NUTRITION IN LAO PDR

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Nutrition and Health

- 44% children < 5 year 385,000 peoples Stunting
- 1 of 4 Children < 5 year Underweight
- 56,000 peoples wasting
- 6,000 peoples severe malnutrition
- 4 of 10 children < 5 year is anemia
- 7 of 10 Children 6-11 month is anemia
- At least in half of children Iodine deficiency

- 6,900 people death each year related malnutrition
Status of Malnutrition in Lao P.D.R

Underweight in 2011
- Achieved (<22%)
- Still not Achieved (22-28%)
- Risk will not achieved (>28%)

Stunting in 2011
- Achieved (<34%)
- Still not Achieved (34-44%)
- Risk will not achieved (>44%)

Source by LSIS 2011-2012
Number and Rate for Malnutrition in each region of Lao P.D.R

Stunting a problem throughout the country

<table>
<thead>
<tr>
<th>Region</th>
<th>Stunting Prevalence (LSIS 2012)</th>
<th>Stakeholders support for nutrition activities more concentrated in North</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>51%</td>
<td>Stakeholders support for nutrition activities more concentrated in North</td>
</tr>
<tr>
<td>Central</td>
<td>38%</td>
<td>Stakeholders support for nutrition activities more concentrated in North</td>
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<tr>
<td>South</td>
<td>47%</td>
<td>Stakeholders support for nutrition activities more concentrated in North</td>
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</tbody>
</table>

141,151 children U5 stunted
155,446 children U5 stunted
92,702 children U5 stunted

Stakeholders support for nutrition activities more concentrated in North

11-20
>20
<=10

Priority Convergence Provinces

Luangnamtha
Oudomxay
Saravane
<table>
<thead>
<tr>
<th>Indicators</th>
<th>Baseline 2012 (LSIS)</th>
<th>Baseline 2015</th>
<th>Target 2020</th>
<th>Target 2025</th>
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</thead>
<tbody>
<tr>
<td>Stunting among CU5&lt;sup&gt;a&lt;/sup&gt;</td>
<td>44</td>
<td>42</td>
<td>34</td>
<td>25</td>
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<tr>
<td>Wasting among under CU5</td>
<td>6</td>
<td>6</td>
<td>&lt; 5</td>
<td>&lt; 5</td>
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<tr>
<td>Underweight among CU5&lt;sup&gt;a&lt;/sup&gt;</td>
<td>27</td>
<td>22</td>
<td>17</td>
<td>12</td>
</tr>
<tr>
<td>Anemia among CU5</td>
<td>41</td>
<td>40</td>
<td>30</td>
<td>20</td>
</tr>
<tr>
<td>Anemia among WRA</td>
<td>36</td>
<td>30</td>
<td>23</td>
<td>15</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>15</td>
<td>11</td>
<td>8</td>
<td></td>
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<tr>
<td>INDICATORS</td>
<td>2015</td>
<td>Target 2020</td>
<td>Target 2025</td>
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<td>------------------------------------------------</td>
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<tr>
<td>Overweight among children under five</td>
<td>2</td>
<td>2</td>
<td>≤2</td>
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<tr>
<td>Exclusive breastfeeding rate</td>
<td>40</td>
<td>50</td>
<td>60</td>
<td></td>
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<tr>
<td>Iodine deficiency among school age children</td>
<td>27</td>
<td>17</td>
<td>10</td>
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<td></td>
<td>Health</td>
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<tr>
<td>Infant mortality rate (IMR)</td>
<td>68/1,000 30/1,000 20/1,000</td>
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<tr>
<td>Under 5-years old child mortality rate (CU5 MR)</td>
<td>79/1,000 40/1,000 30/1,000</td>
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<tr>
<td>Maternal mortality ratio (MMR)</td>
<td>220/100,000 160/100,000 100/100,000</td>
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<thead>
<tr>
<th></th>
<th>Poverty</th>
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<tr>
<td>Poverty Head Count Ratio (HCR)</td>
<td>23.2</td>
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</tbody>
</table>
Strategic Direction I: Address immediate causes

SO1: Improve Nutrient Intake
SO2: Prevent and reduce diseases

Strategic Direction II: Address underlying causes

SO3: Improve food availability
SO4: Improve food access
SO5: Improve mother, child care practices
SO6: Improve environmental health
SO7: Improve access to health services

Strategic Direction III: Address basic causes

SO8: Improve institutions and coordination
SO9: Improve human capacity
SO10: Increase quantity and quality of information
SO11: Increase investments in nutrition

Strategic Direction IV: Linkages

Other relevant policies (for example):
- Immunization
- Malaria/Dengue control
- Gender
- Land Reform
- Water Resource And Environment
- Climate change and Disaster
- Human rights/equity
- Transportation and Communication
- Poverty reduction
INTERVENTION FOR MULTISECTORAL

Intervention

11  Capacity Building for better nutrition and food security

12  Management and coordination for food security and nutrition activities

13  Improvement of data on nutritional surveillance system; scientific research and monitoring/evaluation for strategy and action plan

14  Providing and raising funds for nutrition and food security
INTERVENTION FOR HEALTH SECTOR

INTERVENTION

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 fixe 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)
INTERVENTION FOR AGRICULTURE SECTOR INTERVENTION

1. Expand and intensify the production of nutritionally-rich plant-based foods.

2. Production and promotion of animal based protein for household consumption (e.g., poultry, fishes, frogs, insects etc) including provision, where necessary, of inputs and small infrastructure (e.g., small-scale irrigation, agricultural service units etc).

3. Establishment of Post-harvest facilities (including dryers, food storage) and safe and nutrition enhancing food processing and food preservation technologies to ensure year-round food availability.

4. Promotion of income generating activities (IGAs), for example agricultural products as well as non-timber forest product (NTFP) including traditional herbs, indigenous food, insects and education on wise use of family income.
INTERVENTION FOR EDUCATION SECTOR

INTERVENTION

1. Nutritious school lunch
2. School based gardens combined with nutrition education
3. Nutrition Curricula Integration
4. Ownership of Deworming, Iron and Folic Acid in Schools
What is working and how do you know it is working?

Promoting a multi-sector convergence approach with prioritization interventions (mix of nutrition-specific and nutrition-sensitive).

Reducing stunting by focusing on the first 1000 life days (Maternal & IYCF integrated in MCH services). (latest data 2015: Stunting is reduced from 44% in 2011 to 35.6% in 2015).

Reducing anemia prevalence rate in WRA by WIFS in poor districts.

More investment of government and DPs on nutrition recently.