

#### 4 – 5 List of Input

- 1) Please be noted that the amount indicated in the list is to be finalised when the RH Project is completed in May 31, 2000.
- 2) Some of the activities are still on planning stage and to be implemented during the remaining period of the Project.
- 3) Four JICA short-term experts to be visited next year have not yet been described in the lists.
- 4) The input of Japanese experts (both long-term and short-term) has not yet calculated. It will be made by JOICFP Vietnam room in Tokyo.

Having mentioned above conditions;

JICA's total input except Japanese experts, counterpart training in Japan is estimated :  
US\$1,814,289

1) at Provincial Level:	US\$411,967/ 1 Province	
	(MCH/FP Centre, JICA Office and Secondary Medical School)	(22.7%)
2) at District Level:	US\$334,206/ 8 Districts	
	(US\$41,776/ District)	(18.4%)
3) at Commune Level:	US\$1,068,116/ 244 Communes	
	(US\$4,378/ Commune)	(58.9%)
Total:	US\$1,814,289 (100%) *	

The total amount calculated above exceeded the input committed by JICA in PDM mentioned below:

JICA's commitment in PDM was;

1. Experts 1-1 Long term (3) Chief Advisor, Coordinator, Nurse/Midwife  
1-2 Short term RH, Health Service Management, IEC, etc.  
(No mentioned in terms of total numbers)
2. Equipment: ¥60~90 million/3 years (approx. US\$500,000~US\$800,000/ 3 years)
3. Training: 3-1 Counterpart training in Japan 7~9per/ 3 years  
3-2 Local training ¥15million/ 3 years (approx. US\$130,000~140,000/ 3years)

MINISTRY OF PLANNING AND INVESTMENT

*No.8427/BKH/KTDN*

The Ministry of Planning and Investment of the Socialist Republic of Vietnam presents its compliments to the Embassy of Japan in Vietnam and has the honour to inform the latter of the followings:

Within the framework of the Development Cooperation between the Government of Japan and the Government of Vietnam in fiscal year 2000, the Ministry of Planning and Investment of the Socialist Republic of Vietnam has the honour to request the Government of Japan to consider to provide the Grant Assistance, (Project Type Technical Cooperation) for the Reproductive Health Project in Nghe An Province, Phase II.

TOR of this Project attached herewith.

Ministry of Planning and Investment avails itself of this opportunity to renew to the Embassy of Japan the assurance of its highest consideration.

Hanoi, December 24, 1999  
(Signed and sealed)  
Vo Hong Phuc  
Vice Minister

To : Embassy of Japan in Vietnam



BỘ KẾ HOẠCH VÀ ĐẦU TƯ  
CỘNG HÒA XÃ HỘI CHỦ NGHĨA VIỆT NAM

Số: 8427 BKH/KTĐN

Hà Nội, ngày 24 tháng 12 năm 1999

Bộ Kế hoạch và Đầu tư nước Cộng hòa Xã hội Chủ nghĩa Việt Nam kính chào Đại sứ quán Nhật Bản tại Việt Nam.

Trong khuôn khổ Chương trình Hợp tác phát triển Việt Nam - Nhật Bản tài khoá 2000, Bộ Kế hoạch và Đầu tư xin đề nghị Chính phủ Nhật Bản xem xét tiếp tục cung cấp viện trợ không hoàn lại, loại hình Hợp tác kỹ thuật kiểu dự án (Project Type Technical Cooperation) cho giai đoạn II của dự án “*Sức khoẻ sinh sản tại tỉnh Nghệ An*”.

Đề cương tham chiếu (TOR) của dự án trên được gửi kèm.

Nhân dịp này, Bộ Kế hoạch và Đầu tư nước Cộng hòa Xã hội Chủ nghĩa Việt Nam xin gửi đến Đại sứ quán Nhật Bản tại Việt Nam lời chào trân trọng.

Võ Hồng Phúc  
THỨ TRƯỞNG

Kính gửi: Đại sứ quán Nhật Bản tại Việt Nam

Socialist Republic of Vietnam  
The People's Committee of Nghe An Province

Proposal for Project-type Technical Cooperation  
Between the Government of Vietnam and  
The Government of Japan

**The Reproductive Health Project in Nghe An  
Province, Phase II**

The People's Committee of Nghe An Province  
Vinh City, Nghe An Province  
Viet Nam  
October 1999

**Applicant:** The People's Committee of Nghe An Province, Socialist Republic of Vietnam

**Project Title:** Reproductive Health Project in Nghe An Province, Phase II

**Project Site:** 19 Districts in Nghe An Province  
(8 districts covered by phase I project and 11 additional new area)

**Target population:** 2,858,700 approx.

**Agency in charge of the Project:** The People's Committee of Nghe An Province

**Implementing Agency:** MCH/FP Center of Nghe An Province

**Project duration:** June 2000 to May 2005

## **I. Background and Justification**

### General Information

Nghe An Province is situated in the north central coast region of Vietnam, about 300 km away to the south from Hanoi. To the north lies Thanh Hoa Province, and to the south lies Ha Tinh Province, with Laos to its western borders, and the Eastern Ocean to the east.

Nghe An is the second largest province in the country area wise with a total area of 16,442 square km and 2/3 of the province is covered with mountains. There are 19 districts including 2 cities, i.e. Vinh City and Cua Lo, under which there are a total of 466 communes. A total of 225 communes are located in mountainous or remote areas.

As of April 1, 1999, Nghe An Province has a total population of 2,858,700, the third largest population after Ho Chi Minh and Thanh Hoa Province. Women in reproductive age is estimated over 710,000. The crude birth rate (CBR) is 21.6 per 1,000 population and the crude death rate (CDR) is 5.9 per 1,000 population. The economic standard is low, which is the 43rd among 61 provinces of Vietnam. Per capita income is about 70% of the national level.

### Reproductive Health Issues

The population growth rate in Nghe An has decreased from 2.36% in 1993 to 1.6% in 1998 according to the report by the Provincial Committee for Population and Family Planning (PCPCP), while the national average is reported to be 1.75% in 1998 (Health Statistics Yearbook 1998, MOH). The contraceptive prevalence rate in 1998 is reported to be 71.3%, which is higher than the national figure of 68.6%. On the other hand, in Nghe An Province, induced

abortion is the second largest cause of morbidity while it is the fifth leading cause of morbidity at the national level. The total number of dilation and curettage (D&C is generally referred as abortion in Vietnam) and menstrual regulation (MR) in Nghe An Province in 1998 is 16,848 cases, the abortion rate per 1,000 women at reproductive age is 23.5%. The infection rate of RTI among women is 45%, which causes serious health problems.

The rate of women completed TT2 vaccination has increased from 36.5% in 1994 to 88.9% in 1998, however, the average number of prenatal check-up per pregnant women in the whole Nghe An Province is 1.8 times, which indicate the acceptance of prenatal care is still low. The maternal mortality rate (MMR) is reported to be 160 per 100,000 live birth, which could be even higher in the rural mountainous areas. Due to the tremendous difficulties in collecting data, the figure is usually the estimate made by the relevant authorities.

#### Current JICA Reproductive Health Project – June 1997 to May 2000

In order to improve the reproductive health of women in the above mentioned condition which causes various health problems, the JICA Reproductive Health Project was approved by the Japanese Government and the Vietnamese Government and granted to Nghe An Province. Currently, the Project is being implemented by the People's Committee of Nghe An Province with the collaboration of Japan International Cooperation Agency (JICA) for the period of June 1997 – May 2000 in 244 communes out of 463 communes of 8 out of 19 districts.

The People's Committee of Nghe An Province recognizes that the primary health care approach by the JICA Reproductive Health Project in Nghe An Province is very appropriate and effective for the area, and it is one of the successful projects in Vietnam in the field of population and reproductive health.

The main pillars of the currently on-going JICA RH Project are:

- 1) to conduct one-month re-training course for CHC staff (one staff from each CHC),
- 2) to provide necessary medical equipment with special focus on delivery and family planning,
- 3) to renovate/rehabilitate hygienic facilities of CHC, such as delivery room, bath room, well and latrine.

The activities include, technical transfers by the Japanese experts, management training and capacity building on monitoring of CHCs at the provincial and district level, IEC workshops for district staff and commune staff including member of Women's Union, counterpart training in Japan, provision of IEC materials, etc. They have brought positive changes in MCH/FP services in the project area. Moreover, the grass-root approach of the project has been very effective to motivate and encourage communes to make contributions both in cash and in kind to carry out the activities.

The collaboration among the concerned parties, and between Japanese experts and Vietnamese counterpart has been very close and effective since the project started.

While the Government of Vietnam is pleased with the achievements of the project, the challenge is to ensure the continuity and sustainability of the project activities. The on-going project was planned to start the project in June 1997, however, the actual implementation started in November 1997, due to some unavoidable circumstances. That delay made the actual project duration only for two years and a half, which is too short for a project to ensure the continuity and sustainability.

The efforts being made under the on-going project should not be discouraged before the project is sufficiently ready to take off. The momentum created by the JICA Reproductive Health Project should be maintained through further efforts in attaining the sustainability, so that the activities for the reproductive health promotion will be firmly stabilized in Nghe An Province.

Additionally, it should be noted that there are certain RH needs for women and young that are not yet met. The needs for effective health education covering the reproductive health issues for young people, counseling, improvement of women's nutrition status, prevention and care of abortion, etc. are the examples of those areas necessary to be addressed.

Moreover, the most of the remaining 219 communes of 11 districts in Nghe An outside of the project area have been left behind. Majorities of the remaining communes are located in the remote and mountainous area with severer conditions and have been facing the difficulties in the field of reproductive health without any support so far. The health service facilities in those communes are old and inadequate, lacking basic medical equipment. The majority of the health staff at the commune health centers have not received any kind of training after their completion of the last education.

It is with this background that we, the People's Committee of Nghe An Province requests the Japanese Government for the assistance of Reproductive Health Project in Nghe An Province - Phase II.

In the Second Phase of the Project, we would like to propose the project area to be expanded to all the districts in Nghe An Province. The 8 districts covered by the currently on-going project can offer their experience to the new project areas, while they continue making efforts to be sustainable and self-reliant.

## **II. Objectives:**

### **1. Long-term Objective**

To improve reproductive health of women in Nghe An Province

### **2. Short-term Objective**

- To strengthen the capacity of the MCH/FP Center of Nghe An Province in providing DHC with managerial and technical support in the monitoring and follow-up of CHC activities
- To strengthen the capacity of the District Health Centers in monitoring and follow-up the CHC activities
- To improve the RH services at the CHC.
- To increase the RH knowledge among women and the youth at the commune level
- To conduct research and studies on RTI, abortion, and anemia in Nghe An Province
- To promote and strengthen the joint collaboration with community organization
- To improve the recording and reporting system

## **III. Expected outcome at the end of the project**

- The reproductive health services at CHC in Nghe An Province will be improved
- The management capacity of MCH/FP Center and DHC in the promotion of reproductive health will be strengthened and become sustainable
- The gap among the reproductive health services among districts and communes in Ngha An Province will be reduced and improved.
- The health promotion network at the commune level is strengthened.
- The knowledge of women on reproductive health is improved.
- The rate of RTI is on the decrease.
- The number of abortion and MR is on the decrease.
- The nutritional condition of pregnant women is being improved.

## **IV. Framework of the project**

In the eight districts, namely Nam Dan, Nghi Loc, Dien Chau, Nghia Dan, Yen Thanh, Thanh Chuong, Do Luong and Con Cuong, the project will focus on the activities in strengthening of the monitoring and follow-up management in order to ensure the sustainability and continuity of the activities. As the model areas, it is expected that those 8 districts will provide inter-districts cooperation to the new project areas by sharing their experiences. The survey on specific RH issues will be conducted in those model areas.

In the new project areas, the same approach of the first phase will be adopted, with further emphasis on the promotion of community-based networks for the improvement of health



education activities.

In Phase II, more attention will be given to the improvement of situation of RTI, abortion and women's nutrition condition.

1. Capacity building of the MCH/FP Center of Nghe An Province

As the focal point of the project implementation for the improvement of the reproductive health of women in Nghe An Province, the Center is expected to be highly capacitated in both managerial and technical skill in order to provide support sufficiently to DHC in the monitoring and follow-up of CHC activities.

- 1.1 To improve management skill of the senior staff of the Center
- 1.2 To strengthen supervision and monitoring skill
- 1.3 To improve the counseling service at the Center
- 1.4 To strengthen the educational activities at the Center
- 1.5 To supply necessary equipment and materials
- 1.6 To train in the operation and maintenance of the equipment

2. Capacity building of the district health centers (DHC) in monitoring and follow-up the CHC activities.

The DHCs are directly responsible for the continuous follow-up and monitoring of the CHC activities. The experiences of the 8 districts in monitoring management during the first phase of the project still need further reinforcement in order to take root in their regular activities. At the same time, the 8 districts are expected to be models for the new project area.

- 2.1.1 To supply necessary medical equipment for reproductive health putting the priority to the newly covered districts
- 2.2 To conduct training on the operation and maintenance of the equipment
- 2.3 To strengthen supervision and monitoring system
- 2.4 To conduct inter-district cooperation among the district in Nghe An Province

3. Improvement of the RH services at the CHC

The CHC is the forefront of the promotion of the primary health care. It is vital to provide the commune people in general, and pregnant women in particular, with good health service in the safe and hygienic facility and environment.

- 3.1 To conduct training of CHC staff
- 3.2 To supply essential medical equipment to the newly covered CHCs
- 3.3 To improve facilities of the newly covered CHCs
- 3.4 To conduct training on the operation and maintenance of the equipment

4. Survey and analysis on the situation of RTI, abortion/MR and anemia in the selected areas in the 8 districts, i.e. Nam Dan, Nghi Loc, Nghia Dan, Yen Thanh, Thanh Chuong, Do Luong and Con Cuong.

While the high rate of RTI, big number of abortion and MR cases, and the high level of anemia have been often discussed, the background, actual situation, causes etc. are not sufficiently documented. It is necessary to assess the situation and reflect the reality into the project activities.

- 4.1 To provide necessary equipment for the survey and analysis
- 4.2 To conduct sample survey and analysis on the situation of RTI, abortion and anemia by the Vietnamese experts in collaboration with Japanese short-term experts

5. Promotion of RH education to increase knowledge and to change attitude and practice among women.

Increasing knowledge among women and their family members is one of the important elements that promote the health situation of the whole community. The effective IEC activities should be conducted in parallel with the improvement of the CHC services. The Women's Union and the Public Relation Department of the Commune People's Committee are the key channel for the effective IEC activities.

- 5.1 To develop, produce and disseminate necessary IEC materials for the RH education, e.g. RTI, abortion and nutrition for women at the commune level
- 5.2 To provide necessary educational equipment and materials at provincial, district and commune level
- 5.3 To conduct training on IEC activities for the members of Women' Union and People's Committee
- 5.4 To conduct campaigns for the promotion of nutritional level of women, reduction of RTI and abortion
- 5.5 To promote educational class for the clients at the health centers at the all levels

6. Improvement of the recording and reporting system

It has been rather difficult to obtain reliable figures for the health indicators. In the Health Statistics Yearbook 1998, the Ministry of Health admits that they cannot provide some important data such as MMR and IMR because the collection of data is difficult. It is expected to promote understanding of the importance of the data collection, starting with the meaning/objective of recording and reporting and utilization of the collected data among the concerned personnel.

- 6.1 To review the appropriateness and accuracy of the recording and reporting system
- 6.2 To conduct orientation/workshop on recording and reporting system

7. Provision of the sufficient drugs and contraceptives to the commune level
- 7.1 To assess the supply situation of the drugs and contraceptives
- 7.2 To ensure the constant supply of the drugs and contraceptives through the existing supply system

## **V. Activities**

1. Establishment of the Organization of Project Management
  - 1.1 Formulate steering committees at district and commune level of the new project area
  - 1.2 Conduct orientation workshop of the project for the steering committees
  - 1.3 Conduct visiting seminar for the new steering committees to the experienced districts covered by the currently on-going project.
  
2. Human resource development
  - 2.1 Training at the provincial level
    - 2.1.1 Counterpart training in Japan in the field of health policy and administration, midwife education, community-based MCH/FP promotion, MIS, etc.
    - 2.1.2 Technical exchange training in the third country
    - 2.1.3 Travelling seminar within Vietnam to learn from the experience of other province
    - 2.1.4 Training of trainers (TOT) on midwifery education
    - 2.1.5 Technical training of health personnel
  
  - 2.2 Training at the district level
    - 2.2.1 Inter-district exchange programme among districts
    - 2.2.2 Travelling seminar within Vietnam to learn from the experience of other province
    - 2.2.3 Training of trainers (TOT) on follow-up training for health staff
    - 2.2.4 Technical training of health personnel in utilization of medical equipment such as ultrasound
    - 2.2.5 Training on monitoring management for district health personnel
  
  - 2.3 Training at the commune level
    - 2.3.1 Re-training of CHC midwives and obgyn assistant doctors in knowledge and skill for the new project area
    - 2.3.2 Follow-up training of CHC midwives and obgyn assistant doctors
    - 2.3.3 Management training for the head of CHCs
    - 2.3.4 Training on the maintenance and operation of the equipment

3. Supply of equipment and material
  - 3.1 Situation and needs assessment of the basic equipment for the DHCs and CHCs in the new project area
  - 3.2 Supply of the basic equipment to the CHCs in the new project area
  - 3.3 Follow-up of the condition and utilization of the equipment supplied during the current project
  
4. Improvement of health facility
  - 4.1 Assessment of the condition of the facilities of the CHCs in the new project area
  - 4.2 Renovation and rehabilitation of the facilities of CHCs in the new project area
  - 4.3 Follow-up of the condition of the facilities of the CHCs
  
5. Survey on RH issues
  - 5.1 Formulation of the survey committee
  - 5.2 Identify Vietnamese experts/researchers for the survey
  - 5.3 Dispatch Japanese experts to work with Vietnamese experts
  - 5.4 Conduct base-line survey on reproductive health by Japanese and Vietnamese experts in the new project area
  - 5.5 Conduct survey on the specific RH issues, i.e. RTI, abortion and women's nutrition (survey in the 8 districts of the current project)
  
6. Promotion of IEC activities
  - 6.1 Assessment of the IEC activities and needs for IEC materials
  - 6.2 Development, production and distribution of the IEC materials
  - 6.3 Conduct IEC workshops at the all level for the improvement of situation of RTI, abortion and nutrition of women
  
7. Improvement of recording and reporting
  - 7.1 Conduct assessment of the current recording and reporting system and training needs
  - 7.2 Conduct orientation/training on the appropriate and accurate recording and reporting at all levels
  
8. Provision of drugs and contraceptives
  - 8.1 Ensure the sufficient supply of drugs and contraceptives at the commune level

## **VI. Project Inputs**

### Supply

## 1. Medical Equipment and materials

The equipment will be locally purchased as long as possible.

### 1.1 Basic equipment for CHC

Please refer to the attached list of equipment for CHC prepared and revised during the phase I project. Based on the assessment of the CHCs in the new project area, the equipment list will be further revised and improved to better suit the needs and condition of the CHCs in the different districts.

### 1.2 Supply for DHC and MCH/FP Center

Based on the equipment list for DHC prepared during phase I project and the needs assessment of the DHCs in new project area, the list will be revised to better suit the needs and condition of the different districts. The need for the supply for the MCH/FP Center will be assessed.

## Japanese Experts

The long-term Japanese experts (3 ~ 4 persons/year) and short-term Japanese experts (8 ~ 10 persons/year) in the following field are requested.

- Chief advisor
- Administrative Coordinator
- Midwife
- Public health nurse
- Community-based MCH/FP
- IEC
- Obstetrics and gynecology
- Health statistics
- Project management
- Other relevant field

## Vietnamese inputs

The services of the Vietnamese counterpart personnel and administrative personnel will be fully ensured. The People's Committee of Nghe An Province will further ensure the necessary contribution of Vietnamese side in accordance with laws and regulations in force in the Socialist Republic of Vietnam for the smooth implementation of the project upon the mutual discussion with the Japanese Government.

## **VII. Other External Assistance in the field of Population/Family Planning and Reproductive Health**

The good coordination and communication with the other agencies will be ensured, as it has been

the case in the currently on-going project in order to avoid unnecessary duplication of the project efforts.

### 1. GTZ

Coverage: Vinh City and six districts, Nghi Loc, Dien Chau, Cua Lo, Quyhn Luu, Hung Nguyen, Qui Hop)

Duration: First Phase 1995-1997  
Second Phase 1997-2000  
Third Phase 2000-2003

Contents The first phase focuses on the training of workers in Population and Family Planning on IEC, MIS and Counseling. The second phase included the supply of commodities to the commune level, training of the staff of district health centers. The JICA Reproductive Health Project has reviewed the supply by GTZ in order to avoid duplication.

### 2. World Bank: National Health Support Project

Coverage: 16 Provinces including Nghe An Province (through MOH)  
20 Provinces through NCPFP  
All districts and selected communes in Nghe An Province

Duration: 1996 – June 2003

Contents: Construction and renovation of the Obgyn facilities of DHC and construction of new building/renovation at the selected CHCs, provision of medical equipment and medical supply, drug, contraceptives to DHCs and CHCs and TOT and staff training. The first stage of construction work started at the end of 1998 and is about to complete at 124 CHCs. The second stage for the construction is planned to start toward the end of 1999 and to be finished by June 2000.

### 3. UNFPA:

Coverage: 3 communes in Ky Son District, Nghe An Province

Duration: 1998 – December 2000

Contents: The project in Ky Son is a pilot project for UN collaboration among UNFPA, UNDCP and UNICFP. The project activities are the supply of basic medical equipment and training for CHC staff, development and production of IEC materials.

The JICA Reproductive Health Project cooperated with by accepting 12 trainees from the total 6 communes (3 communes from UNFPA site, 3 communes form UNDCP site, and 2 persons each) to the JICA supported CHC

re-training course and providing the equipment list prepared by the project for the reference of UNFPA project in Ky Son. The JICA RH project also provides its equipment list for UNFPA's reference.

#### 4. UNICEF:

Coverage: Ky Son District, 13 communes

Duration: October 1999 – September 2000

Contents: In the first year, training for 60 hamlet health nurses for 3 – 5 day and midwives/ assistant doctors, and CHC head of 13 CHCs (while there are a total of 19 communes in Ky Son, 6 communes of which staff received training by the JICA RH Project are excluded). In the second year, IEC activities will be conducted.

#### 5. Finland

Coverage: First phase: support for the Pediatric Hospital in Nghe An Province  
Second phase: under negotiation

Duration: First phase: November 1997 – December 1998  
Second phase: 1999 for 3 years (planned by stand still at the moment)

Contents: During the first phase, the project supported the Pediatrics Hospital with equipment, water supply and electric system for the project. The planning for the second phase was conducted. At the moment, the project proposal for the second phase is being revised. The details of the second phase of the project, such as project area, contents of the activity, etc. are not yet known.

#### 6. Save the Children Japan

Coverage: 16 selected communes in Dien Chau and Quynh Luu, Nghe An Province  
(Project is also implemented in Thanh Hoa Province)

Duration: 1) 4 communes: July 1997 – May 1998  
2) 6 communes: April 1998 – January 1999  
3) 6 communes: March 1999 – December 1999

Contents: TOT training for the District Committee for Protection and Care for Children and the Commune Steering Committee, training for the hamlet level health volunteers, growth monitoring promotion activities, food preparation, demonstration and feeding through Nutrition Education Rehabilitation Programme, education for mothers with malnourished children.

#### 7. Save the Children France: Primary health care and adolescent reproductive health in 9 communes of Nghi Loc District

Coverage: 9 selected communes in Nghi Loc, Ngha An Province

Duration: 1996 - 2001

Contents: At the district level, training of mobile team on reproductive health, primary health care, and adolescent reproductive health. At the commune level, construction of health center in 5 communes, training and re-training of CHC staff on basic curative care, MCH care for under 5, and adolescent reproductive health, provision of equipment, drugs contraceptives. At the hamlet level, training of women health volunteers for the dissemination of the knowledge on primary and reproductive health, adolescent health, etc. At schools, training for adolescent reproductive health educators.

#### 8. PAM Programme (World Food Programme)

Coverage: 460 communes in 26 district in 10 provinces including Nghe An Provinces Nghia Dan (32 communes), Thanh Chuong (18 communes), Yen Thanh (34 communes) and Anh Son (20 communes) in Nghe An Province.

Duration: 1995 – May 1999 (Third Phase)

Contents: The project provided supplementary food for pregnant women, lactating mother, and malnourished children at CHCs. Every month, 6 kg of rice and 0.45 liters of vegetable oil for pregnant women and lactating mother, 4.5 kg of rice, 0.9 liters of oil and 1 kg of nutritious mixed food for malnourished children were provided.

### **VIII. Outline of implementing agency**

The People's Committee of Nghe An Province assigns the MCH/FP Center of Nghe An Province as the implementing agency. The Provincial Steering Committee will be established with the personnel who have experiences in the project implementation within the Center.

1. Establishment: The MCH/FP Center was established on 9 July 1991 based on the previous MCH/FP Clinic.

#### 2. Mission of the MCH FP Center

- 1) To make plans on MCH/FP activities in the Province and implement the activities
- 2) To manage follow-up and monitoring activities in the field of MCH/FP
- 3) To evaluate MCH/FP services, prepare report and submit it to upper level
- 4) To assist the concerned organizations in the province to implement the MCH/FP policies
- 5) To set the standard and become a model in implementing MCH/FP activities and in providing technical services defined by MOH according to the rules and regulations
- 6) To implement the National Malnutrition Programme for children
- 7) To conduct re-training for the health staff in the province to improve knowledge, skill and management of MCH/FP services



- 8) To conduct researches in the field of MCH/FP.
- 9) To implement IEC activities and consultations and to guide, educate and follow-up IEC and consultation activities within the province.
- 10) To manage the financial matter according to the law and to make financial report without any delay.
- 11) To coordinate with the other concerned organizations in the province in implementing MCH/FP related activities.
- 12) To cooperate with international agencies and personnel according to the Government regulations

### 3. Personnel

Total no. of staff: 70

Board of directors:	1 Director
	2 Vice-directors
Planning, Finance and Accountant Department	12 staff
Human Resource, Administration and Supply Department	8 staff
Maternal Care and FP Department	29 staff
Child Care and Malnutrition Prevention	18 staff

#### Staff by background

Doctor:	12
Secondary Midwife:	8
Assistant Doctor:	31
Secondary Nurse:	2
Primary Nurse	1
Laboratory Technician:	1
Secondary Pharmacist:	3
Accountant:	5
Driver:	2
Other staff:	5
Total	70

### 4. Advantage and capability of the implementing agency

As the focal point of the project implementation, in the currently on-going JICA Reproductive Health Project for the duration June 1997 – May 2000, the MCH/FP Center has been fully responsible in managing the project activities. The Provincial Steering Committee established within the MCH/FP Center has acquired management skill of the externally supported project. Their management capacity still needs to be further strengthened and institutionalized within the

Center, which is expected to be possible toward the end of the Project Phase II. The People's Committee of Nghe An Province and the Provincial Health Service will have the full support for the smooth project implementation.

October 22, 1999

On behalf of Chairperson, People's Committee  
Mrs. Nguyen Thi Han  
Vice Chairperson, People's Committee

Send to:

- Government Office
- Ministry of Planning and Investment
- Ministry of Health
- Ministry of Finance
- Ministry of Foreign Affairs
- Department of Planning and Investment in Nghe An Province
- Department of Health Service in Nghe An Province
- Department of Foreign Affairs in Nghe An Province
- MCH/FP Center, Nghe An Province
- JICA Vietnam Office
- JICA Reproductive Health Project Office in Nghe An Province
- People's Committee for file

### Equipment list for Commune Health Centres (CHC)

	Item	Specifications	Quantity	Remarks
1.	Steriliser	Pressure 18 lit. by coal/wood	1	
2.	Drum, Sterilising, Cylindrical	240 mm dia.	2	
3.	Disinfecter instr.	Boiling type	1	
4.	Forceps steriliser (Utility)	200 mm Vaughn CRM	2	
5.	Basin solution deep	Approx. 6 liters	1	
6.	Pail waste with cover	12 lit. SS	4	
7.	Instrument disinfecter	Boiling type / Fuel	1	
8.	Path strip urinary protein		300	
9.	Stethoscope	Binaural complete	2	
10.	Thermometer	Clinical, Oral	5	
11.	Sphygmomanometer	Aneroid 300 mm/Hg with cuff	1	
12.	Scale for physician	For adult, metric, 140kgsx100g	1	
13.	Tongue depressor	165 mm, metal	6	
14.	Instrument table on wheels		2	
15.	Cabinet	For drugs and instruments	1	
16.	Kidney basin	825 ml.	2	
17.	Kidney basin	475 ml.	2	
18.	Instrument tray	shallow 480x330x19mm	2	
19.	Instrument tray with cover	310x195x63 mm	2	
20.	Bowel for sponge	600 ml., stainless steel	3	
21.	Pot with cover and spigot	23 lit. Aluminium	2	
22.	Cup for solution	180 ml.	2	
23.	Hypodermic syringe	2 ml. luer, 5 ml. luer, 10 ml luer, 20 ml. luer	15	
24.	Hypodermic needle	0.7x32mm/22gx 1.25 Leur	2	
25.	Hypodermic needle	0.55x19mm/24gx 1.75 Leur	2	
26.	Hypodermic needle	0.9x38mm/20gx 1.5 Leur	1	
27.	Surgical scissors	Straight, 145 mm S/B, SS	4	
28.	Surgical scissors	Straight, 145 mm B/B, SS	2	
29.	Surgical scissors	Curved, 140 mm S/D, SS	3	
30.	Dissect scissors	Curved, 145 mm B/B	3	

31.	Bandage scissors	Angular, lister 180 mm SS	3	
32.	Flashlight	Pre-focused, 2 cell right, angle head	1	
33.	Urinal for male	Upright model, 1.5 lit. SS	2	
34.	Bed-pan	Fracture Jones SS	3	
35.	Irrigator	1.5 lit. with tubing-clamp & STR connect	5	
36.	Stretcher	Folding type	1	
37.	Acupuncture needle		3	
38.	Rubber bag	Combination of hot-water and Ice 2 lit.	2	
39.	Stool	Revolving, height adjustable	2	
40.	Filter for water	Aluminium with 4 sterile candles	1	
41.	Scissors, uterine	Sims 200 mm SS curved	1	
42.	Measure	Graduated with handle 500 ml / 1 pint	3	
43.	Dissect scissors	Straight Mayo 170 mm B/B SS	2	
44.	Needle holder	Straight, broad-jaw, Mayo HGR20	2	
45.	Gynaecological examination table		1	
46.	Speculum	Vaginal, bi-valve graves, small	2	
47.	Speculum	Vaginal, bi-valve graves, medium	2	
48.	Sponge forceps	Holding straight 200 mm SS	2	
49.	Speculum	Vaginal, weighted auvard 38x75 mm	2	
50.	Tray for instruments	Shallow 480x330x19 mm	2	
51.	Uterine sound	Simpson 300 mm graduated in 20	1	
52.	Suture needle	3/8 circle cutting assorted	18	
53.	Gloves for surgeon	Latex, size 6 1/2 (pair)	15	
54.	Gloves for surgeon	Latex, size 7 (pair)	15	
55.	Forceps for IUD removal	Alligator jaw type, 8	2	
56.	Uterine Forceps	Tenaculum 280 mm	2	

57.	Uterine dilator	Double-ended Pratt SS	1	
58.	Kaman syringe	Single valve	1	
59.	Baby bath	Oval, 25 lit, polyethylene	1	
60.	Cuff spare for sphygmomanometer	Child size	2	
61.	Rectal syringe	Infant rubber bulb hard tip 30ml	1	
62.	Dropper for medicine	Straight tip ungraduated	1	
63.	Aspirator	Nasal infant size 30 ml	1	
64.	Forceps	Hemostat straight (Kocher Ochsner) 180 mm	2	
65.	Labour & Delivery bed	Vietnam SS	1	
66.	Suture cotton	White non sterile 00 USP 91 m		
67.	Tape Measure	1.5/60 Vinyl coated fibreglass	1	
68.	Pelvimeter	Collyer external grad Cms/Inches	1	
69.	Stethoscope	Foetal pinard monaural	1	
70.	Pump breast	Hand rubber glass/ plastic bell	1	
71.	Scissors episiotomy	Angular Braun 145 mm SS	2	
72.	Needle suture, uterine	Martin 1/2 circle	2	
73.	Catgut suture	Size 2	4	
74.	Infant scale	Clinic, metric, 15.5 Kg x 5g	1	

インプット内訳 (ソース別)

	平成9年	平成10年	平成11年	合計
JICA				
機材供与	\$224,766	\$319,514	\$250,445	\$794,725
中堅技術者養成	\$48,234	\$37,810	\$33,214	\$119,258
啓蒙普及	\$32,340	\$30,115	\$33,350	\$95,805
草の根支援展開	0	0	\$24,741	24,741
技術交換	\$7,648	0	0	\$7,648
携行機材	\$52,132	\$24,555	\$4,000	\$80,687
一般現地業務費	\$35,570	\$40,621	\$50,000	\$126,191
小計	\$400,690	\$452,815	\$395,750	\$1,249,055
特別枠				
補正予算	0	\$391,414	0	391,414
草の根無償	0	\$84,532	\$35,043	119,575
人口特別	0	\$54,245	0	54,245
小計	0	\$530,191	\$35,043	565,234
総合計	\$400,690	\$982,806	\$430,793	\$1,814,289

\* to be confirmed by JICA/Tokyo

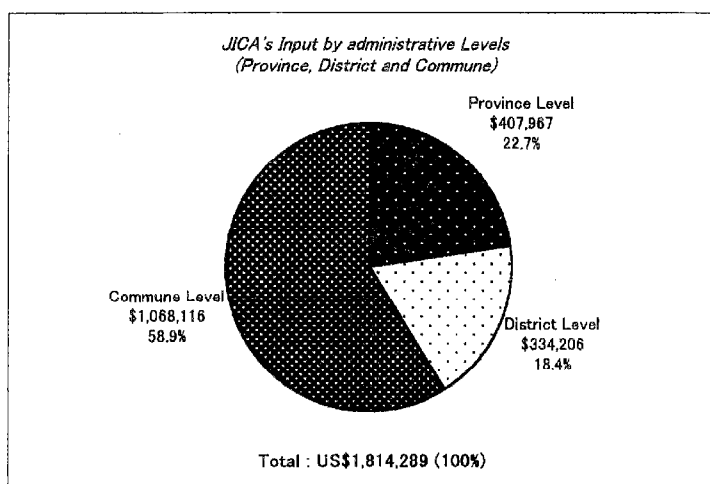
\*\* to be finalised at the end of Mar, 2000

\*\*\* expected amount

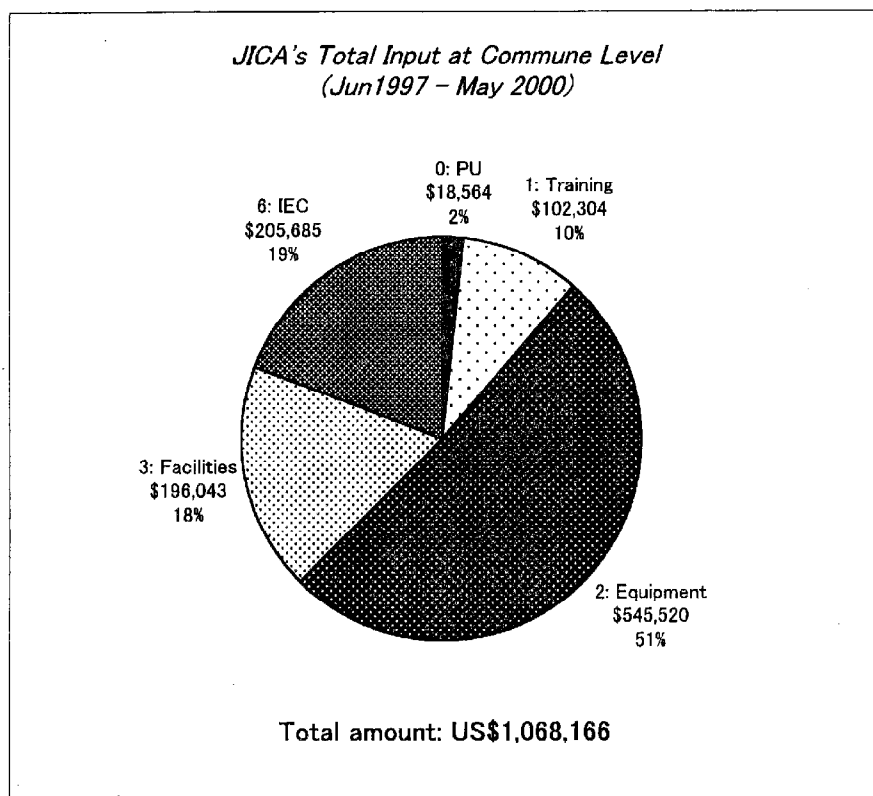
JICA's total input except Japanese experts, counterpart training in Japan is estimated : US\$1,814,289

- 1) at Provincial Level : US\$411,967/ 1 Province  
(MCH/FP Centre, JICA Office and Secondary Medical School) 22.7%
- 2) at District Level : US\$334,206/ 8 Districts  
(US\$41,776/ District) 18.4%
- 3) at Commune Level : US\$1,068,116/ 244 Communes  
(US\$4,378/ Commune) 58.9%

Total: US\$1,814,289 (100%) \*





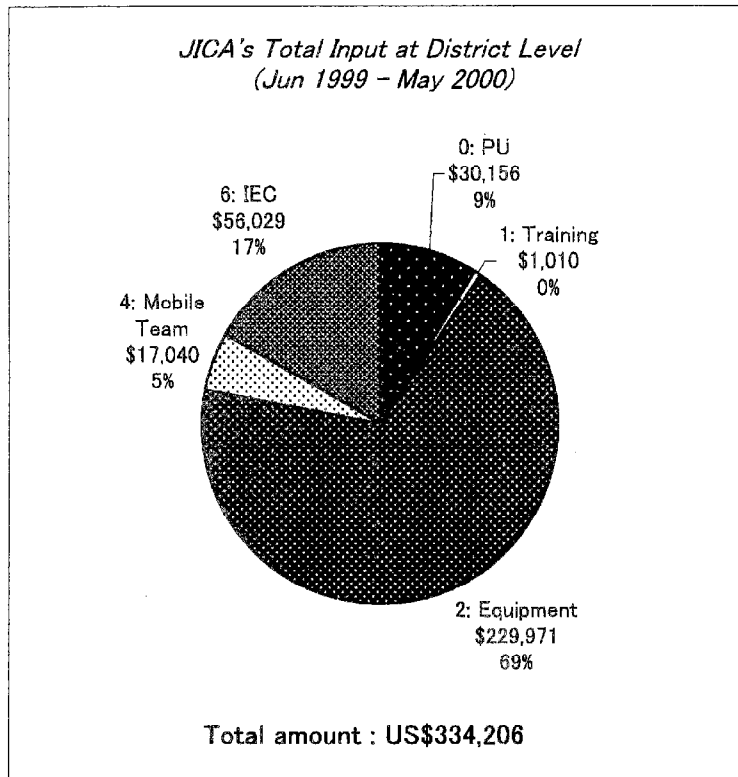




District

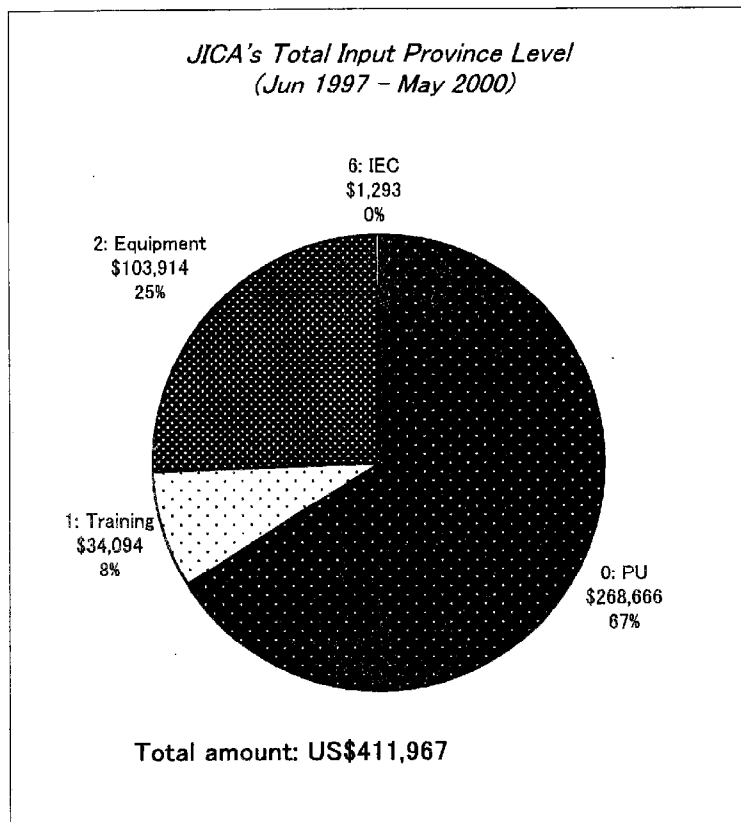
<i>0. Project Unit (PU) is established at all levels (National, Provincial, District and Commune)</i>	
0-2'	\$300
0-7a	\$7,710
0-7b	\$800
0-7c	\$12,423
0-7e	\$760
0-7f	\$8,163
	Subtotal: \$30,156
<i>1. Quality of health personnel with focus on commune level is improved</i>	
1-3b	\$600
1-4'	\$410
	Subtotal: \$1,010
<i>2. Necessary medical equipment is improved</i>	
2-3	\$15,515
	\$214,456
	Subtotal: \$229,971
<i>4. Capacity of mobile team is strengthened</i>	
4-2	\$17,040
	Subtotal: \$17,040
<i>6. Information, education and communication (IEC) for RH is improved</i>	
6-2'	\$549
6-3a	\$16,272
6-3b	\$17,100
6-4b	\$22,108
	Subtotal: \$56,029
	Total: \$334,206

District



Province

<i>0. Project Unit (PU) is established at all levels (National, Provincial, District and Commune)</i>			
0-2'	\$400		
0-5a	\$14,921		
	\$9,922		
	\$4,000		
0-5b	\$58,330		
0-5'a	\$33,388		
	\$14,633		
0-5'b	\$34,870		
	\$40,621		
	\$50,000		
0-7d	\$11,220		
0-7e	\$361		
		Subtotal	\$272,666
<i>1. Quality of health personnel with focus on commune level is improved</i>			
1-2'a	\$7,648		
1-2'b	\$400		
1-3b	\$18,744		
1-3f	\$50		
1-3'	\$7,252		
		Subtotal	\$34,094
<i>2. Necessary medical equipment is improved</i>			
2-3	\$40,639		
	\$39,449		
	\$23,826		
		Subtotal	\$103,914
<i>6. Information, education and communication (IEC) for RH is improved</i>			
6-3	\$900		
6-4c	\$393		
		Subtotal	\$1,293
			Total
			\$411,967



Province

PDM		Actual Implementation				
Output	Planned Activities	Description of activities	Input	Results		
			JICA (US\$)	Vietnam (VND)		
0-1	Project Unit (PU) is established at all levels (National, Provincial, District and Commune)	0-1 Function and responsibility of PU at different levels are defined	0-1 Function, responsibility and members of PU at different levels are defined and a letter from the Project Manager (Vice-chair of Provincial PC) was sent to all organisations and people concerned		Province, District and Communes in the project areas were well informed for establishment of PU	
0-2	PU at different levels are established	0-2	One Joint Committee and Steering Committee of the Project at provincial, district and commune levels were formulated		1 JC, and 1 provincial, 8 district and 244 commune steering committees formulated	
0-2'	Orientation for PU	0-2'	Orientation workshop (6/Dec/'97)	JICA long-term experts and cost for the workshop	\$400 (一般)	43 Provincial SC members briefed about JICA RH project
0-3	Plan of capacity building of Provincial MCH/FP Centre as a focal point of project implementation is formulated	0-3a	Needs assessment of the MCH/FP Centre on management (12 Dec '97-31 Jan '98)	Dr. Chosa, expert on hospital management dispatched (12 Dec '97-31 Jan '98)		Needs on improvement of management of MCH/FP Centre identified
0-4	Situation analysis is conducted	0-4a	Survey on RH issues	2 times Mr. Kadoi, an expert on RH survey dispatched (20/Nov-16/Dec '97 and 5-23/Apr '98)	NGO survey	RH needs at commune level identified
		0-4b	Survey on the present RH related information system in Nghe An Province	Mr. Hyou, an expert on health statistics dispatched (5-23 May '98)		Situation analysis made and needs on demographic training identified
		0-4c	Situation analysis on MCH/FP administration in Nghe An Province	3 times Dr. Nagaya, an expert on MCH/FP administration, dispatched (15 Jun-5 July/13 Nov-5 Dec '98, 13 Nov-4 Dec, '99)		Project promotion strategies and training plan on management developed and/or modified accordingly
0-5	Equipment for PU and MCH/FP Centre is provided	0-5'	Construction of new quarter including training room, JICA RH office, maternity ward, laboratory, X-ray room and others, at MCH/FP Centre		VND110mil	New quarter (training room, maternity ward, laboratory, X-ray room, JICA RH office and other necessary facilities) for the Project constructed
0-5a	Training materials for CHC staff re-training, including audio-visual equipment and pelvic models, were provided	0-5a	Training materials	Training materials	97-98: \$14,921; 98-99: \$9,922(携行) 99-00:	MCH/FP Centre well equipped for 1-month retraining for CHC staff (244person/10courses)

Province

Output	PDM	Planned Activities	Description of activities	Actual Implementation			
				Input		Results	
				JICA	Vietnam		
				(US\$)	(VND)		
			0-5b 2 vehicles were provided to MCH/FP Centre (1 for the Centre and 1 for experts)	2 vehicles	\$58,330		Monitoring all project areas made available
	0-5'	Equipment for JICA RH Office is provided	0-5'a Necessary equipment for Japanese experts were procured and provided	Equipment for JICA experts	97-98: \$33,388; 98-99: \$14,633 (携行)		JICA RH Office equipped properly
			0-5'b JICA RH Office maintained	Maintenance of JICA RH Office	97-98: \$34,870; 98-99: \$40,621; 99-00: \$50,000 (一般)		JICA RH Office activities maintained properly
	0-6	Detailed project plan of operation is formulated	0-6 Plan of operations are prepared	JICA long-term experts			Plan of operations made available
	0-7	Training of staff of PU and MCH/FP Centre on planning, management and statistics is conducted	0-7a 3 times 3-week training and 5S movement promoted in the MCH/FP Centre	3 times Dr. Chosa, an expert on hospital management, dispatched (16 Jun-8 July/3-21 Dec. 98/6-22 July 99)			70(all)x3timesx3weeks MCH/FP Centre staff trained on management and 5S movement. In-service training among Centre staff planned and organised by the staff's initiative.
			0-7b Seminar on Community-based MCH/FP promotion	Dr. Okamoto, an expert on CBD and Pediatrics, dispatched to introduce Japanese experience in CB MCH/FP promotion (6-26 Sept '98) and seminar cost			30 Provincial SC, Provincial Health Service, WU, MOH and UNICEF trained
			0-7c Counterpart training in Japan for four times in three years	Dr. Thien and Dr. Phuong for 16 Mar.-14 Apr.1998, Mrs Han, Dr. Loan, Dr. Ung for 30 Mar.- 27 (17) Apr. 1999, Dr. Mui and Ms. Chau for June 1999 received C/P training in Japan and Dr. Hop is planning to be trained in Feb/Mar '2000			8 JC and Provincial SC members trained in Japan in respective areas, including MCH/FP and Community health administration, Midwifery training, Community-based IEC activities and etc.
			0-7d Traveling seminar to Central and South Provinces (2 courses in 18-25 Jan.1999 /1-8 Mar.1999)	Long-term experts (3per.) accompanied and cost for the traveling seminar	\$11,220 (補正)		28 Provincial SC members and MCH/FP Centre staff could exchange their experience with the staff in charge in the southern provinces

Province

PDM		Actual Implementation				
Output	Planned Activities	Description of activities	Input			Results
			JICA	(US\$)	Vietnam (VND)	
		0-7e MIS workshop (12-13 Mar '99)		\$361 (補正)		16 Provincial Hospital and MCH/FP Centre staff received basic training on demography
		0-7f 5-9 Mar.1999 Exchange Seminar (12 participants from Hue and An Gian visited Nghe An as follow-up of the traveling seminars)	Long-term experts participated and cost for the seminars			6 provincial SC members and people concerned could exchange information and experience
	0-8 Coordination, monitoring and evaluation are conducted regularly	0-8a Weekly meeting with provincial SC and Japanese experts	Long-term experts			Information sharing and regular monitoring on project progress made available
		0-8b A monthly regular meeting conducted among provincial and district SCs and Japanese experts	Long-term experts participate			Information exchange, monitoring and feed back made regularly
		0-8c Self assessment of the project progress	Ms. Ishii, an expert on project management dispatched (7 Nov-4 Dec '99)			Self assessment format was formulated and joint project progress assessment conducted among JICA experts and Vietnamese counterpart
I Quality of health personnel with focus on commune level is improved	1-0 PU for CHC staff retraining is formulated	1-0 A management team for CHC staff retraining formulated at the MCH/FP Centre	Long-term expert fully participated as a member of the management team			Responsible unit for the retraining of CHC staff made
	1-1 Needs assessment on training is conducted	1-1 Questionnaires were sent directly to all CHCs in the project areas (244 commune)	JICA short term experts during the preparation of the project			Situation analysis and needs assessment at all CHC made
	1-2 Training plan for health personnel is formulated	1-2 1-month retraining plan for health personnel is formulated	Long-term expert fully participated as a member of the management team			1-month retraining plan formulated
	1-2' Training of trainers (TOT)	1-2'a Technical Exchange Programme to Thailand for the Management team of CHC staff re-training (4-11 Jan '98)	2 JICA long-term experts accompanied and cost for the training	\$7,648 (技術交換)		4 Management Team members could exchange their experiences with Thai authorities
		1-2'b 2 times TOT workshop on formulation of training plan and teaching plan (25-27 May/ 5-7 Aug '99)	2 times Prof. Aoki, an expert on midwifery education/training, dispatched (20 Mar-4 Apr/3-13 Aug '99) and cost for workshops	\$400 (中堅)		19 provincial hospital and MCH/FP Center staff were trained

Province

Output	PDM		Actual Implementation					
	Planned Activities	Description of activities	Input		Results			
			JICA	Vietnam				
			(US\$)	(VND)				
	1-3	Teaching materials are produced	1-3a	Refresher training manual for midwife/assistant doctor at CHC made by MOH/LNFPA was available both in English and Vietnamese and mass printed	Mass printing cost			Manual for retraining of CHC staff made available
			1-3b	Training materials provided to the training centre (MCH/FP Centre)	Japanese made training materials	\$18,744 (携行)		Appropriate and effective training materials prepared
			1-3c	Training of trainers by Japanese long-term expert on the utilisation of training materials	Long-term expert			Trainers trained properly how to utilise the educational materials provided by JICA
			1-3d	Various hand-made reference materials were prepared by lecturers	Long-term expert fully participated as a member of the management team			Appropriate and effective training materials according to trainee's capacity and qualification prepared
			1-3e	A check list for simulation practice for the retraining course was drafted by lecturers and finalised by the management team	Long-term expert played major role for finalisation of the check list			A check list made and the standard of simulation practice made available
			1-3f	27 kinds medical textbooks for health personnel were provided to MCH/FP Centre	27 kinds medical textbooks	\$50 (補正)		MCH/FP Centre received 27 kinds of necessary medical textbooks
	1-3'	Teaching materials are provided to the health educational/training institute (Secondary Medical School)	1-3'	A set of educational materials for midwifery education provided to Secondary Medical School	A set of fetus development model, simulation model of delivery and other educational material such as Magnel Kit and Maggie Apron	\$7,252 (人口特別)		Secondary Medical School could improve educational materials
	1-4	Training for health personnel is conducted	1-4	10 courses of 1-month retraining of CHC staff (Total 235 CHC staff of the project area + 11 from Ky Son)	Long-term expert (midwifery) and retraining cost			244 health staff at CHC in charge of delivery received 1-month retraining at MCH/FP Centre (10 courses)
	1-4'	Review meeting conducted among management team and lectures regularly	1-4'a	10 times review meeting conducted after the 1-month retraining among management team and lectures	Long-term expert (midwifery) and retraining cost			Review of the training course made per each course and modification and revision of retraining curriculum made possible according to capacity and qualification of trainees
			1-4'b	2 times revision of trainers' manual made	Long-term expert (midwifery) and retraining cost			Trainers' manual revised according to capacity and qualification of trainees



Province

Output		PDM		Actual Implementation						
		Planned Activities	Description of activities	Input			Results			
				JICA	(US\$)	Vietnam (VND)				
		1-5	Monitoring, supervision and follow-up of trained personnel are conducted regularly	1-5	More than 110 times of joint monitoring among Japanese long-term expert and district mobile team (as of Nov '99)	Japanese long-term expert				as of end Nov '99, over 110 CHC monitored and provided with follow-up training
		1-5'	Assessment of training outcome	1-5'	Follow-up survey on CHC retraining	2 times Mr. Kadai, an expert on public health, dispatched to gather the information on the training outcome (23 Nov-17 Dec, 1998/24 Feb-17 Mar '99)				Effectiveness of the CHC retraining course (1st and 2nd course) surveyed to feed back to CHC retraining to be followed
		1-6	Evaluation and reporting are conducted regularly	1-6a	A regular monthly meeting conducted between CHC midwife/ass doc and DHC and the result of the report submitted to MCH/FP Centre					Regular reporting made available by CHC so that DHC make report to MCH/FP Centre
				1-6b	Quarterly joint meeting is planned and organised under the initiative of MCH/FP Centre to maximize the Project impact (starting from Apr '99)					Data collection, supply and distribution, sharing of information and experiences diffusion of knew knowledge made available
				1-6c	Result of the joint monitoring to CHCs is informed to the board of directors of MCH/FP Centre regularly	Long-term expert				Board of directors of MCH/FP Centre are well informed the result of the monitoring and proper action is expected to be taken when necessary
2	Necessary medical equipment is improved	2-1	Needs assessment on equipment is conducted	2-1	Needs assessment of the MCH/FP Centre equipment	Dr. Ono, an OBGYN expert dispatched (21-30 Nov '97)				Medical equipment list for the MCH/FP Centre prepared
		2-2	Plan for equipment is formulated	2-2	Meeting between provincial SC members and Japanese experts conducted	Long-term experts				A4 form formulated
		2-3	Procurement and supply of equipment are carried out	2-3	Medical equipment for MCH/FP center were procured and provided	Medical equipment	97-98: \$40,639; 98-99: \$35,449; 99-00: \$23,826			MCH/FP Centre, the focal point of RH in Nghe An equipped properly
		2-4	Protocol/manual for using and maintenance is formulated							
		2-5	Training on utilization and maintenance of equipment carried out		Workshop on ultrasound diagnosis (25-27 Aug '99)	Dr. Horiguchi, OBGYN expert dispatched (15-26 Aug '99) and workshop cost				2 MCH/FP Centre staff who in charge of ultrasound trained
3	Necessary health facilities are improved	3-1	Needs assessment is conducted							

Province

PDM				Actual Implementation			
Output	Planned Activities	Description of activities	Input				Results
			JICA	(US\$)	Vietnam	(VND)	
	3-2	Plan of upgrading of facilities is formulated					
	3-3	Upgrading of facilities, e.g. delivery room, FP service/counseling room, water source, bathroom, toilets, at CHC is carried out					
	3-4	Monitoring and evaluation is conducted					
4	Capacity of mobile team is strengthened	4-1	Operation plan of mobile team is formulated				
	4-1'	Training of mobile team of MCH/FP Centre is conducted	4-1'	7 times on-the-job training for 7 mobile team members of MCH/FP Centre on monitoring conducted coincide with joint monitoring to CHCs	Long-term experts		7 times mobile team members trained on the site utilising a check-list developed at the monitoring and management workshops conducted for the districts mobile team members
	4-2	Means of transportation and necessary equipment are provided					
	4-3	service and supervision are regularly conducted					
	4-4	Recording and reporting are carried out regularly					
5	Necessary drugs and contraceptives are provided sufficiently	5-1	Needs assessment is conducted				
	5-2	Plan for supply of necessary drugs and contraceptives is prepared					
	5-3	Procurement and distribution of necessary drugs and contraceptives are carried out					
	5-4	Proper record on supply and usage is kept by pharmacist					
	5-5	Monitoring and supervision are carried out regularly					
6	Information, education and communication (IEC) for RH is improved	6-1	Needs assessment is conducted	6-1	A basic survey on RH conducted (16 Nov '97-10 Jan '98)	Ms. Abe, an expert on RH survey dispatched (16 Nov. '97-10 Jan 98)	Basic information on RH collected

Province

PDM		Actual Implementation				
Output	Planned Activities	Description of activities	Inout		Results	
			JICA (US\$)	Vietnam (VND)		
	6-1' Collection of relevant information	6-1' A survey of community organisations in Nghe An province with focus on mass organisations conducted	2 times Ms. Hamano JIC/FP staff dispatched (9-19 Aug and 5-12 Dec '98)			Information on community organisations collected for the development of IEC strategies
	6-2 Plan for IEC work is formulated	6-2 Operational plan				
	6-3 Appropriate IEC equipment is provided	6-3 A set of IEC equipment is to be provided to provincial WU	A set of public address system	\$900 (啓費)		
	6-4 IEC materials are produced and distributed	6-4a Photos and slides to show project activities as well as progress were produced	3 times Mr. Yoshino, an expert on IEC (22 Feb.1998-14 Mar.1998/18-31 Mar '99/Feb or Mar '00) and 1 time Mr. Shinohara, an expert on IEC (16-26 July '98) were dispatched			260 photos in print and 200 slides produced for the production of IEC materials and for briefing and orientation of the Project
		6-4b 20,000calendars (big and small 10,000each); 70,000HBMR; 1,000pregnancy calendar; 10,000RH song book; 20,000posters; 150,000pamphlets (3kinds); 10,000JICA pamphlets	Development and production cost of printed IEC materials included in seminars and workshops costs			All project staff and people institutioned concerned received several kinds of IEC materials
		6-4c One Magnel Kit and one Maggie Apron	Japan-made educational materials	\$383 (人口特別)		MCH/FP Centre provided IEC materials for training and consultation
		6-4d A monthly newsletter from the JICA RH Project Office (No.14 issued as of Nov '99) (Total 1,200 copies per issue for all levels) has been issued and distributed to JC members, provincial SC members and MCH/FP Centre staff and other people and institutions concerned at provincial level	Development, mass production and distribution cost			JC members and provincial SC members well informed progress of the project as well as the issues of the project regularly
	6-5 Training for IEC workers and motivators is carried out	6-5				
	6-6 Festival and meetings are organized	6-6 A Quiz Contests on the occasion of International Women's Day (8 Mar '00) is to be organised at provincial level by provincial WU	A Quiz Contests on "Necessary Things in Life" at provincial level is to be organised at provincial level			Importance of RH is to be widely advocated to people in Nghe An Province
	6-7 Recording and reporting are carried out regularly					

District

Output	PDM		Description of activities	Actual Implementation				Results		
	Planned Activities	Description of activities		Input		Vietnam				
				JICA	(US\$)	(VND)	(VND)			
0 Project Unit (PU) is established at all levels (National, Provincial, District and Commune)	0-1	Function and responsibility of PU at different levels are defined	0-1	Function, responsibility and members of PU at different levels are defined and a letter from the Project Manager (Vice-chair of Provincial PC) was sent to all organisations and people concerned					Province, District and Communes in the project areas were well informed for establishment of PU	
	0-2	PU at different levels are established	0-2	One Joint Committee and Steering Committee of the Project at provincial, district and commune levels were formulated					District Steering Committees (1/PC, 1/WU, 1/DHC, 1/DHC MT) were formulated at all project districts (8)	
	0-2'	Orientation for PU	0-2'	Orientation workshop (6 Dec '97)	JICA long-term experts and workshop cost	\$300 (一般)				32 District SC members briefed about JICA RH project
	0-3	Plan of capacity building of Provincial MCH/FP Center as a focal point of project implementation is formulated								
	0-4	Situation analysis is conducted	0-4a	Survey on RH issues	2 times Mr. Kadoi, an expert on RH survey dispatched (20/Nov-16/Dec '97 and 5-23 Apr '98)					Felt needs on RH among commune women identified
			0-4b	Survey on the present RH related information system in Nghe An Province	Mr. Hyoui, an expert on health statistics dispatched (5-23 May '98)					Situation analysis made and needs on basic demographic training identified
			0-4c	Situation analysis on MCH/FP administration in Nghe An Province	3 times Dr. Nagaya, an expert on MCH/FP administration dispatched (15 Jun-5 July/13 Nov-5 Dec '98/13 Nov-4/Dec '98)					Project promotion strategies and training plan on management developed and/or modified accordingly
	0-5	Equipment for PU and Provincial MCH/FP Centre is provided								
	0-6	Detailed project plan of operation is formulated	0-6	Plan of operations	Plan of operations was prepared					Plan of operation made available
	0-7	Training of staff of PU on planning, management and statistics is conducted	0-7a	PCM workshop (8-14 Mar '98)	Ms. Fukushi a PCM moderator dispatched (7-27 Mar '98) and workshop cost	\$7,710 (中堅)				29 District SC members trained on planning and management of the project

District

Output	PDM		Description of activities	Actual Implementation				Results
	Planned Activities			Input				
				JICA	(US\$)	Vietnam	(VND)	
			0-7b	2-time training course on monitoring and management is conducted (5-12 Oct/9-16 Nov '98)	Japanese long-term experts and cost for training	\$800 (中 整)		40 mobile team staff of 8 districts trained on monitoring and management
			0-7c	Traveling seminar to the South Provinces (2 courses; 18-25 Jan '99 / 1-8 Mar '99)	Long-term experts accompanied and cost for the traveling seminar	\$12,423 (補 正)		31 District SC members could exchange their experience with the staff in charge in the southern provinces
			0-7d	Exchange Seminar (12 participants from Hue and An Gian visited Nghe An as follow-up of the traveling seminars) (5-9 Mar '99)	Long-term experts participated and cost for the seminars			15 district SC members could exchange information and experience
			0-7e	MIS workshop (12-13 Mar '99)	Cost for workshop	\$760 (補 正)		40 officer and staff of all 19 districts responsible for statistics in Nghe An Province trained on basic demography
			0-7f	Workshop on monitoring and evaluation (16-18 Mar '99)	Japanese long-term experts and cost for workshop	\$8,163 (補 正)		41 mobile team staff of 8 districts trained on monitoring and evaluation (5per/DMTx8dis)
			0-7g	Advanced course on monitoring is to be conducted (19-21 Jan '00)	Cost for training course			District mobile team received advanced training on monitoring
			0-7h	At least 2-3 mobile team members each of 8 dis. receive on-the-job training during joint monitoring to CHCs	Japanese long-term expert provide on-the-job training			District mobile team members receive on-the-job training until they master the skill
	0-8	Coordination, monitoring and evaluation are conducted regularly	0-8a	Once a month, a regular meeting among JICA experts, SC members of province and district conducted	Long-term experts participants regularly			Information and experience sharing among project districts made available and regular monitoring of the project progress made available
			0-8b	Once a month, a regular meeting between CHC staff and DHC conducted				Regular monitoring available. Some DHCs have started half-a-day training of CHC staff on RH coincide with the regular meeting
1	Quality of health personnel with focus on commune level is improved	1-1	Needs assessment on training is conducted					

District

Output	PDM		Actual Implementation						Results
	Planned Activities	Description of activities	Input						
			JICA	(US\$)	Vietnam	(VND)			
	1-2	Training plan for health personnel is formulated	1-2	DHC formulated CHC refresher training plan					Refresher training plan for CHC staff made
	1-2'a	Assessment of training outcome	1-2'a	Follow-up survey on CHC retraining	2 times Mr. Kadoi, an expert on public health, dispatched to gather the information on the training outcome (26 Nov-17 Dec '98/24 Feb-17 Mar '99)				Effectiveness of the CHC retraining course surveyed and needs for strengthening of DHC capacity on monitoring and supervision identified
			1-2'b	10 times feed-back the result of 1-month CHC staff retraining results to DHC	Long-term expert				8 DHC well informed of the results of 1-month retraining so that DHC's support focus more on less achieved CHC staff
	1-3	Training materials are produced	1-3a	Retraining manual for CHC staff and other reference materials were provided to DHC					Training materials for follow-up/additional training made available
			1-3b	27 kinds of medical textbooks with bookcase is provided to 8 DHCs	Medical textbooks	\$800 (補正)			8 DHCs received 27 kinds of medical textbooks for reference
	1-4	Training for health personnel is conducted							
	1-4'	Training of trainers (TOT)	1-4'	2 times TOT workshop on formulation of education plan and training plan (25-27 May/5-7 Aug '99)	2 times Prof. Aoki, an expert on midwifery education, dispatched (20 Mar-4 Apr/3-13 Aug '99) and workshop cost	\$410 (中堅)			24 DHC staff trained on new educational methodology and each district prepared it's education plan
	1-5	Monitoring, supervision and follow-up of trained personnel are conducted regularly	1-5	Joint monitoring among Japanese long-term expert and district mobile team	Japanese long-term expert				Over 110 CHC monitored as of end Nov '99 and capacity of DHC staff and mobile team members on monitoring increased
	1-6	Evaluation and reporting are conducted regularly	1-6a	A regular monthly meeting is conducted among DHC and CHC staff					A regular reporting made available
			1-6b	Quarterly joint meeting of DHC and MCH/FP Centre staff is conducted	Quarterly joint meeting is planned and organised under the initiative of MCH/FP Centre to maximize the Project impact (starting from Apr '99)				Data collection, supply and distribution, sharing of information and experiences diffusion of knew knowledge made available

District

Output	PDM		Description of activities	Actual Implementation				Results
	Planned Activities	Description of activities		Input		Vietnam		
				JICA	(US\$)	(VND)	(VND)	
2 Necessary medical equipment is improved	2-1	Needs assessment on equipment is conducted	2-1	Needs assessment on medical equipment is conducted by DHC				Needs identified
	2-2	Plan for equipment is formulated	2-2	Request for equipment by DHC formulated				Request by 8 DHC made
	2-3	Procurement and supply of equipment are carried out	2-3	Appropriate and necessary medical equipment supplied to DHC	98-99: one set of basic medical equipment (same set with that for CHCs) and client bed; 99-00 medical equipment to all DHC	98-99: \$15,515; 99-00: \$214,456		8 districts are to receive appropriate medical equipment for the Project
	2-4	Protocol/manual for using and maintenance is formulated						
	2-5	Training on utilization and maintenance of equipment carried out	2-5	Training workshop on ultrasound diagnosis	Dr. Horiguchi, OBGYN dispatched (15-26 Aug 99) and workshop cost			9 doctors at 8 DHC trained on ultrasound diagnosis
	2-6	Maintenance of equipment is conducted regularly						
3 Necessary health facilities are improved	3-1	Needs assessment is conducted						
	3-2	Plan of upgrading of facilities is formulated						
	3-3	Upgrading of facilities, e.g. delivery room, FP service/counseling room, water source, bathroom, toilets, at CHC is carried out						
	3-4	Monitoring and evaluation is conducted						
4 Capacity of mobile team is strengthened	4-1	Operation plan of mobile team is formulated	4-1	8 districts' mobile team prepared it's own plan for 6 months				Operation plan for mobile team at 8 districts formulated
	4-2	Means of transportation and necessary equipment are provided	4-2	8 mobile team of DHC received means of transportation and medical equipment	8 motorbikes and 8 Doppler were provided to 8 district (1 unit each)	\$17,040 (供与機材+補正)		Monitoring and supervision of DHC to CHC made available

District

Output	PDM		Description of activities	Actual Implementation				Results	
	Planned Activities			Input		Vietnam			
				JICA	(US\$)	(VND)	(VND)		
	4-3	service and supervision are regularly conducted							
	4-4	Recording and reporting are carried out regularly	4-4	A monthly regular meeting conducted with DHC, mobile team and CHCs				Regular monitoring conducted. Plan of mobile team properly informed to CHC	
5	Necessary drugs and contraceptives are provided sufficiently	5-1	Needs assessment is conducted						
		5-2	Plan for supply of necessary drugs and contraceptives is prepared						
		5-3	Procurement and distribution of necessary drugs and contraceptives are carried out						
		5-4	Proper record on supply and usage is kept by pharmacist						
		5-5	Monitoring and supervision are carried out regularly						
6	Information, education and communication (IEC) for RH is improved	6-1	Needs assessment is conducted	6-1	A basic survey on RH conducted (16 Nov '97-10 Jan '98)	Ms. Abe, an expert on RH survey dispatched (16 Nov. '97-10 Jan '98)			A survey report made available (Japanese)
		6-1'	Collection of relevant information for IEC strategy	6-1'	A survey on community organisations in Nghe An province with focus on mass organisations conducted	2 times Ms. Hamano, JOICFP staff dispatched (9-19 Aug and 5-12 Dec. '98)			Information on community organisations collected for the development of IEC strategies
		6-2	Plan for IEC work is formulated						
		6-2'	TOT Training/Workshop for IEC promoters	6-2'	8 times Seminar on CB MCH/FP promotion conducted (2 days x 8 districts Sept '98)	Dr. Okamoto, an expert on CBD and Pediatrics, dispatched (6-26 Sept '98) and seminar cost	\$549 (啓蒙)		38 (4per x 8 dis + 6per) district SC members were trained on CB MCH/FP promotion
		6-3	appropriate IEC equipment is provided	6-3a	IEC equipment is provided to all 8 district SC (8sets of VTR, OHP/screen and PA system)	8 sets of VTR, OHP/screen and PA systems (1 set each)	\$16,272		All district SC properly equipped to promote IEC



District

Output	PDM		Description of activities	Actual Implementation				Results
	Planned Activities			Input				
				JICA	(US\$)	Vietnam	(VND)	
			6-3b IEC equipment is to be provided to district WU (19 sets of PA system) for campaign	19 sets of PA systems	\$17,100 (啓蒙)			All district WU properly equipped to promote IEC
	6-4	IEC materials are produced and distributed	6-4a Printed materials for IEC developed, mass produced and distributed	Calendar, posters, pamphlets, personal health record, song book on RH, etc. were produced and distributed				All districts of project area received IEC materials
			6-4b Simple but high-quality IEC material distributed	Magnet kits and Maggie aprons	\$22,108 (人口特別)			19 DHCs
			6-4c A monthly newsletter from the JICA RH Project Office (No.14 issued as of Nov '99) (Total 1,200 copies per issue for all levels) has been issued and distributed to JC members, provincial SC members and MCH/FP Centre staff and other people and institutions concerned at provincial level	Development, mass production and distribution cost				District SC members, DHC staff are well informed on the result of the monitoring and necessary feed-back made
	6-5	Training for IEC workers and motivators is carried out						
	6-6	Festival and meetings are organized	6-6 A Quiz Contests on the occasion of International Women's Day (8 Mar '00) is to be organised at district level by district WU					Importance of RH is to be widely advocated to people in each district
	6-7	Recording and reporting are carried out regularly						

## Commune

PDM		Actual Implementation						
Output	Planned Activities	Description of activities	Input				Results	
			JICA	US\$	Vietnam			
						(VND)		
0	Project Unit (PU) is established at all levels (National, Provincial, District and Commune)	0-1 Function and responsibility of PU at different levels are defined	0-1	Function, responsibility and members of PU at different levels are defined and a letter from the Project Manager (Vice-chair of Provincial PC) was sent to all organisations and people concerned				Province, District and Communes in the project areas were well informed for establishment of PU
		0-2 PU at different levels are established	0-2	One Joint Committee and Steering Committee of the Project at provincial, district and commune levels were formulated				Commune SC formulated (1/PC, 1/WU, 1/CHC)
		0-2'	0-2b	8 times 3-day orientation workshop for all the members of commune SC members (Apr-May '98)	JICA long-term experts and cost for the workshops	\$18,564 (中 堅)		732per. All members of commune SC were briefed about the JICA RH Project (3 per/comm x 244 communes)
		0-3 Plan of capacity building of Provincial MCH/FP Center as a focal point of project implementation is formulated						
		0-4 Situation analysis is conducted	0-4a	A survey on RH issues is conducted	2 times Mr. Kadoi, an expert on RH survey dispatched (20/Nov-16/Dec '97 and 5-23 Apr '98)			Felt needs on RH among commune women identified
			0-4b	A survey on the present RH related information system in Nghe An Province is conducted	Mr. Hyoi, an expert on health statistics dispatched (5-23 May '98)			Situation analysis made and needs on basic demographic training identified
		0-5 Equipment for PU and MCH/FP Centre is provided	0-5	White board was provided to 244 CHCs	244 white boards			244 CHCs received white board for planning and management
		0-6 Detailed project plan of operation is formulated						
		0-7 Training of staff of PU on planning, management and statistics is conducted						
		0-8 Coordination, monitoring and evaluation are conducted regularly	0-8	Meeting is conducted as necessary				
		1-1 Needs assessment on training is conducted	1-1	Questionnaires were sent directly to all CHCs in the project areas (244 communes)	JICA short term experts during the preparation of the project			Situation analysis and needs assessment at all CHC made

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## Commune

Output	PDM		Description of activities	Actual Implementation				Results
	Planned Activities			JICA	Input		Vietnam	
					(US\$)	(VND)		
	1-2	Training plan for health personnel is formulated						
	1-2'	Assessment of training outcome	1-2'	Follow-up survey on CHC retraining	2 times Mr. Kadoi, an expert on public health, dispatched (26 Nov-17 Dec '98/24 Feb-17 Mar '99)			Effectiveness of the CHC retaining course surveyed to feed back to CHC retaining to be conducted
	1-3	Teaching materials are produced	1-3a	Manual developed by MOH/UNFPA mass printed				All trainees receive 2 copies of manual (1 for trainee and 1 for CHC)
			1-3b	244 sets of 19 kinds of medical textbooks with bookcase is provided	19 kinds of medical textbooks for 244 CHCs	\$10,930 (補正)		244 CHCs received 19 kinds of medical textbooks for reference
	1-4	Training for health personnel is conducted	1-4a	10 courses of 1-month retraining of CHC staff (Total: 235 CHC staff of the project area + 11 from Ky Son)	Long-term expert (midwifery) and retraining cost	\$79,534 (21,960+36,200+21,374)		All health staff except 9 per who were trained by other NGO at 244 CHC in charge of delivery received 1-month retraining at MCH/FP Centre (235 person)
			1-4b	Additional 1-month retraining of CHC staff	Long-term expert (midwifery) and retraining cost			Additional retraining of CHC staff in project area made available. Particularly, communes which have two CHCs in one commune
			1-4b	Refresher course for CHC staff by DHC at 8 districts	Long-term expert (midwifery) and retraining cost	\$11,840		244 CHC staff receive refresher training
	1-5	Monitoring, supervision and follow-up of trained personnel are conducted regularly	1-5	Joint monitoring by Japanese long-term expert and district mobile team (Members of the monitoring team: JICA long-term expert, project staff, district mobile team members and director or deputy director)	Long-term expert			More than 110 CHCs have monitored and provided follow-up training. Commune SC members attend the whole monitoring session and receive comment from monitoring team. Recommendation made when necessary
	1-6	Evaluation and reporting are conducted regularly	1-6	Monthly meeting among CHC staff and DHC				Reporting from CHC to DHC made and issues, if any discussed. Some DHC started half-a-day training of CHC staff coincide with the meeting.

## Commune

Output	PDM		Actual Implementation				Results		
	Planned Activities		Description of activities		Input				
					JICA	Vietnam			
				(US\$)	(VND)				
2 Necessary medical equipment is improved	2-1	Needs assessment on equipment is conducted	2-1	Needs assessment on equipment is conducted by DHC and CHCs				Finalisation of the equipment list for each CHC made available	
	2-2	Plan for equipment is formulated		Lists of minimum equipment at CHC level prepared by MOH, WB and UNFPA collected					
	2-3	Procurement and supply of equipment are carried out	2-3a	Basic medical equipment for CHCs were procured and provided (c.f. list)	Basic medical equipment for 66 CHCs	\$135,894			66 CHCs received basic medical equipment
			2-3b	Basic medical equipment for CHCs were procured and provided (c.f. list)	Basic medical equipment for 96 CHCs	\$206,220			96 CHCs received basic medical equipment
			2-3c	Basic medical equipment for CHCs were procured and provided (c.f. list)	Basic medical equipment for 82 CHCs	\$175,436 (補正)			82 CHCs received basic medical equipment
			2-3d	Basic medical equipment for CHCs were procured and provided (c.f. list)	Mattresses for the patient beds for 244 CHCs	\$12,163			All 244 CHC received mattress for the patient bed
			2-3e	Consumable materials including gloves, uniform, cotton sheets provided		\$15,807 (補正)		244 CHCs received consumable materials	
	2-4	Protocol/manual for using and maintenance is formulated	2-4	Manual/catalogue on medical equipment for CHC produced and distributed				244 CHCs received manual/catalogue for medical equipment provided by JICA	
	2-5	Training on utilization and maintenance of equipment carried out	2-5	Training is integrated with the 1-month retraining of CHC staff				244 CHC staff trained on utilisation and maintenance of equipment	
	2-6	Maintenance of equipment is conducted regularly	2-6	Maintenance of equipment is conducted regularly				Maintenance of equipment conducted regularly	
3 Necessary health facilities are improved	3-1	Needs assessment is conducted	3-1	Needs assessment by DHC and Commune SC				Needs assessment made and commune SC made	
	3-2	Plan of upgrading of facilities is formulated	3-2	Plan of upgrading of CHC facilities formulated by DHC and Commune SC				Plan of upgrading facilities made available and commune SC made commitment for additional input	

## Commune

Output	PDM		Actual Implementation				Results	
	Planned Activities	Description of activities	Input		Vietnam (VND)			
			JICA	(US\$)				
	3-3	Upgrading of facilities, e.g. delivery room, FP room, water source, bathroom, toilets, at CHC is carried out	3-3a	Upgrading of facilities	Construction/Renovation of hygienic facilities of CHCs by GAGRP by Japanese Embassy	\$84,532 (草の根)		106 CHC in 8 districts had/improved sanitary facilities
			3-3b	Upgrading of facilities	Construction/Renovation of hygienic facilities of CHCs by 1998 JG's supplementary budget	\$76,468 (補正)		96 CHC in 8 districts had/improved sanitary facilities
			3-3c	Upgrading of facilities	Construction/Renovation of hygienic facilities of CHCs by GAGRP by Japanese Embassy	\$35,043 (草の根) 予定		42 CHC in 8 districts are to have/improve sanitary facilities
	3-4	Monitoring and evaluation is conducted	3-4	Monitoring conducted coincide with monitoring of retrained CHC staff mentioned at 1-5	Japanese long-term expert			Monitoring and evaluation made available and recommendation made for improvement, where
4	Capacity of mobile team is strengthened							
	4-1	Operation plan of mobile team is formulated						
	4-2	Means of transportation and necessary equipment are provided						
	4-3	service and supervision are regularly conducted						
	4-4	Recording and reporting are carried out regularly						
5	Necessary drugs and contraceptives are provided sufficiently							
	5-1	Needs assessment is conducted						
	5-2	Plan for supply of necessary drugs and contraceptives is prepared						
	5-3	Procurement and distribution of necessary drugs and contraceptives are carried out						
	5-4	Proper record on supply and usage is kept by pharmacist						
	5-5	Monitoring and supervision are carried out regularly						
6	Information, education and communication (IEC) for RH is improved		6-1a	A basic survey on RH conducted (16 Nov '97-10 Jan '98)	Ms. Abe, an expert on RH survey dispatched (16 Nov. '97-10 Jan '98)			A survey report made available (Japanese)

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## Commune

Output	PDM		Actual Implementation					Results	
	Planned Activities	Description of activities	Input			Vietnam (VND)			
			JICA	(US\$)					
			6-1b	2 PCM workshops at Dien Thanh Commune, Dien Chau District (17-19 & 21-23 Mar '98)	Ms. Fukushi, a PCM moderator dispatched (Dien Thanh, Dien Chau Dis., 7-27 Mar '98) and workshop cost				RH needs of younger population (20-30) at commune level identified (20 men and 20 women)
	6-1'	Situation analysis is conducted		A survey on community organisations in Nghe An with focus on mass organisations	2 times Ms. Hamano, JOICFP staff dispatched (9-19 Aug and 5-12 Dec '98)				Role and function of mass organisations made clear for IEC on RH
	6-2	Plan for IEC work is							
	6-3	Appropriate IEC equipment is provided	6-3						
	6-4	IEC materials are produced and distributed	6-4a	3,300 sets of IEC promotion materials, including: book case, 43 copies of 9 kinds of books distributed to 3,300 hamlets of 244 communes	IEC promotion materials on RH for hamlet level	\$79,196 (補正)			3,300 hamlets received necessary IEC promotion materials
			6-4b	Printed materials for IEC developed, mass produced and distributed	Calendar, posters, pamphlets, personal health record, song book on RH, etc. were produced and distributed				Hamlets, Communes of the project area received IEC materials
			6-4c	Simple but high-quality IEC material distributed	244 Maggie apron	\$24,492 (人口特別)			244 CHCs received simple but good quality of IEC material
			6-4d	IEC materials on RH for the communes be distributed to the outside of the project area	Printed materials for IEC	\$24,741 (草の根支援展開)			Commune people outside of the project areas received IEC materials on RH
	6-5	Training for IEC workers and motivators is carried out	6-5a	31 courses of 2-day IEC workshops conducted for commune WU members (Apr-May '98)	Japanese long-term experts and workshop cost	\$32,340 (啓蒙)			1,953 IEC workers of 244 communes trained and a draft of 2 kinds of posters developed
			6-5b	8 times seminar on CB MCH/FP promotion conducted (2 days each at 8 dis. Sept '98)	Dr. Okamoto, an expert on CB MCH/FP promotion and Pediatrics, dispatched (6-26 Sept '98)	\$10,568 (啓蒙)			732 (3per x 244) commune SC members trained on CB MCH/FP promotion
			6-5c	33 courses of 2-day IEC workshops conducted for commune WU members (Oct-Nov '98)	Japanese long term experts and workshop cost	\$18,998 (啓蒙)			1,316 IEC workers of 244 communes trained and a song book developed

Commune

Output	PDM		Actual Implementation				Results
	Planned Activities	Description of activities	Input		Vietnam (VND)		
			JICA (US\$)				
		6-4e	A monthly newsletter from the JICA RH Project Office (No.14 issued as of Nov '99) (Total 1,200 copies per issue for all levels) has been issued and distributed to JC members, provincial SC members and MCH/FP Centre staff and other people and institutions concerned at provincial level	Development, mass production and distribution cost			Commune SC members, are well informed on the result of the monitoring and necessary feed-back made
	6-6	Festival and meetings are organized	6-6	A Quiz Contests on the occasion of International Women's Day (8 Mar '00) is to be organised at commune level by commune WU	\$15,350 (啓蒙)		All commune people, especially women be aware about their RH
	6-7	Recording and reporting are carried out regularly					

年月	日・曜日	活動内容	場所	議題
1998年 8月	25日(火)	第1回郡運営委員会定例会	MCH/FP センター	計画打合せ調査団活動報告、1997年活動報告、1998年活動計画協議・承認 渡邊専門家によるCHC モニタリング訪問開始・スケジュールについて、IEC ワークショップ開催準備
9月	26日(土)	第2回郡運営委員会定例会	MCH/FP センター	草の根無償資金によるCHC改修・改築工事計画、CHC 機材リスト作成のための機材状況調査について
10月	31日(土)	第3回郡運営委員会定例会	MCH/FP センター	CHC 機材リスト作成進捗状況、CHC 改修・改築工事計画進捗状況(対象CHC, 工事内容等)
11月	28日(土)	第4回郡運営委員会定例会	MCH/FP センター	長屋祥子・角井信弘短期専門家による活動報告 コミュニケーションレベルIEC ワークショップ進捗状況
12月	19日(土)	第5回郡運営委員会定例会	MCH/FP センター	移動セミナーオリエンテーション
1999年 1月	—	—	—	省保健局主催ゲアン省19郡1997年度母子保健家族計画活動報告会議開催のため、郡運営委員会会議は無し
2月	6日(土)	第6回郡運営委員会定例会	MCH/FP センター	第1回移動セミナー報告
3月	16日(火)	第7回郡運営委員会定例会	MCH/FP センター	第2回移動セミナー報告 角井信弘短期専門家の調査活動・中間報告
4月	21日(水)	第8回郡運営委員会定例会	MCH/FP センター	移動セミナーの成果報告、CHC 改修工事進捗報告、1998年度草の根無償資金支援活動の報告書関する説明、物資供与オリエンテーション、ドブラー使用講座
5月	—	—	—	交流セミナー受入れ(フエ省・アンザン省:5日(水)~8日(土))の一環として、ナムダン郡人民委員会会議室において、5月7日(金)に8郡参加のセミナーを開催したため、郡運営委員会会議は無し。 セミナーでは、パルトグラフ活用に関する発表(アンザン省)・討議、CHC モニタリング活動の討議等を行った。
6月	—	—	—	(MCH/FP センタームイ所長がカウンターパート研修で訪日中、岩柳・渡邊両専門家一時帰国中のため、会議は無し)



7月	26日(月)	合同委員会会議	Huu Nghi Hotel	1998年活動報告、1999年活動計画協議・承認
8月	—	—	—	(青木康子・堀口貞夫短期専門家による郡レベル対象ワークショップ2回開催のため、会議は無し)
9月	18日(土)	第9回郡運営委員会定例会	MCH/FP センター	CHC スタップリフレッシュャーコース計画策定: 予算についての解説、1999年度草の根無償資金申請に関する説明
10月	22日(金)	第10回郡運営委員会定例会	MCH/FP センター	指標: 指標解説、データ表・データ収集オリエンテーション、CHC スタップリフレッシュャーコース計画策定、1998年度 CHC 用機材コンディションフォローアップ・不良品調査、ハムレットレベル IEC 教材配布スケジュール、IEC 教材の効果的配布
11月	30日(火)	第11回郡運営委員会定例会	MCH/FP センター	石井澄江・長屋祥子短期専門家の活動報告 評価準備: CHC ポストフォローアップ進捗、指標: 統計数値に関するフィードバック、モニタリングマネジメントワークショップ 予定、HBMR(母子手帳)の配布・活用に関する省レベル準備 中間報告、IEC 関連教材配布計画等
12月	22日(水)	評価ワークショップ	MCH/FP センター	評価ワークショップ
	24日(金)	合同委員会・プロジェクト評価	Huu Nghi Hotel	評価協議、ミニッツ調印式

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	氏名	派遣期間	派遣分野	成果
1	阿部貴美子	1997年11月16日～1998年1月10日	リプロダクティブヘルス調査	リプロダクティブヘルスに関する基礎調査(国、省レベル)の完了(報告書参照)
2	大野明子	1997年11月21日～30日	産婦人科	MCH/FPセンター用供与機材の選定及びセンターの分娩管理技術レベルの評価(報告書参照)
3	帖佐理子	1997年12月12日～1998年1月31日	保健サービス運営管理 (病院・クリニック運営管理)	MCH/FPセンターの運営管理分野のニーズ調査終了(報告書参照)
4	吉野篤	1998年2月22日～3月14日	広報教育 (視聴覚教材の制作)	260点にわたるプロジェクト活動及び農村の女性の生活を紹介する教材用写真の入手
5	福士恵里香	1998年3月7日～27日	プロジェクト運営管理 (PCMモデレーター)	PCMの手法を通じて郡の運営委員会メンバーに、プロジェクト運営管理の研修を実施(報告書参照)
6	兵井伸行	1998年4月5日～23日	保健統計情報システム	リプロダクティブヘルスの関連の統計情報システムに関する調査を実施(報告書参照)
7	長屋祥子	1998年6月15日～7月5日	保健行政・管理 (母子保健／家族計画行政)	ゲアン省に於ける母子保健／家族計画行政についての現状調査(報告書参照)
8	帖佐理子	1998年6月16日～7月6日	保健サービス運営管理 (病院管理)	5S(整理、整頓、清掃、清潔、習慣)の効果に基づき、QS(quality control)品質管理を目指し動き始めた(報告書参照)
9	篠原裕幸	1998年7月16日～26日	広報教育 (視聴覚教材の制作)	IEC教材及び広報活動の制作、プロジェクト活動の写真撮影を行った
10	岡本暁	1998年9月6日～26日	地域に根差したMCH推進活動	8郡とヴィン市で日本の経験:住民参加と母子保健行政(愛育班)について紹介し、合計9回のセミナーを行った(報告書参照)

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	氏名	派遣期間	派遣分野	成果
11	長屋祥子	1998年11月13日～12月5日	プロジェクト運営管理	2000年に向けて、今後プロジェクト活動を行っていく際の母子保健行政現状の評価（報告書参照）
12	角井信弘	1998年11月26日～12月17日	リプロダクティブヘルス調査（CHC研修フォローアップ調査）	CHC再教育成果の情報を入手し、フォーカスグループディスカッションを行った
13	帖佐理子	1998年12月3日～21日	保健サービス運営管理（病院管理）	母子保健行政を改善するため、明確なグループワークを行った。（報告書参照）
14	角井信弘	1999年2月24日～3月17日	リプロダクティブヘルス調査（CHC研修フォローアップ調査）	前回の調査を通じて入手された情報を分析し、提言を作成（報告書参照）
15	吉野篤	1999年3月18日～31日	広報教育（視聴覚教材の制作）	IEC教材及び広報活動の制作、プロジェクト活動の写真撮影を行った
16	青木康子	1999年3月20日～4月4日	助産婦教育	教育計画の組織的なTOTワークショップを行った。CHC再教育の改善を提言し、薦めた（報告書参照）
17	帖佐理子	1999年7月6日～22日	保健サービス運営管理	これまでに紹介されたQS（品質管理）のための5S（整理、整頓、清掃、清潔、習慣）についてどのような改善が見られたかを確認し、今後の課題を話し合った
18	青木康子	1999年8月2日～15日	助産婦教育	教授法策定に関するTOTワークショップを行った
19	堀口貞夫	1999年8月15日～8月26日	産婦人科	超音波診断装置を使った妊産婦・婦人科に関する診断について、ビデオ、スライドを用いた講義とともに、装置を使った実習を行った。
20	石井澄江	2000年11月7日～12月4日	プロジェクト運営管理	評価の準備についての方針を決定し、必要書類当の整理、準備を指導した

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	氏 名	派 遣 期 間	派 遣 分 野	成 果
21	長屋祥子	2000年11月13日～12月4日	母子保健／家族計画行政	プロジェクト対象外の郡のDHCおよびCHCを視察・状況把握し、前者の后者に対する指導について情報を得た。この他MCH/FPセンターの状況を把握し、提言を行った。
22	芦沢はる江	2000年2月20日～3月4日(予定)	地域に根差したMCH推進活動	
23	角井信弘	2000年3月(未定)	リプロダクティブヘルス調査	

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	氏名	所属	受け入れ期間	目的
1	橋爪章	医療協力部一課長	1997年10月24日～27日	1. プロジェクト地区状況調査 2. プロジェクトベトナム側カウンターパート挨拶
2	青野恵美子	国際協力出版会	1997年11月25日～29日	RHプロジェクト取材
3	福原毅文	JICA医療協力部長	1997年12月6日～8日	1. RHプロジェクト現状視察 2. オリエンテーションワークショップ出席 3. RH事務所開所式出席
4	角井信弘	ジョイセフ プログラムオフィサー	1997年11月20日～12月16日	リプロダクティブヘルスニーズ調査(NGO連携)
5	永野年明	JICAベトナム事務所 青年海外協力隊調整員	1998年2月15日～18日	海外青年協力隊の受入可能性調査
6	角井信弘	ジョイセフ プログラムオフィサー	1998年2月17日～19日	リプロダクティブヘルスニーズ調査(NGO連携) フォローアップ
7	西内正彦 田代信成	共同通信社編集委員室次長、論説委員 編集局写真部	1998年2月22日～3月1日	JICAプロジェクト取材
8	福田友子	ジョイセフ スタッフ	1998年2月22日～3月14日	IEC 短期専門家吉野篤のアシスタントとしてプロジェクトの記録及びビデオ制作のための撮影を行った
9	Dr. Marja Anttila 他4名	Team Leader, Finland mission of the Nghe An Pediatrics Hospital	1998年3月1日	情報交換
10	Ms. Louise Dohn Ms. Margo Hekker	Programme Officer, UNFPA	1998年4月8日～9日	1. UNFPAのKy Son district projectに対する協力の可能性について打ち合わせ 2. JICA RHプロジェクトについての紹介
11	Dr. Victor Cole	ユニセフ プロジェクトオフィサー	1998年4月15日～18日	情報交換、JICAプロジェクト視察

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12	永野年明	JICA ベトナム事務所 青年海外協力隊調整員	1998年6月1日～2日	海外青年協力隊の受入可能性調査、前回の調査をもとには健可能性の分野を絞り、省の責任者と実質的協議を行った。
13	Dr. Tran Minh Nhu Nguyen,	Finland mission of the Nghe An Peadiatrics Hospital	1998年6月7日	情報交換
14	嘉治美佐子 臼田昇	日本大使館参事官 日本大使館書記官(草の根無償担当)	1998年6月30日	プロジェクト視察
15	福元学	レントゲン検査技師	1998年7月24日～25日	JICA 国際協力懸賞論文準優勝の副賞 海外研修の一環としてベトナムJICAリプロダクティブ・ヘルス・プロジェクトを視察訪問
16	石田望	JICAインターン 横浜国立大学大学院国際経済法学科	1998年8月15日～18日	GO-NGO 連携のプロジェクトの実際を見ることで、ODAにおけるNGOの果たす役割を知る
17	斉藤文代	保健婦	1998年8月25日～27日	GO-NGO 連携のプロジェクトの実際を見ることで、ODAにおけるNGOの果たす役割を知る
18	浜野けい子	ジョイセフ専門家	1998年8月9日～19日	NGO活動調査（大衆組織調査）
19	小原博 前田秀雄	JICA短期専門家(バックマイ病院プロジェクト 基礎調査) JICA調査団員	1998年9月2日～4日	バックマイ病院プロジェクト企画立案のため、レファラル圏内にある医療施設を視察
20	飯島愛子 腰原亮子 研修生 7名 通訳 1名	JOICFP研修部長、コースリーダー JOICFPスタッフ、コースリーダー	1998年10月22日～27日	技術移転の基礎能力養成のため、JICA専門家の技術協力活動や、途上国の現状を視察
21	加藤紀子	看護婦、JICA長期専門家 チャイライ・プロジェクト	1998年11月26日～29日	情報交換及び経験交流
22	浜野けい子	ジョイセフ専門家	1998年12月5日～12日	NGO活動調査フォローアップ（大衆組織調査）

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23	千代木信一 他5名	JICA個別専門家、元NHKプロデューサー	1999年1月15日～20日	ベトナムテレビの研修の一環として、ドキュメンタリー番組制作の教材として、当プロジェクトの活動を撮影
24	小原博 他研修員5名	国立医療センター、コーディネーター	1999年1月31日～2月3日	国際感染症等専門家研の一環として、途上国の現場を訪問し、保健事情を視察
25	加藤京子 近藤倫子 高田有美子	東京女子医科大学国際環境熱帯医学教室学生	1999年3月16日～17日	途上国の医療現場を訪問し、実情を知る 現地の人々の生活、衛生状態の実際を知る
26	浅村理紗 李舜姫 伊能まゆ	ジョイセフ国際事業部プログラムオフィサー ジョイセフ制作室職員 学生(通訳)	1999年3月18日～26日 1999年3月24日～31日 1999年3月18日～31日	吉野篤JICA短期専門家の撮影補助業務
27	藤田則子 森兼真理	JICA カンボディア母子保健プロジェクト長期 専門家、産婦人科医師 同上、助産婦	1999年4月12日～14日	地方展開型プロジェクトのモデルである、ベトナムJICA RHプロジェクトを視察訪問 情報交換、経験交流
28	アンジェ・アンダーソン氏 ステファン・エングロム氏 ヨラン・オウレリンス氏	コンサルタント コンサルタント 小児科医	1999年4月23日	FINIDA プロジェクトのコンサルタントとして、JICA RHプロ ジェクトオフィス訪問、情報収集
29	エリック・パルストラ氏	国連人口基金ハノイ事務所長	1999年4月25日～26日	JICA RHプロジェクト訪問視察、情報交換
30	地曳隆紀 地曳いく子	JICAベトナム事務所長、 所長夫人	1999年4月30日～5月2日	JICA RHプロジェクト訪問視察及び専門家住環境視察
31	永野年明	JICAベトナム事務所 青年海外協力隊調整員	1999年6月9日～12日	JICA RHプロジェクト訪問視察 青年海外協力隊派遣の可能性を探り、派遣についての討 議の準備
32	津久井純 町田悦子	ジョイセフ専門家	1999年7月12日～8月31日 1999年7月16日～8月31日	IEC活動調査(NGO連携):草の根レベルでの広報・啓蒙・ 教育活動が、どのように実施されているかについての実態 調査
33	中学教師12名 JICA 東北支部長代理1名	名簿参照	1999年8月2日～3日	教育現場に活かすためにJICAの実施する国際協力の実 際を視察、海外研修の一環としてベトナムJICA RHプロ ジェクトを訪問

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34	山田理英	学生、東京都立医療技術短期大学助産学専攻	1999年8月2日～13日	JICA RHプロジェクト訪問
35	高藤裕子 柴峰祐美子 佐野康子	慶応大学卒業、社会人 独協大学卒業、社会人 独協大学大学院	1999年8月15日～17日	JICA 国際協力懸賞論文準優勝の副賞 海外研修の一環としてベトナムJICAリプロダクティブ・ヘルス・プロジェクトを視察訪問
36	石井澄江	JOICFP 企画開発事業部長、 ベトナム国保健医療分野基礎調査団団員	1999年8月15日～28日 (ゲアン省 8月21日～26日)	JICA RHプロジェクトの終了後の方向について、関係者と討議 JICA RHプロジェクト訪問視察
37	大石修	JICA 個別専門家、公衆衛生	1999年8月21日～24日	JICA RHプロジェクト訪問視察
38	渡部晃三	JICA ベトナム事務所職員	1999年8月21日～24日	JICA RHプロジェクトの終了後の方向について、関係者と討議 JICA RHプロジェクト訪問視察
39	山崎トヨ 山下良恵 藤田清佳 永野年明	埼玉医科大学短期大学母子看護学教授 JICA青年海外協力隊事務派遣第1課課長代理 JICA青年海外協力隊事務局第1課 JICA ベトナム事務所職員	1999年8月26日～28日	JICA RHプロジェクトの関係機関とプロジェクト実施地区を訪問 JOCV派遣に関する討議
40	国際開発センタースタ ディーツアー13名 (内2名引率)	名簿参照	1999年9月2日～3日	JICAの実施する国際協力の実際を視察 海外研修の一環としてベトナムJICA RHプロジェクトを訪問
41	Dr.ジュリアナ・マルセロ Dr.エスパランザ・ファ 小村陽子 佐藤祥子	第3リージョン保健局母子保健課 パターン州保健局副局長 JICA専門家 JICA専門家	1999年9月12日～19日	ゲアン省RHプロジェクトを訪問、ベトナム側カウンターパートとの経験交流
42	谷口裕	JOICFP インテグレーション編集者	1999年9月15日～28日	ジョイセフ季刊誌「インテグレーション」JICA RHプロジェクト特集号のための取材
43	佐藤泰彦	国際協力出版、編集部主任 JICA英文誌「Network」担当	1999年10月5日～10日	JICA英文雑誌「Network」のための取材



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44	山田史子	JICA 東京事務所 医療協力部医療協力第1課職員	1999年10月24日～26日	JICA RHプロジェクトの評価日程・準備の打ち合わせ及び終了後の方向について、関係者と討議 JICA RHプロジェクト訪問視察
45	広中和歌子 川橋幸子 生長恵里 桜井久美子 地曳隆紀	参議院銀、元環境庁長官 参議院議員 毎日新聞社人口問題協議会 2050 JICA ヴィエトナム事務所長	1999年10月26日～27日	JICA RHプロジェクト訪問視察
46	野口奈佳恵	JICA ラオス小児感染予防プロジェクト長期専門家薬剤師	1999年11月14日～19日	地方展開型プロジェクトのモデルである、ヴィエトナムJICA RHプロジェクトを訪問、経験交流
47	クリスチャン・シオンハルス氏 ンゴ・ティ・カイン氏	コンサルタント、小児科医 コンサルタント、CARE International In Vietnam	1999年11月16日	GTZプロジェクトのコンサルタントとして、JICAプロジェクトオフィス訪問、情報収集・交換
48	腰原亮子 研修生7名 通訳1名	JOICFPアシスタントプロジェクトオフィサー、 コースリーダー	1999年11月17日～24日	技術移転の基礎能力養成のため、JICA専門家の技術協力活動や、途上国の現状を視察
49	大石修	JICA 個別専門家、公衆衛生	1999年11月18日～20日	JICA RHプロジェクト訪問視察
50	津久井純	JOICFP専門家	1999年11月1日～12月2日	IEC活動についてのNGO調査フォローアップ プロジェクト評価準備
51	ヘレン・コンラッド氏 グエン・コン・チャン氏	農業経済・社会開発専門家 通訳	1999年12月6日	森林自然保護プロジェクトで、家族計画分野の活動を盛り込むことを検討しているために、情報収集・情報交換

## 5 NGO等連携強化費によるジョイセフのヴェトナムヘルスプロジェクトへの支援活動

NGO等連携強化費による

ジョイセフの

ヴェトナムリプロダクティブヘルスプロジェクトへの支援活動

### I. JICA との契約にもとづく業務

#### 1. プロジェクト支援業務（国内活動）

##### 1) 専門家派遣計画の策定への助言と専門家候補者の選定・推薦

長期・短期専門家を派遣するために必要な計画の策定また策定への助言を行い、専門分野に適切であると判断される専門家候補者の選定と推薦を行った。これまでに派遣された短期専門家延べ21名中1名を除きすべてジョイセフが選定・推薦した。

##### 2) 機材供与計画策定への助言、基本仕様の作成

機材供与に関して、適切な供与計画策定への助言・供与機材の選定ないし助言、基本仕様の作成を行った。また専門家の携行機材に関して、適切と判断される機材の選定、基本仕様の作成あるいは助言を行った。

##### 3) カウンターパート研修の日程作成の助言及び受け入れ先の推薦・調整

プロジェクトの研修員受け入れ計画に基づき、技術研修の日程・教程の作成と、受入先の推薦・調整等を行った。合計8名のカウンターパートに対する研修日程を作成し、受け入れ先との調整を行い、東京での受け入れのほか、他県の視察に際しては、必要に応じてジョイセフの職員を同行させた。

##### 4) 現地調査実施準備及び調査結果の分析・報告書の作成に関する助言

現地調査実施準備として、現地調査員派遣の計画を策定し、調査員の選定および調査員への助言・指導を行い、派遣に係る手続きや現地との連絡・調整を行い、資料の提供および調査結果の分析・報告書の作成についての助言を行った。

##### 5) リプロダクティブ・ヘルス関係の情報／資料の収集・作成と提供

ヴェトナムのプロジェクト関連及びリプロダクティブ・ヘルス関係の情報／資料を収集、整理、作成を行い、派遣予定短期専門家、国内外の専門家・関係者に提供した。

6) 技術連絡会議の開催

計画打ち合わせ調査団および終了時評価調査団派遣にあたって必要な技術連絡会議を開催した。平成10年度に2回、平成11年度に2回開催。また、報告書のとりまとめ、校正など、作成に参加した。

7) 定期的な研究会・報告会の開催

定期的に研究会・報告会等を開催し、現地調査項目、調査内容・方法の検討、調査結果の検討・分析・報告を行うとともに、国内の短期専門家との協力体制を強化した。準備年を含み合計21回の研究会を実施し、プロジェクトの進捗状況の報告、専門家の帰国報告及び派遣専門家に対する情報と経験交流の場を提供した。これにより専門家同士の連携が強化され、プロジェクトの支援態勢が強化された。

8) 国内専門家との連絡・調整

長期・短期専門家に対し、活動を円滑に進めるための助言を行い、便宜を計った。

9) 国会議員：メディア関係者現地視察への協力

国会議員メディア関係者によるプロジェクト視察の事前準備及び日程調整等を実施した。

10) 広報・教育用資料作成

プロジェクトの広報用及びプロジェクト紹介用の資料を作成した。(スライド、パネル及び印刷物) これらの作成した資料を使い、ジョイセフの機関誌やニューズレターを通してプロジェクトの広報を積極的に行った。また、セミナーやワークショップを通じプロジェクトを国の内外に紹介し、専門家養成の一助とした。

11) 関連 NGO との連絡調整

日本およびベトナム国内の NGO との情報交換を積極的に推進し、NGO 間の調整をはかった。

2. NGO 活動調査 (現地 NGO 実態調査)

・平成9年度調査

地区住民を対象に、プロジェクト開始時の対象地区の現状を把握し、草の根レベルでのサービスの質の向上を目指した提言をするために、日本人専門家が現地 NGO などの調査員と協力して、現地での基礎データ収集・聞き取り調査およびアンケート調査を行った。

・平成10年度調査

ベトナムでリプロダクティブ・ヘルスの関連分野で活動している現地 NGO なし大衆組織を特定し、それらの実態と活動内容を調査し、今後、プロジェクトを推進する上で協力の可能性を探るため、日本人派遣専門家がベトナム側の調査員と協力して、現地での資料収集、聞き取り調査を行った。

・平成11年度調査

草の根レベル（村および個人）のRH関連広報教育活動の実態を把握するため、送り手側と受けて側双方に対する聞き取り調査を行った。

\*それぞれの調査で収集した資料を翻訳、整理し、聞き取り調査のデータとともに分析し、その結果に基づき報告書を作成した。

I I.その他の支援活動

1. 国内におけるアドボカシー:

・平成11年3月30日から10日間開催された第25回医学会総会において国際協力事業団に協力し、ベトナムのリプロダクティブヘルスプロジェクトの紹介を行うとともに作成した資料を配布した。

・ベトナムで人気番組「おしん」の主演を演じた小林綾子氏に協力を依頼し、プロジェクトのカレンダーに無料でポートレート使用の許可を得た。

2. スライド、写真など、プロジェクトの記録を作成、保存。

3. 要請に応じて、各種セミナー、シンポジウムに参加し、プロジェクトの紹介を行った。

4. プロジェクト紹介テレビ番組「一代の挑戦」が、ベトナム全国ネットで放映された。