Developing Infrastructure for safe and secure Childbirth in Lao PDR

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Brief of the country profile

Lao PDR

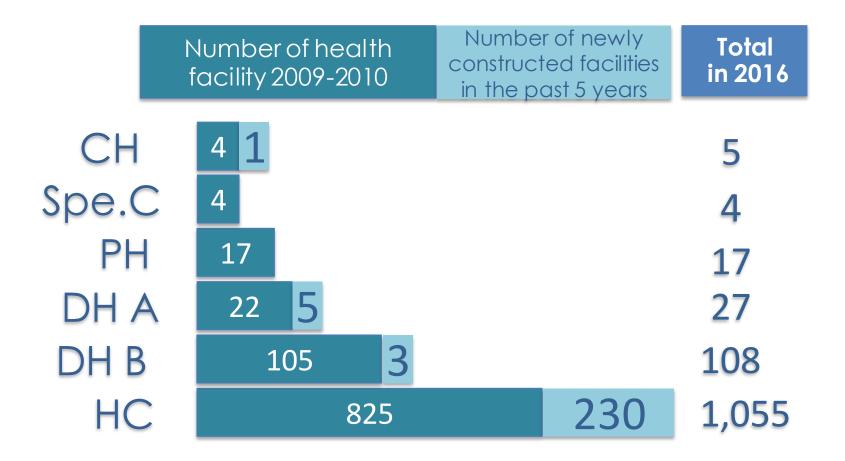


- Country population: 6.4 M
 - Urban: 33%,
 - Rural: 67%

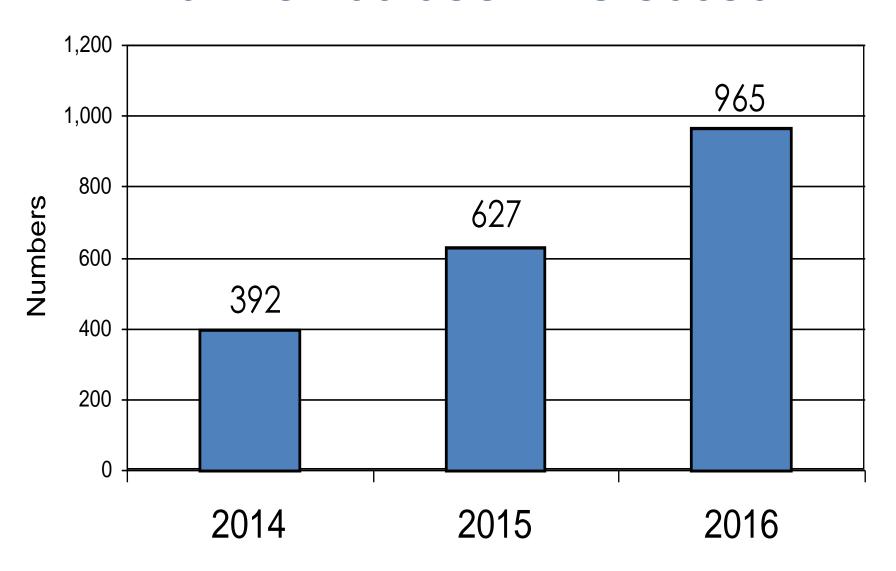
(without roads: 8%)

- Key health status of the population (2015)
 - Under Five Mortality Rate:
 86/1,000 live births
 - Infant Mortality Rate:57/1,000 live births
 - Maternal Mortality Rate:206 / 100,000 Live Births

Health Facilities has been increased

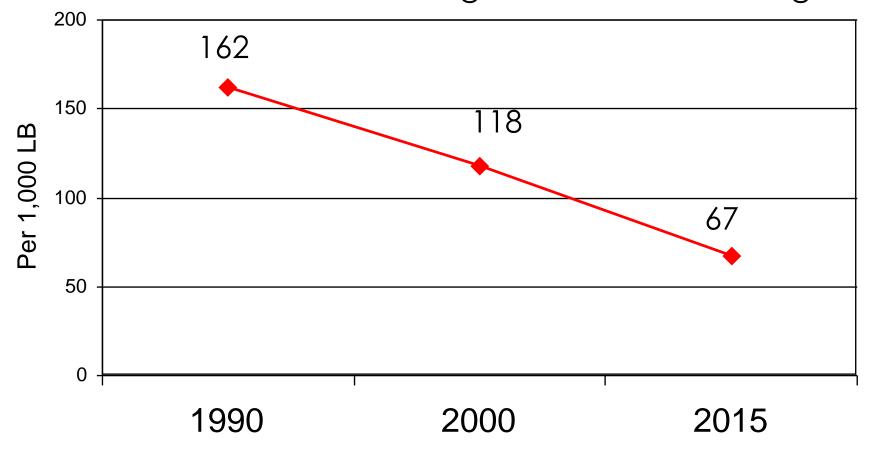


Health Facilities with at least one midwife has been increased

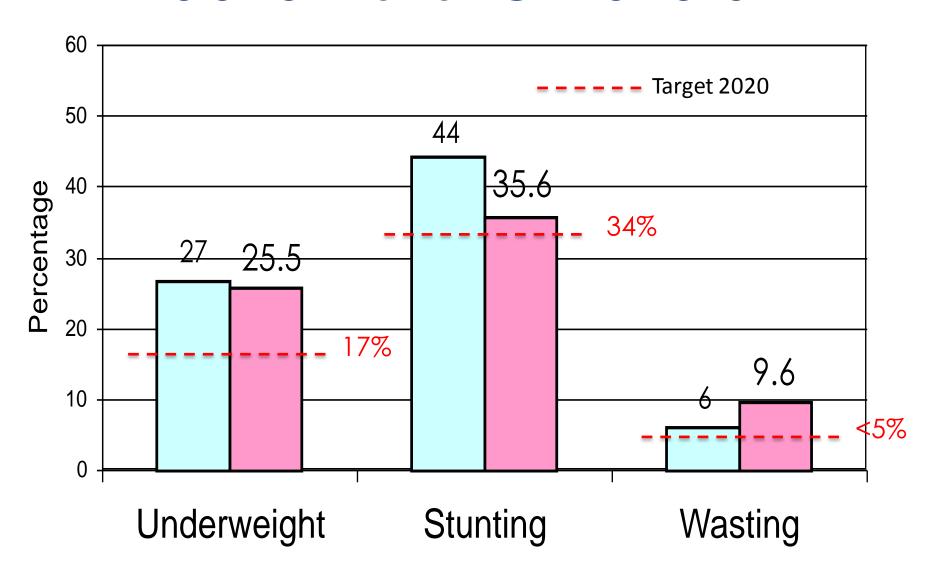


Under five mortality rate declined from 1990 to 2015

Significant declines in child mortality rate between 1990 to 2015 but still the highest in the ASEAN region



Nutrition status compare with LSIS 2011 and LCAAS 2015



Policy/Strategy to support pregnancy, childbirth and child rearing,

Socioeconomic

• Five-Year National Socio-economic Development Plan VIII 2016-2020

Health Sector

- VIIIth Health Sector Development Plan 2016-2020
- Health Sector Reform Framework to 2025
- free MCH Policy

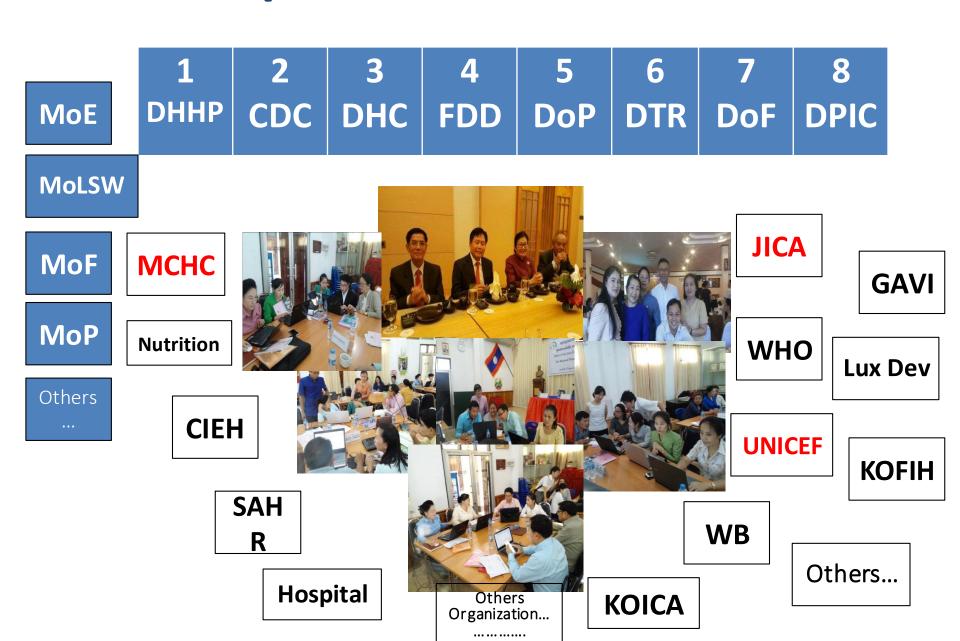
Sub-Sector

- reproductive, maternal, newborn and child health Strategy and action plan 2016-2025
- The maternal and child nutrition component of National Nutrition Strategy to 2025 and Plan of Action 2016-2020

Programme

- family planning action plan 2014-15 and onward
- Midwifery Improvement Plan (2016-2020) (under deveploment)
- National Emergency Obstetric and Newborn Care Five Year action plan (2013-2017)
- Early essential newborn care action plan (2014-2020)
- National Immunization Programme Comprehensive National Multi-Year Plan 2016-2020 (under deveploment)
- National HIV/AIDS Strategy and action plan 2016-2020

Improved coordination



Support childcare for workers

- Breastfeeding room in work place
- School health Promotion Strategy (MOH-MOE)
 - + Public and Private Kindergarten
 - + Primary and secondary school (WASH, Sexual education...)
- Family law revised by government to increase maternity leave from 3 months to:
 - + Five months for normal delivery for one child
 - + Six months for caesarian,
 - + Seven months for twin or more
 - + and paternity leave for fifteen working days
- Child adoption system available recently
- Child allowance for the civil servants
- Flexible working hour arrangement for their young child breast feeding

Actions of governments for Healthy Development of Children

- Routine healthy baby check up
- Promote appropriate infant and young child feeding and breastfeeding
- Safe water and sanitation and child hygienic practices
- Improve equitable access to health and nutrition services (HSR, UHC, ESP, Improve quality of services
- Healthy model village primary health care, strategic action plan on community service delivery.
- Early childhood development policy
- Comprehensive and sustainable Parenting education package for improved child wellbeing is being developed

Major Lessons Learned

- Government leadership and ownership of MNCH and nutrition programming is essential
- Coordination between the difference development partners working in MNCH and Nutrition is the key to improve the capacity of MOH staff
- Important to prioritize high impact interventions for integrated MNCH and nutrition service delivery with strong referral system and follow up at community level

Thank you very much