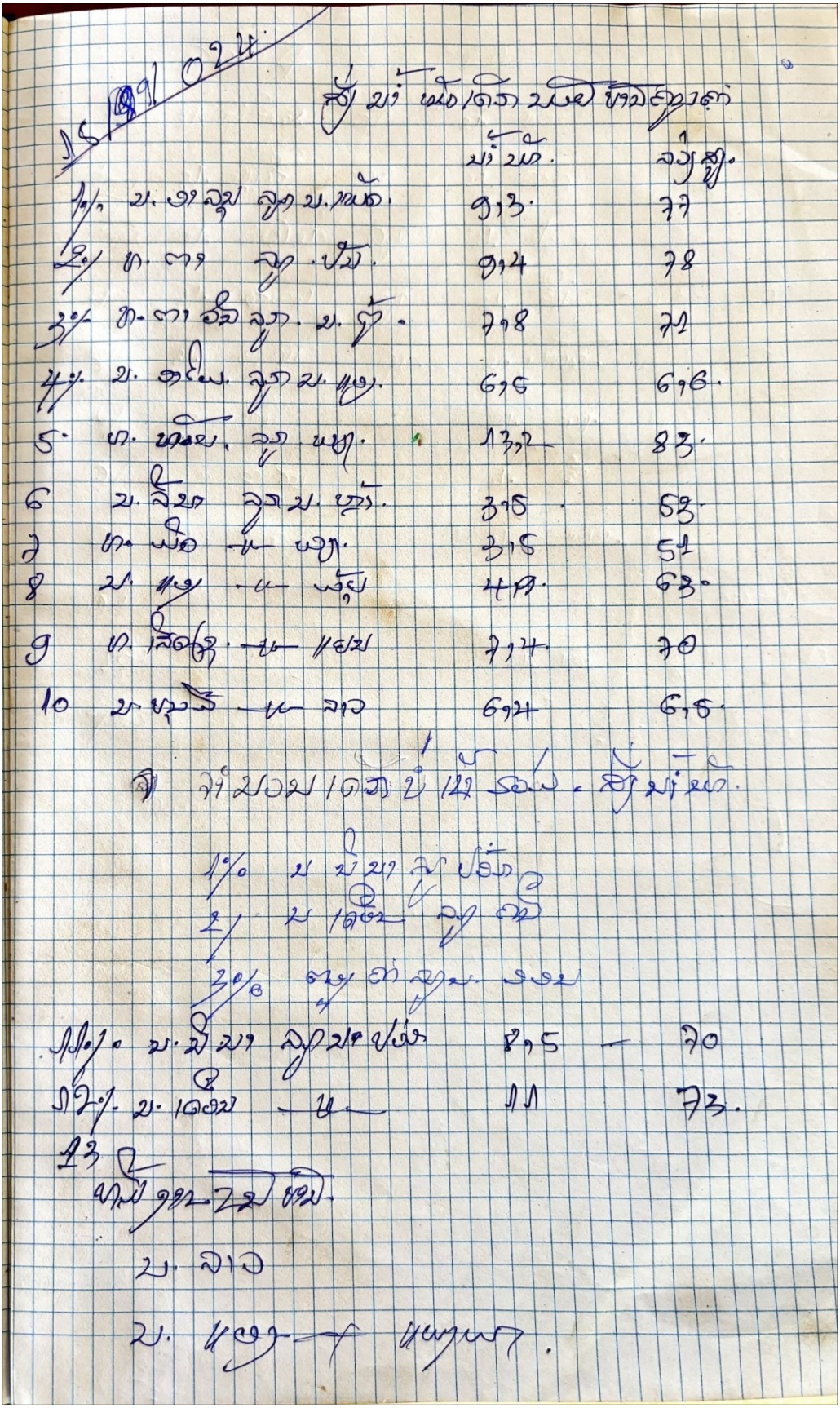
ວ່າດ້ວຍການຄຸ້ມຄອງປົກປັກຮັກສາປ່າປ້ອງກັນແຫ່ງນ້ໍ

ມາດຕາ3: ວ່າດ້ວຍຂໍ້ຫ້າມ

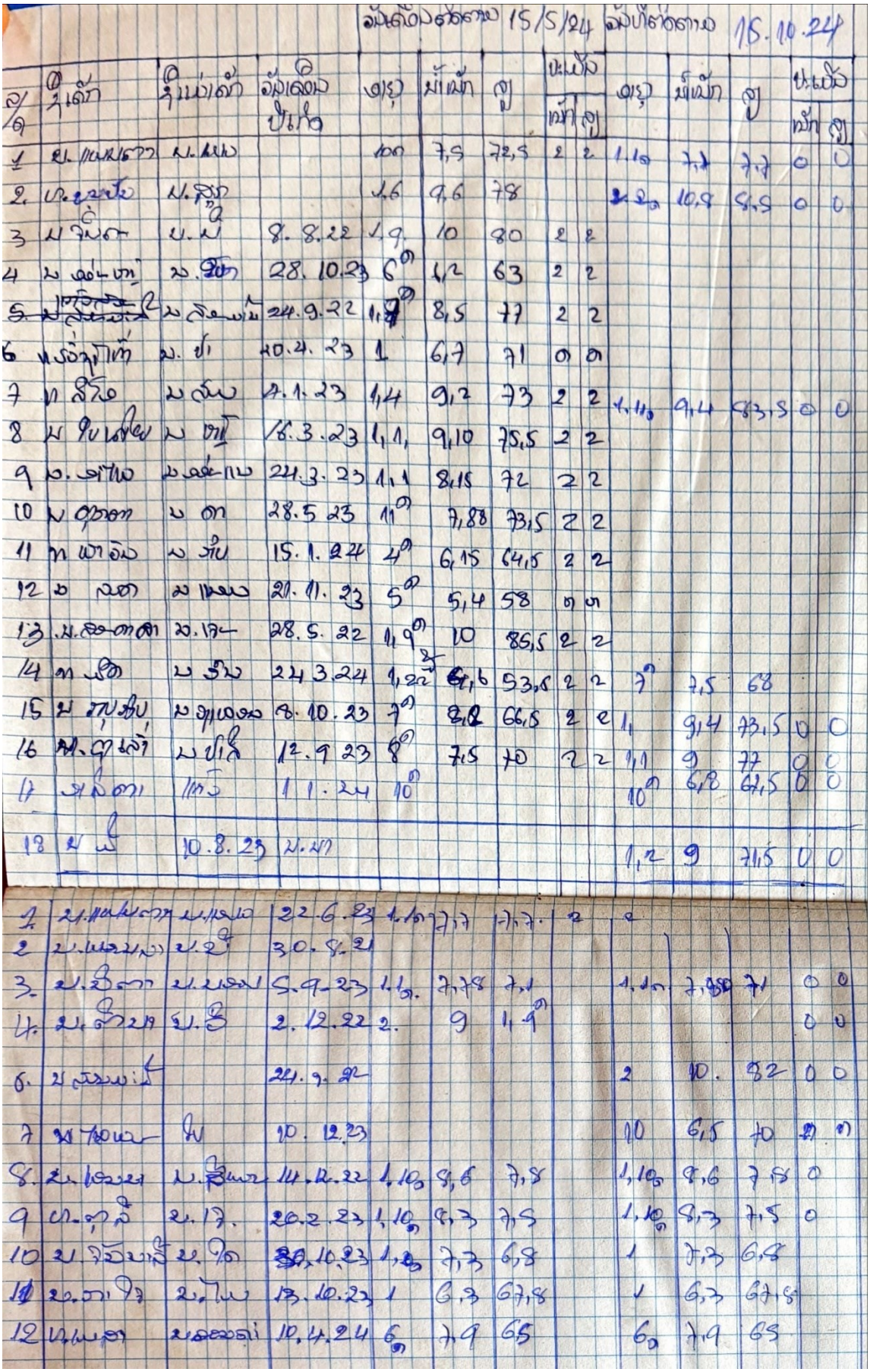
1. ຫ້າມບໍ່ໃຫ້ບຸກຄົນ ຫຼື ການຈັດຕັ້ງລວມໝູ່ເຂົ້າໄປບຸກເບີກ ຫຼື ຖາກຖາງປ່າຢູ່ເຂດປ່າປ້ອງກັນແຫ່ງນ້ໍ(ເຂດຫົວງານນ້ໍາລິນ)ຂອງບ້ານເພື່ອເຮັດໄຮ່, ສວນ ຫຼື ກິດຈະການອື່ນຢ່າງເດັດຂາດ.
2. ຫ້າມບຸກຄົນ, ນິຕິບຸກຄົນ, ການຈັດຕັ້ງລວມໝູ່ເຂົ້າໄປຕັດໄມ້ທຸກຊະນິດ, ທໍາລາຍຕົ້ນໄມ້, ປ່າໄມ້ທຸກຮູບແບບ ທີ່ເຮັດໃຫ້ປ່າໄມ້ມີຜົນເສຍຫາຍຢູ່ເຂດປ່າປ້ອງກັນແຫ່ງນ້ໍ(ເຂດຫົວງານນ້ໍາລິນ)ຂອງບ້ານຢ່າງເດັດຂາດ.
3. ຫ້າມບຸກຄົນ, ນິຕິບຸກຄົນ, ການຈັດຕັ້ງລວມໝູ່ເຂົ້າໄປຕັ້ງຖິ່ນຖານ, ສະນໍາຢູ່ເຂດປ່າປ້ອງກັນແຫ່ງນ້ໍ(ເຂດຫົວງານນ້ໍາລິນ)ຂອງບ້ານຢ່າງເດັດຂາດ.
4. ຫ້າມບຸກຄົນ, ນິຕິບຸກຄົນ, ການຈັດຕັ້ງລວມໝູ່ເຂົ້າໄປຕັ້ງຄອກສັດ ຫຼື ລ້ຽງສັດຢູ່ເຂດປ່າປ້ອງກັນແຫ່ງນ້ໍ(ເຂດຫົວງານນ້ໍາລິນ)ຂອງບ້ານຢ່າງເດັດຂາດ.

Annex 11: Examples of VNT own recording of GMP, post project

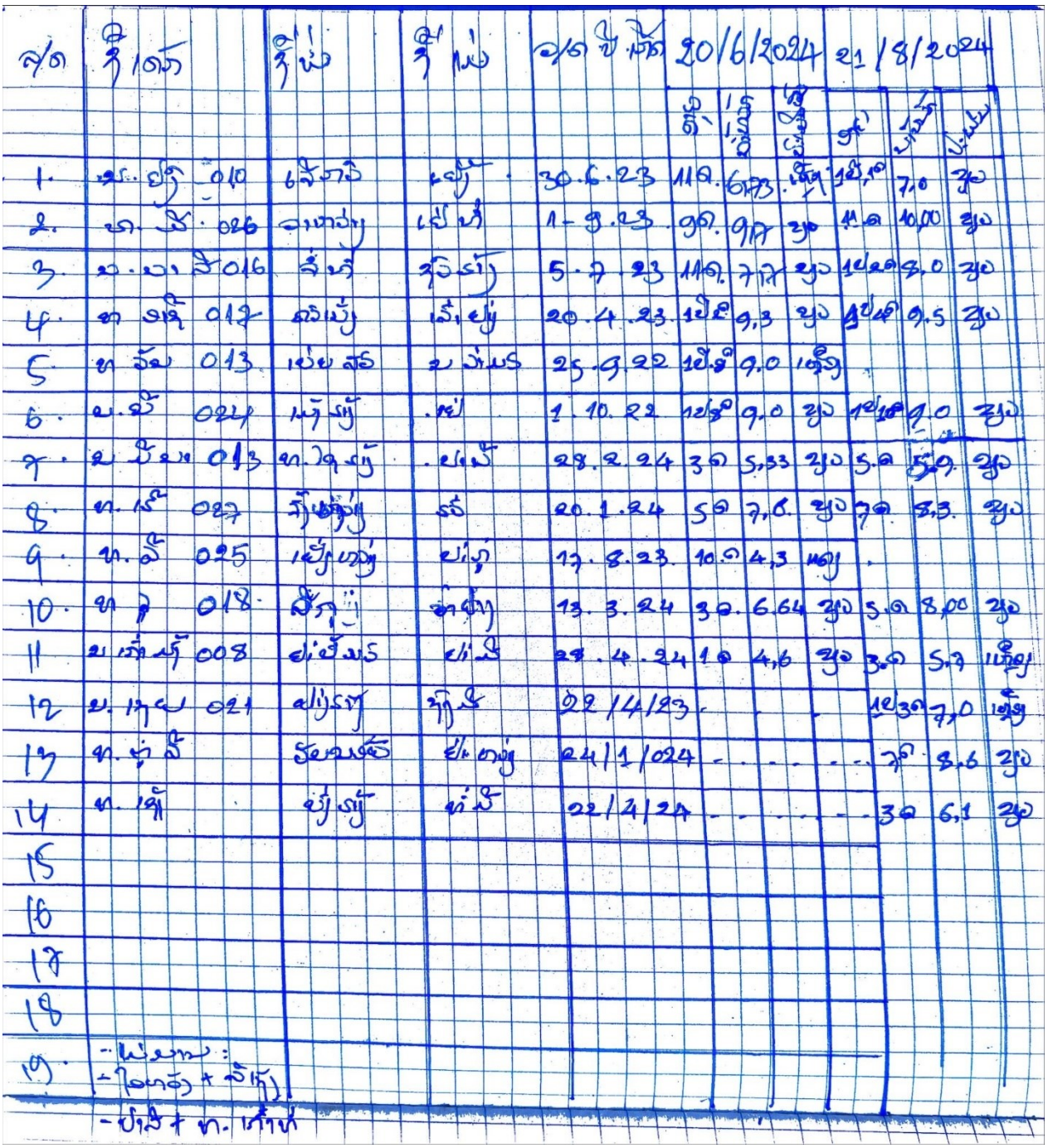
11A: Ban Khounkham, Xiengkhor



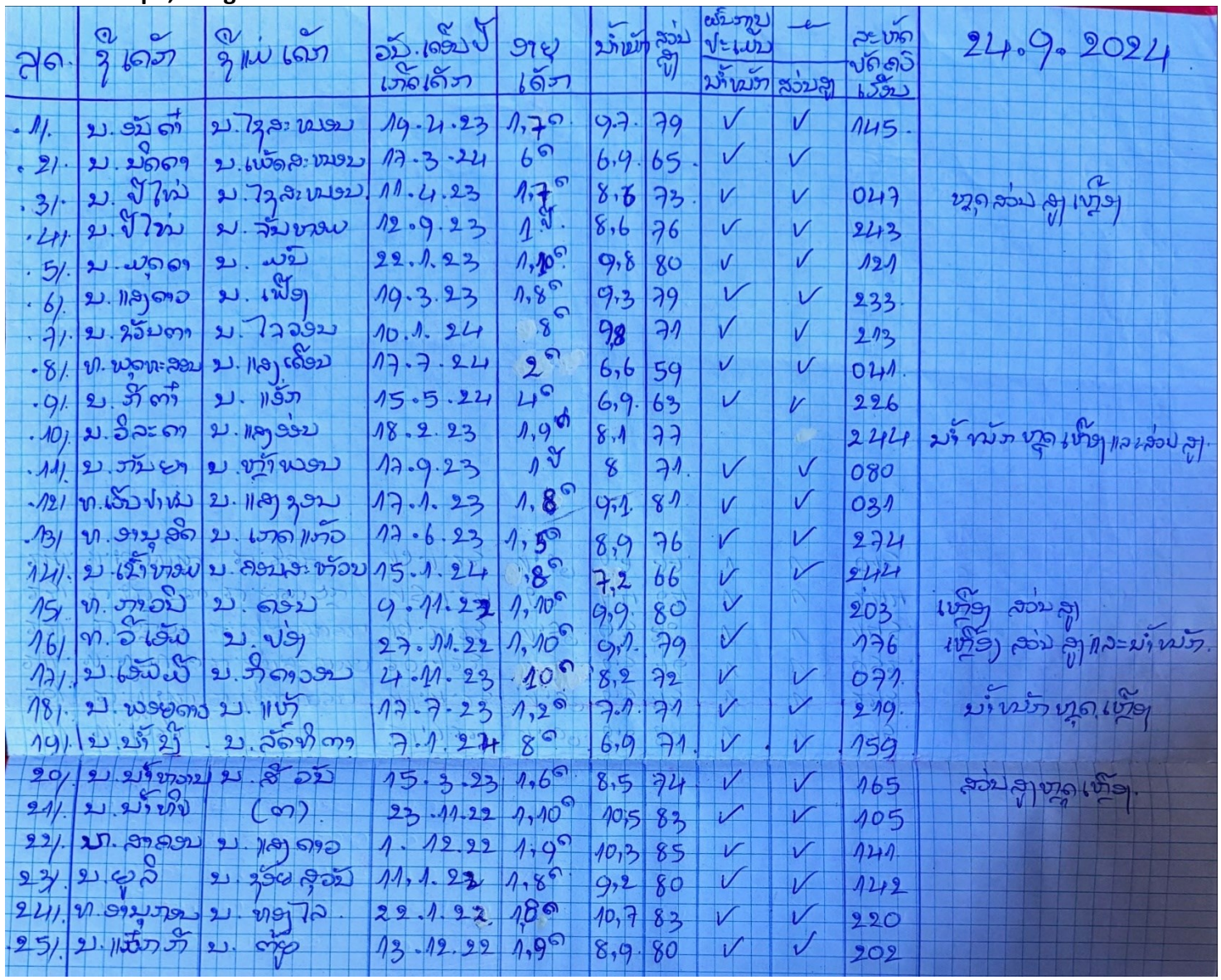
11B: Ban Huayxoeui, Nga District



11C: Ban Jakien, ViangXai District

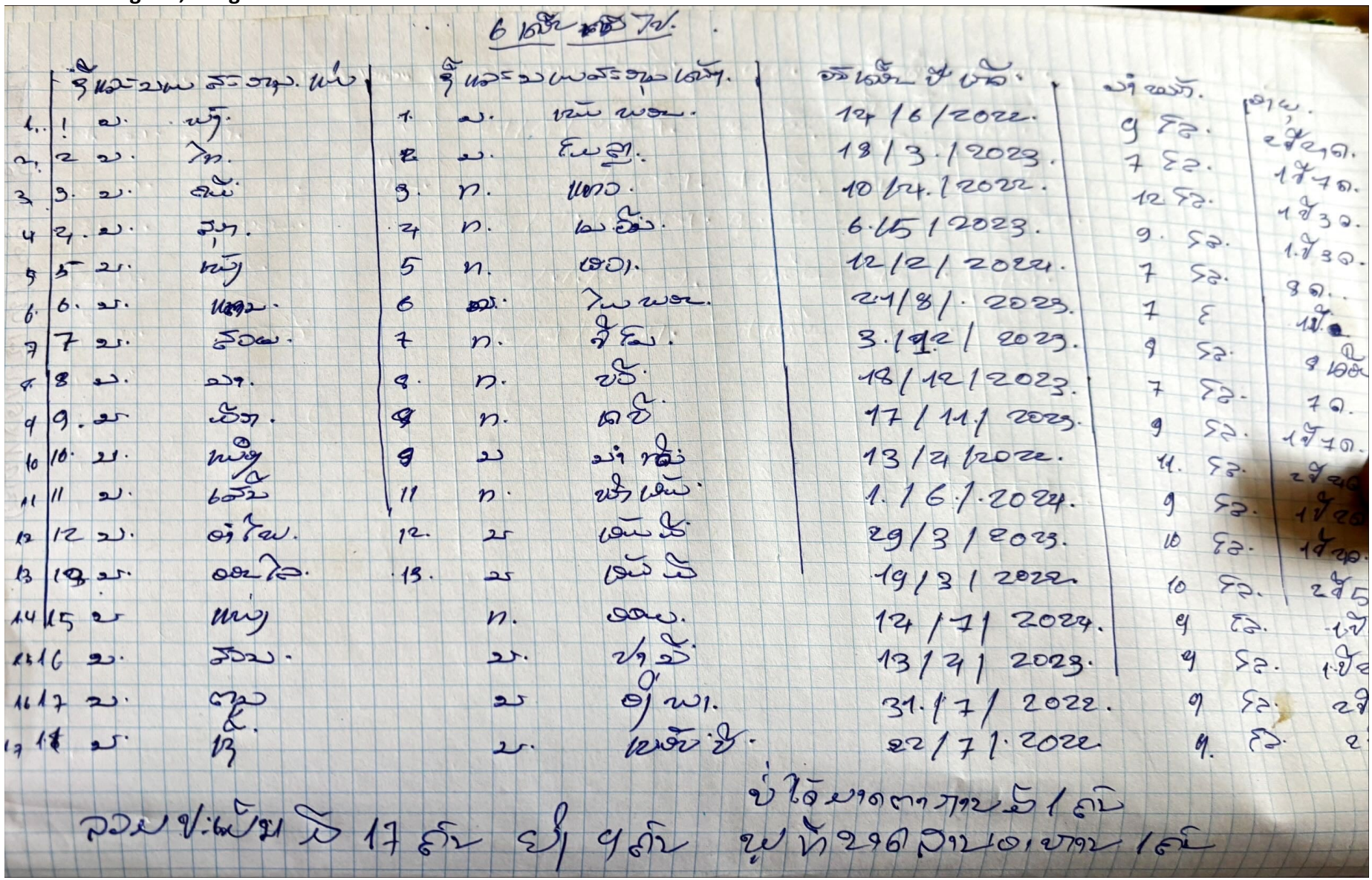


11D: Ban Napa, Beng District



ລ/ດ	ຊື່ ເດັກ	ຊື່ ແມ່ ເດັກ	ວັນ.ເດືອນ.ປີ ເກີດ ເດັກ	ອາຍຸ ເດັກ	ນ້ຳໜັກ	ສ່ວນສູງ	ໝັ້ນກຸມ ປະເມີນ ນ້ຳໜັກ	ສ່ວນສູງ	ລະຫັດ ປົດລັອ ແບ້ນ	24.9.2024
1/	ນ.ອັນ ຕ໋	ນ.ໄຊສະໝອນ	19.4.23	1,7ເ	9.7	79	✓	✓	145	
2/	ນ.ນ[illegible]	ນ.ເພັ[illegible]ໝອນ	17.3.24	6ເ	6.9	65	✓	✓		
3/	ນ.ປ໋ ໃໝ່	ນ.ໄຊສະໝອນ	11.4.23	1,7ເ	8,6	73	✓	✓	047	ໜຸດ ສ່ວນ ສູ ເຫຼືອ
4/	ນ.ປ໋ ໃໝ່	ນ.ຈັນທອນ	12.9.23	1ປີ	8,6	76	✓	✓	243	
5/	ນ.ໝຸ[illegible]	ນ.ໝ[illegible]	22.1.23	1,10ເ	9,8	80	✓	✓	121	
6/	ນ.ແສງ[illegible]	ນ.ເ[illegible]	19.3.23	1,8ເ	9,3	79	✓	✓	233	
7/	ນ.ສ[illegible]	ນ.ໄ[illegible]	10.1.24	8ເ	9,8	71	✓	✓	213	
8/	ທ.ໝຸ[illegible]	ນ.ແສງ[illegible]	17.7.24	2ເ	6,6	59	✓	✓	041	
9/	ນ.ກ[illegible]	ນ.ແ[illegible]	15.5.24	4ເ	6,9	63	✓	✓	226	
10/	ນ.ອ[illegible]	ນ.ແ[illegible]	18.2.23	1,9ເ	8,1	77			244	ນ້ຳໜັກ ໜຸດ ເຫຼືອ ແລະ ສ່ວນ ສູ
11/	ນ.ກ[illegible]	ນ.ໜ[illegible]	17.9.23	1ປີ	8	71	✓	✓	080	
12/	ທ.ເ[illegible]	ນ.ແ[illegible]	17.1.23	1,8ເ	9,1	81	✓	✓	031	
13/	ທ.ອ[illegible]	ນ.ເ[illegible]	17.6.23	1,5ເ	8,9	76	✓	✓	274	
14/	ນ.ເ[illegible]	ນ.ສ[illegible]	15.1.24	8ເ	7,2	66	✓	✓	244	
15/	ທ.ກ[illegible]	ນ.ຈ[illegible]	9.11.23	1,10ເ	9,9	80	✓		203	ເຫຼືອ ສ່ວນ ສູ
16/	ທ.ອ[illegible]	ນ.ປ[illegible]	27.11.22	1,10ເ	9,1	79	✓		176	ເຫຼືອ ສ່ວນ ສູ ແລະ ນ້ຳໜັກ
17/	ນ.ເ[illegible]	ນ.ກ[illegible]	4.11.23	1ປີ	8,2	72	✓	✓	071	
18/	ນ.ນ[illegible]	ນ.ແ[illegible]	17.7.23	1,2ເ	7.1	71	✓	✓	219	ນ້ຳໜັກ ໜຸດ ເຫຼືອ
19/	ນ.ນ້ຳ ປ[illegible]	ນ.ລ[illegible]	7.1.24	8ເ	6,9	71	✓	✓	159	
20/	ນ.ນ[illegible]	ນ.ສ[illegible]	15.3.23	1,6ເ	8,5	74	✓	✓	165	ສ່ວນ ສູ ໜຸດ ເຫຼືອ
21/	ນ.ນ[illegible]	(ຕ)	23.11.22	1,10ເ	10,5	83	✓	✓	105	
22/	ນ.ສ[illegible]	ນ.ແ[illegible]	1.12.22	1,9ເ	10,3	85	✓	✓	141	
23/	ນ.ຜ[illegible]	ນ.ນ[illegible]	11.1.23	1,8ເ	9,2	80	✓	✓	142	
24/	ທ.ອ[illegible]	ນ.ທ[illegible]	22.1.22	1,8ເ	10,7	83	✓	✓	220	
25/	ນ.ແ[illegible]	ນ.ຕ[illegible]	13.12.22	1,9ເ	8,9	80	✓	✓	202	

11E: Ban Tangdou, Beng District



Annex 12: Examples of Heath Centre GMP records

12A: Tangdou Health Centre, Beng District. (one page of 10 pages)



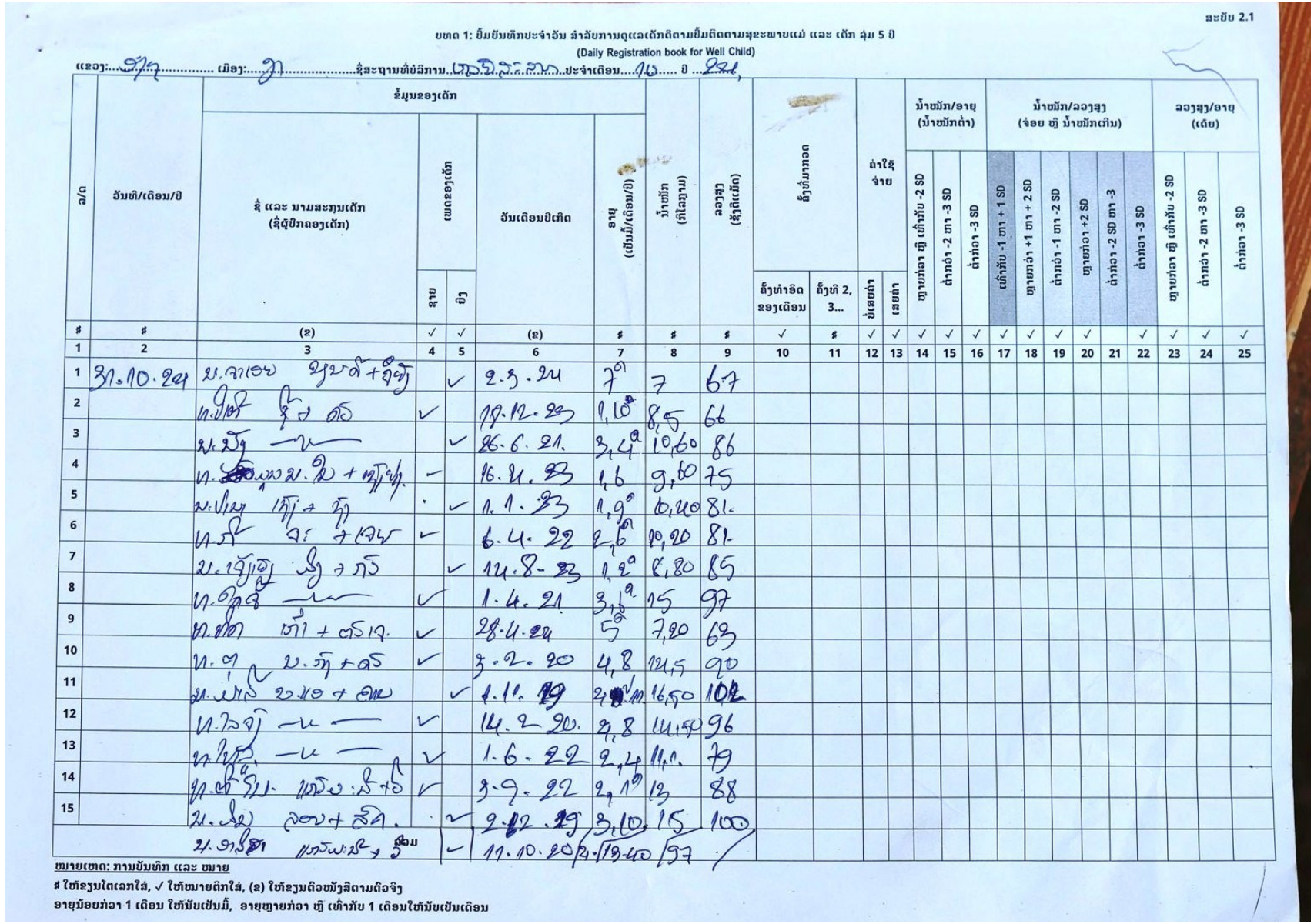
ລ/ດ	ວັນທີ/ເດືອນ/ປີ	ຊື່ ແລະ ນາມສະກຸນເດັກ (ຊື່ຜູ້ປົກຄອງເດັກ)	ເພດຂອງເດັກ		ວັນເດືອນປີເກີດ	ອາຍຸ (ເປັນມື້/ເດືອນ/ປີ)	ນ້ຳໜັກ (ກິໂລກຼາມ)	ລວງສູງ (ຊັ້ງຕິແມັດ)	ຄັ້ງທຳມາ		ຈ່າຍ ໃບການ ບໍ່ລິການ		ໜ້າຍກ່ວາ ຫຼື ເທົ່າກັບ -2 SD	ຕ່ຳກ່ວາ -2 ຫາ -3 SD	ຕ່ຳກ່ວາ -3 SD	-2 ຫາ + 2 SD	ໜ້າຍກ່ວາ +2 ຫາ + 3 SD	ຕ່ຳກ່ວາ -2 ຫາ -3 SD	ໜ້າຍກ່ວາ +3 SD	ຕ່ຳກ່ວາ -3 SD	ໜ້າຍກ່ວາ ຫຼື ເທົ່າກັບ -2	ຕ່ຳກ່ວ -2 ຫາ -3 SD
			ຊາຍ	ຍິງ					ຄັ້ງທຳອິດໃນປີ	ຄັ້ງທີ 2, 3...	ບໍ່ເສຍຄ່າ	ເສຍຄ່າ										
#	#	(ຂ)	✓	✓	(ຂ)	#	#	#	✓	#	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
11	19/12/024	ท. ...	✓		10.10.023	1,9	9.-	90					✓				✓				✓	
12	19/12/024	ท ...	✓		6.10.023	1,2	8.-	89					✓				✓				✓	
13	19/12/024	ท ...	✓		24.1.023	11	9.-	96					✓				✓				✓	
14	19/12/024	ญ. ...		✓	14.5.022	7	7.-	82					✓				✓				✓	
15	19/12/024	ท. ...	✓		6.6.022	2	11,6	86					✓				✓				✓	
16	19/12/024	ท. ...	✓		9.10.024	2	5,4	75					✓				✓				2	
17	19/12/024	ท ...	✓		3.10.022	2,8	12.-	100					✓				✓				✓	
18	19/12/024	ญ ...		✓	1.12.022	2,0	13	86					✓				✓				2	
19	19/12/024	ญ ...		✓	6.5.023	2,6	10.-	81					✓				✓				✓	
20	19/12/024	ท. ...	✓	.	26.7.021		13.-	92					✓				✓				✓	
ລວມ																						

ໝາຍເຫດ: ການບັນທຶກ ແລະ ໝາຍ

ໃຫ້ຂຽນໂດເລກໃສ່, ✓ ໃຫ້ໝາຍຕິກໃສ່, (ຂ) ໃຫ້ຂຽນຕົວໜັງສືຕາມຕົວຈິງ

ອາຍຸນ້ອຍກ່ວາ 1 ເດືອນ ໃຫ້ນັບເປັນມື້, ອາຍຸຫຼາຍກ່ວາ ຫຼື ເທົ່າກັບ 1 ເດືອນໃຫ້ນັບເປັນເດືອນ

12B: Saenjort Health Centre (for Huay Salark village)



ตะขับ 2.1

ขดด 1: ปึ้มขับหึกปะจำอับ ลำลับการดูแลเด็กติดตามปึ้มติดตามสุขะพาบแม่ และ เด็ก วุ่ม 5 ปี

(Daily Registration book for Well Child)

แขวง:..... เมือง:..... ชื่อสถานที่บ่อิการบ..... ปะจำเดือน..... ปี .....

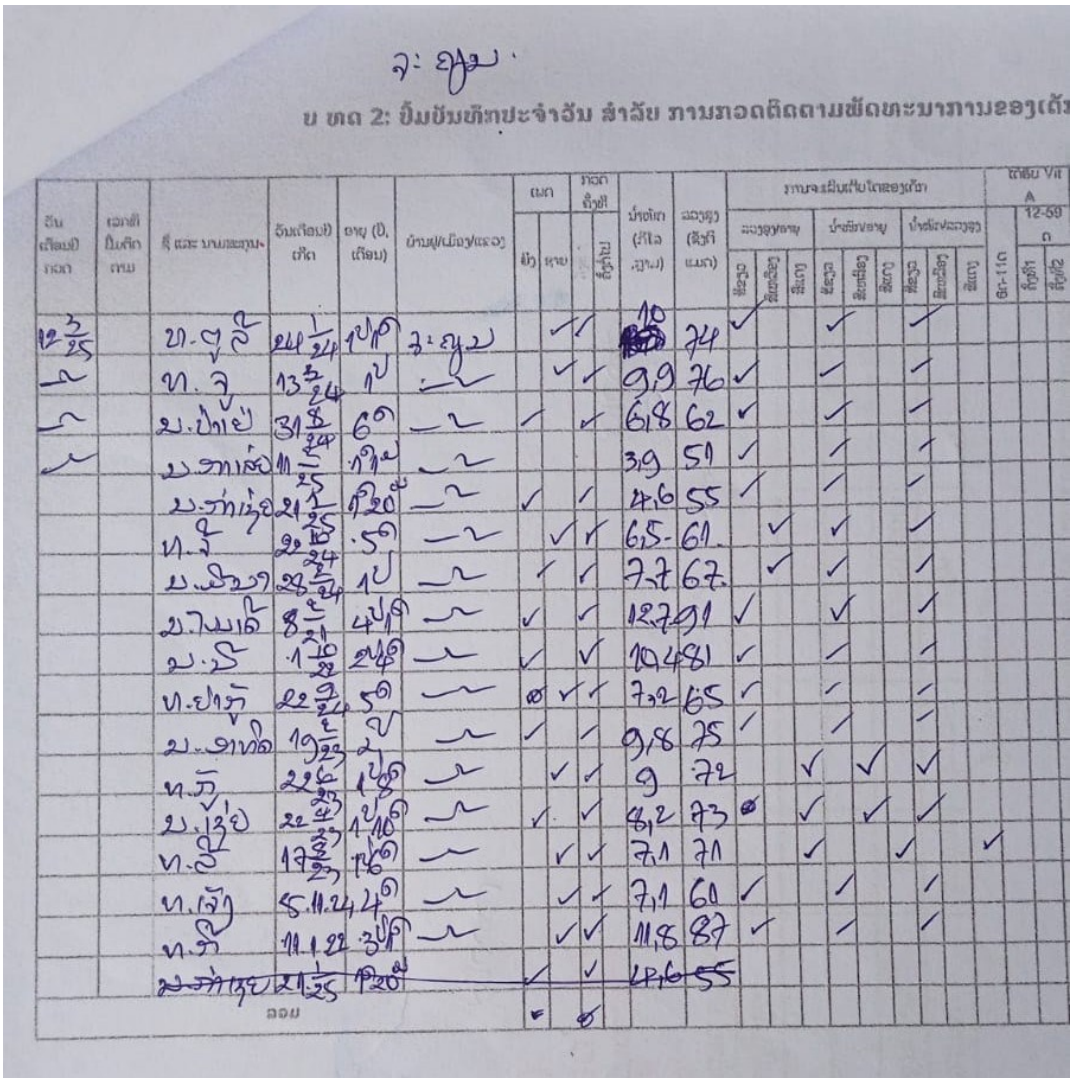
ล/ด	อับที่/เดือน/ปี	ข้อมูนของเด็ก: ชื่ และ นามสะกุนเด็ก (ชื่ผู้ปีกคองเด็ก)	เพดของเด็ก: ชาย	เพดของเด็ก: ยิง	อับเดือนปีเกิด	อายุ (เป็นมื้/เดือน/ปี)	น้ำหนัก (กิโลกราม)	ลวงสูง (ซ็งตีเมัด)	ตั้งถี่มาหาอด: ตั้งทำอิด ของเดือน	ตั้งถี่มาหาอด: ตั้งที่ 2, 3...	ล่าใช้จ่าย: บ่เสยล่า	ล่าใช้จ่าย: เสยล่า	น้ำหนัก/อายุ (น้ำหนักต่ำ): ซุายหว่า ซุ เท่ากับ -2 SD	น้ำหนัก/อายุ (น้ำหนักต่ำ): ต่ำกว่า -2 ตา -3 SD	น้ำหนัก/อายุ (น้ำหนักต่ำ): ต่ำกว่า -3 SD	น้ำหนัก/ลวงสูง (จ่อย ซุ น้ำหนักเกิน): เท่ากับ -1 ตา + 1 SD	น้ำหนัก/ลวงสูง (จ่อย ซุ น้ำหนักเกิน): ซุายกว่า +1 ตา + 2 SD	น้ำหนัก/ลวงสูง (จ่อย ซุ น้ำหนักเกิน): ต่ำกว่า -1 ตา -2 SD	น้ำหนัก/ลวงสูง (จ่อย ซุ น้ำหนักเกิน): ซุายกว่า +2 SD	น้ำหนัก/ลวงสูง (จ่อย ซุ น้ำหนักเกิน): ต่ำกว่า -2 SD ตา -3	น้ำหนัก/ลวงสูง (จ่อย ซุ น้ำหนักเกิน): ต่ำกว่า -3 SD	ลวงสูง/อายุ (เดีย): ซุายหว่า ซุ เท่ากับ -2 SD	ลวงสูง/อายุ (เดีย): ต่ำกว่า -2 ตา -3 SD	ลวงสูง/อายุ (เดีย): ต่ำกว่า -3 SD
#	#	(2)	✓	✓	(2)	#	#	#	✓	#	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
1	31.10.24	ม.ลาเอย ยุมดี+อีญิ		✓	2.3.24	7[0]	7	67																
2		ม.ปิยา ชุ ส ดอ	✓		19.12.23	1,10[0]	8,5	66																
3		ม.ปัญ —ม—		✓	26.6.21.	3,4[9]	10,60	86																
4		ม.[illegible]พม ม.ปิ + ทุ่	—		16.4.23	1,6	9,60	75																
5		ม.ปิยุ เกิ่ + กุ้		✓	1.1.23	1,9[0]	10,40	81.																
6		ม.ภี ฉะ +เดย	—		6.4.22	2,6[0]	10,20	81.																
7		ม.เจ็ยเอ็ย ปุ่ง + กัง		✓	14.8.23	1,2[0]	8,80	85																
8		ม.อุกฤ —ม—	✓		1.4.21	3,1[9]	15	97																
9		ม.ทิดา เท่า + ตรเจ.	✓		28.4.24	5[0]	7,20	63																
10		ม.ตุ ม.กุ + ดร	✓		3.2.20	4,8	12,5	90																
11		ม.ปาร ขาย + อัย		✓	1.11.19	4,8[0]	16,50	102																
12		ม.ไวจิ —ม—	✓		14.2.20.	4,8	14,50	96																
13		ม.ใชรู —ม—	✓		1.6.22	2,4	11,0.	79																
14		ม.ชีรัย. แพง ส + ล	✓		3.7.22	2,1[0]	13	88																
15		ม.ปัย ลอย + สิด.		✓	2.12.19	3,10.	15	100.																
		ม.อาสิรา แกวพะ + อ้อม	—		11.10.20	4,19.40		97																

หมายเหตุ: การบันทึก และ หมาย

ใช้ขูนใตเลกใส่, ✓ ใช้หมายติกใส่, (2) ใช้ขูนติอหมัวลิตามติอจิง

อายุน้อยก่อา 1 เดือน ใช้นับเป็นมื้, อายุซูายก่อา ซุ เท่ากับ 1 เดือนใช้นับเป็นเดือน

12C: Health Centre serving Ban Jakien, Viengxai District.



ข ทด 2: ปึ้มบันทึกประจำฉัน สำลับ ภามกอดติดตามพัดทะนาภามของเด็ก

ลำดับที่	เลขที่ปึ้มบันทึก	ชื่อ และ นามสะกุน	อันเดือนปีเกิด	อายุ (ปี, เดือน)	บ้านพู่/เมืองพู่/แขวง	ผล ผิว	ผล หาย	หวัดซ้ำที่ ซ้ำ	ซ้ำใน๋	น้ำหนัก (กิโลกรัม)	ฉวงสูง (ซ้ำกี แมก)	ภามจะเฝ้นเป็นโตของเด็ก ฉวงสูงตาม ผิวดูด	ฉวงสูงตาม สีแดงเรื่อ	ฉวงสูงตาม สีแดง	น้ำหนักตามอายุ ผิวดูด	น้ำหนักตามอายุ สีแดงเรื่อ	น้ำหนักตามฉวงสูง ผิวดูด	น้ำหนักตามฉวงสูง สีแดงเรื่อ	น้ำหนักตามฉวงสูง สีแดง	ตัดสิน Vit A 12-59 ด ซ้ำที่1	ซ้ำที่2
12 3/25		ข.ปุสี	24 1/24	1ป๋	ว:ยุม		✓	✓		10	74	✓		✓			✓					
~		ท.จู	13 3/24	1ป	~		✓	✓		9.9	76	✓		✓			✓					
~		ข.ป้าเย้	31 8/24	6ด	~	✓		✓		6.8	62	✓		✓			✓					
~		ข.ภาเส่	11 2/25	7เดือน	~					3.9	51	✓		✓			✓					
		ข.ก่าแซ่ย	21 1/25	7เดือน	~	✓		✓		4.6	55	✓		✓			✓					
		ท.จู	22 10/24	5ด	~		✓	✓		6.5	61		✓	✓			✓					
		ข.ฟ้วา	28 5/24	1ป	~	✓		✓		7.7	67		✓	✓			✓					
		ข.ไพเด	8 2/21	4ปี	~	✓		✓		12.7	91	✓		✓			✓					
		ข.ปี	1 10/22	2ปี	~	✓		✓		10.4	81	✓		✓			✓					
		ท.ป่าภู้	22 9/24	5ด	~	✓	✓	✓		7.2	65	✓		✓			✓					
		ข.ภาพัด	19 2/23	2ป	~	✓		✓		9.8	75	✓		✓			✓					
		ท.ปี	22 6/23	1ปี6ด	~		✓	✓		9	74			✓	✓		✓					
		ข.เจ่ย	22 4/23	1ปี10ด	~	✓		✓		8.2	73	✓		✓		✓	✓					
		ท.ปี	17 3/23	1ปี6ด	~		✓	✓		7.1	71			✓		✓				✓		
		ท.เล้า	5.11.24	4ด	~		✓	✓		7.1	60	✓			✓		✓					
		ท.ปี	11.1.22	3ปี	~		✓	✓		11.8	87	✓			✓		✓					
		~~ข.ก่าแซ่ย~~	~~21.1.25~~	~~7เดือน~~		✓		✓		~~4.6~~	~~55~~											
		ลวม				๑		๑														

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