

⑤ REPORT 5 YEAR IMPLEMENTATION OF P/FP PROGRAM (1991-1995)  
ORIENTATION, DUTIES OF 5 YEAR PLAN 1996-2000

REPORT  
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PART I

REVIEW THE 5 YEAR IMPLEMENTATION OF PFP PROGRAM  
1991-1995

I/ Background.

1. Status of P/FP work at the beginning of 5 year plan 1991-1995.

Beginning 5 year plan 1991-1995, P/FP work of Vietnam met with several difficulties. After 30 years of implementation, until 1990, P/FP work achieved some results, reducing TFR of a woman at reproductive age from 6 in 60s to 3.8, initially launched the P/FP movement among the people, mobilized assistance and support from international organizations etc.

However, such results were far to lower than requirement: Fertility rate was slowly reduced. Within 10 years between 2 population Census 1 April 1979 and 1 April 1989, the average reduction of fertility rate was 0.46‰ annually. In 1930, fertility rate was still 30.3 per thousand, so that the population growth rate was 2.19 percent. The absolute number of growing population was over 1.5 million per year, this equaled to a population of a big city. Every year, about 500 thousand women enter reproductive age.

The awareness on P/FP work by Party and Authorities at different levels were in proper and not comprehensive, they only recognized the need to quickly reduce population growth rate, not having a clear, specific and scientific strategy to effectively guide this work.

Budget for PFP was limited, mostly relying on foreign assistance, which was still small then. In 1990, It was 0.02 USD/person/year for P/FP. Local budget for this work depended on local authorities, so it was only available somewhere. Financial management mechanism was not reasonable enough to ensure timely funds for P/FP work for the right objectives and the right target persons.

Institutional mechanism for PFP work was not systematically established. At Central and provincial level, there was a shortage of staff and weakness of staff qualification, thus they were unable to mobilize and coordinate different forces participating into the program.

Due to bias towards technical aspects and administrative measures, IEC work to increase the awareness and voluntaries of target people were not properly considered; FP service system was not expanded to access people, FP methods were not diversified, basically, it was still "one method program" (i.e. IUD); nor increasing voluntariness in implementing family planning.

Scientific research was at primary step, the data and information collection was not systematically done, not meeting the requirement of designing, managing and carrying out the program.

## 2. Objectives of 5 years Plan 1991-1995 for P/FP.

Based on reviewing of situations, 5 year plan for P/FP work was made to achieve specific objective: "reducing fertility rate at 0.6 per thousand per years and increasing CPR to 2 percent per year"

In order to achieve this target, solutions were grouped into 3 programs: Management Capacity Strengthening (VDS/01); FP service Quality Strengthening (VDS/02) and IEC Strengthening (VDS/03).

Target people were farmers, youth, armed force, workers and state employees, not only female but also male.

In general, the objectives, solutions and strategy for 5 year plan 1991-1995 were designed on the basis of careful calculation, on realistic and scientific bases.

## 3. Positive changes for P/FP work during 5 years 1991-1995.

Increasing understanding of crucial pressure of too fast population growth on the development of the country, of urgentness of P/FP work, the commitment of our Party and Government for P/FP work were ever growing. In January 1993, the Fourth Conference of the Central Party Committee passed a Resolution on P/FP policy which defined specific objective: "obtaining replacement fertility rate (i.e. each couple at reproductive age has 2 children) in the year 2015 in order to stabilize population size in the mid of 21 century", and worked out 5 solutions for P/FP work. With this Resolution, P/FP work has a proper and complete orientation. 2 years later, on 6 March, 1995 the Party Secretariat issued Instruction 50/CT-TW on "Continuing P/FP work". At State level, the Prime Minister passed Decision 270/TTg on 3 June 1993 to approve P/FP strategy to the year 2000 to institutionalize a period in implementing objectives, viewpoints and solutions of the resolution of the forth conference of the party central committee.

## II. Achievements:

1. The role and the position of P/FP work has been confirmed in the socio-economic development of the country, in each province, its objectives and methodology has also been affirmed.

Since the approval of Resolution 4 on P/FP policy, the commitment of Party and Authorities at different levels for P/FP work becomes a component in specific plan and program of Party organizations and authorities from Central to grassroots level, it is not only written in the resolution, instruction but also directly guided and led to implementation.

Being a national program, budget for P/FP work is an independent category and quickly increased by the Government. In 1995, National budget for P/FP work, which was passed by the National Assembly was 245 billion VND, 16 times greater than in 1991 (15 billion VND) and 9 times greater than in 1992, one year before the Resolution of the 4th Central Party Conference. Several provinces, including financially difficult ones have supplemented fund for this work, bringing State investment for P/FP work, including international assistance to nearly 0.4 USD/person/year. Although not achieving minimum investment as in the PFP strategy to the year 2000 (0.6 USD/person/year) and not yet at one fifth of the standard raised by UNFPA, the fast growing investment in PFP work recently has been a great effort of our Party and Government in order to meet the basic requirement of P/FP program.

PFP work has been affirmed in objectives and method. The specific objective to the year 1995 was to reduce fertility rate to 27.8 per thousand, reduce TFR to 3.6 and to the year 2000, the respective index will be 23.9 per thousand and 2.9 (TFR), population size is under 82 million, so that replacement rate will be achieved in 2015, stabilization of population in the mid of 21 century. In order to achieve this objective, the method is to synchronically implement 7 solutions on institution and leadership, IEC, FP services, policy, finance and logistics, training, research and management. The focus point for P/FP is rural area, where nearly 80% of population live and TFR is 2 times higher than urban area. The main target groups are couples at reproductive age, especially those who have 2 children and more. In each province and city, the overall P/FP strategy of the whole country is concretized into its own P/FP strategy in accordance with local socio-economic development.

2. Appropriate resource for implementation, good models are built, preconditions are prepared to comprehensively expand and improve P/FP work for the period 1996-2000.

a/ P/FP network is strengthened and completed from Central to grassroots level, permanent P/FP workers at different levels are strengthened

quantitatively and qualitatively ensuring the implementation of P/FP to communes and hamlets. In order to strengthen and standardized the NCPFP, the Council of Ministers issued Resolution 193/HDBT on 19 June 1991 on functions, tasks, power and working regulation of the NCPFP. The P/FP network from Central to provinces has been strengthened and improved. Specially, the NCPFP has one Standing Vice Chairman, and has functional departments. Some provincial P/FP Committee have full-time Vice Chairman and more staff. However, the P/FP network from district to communes, especially at communal level has not been established.

The P/FP system has been more strengthened on the basis of Resolution 42/CP on 21 June 1993 by the Government "Establishing P/FP Committees from Central to provincial level. The Standing office of P/FP Committees at different levels are assigned with full time staff with proper qualification, closely links with different branches and levels in managing and coordinating the implementation of P/FP work. P/FP network must be set up in every village, hamlet, mountainous village, in every ward". For 3 years now, P/FP network from Central to grassroots level has been strengthened and completed step by step.

At Central level, the NCPFP has been broadened with more members, comprising representatives form several Ministries, branches, mass and social organizations, headed by a minister, Chairman. The standing office of the NCPFP consists of functional departments and units with more and more staff who are increasingly qualified.

P/FP Boards of Ministries, branches, organizations have come into being with full time staff or unit to assist. In Ministry of Health, there set up a professional system to be in charge of FP services integrated with MCH from Central to district level. Other organizations as Fatherland's Front, Women's Union, Trade Union, Peasants' Union, Youth union, Veteran's Union also established P/FP Boards. Vietnam Family planning Association was founded and came into operation.

At provincial level, P/FP Committees at 53 provinces and cities have been strengthened as well as 100% of district P/FP Committees with participation from local branches and mass organization. At present, in 53 provinces and most of districts in the country have full-time managers for P/FP Committees, on average, each province has 13.24 full time P/FP workers and each district has 3.5 P/FP full time workers.

P/FP Board at communal level consists of representative from communal branches, mass organizations headed by Chairman of People's Committee, there is one full time P/FP worker and a network of voluntary collaborators, who carry out IEC activities and supply non-clinical contraceptive methods as well as to record demographic changes. Now, 100% of communes and wards

throughout the country are covered with this network with over 10.000 full time communal P/FP workers and 122.000 collaborators at villages and hamlets. To assist this network, there is a very big forces of voluntary motivators from women's Union, Youth union, Peasant's Union, Veteran's Union, teachers, etc.

b/ Based on open allocation of total budget and allocating most of budget to grassroots, goal-oriented program management through responsibility contract, the management and coordination of P/FP program has been basically renovated from planning, executing to monitoring and evaluation. P/FP work is inter branched, it must be done at grassroots level and requires co-responsibilities for its success. Therefore, it is extremely important to have an appropriate management mechanism.

The allocation of budget to branches and from branches down to provinces was making management process a vertical one, it was difficult to create a united horizontal management in an area, thus, limiting management effectiveness from different levels and causing difficulties for monitoring the use and balance of State budget for P/FP, this led to the situation of incorrectly using State budget for P/FP work.

Since 1993, all budget have been openly allocated and broken down most budget to localities right from beginning of the year (1993: 90%; 1994, 1995: 95%). Budget is managed according to goal-oriented program through responsibly contracts between P/FP committees and branches, mass organizations (at Central and downward levels) to carry out each part of the program. This mechanism has advantages: 1/ Bringing budget down to grassroots level where P/FP activities happens mostly; 2/ Clearly defining responsibility between Central and provincial level, Central level is responsible for open, clear budget allocation, defining objectives and standard for each activity, provinces are responsible for specifying those activities, mobilizing functional institution to monitor the use of budget to the right way; 3/ Provinces save time and because they don't have to go to Central level to ask for additional budget that used to be in the past mechanism; 4/ The budget balance become faster and clearer. Up to now, the management mechanism according to goal - oriented program through responsibility contract has been taken form and appreciated by local levels.

The monitoring and evaluation has become step by step systematized, assisting much for program execution. Open and clear plans are bases for good implementation of monitoring and evaluation . Since 1994, beside regular supervision in each sector, there organizes a comprehensive monitoring and evaluation mission in some provinces in order to spot out the shortages during program implementation, thus timely adjusting annual plans and drawing experiences in making plan and guiding the implementation for the following year.

There is a progress in budget balancing. Since 1994, quarterly balance has been made under supervision of financial officer at different levels.

The results of the inspection work has shown good use of P/FP budget, as well timely identified weaknesses and minor wrongs, taking serious measures for each situation, this has had preventive affects.

c/ IEC work and mobilization work is expanded both on scope and target groups. The method is improved and renovated, thus increasing society's awareness in terms of P/FP, increasing FP acceptors and initially disseminated information for free choices of contraceptives.

There is a quantitative and qualitative change in P/FP IEC through mass media. More and more mass media institutions participate into IEC work. P/FP messages are often broadcasting in Vietnam Television, Voice of Vietnam, national newspapers, in 53 provincial Television - Broadcasting station, in all provincial newspapers, in transmission radio network of districts and communes. The content and forms of IEC have become varied and more lively, suitable to different target groups. Beside information and reports, there are several entertainment programs, advertisement, questions and answers are communicated through radio and television as well as in local, national newspapers.

In direct communication, more and more forces are involved, beside health workers, women's union, youth's union, trade union, who have long been involved, there are more and more forces actively participating into P/FP motivation such as: motivating reporters from Party organizations at different level, mobile P/FP motivating team from Ministry of Culture and Communication, forces from branches (Ministry of Defense, Ministry of Interior, Ministry of Education and Training...), mass and social organization (Veteran's Association, Fatherland Front, Vietnam Family Planning Association, Peasants' Union) in order to influence different target groups in terms of ages, professions, social strata and religion.

IEC materials have been produced and disseminated widely to target groups with larger quantity and better quality. According to approximate statistics, over 12 million IEC materials with different types were produced and provided to target persons, out of which 4.125.000 copies of "Family Happiness" were disseminated to more than 4 million households, constitutes to 30% of total households throughout the country.

The integrated IEC campaigns have been conducted in isolated and remote areas where people's educational background are still low and difficult to access to P/FP information and FP services. In 1993, the pilot campaigns were conducted in 52 communes, in 1995, this figure was increased to 1039, in

these communes, 193.700 persons became FP acceptors for modern contraceptives in a week, equals to 7% of FP targets in 1995 in all the country and equals to 50% of FP targets of a year of all provinces conducting campaigns population education has been conducted in school and universities, it is being designed to cover all the rest of educational system. From 1992 to 1995 total students to access to population education systematically is 6.510.915. Millions of students access to population education through extra activities through population education program on Vietnam Television. In armed forces, P/FP education are introduced into training of newly recruited soldiers, officers.

Results of surveys have shown that leaders and managers at all level supporting P/FP is increasing from 23.2% in 1992 to 82.3% in 1994. Among married women at reproductive age, the percentage to know about modern contraceptive methods (beside IUD) increased 1.5 times, the average number of expected children is reduced from 3.3 to 2.78 during 1988-1994. This change also occurs among male groups.

d/ P/FP service system has been strengthened and developed in terms of facilities, equipment and staff training; the contraceptive supplies, essential drugs and conditions have become better. meeting the needs on FP services with increasing number of acceptors and higher quality.

For 5 years, 627 FP intercommunal centers were built by central and local budget for P/FP, this brings the number of FP intercommunal centers to 1189, newly built and upgraded 2025 CHCs with FP service rooms, supplied medical equipment for 100% of service facilities at provincial and district level (including provincial MCH/FP centers, FP service mobile teams, obstetric departments in district and provincial hospitals) and in 70% of CHCs; in each district, at least 1-2 doctors were trained to do sterilization; 6522 CHC staff were trained and retrained for IUD insertion, menstrual regulation and supplying oral pills using checklist. The delivery of clinical FP services has become more flexible by taking sterilization acceptors to upper health facilities or to send mobile teams to grassroots level.

In the situation that most of contraceptives are provided by UNFPA, by using additional national budget to buy supplement contraceptives, therefore there is a timely supply of contraceptive methods, solving the problem of shortage or redundancy. Contraceptive methods have been diversified: beside IUD; sterilization (female and male) rate is increased from 2.98% in 1988 to 4.53% in 1995, the rate of using oral pills is increasing from 0.41% to 2.94% condom acceptors are increasing from 1.16% to 4.49%; injectables and norplants are being experimented.

New channels of FP service delivery as social marketing, collaborator network, private sector are formed to create more conveniences for FP

acceptors. According to population census 1 April 1994, 51.92% of condom users, 50.6% of oral pill users are supplied by social marketing or free market. Beside clinical supplies (condoms, oral pills) by P/FP collaborator network are done in nearly 100% of communes and wards, social marketing and health private sector is increasing, creating encouragement in FP service delivery.

e/ Based on principle of voluntariness, integrating P/FP objectives into socio-economic policy, some specific policies have been built, issued and implemented, creating favourable conditions for P/FP implementation among individuals, families, collectives and community as a whole.

For FP target groups, some policies have been adjusted as follows:

- Changing the policy of accommodation supply based on the number of persons in a household, 2 children-standard is followed when providing accommodation for state employees.

- Permanent providing farmers with land, not adjusting to the charge of households.

- Several localities regard FP implementation as a criteria for lending money for poverty elimination and employment. The establishment and implementation of these policies have created favourable social environment to accept small-norm family. At the same time, in order to increase the number of clinical contraceptive acceptors, which is more effective, beside freely providing clinical methods, there are compensation and insurance policies for voluntary acceptors of sterilization - a good method for those who have enough number of wanted children and a method with greatest number of acceptors all over of the world, but of little use in Vietnam because of socio-psychological barriers. Only for 3 years of applying this policy, there were more than 418.000 acceptors of this method, nearly 4 times greater than total sterilization users up to 1993; this brings the rate of sterilization acceptors from 2,98% among couples at reproductive age in 1988 to 4,53% in 1995.

For individuals and collectives participating P/FP work, the following policies have been applied.

- Allowance for full time workers and collaborators at communes, wards, villages and hamlets.

- Technical training and encouraging health workers to provide clinical contraceptive methods.

- Awards for individuals and collectives greatly contribute to P/FP work in terms of IEC, mobilization, production and supplying with valuable IEC materials.

These policies have mobilized more and more forces into P/FP work, following the slogan: "Stop at 2 children for better bringing up"



c/ International relations have been extended to absorb concerns and assistance from international organizations, non-governmental organizations to P/FP work the management of foreign assisted projects have been improved for better effectiveness.

Being the first organization to support Vietnam in P/FP work, after finishing the third country program in 1991, UNFPA continued its assistance with the forth cycle with total fund at 36 millions USD (25 millions from regular fund and 11 millions from mobilizing fund) which is greater than previous cycle. UNFPA provided most of IUDs, Oral Pills for the whole country, comprehensive support for seven selected provinces. The preparation for projects is better than the previous cycle. Management and Coordination of IEC projects are considerably improved. The biggest progress is for the first time all UNFPA projects were executed by the Government.

Thanks to renewal policy of the Government and effort to expand International Cooperation, more and more International Organizations, Governmental and Non Governmental Organizations are concerned and supporting PFP programme in terms of experiences, staff training, finance and equipment such as The Federal Republic of Germany, IPPF, FPIA, ICOMP, Pathfinder, Marie Stopes, French Government and recently the World Bank and Asian Development Bank.

h/ Training and Scientific research has been accelerated and systematically conducted in order to meet the requirement of PFP work.

For the period 1991-1995 the training work has been systematically strengthened with different curriculum such as: basic demography, and programme management, short-term training for IEC workers, for PFP collaborators and for motivators from mass organizations, etc.

Research work, especially operational studies has played a role in building up a scientific base for management and execution of the programme. The collaboration among national institutions and between national and international institutions is progressing. With the establishment of scientific council on PFP comprising scientists on PFP and related aspects, a PFP research programme to the year 2000 has been designed. The management of scientific work has been improved.

3/ With increasing awareness and bigger budget, other ministries and branches, mass organizations and social organizations are more and more actively participating into PFP work with more creative and effective way under the coordination of PFP Committees at different levels.

- Science and Education Board, Culture and Ideology Board, Committee for Social affairs of national Assembly.

- Ministry of Health .
- Ministry of Education and Training
- Ministry of Defence and Ministry of Interior
- Ministry of Culture and Information
- Finance, planning and Investment Branch
- Transportation, Industry, Agriculture, and rural development, Labour, war valid and social affairs, post, etc.
- Vietnam television, Voice of Vietnam, Newspaper "Nhan dan", Newspaper of various branches, organizations and local television/radio as well as local newspapers.
- Ho Chi Minh National Institute, national Administrative Institute, National Economic University, National University in Hanoi, Sociological Institute, Population and Labour Sources Research Centre, etc.
- Vietnam Women's Union.
- Vietnam General Federation of Labour
- Youth Union
- Vietnam Peasants' Union
- Vietnam Fatherland Front
- War Veteran Association, Red Cross Association, Blind Association, Association for Journalists, Association for Writers, Theatrical Association, Cinema Association, Association for Aged people, Vietnam Family Planning and Population Association etc.

It is impossible to list here all institutions, branches, organizations ( more than 50 of which at central level and far more than that at lower levels), involved in PFP work as well as their diversified activities.

Increasing participation of various branches, organizations and institutions has created a large and unified movement in the PFP work. The movement reached all targets in the society and contributed to significant changes in PFP work in recent years. This also proves that various branches, organizations and institutions can actively and effectively carry out PFP activities if they are sufficiently supported.

4/ Great progress of the implementation of FP programme through out the country. CPR on a rapid increase, rapid decrease of birth rate. The total number of couples at reproductive age using contraceptives increased from 5,395,737 in 1988 to 5,980,711 in 1993 and 7,846,651 in 1995. this means that CPR increased from 53.18% in 1988 to 63.85% in 1995, of which percentage of modern contraceptives users also increased accordingly, from 37.69% in 1988 to 49.16 % in 1995.

The mixed methods have greatly changed in terms of diversification of contraceptive methods. Such contraceptive methods as condom, oral pill and male/female sterilization have increased from 1.16%, 0.41% and 2.98% in 1988 to 4.49%, 2.94% and 4.53% in 1995 respectively. Although, injectable

has not yet officially introduced into the programme, it has been used by a number of women (0.27%) who received it from NGOs and private sector.

Rapid decrease of the birth rate is an inevitable result of the increase of couples using contraceptives. In the past, the birth rate decreased very slowly (0.46‰ a year, during the period 1979-1989). But over the last 5 years, particularly since 1993 the birth rate has sharply decreased in some regions, localities and the country as a whole. According to the Intercensal Demographic Survey on 1 April 1994, the birth rate is 25.3‰ compared to 30.1‰ according to the Census 1989. So it decreased by 1‰ annually. The average number of children per woman at reproductive age decreased from 3.8 in 1989 to 3.1 in 1994. The survey on 1 March 1995 shows that the birth rate is still decreasing fast.

### III. Constraints and Shortcomings

1/ Guidelines and leadership of the authorities and party at different levels in some localities are not yet up to the requirement and they are not sufficiently provided among localities.

In a number of localities, the Party and authorities do not pay due or regular attention to PFP work. This can be seen in the lack of determined efforts to complete the PFP network and its staff. The Party members fail to follow the PFP policies of the Party and the Government.

Only by the end of 1994, all provinces throughout the country could appoint full-time leaders of provincial Committees for Population and FP. Now many districts have not got their full-time leaders of DCPFP. And many localities do not have enough full-time PFP staff, though in a modest number.

2/ Weak awareness of PFP work

Five view-points on PFP work adopted in the Resolution on Population and FP of the Party (at the 4th Session of 7th term of the Party Central Committee) are aware by the majority of Party Leaders and Authorities at all levels. But some local leaders and authorities still consider PFP work as a secondary issue or regard it as a work of a specialized institution.

3/ Shortcomings in terms of management and organization in the implementation of the PFP programme.

a/ The PFP network has newly been established. it has initially been strengthened but not yet completed. A number of PCFPs and DCPFPs are short of minimum full-time staff, some DCPFPs have not got even a standing vice-chairman.

The Steering Committee and Full-time staff for PFP is not established yet in some line ministries and mass organizations. Most of the staff have been assigned with various tasks, working on the part-time basis so the programme activities within their responsibilities were undertaken lately and irregularly.

b/ IEC has not expanded to remote areas. The quality and effectiveness of some aspects remain inadequate. There is a small quantity of IEC materials, lack of materials in ethnic dialects for those people who do not know Vietnamese and lack of understandable IEC materials in the types of leaflet for distribution to target audiences. The literature products have got poor quality. The number of interesting, attractive and convincing products is modest.

c/ Though FP service delivery is enlarged somehow but not yet obtaining the requirements in terms of convincing, safety and diversification. The quality is not good. It is not adequate and sufficient enough to meet the needs of clients, particularly in the Northern mountainous areas and High-land and special increasing demand thanks to the results of motivation and propaganda. In turn, inadequate FP services limit programme achievements.

The distribution of non-clinical contraceptives by Non-Health Workers has been practiced in most of countries. Such Non-Health Works need not much training for condoms distribution. However it is moderate in Vietnam and the introduction of injectable has been carried out with caution.

The private sector in health care system is rather weak though it is developing quickly after the issuance of regulation on private health and pharmacy services.

d/ There is a lack of active, effective set of social economic policies to create a favorable environment for FP acceptance. There exist some policies in which population and family planning objectives were not taken into account, limiting the progress of the programme such as partial payment of health care cost, criteria for military service ... etc. The integration of Population and FP objectives in other programs such as Eradication of Hunger and Poverty Alleviation, Loans for Job Creation, is developed in some areas. It needs institutionalization for implementation in the entire country.

e/ Though the Management Information System (MIS) has a considerable progress, it seems unable to supply timely accurate and reliable information for planning and programme execution. Scientific researches and studies, particularly operational ones give poor support to management.

## LESSONS LEARNED

a/ Thoroughly perceiving the viewpoint of " Party Units and authorities at all levels should direct and guide the implementation of PFP work in accordance to its programme".

In the situation of the country with developing social economy, low cultural standard of the people and cultural, psychological, social barriers for the acceptance of small sized family, the leadership and guidance by the Party and local authorities at all levels is a decisive factor for achievement of PFP objectives in bound time.

b/ Mobilizing the participation of the whole society in PFP work, strengthening a strong managerial network to undertake the functions of state management and coordination of the programme by objectives and utilize the mechanism of " responsibility contract".

PFP is a multi-sectoral programme which should obtain successes and stability only on the basis of active change of knowledge and attitudes, the value of family size accepted by the entire society. So mobilization of line ministries, mass organizations and social strata is needed to give comprehensive influences to the core audience of the programme - eligible couples at reproductive age, at any time, any place possible, in every aspects of knowledge, attitudes and practice of FP and by every relationships of the audiences.

c/ In implementing, comprehensive utilization of solutions is needed equally to priority concentration to pre-condition solutions for decentralization of PFP down to the grassroots to cut considerable change of programme.

PFP work is not merely a technical one. The process of changing knowledge to practice of FP faces many difficulties and complexities that need multi-sectoral effects. On the other hand, this process occurs in every family and every individual living within a hamlet community. Individuals are directly influenced by the community in all aspects in terms of economy, culture, psychological customs...

## PART TWO

### ORIENTATION AND TASKS FOR PFP DURING 1996-2000

#### I. Objectives:

##### 1. General Objectives:

On the basis of the set-up models and increasing resources which were approved by the Prime Minister in the PFP Strategy to 2000, intensively and harmoniously enhance the PFP programme in the entire country to create strong changes of knowledge, attitudes and practice on FP of mass strata, concentrate efforts to overtake the oriented targets of 1996-2000 phase issued in the Strategy, and make a set-forth foundation for achievement of replacing level of population, initiate the issues of distribution, structure and quality of population.

## 2. Specific Objectives:

To achieve the objectives stated in the PFP Strategy to 2000, namely reduction of the birth rate to 23.5‰ - 24‰, TFR to 2.85 - 2.9, annual population growth 1.7% in order to attain the population size of 82 million, as well as to concentrate efforts for overtaking the higher target of CPR approximately 70% by the year 2000, out of which modern contraceptives users make 85-90% , lower birth rate to 20-21‰, TFR of 2.5-2.6, annual population growth of 1.5-1.6% with population size at 81 million to ensure sustainable foundation for further development of the programme after 2000 towards the replacement level by the year of 2005 - 2006, for the stabilization of population size of Vietnam at 120 - 125 million instead of 140-145 million at the first half of 21 century.

To develop initiative activities for distribution, structure and the quality of population.

## II. Main Solutions and Tasks

### 1. Organization and personnel

To strengthen and improve the national capacity of the organization system for PFP.

To concentrate effort to upgrade the competence of full-time staff and collaborators at the grassroots as well as to strengthen CPFPP at all levels, steering committees for PFP of branches, mass organizations and social organizations to involve voluntarily for PFP objectives to enable them to fulfill their tasks of effective advisory, management, coordination and implementation of the PFP programme meeting the demand of Population and Development.

### 2. Information, Education and Communication (IEC)

To push up more strongly the changes of knowledge, attitudes on FP of the entire society, increase the number of FP users and acceptance of small sized family basing on the widespread and enhancing the effectiveness of IEC

activities with the core message " No difference of boy or girl. Stop at two children to bring them up perfectly"

### 3. Delivery of FP services:

To have timely adequate supply of FP services and contraceptives FP services with full accessibility, safety, diversification and good quality.

### 4. Policy and Welfares

To ensure resources, infrastructures, facilities, equipment and materials for PFP; Develop and improve the set of policies and regisms in order to generate motives to accelerate the mass movement, promote all social forces to implement the PFP programme and push up the eligible couples to use contraceptives, accept and plan their families in a voluntary manner.

### 5. Training and Research

Knowledge, skills and upgrading training will be provided to staff of the PFP organizational system. Scientific and practical basis will be ensured for programme implementation in 1996-2000 phase and preparation of pre-conditions for PFP after 2000 also.

### 6. Management and MIS

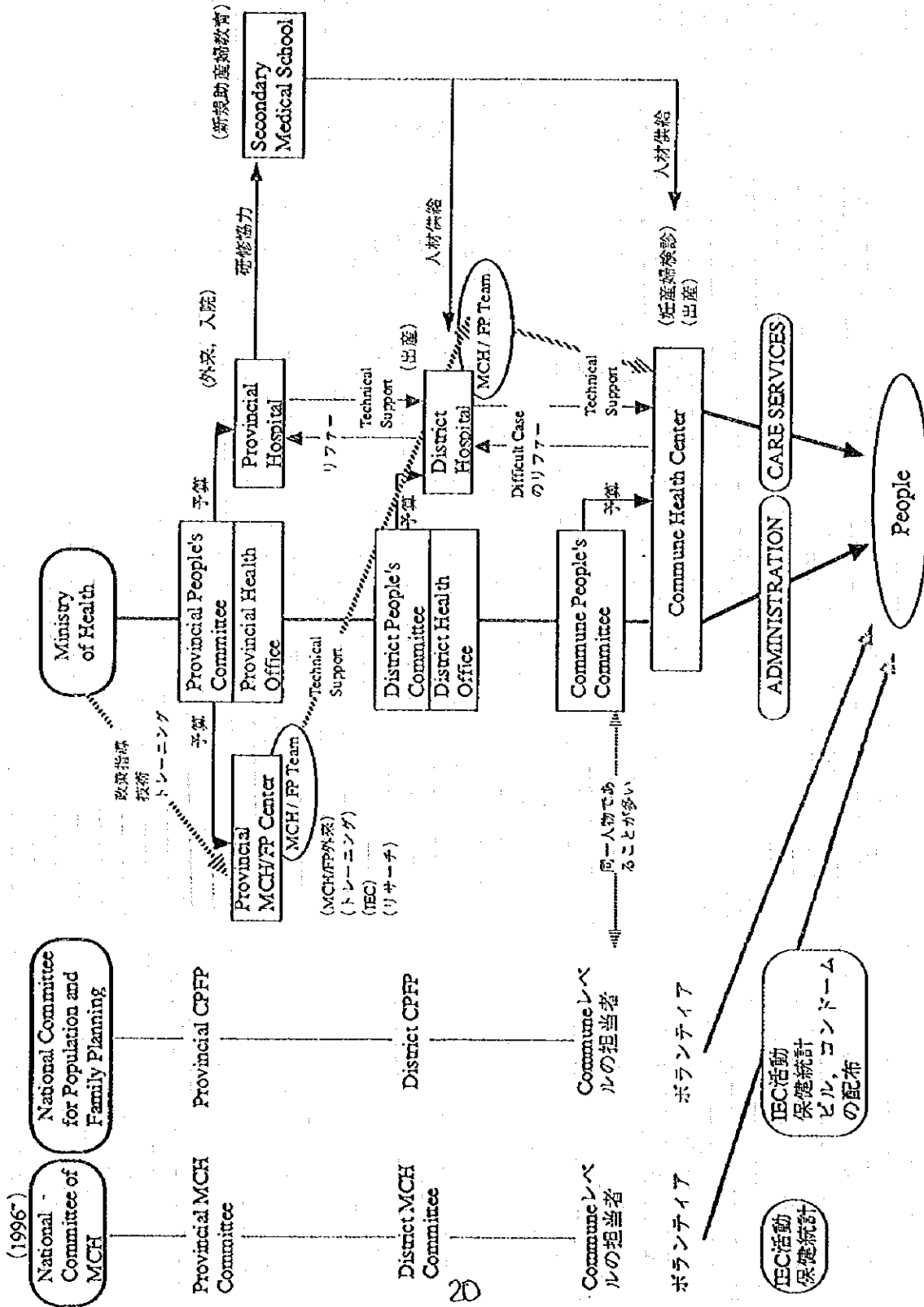
Management and mobilization of all social forces participating in the PFP programme will be improved to enhance the effectiveness of the programme and strengthening the PFP work at the grassroots to ensure partial transference of the programme to the community.

### 7. International Cooperation

To step up international cooperation activities to mobilize the assistance and support from International Organizations, Governments and NGOs relating to PFP as well as to improve ODA management for better effectiveness.

The resolution on PFP adopted at the 4th Session of 7th term of the party Central Committee stated " The PFP work constitutes an important segment of the national development strategy, one of the foremost socio-economic issues of our nation, a basis element for improvement of quality of life for every individual, household and the whole society." The successful achievement of the programme in the next 5 years will be a very important contribution to the national socio-economic development. It is the necessity which is the great demand of our efforts and will.

⑥ リプロダクティブヘルス関連組織とその役割





⑦ ゲアン省におけるMCH/FP活動とJOICFPのプロジェクトの評価

*Nghean people committee  
Integrated Project*

REPORT ON MCH/FP ACTIVITIES IN NGHEAN  
PROVINCE AND EVALUATION OF INTERGRATED  
PROJECT IMPLEMENTATION (1993-1995)

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A. Background information

Nghean is one of 53 province, cities of Vietnam with characteries as follow:  
Geographical and population factor:

\*Natural area: of 16.442 km<sup>2</sup>

Among those: -Mountainous and midland area :13.704 km<sup>2</sup>  
(range 83,34%)

-Delta and costal area : 2.738 km<sup>2</sup>

\*Population: (1994)

-Size of population: 2.738.000 (is the third most populous province in Vietnam.)

+Male :1.315.000

+Female : 1.423.000

-Women in reproductive age:(15-49) :667.810

-Married women in reproductive age :443.215

-Children 0-14 years of age : 1.131.108

-CBR:(Crude Birth rate) :30,07%

-CDR(Crude death rate) :7,8%

-NIR(Natural population growth rate) :22,9%

-TFR(Total fertiolity rate) :3,6

-IMR(Infant mortality rate) :0,46‰

-MMR(Maternal mortality rate) :160/100.000 alive neonates

-Low birth weight babies(under 2500 gr) :19,5%

-Malnutration rate in children under 5 years of age :52%

-Women have gynaecological diseases :50%

-No.of induced abortion and Menstrual regulation presented 30,51% of the total  
delivery women.

Among those: Induce abortion :20,24%

Menstrual regulation :10,27%

-Pregnant women received fully 2 doses TT vaccine :36,5%

-Infant under 1 year of age received fully 6 vaccines :85,5%

-Women have 3 or more births :39,65%

II. Economic and social charateries-

\*Economic:

-Agriculture range 90%. Income per capita is \$50,4/person/year.

(correspond to 220 kg rice/person/year.)

-Average of cultivated land is 0,068 ha/person.

\*Society:

-Nghean has many ethnic minorities. 10 moutainous districts have size of population  
1.208.917

- 20% people live in costal area .

- 8% Christian .

**III- Administration:**

1. Nghean province consists of 17 districts ; 1 city and 1 town.

Among those :- Mountainous districts : 10  
- Delta districts, cities, town : 9

2. Total of communes, sub - districts and town : 451  
+ Mountainous communes : 144  
+ Midland communes : 57  
+ Delta communes , sub- districts and town : 250

**IV- Health network organization :**

1. Provincial level.

- General and specialized hospitals : 5  
- General specialized centres and stations : 9  
Among those has MCH/FP centre.  
- Secondary medical school : 1

2. District level

- District, city, town health centres : 19  
- District, city, town health hospitals : 18  
- MHC/FP teams : 19  
- Regional polyclinic : 39  
- Malarial control/Epidemiological teams : 19

3. Communal level

Consists of 440 communal, sub - district and town health stations/451 communes, sub- districts and towns

**B/- MHC/FP Activities in Nghean province.**

**I/- Maternal Health care activities :**

Activities	Results		
	1993	1994	1995
- Contraceptive prevalence Rate(CPR)	51 %	53,04%	57%
- Third children bearing women	42,5%	39,65%	36%
- Pregnant women received fully 2 doses of TT vaccination	36,5%	38,55%	39%
- No of pregnant examination		143.890times	161.000times
- No of gynaecological examination		116.200times	140.000times
- No.of women treated gynecologically		40.100	45.306
- No.of induced abortion and menstrual regulations		29.080	14.212

**II. Children health care Activities :**

Activities	Results		
	1993	1994	1995
- Infant under 1 year of age received fully 6 vaccine	85,2%	85,5%	86,5 %
- The polio myelitis elimination program: children are given Sabin1 and Sabin 2 vaccine	97,2%	97,2 %	99 %
- The vitamin A Deficiency Control program No.of children are given vitamin A capsule	314.827	365.647	421.871
- The control of Diarrhea Disease (CDD) No. of children are treated with ORS packages	68.963	86.368	91.132

### III/- Family planning services.

*Modern contraceptive method used situation:*

Modern contraceptive methods	1993	1994	1995
- IUD (new acceptors of the year)	50.976	60.801	70.175
- Sterilization ( cases )	4.250	5.815	6.025
- Condom ( acceptors )	18.000	12.705	15.830
- Oral pill ( acceptors )	14.230	14.907	12.500

*C/- Some results obtained by Intergrated project in Namdan and Nghi loc district.*

*V/- Family planning services.*

Indicators	Namdan district		Nghi loc district	
	Pre-project implementation	Post-project implementation	Pre- prooject implementation	Post-project implementation
-Total of contraceptive acceptors	3.964	5.122	3.525	4.508
+ IUD	2.358	2.633	2.035	2.344
+ Condom	762	1.103	689	856
+ Oral pill	326	437	298	496
+ Male sterilization	0	58	0	116
+ Female sterilization	89	152	35	169
+ Others	429	739	468	607
- CPR	48%	53%	48,5%	54%

*Note: Each district has only 10 communes which are implemented the project.*

**II/- Maternal children Health Care**

Indicators	Namdan district		Nghi loc district	
	Pre-project implementation (%)	Post-project implementation (%)	Pre- prooject implementation (%)	Post-project implementation (%)
- Women received 3times or more pregnant examination	60,58	68,51	66,95	67,09
- Delivery at communal health station	86,11	97,28	96,28	97,36
- Pregnant women received fully2 doses of TT vaccine	37,83	38,52	35,29	43,61
- Infant under 1 years of age received fully6 vaccines	86,21	94,60	85,60	90,00
- Infant under 5years of age followed by chart	43,25	47,04	43,97	56,76
- Diarrhea children treated by ORS	90,02	96,68	87,60	90,68
- Children received vitaminA orally .	80,00	90,00	84,50	89,71
- Lon hirth weight babies (under 2.500gr )	11,22	10,57	10,25	9,8

*Note : Each district has only 10 communes which are implemented the intergrated project.*

### III/- Evaluation results achieved.

- All planned objectives were achieved.
- Mobilized the community participant, especially, active commitment involvement of authorities and women's union. Active and effective impacts of health sector, especially the MCH/FP system.
- Strong impacts of family propagandists.
- Contraceptive caferia approach instituted: IUD rate gradually decreased, and it currently represented only 50% of all methods.
- Obtained the considerable increase in number of sterilization Especially, increasing number of men decided to accept the male sterilization that never gained before.
- Women have 3 or more births decreased as 2.5 % as compared to pre- project implementing period.
- The quality of MCH services has been improving in term of variety of figures. For example, pregnant women received 3 or more times of routine examination, delivery at communal health centre, pregnant women received TT2 vaccination and immunization for infant under 1 year of age...
- It is important to have the feedback information from the communes.
- It must be obtained the intergration between project and medical programs.
- However, family planing service MCH should be considered as top priority ,district and communal directing boards of project.
- It must to keep project kind about : "Reproductive and family health project ,concentrate on service quality".
- Supply modern equipment for all districts in Nghean province
- Supply equipment for province level units :MCH/FP centre Nghean province ,district hospitals, city hospital ,town hospital and supply necessary medicine and personnel training.

In the year 2000:

- 100% communes has midwives.
- Reduce the maternal mortality rate to 80/100.000 alive born.
- Reduce the total fertility rate to 2.2.
- Reduce infant mortality rate to 26‰.

*On behalf of the intergrated project  
in Nghean province.*

REPORT SOME DATA ABOUT HOSPITALS, WHICH BELONGS TO NGHEAN HEALTH SERVICES

No	Name of hospital	No of Staff						No of treatment bed			No of women have pregnancy examination	No of deliveries at hospitals			FP services (IUD acceptor)			
		Total	Treat-ment System	Preven-tive medical medicines	FP team	Assistan-tice room	Polycli-nic	Total	OB/GYN division	Polyclinic		1994		1995		Total	1994	1995
												Total	Dificult delivery	Total	Dificult delivery			
1	Provincial General hospital	185	99	0	0	25	0	500	44	0	3,006	913	425	1,764	462	213	122	
2	Vinh city hospital	76	33	14	12	13	16	200	30	20	2,873	1,290	230	1,237	358	1,507	315	
3	Quê phong dist. hospital	85	25	11	5	11	10	60	10	20	307	28	24	14	12	1,807	616	
4	Tuong duong dist. hospital	104	43	17	8	12	20	65	10	30	698	166	34	100	39	2,111	1,331	
5	Quy hop dist. hospital	93	33	17	11	14	20	60	10	20	1,465	436	418	343	12	2,623	2,034	
6	Quy chieu dist. hospital	100	50	16	6	6	22	90	15	20	2,484	285	92	194	63	1,574	1,549	
7	Anh son dist. hospital	137	64	14	24	6	23	130	20	20	1,215	160	43	306	64	4,200	2,262	
8	Thanh Chuong dist.hospital	139	74	13	0	22	6	120	24	20	323	344	94	566	145	2,379	630	
9	Nghia dan dist. hospital	97	48	14	5	13	15	90	15	20	915	262	29	209	22	3,550	2,135	
10	Tan Ky dist. hospital	100	36	20	3	13	24	85	15	30	655	709	45	201	22	900	1,570	
11	Con trong dist. hospital	107	72	19	3	3	10	65	5	30	1,024	171	31	48	17	4,280	435	
12	Ky sen dist. hospital	106	55	10	4	17	22	125	15	30	356	302	74	303	82	5,450	1,500	
13	Do huong dist. hospital	143	89	9	10	3	15	100	24	30	773	594	68	62	62	6,635	1,643	
14	Yan thanh dist. hospital	156	63	16	12	24	38	140	25	40	946	428	50	360	33	7,200	2,154	
15	Quy nhu dist. hospital	168	110	15	6	9	18	100	15	30	1,438	1,020	129	352	162	6,240	3,625	
16	Nghi loc dist. hospital	139	52	23	6	14	12	100	13	30	121	181	185	293	188	4,970	2,739	
17	Nam dan dist. hospital	85	49	9	2	12	11	80	14	30	641	485	188	535	144	6,650	3,915	
18	Hung nguon dist. hospital	163	106	19	0	15	27	120	20	30	0	90	0	42	12	0	133	
19	Dien chieu dist. hospital																	
20	Cua lo Town hospital																	

Vinh, August 8 th, 1996  
Director of MCH/FP Centre



Dr/ Vo Thi Phuong

Reporter

Dr/ Vu Nguyen Lam

⑧ ゲアン省MCH/FPセンター主要活動

Nghean Health service  
MCH/FP centre  
No: 92  
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Socialist Republic of vietnam  
Indepedence-freedom-Happiness  
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Vinh, July 24<sup>th</sup> 1996

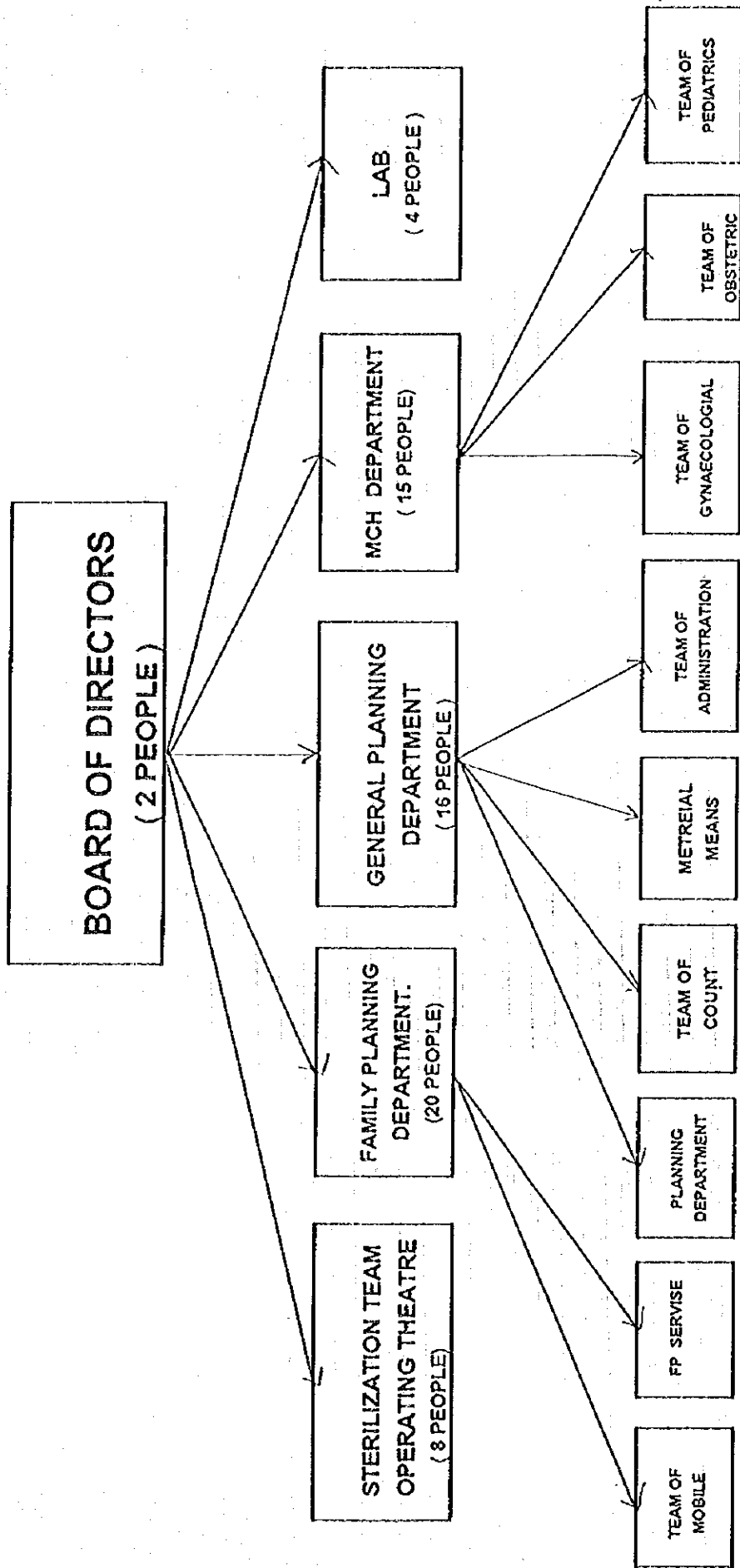
"about: Report to prepare for  
Reproductive and family health  
project "  
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**REPORT**  
**SOME ACTIVITIES OF MCH/FP**  
**CENTRE NGHEAN PROVINCE**

*I. Organogram of MCH/FP centre Nghean province*  
-----

Staff total : 65 people ( female : 56 - Male : 9 )  
- Doctors : 13  
- Secondary midwives : 7  
- Peditrics and obstetric assistant/doctors : 16  
- General assistant/doctors : 10  
-Laboratory tenological : 2  
- Secondary nurses : 2  
-Secondary pharmacists : 2  
-Accountant : 2  
-Statistician : 1  
-ward orderly : 4  
- Attendant personnel : 4

PLANNING OF CENTRE ORGANIZATION.



## II. MCH/FP Activities result

The quality of MCH/FP activities has been improving : in term of variety of figures

### A/- Family planning activities

Activities	Result			
	1993	1994	1995	the first six month in 1996
1. IUD	50.976cases	60.801 cases	71.134	30.000
2. Sterilization (cases )	4.250cases	5.815	5.684	4.035
- Male sterilization	1.075	355	147	80
- femal sterilization	3.185	5.460	5.537	3.955
3. Condom	18.000	12.705	17.938	17.057
4. Oral pill	14.230	14.907	13.272	12.549
5. total of contraceptive acceptors	210.063	230.649	265.487	
6. CPR	49%	52,04%	57%	

### B/- Maternal health care activities :

Activities	Result			
	1993	1994	1995	the first six month in 1996
1. No of gynaecological examination	100.000 times	116.200times	140.000times	48.760 times
2. No of women treated gynaecologically	39.000 cases	40.100 cases	45.306 cases	16.654 cases
3. Pregnant women received fully 2 doses of TT vaccination	36,5 %	38,55%	39%	
4. No of pregnant exammination	140.000 times	143.890	161.000	75.000
5. Delivery at communal health station	89,9%	90%	91%	
6. Maternal Mortality rate	12	18	14	7
7. No of induced abortion and menstrual regulation	25.935	29.080	20.737	10.686

### C/- Training and Retraining activities

#### 1. Training result in 1993

Contents	Participants	No of participants	No of clases
1. training course about techology IUD	Midwives	78	2
2. training course about female sterilization	gynaecologist	78	2
3. Training course about propaganda	Popagator	49	2
4. Retraining course on midwifery for mountain communes (Anhson District )	Midwives	25	1
5. Retraining course on midwifery for mountain communes about MCH/FP	Midwives	50	2



**2. Training result in 1994**

Contents	Participants	No of participants	No of classes
1. training course about MCH/FP for mountain communes	Midwives	242	7
2. Training course on midwifery of IP communes about STD	Midwives	52	1

**3. Training result in 1995**

Contents	Participants	No of participants	No of classes
1. Training course on midwifery of IP communes about STD.	Midwives	49	1
2. How to take the oral contraceptives	Collaborator + Medical staff	747	10
3. Training course about technology IUD and menstrual regulation	Midwives + assistant doctors	272	7
4. Training course on gynaecologist Male and femal sterilization standard	gynaecologist	240	2
5. Training course about STD	Midwives+nurse of communes in vinh city	24	1

**4. Training result the sixmonths in 1996**

Contents	Participants	No of participants	No of classes
1. Training course about STD Intergrated paropaganda	Collaborator	50	2
2. Training course sterilization standard	gynaecologist	37	2
3. training course for IP communes about MCH/FP	Midwives + assistant - doctos	42	2

*Training total from 1993 to 1996 are 44 classes and 2.036 learner*

**III. total expenditure for activities in 1994 - 1995 - 1996 and intend in 1997 .**

**\* expenditure Supported by central      expanditire Supportedby Local**

1994 : 2.955.330.700  
1995 : 2.818.827.500  
1996 : 3.003.688.400

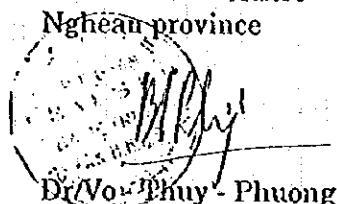
756.321.000  
1.143.747.000  
600.000.000

*\* Planning in 1997*

or- dgr	activities	planning	Expenditure (DONG)		
			central	Local	total
1	<b>Services provision</b>				
	- Medicine for female sterilization (cases)	6.400	371.488.000		371.488.000
	- Medicine for male sterilition	100	2.862.000		2.862.000
	- Money for sterilization techological (cases)	6.500	130.000.000		130.000.000
	- Medicine for IUD (cases)	70.000(cases)	802.060.000		802.060.000
	- Money for IUD techological	70.000	350.000.000		350.000.000
	- Medicine for induced abortion and menstrual regulation	12.000	90.000.000		90.000.000
	- Medicine for gynaecological examination	90.000	90.000.000		90.000.000
	- Medicine for treated gynaecologically	45.000(cases)	360.000.000		360.000.000
	- HCG pregnancy test	20.000(cases)	220.000.000		220.000.000
- Money to buy condom (condoms)	2.000.000	404.000.000	202.000.000	606.000.000	
2	<b>Training</b>				
	- Communes techological	155communes	77.500.000		77.500.000
	- District techological		28.500.000		28.500.000
	- Manage for district staff	19district	95.000.000		95.000.000
	- How to take the oral contraceptives	19district	250.000.000		250.000.000
	- Consultant training for Communes population staff	100communes	25.000.000		25.000.000
	- Assistant for training private medical		7.000.000		7.000.000
3	<b>Equipment</b>				
	- Polyclinics	3	300.000.000		300.000.000
	- Health stations	155	1.550.000.000		1.550.000.000
4	<b>Basic construction</b>			712.000.000	712.000.000
	<b>total</b>		5.153.410.000	914.000.000	6.067.410.000

Note : Expenditure basic construction is supported money of Nghean province for reproductive and family health project.

Director of MCH/FP centre  
Nghean province

  
Dr/Vo Phuy-Phuong

## Nghe An省母子保健／家族計画センターの主要活動

NgheAn省母子保健／家族計画センター (MCH/FPC)は以前のMCH/FPクリニックを母体に1991年7月9日に設立された。

### I. 主な機能と任務：

1. 下級機関に対して母子保健／家族計画の活動に関して指導すること。
2. 省の全域に良い避妊具を十分に供給すること。
3. センターで母子保健／家族計画の技術的サービスを実施すると同時に下級機関に対して良いサービスの実施に向け指導すること。
4. 教育—訓練：主に再教育を実施する。その内容は、産科。小児科の医師、中級医師、助産婦とMCH/FPの関係職員に専門技術、広報技能及びMCH/FPプログラムの管理方法の伝授。
5. NgheAn地域に於ける母子保健と避妊方法の研究評価を行うこと。
6. MCH/FPに関する国家的または国際的なプログラム、プロジェクトを実施すること。

### II. センターの構成

総職員65名の構成は次のようになる

医師（ドクター）	13（内1級専門家5名）
中級助産婦	7
産科。小児科中級医師	16
一般中級医師	10
中級看護婦	2
検査技師	2
中級薬剤師	2

会計係	2
統計係	1
衛生係	4
サービス係	4 (運転手 2、行政係 1、文章係 1)

### III. 主要活動

MCH/FP活動の過去3年間の実績を総括した結果、国際的なプロジェクトについてはJOICFP, UNFPA とUNICEFが援助したインテグレートプロジェクトが最も高い効果をあげた。

### IV. 成功の原因

1. 省、district、commune 各レベルの人民委員会の強い意思があったこと。
2. 住民組織、特に婦人会、青年団、農民会、学生の参加があったこと。
3. 医療スタッフ、特にMCH/FP関係者の活動が合理的、効果的であったこと。
4. 国際機関、とりわけJOICFPの援助があったこと。
5. MCH/FP関係プロジェクトを統合しながら、宣伝とサービスを同時に実施したこと。

### V. NgheAn省のIP運営委員会の活動

常任運営委員会はMCH/FPセンター内に設置された。センターの機材設備は不足し、新人スタッフが多い中、VIE/88/P07 からVIE/95/P03までの各プロジェクトを運営し、目標を達成した。現在はJOICFP及び保健省と協力し、リプロダクティブ・ヘルス&ファミリ・ヘルスプロジェクトを構築する最中である。

省、district、commune 各レベルの運営委員会及びMCH/FPのスタッフは十分に努力したにも拘わらず、人員の技術水準がまだ低く、省、district レベルの機材設備が貧弱であるためにプロジェクトの効果を十分に発揮できな

かった。

今回、日本政府の代表であるJICA 及び JOICFPの支援を受け、次のプロジェクトがより良い母子保健サービスを実現できることを期待致します。

有難うございました。

NgheAn MCH/FPセンター

所長

DR. VO THUY PHUONG

Vinh, ngày 4 tháng 7 năm 1996.

**MỘT SỐ HOẠT ĐỘNG CHÍNH CỦA TRUNG TÂM  
BVSKBMTE - KHHGD NGHỆ AN .**

Trung tâm BVSKBMTE - KHHGD Nghệ an được thành lập ngày 9/7/1991 trên cơ sở Trạm Bảo vệ sức khoẻ bà mẹ và Sinh đẻ kế hoạch trước đây với :

**I. CÁC CHỨC NĂNG NHIỆM VỤ CHÍNH :**

1. Chỉ đạo tuyến trước về các hoạt động chăm sóc BVSKBMTE - KHHGD
2. Cung ứng đầy đủ, kịp thời có chất lượng , các phương tiện kế hoạch hoá gia đình cho toàn Tỉnh .
3. Thực hiện các dịch vụ kỹ thuật về BVSKBMTE - KHHGD Tại trung tâm của Tỉnh , đồng thời chỉ đạo và tổ chức thực hiện có chất lượng ở tuyến dưới.
4. Đào tạo : Chủ yếu là đào tạo lại cho cán bộ y tế như bác sỹ sản nhi , y sỹ sản nhi, Nữ hộ sinh, và những cán bộ làm công tác chăm sóc sức khoẻ bà mẹ trẻ em và KHHGD về chuyên môn kỹ thuật cũng như kỹ năng truyền thông và trình độ quản lý chương trình BVSKBMTE - KHHGD .
5. Nghiên cứu đánh giá về các phương tiện tránh thai và BVSKBMTE trên địa bàn Nghệ an .
6. Thực hiện các chương trình, dự án quốc gia và quốc tế về BVSKBMTE - KHHGD .

**II. BỘ MÁY TỔ CHỨC CỦA TRUNG TÂM GỒM CÓ 65 NGƯỜI .  
TRONG ĐÓ :**

- |                       |                                       |
|-----------------------|---------------------------------------|
| - BS : 13 người       | ( 5 CK cấp I )                        |
| - NHS trung học :     | 7                                     |
| - YS sản nhi :        | 16                                    |
| - Y sỹ đa khoa :      | 10                                    |
| - Y tá trung học :    | 2                                     |
| - KT viên xét nghiệm: | 2                                     |
| - Dược sĩ trung cấp : | 2                                     |
| - Kế toán :           | 4                                     |
| - Thống kê :          | 1                                     |
| - Hộ lý :             | 4                                     |
| - Nhân viên phục vụ : | 4 ( lái xe 2 , H.chính 1, Văn thư 1 ) |
- Dược phân bố như sau : ( có sơ đồ kèm theo )*

**III. Các hoạt động chính :**

( Tổng kết 3 năm thực hiện công tác BVSKBMTE - KHHGD )

\* Về hoạt động công tác dự án quốc tế có hiệu quả nhất là dự án lồng ghép do JOICFP và UNFPA và UNICEF tài trợ .

#### **IV. NGUYÊN NHÂN TIỀM CÔNG.**

1. Có sự cam kết cao của các cấp chính quyền từ Tỉnh, Huyện, xã.
2. Có sự của các tổ chức quần chúng nhất là phụ nữ, thanh niên, nông dân, học sinh.
3. Ngành y tế hoạt động có hệ thống và có hiệu quả - Nhất là hệ thống cán bộ làm công tác BVSKBMTE - KHHGD.
4. Có sự ủng hộ tài trợ của các tổ chức quốc tế - Đặc biệt là JOICFP.
5. Lồng ghép các chương trình BVSKBMTE - KHHGD - Lồng ghép giữa truyền thông và dịch vụ kỹ thuật.

#### **V. Một số hoạt động của ban dự án lồng ghép Tỉnh.**

- Cơ quan thường trực đặt tại Trung tâm BVSKBMTE - KHHGD. Mặc dù cơ sở còn khó khăn thiếu thốn trang bị - cán bộ hầu hết là mới nhưng đã hết sức cố gắng để điều hành dự án từ VIE/88/P07 đến VIE/95/P03 đạt mục tiêu và kết quả đến nay đang cùng JOICFP và Bộ y tế xây dựng dự án " Sức khoẻ sinh sản và sức khoẻ gia đình tập trung vào chất lượng dịch vụ ".

Tuy ban dự án Tỉnh cũng như ban dự án Huyện xã, cũng như các cán bộ làm công tác BVSKBMTE - KHHGD đã có nhiều cố gắng nhưng do trình độ còn hạn chế và cơ sở nhất là ở Tỉnh và Huyện còn yếu nên còn hạn chế đến kết quả của chương trình.

Chúng tôi hy vọng rằng với sự giúp đỡ của chính phủ Nhật mà đại diện là JICA, JOICFP ... dự án sắp tới sẽ được thực thi nhằm chăm sóc BVSK cho bà mẹ trẻ em ngày càng tốt hơn.

Xin chân thành cảm ơn.

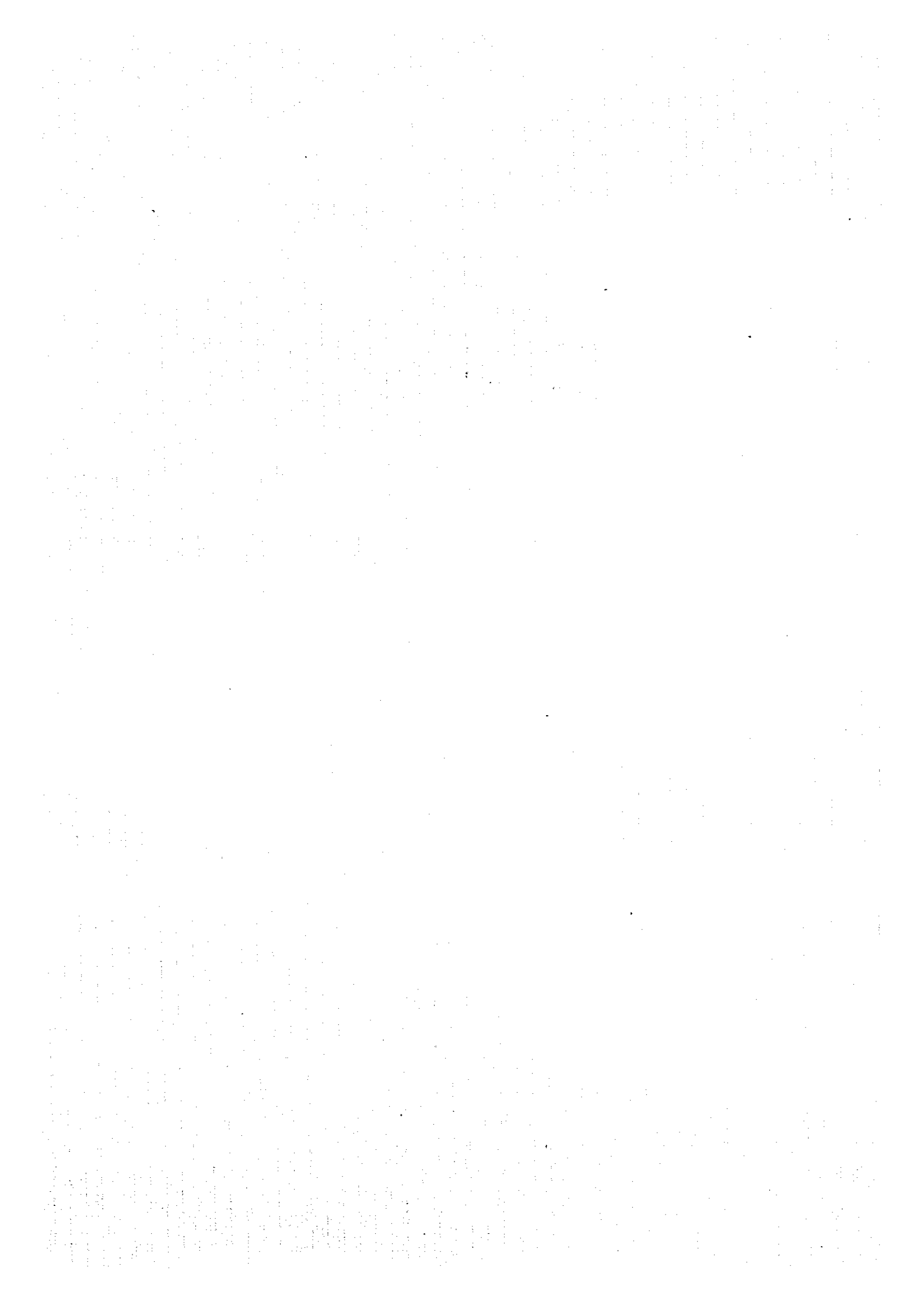
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BVSKBMTE - KHHGD NGHỆ AN



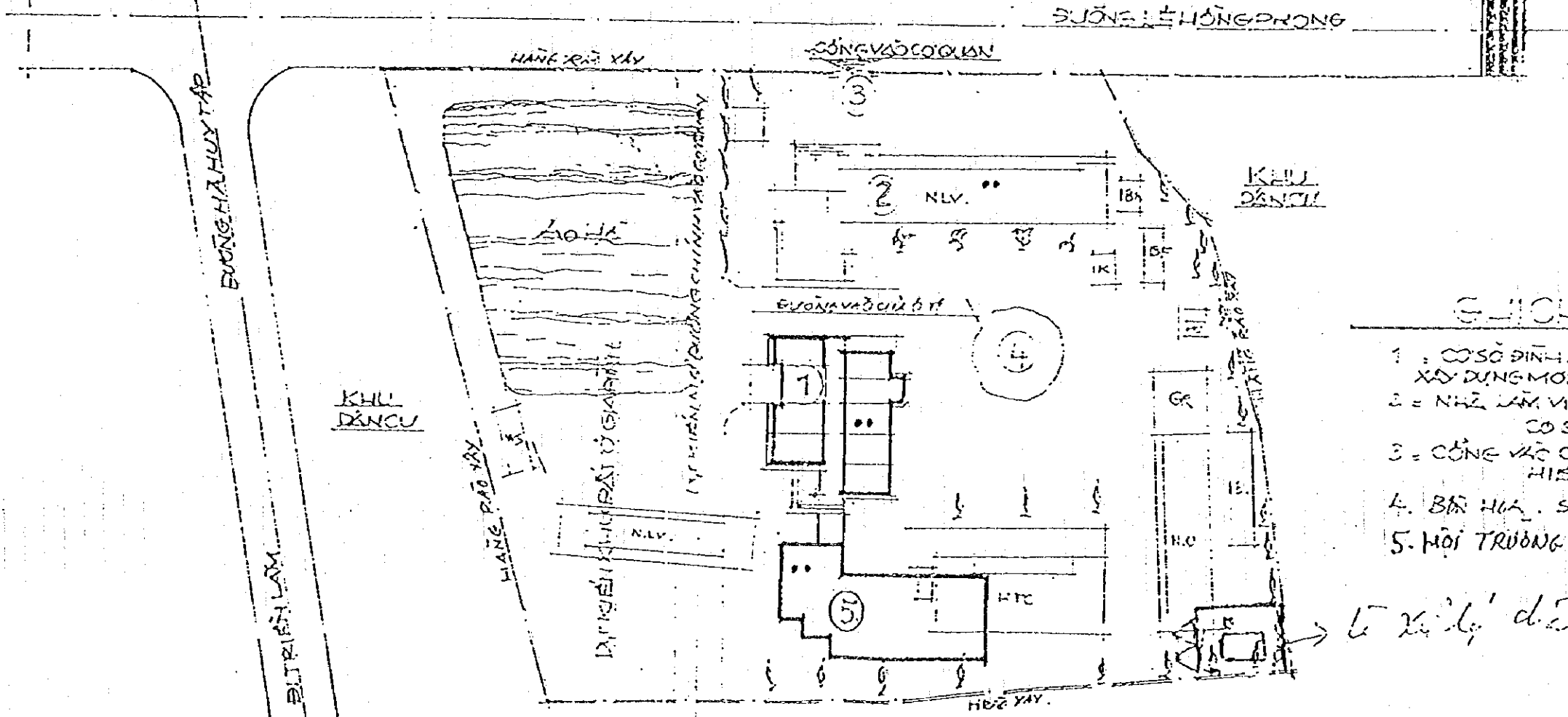
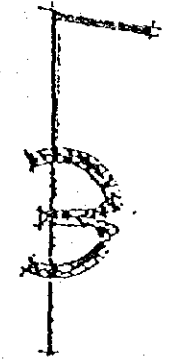
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TRUNG TÂM BVSK BMT.E  
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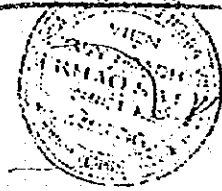


- CHỈ DẪN**
1. CƠ SỞ ĐINH SẢN NAM NỮ  
XÂY DỰNG MỚI - 2 TẦNG
  2. NHÀ LÀM VIỆC 2 TẦNG  
CƠ SỞ
  3. CÔNG VÀO CƠ QUAN  
HIỆN TẠI
  4. BÀN HUA, SÂN ẾT
  5. MÔI TRƯỜNG + LÀM VIỆC

↳ Xử lý đất đai?

TRUNG TÂM BVSK BMT.E  
VÀ KẾ HOẠCH HOẠ ĐỊNH

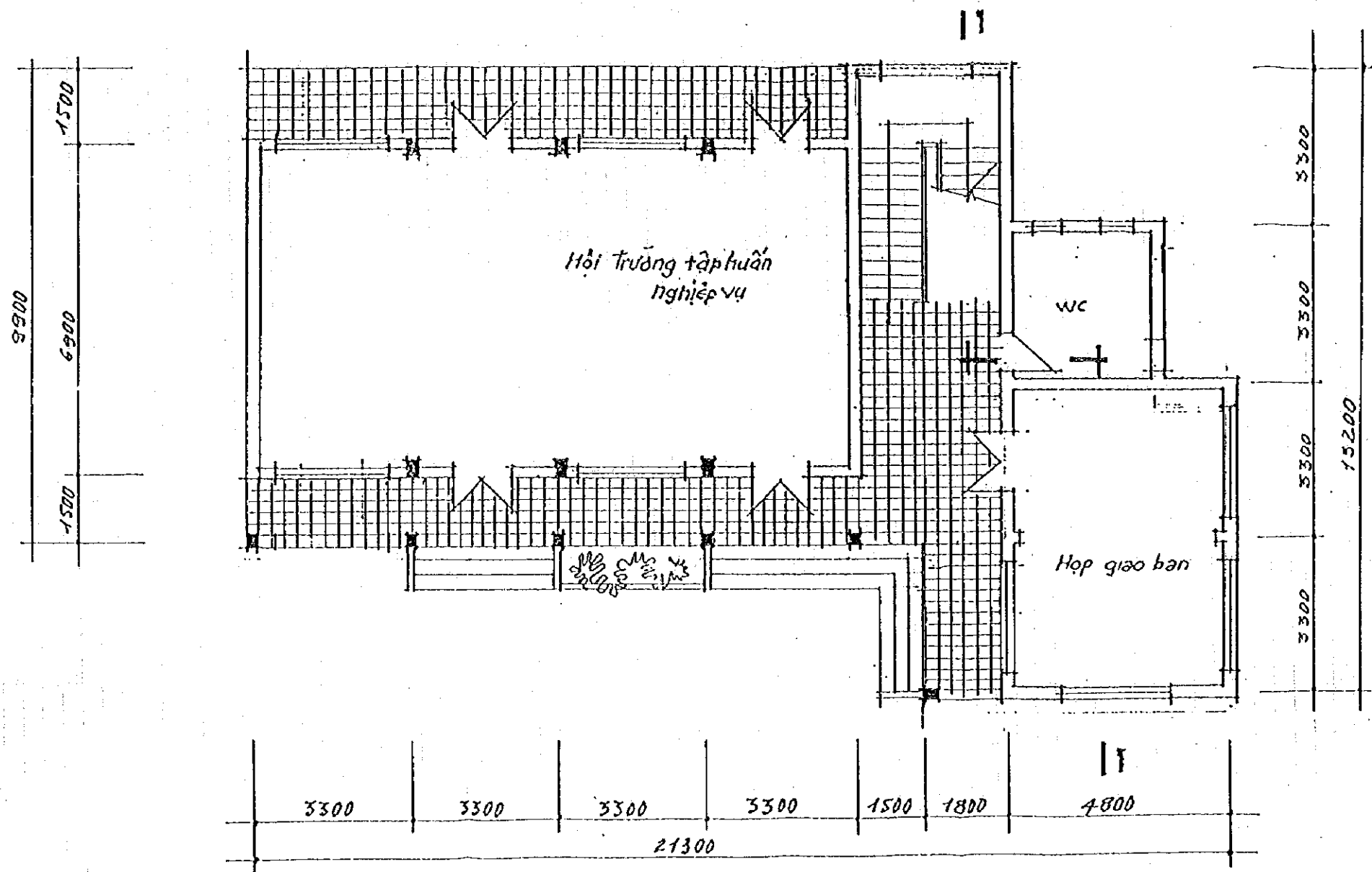
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*Muay*  
Kính gửi Quý khách





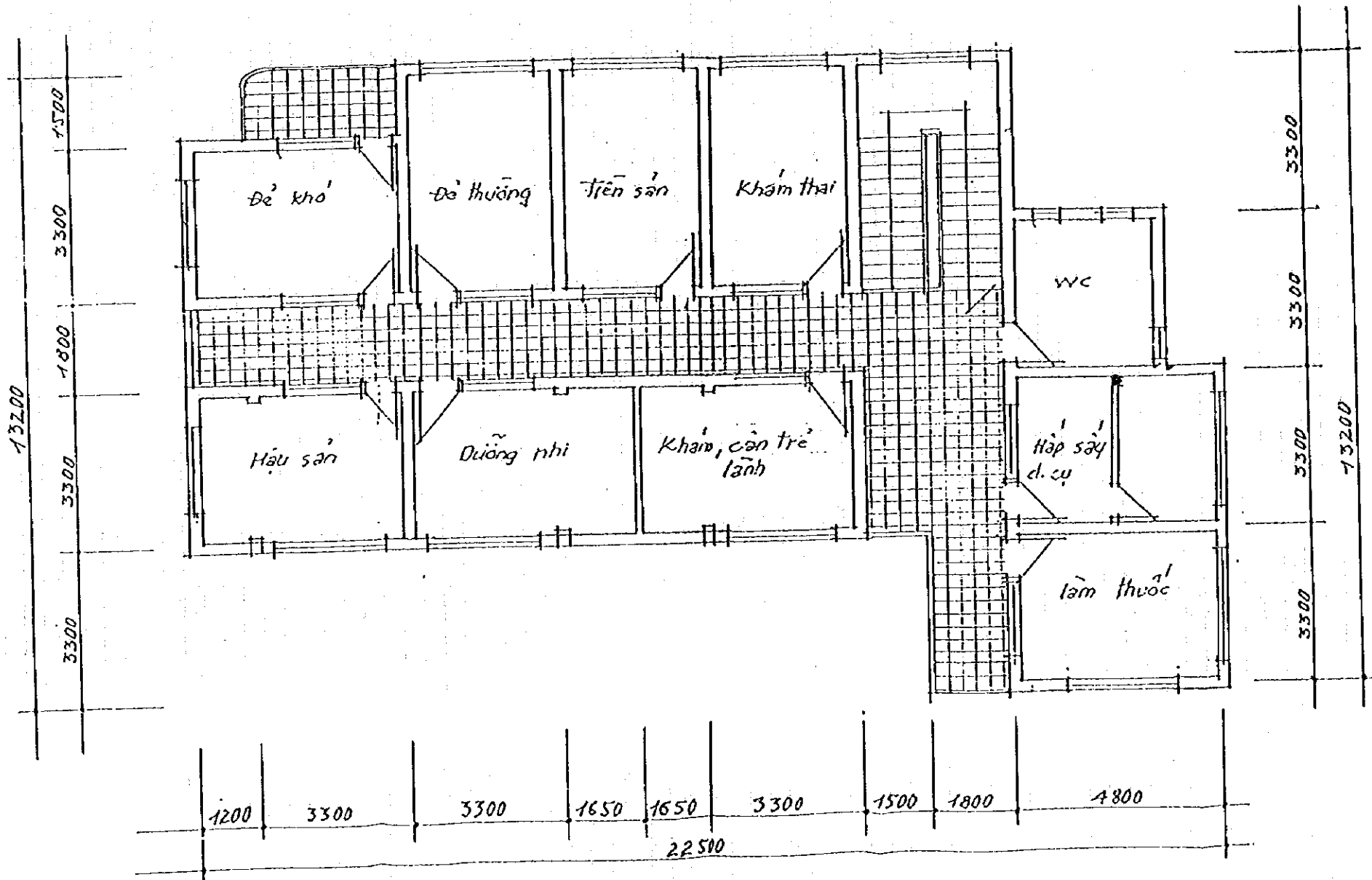


**MẶT BẰNG T.1**

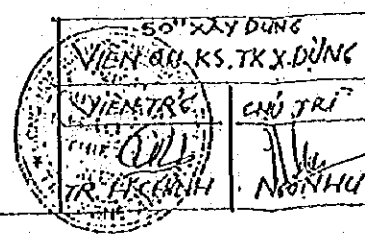
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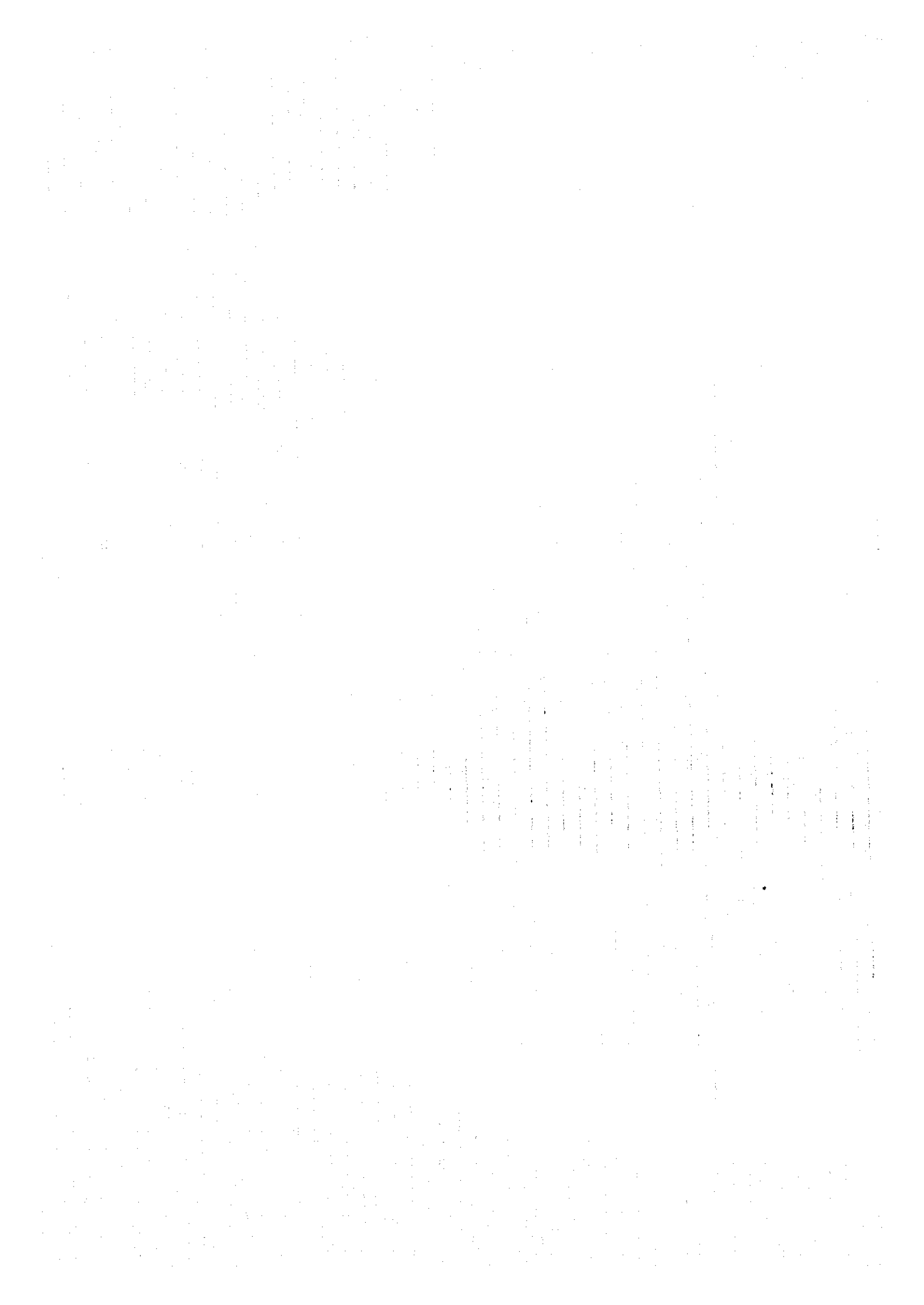
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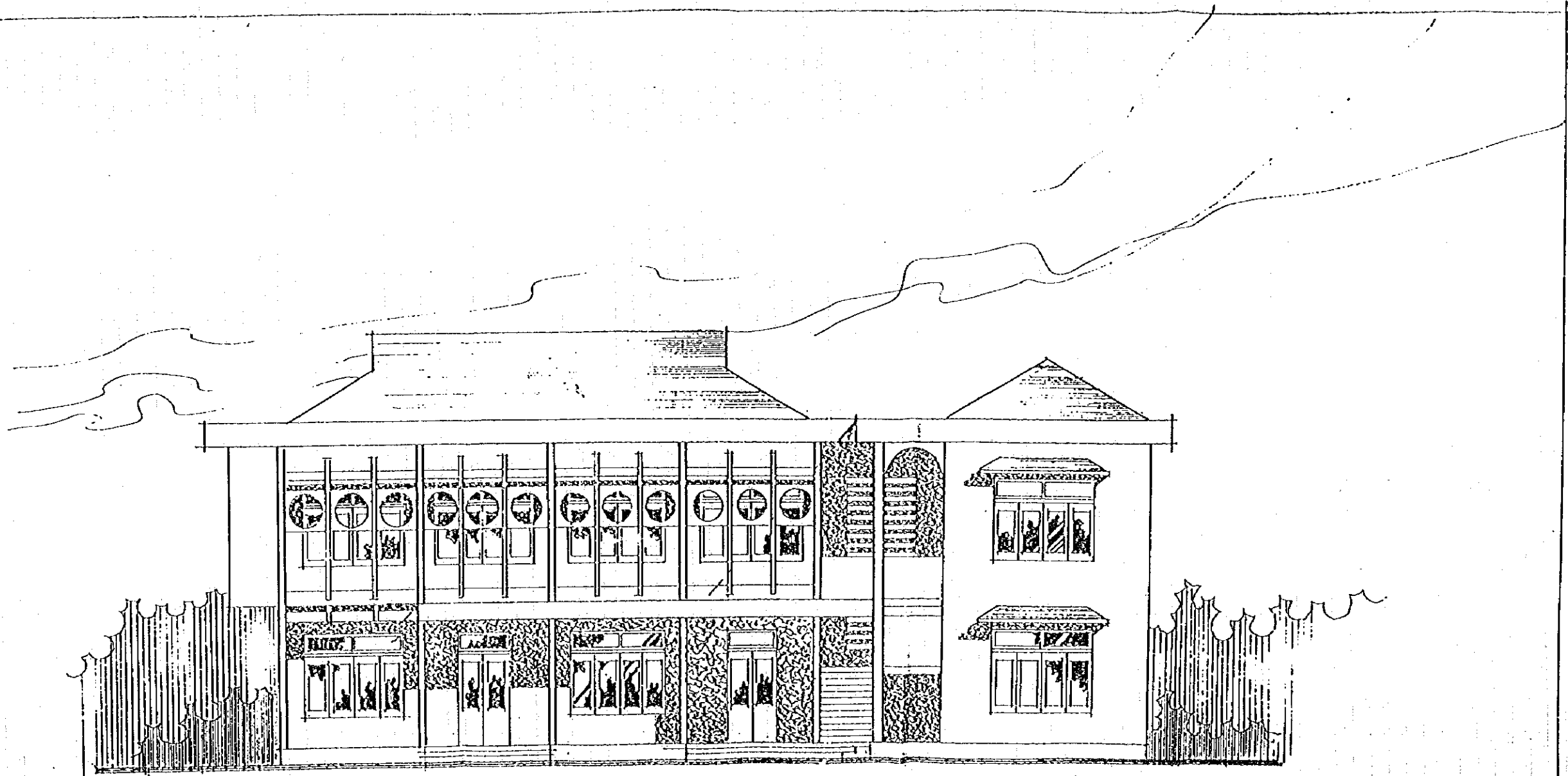


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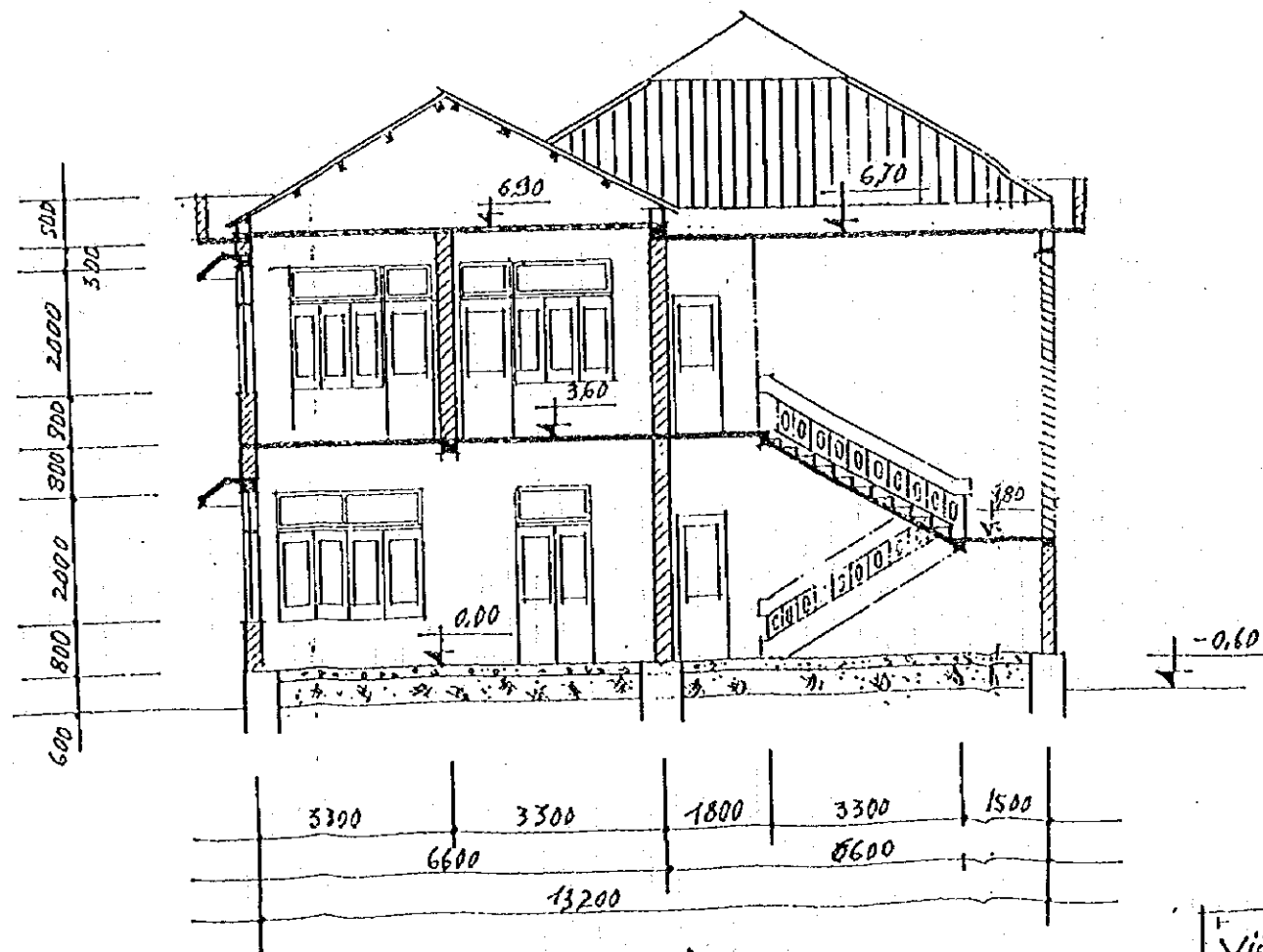


MẶT ĐỨNG

SỞ XÂY DỰNG		ỦY BAN BẢO VỆ SỨC KHỎE	
VIỆN Q.H.K. & T.H. X. DỰNG		BÀ MẸ VÀ TRẺ EM - NÀ	
VIỆN TRƯỞNG	CHỦ TRÌ	VỀ CÁN	
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NGUYỄN VĂN LINH	NGUYỄN NHƯ	KT 03 04	







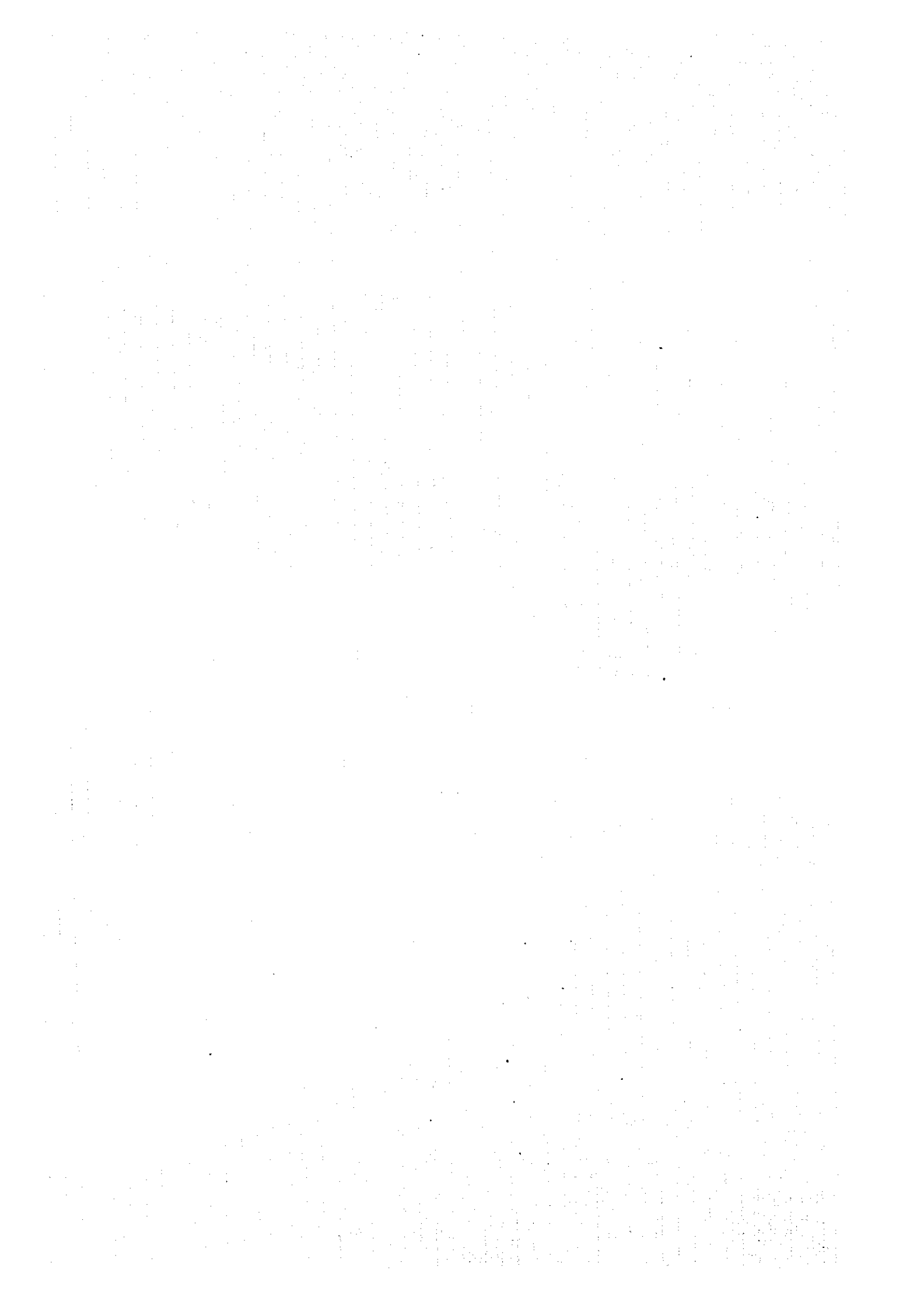
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SỞ XÂY DỰNG VIỆN QH. KS. TK. XD		ỦY BAN BẢO VỆ SỨC KHỎE BÀ MẸ VÀ TRẺ EM.	
KIỂM TRA TR. H. BÌNH	CHỈ TRỊ NGON HU	VẼ HOANG THANG	CÁN KT 04 04









## ⑩ 中級助産婦教育カリキュラム

### 中級助産婦教育カリキュラム

Ministry of Health

Secondary Medical School of T.W.3

対象者の教育水準： 高等学校卒業

部令訳

教育期間： 2年6ヶ月

### I 教育目標

女性、胎児、妊産婦、新生児の健康を守り、向上させる良いサービスを提供すること。以上の目標から学生は次の要求事項を満たさなければならない。

#### 1. 政治思想

イ. 祖国に忠誠を誓い、党の方針を守り、社会主義制度を建設し、ベトナムの医療を確立すること。

ロ. 党と政府の政策を厳正に執行し、与えられる任務は直ぐに引き受けること。

ハ. 医療従事者の良心を守り、専門分野と職業に愛着を持ち、人民、特に母と新生児に愛情を持つこと。

ニ. 母子健康の世話や向上をするためには健康全体の意味を理解しなければならない。

#### 2. 業務的専門性

イ. 医学の基礎、専門分野、技術と業務に対する基本的な知識を取得すること。

ロ. 正常分娩、異常分娩と一般的な婦人病に対する診断、対処、フォローアップする知識を有すること。

ニ. 周産期の緊急事態の対処方法と母子の健康回復措置を実施できること。

ホ. 産婦人科、家族計画機材の使用、保管と滅菌方法を知ること。

ヘ. 党の医療分野の基本方針、ベトナム医療の体制、組織、指導原則、専門分野の目標、女性に対する政策、役割と責任を熟知すること。

#### 3. 健康

学習任務の遂行と仕事の引き受けができるよう十分に健康であること。

## II 時間配分

### 1. 全コースの時間配分 (単位: 週)

学年	理論、 実習	現場 実習	労働	軍事 訓練	期末 試験	卒業 試験	開、閉 講式	正月 休	夏休	予備	合計
1	33	0	2	2	3	0	1	3	6	2	52
2	33	0	2	2	3	0	1	3	6	2	52
3	12	4	0	0	3	6	1	3	0	0	29
全コース	78	4	4	4	9	6	3	9	12	4	133

### 2. 年間の時間配分

第1学年	第2学年	第3学年
<b>第1学期</b> 一 学習: 17w 理論&実習: 33hr/w クラブ活動: 3hr/w 一 労働作業: 2w <b>第2学期</b> 一 学習: 16hr/w 前半に理論&実習: 33hr/w クラブ活動: 3hr/w 後半に理論&実習: 15hr/w 病院実習: 24hr/w クラブ活動: 3hr/w 一 軍事訓練: 2w	<b>第3学期</b> 一 学習: 17w 理論、実習: 15hr/w 病院実習: 24hr/w クラブ活動: 3hr/w 一 労働作業: 2w <b>第4学期</b> 一 学習: 16w 理論、実習: 15hr/w 病院実習: 24hr/w クラブ活動: 3hr/w 一 軍事訓練: 2w	<b>第5学期</b> 一 学習: 12w 病院実習: 39hr/w クラブ活動: 3hr/w

### 3. カリキュラム

第1学年：1089hr

NO	科 目	合計	理論	実習	備考
1	政治学	74	74		
2	体育	68	6	62	
3	心理学	24	24		
4	医療機構	37	37		
5	生理解剖	175	109	66	
6	細菌、寄生虫	42	32	10	
7	内、外科病理学	47	47		
8	薬学	70	55	15	
9	正常分娩、助産作業	70	55	15	
10	新生児、小児病理学	92	77	15	
11	患者の世話	124	24	100	
12	予防衛生	32	32		
13	病院実習	234		234	
	合計	1089	572	517	

第2学年：1287hr

No	科 目	合計	理論	実習	備考
1	政治学	83	83		
2	婦人科	35	35		
3	合併症	51	51		
4	正常分娩、助産作業	59	15	44	
5	母子保健、家族計画	104	77	27	
6	異常分娩	38	38		
7	伝統医学	20	14	6	
8	病院実習	897		897	
	合計	1287	313	974	

第3学年： 病院実習 468hr

全コース合計 = 1089+1287+468=2844hr

理論 : 885hr

学内実習 : 360hr

病院実習 : 1599hr

理論/実習=885/1959=1/2.2

理論/全コース=885/2844=1/3.2

学内実習/全コース=360/2844=1/7.9

病院実習/全コース=1599/2844=1/1.8

MINISTRY OF HEALTH  
SECONDARY MEDICAL SCHOOL OF T.W. 3

PROGRAMME FOR  
MIDWIFE  
OF SECONDARY MEDICAL  
SCHOOL

(Adopted in programme conference of T.W. 3 medical school  
on 27 and 28 May 1986)

Edited by:

- Dr. To Thi Ngan Ha
- Collective Midwives Trainers

# TRAINING PROGRAMME OF SECONDARY MIDWIFE

Cultural standard: Finish school

Duration: 2 years and 6 month

## I. TRAINING OBJECTIVE:

- Well serving on protection, care and improvement of women, pregnancies and newborn health.

- From this training objective, participants have to have the following standard:

### 1. Political and Ideology:

a. Faithful to the mother land, protection of the Party to build the Socialist State and Vietnam Medical service. *line* *sector*

b. Abide consciously by policy of the Party and State, to be already receive assigned tasks.

c. Should have health workers conscience, love health working, love people in the country especially mothers and babies.

d. Should fully understand meaning of "health", to be able to protect, care and improve maternal and children health.

### 2. Professional:

- Have basic medical knowledge, specialist, skills and technique.

- Be able to diagnostic, treat and follow up normal deliveries, obstructed deliveries and some normal gynecology diseases.

- Implementing pregnancy management in local.

- Communication and practice of family planning technique.

- Implementing obstetrics emergencies principles and methods of preventing maternal and neonatal shock.

- Know how to use and preserve, disinfection of obstetrics, gynecology and family planning equipment and instruments.

- Comprehend all basic point of view of the Party for Health sector, all objectives of health sector, management principles of health sector, function and responsibilities of midwife to mothers.

### 3. Health:

- have good health to finish training task and work tasks.

## II. TIME TABLE:

### 1. Hole training time:

Year	Training time	Field rp	Lebor	Military	Exam	Finish exam	Opening and closing	New year holiday	Summer Holiday	Extra time	Total
I	33	0	2	2	3	0	1	3	6	2	52
II	33	0	2	2	3	0	1	3	6	2	52
II	12	4	0	0	0	6	1	3	0	0	26
Total	79	4	4	4	6	6	3	9	12	4	130



**2. Training plan (according to each year):**

Year 1	Year 2	Year 3
<p><u>The first term:</u>            - 17 weeks : lecture            - 2 weeks: labor            Each week: 33 teaching periods lecture and practice and 3 hours meeting</p> <p><u>The second term:</u>            - 16 weeks: lecture            - the first 8 weeks, each week 33 periods for lecture and practice.            - 3 hours meeting + 8 weeks: each week 15 periods for lecture and practice            24 hours practice in hospital            3 hours meeting            - 2 weeks military training</p>	<p><u>The third term:</u>            17 weeks            Each week 15 periods lecture and practice            24 hour practice in hospital            3 hours meeting            2 weeks labor</p> <p><u>The fourth term:</u>            16 weeks            Each week: 15 periods lecture and practice            24 hours practice in Hospital            3 hours meeting            - 2 weeks military training</p>	<p><u>The fifth term:</u>            12 weeks training            Each weeks: 39 hours practice in hospital and 3 hours meeting.</p>

### 3. Training plan:

The first year: 1089 hours

No	Object	Total	Lecture	Practice	Note
01	Political	74	74		
02	Exercise	68	6	62	
03	Psychology	24	24		
04	Management of health sector	37	37		
05	Anatomy and physiology	175	109	66	
06	Biology and Parasite	42	32	10	
07	Pathology of internal and surgical medicine	47	47		
08	Pharmacy.	70	55	15	
09	Normal Obstetrics.	70	55	15	
10	Pathology of pediatric and neonatal.	92	77	15	
11	Take care of patient	124	24	100	
12	Hygiene preventive	32	32		
	Clinical practice	234		234	
	Total	1089	572	518	

The second year: 1.287 hours

No	Object	Total	Lecture	Practice	Note
01	Political	83	83		
02	Gynecology	35	35		
03	Obstetrics disease	51	51		
04	Obstetrics operation	59	15	44	
05	MCH/FP	104	77	27	
06	Difficult obstetrics	38	38		
07	Traditional medicine	20	14	6	
	Clinical practice	897		897	
	Total	1287	313	974	

Clinical practice 486

Total of whole training course: 1,089 + 1,287 + 468 = 2,844

Lecture	896	1	Practice	360	1	
-----	=	-----	=	-----	=	-----
Practice	1959	2.2	Total	2,844	7.9	

Lecture	3.5	1	HBB	1,599	1	
-----	=	-----	=	-----	=	-----
Total	28.4	3.2	Total	2,844	1.8	

Lecture: 8,885

Practice: 360

Clinical practice: 1,599

\*\*\*\*\*

## SUBJECTS

### I. POLITICAL: (final exam subject)

#### Object of this section:

Helping students learn to apprehend the law of economic, social development and class struggle in old social system and the struggle between the two road in present. Strengthening the belief in the Party line.

Theory: 157 hours

No	Content	Theory time
	<b>Philosophy section:</b>	
01	Object of Marxist-Leninist philosophy	3 hours
02	Material and consciousness	3 hours
03	Basic law of dialectical method	8 hours
04	Basic couple of category of dialectical materialism	4 hours
05	Awareness Theory	8 hours
06	Mode of production	8 hours
07	Social and economic structure	8 hours
08	Class struggle	8 hours
09	Social revolution	8 hours
10	Role of the great mass	6 hours
11	Consciousness and mode of social consciousness	8 hours
12	Review and examination	2 hours
	Total	74 hours

For Health section:

01 Health worker morality 6 hours

Political economy section: Theory: 77 hours

No	Content	Theory time
01	Object of Political economy	3 hours
02	Material production	6 hours
03	Capitalism and surplus value	6 hours
04	Capital property	8 hours
05	Imperialism	4 hours
06	The general crisis of capitalism	4 hours
07	Transitional period	6 hours
08	Reform national economy	8 hours
09	Basic law of Socialist economy	4 hours
10	Law of economic development	8 hours
11	Law of increasing labor productivity	2 hours
12	Production of goods and law of value	4 hours
13	Socialist reproduction	6 hours
14	Management of Socialist economy	6 hours
15	Examination	2 hours
	Total	----- 77 hours

## **2. PHYSICAL EDUCATION: (examination subject)**

### **Objects of this section:**

Helping students have correct awareness of exercise training in the school and helping students have good health for training and working after graduate from this school.

Theory: 6 hours  
Practice: 62 hours

No	Content	Theory time	Practice
01	Directions and strategies of the Party and Government on physical education	2 hours	
02	Development history of physical education	2 hours	
03	Sense of physical education to develop of people health	2 hours	
04	Sport bar and parallel bars		10 hours
05	Parallel bars		10 hours
06	Spring board		8 hours
07	Ping pong		20 hours
08	Athletics		10 hours
09	Examination		4 hours
	Total	6 hours	62 hours

### 3. PSYCHOLOGY: (examination subject)

Object of this section: helping students know psychology of patients to take care patients well.

Lecture: 24 hours

No	Content	Lecture
01	Conception of psychology	3 hours
02	Biology of sense	3 -
03	Characteristics of individual psychology	3 -
04	Psychology	3 -
05	Psychology of health worker	3 -
	Total:	24 hours

#### 4. MANAGEMENT OF HEALTH SECTOR: (examination subject)

##### Object of this subject:

Helping student know basic organization of health section, basic principles of health section, understand goal of health section and pay attention on hospital organization.

Basic theory: 31 hours  
Professional theory: 6 hours

No	Content	Theory time
01	History of medicine	3 hours
02	Principles of Socialist Health section	3 hours
03	Basic Health point of view and 5 main objects of Health section	3 hours
04	Network of local health service	3 hours
05	Organization and role of hospital, some responsibilities of hospital.	3 hours
06	Regulation of emergency, duty, consultation, review, death, prevention of drug mistaken and accident.	6 hours
07	Prevention social diseases task	2 hours
08	MCH/FP	2 hours
09	Health statistics (hospital)	3 hours
10	Health IEC task	3 hours
11	Ward management for midwife	6 hours
	Total	37 hours

#### 5. PREVENTIVE HYGIENE: (Examination subject)

##### Object and require:

Helping students have basic knowledge on preventive hygiene so students can participate in solve health problems.

Theory: 32 hours

No	Content	Theory time
01	General biology	2 hours
02	Water, manure, rubbish hygiene	6 hours
03	Fly, mice, mosquito	3 hours
04	School hygiene	3 hours
05	Hospital Hygiene	6 hours
06	House hygiene	1 hours
07	Public hygiene	3 hours
08	Labor hygiene	3 hours
09	Private hygiene	3 hours
10	Sleep, rest, exercise	2 hours
	Total	----- 32 hours



**6. BIOLOGY AND PARASITE SUBJECT: (examination subject)**

**Object of this section:**

Helping students have basic knowledge on Virus, bacteria, parasite, mycosis. Pay attention on bacteria and virus that can cause of serious diseases.

Theory: 32 hours  
Practice: 10 hours

No	Content	Theory time	Practice
01	General bacteriology	3 hours	
02	Immunology: antigen and antibody.	3 hours	
03	Introduction some bacteria: Staphylococcus, Streptococcus, Pneumococcus, Meningococcus, Salmonella, Shigella, Cholera.	9 hours	
04	General preponema	3 hours	
05	General virus	3 hours	
06	General Rickettsia	3 hours	
07	General helminthiasis	3 hours	
08	Amip	1 hours	
09	Malaria	2 hours	
10	General mycosis	2 hours	
11	Practice		10 hours
	Total	32 hours	10 hours

**7. ANATOMY AND PHYSIOLOGY: (examination subject)**

**Objects of this section:**

Helping students understanding formation, structure, function, activities of each part in human body, influence of surroundings to function of each part in human body.

Theory: 101 hours  
Practice: 66 hours

No	Content	Theory time	Anatomy practice	Physiology Practice
01	General Anatomy and physiology	3 hours		
02	Cytology - tissueology	6 hours	2 hours	
03	Musculoskeletal system	6 hours	8 hours	
04	Muscles	6 hours	4 hours	2 hours
05	Haemopoetic system	9 hours	4 hours	16 hours
06	Respiratory	8 hours	2 hours	2 hours
07	Digestive system	12 hours	6 hours	2 hours
08	Urinary system	6 hours		2 hours
09	Reproductive system	9 hours	4 hours	
10	Special reproductive	14 hours		
11	Neuralgia system	10 hours		
12	Senses system	6 hours	2 hours	2 hours
13	Endocrine system	6 hours		2 hours
	Total	101 hours	38 hours	28 hours

#### 8. CHEMISTRYOLOGY: (Examination subject)

##### Object of this section:

Giving students knowledge on implementing prescriptions of Doctors, safely and rational drug using.

Theory: 55 hours  
Practice: 15 hours

No	Content	Theory time	Practice
01	General chemistry, origin of pharmaceutical drug.	2 hours	
02	Changing and eliminating of drug inside body - Effect of drug - Factor that influence on effect of drug.	3 hours	
03	Effect of normal drug - Regulation of poison chemical - Regulation of chemical label	2 hours	
04	Analgesics and acetanlid	2 hours	
05	Anaesthetize - Anesthetic	2 hours	
06	Soporific	2 hours	
07	Cholinergic and anticholinergic drug	3 hours	
08	Histamine and anti histamine	2 hours	
09	Diuretic	2 hours	
10	Styptics	3 hours	
11	Antibiotic	3 hours	
12	Sulfonamide	1 hours	
13	Malarial drug	2 hours	
14	Tubecology drug	2 hours	
15	Dermatology drug	1 hours	
16	Antiseptic	3 hours	
17	Anti hypertension drug	2 hours	
18	Cardiac stimulant	3 hours	
19	Hormone drug	3 hours	
20	Injection drug	3 hours	
21	Vitamins	3 hours	
22	Laxative	2 hours	
23	Dysenteric drug	2 hours	
24	Vermifuge and Santonin	2 hours	
25	Practice		15 hours
	Total	55 hours	15 hours

## 10. SUBJECT: PATIENT CARE

### Objective:

Help the trainee understand the knowledge and know how to take care of a patient.

No	Content	Theory (hour)	Practice (hour)
	<b>A. Theory</b>		
01	Definition	3	
02	Management of ward	2	
03	Asepsis - sterilisation	3	
04	Follow - up physiological function	5	
05	In preparation for examination	3	
06	Patient care planing	3	
07	Introduction of Emergency room	1	
08	Introduction of resuscitation room	1	
09	Clinical record	1	
	<b>B. Practice</b>		
1	Hygiene in the ward		3
2	Asepsis - sterilisation techniques		3
3	Technique of bed preparation		8
4	Types of comfortable lie		7
5	Washing patient in bed		3
6	Washing patient's hair in bed		3
7	Temperature, pulse, blood pressure, respiratory rate		6
8	Take pill: oral, injection		9
9	Blood transfusion		3
10	Hand washing technique, gloving		3
11	Test of body discharge		3
12	Vaginal, vulval cleaning		6
13	Ventouse		2
14	Empty bladder, ureteric catheterization		4
15	Enema		3
16	Mucus aspiration		2
17	Giving oxygen mask		2
18	Hot and cold compress		2
19	Preparation of bandage trolley		2
20	Dressing a wound		3
21	Bandage skill		9
22	Tube feeding		3
23	Emergency		12
	<b>Total</b>	<b>124</b>	<b>100</b>

## 11. SUBJECT: MEDICINE AND SURGERY (EXAM)

### Objective:

Help the trainee know the causes, symptoms, progress, complications and prevention of the diseases. The trainers should focus on diseases related to pregnancy and delivery.

Theory: 47 hours

No	Content	Theory (hour)	Practice (hour)
01	Concept of disease	3	
02	General symtonatology	6	
03	Disease of respiratory organ	3	
04	Diseases of circulatory system	3	
05	Diseases of digestive system	3	
06	Diseases of kidney	3	
07	Diseases of blood	2	
08	Endocrine disease	3	
09	Diseases of metastasis	3	
10	Internal emergency	6	
11	Social transmitted disease	10	
12	Surgical disease	3	
	Total	47	

## 12. PAEDIATRIC PATHOLOGY: (QUALIFYING EXAMINATION SUBJECT)

### Objective:

Help the trainee understand causes, symptom of paediatric diseases, be able to take care, follow - up and prevent paediatric diseases.

Theory: 77 hours

Practice: 15 hours

No	Content	Theory (hour)	Practice (hour)
01	The growth of a child through periods	3	
02	Anatomy, physiology, pathology of children	3	
	<b>A. Neonatal pathology</b>		
03	Taking care and examine a healthy new-born	3	
04	Healthy new-born	3	
05	Postmature new-born	5	
06	Premature new-born and nutritional care	3	
07	Follow - up of an asphyxia and resuscitation of the new-born	3	
08	Congenital malformation	2	
09	Follow - up and take care of birth trauma.	2	
10	Neonatal haemorrhage	2	
11	Neonatal infection	3	
12	Neonatal diarrhoea	3	
13	Neonatal jaundice	2	
14	Neonate from high risk pregnancy	3	
15	Growth and nutrition of new-born	2	
16	Supplementary food for new-born	2	
	<b>B. Paediatric Pathology</b>		
17	Respiratory diseases	3	
18	Haemorrhage fever - Necrotising enterocolitis	2	
19	Digestive disease	3	
20	Nutritional disease	3	
21	Urinary disease	1	
22	Convulsion syndrome	2	
23	Drug use for children	2	
24	Transmitted disease	9	
	<b>C. Child care</b>		
25	Lower body temperature	1	
26	Eructation, start, hiccup	1	
27	Anorexia, irritability, restless	3	
28	Constipation	1	
29	Children education	4	

No	Content	Theory (hour)	Practice (hour)
	<b>D. Practice</b>		
30	Incubator		4
31	Vaccine immunisation		2
32	Bottle feeding, breast feeding		3
33	Supplementary food for the first year		2
34	Children growth and development (Fill in children growth chart)		4
35	Tube feeding		3
	<b>Total</b>	<b>77</b>	<b>15</b>

### 13. SUBJECT: ABNORMAL DELIVERY (QUALIFYING EXAMINATION)

#### Objective:

Be able to diagnose and treat of difficulty and infection deliveries

Theory : 38 hours

No	Content	Theory (hour)	Practice (hour)
1	Abnormal delivery caused by fetal and embryo	2	
2	Abnormal delivery caused by pelvis	2	
3	Abnormal delivery caused by contraction disorder	2	
4	Abnormal delivery caused by praevia tumours	2	
5	Fest of head descendent of the vertex presentation.	2	
6	Prolapse of the cord	3	
7	Fetal distress	4	
8	Postpartum hemorrhage (during delivery of the placenta and birth trauma)	3	
9	Uterine rupture	4	
10	Post partum infection	3	
11	Vacuum aspiration	2	
12	Forceps	2	
13	Complications caused by Rh difference.	1	
14	Resuscitation and management of shock during delivery	8	
	<b>Total</b>	<b>38</b>	

#### 14. SUBJECT: OBSTETRIC COMPLICATIONS (QUALIFY EXAM)

Objective: Know how to diagnose, take care and manage obstetric complications.

No	Content	Theory (hour)	Practice (hour)
1	Toxaemia	6	
	+ Mild and severe vomiting	2	
	+ Proteinuria	1	
	+ Pre-eclampsia and eclampsia	3	
2	Abruptio placenta - severe abruptio placenta	3	
3	Placenta praevia	2	
4	Complete placenta praevia	1	
5	Miscarriage	3	
6	Ectopic pregnancy	2	
7	Hydatidiform mole - Choriocarcinoma	4	
8	Still birth	2	
9	Postmature pregnancy	2	
10	Premature rupture of the membrane - amnionitis	2	
11	Oligohydramnios - Polyhydramnios	3	
12	Coagulation disorders in obstetrics	2	
13	Cardiac diseases and pregnancy	3	
14	Tuberculosis and pregnancy	2	
15	Malaria and pregnancy	1	
16	Nephritis and pregnancy	1	
17	Appendicitis and pregnancy	2	
18	Syphilis and pregnancy	1	
19	Uterine fibroma and pregnancy	2	
20	Ovarian cyst and pregnancy	2	
21	Cervical cancer and pregnancy	2	
22	Incompetent cervix and pregnancy	2	
23	Threatened premature delivery	1	
	Total	51	



### 15. SUBJECT: GYNECOLOGY (QUALIFYING EXAM)

**Objective:** Know the diagnosis and management of the common gynecological diseases and some high risk gynecological diseases.

No	Content	Theory (hour)	Practice (hour)
01	Organization of a gynecological clinic	2	
02	Gynecological examination.	2	
03	Female reproductive tract infection	8	
04	Cervical cancer	2	
05	Uterine cancer.	2	
06	Uterine fibroma.	2	
07	Ovarian cyst.	2	
08	Breast tumors	1	
09	Prolapse of reproductive organs.	1	
10	Vesico - vaginal fistula.	1	
11	Puberty.	1	
12	Menstrual disorders.	4	
13	Menorrhagia.	1	
14	Menopause - Menopausal disorders.	2	
15	Menstrual hygiene.	2	
16	Laboratory investigation in gynecology.	2	
	<b>Total</b>	<b>35</b>	

## 16. SUBJECT: NORMAL DELIVERY ( QUALIFYING EXAM)

**Objective:** Know how to follow-up, take care and manage normal delivery.

Theory: 70 hours  
Practice: 59 hours

No	Content	Theory	Practice
	<b>A. Normal</b>		
01	Impregnation - The growth of ova and reproductive organs.	3	
02	Normal pregnancy	3	
03	The growth of fetus	3	
04	Hygiene during pregnancy	2	
05	Pregnancy diagnosis	3	
06	Pelvis	4	
07	Presentations, descent of the fetal head	3	
08	Normal labor	3	
09	Examination and investigation - mixed presentation	1 3	
10	Breech delivery.		
11	Face presentation	3	
12	Brow anterior fontanel presentation	2	
13	Transverse lie presentation	1	
14	Twin delivery - Multidelivery	23	
15	Normal delivery of the placental	2	
16	Episiotomy	2	
17	Normal postpartum	22	
18	Analgesic delivery by drug	4	3
19	Breast milk( mechanism and components)	4	
	<b>Total</b>	<b>53</b>	<b>3</b>
	<b>B. Obstetric procedures.</b>		
20	Procedures in vertex delivery	3	8
21	Procedures in face delivery	3	6
22	Procedures in breech delivery	3	10
23	Baby washing	1	3
24	Neonatal care in delivery room	1	2
25	BCG vaccination technique	2	3
26	External version - Internal version	2	6
27	Manual removal of the placenta - Uterine check	2	6
	<b>Total</b>	<b>70</b>	<b>38</b>

## 17. MCH/FP (QUALIFYING EXAM)

**Objective:** Know the importance of the MCH population program; know how to calculate in population statistics; practice common procedures in this program.

No	Content	Theory	Practice
<b>A. Population</b>			
1	Definition of population - statistical description	3	
2	Statistic in population	3	
<b>B. Family planning</b>			
1	Infertility	2	
2	Classical contraceptive methods	2	
3	Pill	2	
4	IUD - Technique	6	
5	IUD Insertion abortion	2	
6	Vasectomy	2	
7	Management of shock during abortion - and FP	2	
8	Organization of FP clinic	2	
9	FP motivation campaign	2	
10	Organization of mobile team	2	
11	FP in communes and enterprises	3	
<b>C. Maternal and child health care</b>			
1	Maternal and child health care	3	
2	MCH system and network in Viet nam	3	
3	Planing, statistics and recording	3	
4	Baseline survey guideline	3	
5	Management of pregnancy in locality	3	
6	Pilot area setting	3	
7	Organization of a clinic for healthy children	3	
8	Definition of primary health care	3	
9	The role of maternal and child health and family planning in primary health care GOBIFFF	1	
10		10	
11	Control of diarrheal diseases national program	2	
12	Expanded program of immunization	2	
<b>D. Health education</b>			
1	Definition of health education	2	
2	Health education methods	2	
3	Facilities of health education	3	
4	Implementation of health education	3	
	Total:	77	

### 18. TRADITIONAL MEDICINE: (QUALIFYING EXAMINATION)

**Objective:** Help the trainee know basic knowledge on characteristic, effectiveness of herbs and use of basic prescription

Theory: 14 periods

Practice: 6

No	Content	Theory	Practice
1	General definition of modern medicine integrated with traditional medicine	2	
2	35 common herbs for 7 common diseases and basic prescriptions.	9	
3	Acupuncture for some Ob/gyn diseases	3	
	Total:	14	

**PRACTICAL EXERCISES TARGET**

No	Content	Criteria		
		1 st year	2nd year	3 rd year
1	Ureteric catheterization	5	2	
2	Injury care		5	
3	Suture cutting and open the wound		3	
4	Injection and infusion		5	
5	Intramuscular Injection	5	10	
6	Intravenous injection		2	
7	Blood infusion under medical prescription		10	
8	Subcutaneous injection		10	
9	Intradermal infection		5	
10	Vulval cleaning		5	
11	Vaginal preparation		5	
12	Preparation of patient before operation		1	
13	Post - operative care		5	
14	Neonatal care			2
15	Resuscitation neonates		5	
16	Baby washing			2
17	Tube feeding for neonates		5	5
18	Gynecological recording keeping			
19	Pregnancy record keeping		5	2
20	Gynecological record keeping follow - up			3
21	Gynecological examination		5	
22	Pregnancy examination		5	
23	Pregnancy examination		2	
24	Multiparous vertex delivery		2	2
25	Primiparous delivery			3
26	Episiotomy and suturing			3
27	Multiparous breech delivery			2
28	Uterine checking			2
29	Manual removal of the placenta			1
30	Assist with a vacuum aspiration delivery			2
31	Vacuum forceps delivery			
32	Insert an IUD		5	
33	Menstrual regulation			
34	IEC in FP			
	Grand total:	10	2 91	39

⑩ ゲアン中級助産婦学校概要

Consultation document about Nghe An secondary  
Medical school.

I Particular, situation of Nghe An province.  
And Nghe An Medical Branch.

1) Geographical conditions, social economy  
OF NGHE AN PROVINCE.

a) AREA: 16.442 square kilometres.

- Midlands-Highland: 13.704 square kilometres

- Delta: 2.730 square kilometres.

b) climate: hot climate, winter monsoon,  
inclement weather, natural calamity often  
occurs.

c) Population (up to december 31<sup>st</sup> 1995):  
281 16564 people.

- children under 14 age: 40,18%

- women: 51,24%

- Minority people: 10,4%

- population growth rate: 21,5%

- Household: 542820%

administrative units: 19 districts and towns.

in which - The Highland: 10 districts

- Delta: 7 districts.

amount of Villages and Towns: 462

2) Real social economy.

on the population scale and area. Nghe An  
is one of big province in Vietnam. However  
Real social economy of Nghe An is low under  
average the whole nation to be carried own  
character. Point of that low departure

average : 70,4% every year. compare with the whole nation. economic structure is mainly agriculture; The people's lives is still fraught with difficulties, economy develops slowly, habits and customs are backward; many diseases, especially infectious diseases, parasitic diseases, washiorakor are popular diseases especially in Highland such as: bronchocele, malaria ... take possession of high rate.

3) Organizational system of Nghe An Health Branch.

disease preventive system : contain:

- Centre of Preventive Medicine.
- Centre of Mother and Children Health and Family planning.
- Centre of Preventive Malaria.
- Preventive bronchocele station.
- Eye station.

- dermatology station.

- tuberculosis, psychiatric station.

- Treatment system.

- General Hospital in Province : 500 Hospital-beds.
- Traditional Medicine Hospital 200 Hospital-beds.
- paediatric Hospital 150 Hospital beds.
- anti-tuberculosis Hospital 250 Hospital-beds.
- psychiatric Hospital. 200 Hospital-beds.

- SANATORIUM - Rehabilitation - 200 Hospital beds.  
in districts: THERE ARE 20 HOSPITALS.  
Contain: 1500 Hospital beds.  
48 AREA Polyclinic - 480 Hospital -  
beds.

in villages: 433 Village Hospital (Medical station).

every village has got 3 Medical cadres.

Total Hospital beds in Nghe An province:  
3480 hospital beds.

Medical manpower: all province: 7123  
Medical cadres. But province Hospital has got  
2390 cadres. Villages have got 2175 cadres.

our province has got 687 doctors.

average 2.5 doctors FOR 10.000 people.

- doctor's degree and MASTER'S degree: 3

- second degree: 18.

- First degree: 195.

Pharmacy branch:

- pharmacist's degree: 1.

- second degree: 3

- First degree: 20

besides THERE ARE 1800 assistant. doctors,  
nurses and Midwives and OVER 100 SKILLED  
WORKERS

Vinh May 10<sup>th</sup> 1996  
director.



## particular, situation And activities OF NGHE AN secondary Medical school.

### 1) Activitive process.

Nghe An secondary Medical school had been founded since 1960. 36 years ago our school trained about 10.000 Medical cadres serving for our province and our country especially in the war. Our school was awarded many decorations, diploma of merits, medals by government, Ministry of Health, and province.

From 1990 up to now our school concentrated on training Medical cadres for serving in 162 villages, 120 farms, afforestation yards, offices and serving in 250 villages of Ha Tinh province, 1100 mountain villages in highland - every year our school enrolls 250 students. They are: assistant doctors, nurses, midwives ... about 700 students are always present in boarding school. Students will service the health everywhere in our province and other provinces after graduating from medical school.

### 2) Present situation of our school.

#### a) Material facilities:

our school has got 3 houses (3 floors for each house).

The first house is used for training administrative affairs, library.

- The second house contains 10 class rooms and 5 practical rooms.

we are going to build one more 2 floors of house, area 500 square kilometres using for learning and meeting. there are 2 floors of house and 2 houses using for boarders. and we are going to build 3 floors of house - area 800 square kilometres using for 250 students in boarding school.

Teachers : . There are 50 Teachers teaching both theory and practise.

- There are 28 university graduates and 10 post graduate cadres. besides paediatric section there are 3 obstetricians and 1 paediatrician

- 1 paediatrician over 20 years Teaching.

- 3 paediatricians over 10 years Teaching.

3. midwives over 20 years Teaching - good professional skill.

instruments of Teaching and Learning are poor especially learning model.

Practical Material Facilities of School.

- A provincial Hospital contains 500 Hospital beds in which has 100 Hospital beds for giving birth.

- A paediatric Hospital contains 150 hospital beds

- A city Hospital contains 200 Hospital beds.

- A centre of Mother and Children Health and Family planning.

- 3) The task OF TRAINING FROM NOW ON TO 2000
- concentrate ON TRAINING midwives and obstetric assistant doctors .
  - enroll 100 students every year .
  - TRAINING 100 midwives in primary level FOR mountain Villages .
  - Retraining medical cadres in Villages about mother and children Health and Family planning (open 15 classes every year - 30 students FOR each class - TRAINING FROM 1 TO 3 months) .
  - TRAINING managerial cadres FOR districts and villages TO manage basic Medicine and population communication (open 10 classes every year , 30 students FOR each class - within 15 days .)
  - TRAINING concurrent post Teacher FOR school . (open 2 classes ; 30 students FOR each class within 2 weeks)
  - TRAINING Foreign Languages FOR Teacher TO study in Japan Then come back TO school TO teach midwives within 10 months ( 10 Teachers) (15 cadres in hospital) Total : 25 people
- cadres of our school who are going to send :
- MV Nghiem - Vice director .
  - Mr. Sinh ( Teaching department ) } excursion 1 month .
  - 2 obstetricians .
  - 2 midwives .
  - 1 paediatrician .
  - 2 nurses (in paediatric speciality)

- 2 doctors (concurrent post) of Viet Nam  
Poland. Hospital Teaching for school.

4) Means of Teaching.

- Model of obstetries for assisting in childbirth (2)
- Model of innominate bone made of plastic (5).
- skeleton of man made of plastic (2).
- skeleton of man made of plastic Rubber for giving injection and other practical skill (1).
- Model of brain entrails, nervous system, heart, lungs . . . (5 for each).
- Model of uterus (6).
- Model of embryo (5).
- Model of development of the embryo of periods of time in uterus.
- picture of anatomy and the female sexual organs.
- Model of head, face, neck made of plastic (Model of skull) (1).
- Model of upper arms made of plastic (5)
- Model of lower legs made of plastic (5)
- instruments of gynaecological examination (3)
- instruments of regular menstruation (3)
- Childbed (2) ~~1/2~~
- blades, scissors, plain dissecting forceps, trays and other procedures, pincer.
- stethoscope (10).
- Fetoscope (10).
- Trolley (5).
- gynaecological examination couch. (2)

- Microscope (10) kind of extending 1000 times
- Microphone FOR examining embryo. (1).
- instruments of birth control. (5)
- Lens (2).
- calculator (5). computer.
- Ovahet (10) using FOR every class room.
- Radio (2).
- Vidio (2) (2 set)
- dryer (5) 3 dryers using in practical store, 2 in practical room.
- house heating FURNACE (8) 3 use in working room of board of director, 2 use in Hall, and 3 use in practical room.
- printing Machine TO print documents (2).
- vacuum cleaner (3) use in practical room.
- car (15 seats)
- car (4 seats) FOR board of director.
- expenses FOR building 2 gynaecological - practical room (30,000 dollars).

Vinh - May 10<sup>th</sup> 1996.

Director.

產科 康習室

⑫ 各ドナーに対する質問項目

(UNICEF, UNFPA, GTZ, World Bank 他)

Items of the necessary information

Outline of the project

- Project period
- Budget scale
- Contents and components of the project
- Counterpart
- Implementing organization
- Name of the areas (district, commune)
- Coverage or target population
- Demographic data

Issues if any

Future plan

Possibility of collaboration with JICA project

Area of collaboration with JICA project

## 保健省に対する質問項目

### Items of the necessary information

1. Organizational structure of MOH
2. Total annual budget and expenditure in 1995
3. Source of Budget (Internal and external)
4. Number of staff
5. National health plan (1996-2000)
6. Policy and plan on reproductive health if any
7. Training and retraining plan of medical personnel
8. Training dept.
  - organizational structure
  - staff
  - budget
9. MCH/FP administration
  - organizational structure of MCH/FP dept.
  - budget and source
  - staff
  - report and/or result of survey on RTI, if any
  - available system and institutions on RTI research, if any
10. MIS system

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Authors :

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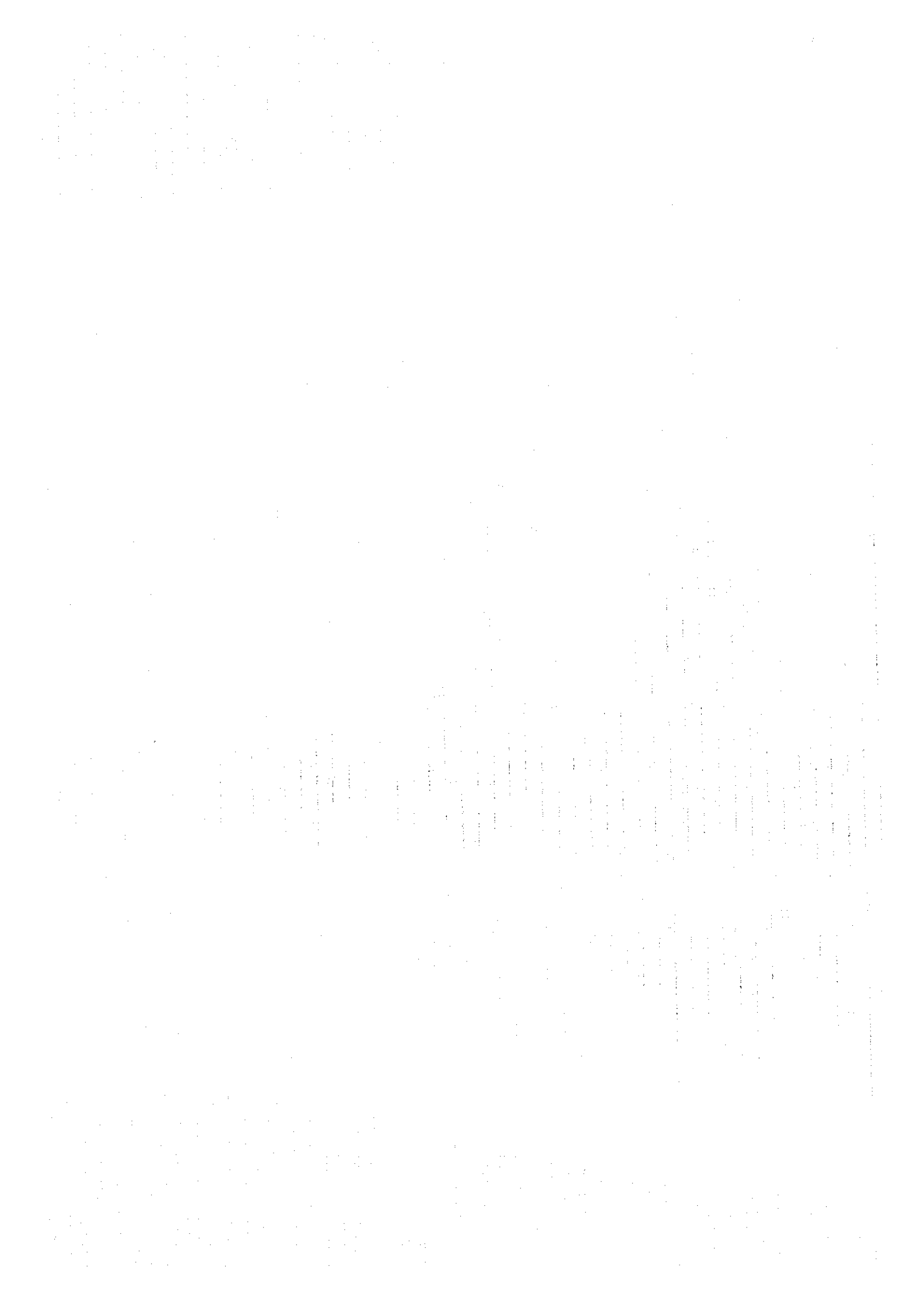
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JICA

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