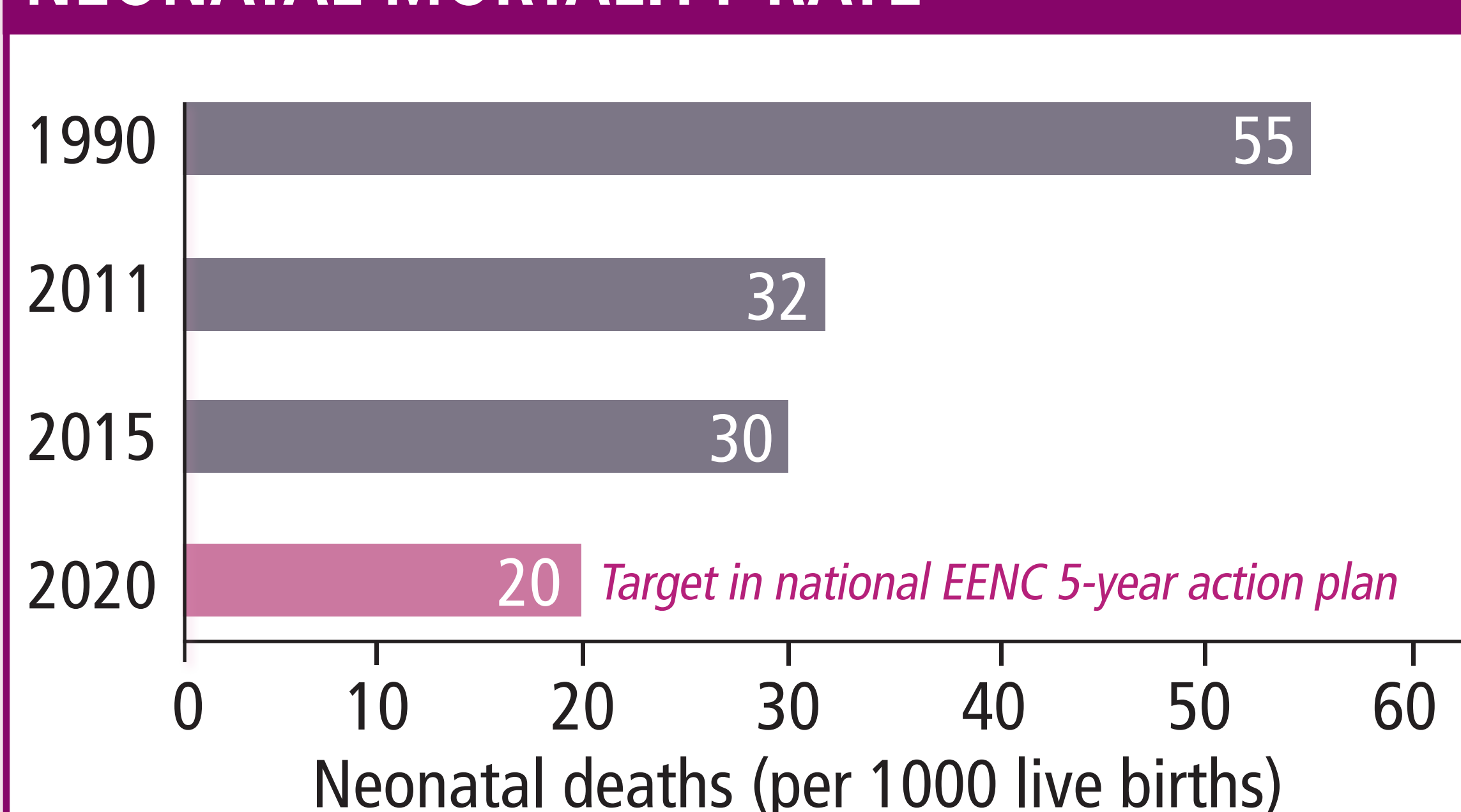


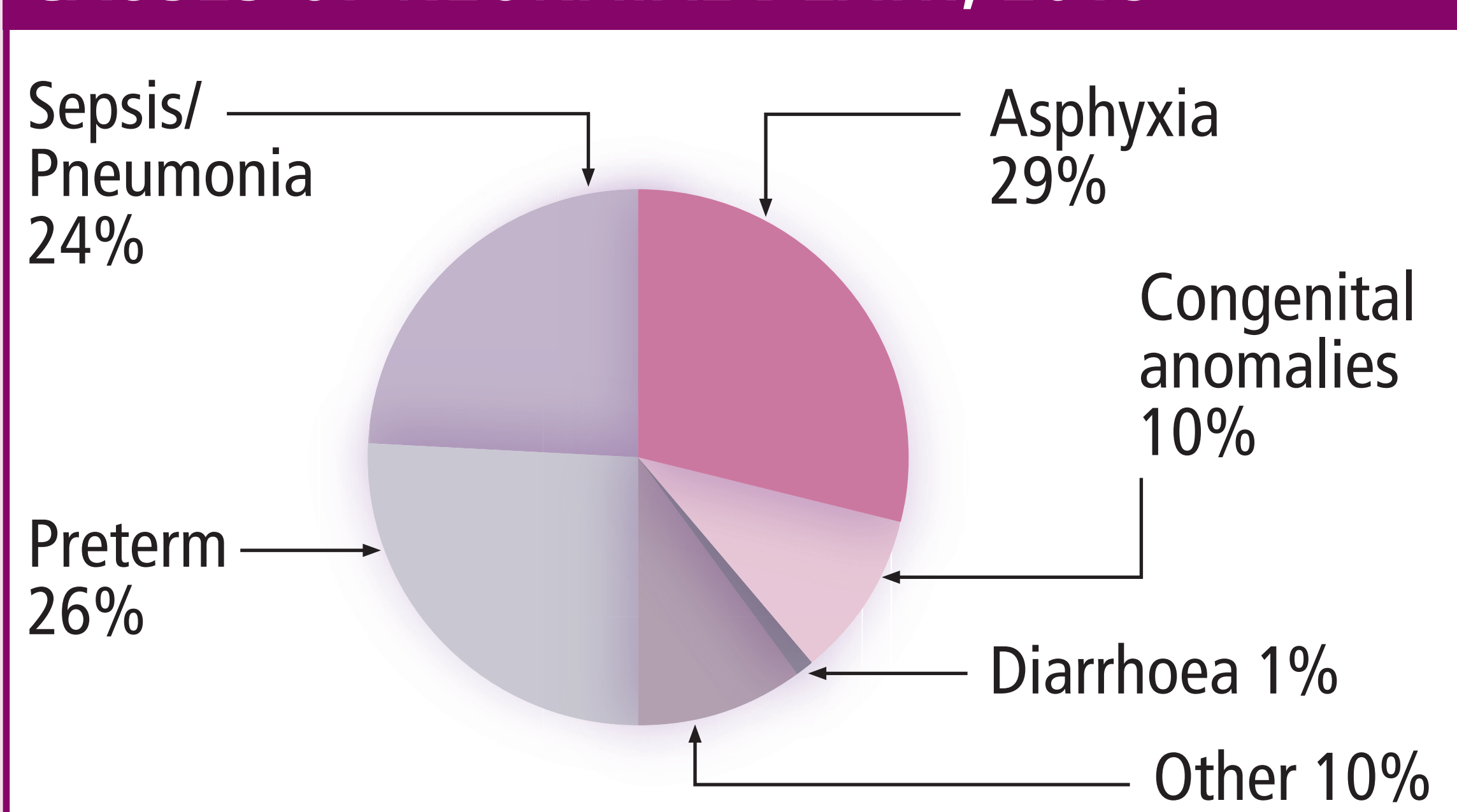
EARLY ESSENTIAL NEWBORN CARE (EENC) 2017

LAO PEOPLE'S DEMOCRATIC REPUBLIC

NEONATAL MORTALITY RATE¹



CAUSES OF NEONATAL DEATH, 2015²



PROGRAMME READINESS FOR EENC SCALE-UP

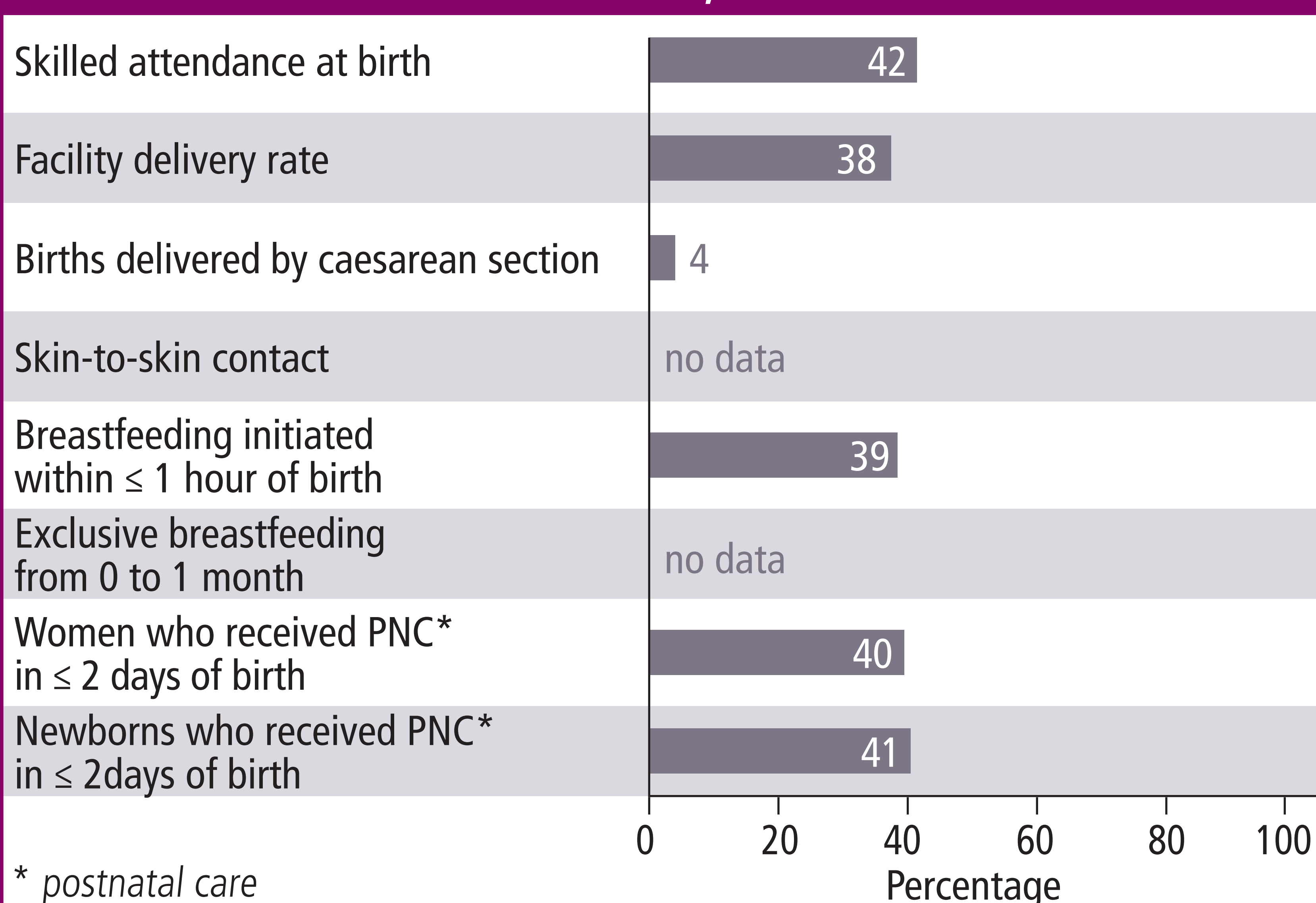
| 2017 ³ | YES | PARTIAL | NO |
|--|-----|---------|----|
| EENC 5-year action plan developed, costed and adopted | ● | | |
| Detailed 12-month EENC implementation plan developed and funded | | ● | |
| Clinical intra-partum and newborn care protocol adapted, reviewed and endorsed | ● | | |
| EENC technical working group formed | ● | | |
| EENC included in pre-service curricula (medical, midwifery and nursing) | | ● | |

STOCK-OUTS OF KEY MEDICINES AND COMMODITIES FOR EENC IN THE PAST 12 MONTHS, 2016⁴

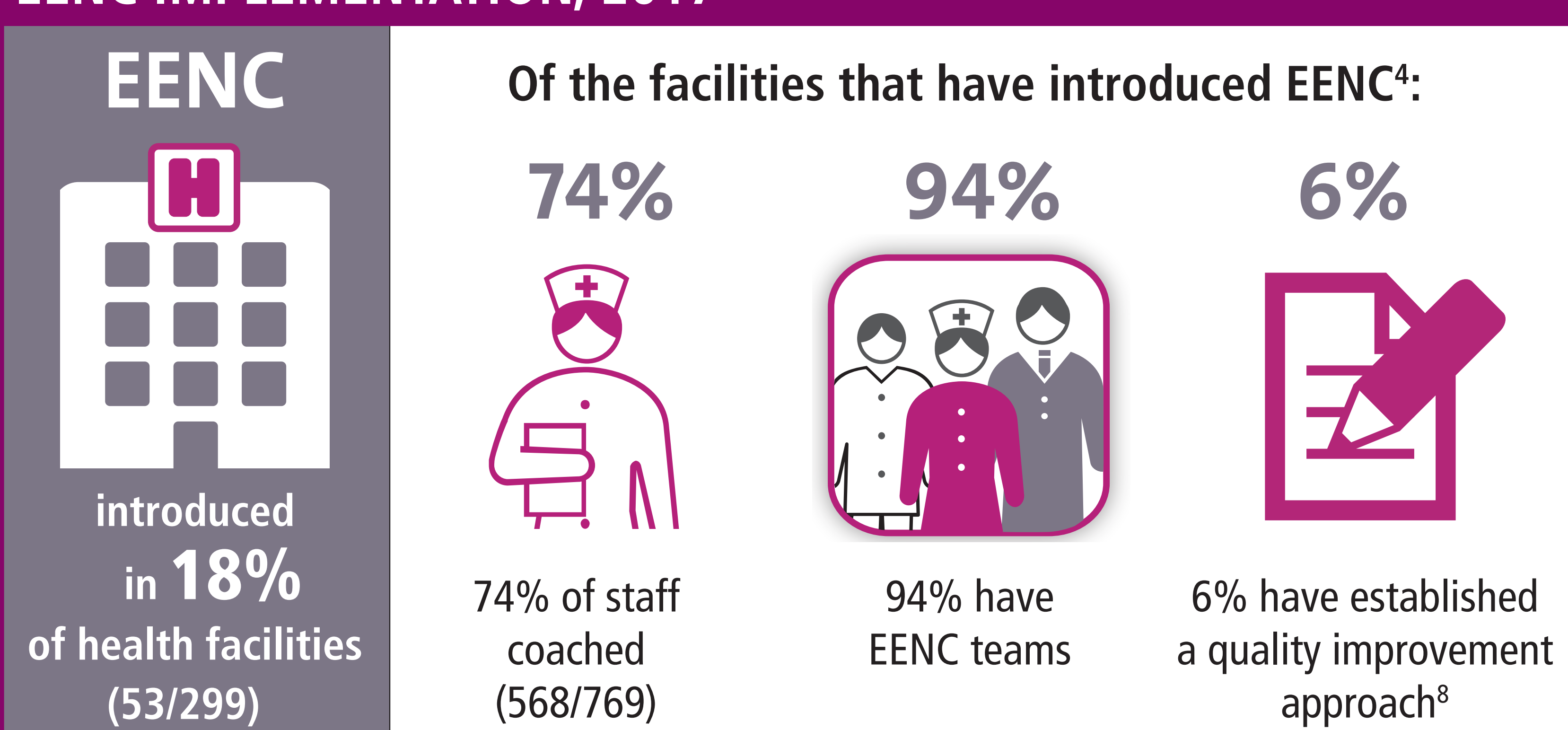
Number of stock-outs across 18 hospitals (4 national hospitals and 14 subnational hospitals)

| | 0 | 1 | 2-4 | >4 |
|---|---|---|-----|----|
| Antibiotics for sepsis | | ● | | |
| Corticosteroids | ● | | | |
| Magnesium sulfate | ● | | | |
| Oxytocin | ● | | | |
| Functional bag and mask within 2 m of delivery beds | | | | ● |
| Hepatitis B vaccine | ● | | | |
| Vitamin K | ● | | | |

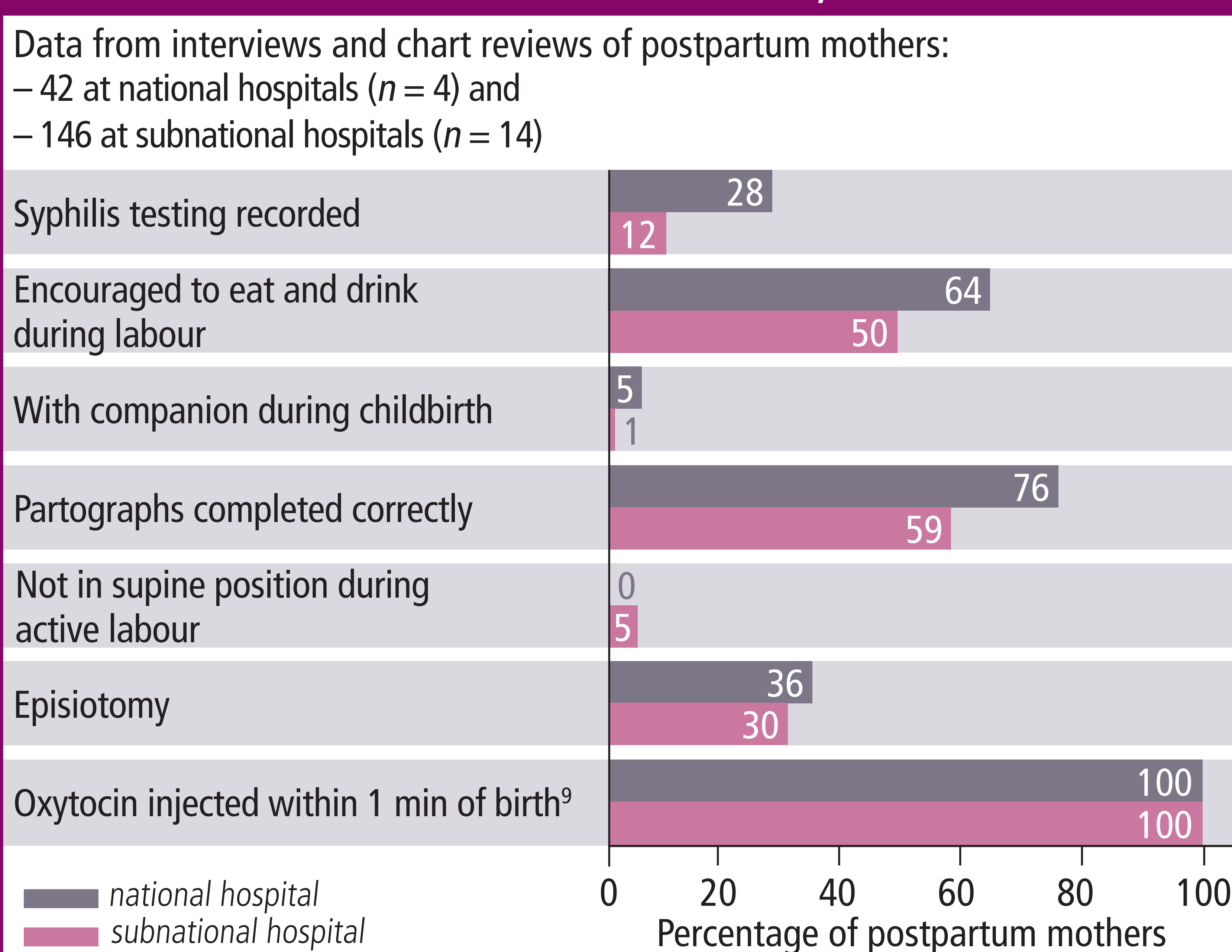
COVERAGE OF KEY INTERVENTIONS, 2012⁷



EENC IMPLEMENTATION, 2017³

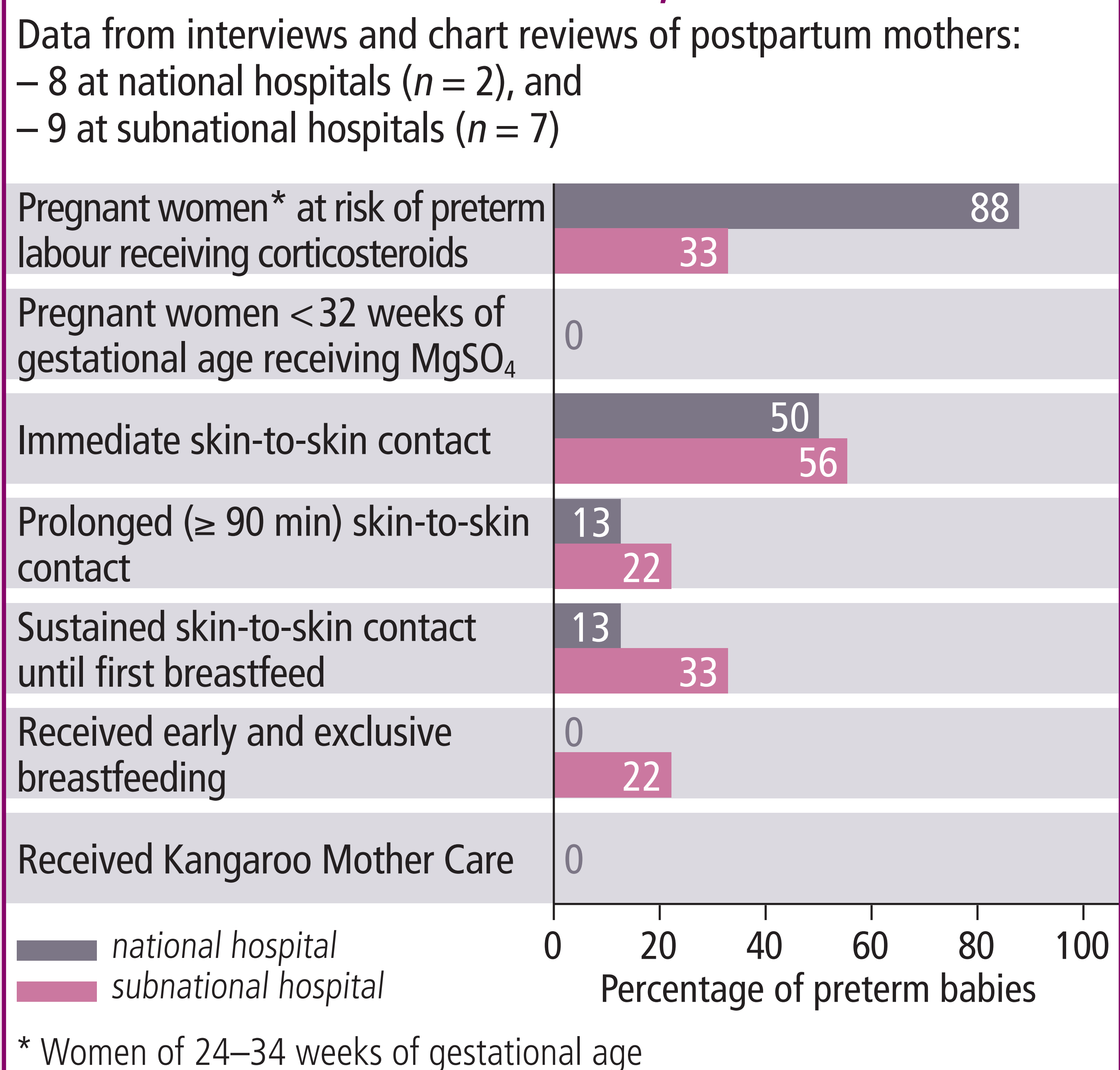


ANTENATAL CARE AND DELIVERY PRACTICES, 2016⁴

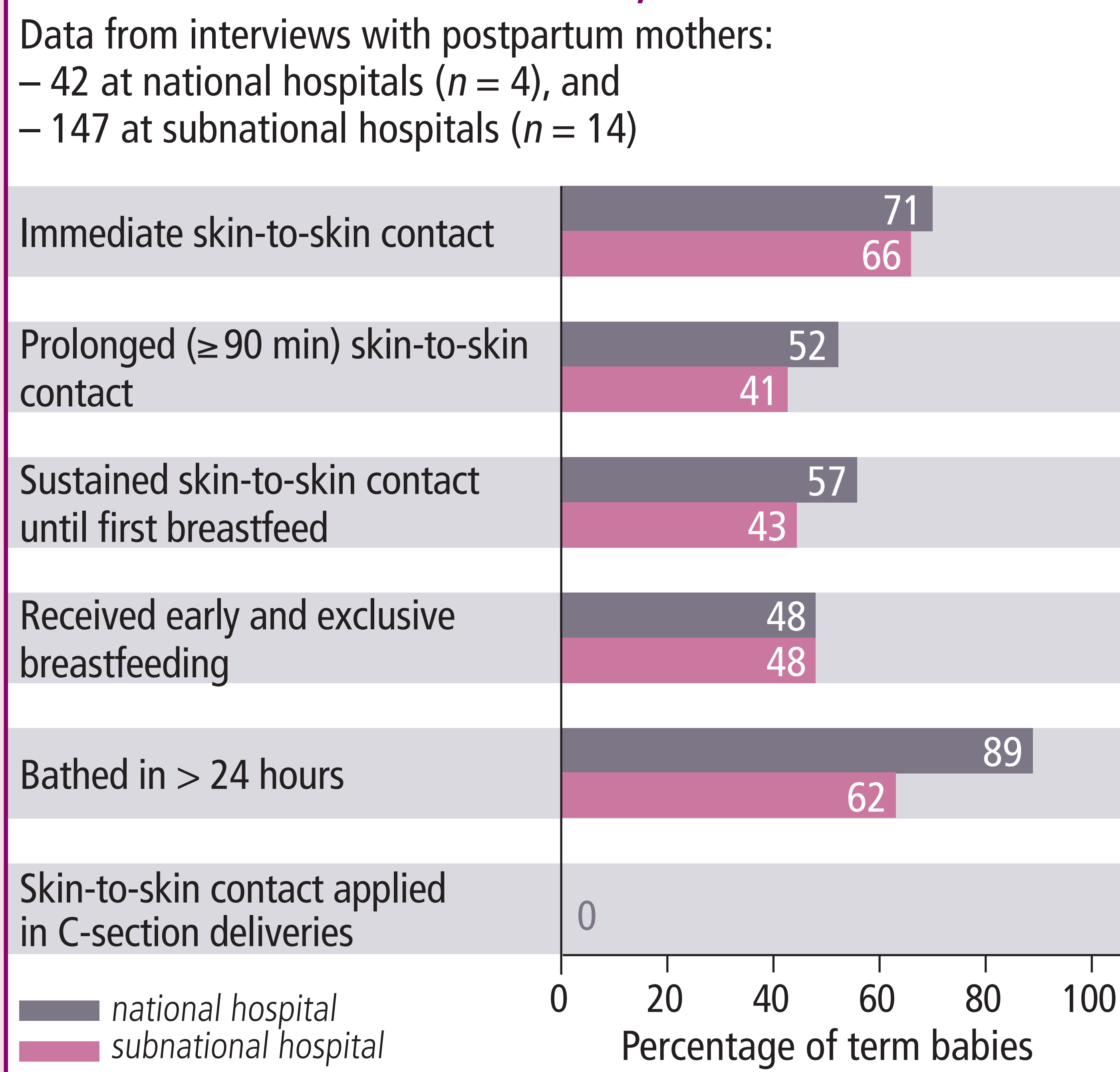


NEWBORN CARE PRACTICES

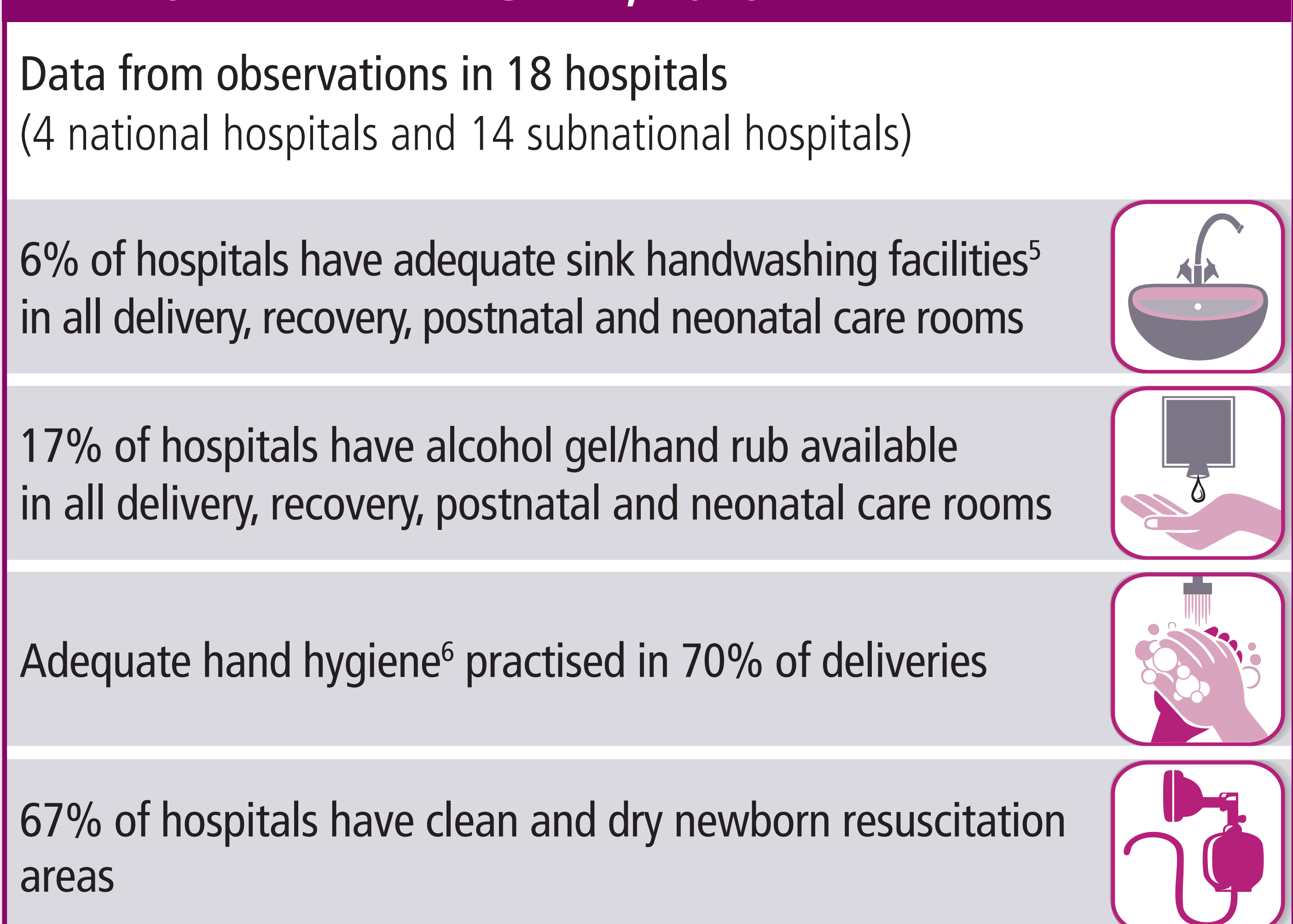
PRETERM BABIES, 2016⁴



TERM BABIES, 2016⁴



ENVIRONMENTAL HYGIENE, 2016⁴



KEY POINTS

- 42% of all under-5 deaths in Lao PDR occur in the newborn period.
- EENC coaching has been done in 4/7 (57%) of national hospitals, 17/17 (100%) of provincial hospitals, and 32/137 (23%) of district, military and police hospitals.
- A high proportion of maternity and paediatric staff have been coached in EENC, including 69% of staff in national hospitals and 76% of staff in provincial hospitals.
- Syphilis testing is recorded for a low proportion of pregnant women.
- Seventy percent of partographs are completed correctly.
- Preterm newborns are less likely to receive EENC, which puts them at higher risk of poor health outcomes.
- The majority of essential medicines and commodities are available in national and provincial hospitals.
- A low proportion of hospitals have adequate sink handwashing facilities and alcohol gel/hand rub available in all maternity and neonatal care rooms.

1. Level and Trends in Child Mortality: Report 2015. UNICEF, 2015. Lao Social Indicator Survey (LSIS) 2011–2012.

2. WHO Global Health Observatory Data, 2015.

3. Ministry of Health, Lao People's Democratic Republic, 2017.

4. Assessment of 18 randomly selected facilities that have introduced EENC, 2016.

5. Adequate handwashing facilities defined as having at least one sink in the room, and all sinks in the room having running water, soap, and single-use towels/re-usable sterile towels/hand dryers available.

6. Adequate hand hygiene comprises washing hands twice before gloving and using sterile gloves to cut the umbilical cord.

7. LSIS 2011–2012.

8. Quality improvement approach consists of: (1) regular and documented meetings of the EENC team, (2) at least two EENC assessments per year, and (3) developing and updating an EENC hospital action plan at least quarterly.

9. Data from observations of 13 deliveries at 3 national hospitals and 8 deliveries at 6 subnational hospitals.