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World Health
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NiPN

National Information
Platforms for Nutrition

DHIS2 Nutrition Data Analysis Report and Action Plan

Province: Salavan

Reporting Period: Jan - Dec 2024

Introduction

This report analyzes key nutrition indicators and assesses data quality using DHIS2 data to identify gaps in coverage of nutrition services and areas for improvement. The indicator analysis encompasses all districts in Salavan Province, focusing on maternal and child nutrition indicators. The data quality analysis includes all districts in the province, examining completeness, timeliness and correctness of nutrition data reported. The analysis covers the period from January to December 2024, sourced from DHIS2.

Salavan province overview

There are a total of 81 health facilities, including one provincial hospital, seven district hospitals and 73 health centers.

Table I Salavan population overview, 2024

District	Population	Live birth	Survival rate	Children aged 6-11 months	Under 5 children
1401 Salavan	118,973	2,678	2,587	647	10,647
1402 Ta-oy	41,473	1,158	1,115	279	4,418
1403 Toumlan	35,318	833	805	402	3,931
1404 Lakhonpheng	56,388	1,194	1,153	577	4,639
1405 Vapi	43,292	924	892	446	223
1406 Khongxedon	70,258	1,357	1,311	53	531
1407 Lao-ngam	85,895	2,008	1,939	970	9,408
1408 Samouay	20,672	570	551	276	2,658
Savalan Total	472,269	10,722	10,352	3,648	36,455

Data Quality

The overall data quality for the province is 91%. Samouy, Khongxedon, and Lakhonpheng districts are showing good data quality. However, Vapi and Salavan districts are showing weak data quality which requires feedback and corrective actions.

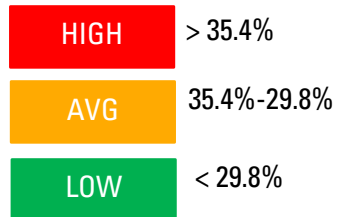
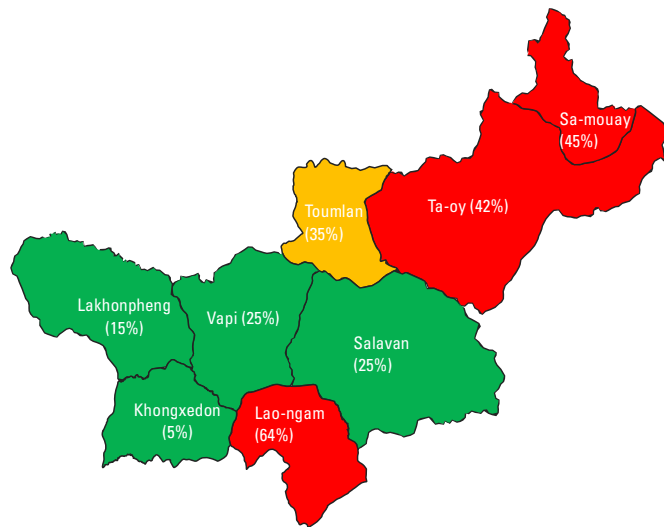
Table II Data Quality Assessment by District

District	Completeness (%)	Timeliness (%)	Correctness (%)	Overall (%)
1401 Salavan	99%	52%	98%	83%
1402 Ta-oy	97%	81%	99%	92%
1403 Toumlan	100%	77%	97%	91%
1404 Lakhonpheng	99%	87%	98%	95%
1405 Vapi	100%	63%	94%	86%
1406 Khongxedon	100%	89%	98%	96%
1407 Lao-ngam	100%	74%	98%	91%
1408 Samouay	100%	94%	100%	98%
Savalan Total	99%	76%	98%	91%

Key Indicators

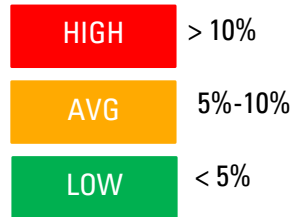
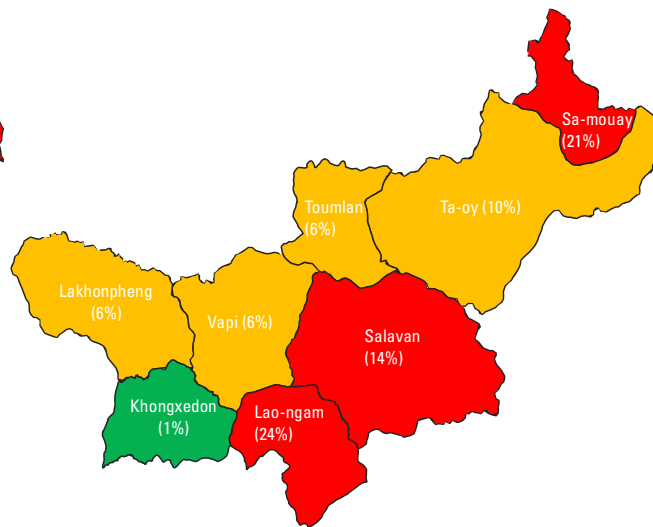
Stunting prevalence

Salavan province - 54%
2024 Target - 27%



Wasting prevalence

Salavan province - 19%
2024 Target - 5%



Underweight prevalence

Salavan province - 39%
2024 Target - 13%

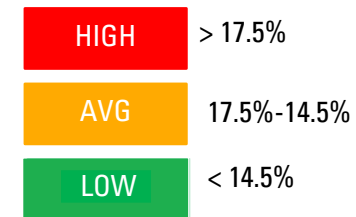
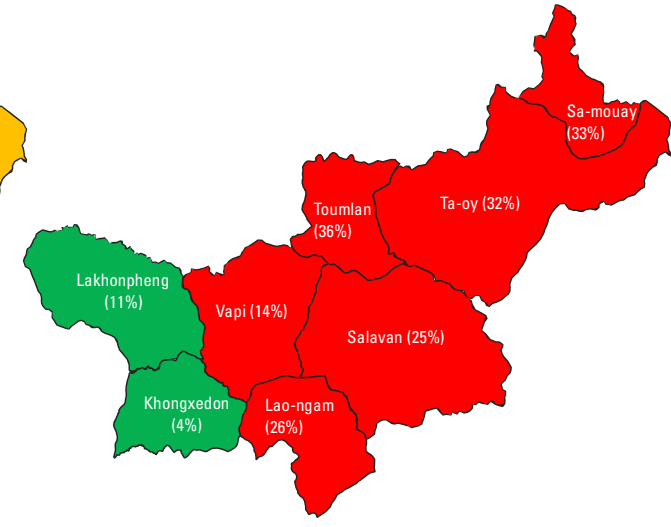


Table III Key Indicators

District	ANC early registration	ANC IFA Coverage	ANC Anemia	Low Birth Weight	Early initiation of breastfeeding	Exclusive breastfeeding until discharge	Vitamin A Supplementation	Deworming	SAM Prevalence	Children with diarrhea treated with ORS and Zinc
1401 Salavan	32%	54%	19%	14%	65%	69%	89%	40%	2%	0%
1402 Ta-oy	32%	6%	10%	11%	86%	85%	53%	39%	1%	0%
1403 Toumlan	24%	0%	49%	7%	95%	93%	95%	40%	1%	2%
1404 Lakhonpheng	38%	48%	45%	2%	56%	54%	60%	33%	0.1%	2%
1405 Vapi	33%	2%	0%	5%	82%	42%	38%	37%	0.0%	5%
1406 Khongxedon	30%	68%	28%	3%	94%	92%	73%	34%	0.2%	3%
1407 Lao-ngam	30%	0%	11%	8%	85%	85%	74%	38%	0.4%	0%
1408 Samouay	29%	34%	27%	13%	86%	87%	94%	50%	5.3%	1%
Savalan Total	31%	28%	18%	9%	80%	77%	73%	38%	1%	1%
2024 target	56%	69%	16%	5%	60%	>99%	78%	78%	1%	48%

Poor

Average

Good

Note: the data of indicators above are extracted from the DHIS2 from January to December 2024.

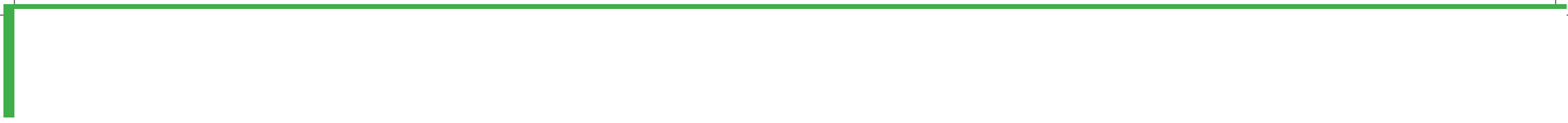
As of December 2024, only two indicators have reached the target - early initiation of breastfeeding (80%) and SAM prevalence (1%).

- The ANC early registration rate is poor in Toumlan and Samouay districts.
- The ANC 90 IFA coverage rate is poor in Toumlan, Lao-ngam and Vapi districts.
- The ANC anemia rate is high in Toumlan and Lakhonpheng districts, while the ANC anemia rate is very low in Vapi and Ta-oy districts.
- The Low Birth Weight (LBW) rate is high in Salavan and Samouay districts while it is very low in Lakhonpheng and Khongxedon districts.
- The Early initiation of breastfeeding is high in Toumlan and Khongxedon while it is low in Lakhonpheng and Salavan districts
- The Exclusive breastfeeding until discharge rate is high in Toumlan and Khongxedon while it is low in Lakhonpheng and Vapi districts
- The Vitamin A supplementation rate is high in Toumlan and Samouay districts while it is low in Vapi and Ta-oy districts
- The deworming rate is high in Samouay, Toumlan and Salavan districts while it is low in Lakhonpheng and Khongxedon districts.
- The Severe Acute Malnutrition (SAM) is high in Samouay and Salavan districts while it is low in Vapi, Lakhonpheng, Khongxedon and Lao-ngam districts.
- The rate of children with diarrhoea treated with ORS and zinc is very low (0%) in Salavan, Ta-oy and Lao-ngam districts.

Action Plan

Table IV action plan

Action	Detail
Improve data quality	Data entry staff must review and verify the data in each month by comparing the information from paper forms with the data entered into the system every time. Only when accuracy is confirmed should the completion button be pressed. At the district and provincial levels, data must be reviewed before the 5th of the following month as a routine practice to provide feedback to the district and higher levels for correcting data to be accurate, complete, and timely.
Planning and implementation	Plan and conduct field visits to provide support and guidance to service sites with poor data quality. Conduct regular review meetings and data verification every quarter with all districts.
Reduce high malnutrition rates	<ul style="list-style-type: none"> - Service sites must ensure that malnourished children are identified, referred, and treated appropriately. - Strengthen growth monitoring of children within the service and community levels. - Strengthen IMAM, OPD and IPD services and ensure continuous follow-up of malnourished children undergoing treatment. - Ensure the availability of equipment for child growth assessment, and sufficient and ready-to-use therapeutic foods (RUTF, F-75, and F-100) at all service sites.
Strengthen nutrition counseling	Strengthen staff capacity and promote the provision of counseling on maternal, infant, and young child feeding (MIYCF) at all service points and outreach activities.
Enhance target group identification for pregnant women	Coordinate with village-level authorities to identify and track pregnant women. Provide standardized forms for data collection and ensure continuous follow-up until delivery. Establish tracking boards at all service points for monitoring pregnant women.
Health promotion and education	Conduct awareness campaigns and health education for adolescent girls, pregnant women, husbands, parents, and grandparents on the importance of comprehensive and timely antenatal care.
IFA supplementation	Increase health education and counseling on the importance of iron and folic acid supplementation during pregnancy at service points and within communities. Ensure that all service sites regularly assess the availability of iron and folic acid to meet the needs of target groups in their respective areas.
Reduce anemia in pregnant women	Ensure that all pregnant women accessing health services undergo blood testing or are referred to a facility with the necessary equipment for blood testing. Encourage early detection, timely referrals, and appropriate treatment for anemia.
Promote breastfeeding	Increase health education efforts at service points and within communities on the importance and benefits of breastfeeding. Provide counseling to mothers and families during postnatal visits, especially while they are still in the hospital, to identify and address breastfeeding challenges effectively.
Distribution of Vitamin A and deworming	<ul style="list-style-type: none"> - The distribution of Vitamin A and deworming medication to target children must be based on their age and should not be limited only to campaign rounds. - Ensure that the supply of Vitamin A and deworming medication is sufficient and meets the needs of the target group.





Prepared by:
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