**Case Study 6. Lao PDR: causes of food insecurity in the mountainous north**

|  |
| --- |
| **Abstract**Undernutrition is a major challenge in The People’s Democratic Republic of Lao (Lao PDR), the country having higher rates of stunting of children under-five than other countries in the same region, and also in the same income group elsewhere in the world. Compared with African countries with lower income (such as Togo, Uganda and Ethiopia), stunting is more severe. In the UNICEF State of the World’s Children Report of 2013, Lao PDR features as 7th highest out of 118 countries with regard to stunting prevalence. An assessment by WFP in 2007 concluded that the food-insecure populations in Lao PDR tend to be households engaged in shifting cultivation in upland areas on steep sloping fragile land, smallholders and unskilled laborers. They are asset-poor households, less resilient to shocks, with little or no access to infrastructure, and subject to poor sanitary conditions. They frequent and farm the mountainous regions of the north, eastern border and south, and are from minority non-Lao-Tai ethnicities. To tackle the high levels of undernutrition, simultaneous action to improve behavioural change regarding dietary intake and hygiene/ sanitation is needed, along with improvements to access of markets and distribution/ safe storage of food in mountainous areas, and agricultural production systems which are less onerous for women.At the institutional level there is also a mismatch between funds and strategic interventions in the agricultural sector. The S-E Asia regional context is explored. |

Key words: mountain and shifting cultivation; minority non-Lao-Thai; flooding and UXO; remote location and poor market access; caring and feeding practice; hygiene and sanitation; undernutrition and stunting; agricultural and resettlement policy; regional context

**6.1. Background**

Lao PDR is a land-locked country in south-eastern Asia. On the UNDP Human Development Index of 2013, it ranked 138th out of 186, and 57th of 78 on IFPRI’s Global Hunger Index of 2012 (IFPRI, 2012). With a population of 6.8 million in 2014, according to the World Bank, Lao has grown at an average of 2 percent/year over the past decade. However, the country is one of the least densely populated in the south-east Asia region with an average density of 27 people per square kilometer. Population density is highest in the six central provinces and along the Mekong Corridor where around half of the total population lives. The northern seven provinces are home to one-third of the population, and are the most sparsely populated. The remaining one-fifth of the population lives in the southern four provinces. Urbanization has proceeded at a slower pace than in neighboring countries; in 2011, 33 percent of Laotians lived in urban areas compared with 49 percent on average in South-east Asian developing countries.

The World Bank country profile for Lao PDR (World Bank, 2014d) shows that the poverty headcount ratio (being the percentage of people below the national poverty line), declined linearly from 46.0 to 27.6 percent between 1992 and 2008. Poverty incidence is closely associated with geography and terrain: 2 in 5 households are below the poverty line in remote rural areas without access to roads, in upland areas and in areas with steep slopes (MPI, 2010; Epprecht *et al.,* 2008). These conditions are associated with limited, if any, access to markets and level land for farming.

Ethnic and cultural diversity of Lao PDR is shown by the 49 primary ethnic groups and over 250 sub-groups aggregated into four ethno-linguistic categories: Lao-Tai, Mon-Khmer, Hmong-Mien and Chinese-Tibetan. Lao-Tai populations, comprising about two-thirds of the population, largely reside in lowland areas along the Mekong Corridor and dominate socially, economically and politically. Mon-Khmer people constitute 21 percent of the population, living mainly in the midland/plateau areas of the north and south. The two other ethnic groups, Hmong-Mien (8 percent) and Chinese-Tibetan (3 percent), live mainly in remote mountainous areas in the northern regions of the country.

Health, social and economic indicator values correlate with ethnicity, reflecting the geographic isolation of minority populations. Poverty incidence is highest amongst minority ethnicities living in remote areas of the country; however, due to the low population density in these regions, the majority of poor people in Lao live in the Mekong River Valley and are of Lao-Tai ethnicity (Epprecht *et al.,* 2008 *ibid.*).

Despite the small contribution of agriculture to GDP (<1 percent), Lao PDR is a pre-dominantly agricultural society, with the sector employing 76 percent of working people in 2011. The majority of those employed in the sector work on their own land as “unpaid” workers (Agricultural Census Office, 2012).

**6.2. Current State of Food and Nutrition Security in Lao PDR**

Rice production dominates the agricultural sector and, in line with the national strategy for rice self-sufficiency, total production has steadily increased from 1.3 million tonnes in 1993 to 3.07mt in 2011 (MAF, 2010; MPI, 2012). The increase is attributed in large part to expansion of irrigation in the lowlands and adoption of improved varieties. Most rice production is from lowland rain-fed paddy systems, with only 17 percent from irrigated systems and 6.6 percent from uplands. Five provinces in the center and south (Savannakhet, Champasack, Vientiane C, Vientiane P and Saravane) account for 62 percent of total rice production (lowland rain-fed and irrigated), with one province, Savannakhet, contributing 20 percent. By contrast, the seven northern provinces together provide only 22 percent, from lowland rain-fed, irrigated and upland combined (MAF, 2012).

Other important crops in Lao PDR include corn, vegetables, root crops, sugarcane, bananas and rubber. In plateau areas, coffee, tea and cardamom are also important. Corn, grown mostly for livestock feed, is planted by approximately 24 percent of households, second only to rice. Sugarcane and rubber are fast-growing cash crop industries. Rubber growing has jumped from zero in 1999 to 66,500 hectares in 2011, whilst sugar cane production doubled from 3,100 to 6,400 hectares over the same time period (Agricultural Census Office, 2012) *ibid.*. *The shift to cash crop production is occurring most prominently in the north, with important implications for food security.* As households replace food crops with cash crops, they can become increasingly reliant on market purchases for household food supply, and therefore more vulnerable to fluctuations in prices and access (similar to neighboring Yunnan Province in China – see Chapter 6.2.4.2 in the companion book).

Undernutrition is a major challenge in Lao PDR. According to the FAO State of Food Insecurity in the World 2013 (FAO, 2013), the proportion of the population in a condition of undernourishment in Lao PDR (2011-13) was 26.7 percent, about 1.7 million people. From 2005 to 2010, it is estimated that the equivalent of US $166 billion in national productivity was lost as a result of undernutrition (MAF, 2013).

World Bank (2014e) reports that Lao has higher rates of stunting[[1]](#footnote-1) of children under-five than other countries in the same region, and also in the same income group elsewhere in the world. Compared with African countries with less income (such as Togo, Uganda and Ethiopia), stunting is more severe (Figure 6.1 below). According to the UNICEF State of the World’s Children Report of 2013, Lao PDR features at 7th highest out of 118 countries with regard to stunting prevalence.

Figure 6.1. Lao PDR has higher rates of stunting than its neighbors and income peers
From: World Bank (2014e). Nutrition at a glance: Lao PDR. January 2014 (Figure 1). Source of data: stunting rates were obtained from UNICEF (2013), State of the World’s Children; GNI data were obtained from the World Bank’s Development Indicators (reproduced with permission from UNICEF and the World Bank).

The UNICEF figures in the graphic indicate a value of 48 percent or so for stunting of under-5 children in Lao, whereas the Lao Social Indicator Survey (LSIS)(Ministry of Health and Lao Statistics Bureau, 2013) of 2011-12 gives a lower figure of 44 percent (along with 27 percent being underweight and 6 percent being wasted, with 15 percent of infants being born with a low birth weight).

Between 1990 and 2012, hunger as measured by IFPRI’s hunger index declined from 28.6 to 19.7 points (IFPRI, 2012) *op. cit.*. Undernourishment as presented in the State of Food Insecurity report (FAO, 2013) *ibid.* declined from 44.7 percent to 26.7 percent over the same time period. The latest extensive assessment of food insecurity, the Risk and Vulnerability Survey (RVS) conducted in 2012/13, indicated that food consumption was acceptable for over 80 percent of the population (MAF, 2013) *ibid.*.

Fig 6.2 below (WFP and FMECD, 2013) shows the relative incidence of food and nutrition security by province, of which there are seventeen. It is based on a composite index of three indicators: population living below the national poverty line (MPI, 2010) *op. cit.*, percent of households with poor or borderline food consumption (MAF, 2013) *op. cit.*, and prevalence of stunting amongst children less than 5 years of age (the LSIS survey of 2011/12 *ibid.*). Poverty is a fundamental factor underscoring household economic access to nutritious foods. Household food consumption, measured by the food consumption score, is a key proxy indicator of household access to food, while stunting is a primary indicator for long-term nutritional deficiency. The national poverty line in Lao PDR is based on the international US$1.25 poverty line, adjusted to account for differences in cost of living between geographic areas and between years of data collection.

Figure 6.2. Relative status of food and nutrition security in Lao PDR



From: WFP and FMECD (2013). Food and Nutrition Security Atlas of Lao PDR. World Food Program/ VAM Food Security Analysis and German Government Federal Ministry for Economic Cooperation and Development (FMECD). September, 2013. FNSA series. page 2. (reproduced with permission from WFP). http://documents.wfp.org/stellent/groups/public/documents/ena/wfp260762.pdf

Approaching the end of the MDG monitoring period in 2015, the country was seriously ‘off-track’ to achieve the hunger-related target. For MDG1c (to halve the prevalence of underweight by 2015), the target for Lao was 18.2 percent underweight. As of 2012, prevalence was 26.7 percent[[2]](#footnote-2) underweight. Though the trend is certainly downwards, the target was not achieved by 2015. In addition, 44.2 percent of children under five years of age were stunted and another 5.9 percent were wasted, according to the LSIS survey of 2011-12 *ibid.*. For 13 out of 17 provinces, stunting levels are above the World Health Organization’s (WHO) critical threshold of 40 percent.

Micronutrient deficiencies are also suspected to be a critical problem in Lao PDR, particularly iron, vitamin A, iodine, and zinc. From the last survey in 2006, anaemia was higher in children under 2 years of age, with 59 percent of children 6 to 12 months of age and 68 percent of children 12 to 24 months of age being anaemic (Department of Statistics and UNICEF, 2008).

**6.3. Causes of food and nutrition insecurity**

The prevalence of stunting and underweight is closely associated with poverty and geography. Undernutrition rises steeply amongst the poorest quintiles compared with the wealthiest, and children in rural areas without road access are twice as likely to be undernourished as are urban children. Children under-five in the poorest income level are more than three times as likely to be stunted compared with those in the richest income quintile (see Fig 6.3 below). However, as shown by the LSIS survey of 2011-12 *ibid.*, undernutrition is not simply an outcome of poverty, for children are undernourished at the 20 percent level in the richest quintile. The reason in the latter case is not an issue of economic access to food, but one of caring practices related to a high disease burden.

Figure 6.3. Lao PDR: undernutrition affects all wealth quintiles



From World Bank (2014e). Nutrition at a glance: Lao PDR. January 2014 (Figure 2). Source of data: Lao Social Indicator Survey (LSIS) 2011-2012, Ministry of Health and Lao Statistics Bureau ([www.countryoffice.unfpa.org/lao/drive/LSISReportEnglish2011-2012.pdf](http://www.countryoffice.unfpa.org/lao/drive/LSISReportEnglish2011-2012.pdf)) (reproduced with permission from UNFPA and World Bank).

WFP and FMECD (2013) *ibid.* have produced a detailed food and nutrition security atlas for Lao PDR, providing data and analysis in text, maps and graphics on the key issues affecting rural households. These issues include the political context, natural/ physical/ human/ social/ financial capital, rural livelihood assets and strategies, food access (markets, poverty and food prices), coping strategies, caring practices, water and hygiene/ sanitation, nutrition outcomes, and household vulnerability. While food and nutrition security involves a complex web of factors, the atlas seeks to highlight those which are associated with high rates of undernutrition and household vulnerability to food insecurity, at national and provincial levels. The atlas serves as a hugely valuable resource for development practitioners to inform both planning and field implementation, and some of its main provisions are itemised below.

According to the RVS 2012/13 *op. cit.*, households with poor or borderline food consumption tend to have lower educational attainment, smaller plots of land and fewer vegetable plots, and engage in more cash crop production as a key source of income. In addition, they tend to have diets heavily based on rice consumption, with substantially lower intake of animal protein.

Additional characteristics can be drawn from WFP’s Comprehensive Food Security and Vulnerability Analysis (CFSVA) of 2006 (WFP, 2007), as much of the profile remains relevant still. According to that analysis, the food-insecure populations in Lao PDR tend to be households engaged in shifting cultivation in upland areas on steeply sloping fragile land, smallholders and unskilled laborers. They are asset-poor households, less resilient to shocks, with little or no access to infrastructure, and which exhibit poor sanitary conditions. They frequent and farm the mountainous regions of the north, eastern border and south, and are from minority non-Lao-Tai ethnicities, such as Mon-Khmer, Chinese-Tibetan, and Hmong-Mien, and farm mostly fragile plots. The rugged terrain limits the ability to irrigate and use tractors, reflected in lower statistics of use compared with the lowlands along the Mekong flood plains. Access to year-round driveable roads is also limited in mountainous terrain, thereby reducing access to health and education facilities, as well as to markets. As a result, literacy, educational attainment and reproductive health indicators tend to be worse in the mountainous provinces and amongst the minority ethnic populations than in the lowland Lao-Tai population.

Despite increasing market orientation for many of these marginalised farmers, subsistence farming remains widespread. Approximately 90 percent of rural households grow rice, with more than one-third of households reporting growing additional crops, cash and/or food crops (MAF, 2013) *op. cit.*. Raising a small number of livestock is common, with cattle production becoming increasingly market-oriented in the central provinces. Fishing, hunting and gathering of wild foods is central to food procurement and cash generation for a large number of households, particularly in the northern uplands.

**6.4. Aspects of vulnerability to food and nutrition insecurity**

6.4.1. Access to markets

Physical access to food depends on people’s access to markets, whilst economic access depends on the level of household income poverty and competing demands for disposable income. On average, one in three villages has its own food produce market, but less than 2 percent have a permanent market. Physical access to the latter in district and provincial centers, is dependent on both presence and quality of roads, which determines access not only of people but the produce itself (from areas of production or imports from neighboring countries). During the rainy season, about one in three villages loses functionality of its roads and therefore physical access to permanent markets, this being particularly so in rural upland villages. While expenditure on food has increased in real terms over recent years, the share of household food that is purchased rather than being grown has declined, reflecting in part the increase in basic food prices. This increase in turn is partly related to the aforesaid challenge of bulk distribution of food to market, and onward distribution to homesteads.

6.4.2. Food consumption

The RVS 2012/13 (MAF, 2013) *op. cit.* food security assessment found acceptable food consumption patterns for 89 percent of the population, borderline for 9 percent and unsatisfactory for 2 percent. Given that the assessment was conducted towards the end of the harvest period (December to January), presumably the proportion of households with borderline/poor food consumption scores increases during the lean season. Related to agro-ecological zone, food consumption was found to be worse in the Central/Southern Highlands, Northern Lowlands, and Northern Highlands compared with the Mekong Corridor and Vientiane Plain.

*The typical diet in Lao PDR is notable for both its diversity of food items and for its nutritional imbalance*. Rice dominates the diet with an average daily intake of 491 grams per person accounting for 77 percent of daily energy needs (Lao Statistics Bureau, 2012). Intake of fat and protein is strikingly low, with bushmeat being the primary source of them in the diet, with its availability and ability of households to access it, being increasingly threatened. Improving women's diets, and infant and young child feeding practices (covering the first 1,000 days of life from conception to two years of age), is crucial to break inter-generational cycles of undernutrition.

In Lao PDR, post-pregnancy cultural dietary restrictions are common, negatively affecting the health and nutrition of both mother and her infant. Commonly restricted foods include meat (74 percent of women interviewees), eggs (38 percent) and fish (28 percent), likely exacerbating iron deficiency for already anaemic women (36 percent of women of reproductive age are anaemic) (Department of Statistics and UNICEF, 2008) *op. cit.*. The typical length of time over which women restrict their diets is between 2 and 4 months (66 percent), with 30 percent extending the restrictions beyond four months. The practice of exclusive breast-feeding is low across the country, and evidence of widespread inappropriate practices of complementary feeding are suspected to be a driver of child undernutrition.

6.4.3. Food production

Natural disasters such as flooding, mild drought, and storms are common in Lao. As climate change progresses, the country will likely face more extreme events including erratic rainfall, increased risk of flooding and irregular periods of drought. This increases risk for the vast majority of households which rely on crop production for food and livelihoods, and are trying to cope with food prices which remain far higher than before the 2008 food price crisis. Unexploded ordinance (UXOs) from the ‘secret war’ conflict between 1964 and 1973 remains a major constraint, disproportionately distributed across the poorest districts and limiting agricultural potential. The town of Phonsavanh, the capital of Xieng Khouang Province on the border with Vietnam, lies at the “heart of the most cluster-bombed province of the most bombed country on earth” (Guardian Newspaper, 2008). Sweeping changes in agriculture and the expansion of mining and hydropower are altering the face of the landscape, affecting not only livelihoods and food security for rural households, but impacting broader ecosystems.

6.4.4. Water and sanitation

Provision of clean drinking water has improved across Lao PDR, although gaps still exist in remote upland rural villages. By contrast, access to good sanitation facilities is not evenly distributed and has lagged behind that of potable water, particularly in southern provinces. The general environment of poor hygiene and sanitation contributes to the poor nutritional status of children in rural areas. Diarrhoea, pneumonia, malaria, and intestinal parasitic infections are common childhood afflictions that contribute directly to undernutrition. WHO estimates that pneumonia and diarrhoea together are responsible for 30 percent of deaths amongst children under the age of five years. Levels of infection tend to be higher in northern provinces compared with southern and central provinces. Simultaneous action to improve dietary intake, water quality, hygiene and sanitation is needed to tackle the high levels of undernutrition.

6.4.5. Institutional constraints

In addition to the Lao PDR food and nutrition security atlas, to which reference was made earlier, another important reference document details some institutional challenges related to addressing national food and nutrition insecurity (Maunder *et al.,* 2012). Despite rapid economic growth[[3]](#footnote-3) and reduction in poverty levels, undernutrition remains a major issue in Lao PDR. Achieving national rice “self-sufficiency” has long been regarded by Lao decision makers as the main way of attaining food security. The Food Security Strategy (2000-2010) focused on promoting higher levels of rice production in order to meet the necessary calorie intake of the population. Based on this vision and strategy, MAF consistently allocates the bulk of its investment resources (80 percent on average) to developing and rehabilitating irrigation schemes and deploys the majority of its personnel (i.e. extension agents) at local level to promote rice intensification. However, even though national level rice “self-sufficiency” was attained in the early 2000’s, undernutrition and hunger continue to afflict a large percentage of households.

An inter-sectoral approach to review this apparent *mismatch of funds and strategic intervention in the sector* started to emerge with the National Nutrition Policy, and National Nutrition Strategy (2008). This led to a National Nutrition Strategy in 2009, with an accompanying National Plan of Action. These three documents also helped to mainstream nutrition into the 7th National Socio-Economic Development Plan. However, under the nutrition plan of action, the responsibility for action falls disproportionately on the Ministry of Health.

Efforts to mainstream nutrition within agricultural sectoral policy have some way to go. The Agricultural Development Strategy (2011–2020) makes only limited reference to food-based solutions for hunger and undernutrition. Indeed, recent major policy initiatives by government have been criticized for their negative impacts on household nutrition. Large-scale land concessions for commercial plantations have had negative impacts on household livelihoods. Another example is the resettlement policy – the relocation of highland villages to lowland areas – which constrains access to land, forces households to adopt new livelihoods and food security coping strategies, and exposes relocated populations to higher risks of flooding. While a primary goal of government policies has been to improve rural welfare and food security, research suggests that the impact of resettlement has been overwhelmingly negative in terms of health, food security and nutrition outcomes (SOGES, 2011; Ministry of Health and Lao Statistics Bureau, 2013 *op. cit*.).

It is estimated that 3,000 households in Lao PDR practice shifting cultivation, mostly concentrated in the northern region (MAF, 2010) *op. cit.*. Resettlement, as part of government rural development plans (for example, the village *Kumban* cluster strategy which aims to improve food security by encouraging a transition to sedentary market-oriented farming), is directed at reducing shifting cultivation and associated deforestation, enhancing opium eradication efforts, and/or making way for public and private development projects. This policy has been ongoing since the early 1990s, impacting many rural villages, particularly in the northern and southern provinces.

The allocation of institutional responsibilities for addressing chronic hunger and undernutrition – including policy making, oversight, implementation and reporting – is poorly defined. The National Nutrition Council, established under the National Nutrition Policy, has not proved effective. The Ministry of Health and the Ministry of Agriculture and Forestry, are the main players, but their respective interventions are not effectively coordinated. Similarly, strong coordination mechanisms are lacking amongst other development partners. The National Science Council under the Office of the Prime Minister has not yet been able to effectively carry out its mandated coordination role.

Coordination of emergency response is better structured. A National Disaster Management Committee (NDMC) was established in 1999 with responsibility for disaster preparedness and management. A National Disaster Management Office (NDMO) acts as the Secretariat of the NDMC and has received continuous support from development partners since its creation. The NDMO works also with the ASEAN Working Group on Disaster Risk Reduction (DRR) and Disaster Risk Management (DRM), providing support to other disaster management offices in neighboring countries. A Plan of Action for Disaster Risk Reduction and Management (2014-16) was formulated in 2014 by the Lao government, with the assistance of FAO.

Finally, a key institutional constraint faced by Lao PDR is its human resource deficit (especially for professional staff), which is acute in the private as well as public sector. Specifically, food security analysis and planning skills are in critically short supply. Related to this constraint, is the overarching *social* institutional constraint in Lao society, namely its gender-blindness – an insufficient recognition that gender issues strongly determine social outcomes of policies, programs and projects (see Box 6.1).

|  |
| --- |
| **Box 6.1. The need for gender focus in programmed interventions**Kaufmann (2008) stresses the importance of specifically targeting women in nutrition interventions. Her doctoral thesis is based on several years’ (1997-2001) observations on the Integrated Food Security Program (IFSP), supported by GIZ in northern Lao PDR. The objective of the study was to analyse the nutrition situation within the program area, to identify the most important causes of undernutrition as well as effective interventions, thereby contributing to better nutrition programming. Chronic undernutrition was extremely high at the start of the program and exceeded the national average (69 percent and 47 percent, respectively), but reduced significantly in beneficiary communities, particularly for the most seriously affected children (<-2 z-score: 69 percent reducing to 58 percent, <-3 zscore: 40 percent reducing to 29 percent). Multi-factorial regression analysis showed that women’s social status and parents’ literacy status were the key determinants of child undernutrition in 1997. The rate of chronic undernutrition was 76 percent for low-status and illiterate parents compared with 28 percent where the status of women was higher and the parents, mother and/or father, went to school for a minimum of three years (p = 0.001). This shows that a better status for women, along with better education, mitigated the negative effects of other factors jeopardizing children’s nutritional status, such as low income, the hard work entailed in slash-and-burn cultivation, difficult access to water and health services, or other difficulties associated with remote locations. Improving women’s education, combined with increased access to health services and financial resources, could further enhance the positive impact of their status on child nutrition. Major determinants of nutritional improvements measured over the program were behavioural change in the treatment of drinking water, improved water supply and an improved rice production system. One-fifth of households adopted all three, while another one-fifth did not adopt, or benefit from, any of the three, with undernutrition rates ranging from 25 percent among the former group to 73 percent among the latter.The improved agriculture production system as well as the water supply system resulted in a reduced daily workload, particularly for women. Presumably both the time gained as well as the increased availability of water, helped to improve direct determinants of nutrition, such as child and health care practices and hygiene behaviour, thereby contributing to better nutritional outcome. At the end of the program cycle, the nutritional situation within the group of households benefiting from the three improvements was comparable with that within an educated household in which women’s status was high. Better education and social status of women, through improved ‘nutrition-supportive’ decisions and behaviour, mitigated the negative effects of food insecurity, poverty or other factors associated with a household’s location**,** such as remoteness and limited access to social services or markets. These two factors determined the nutritional status more than any other variables. *The IFSP generated a substantial increase in food (rice) production as well as cash income. However, analysis showed that neither increase contributed to the reduction of undernutrition.* The factors which *did* explain the significant reduction in chronic undernutrition, across all income groups, were *improved hygiene behaviour, improved access to water as well as the adoption of a less labor-intensive agricultural production system*. Nutrition security was shown to improve even when food insecurity and poverty continues to exist**,** so long as there are wise decisions taken which optimise the availability and use of certain limited resources. *Kaufmann believes that decentralised capacities and responsibility for decision making, according to the law of subsidiarity, is the most effective modality to improve nutrition status in Lao rural communities.* |

 **6.5. Lessons for the rest of South-east Asia**

Undernutrition remains one of the principal development challenges in other parts of south-east Asia too, such as Cambodia and Myanmar. Continuing urgent action to improve nutrition is required by Governments and their development partners to mitigate major negative impacts on the social and economic potential of individuals, communities and nations. Undernutrition has both chronic and transitory dimensions. Chronic undernutrition (represented by stunting rates) is a far greater problem in the region than acute undernutrition (represented by rates of wasting). Just as for Lao PDR, chronic undernutrition across the region as a whole is not simply a consequence of poverty. Evidence shows that undernutrition rates have not decreased in line with measured economic growth. Most countries have recognized this and included the reduction of undernutrition as a high level policy priority. However, this has yet to be widely mainstreamed into sectoral policies, or sufficiently integrated into programs.

Agricultural policies in particular remain focused on increasing production, often with scant regard for the nutritional consequences, as illustrated by the large-scale land concessions in Lao PDR and Cambodia. Adapted policy frameworks and programs, new institutional arrangements and partnerships for action are urgently needed in the targeted countries. There is a major opportunity to work in a more focussed way with specific Ministries, on an analysis of the food security and nutritional impact of agricultural policies and programs.

An appropriate entry pointfor donors and specific international organizations is direct support to policy and program formulation, dissemination, monitoring and review processes. This could involve the examination of both stand-alone food security policies and strategies, alongside mainstreaming nutrition-sensitive objectives within other agricultural policies. Specifically, this could usefully focus on mainstreaming nutrition and resilience-building approachesinto agricultural policy.

Improved donor alignment, coherence and coordination are needed on food and nutrition security programming, rather than working at project level. This approach could include food security analysis, at country and regional level. Current project-led investments are fragmented, overlapping, inefficient and of questionable impact.

1. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. [↑](#footnote-ref-3)