

# ENHUP Project Impact Summary

A summary document of ENHUP Project (Phase I & II) implementation from 2016 to 2022



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# ABOUT ADRA

The Adventist Development and Relief Agency (ADRA) is the global humanitarian arm of the Seventh-day Adventist Church—part of the 20-million strong Adventist community, with hundreds of thousands of churches globally and the world's largest integrated healthcare and education network.

ADRA delivers relief and development assistance to individuals in more than 118 countries – regardless of their ethnicity, political affiliation, gender, or religious association.

By partnering with local communities, organizations, and governments, ADRA is able to deliver culturally relevant programs and build local capacity for sustainable change.

ADRA's work touches millions of lives in more than 110 countries around the world. ADRA's on-the-ground approach allows immediate assistance in times of crisis and true partnership with the communities we serve.

**110** countries served

ADRA Laos belongs to the global ADRA network, which has been locally registered as an International Non-Government Organisation in Lao PRD since 1992.

Our core sectors include Health; Agriculture and Natural Resource Management; Livelihoods; and Emergency Management. ADRA Laos has expertise in Nutrition, Reproductive, Mother, Newborn, Child, and Adolescent Health (RMNCAH), Water Sanitation and Hygiene (WASH), Tobacco Control, Agriculture (Good Agriculture Practices (GAP) Organic Agriculture (OA) and Climate Smart Agriculture, Livestock, Livelihoods, Value Chains, Market Linkage and Business Development.

“**Connected,  
Courageous,  
Compassionate**”

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## ADRA Laos HISTORICAL

ADRA has been serving the people of Lao PDR since 1991. During that time, ADRA Laos has implemented projects across 13 of 18 provinces including Luang Namtha, Bokeo, Phongsali, Oudomxai, Luang Prabang, Xaisomboun, Khammouan, Savannakhet, Champasak, Attapu, Xiangkhouang, Vientiane and Vientiane Capital.

### Vientiane Province

- Sustainable Agriculture & Rural Livelihoods Initiative (SARLI) Project

### Vientiane Capital

ADRA Laos Head Office

### Xiangkhouang Province

#### Phoukoud District

- Enhanced Nutrition and Health for Upland Phoukoud (ENHUP Phase II) Project
- Phoukoud Integrated Climate Resilient Agriculture and Improved Livelihoods (PICRAIL) Project
- Sustainable Agriculture & Rural Livelihoods Initiative (SARLI) Project

## Since 1991...

13

Provinces

124

Project

# ENHUP project

Enhanced Nutrition and Health for Upland Phoukoud (ENHUP Phase II) Project's primary objective is to contribute to the overall socio-economic development and poverty alleviation of Lao PDR through health and nutrition-specific and nutrition-sensitive interventions

Location | 16 villages in Phoukoud District, Xiengkhouang Province

Donors | Canadian Foodgrains Bank / ADRA Canada

## ENHUP Phase I

Improved nutrition for at least 10,780 household members, particularly pregnant and lactating women and children under 2 (first 1000 days of life) in Phoukoud District, Xiengkhouang Province.

Timeframe | April 2017 - April 2020

### Specific objective

#### Nutrition

Reduced acute malnutrition, underweight, and chronic malnutrition among targeted girls and boys under the age of 2, and pregnant and lactating women

#### Agriculture

Improved nutritious food consumption for pregnant and lactating women and children under 2.

#### Water

Reduced prevalence of malnutrition-related diseases among pregnant and lactating women and children under 2.

#### Capacity Building

Improve awareness and capacity of development partners to adopt best practice, multi-sectoral approaches to nutrition.

## ENHUP Phase II

Improved nutrition for 11,224 household members, particularly women of reproductive age (WRA) and children under 5 years (CU5) in Phoukoud District, Xiengkhouang Province.

Timeframe | October 2020 - August 2023

### Specific objective

#### Nutrition

Increased knowledge and adoption of improved nutrition practices to reduce malnutrition and underweight in WRA and CU5.

#### Agriculture

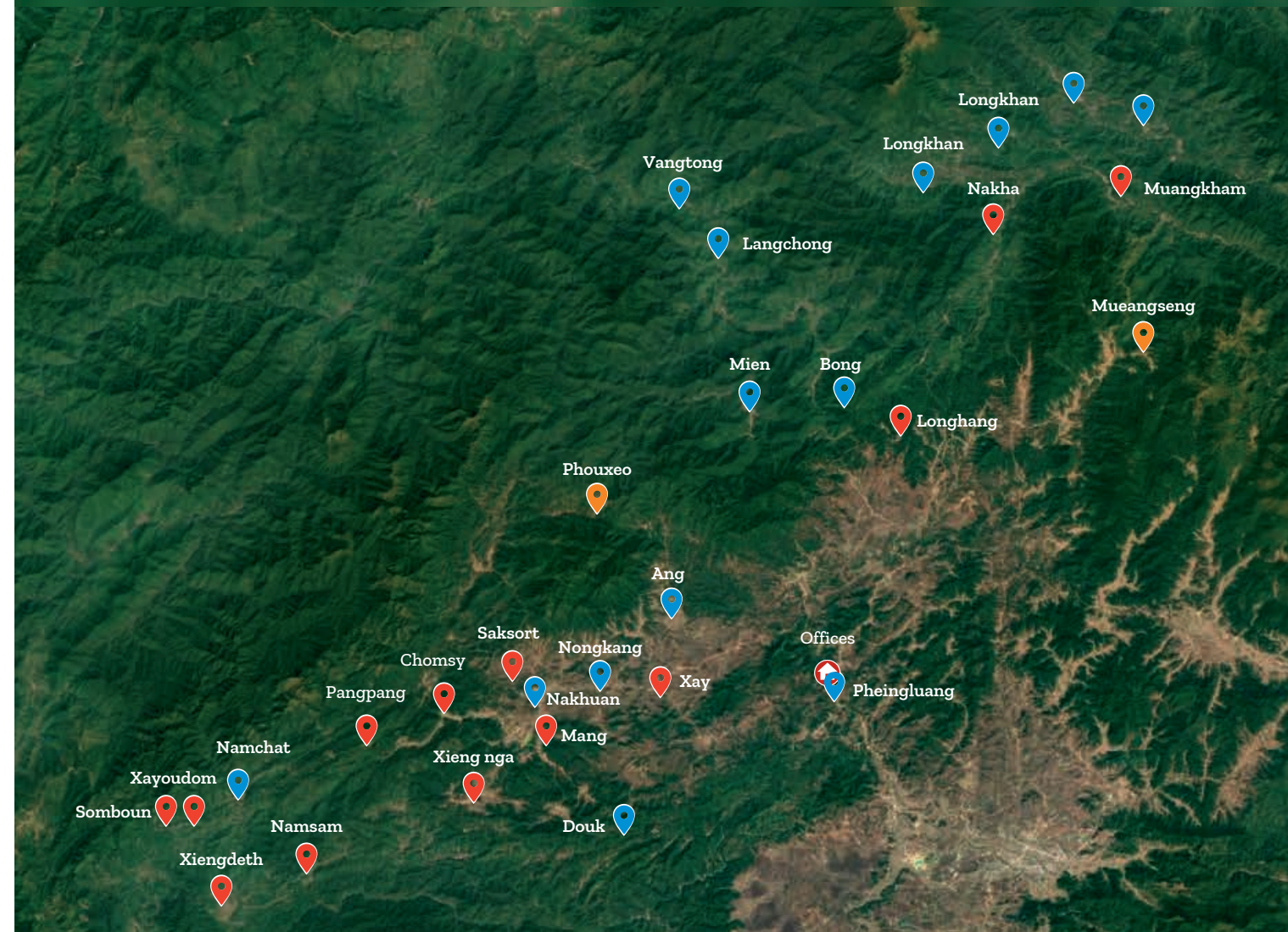
Increase access to home-produced vegetables and protein for pregnant and lactating women and malnourished CU5.





#### Community-led total sanitation (CLTs)

Increase knowledge of and adoption of key disease prevention/treatment practices to reduce malnutrition among WRA and CU5.

#### Capacity Building

Improve awareness and capacity of development partners to adopt best practice, multi-sectoral approaches to nutrition.



-  ENHUP Phase I targeted villages
-  ENHUP Phase II targeted villages
-  ENHUP Phase I & II targeted villages
-  ENHUP Offices



# ADRA Laos Community Nutrition Rehabilitation Program

## NUTRITION SPECIFIC

01

### COMMUNITY PARTICIPATORY STUDY AND PLANNING

Participatory community and nutrition assessment conducted, and activities planned in each community.



02

### NUTRITION REHABILITATION PROGRAM

Rehab sessions conducted for 12 days/village for SAM and MAM and underweight children including interactive group learning on breastfeeding, food consumption, and food diversity practices, challenges and possible solutions.



03

### SAM CASES REFERRAL

Referral of SAM children to the hospital for treatment, counseling and advice (minimum 14 days)



04

### SOCIAL BEHAVIOR CHANGE COMMUNICATION (SBCC)

Community-wide SBCC applied through multi-media presentations, games interactive activities, and Q&A relating to Mother and Child Health, 1000 days, nutrition, disease prevention, etc.

05

### HOME VISIT & COUNSELING

SAM and MAM cases and pregnant and lactating mothers with family members receive basic health check (pre-post-natal) and counseling services in their home.



06

### GROWTH MONITORING AND PROMOTION VISIT (GMP)

GMP visit with SAM & MAM children to conduct anthropometric measurements by measuring weight, height, age at 30, 90, 180, 270, and 360 days after Rehab sessions to check growth and progress.



## NUTRITION SENSITIVE

07

### SUPPORT HOME GARDEN AND SMALL LIVESTOCK

Targeted households supported in home gardens and production of small animals to improve access to diverse fresh food and protein availability to improved family nutrition.



08

### IMPROVED COMMUNITY SANITATION

Community free of open defecation declaration through supporting targeted community and households.



09

### GENDER AWARENESS

Community-wide gender awareness sessions and community gender actions conducted in targeted villages.

10

### ENABLED COMMUNITY CHANGE AGENCY

Trained village health volunteers, women leaders and health workers are active change agents.



# ENHUP I PROJECT RESULTS



## Reduce Children Under 2 wasting

Achievement results

Baseline	EOY1	EOY2	EOY3	End of project target
10.4%	3.3%	3.2%	3%	6%



## Reduce Children Under 2 Underweight

Achievement results

Baseline	EOY1	EOY2	EOY3	End of project target
24.9%	15.5%	17.4%	18.1%	10%



## Reduce Children Under 2 stunting

Achievement results

Baseline	EOY1	EOY2	EOY3	End of project target
51.4%	46.10%	52.5%	50.6%	30%



## Reduce Pregnant & lactating women with MUAC < 23cm

Achievement results

Baseline	EOY1	EOY2	EOY3	End of project target
40%	0%	11%	11.6%	30%



## Women eating adequate food diversity

Achievement results

Baseline	EOY1	EOY2	EOY3	End of project target
2.2%	23.7%	28.3%	29.78%	50%



## Children Under 2 eating adequate food diversity

Achievement results

Baseline	EOY1	EOY2	EOY3	End of project target
14.4%	55.25%	56.9%	51.06%	20%



## Women eating minimum food frequency

Achievement results

Baseline	EOY1	EOY2	EOY3	End of project target
10.6%	49.4%	48.7%	54.48%	80%



## Children Under 2 eating minimum food frequency

Achievement results

Baseline	EOY1	EOY2	EOY3	End of project target
34.7%	50%	52.65%	55.5%	80%



## Exclusive Breast-feeding ≥ 6 Months

Achievement results

Baseline	EOY1	EOY2	EOY3	End of project target
24%	43.3%	69.3%	68.8%	70%



## Caregivers practice 3 out of 5 disease prevention and treatment methods

Achievement results

Baseline	EOY1	EOY2	EOY3	End of project target
0%	62%	58%	69.5%	70%



## Caregivers should provide appropriate treatment to children during illness and recovery

Achievement results

Baseline	EOY1	EOY2	EOY3	End of project target
0.8%	13.4%	35.6%	14.34%	70%



# ENHUP II PROJECT RESULTS



## Reduce Children Under 5 wasting

Achievement results

Baseline	EOY1	EOY2	EOY3	End of project target
6.2%	4.2%	2.2%	-	3%



## Reduce Children Under 5 Underweight

Achievement results

Baseline	EOY1	EOY2	EOY3	End of project target
22.4%	25.5%	8.2%	-	15%



## Reduce Children Under 5 stunting

Achievement results

Baseline	EOY1	EOY2	EOY3	End of project target
45%	50.4%	37.8%	-	38%



## Reduce Pregnant & lactating women with MUAC < 23cm

Achievement results

Baseline	EOY1	EOY2	EOY3	End of project target
15%	12%	2.9%	-	10%



## Women eating adequate food diversity

Achievement results

Baseline	EOY1	EOY2	EOY3	End of project target
36.39%	33.95%	61.26%	-	50%



## Children Under 2 eating adequate food diversity

Achievement results

Baseline	EOY1	EOY2	EOY3	End of project target
23.39%	21.41%	52.6	-	50%



## Women eating minimum food frequency

Achievement results

Baseline	EOY1	EOY2	EOY3	End of project target
35.03%	44.34%	77.15%	-	70%



## Children Under 2 eating minimum food frequency

Achievement results

Baseline	EOY1	EOY2	EOY3	End of project target
56%	54%	73%	-	70%



## Exclusive Breast-feeding ≥ 6 Months

Achievement results

Baseline	EOY1	EOY2	EOY3	End of project target
64.8%	62.12%	70.7%	-	70%



## Caregivers practice 4 out of 5 disease prevention and treatment methods

Achievement results

Baseline	EOY1	EOY2	EOY3	End of project target
35.31%	36%	71.17%	-	70%



## Caregivers should provide appropriate treatment to children during illness and recovery

Achievement results

Baseline	EOY1	EOY2	EOY3	End of project target
24.08%	20%	60.46%	-	70%



## Open Defecation Free District Declaration



A close-up photograph of a woman with dark hair tied back, wearing a blue shirt with white and red stripes on the collar and sleeves. She is leaning over a young child, feeding them with a silver spoon. The child is wearing a green and white striped long-sleeved shirt and is looking up at the spoon. The background is slightly blurred, showing a kitchen setting with a white pot and a yellow bottle.

# *Human Interest Story*

All of the stories were gathered through one-on-one interviews with the beneficiaries, allowing them to freely share their experiences and feelings about their lives and the project.



# Choryang's Family

Choryang is 30 years old and married with 6 children living in Phousell village, Phoukoud district, Xiegnkhouang province, Lao PDR. She and her husband (Shoudaovang) are both farmers who sometimes do farming, animal raising and others for living. Their 6 children (3 boys and 3 girls) which 4 of them are at school and other 2 are not because they are still young children and malnourished the age of under 5. Choryang never attend school before even when she was young. The reason was because there was no school nearby at that time and she had to stay with her parents and did a lot of farming and helping them house work.

Choryang's family has several pigs and chicken which being raised nearby their house and her children and her husband help with feeding. They also have a few cows but they put their cows in their farms which is about 2-3 hours walk from the village. Choryang's house is made of wood and roofed of zinc which is considered as normal house if compared to the communities around. They seasonally grow vegetable at their farms/garden to feed the families but they also have to buy food or vegetables during time when they have no vegetables. However, rice is main food for this family and they are always ensure that they have enough rice to eat for the whole year. Fortunately, this family have access to clean water and enough to use in the house. They stored the water with big buckets which covered well to protect animals access or dusty.

Choryang's family was targeted under ENHUP project as one of the beneficiaries because ADRA ENHUP team first came to this village to spread the knowledge of nutrition and disease prevention as well as PD hearth sessions. Choryang did attended the second-round nutrition - disease prevention and first round PD hearth in her village. She was very active during the session especially the PD hearth session. "I want to learn every step with nurses to get the knowledge so I can help myself and my family in life especially my 2 young underweight boys who really need help to gain weight" said Choryang.

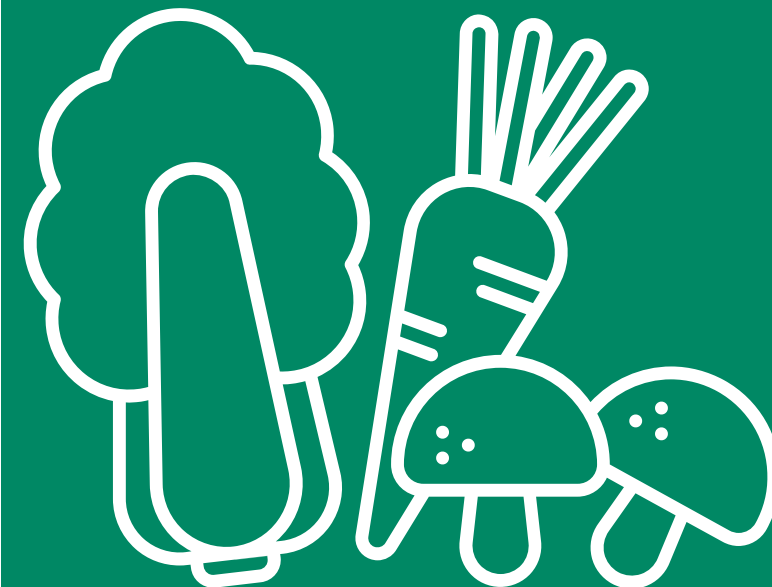
As PD hearth session was conducted in Phuossell village during the month of February 2018; Choryang took her 2 boys to the PD hearth session every day and contributed her own food, real practiced cooking with nurse and ADRA, ENHUP team which she believed that this would help gain weight for her 2 little boys. The 2 boys attended every day and played with other children during the PD hearth session occurred in the village.

Be attending nutrition – disease prevention and PD hearth session which conducted by ENHUP, Choryang said "I have learned many different things like eating different kind of food every day even during pregnancy or after the child is born. Also, breast feeding is very important as well as when the child is grown up to 6 months on and I need to feed my child breast together with good food to help them grow."

Choryang also told ENHUP Health and Nutrition team that before this project came to her village, she had very less ideas what to eat every day. The reason for this because since she was born, her parents fed her mostly just rice, meat and other vegetables which were not enough and also not easy to find food sometimes. "After I learned from you, I know how to bring many kinds of food to cook together now and I will continue to use this idea to cook at my house for my children." Said by Choryang to the ENHUP team.

From the observation of Choryang's attendance to the PD hearth session, ADRA would say that this family is one of the most active families who are highly interested in the ENHUP project. Choryang also said "I really enjoyed with you like when we cooked together. I would like to thank you to ADRA for your support. In the past, I have never seen a project who would teach us like you do."

Finally, Choryang said thank you to ADRA and would like to ADRA to visit them in the village again as well as making home visit to her family. She has strong believed that this project will help the people in her village to eat healthy food, stay clean without disease and taking care of everyone's baby for better life in future.





# Vieng's Family

Vieng is 28 years old married with 3 children (all girls) living in Mouangkham village, Namlien cluster, Phoukoud district, Xiengkhouang province. Vieng's husband named Dee who is 29 years old and they are all farmers. Unfortunately, they have lost their first girl who died when she was about 3 years old due to her severe paralyzed since birth. Their third child is 9 months old was malnourished who was considered as underweight at the time of PD hearth session conducted in Mouangkham village in February 2018.

Vieng's house is made of wood, bamboo and roofed by grass. They have a few chickens and 2 pigs raised nearby their house. She also has a home garden which is about 10 meters from their house. Vieng's family has no access to safe and lack water in the neighborhood. They use water from a stream which about 100 meters from home and it is a small river and not clean and safe for drinking. Their daily food is vegetables, fish, rice and other natural plants which is from her home garden. They like meat but it is challenging to find in the meat in village, market is far and they don't have enough animal of their won that they can kill for consumption.

Vieng told ENHUP team that, "Before ADRA came to my village, I know nothing about food group and how each of them can be cooked or eaten as well as exclusive breast feeding for a baby." In general, the community in this village including Vieng; they just eat what they get used to and the food that they traditionally like only. After ADRA came to the village, Vieng said she got many new ideas and knowledge on nutrition, disease prevention and PD hearth.

"I am very happy that I got to know ADRA taught me different things in my village such as food to eat and how to take care of my health from pregnant to giving birth of a baby, how to stay clean which will avoid from disease, breast feeding and PD hearth (cooking)" said by Vieng.

As Vieng's child was assessed and identified that she was one of the malnourished children in the village and then she was informed and invited to attend the PD hearth. She also said "this is my first opportunity to join with this project which I hope that it will help me a lot and I also really enjoyed the home garden training which was provided by ADRA." Vieng also mentioned about what she had learned from the project and then she shared the knowledge to her family members.

Vieng also said thank you to ADRA a lot for visiting her family and giving her chance to learn many things. She would like to welcome ADRA again next time to her house and visit them.



# Maiphone Village Health Volunteer

Maiphone is a young woman who feels for her village. She is now 24 and has been a village health volunteer (VHV) for over two years. She lives with her husband and two children in Nakha, a village among 16 others that ADRA Lao PDR is targeting to reduce malnutrition and improve livelihood.

On 11-15 November 2018, ADRA conducted a VHV training, Maiphone along with other VHVs attended with glowing curiosity and enthusiasm. "I am very happy about this training," she said. "There are new lessons for me, particularly gender and violence and children. The trainer gave a very clear training on mother and child's health. It was easy to understand." According to her, "ADRA really understands the needs of the community, including the environment, and tries to provide us with necessary knowledge, like this training."

Maiphone expressed that the training was helpful, and she learned a number of valuable lessons. It reminded her of her role and was a platform for her to review her existing health knowledge. Segregated focus group discussion (male and female) became a new concept for her. She also learned about violence against women and children, mother and child's health, herbs, and how to manage village medicine fund/village medical kit. Moreover, training brought her many new friends—VHVs from other villages. Maiphone was adamant that, after the training, she would practice what she had learned and mobilize the community to participate in ADRA's activities; she would be telling her village about what ADRA is trying to achieve and how villagers could improve their livelihood and health.

When asked if she had any suggestions for ADRA to improve its project activities, Maiphone said, "I am very proud of ADRA. Thank you for your help and education program and the genuine concern you have for us, specially about health and nutrition. If it is possible, please help me [us] more in the future. There are couple things that ADRA could try. For instance, organize VHV cross-visits between villages and districts. We have limited medical supplies. ADRA could support this as well. Some villages are comprised of many clusters. It would be practically sufficient if each cluster were represented."





# Yor Yang's Family

Yor Yang, 31, is married. Belonging to the Hmong ethnic group, he practices slash and burn cultivation together with his wife and four children—three girls and one boy. His eldest child is nine years old and studies third grade in their Phuxell which is located in Phoukoud, Xiengkhouang; the second child is three years younger and studies first grade in the same school. The fourth one is four years old, and the youngest one is three years old. These two are malnourished and are beneficiaries of DARA's ENHUP Project (Enhanced Nutrition and Health for Upland Phukoud)

The Yang has a single storey house with concrete floor, wooden wall, and tiled roof. The family has a vegetable garden and uses gravity-fed water. They also have a latrine. They harvest vegetables from their garden and fish from nearby rivers/creeks. However, sometimes they buy it from local markets or when they go to town.



Before the project was implemented in their village, Phuxell, the Yang did not know about food groups, how to cook diverse food/mixing different kinds of food together, and how to properly breastfeed children. They cooked plainly. When he heard ADRA would implement activities in the village, Mr. Yang was very happy because the project was going to educate people about nutrition, disease prevention, breastfeeding, and cooking for malnutrition children—PD Hearth activities. Mr. Yang then decided to participate in ENHUP activities to obtain knowledge for himself and his family alike to improve their livelihood. He participated in every project activity—nutrition sessions, disease prevention or sanitation (three-clean model), breastfeeding, PD Hearth activities, and home gardening. These activities are good, new lessons for Mr. Yang because, according to him, no project had ever provided his family with such knowledge, which partly resulted in his children being malnourished. From now on, Mr. Yang is committed to put into practice the lessons he has learned from the project to improve his children's health.

Mr. Yang thanked ENHUP/ADRA for the good, beneficial lessons his family has received. The project takes interest in community/children health without discrimination and work directly with the community/family level. He also thanked donors for their kindness and support for activities such as nutrition, disease prevention, and PD Hearth. Furthermore, Mr. Yang expressed his support for the continuation of project activities. He hopes that ENHUP team or ADRA will bring more precious lessons to his village in the future. Thank you.

# Kong's Family



***"I am feeling very happy that ADRA could teach me about nutrition, disease prevention and exclusive breastfeeding as well as how to cook proper food for my babies,"***  
ssaïd Kong.

Mrs. Kong is a 30-year-old Khmu woman and is married to a farmer—Mr. Lor, 42. Together they have four children (two girls). They live in Mouangkham village, Phoukoud district, Xiengkhouang province, Lao PDR.

Their first child, 14, has dropped out of primary school to help them in the farm. The second child, 12, is in fourth grade at Mouagkham Primary School. The other two younger children are still at home staying with their parents as they are still below school age. However, one of them, Miss Dot, is malnourished and joins ENHUP PD hearth session.

Kong lives in a wooden house with shingle-metal-sheet roof. Her family has a total of 12 chicken, six ducks and two pigs. They have a small home garden, and they grow different kinds of vegetables. They also have enough, safe water for household consumption.

Before ADRA implemented the project in her village, Kong did not know about food groups and how to cook proper food and/or diverse food for her family or children. She also did not fully understand how to breastfeed newborn babies. She only knew how to feed babies according to their traditional practices and other basic techniques. However, that has changed since ADRA entered the village, and Kong has learned about different aspects of health and nutrition and many new things.

Kong's youngest daughter, Dot, is underweight and stunted. When ADRA conducted PD hearth session in the village, Kong gladly participated. She attended and practiced how to cook with ADRA and health worker team.

*"What I like the most is how to cook PD hearth food because I believe that this activity will help my daughter gain weight, and I hope she will grow faster,"* Kong said with a hopeful voice.

Kong thanked ADRA and everyone who has reached out to malnourished children, particularly her daughter who lives in remote Mouangkham. She hopes to learn more and meet ADRA team again in the future.



# Kayoudom Village

Sayoudom is one of ENHUP's target villages. It was selected and proposed to ADRA by Phoukoud district authorities with consent from villagers. The village is comprised of 328 people (151 females) or 65 households or 69 families. There are 40 children under five years old (20 females), based on 2018 PD Heart data. The entire village is Khmu and practices animism. It is situated 98 KMs from Phoukoud town and 16 KMs from the nearest health center, Namchat Health Center. In terms of infrastructure and facilities, the village has a primary school offering preschool and Grade 1-5, a running community gravity-fed water system funded by ADRA Lao PDR, and 97-percent toilet coverage, and good road access—asphalt.

The entire village relies on shifting cultivation, livestock raising, and cash crops such as ginger, chili, cucumber, etc. Only three families have additional sources of income—buying and selling rice, selling fuel, selling groceries, and operating rice mills.

According to Mr. Houmpheng, before the ENHUP began, the village faced many issues, particularly community health (including women and children), sanitation, and traditional beliefs. Even though it has a good road access, people still were little informed about health. The government/health center staff had worked in the village for a long time, but it remained challenging because people had limited knowledge. As a result, many government interventions underachieved, for example, vaccination and family planning.

After the government allowed ADRA to take part in development through health activities, which include MCN, food consumption, and home gardening, community participation improved. At present, people understand more about nutrition/health as evident in their active participation in other sectoral activities and remaining ENHUP activities. ADRA had raised awareness in food consumption, exclusive breastfeeding, gender, NRM, and nutrition rehabilitation for children under five who were underweight, wasting, and stunted. All activities were conducted in partnership with health center, district health office, and/or provincial health department.

Mr. Houmpheng feels proud that there has been a reduction of illness after the project was implemented. There were fewer cases of diarrhea, fever, and cough. Food consumption generally improved. People consumed more produce and meat instead of selling.

Another indicator of improvement is better environment. Every family tried to build their own toilets, manage their own waste, and relocate/fence their animals. Only a few struggled to do so.

Against these achievements, the village still has to deal with persistent problems. Due to its geography, the village doesn't have land for permanent cultivation. Shifting cultivation requires a lot of labor. They have to rotate every three to five years. The yield is low, and the crops are more vulnerable to climate change/drought. Grazing and cultivation land is limited. To make matters worse, villagers don't have additional sources of income. A few families produce bamboo crafts, but that doesn't generate stable income either.

After 36 months of ENHUP implementation, the village/village authorities have learned/observed positive things such as activity coordination, pursues of different activities, food consumption among villagers, and good lessons (nutrition, hygiene, and sanitation) that improve the village, access to information, behavior change, and partnership between project and government staff.

The chief and his deputies hope that their community members continue to accumulate and use the lessons, information, and techniques provided by the project so that there is sustainability and improved health and nutrition.

On behalf of the entire village, the three leaders expressed their appreciation of ADRA and donors who have provided funds to improve their community and health. They promised to apply and maintain the knowledge and assets given by ADRA/the project, including their water system.





# Bee Mua's Family

Bee Mua, 28, is married to Bee Xiong, 25. They belong the Hmong ethnic group. They live in Nongkwuang Cluster, Yortphae Village, Phoukoud District, Xiengkhouang Province and primarily support their family through farming. They have two boys, five and three; both are in kindergarten.

Bee Mua and his family has a house with concrete floor, wooden walls, and tiled roof. They possess eight heads of cattle, a walking tractor, and a vegetable garden. They are connected to their community gravity-fed water system and use a squat toilet. They supplement their home-grown vegetables with leaves from nearby forests which are their source of meat and fish; they occasionally buy food from the market.

Bee Mua heard about ENHUP through his village chief. One day, the chief made an announcement to the entire village about ENHUP project at a community meeting. Bee Mua was very interested in the news and took part in the meeting. He listened to the chief telling about ENHUP goals, objectives, and activities.

As soon as the project rolled out its first activity in the village, Bee Mua didn't waste the chance to attend, and he had been consistent doing so until the project concluded in January 2020. Before ADRA implemented ENHUP, people in Nongkwuang and his family had very limited knowledge about nutrition, disease prevention, breastfeeding, and home gardening techniques. After the project implemented its activities, Bee Mua learned many good lessons.

"I used to have little knowledge about food groups, food diversity, cooking methods, proper breastfeeding, etc.," said Bee Mua.

Prior to the project, he and his family used very simple cooking methods—boiling only one type of vegetables or meat. Diversity didn't come to mind at all. Bee was very happy to have learnt that ENHUP would conduct training on nutrition, disease prevention, proper breastfeeding, and cooking techniques for malnourished children. He practiced the knowledge he had received to improve his family's nutrition by ensuring each meal has as much diversity as possible. He attended every project activity/community learning session—nutrition awareness, disease prevention or three cleans, proper breastfeeding, PD Hearth, and home gardening. All these activities taught Bee good and new lessons because his community had never seen any project working on these matters. They are his favorite. Bee reiterated that he would pass on the knowledge and personally apply it to improve his family's health.



Knowing that ENHUP Phase I was wrapping up, Bee Mua thanked the project team for the valuable lessons he'd learned and the indiscriminatory attention they'd shown to children in his community. "You reached out to us and worked with us directly," he said. "I'd like to also thank project donors for their generosity, lessons on nutrition, disease prevention, PD Hearth which are very beneficial. I hope the project team will continue to implement this project in my village and other villages. I look forward to receiving more excellent lessons from the team."



## Eye Thor's Family

Eye Thor, 30, is married to her husband Thai Lor, 36. They both live in a small wooden house with zinc roof. They farm for a living in Saksot, Phoukoud, Xiengkhouang. They have five children (four girls and one boy). The two older daughters, 13 and 12, are studying 7th Grade, in Nongtang High School; the second two daughters, 10 and 7, are in elementary school—Sot Primary School. Their son Por, 3, is still too young to attend school. He is malnourished and was enrolled in ENHUP rehabilitation program—PD Hearth.

The family has very few animal—a chicken, three pigs, five cows, one bull, and 15 doves. They have a small home garden growing different kinds of vegetables. They also have enough and safe water for consumption.

Eye Thor shared that before ADRA/ENHUP worked in her village, she did not know much about food groups and how to cook a proper and/or diverse meal for her family or children. Likewise, her knowledge on exclusive breastfeeding was limited. She only knew how to apply traditional feeding practices and basic techniques. However, when ADRA entered her village, Eye Thor had many opportunities to learn different aspects of health and nutrition, received new knowledge, and became confident on how to take care of her family.



*"I am feeling very happy that ADRA has shared many lessons about nutrition, disease prevention, and exclusive breastfeeding as well as how to cook properly for my children,"*  
*said Eye Thor.*

Eye Thor took her youngest son to ENHUP PD Heart program because he was underweight and stunted. As a caring mother, she didn't let the opportunity to learn slip away. She attended the program and practiced cooking with ADRA and health workers.

*"What I like the most is cooking PD hearth food it is creative, mixing a lot of nutritious ingredients at once. I strongly believe that this activity will help my son gain weight. And he will overcome underweight in the near future,"*  
*said Eye Thor.*

Eye Thor feels thankful to ADRA and everyone who has endeavored to reach out to malnourished children, including her son, in very remote Saksot. She wishes to learn more ideas, receive household nutrition training, and meet ADRA team in the future.

## Vongdeann's Family

*"I am feeling very happy that ADRA shared different perspectives of nutrition knowledge, disease prevention, and exclusive breastfeeding as well as how to cook proper food for our babies,"*  
*said Vongdeann.*

Vongdeann, 29, lives with his wife, Mai, 22. They farm in Xieng-nga village, Phoukoud, Xiengkhouang. They have two children; both are boys, six and two. Their older boy attends 1st grade in a village nearby while the other, still under school age, stays home. He was enrolled in ENHUP rehabilitation program.

Living in a house with tiled roof and concrete walls, they have a total of 25 chickens, seven cows, and 20 ducks. They keep a small home garden, growing different kinds of vegetables, and they have access to safe water.

According to Vongdeann, before ADRA's presence, he did not know much about how to be a good health volunteer and work hand in hand with villagers. However, after receiving two sessions of VHV training provided by ENHUP in 2018, his confidence grew. He is now familiar with food groups, food diversity, and the importance of breastfeeding and can better coordinate with/mobilize villagers. As a learner, Vongdeann feels he wants to learn more, particularly in counseling to mothers who don't fully understand the value of exclusive breastfeeding.

In Nathae cluster, where the discussion took place, most villagers are Khmu who, for the most part, still live under old influences—traditional beliefs, practices, and childcare. The lessons Vongdeann has received are, thus, groundwork for change. ENHUP was an opportunity for him to learn different aspects of health and nutrition and counselling for pregnant and lactating mothers and develop confidence as a community health volunteer.

Impressed by the project, he shared, "What I like the most about ENHUP is, these activities [NDPS, PD hearth program, community training, and nutrition knowledge] are unique and respond to community needs."

Vongdeann appreciates ADRA/ENHUP's efforts and expresses his gratitude to everyone who reaches out to malnourished children in his village/cluster. He wishes to learn more disease treatment knowledge and receive household nutrition training and to apply what he's learnt in his community along with ADRA in the future.





# Uneducated but *Exemplary*

*"I want to be an example to my community,"*

*said Mr. Boualay Sayyavongkham.*

*"I don't have health knowledge, but I can give advice."*

*"My family is now very healthy and has foods all year round.  
My child is strong and exemplary among other children at  
his ages. We receive a lot of kind words from our neighbors.  
They really desire how I am caring for my baby"*

*continued Vanhsom*

Vanhsom, 32, is among many mothers who enrolls in the Positive Deviance Hearth program, clean home garden and livestock support from ENHUP II Project. Raised as a poor girl in a remote Khmur family, Vanhsom now married, with one boy who was born with extremely malnourished of 2.4 kg, a weak and poor child. However, she still has a husband, a grandma, and a son to care for.

Illiterate and poor, Vanhsom delighted when hearing about ENHUP from a village meeting. She immediately shared the story with her husband, and both decided to join the project when they knew that their child is severely underweight and wasting. Undiscouraged, however, she and her husband believe the project will be able to improve the child weight gains, healthcare and increase their household's food security.

Attending PD Hearth program is a new concept for Vanhsom and her community

Aspiring to become an example to her neighbors, she has found that the program is meaningful, healthful, and motivated to change. She is really excited to see all malnourished children are fed a nutrient-dense meal during the session that is provided and cooked by the mothers and caregivers, using low cost and local ingredients. Generous supports with techniques, coaches, and mentors from health workers and ENHUP will rehabilitate malnourished children as my son in Langchong village. Particularly, the Hearth sessions are led by health workers and project health officer in the first 3-4 days, for coaching and mentoring the village health volunteers (VHVs) and malnourished mothers and then follow-up visits for 12 days to assist overcome barriers caregivers may face in practicing the new positive behaviors at the program and at home.



Unhealthy and malnourished child to care, Vanhsom recalled her family did not have enough health treatment plans. Often, when the child got sick related to malnutrition; poor, and uneducated, traditional belief treatment practices were the option. Without seeking advice and hospitalize accesses, the child's health was getting weak and tasteless appetizes. The Hearth sessions allows them to double visions whenever they want and educate better healthcare for the entire families esp. a child under 5 years.

Vanhsom's actively involved with the Hearth sessions and project activities, so she's been selected as a village health volunteer for her community and received many health and nutrition sessions training. Vanhsom learned how to prepare Hearth meal technics by identifying foods per child and its value that a child will receive per day, and how to mix variety foods—vegetables, eggs, herbs, roots, and etc.

She also studied a method of children feeding—slowly, softly, and gently. The Hearth meals are more delicious compares to what they usually eat at home and mothers should spend times feeding their child more than 3-4 meals/day.

She particularly remembers that serving only one or two dishes on the table is not the best way to help her child overcome malnourished. She found that new techniques taught by the project health officer better results. Excited, Vanhsom shared her knowledge with family members and neighbors, hoping they, too, can use the Hearth session technics by using the local foods and ingredients to rehabilitate the community as well as children under 5 years.

Langchong has the highest malnutrition rates compare to other villages. Vanhsom learns that it is quite challenging to promote the behavior changes due to the traditional culture belief, illiterates, and language barriers, particularly when the project and health workers promote for behavior changes. She hopes there are more supports for community wide nutrition and disease prevention sessions conduct in the community.

Now that her family has healthier life, and her son is 36 months with weight of 12.8 kg; she feels she has more time for income generation activities. She wants to increase more home garden sizes and buy more pigs so she can further take advantage of the free knowledge provided by ENHUP. She is especially interested in learning about pest and disease control techniques.

Vanhsom appreciates the fact that ADRA/project donors give her an opportunity to improve her family well-being and livelihood and that project staff are caring, diligent, and patient with her and the community.





# A Grandma

In the rural areas, where farming is the main source of livelihood and the only occupation, villagers labour in their fields to earn their food and income. Every day, working-aged men and women go to their fields, leaving behind children and elderly people who are too weak and old for farming labour. For this reason, elderly people are considered as important caretakers of children in the family during the day.

Mrs. Zhu Lao, a 52-year-old lady, is the grandmother of Pani, a 2-year-old girl from Phiengluang village in Phoukoud district. Since Pani was born, Mrs. Zhu Lao always looks after her, as Pani's parents are occupied with farm work. Pani and other children from her village were targeted by Enhanced Nutrition and Health in Upland Phoukoud Phase II (ENHUP II).



Mrs. Zhu Lao said, when the ENHUP II project first came to the village and did the anthropometric measures and screening for all children in the village, the staff informed her that her granddaughter was malnourished. When she heard that, she was surprised because, for two years, she thought that she fed Pani properly and kept her clean regularly. However, Zhu Lao said that, since Pani was 3-days-old, the family fed Pani with infant formula instead of breast milk as her mother didn't have enough breast milk. One day after Pani's birth, her mother went back home, so she didn't get a postnatal check and counselling with the doctor. She did not know what to do, so they decided to use infant formula. After the nutrition awareness sessions that ENHUP II conducted in the village, Zhou Lao knew that this could cause malnourishment of her granddaughter.

As Mrs. Zhu Lao feels responsibility for Pani's wellbeing, whenever there are project activities conducted in the village, Mrs. Zhu Lao always attends. She also takes Pani, particularly for the PD hearth program where her weight is checked by ADRA staff and community nutrition learning sessions. Participation helps Mrs. Zhu Lao to learn and practice how to prevent and treat malnutrition, especially in cooking. She said, in the past, even though she had had enough food to feed her niece regularly, it was not as diverse as it should be. For example, sometimes when she had vegetables, she would cook only vegetables with rice, which might not be sufficient for the healthy development of a child. What she learns is to cook many types of food like eggs, vegetables, and meat and combine them together. Therefore, nowadays, she cooks in a variety so that her granddaughter gets a complete and healthy diet.

Despite Mrs. Zhu Lao is getting older, she is eager to attend all the activities to learn more and more and apply them in her household. She purposes to learn more about basic health prevention and care so she can also help other family members. She knows when a family member is sick, especially in her village, traveling to the health center can be very difficult and time-consuming. If she knows how to get basic health care, it will help the family a lot.

Besides attending the project's health and nutrition activity, Mrs. Zhu Lao's family received small livestock from the project. It's to help their family with food security, have a variety of food for family consumption and further expansion of the family economy. Because Mrs. Zhu Lao is an active person, the project keeps encouraging her to continue to be a good role model, not only for her household, but for the whole community.

In Laos, there are many families like Mrs. Zhu Lao's family. From children's birth till they grow up, grandparents play significant roles as caregivers and can determine the well-being of their offspring. Therefore, including them as caregivers in the target groups is vital and can create a positive change in the community.

"Thank you for the project [ADRA], to come to teach us, especially how to cook for our children. I am very happy." concluded Mrs. Zhu Lao on our visit.





# Commitment for *Better life*

***"I want my children to be healthy and smart,"  
"I've never attended school, but I can help my family and neighbors with basic health knowledge."***

*said Mrs. Loy from Namchat village.*

***"My family is now very healthy, and we have foods all year round. My child is strong and exemplary among other children at his ages. The community really wonders how I am caring for my boys,"***  
*continued Mrs. Loy.*

Mrs. Loy, 34, is among the many mothers who attend the Community Nutrition Rehabilitation Program, or PD Hearth, the CLTS latrine, home garden support, and other activities implemented by the ENHUP II Project. Loy is of the Khmur ethnic group and was raised as a poor girl in the remote village of Namchat. Loy, now married, gave birth to a boy who, at his birth, was very low weight – only 2.2 kg, malnourished, and often sick. I didn't receive proper food and a prenatal check while I was in my pregnancy, recalled Loy. Her family did not have enough to provide proper health care when the child got sick due to malnutrition; instead, poor and uneducated traditional beliefs, treatment practices were the only option. Being remote, illiterate, and poor, without seeking advice and hospitalization, the child's health was getting weaker. Loy still has a husband, a brother, a grandparent, and two sons to care for.

Mrs. Loy was really pleased when she heard about ENHUP II from a neighbor and at the village meeting. She was excited to share the story with her husband, Mr. Phone, and both decided to join the project as they knew that their child was weak, underweight, and wasted. She and her husband believe the project will be able to improve child weight gains, healthcare, and their household's food security.



The rehabilitation program is something new for Loy and her community. Aspiring to improve health in her household and become an example to her neighbors, she has found that the program is meaningful, healthful, and motivating to change. She is really excited to see how all the malnourished children are fed and improved with nutrient-dense meals cooked by the mothers and caregivers during the sessions, using low cost and local ingredients. Supported and advised by health workers and ENHUP II project staff, this program will definitely rehabilitate malnourished children like my son. At these sessions, Loy learned how to prepare healthy meals by identifying local food nutrients, the required amount of foods per child and per day, how to combine different varieties of food (vegetables, eggs, herbs, roots), and how to use proper cooking techniques. She also learned how to feed a child - slowly, softly, and gently. The meals presented are more delicious than what they usually eat at home and are also quicker, so mothers have more time to feed their child 3–4 meals a day as recommended during the session.

She particularly remembers that preparing only one or two types of foods is not the best way to help her child overcome malnutrition. She found that the new techniques taught by the health worker and project staff were even better. Excited, Mrs. Loy shared her knowledge with family members and neighbors, hoping they, too, could use the Hearth session techniques by using the local foods and ingredients to rehabilitate their children and the whole community.

Beside the rehabilitation program, Mrs. Loy also received basic health knowledge for disease prevention and treatment, hygiene, and sanitation. The project conducted multiple CLTS awareness sessions and distributed latrine construction materials, but it's still challenging to promote behavior changes due to traditional cultural beliefs, illiteracy, and language barriers. As her village is very remote, her community rarely had exposure to such awareness and latrine construction until the ENHUP II project. She is active in attending all ENHUP II activities, including health, agriculture, gender, and CLTS awareness sessions, and hopes there are more supports for her family and community to come.

Now, as her family has a healthier life and her son has graduated from the rehabilitation program and gained weight from 2.2 kg at his birth to 10.8 kg in his 26 months, she has more time for income-generating activities such as pigs raising and increasing the size of her home garden to grow more variety of vegetables for the local market. To take further advantage of the knowledge provided by ENHUP II, she is especially interested in learning about pest and disease control techniques, mushroom growing, and pig raising techniques.

Loy appreciates the fact that ADRA/project donors gave her an opportunity to improve her family's well-being and livelihood. She thanks the project staff for being diligent, and patient with her and the community.

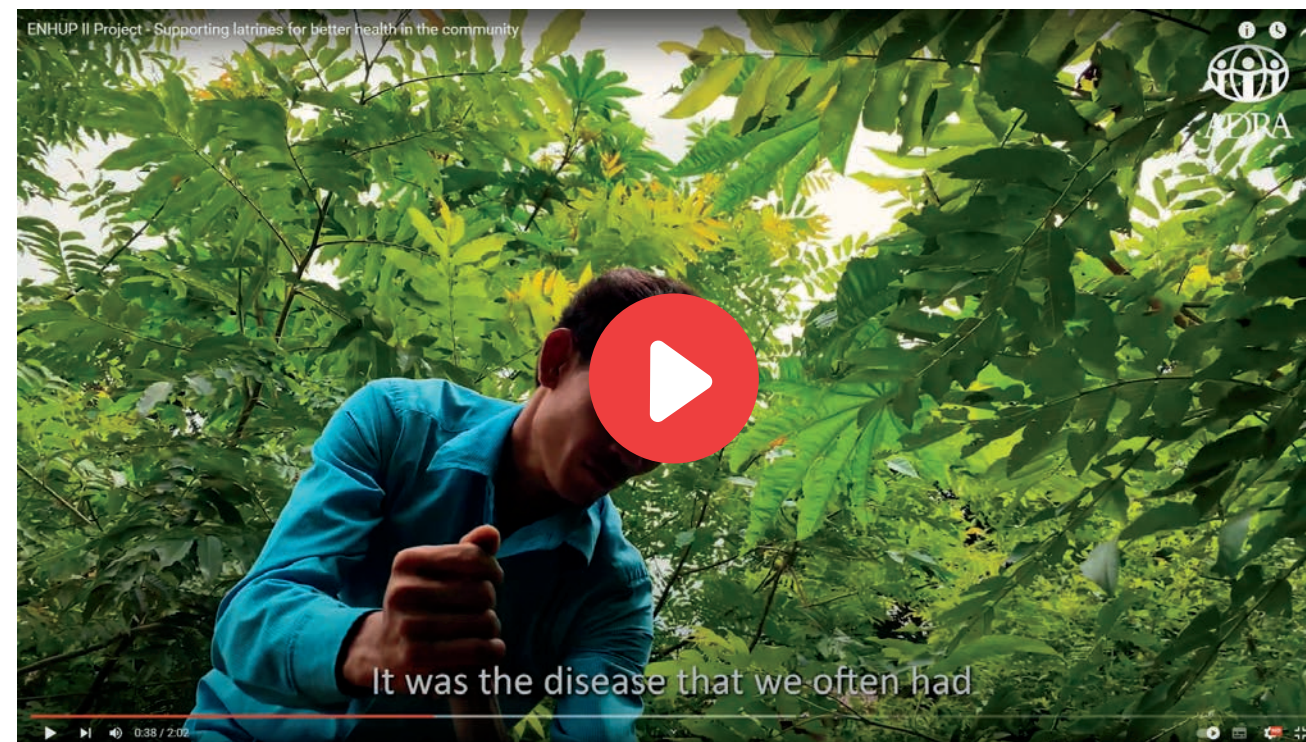
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