Trends, Interventions and Challenges Faced in Tackling Low Birth Weight and Stunting in Lao PDR

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Undernutrition trends among children under-5 in Lao PDR, 2006 to 2017

- 2006 MICS  
- 2011 LSIS I  
- 2017 LSISII

- 13 provinces have very high levels of stunting (>40%)
- 9 provinces have very high levels of stunting (>40%)
Despite this positive downward trend, there remain significant disparities across the 18 provinces. Stunting prevalence is lowest in Vientiane Capital (13.6 per cent) and highest in Phongsaly Province (54 per cent). 8 out of 18 provinces have very high levels of stunting (≥40 per cent).
**Infant & Young Child Feeding**

- Early initiation of breastfeeding: 66%
- Exclusive breastfeeding: 46%
- Introduction of solid, semi-solid or soft foods: 58%
- Minimum meal frequency: 62%
- Minimum dietary diversity: 48%
- Minimum acceptable diet: 43%
- Continued breastfeeding at 1 year: 32%
- Continued breastfeeding at 2 years: 23%

**Infant Mortality and Under five Mortality Rates Per 1,000 LB**

- IMR: [Graph showing mortality rates across different countries]
- U5MR: [Graph showing mortality rates across different countries]

**Child Mortality**

- **1 in 22 children** died before their 5th birthday.
- **87 per cent** of under 5 mortality happens in the first year of life.
- Despite the progress made in reducing child mortality, inequities persist with a child born into the low maternal education, rural areas without road, and poorest wealth quintile.

**Fertility rate**

- The average number of children per woman in Lao has fallen from 3.2 to 2.7 between 2011-2017.
Adolescent birth rate

The average adolescent birth rate has decreased from 94 to 83/1,000 between 2011-2017.

Early married

Child marriage has decreased between 2011-2017.

Country respond

Specific goals:

- To Improve stunting, underweight and wasting of children under 5 year.

- To improve nutritional status of community especially food and nutrient intake as well as care and hygiene practices in mothers and children during the 1,000 day window.

- To Improve coverage of reproductive, maternal and child health, and nutrition at Health facilities.
Strategic process:

A. Address basic causes:
   1. Improve institutions and coordination
   2. Improve human capacity
   3. Increase quantity and quality of information
   4. Increase investment in nutrition

B. Address immediate causes:
   1. Improve Nutrient intake
   2. Prevent and reduce food borne (incl. water), vector borne and infect. Disease

C. Address underlying causes
   • Improve food availability
   • Improve food access
   • Improve mother and child care practice
   • Improve environmental health and access to health services

Multi-sectoral interventions:

1. Provide system capacity building
2. Strengthen coordination and partnership among nutrition stakeholders.
3. Improve information management (monitoring & evaluation; surveillance; and research) and policy development
4. Increase communication, advocacy and investment for nutrition.
**INTERVENTION FOR HEALTH SECTOR**

1. Micronutrient vitamin supplementation
2. Deworming
3. Promotion of consumption of iodised salt and food with added micronutrients evaluation and declaration of iodine deficiency eradication
4. Promotion of exclusive breastfeeding until the child’s sixth month of age and the promotion of counselling for infant and child care
5. Food Supplements for pregnant & lactating Women
6. Food Supplements for Children <2 years
7. Food safety and fortification
8. Management of Acute Malnutrition including Supplementary and Therapeutic feeding programmes in fixed services and community-based facilities
9. Behaviour changed, education by multisectoral
10. Strengthen for Access, Treatment and Storage System of Water and Sanitation at Community / Household Level (referred to the WASH 5 years plan)

**Interventions of the agriculture sector**

1. Increase the production of nutritionally rich plant-based foods for household consumption.
2. Increase the production of animal-based protein (meat, poultry, fish, and other aquatic life) for household consumption.
3. Support establishment of post-harvest facilities and apply technology to food processing, preservation and storage to ensure year-round availability of safe and nutritious food
4. Promote agriculture-based and NTFP-based income generating activities (IGAs) to increase household incomes, with emphasis on women.

**Interventions of the education sector**

1. Provide nutritious food in schools.
2. Promote and support vegetable gardens in schools.
3. Integrate nutrition into curricula.
4. Provide iron folic acid supplements and deworming in schools.

**Progress:**

1. The National Nutrition Strategy to 2025 and Plan of Action 2016-2020 (NNSPA) are implemented.
2. The 22 priority interventions of the National Nutrition Strategy and Plan of Action are insert to national plan of each sector.
3. The convergent, multi-sectoral approach to nutrition was tested as a pilot in three target provinces (six target districts) with multi-sectoral plans were developed at the sub-national level.
4. Strengthening of subnational nutrition coordination  
   - Provincial Nutrition Committee (PNC) and PNC Secretariat established in all provinces  
   - PNC Secretariat facilitator recruited in focus provinces  
   - District Nutrition Committees set-up in over 40 districts
7. Increased Government human resource capacity for nutrition.
8. Sectoral review of NPAN M&E framework.
9. Develop strategy on food fortification.
10. Develop concept for nutrition surveillance and National Information Platform for Nutrition

Cooperation with other donors & NGOs
• Strengthened nutrition coordination:
  - Enhanced South-South cooperation;
  - Periodic Nutrition Forum, NNC and NNC-Sec meetings;
  - Nutrition on agenda of relevant SWG;
  - DPs coordinate quarterly on food and nutrition security;
• SUN Country Networks set-up (Government; UN; Donor CSA); A SUN Business network is being established

Challenges/ issues on nutrition
• Strengthened Coordination to improve for coordination strategy and build capacity of the national level to be able to coordinate the large number of stakeholders working on nutrition specific and nutrition sensitive interventions in Lao PDR.
• Limited capacity/resources to implement all the interventions, in all the locations, various interventions operate on different timescales, are targeted to different beneficiaries and use different delivery strategies/channels

Challenges/ issues on nutrition
• Discussion of Coverage and Convergence among key stakeholders to identify those high impact interventions that should be scaled up rapidly and where it is necessary to do so in the country.
• Funding: A review of available funding versus initially prioritizing some of the 22 Priority Interventions (nutrition specific for rapid scale-up) should be carried out. The map out a strategy to track resources over the course of the Plan of Action as well as to look at adapting mapping findings into an advocacy strategy, with a focus on the funding gap. ‘Convergence’ as multi sectoral concept is new for Lao PDR – new way of working, new competencies
Nutrition and economic in Lao PDR

Laos loss economic **197 million US$ per year = 2.4% of GDP** caused malnutrition.

• About **142 million US$ or 73%** cause malnutrition during 1000 days of life.
• > **38 million US$ or 1/3 all of loss concern on nutrition of women and role of mother on IYCF.**