附　属　資　料

① M／M（ミニッツ）

② PDM改訂理由（和訳）

③ パイロット郡設置

④ JICA RHプロジェクトとJOCVとの連携

⑤ 新規拡大地域11郡　問題マトリックス（山岳地５郡、および平地６郡と省）

⑥ JICA RHプロジェクト実施組織図

⑦ 進捗報告（和・英）

⑧ 平成12年度活動報告及び支出報告

⑨ 平成13年度活動計画書

⑩ Program of the meeting between JICA Project Consultation Team and Joint Committee (incl. List of Participants)

⑪ 保健情報システムに関する調査項目

⑫ 参考資料（JOICFPヴィエトナムRHプロジェクト支援室保存）

① M／M（ミニッツ）

MINUTES OF MEETINGS
BETWEEN THE JAPANESE PROJECT CONSULTAION TEAM
AND
THE AUTHORITIES CONCERNED OF
THE GOVERNEMNT OF THE SOCIALIS REPUBLIC OF VIETNAM
ON THE JAPANESE TECHNICAL COOPERATION
FOR
THE REPRODUCTIVE HEALTH PROJECT IN NGHE AN PROVINCE PHASE II

The Japanese Project Consultation Team (hereinafter referred to as "the Team"), organised by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Prof. Hirofumi Ando visited the Socialist Republic of Vietnam from August 19, 2001 to August 25, 2001.

During its stay,. the Team exchanged views and had a series of discussions with Vietnamese authorities concerned to review the activities of the Reproductive Health Project in Nghe An Province Phase II (hereinafter referred to as "the Project").

As a result of the discussions, both sides agreed upon the matters described in the document attached hereto.

Vinh City, August 23, 2001

Prof. Hirofumi Ando, PhD
Leader
Project Consultation Team
Japan International Cooperation Agency
Japan

Mr. Hoang Ky
Deputy Chairperson
People's Committee of Nghe An Province
Socialist Republic of Vietnam

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Director,
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Ministry of Health

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Deputy Director,
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Ministry of Planning and Investment

ATTACHMENT

I. Background

The Reproductive Health Project in Nghe An Province Phase II was launched in Nghe An Province on September 1, 2000 for the period of 5 years for the purpose of improving the reproductive health services in Nghe An Province.

The Project has been implemented smoothly in accordance with the Record of Discussions (hereinafter referred to as "R/D") and PDM attached to R/D of the Project, through the collaboration between the Vietnamese counterparts and the JICA experts.

During the past 11 months of Project implementation, a needs assessment of the newly expanded 11 districts including the mountainous and ethnic minority areas was conducted through the Project Cycle Management (hereinafter referred to as "PCM") workshops. A Base Line Survey (hereinafter referred to as "Survey") was also conducted by the Population Council to identify the RH issues through the situation analysis and the first draft of the Survey findings was made available.

At the National level, the Ministry of Health (hereinafter referred to as "MOH") developed the "National Strategy on Reproductive Health Care for the 2001 – 2010 period", which was approved by the Prime Minister on November 28, 2000.

MOH is also working on the development of a computer-based Health Management Information System (HMIS) with the support of the United Nations Population Fund (hereinafter referred to as "UNFPA"). The computer-based HIMS is expected to be pilot tested in selected provinces in Vietnam in the early period of 2002. MOH and UNFPA expressed their hope that the Project in Nghe An would join the pilot study on HMIS so that the Project would benefit not only Nghe An Province but the national level efforts through the feed back of the HMIS test result from Nghe An to the national level.

Based on the needs identified through the PCM workshops and the findings of the Base Line Survey and the 10-Year National RH strategy, it was concluded that the original Project Design Matrix (hereinafter referred to as "PDM") needed to be reviewed and revised to make PDM best respond to the needs of the people in Nghe An Province as well as to have better verifiable indicators.

Against this background, JICA despatched the Project Consultation Team, headed by Prof. Hirofumi Ando to review the progress of the Project and revise PDM, if necessary and to discuss the future Project activities.

II. Purposes

1) To review the progress of the Project and to discuss the future plan and activities.
2) To review PDM of the Project based on the research findings as well as the change of environment and to revise it, if necessary, to make PDM best respond to the RH needs of the community people.

III. Findings

1) Summary of Discussions at the Joint Committee Meeting in Nghe An Province

It was reconfirmed that the focus of this project is to improve the RH services. The outputs of the PDM were further refined as per attached. The proposed revision of PDM was unanimously agreed as per attached.

The progress report of the Project was presented by the chairperson of the Provincial Steering Committee and the Team recognised with appreciation that a significant number of

activities were carried out within a short period of time through the strong commitment of the authorities concerned and coordination efforts by the Joint Committee as well as the Provincial Steering Committee.

The Team believe the smooth implementation is greatly due to the continued partnership between Vietnamese and Japanese involved, especially at the field level.

The preliminary findings of the Base Line Survey was presented with a number of useful recommendations especially for refining Objectively Verifiable Indicators of PDM.

The work plan of 2001 and the list of pilot project areas presented by the chairperson of the Provincial Steering Committee were approved by the Joint Committee.

The Team recognised the potentiality of JOCV members becoming a critical element for effective implementation of the Project especially at the grass-root level.

2) Summary of meetings with line ministries

Ministry of Planning and Investments:

It was suggested that the JICA RH Project be expanded to other provinces. Otherwise, at least the technical guidelines and manuals based on the accumulated project experiences be developed.

Ministry of Health:

It was mentioned that the JICA RH Project in Nghe An Province could serve as a model for the implementation of the "National Strategy on the Reproductive Health Care for the 2001 to 2010".

It was confirmed that the revised HMIS is to be pilot tested in the early period of 2002.

IV. Conclusions

1) The original PDM was revised as attached.
2) In order to utilise effectively the service of JOCV, appropriate mechanisms should be developed.
3) The Objectively Verifiable Indicators of PDM were revised taking into account the findings and recommendations made by the Base Line Survey as well as the progress of the Project.
4) If and when the revised HMIS is pilot tested, the Project should participate in it at the pilot stage within the framework of the Project.
5) It was recommended that the achievement of JICA RH Project be utilised for the mid-term review of the National Strategy on the Reproductive Health Care for the 2001 to 2010.

Attached sheet 1

List of suggested changes of PDM outputs

Underlined parts of the Revised PDM outputs are either rephrased or added ones

	Original PDM Outputs	***Revised PDM Outputs***
Output	0. Steering Committee at all levels are established 1. Management and guidance/counselling capacity of MCH/FP Centre and DHC is improved 2. Safe and hygienic delivery is promoted at the commune level 3. Guidance and counselling skill of MCH/FP Centre staff is improved to reduce the number of abortion 4. Capacity for reducing RTI is improved at MCH/FP Centre and selected districts	0. Steering Committee at all levels are established and functioned regularly and continuously 1. Safe and hygienic delivery is promoted at the commune level 1-1 Prenatal care at the commune level is improved 1-2. Delivery care at the commune level is improved 1-3. Postnatal care at the commune level is improved 1-4. Essential medical equipment is utilised at all CHCs 1-5. Four facilities of CHCs (delivery room, latrine, well and shower room) are improved 2. Monitoring capacity of MCH/FP Centre and the selected DHCs is improved 3. Number of abortion conducted at MCH/FP Centre and the selected districts is reduced 4. Capacity for RTI detection and the development of prevention strategy is improved at MCH/FP Centre 5. Quality of IEC&M activities of MCH/FP Centre and the selected districts, women's union and DHCs in particular, for RH promotion is improved 6. Quality of HMIS at Provincial Health Service, MCH/FP Centre and the selected districts is improved

Reasons for the revision of PDM Outputs

Narrative Summary	*Reasons*
Output	Followings are the revised reasons for Output Firstly, the order of the Output was replaced according to the relevance of the activities. 0. It is important that the steering committees are not only established but function regularly and continuously. Therefore, the phrase, **and functioned regularly and continuously** was added. (Please refer to the Output 0 of the original PDM) 1. The output of "Safe and hygienic delivery is promoted at the commune level" is divided into 5 sub-outputs. It is because this is the main Project Output and there are too many planned activities in related to this output. Through the subdivision of the project output, the activities became easier to be understood. (Please refer to the Output 2 of the original PDM) 2. The Output 1 of the original PDM was divided into two outputs. The **Monitoring** is to be carried out mainly to make CHC staff practice properly the knowledge and skill acquired from the retaining course for the improvement of RH service at CHC. (Please refer to the Output 1 of the original PDM) 3. On the process of the development of the original PDM, JICA experts were reluctant to commit to mention that the JICA project could decrease actual number of abortion. The main reason was the inaccurate demographic situation in Nghe An. However, through the technical cooperation of the JICA short-term expert and the collaboration with JOCVs, it is now made possible to obtain accurate figures on abortion in MCH/FP Centre and the three districts where JOCVs are available. There is also strong commitment on decreasing the number of abortions from the Provincial Health Service to district health centre level. Taking those development and changes into consideration, the revision was made as the **Number of abortion conducted at MCH/FP Centre and the selected districts is reduced** instead of the improvement of guidance and counselling skill. (Please refer to the Output 3 of the original PDM) 4. Reproductive Tract Infections are very big and complicated problem. JICA experts therefore consider that the main

	achievement would be the completion of the RTI survey in Nghe An Province. It is expected that a survey would be carried out in collaboration with related and specialised government and multilateral agencies as well as local research institute (e.g. MOH, WHO and local consultants). The improvement of laboratory technique as well should be made available. The revision of this output was to express the Project activities more clearly. (Please refer to Output 4 of the original PDM) 5. The Project is ready to implement health education activities for community people, which was not possible during the Phase I of the Project. This output includes community-based MCH promotion activities, which will be promoted with the full collaboration of women's union. **IEC & M activities** stand for information, education, communication and motivation. (Please refer to Output 1 of original PDM) 6. This is the new output. The reason the Project did not tackle the HMIS issues was both JICA experts and PSC understood that it was not the issue that one provincial level effort could solve. However, due to strong instruction given by both party and the prime minister's office, MOH with the support of UNFPA accelerated its effort to develop new HMIS. The new HMIS is to be introduced on trial early next year (2002) at least in the 8 UNFPA-supported provinces. Based on this recognition, both JICA experts and PSC agreed that Nghe An should join this trial as soon as possible. The JICA support for this HMIS is expected to contribute to the national level of effort on HMIS through the feed back from Nghe An. The improvement of HMIS requires the full participation of Provincial Health Service. (No output in the original PDM)

Project Design Matrix (PDM) Revised

Project title: JICA Reproductive Health Project (Phase II)
Area : Nghe An Province (all 19 district), Vietnam
Target Group : Women in Reproductive Age (WRA) in Nghe An Province
Duration: Sept. 2000~Aug. 2005
Revised Date: July 17,2001

Narrative Summary	Objectively Verifiable Indicator	Means of Verification	Important Assumption
OVERALL GOAL Reproductive health of women in reproductive age is improved in Nghe An Province			
PROJECT PURPOSE Reproductive health service in Nghe An Province is improved	* Range and variety of RH service is broadened. * Certain number of CHCs are certified by Provincial Health Service and MCH/FP Centre along with National strategy on Reproductive Health. * Client friendly RH service is provided	*Reports from MCH/FP Centre and DHCs * Report of monitoring activities * Report of monioring activities	*National Pop/FP program conducted in Vietnam continues as planned. * Infertility situation is not worsen. * Adolescents ' sexual behaviour will not activated than now.
OUTPUTS			
0. Steering Committees (SC) at all levels are established and are functioned regularly and continuously.	0. Meetings of SCs at all levels are organized regularly and the information about their activities are shared. 0. Staffing of Steering Committee from 3 organizations (People's Committee, Women's Union and Health Centres) are continuously fulfilled.	* Reports from Steering Committees	
1. Safe and hygienic delivery is promoted at commune level.	1. HBMR (Home Based Mother's Record) are used by % of pregnant women. 1. Number of deliveries attended by trained health worker increased to %. 1. At least 90% of health personnel trained pass the post-test.		
1-1 Prenatal care at commune level is improved.	1-1. Average number of pre-natal check-ups in plane districts is more than 3 times. 1-1. Number of trained health workers in mountainous area increased to %. 1-1 Number of pregnant women received T/T remains high as much as 95% 1-1 Referral case at CHCs increased.	* Report from PHS and MCH/FP Centre	
1-2 Delivery Care at commune level is improved.	1-2. Partograph is applied more than 80% of the deliveries at CHCs.		
1-3 Postnatal care at commune level is improved.	1-3 Postnatal care coverage through home visit increased to 80% in plain districts and 50% in mountainous districts		
1-4 Essential medical equipment is utilized to all CHCs. 1-5 Four facilities of CHCs (delivery room, latrine, well and shower room) are improved	1-4&5 More than 80% of CHCs utilize and maintain the medical equipment and facilities appropriately according to the creiteria set by PSC.	* Report from DHCs	
2. Monitoring capacity of MCH/FP Centre and selected DHCs is improved.	2 Regular monitoring are conducted utilizing well-prepared check list.	* Monitoring Report	

	2. Number of staff trained on monitoring according to the standard set by PHS and MCH/FP centre increased.		
3. Number of abortion conducted at MCH/FP centre and selected districts is reduced.	3. Number of abortion conducted at MCH/FP Centre and the selected districts reduced	* Reports from MCH/FP Centre and DHCs	*National Pop/FP program conducted in Vietnam continues as planned.
4. Capacity for RTI detection and the development of prevention strategy is improved at MCH/FP Centre	4. Situation of RTI in Nghe An province become known. 4. Strategy for prevention of RTI is developed. 4. Proper treatment method for RTI is identified.	* Survey report	
5. Quality of IEC&M activities of MCH/FP Centre and the selected districts, women's union and DHCs in particular, for RH promotion is improved.	5. Women in community has knowledge on RH, safemotherhood, in particular. 5.Range and variety of guidance and counselling for community women on RH is expanded.	* research and interview report for community women * Reports from MCH/FP Centre and DHCs/CHCs	
6. Quality of HMIS (Health Management of Information Systems) at Provincial Health Service, MCH/FP Centre and the selected districts is improved	6. Reporting and recording documents are submitted in appropriate time. 6. Accuracy of collected data is improved. 6. Number of trained staff about statistics and computer tabulation increase at districts and provincial levels.		*National program on HMIS is developed as planned.
ACTIVITIES	**INPUTS**		
For Output 0	VIETNAM:	JAPAN	
0.1 Review and define the function and responsibilities of SCs at all levels	1 Human Resource	1 Human Resource	
0.2 Review SC members in the experienced districts (8 districts)	JC, PSC, DSCs, CSCs and women's union members	1.1 Long-term experts	
0.3 Establish SC at district and commune levels in new project area (11 districts)	2 Building and facilities	Team Leader Administrative Coordinator,	
0.4 Conduct orientation of the Project to SC members of new project area	Renovation and expansion of JICA RH Project Office	Midwife Public Health Nurse	
0.5 Conduct exchange of experience among experienced districts and new districts	3 Budget	Demographer and others	
0.6 Conduct regular meeting of DSC and PSC (quarterly)	Counterpart budget for	1.2 Short-term experts	
For Output 1	Administration Middle level manpower training	MCH/FP administration RH Survey	
1.1 Retrain midwives and assistant doctor of ob/gyn	Monitoring and others	IEC	
1.2 Train hamlet health worker/TBA of mountainous districts on hygienic delivery		Midwife Public Health Nurse	
1.3 Provide medical book for CHCs & DHCs		Community-based MCH promotion	
1.4 Provide all commune with IEC means and materials		Project Management	
1.5 WU carry out IEC activities on hygienic and safe delivery		Others	
For Output 1-1		2. Equipment	
1.1.1 Provide pregnancy check-up means			
1.1.2 Promote pregnant women 2 tetanus vaccination		3. Training	
1.1.3 Provide pregnant women with guidance & counselling services		3.1 Counterpart Training in Japan 3.2 Local Training	
1.1.4 Train women's union members to have good IEC skills to promote pregnancy check-up and utilization of HBMR			

1.1.5 Train midwives at district and commune level to have good skill of using Maggie Apron 1.1.6 Provide CHC with enough Maggie apron 1.1.7 Implement Aiiku-han model to manage pregnancy at hamlet level 1.1.8 Organise RH promotion classes in the selected CHCs, DHCs and MCH/FP Centre 1.1.9 Increase the usage of pregnancy management box 1.1.10 Make use of HBMR in all areas of Nghe An 1.1.11 Have correct monthly data for pregnant women 1.1.12 Refer high risk pregnant women to the upper level as soon as possible **For Output 1-2** 1.2.1 Strengthen the capacity of MCH/FP Centre on delivery assistance skill 1.2.2 complete procedure (process) of infection control 1.2.3 Promote delivery at CHCs 1.2.4 Train on usage of partograph 1.2.5 Use partograph for deliveries at health facilities **For Output 1-3** 1.3.1 Develop manual for post-natal care 1.3.2 Train midwife or ass. doc. Ob/Pd on post-natal care 1.3.3 Train WU on post-natal care promotion 1.3.4 Provide home visiting kit for midwives and ass. doc. Ob/Pd 1.3.5 Conduct standardised post-natal care to post-delivery women within 42 days **For Output 1-4** 1.4.1 Review the existing equipment at CHCs 1.4.2 Categorise the function of CHC (mountainous, plain or city type) 1.4.3 Prepare a list of equipment 1.4.4 Provide medical equipment for CHCs according to the categories 1.4.5 Train CHC staff on usage and maintenance of the equipment **For Output 1-5** 1.5.1 Upgrade health facilities in CHCs (delivery room, shower room, latrine and well) 1.5.2 Train CHC staff on maintenance of the facilities **For Output 2** 2.1 Formulate monitoring team at MCH/FP Centre and DHCs 2.2 Conduct training for monitoring teams	Expected counterpart budget of Vietnamese side is at least 3% of JICA budget	Estimated budget for 5 years Equipments: J.Yen 120~150 million Local Training and others: J.Yen 40~60 million Counterpart training in Japan: 13~16 persons The budget mentioned above is subject to change

2.3 Develop monitoring check list

2.4 Provide means of transportation to MCH/FP Centre and DHCs

2.5 Develop monitoring plan at MCH/FP Centre and DHCs.

2.6 Conduct monitoring according to plan

2.7 Submit the summary of monitoring findings to the Project office

For Output 3

3.1 Access the current situation of abortion

3.2 Develop strategy to reduce of abortion

3.3 Train health staff of MCH/FP Centre and DHCs on counselling skill

3.4 Train WU of P/D/C to have good IEC skill

3.5 Provide enough IEC means

3.6 Provide good quality of post abortion counselling

3.7 Monitor activities of preventing abortion

3.8 Continue abortion survey at MCH/FP Centre and the selected DHCs

3.9 Conduct evaluation survey on abortion in Province

For Output 4

4.1 Identify counterpart for RTI survey

4.2 Set up research team

4.3 Conduct feasibility study on the RTI survey in project area

4.4 Formulate RTI survey plan

4.5 Strengthen laboratory examination capacity at MCH/FP Centre and the selected DHCs

4.6 Train ob/gyn doctors and other health personnel for diagnosis skill of RTI

4.7 Provide necessary equipment for RTI survey

4.8 Conduct RTI survey

4.9 Formulate strategy for RTI prevention

For Output 5

5.1 Provincial, district and commune SCs develop their own IEC plan

5.2 IEC means are supplied

5.3 Sufficient IEC materials are supplied to district and commune WU

5.4 P/D/C SCs cooperates with other organizations in IEC promotion

5.5 Provide training and information to press & broadcast station at all levels on RH 5.6 Promote "Aiiku-han" (community-based MCH promotion system) activities in the selected districts and communes 5.7 P/D/C SC open RH counselling rooms/offices in their own area 5.8 Conduct TOT for DHC & MCH/FP centre staff in order to organize health education classes, including parents class, breastfeeding class, breast massage class, adolescents health class and menopause class 5.9 Develop manuals, guidelines and textbooks for health education classes **For Output 6** 6.1 HMIS improvement committee is formulated (PHS,PSO,PSC,JICA) 6.2 Develop pilot plan for HMIS improvement 6.3 Train HMIS staff at P/D/C level 6.4 Provide necessary equipment 6.5 Start pilot test in the selected districts and communes 6.6 Conduct annual review 6.7 Provide feed-back to national level HMIS (MOH) 6.8 Conduct mid-term evaluation 6.9 Review the pilot plan and modify if necessary		

JICA RH Project
Nghe An Province
No: 38 /DASKSS
"Activity report up to July, 2001"

Social Republic of Vietnam
Independence – Freedom – happiness

Vinh, July 25, 2001

Activity report

JICA Reproductive Project Phase II (September, 2000 ~ July, 2001)

To: Joint Committee, JICA RH Project
JICA RH office Project

JICA Reproductive Health Project Phase II, which expanded to 11 remain districts of Nghe An Province stated in September, 2000. The project is now covering a total of 466 communes of 19 districts of Nghe An Province.

- 8 districts in original areas

Three mountainous districts namely: Con Cuong, Nghia Dan, Thanh Chuong,
Five plains areas namely: Nghi Loc, Dien Chau, Nam Dan, Do Luong, Yen Thanh, (244 communes).

- 11 new districts including: 1 town: Cua Lo; 1 City: Vinh; 2 plains districts: Quynh Luu, Hung Nguyen; 6 mountainous districts: Quy hop, Quy Chau, Que Phong, Tuong Duong, Ky Son, Tan Ky (222 communes).

Many activities have been carried out since the Project started.

1) Establishment of the project's management network

- Joint Committee was established
- Steering Committees were established at all level: provincial, district, commune level

After the establishment of the Project management network, regular meetings have been carried out as plans in order to implement project's activities and follow up the progress of Project

- Meetings among Joint Committee and conduct one a year
- Meetings among PSC and JICA Project Office conduct once in every 2 weeks
- Meetings among Joint Committee, PSC, JICA Project Office and DSCs conduct once in every quarter
- Meetings among perspective DSC and CSCs conduct once a month

2) Workshops and surveys

- Orientation workshops for DSCs and CSCs members were carried out in the last quarter of the year 2000 and the first quarter of the year 2001
- An IEC workshop for the utilization of Maggie Apron was carried out on April, 2001
- Dissemination workshop of the abortion survey was carried out on April, 2001
- PCM workshop for the purposes of training on Project Cycle Management and of reviewing and modification of PDM was carried out on July, 2001
- Monitoring workshop for the DHCs Monitoring Team members was carried out on July, 2001
- Base-line Survey on reproductive health and RH services network in Nghe An Province was carried out between May ~ June, 2001
- Media Survey by the Institution of RH and Development (IRHD) was carried out in March, 2001

- Abortion Survey is conducted continuously in Nghia Dan, Thanh Chuong and Yen Thanh districts as well as MCH/FP Centre

3) Trainings and Health Education

- A study tour to the model district of the Project Phase I (Nghia Dan and Yen Thanh district) for the new 11 districts DSC members was organized
- CHC staff retraining: 1st course was carried out on July, 2001 (one course: 26 trainees, duration: 1 month)
- Health education classes including counselling for pregnant women, counselling of nutrition, Parents class have been organized at MCH/FP Centre and at some model districts. Up to now, 15 Health education classes have been conducted at MCH/FP Centre, 25 classes at some DHCs and CHCs. Total number of people who receive counselling: 228 married couples, 227 pre-menopause women, 1150 breast feeding mothers and pregnant women

4) Provision of equipment

- Each new district was provided with a set of OHP and screen; a set of TOA Public Address System; a unit of motorbike and 2 helmets; a set of Medical equipment including 73 items for Ob/Gyn Department of DHC to Quynh Luu and Hung Nguyen districts
- MCH/FP Centre was provided with 5 units of motorbikes and helmets, 2 units of 4-wheel vehicles and a set of copy machine
- Each of 42 CHCs of Quynh Luu and 14 CHCs of Hung Nguyen districts were provided with a set of Medical Equipment (73 items)

The provision of these equipments was carried out in April, 2001.

5) Management activities

- A meeting between the Provincial Steering Committee and JICA Project Office was held to select pilot districts to carry out new activities and challenges (see attached paper). In order to implement those activities and challenges, a strong commitment of pilot DSCs is required.
- Continue to instruct and conduct monitoring activities from DHCs to CHCs as planned in the original areas; make plan of monitoring activities and implement in new 11 districts.
- In cooperation with the Provincial Health Service, the Project is in the process of preparation of computerizing HMIS according to the instruction of MOH. It is expected to be implemented in 2002

6) Budget and expenditure (see the attached paper)

Activity plan

- Medical Equipment for the Ob/Gyn. Department of new 11 DHCs will be provided in the 2001 fiscal year. (2001 fiscal year will be the end in March, 2002)
- To continue to provide Medical Equipment to CHCs of Hung Nguyen, Anh Son, Tan Ky districts and 3 additional communes of Yen Thanh district, Cua Lo town, and Vinh city in the 2001 fiscal year.
- To continue to conduct CHC staff retraining courses for new 11 districts.
- To conduct IEC workshop for members of commune Women's Union to improve IEC skill in promoting of reproductive health.

- Aiiku-han activity is going to be carried out in Yen Thanh district to encourage the community-based reproductive health promotion activities.
- Conduct regular meetings between the Provincial Steering Committee and JICA Office, among JICA Office, the Provincial Steering Committee and DSCs; and among DSCs and CSCs will be organized as planned.

Director of MCH/FP Centre
Chairperson of PSC

Dr. Do Thi Mui

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List of model district for new activities and challenges

No	District	Activities					
		Aiiku-han activity	Parents class	Other health education class	HMIS	HBMR Patorgraph	Monitoring activities
1	Yen Thanh	●					
2	Nghi Loc		●				
3	Vinh City			●	●		
4	Nghia Dan				●		●
5	Hung Nguyen				●		
6	Cua Lo Town					●	
7	Dien Chau					●	
8	Quynh Luu						●
9	Thanh Chuong						●
10	Anh Son						●
Responsible person		Dr. Tan	Dr. Tan & Dr. Kieu	Dr. Tan & Dr. Chau	Dr. Phong & Dr. Nga	Dr. Long	Dr. Tan
MCH/FP Centre staff in charge		Ass. Drs Anh, Mai, Huong	Ass. Dr sHoa, Cung, An	Ass. Drs T.Lan, Nhuan, Ha Lan	Ass. Drs Ngan, Minh	Ass. Drs Hai, Van, Huong, V. Anh	Ass. Drs Thuc Anh Hong Ha

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Training Plan 2001

	Activities	Period	Place	Participants	Purposes
1	CHC staff retraining	11/06/2001-07/07/2001	MCH/FP Centre	Staff in charge of attending delivery	To improve skill and knowledge of CHC staff in charge of assisting delivery to secure an environment for safe and hygienic delivery at CHC
2	CHC staff retraining	07/30/2001-25/08/2001			
3	CHC staff retraining	17/09/2001-13/10/2001			
4	CHC staff retraining	05/11/2001-01/12/2001			
5	CHC staff retraining	07/01/2002-02/02/2002			
6	CHC staff retraining	04/03/2002-30/03/2002			
7	Workshop on utilization of Colposcope	15/09/2001	MCH/FP Centre	Doctors of DHCs and MCH/FP Centre	
8	IEC Workshop	12/2001	At Districts	Members of Women's Union at district and commune level	

Counterpart Training in Japan 2001, JICA RH Project Phase II

Activities	Participant	Purpose
1) Counterpart training in Japan	- People's Committee of Nghe An - MCH/FP Department, MOH - MCH/FP Center of Nghe An	- To learn policy, strategy and mechanism of Japan ODA - To learn MCH/FP administration in Japan - To learn local administration, community organization activities, HMIS, clinic/hospital management
2) Technical exchange Programme in Thailand	- MCH/FP Center of Nghe An - DHCs	- To learn clinic/hospital management - To learn management and implement health activities in community

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Implementing organization: MCH/FP Center

JICA Reproductive Health Project Phase II, Nghe An Province

Date: 26 July, 2001

Exchange rate: 1US$ ~ 14,000 VND
Exchange rate: 1US$ ~ 109.7 Yen. (on 28 August, 2000)

Main activities	Estimated budget			Expenditure for the first 6 months in 2001			Accumulate expenditure September 1 ~ June 30, 2001		
	Total	JICA	CB*	Total	JICA	CB*	Total	JICA	CB*
Amount	**427,465**	**415,130**	**12,335**	**61,310**	**61,310**	**0**	**348,537**	**344,251**	**4,286**
1) Provision medical equipment (provincial, district, commune level)	240,000	240,000	0	0	0	0	206,574	206,574	0
2) Trainings and workshops	81,337	78,480	2,857	32,040	32,040	0	53,832	53,832	0
3) Reseach and surveys	57,650	57,650	0	19,520	19,520	0	23,930	23,930	0
4) Renovation of facilities	0	0	0	0	0	0	4,286	0	4,286
5) Management, administration and other									
a) JICA office	39,857	39,000	0,857	9,750	9,750	0	59,915	59,915	0
b) Regular meeting	0,934	0	0,934	0	0	0	0	0	0
c) Working with experts	1,722	0	1,722	0	0	0	0	0	0
d) Monitoring and evaluation	1,710	0	1,710	0	0	0	0	0	0
e) Transportation	4,255	0	4,255	0	0	0	0	0	0

CB*: Coutpart budget

② PDM 改訂理由（和訳）

PDM改訂理由

プロジェクトの要約	*理由*
Output 成果	この成果の部分は下記ような修正を行った。 まず成果の順序を活動に関連づけて入れ替えた。 0. の運営委員会に関しては単に設置されるのみでなく、定期的かつ継続的に機能することが重要であるために語句を追加（オリジナル PDM の成果“0”）。 1. コミューンにおける安全で清潔なお産については、この成果に係るプロジェクト活動の柱であることや、活動が多岐にわたり理解しにくい点などを考慮し、1 つの成果を 5 つの小項目に分けた。その結果、小項目ごとに成果が計れるようになり、活動が成果ごとに明記できるようになった（オリジナル PDM の成果“2”）。 2. オリジナル PDM1の成果を、活動の目的、対象、内容が大きく異なるため2つの成果、すなわち4と5に分けた。モニタリングはおもに CHC における RH サービスの向上をめざし、再教育の成果を定着させることを目的としている（オリジナル PDM“1”）。 3. 人工妊娠中絶については統計的な不備もあり、妊娠中絶を実数で減らすと書くことには JICA サイドとして抵抗があった。しかし、JICA 短期専門家と JOCV の連携で郡病院における実数の把握が正確にできるようになったことと、ヴィエトナム保健省及びゲアン側の強いコミットメントがあることを考慮し、単にカウンセリング技術の向上のみでなく、その成果としての人工妊娠中絶数が減る事を成果として入れた（オリジナル PDM“3”）。 4. RTI に関しては非常に複雑で大きな問題であるため、JICA プロジェクトサイドとしてはプロジェクト期間中に RTI の実態調査が完了することを大きな成果と考えている。日本人専門家のみでなく、ヴィエトナムの保健省、WHO などの専門機関、ローカルな調査機関などを巻き込んでの調査活動を行うことや、調査のための臨床検査技術向上などが大きな活動内容になると予想されるため、表現をより正確にするための修正を行った（オリジナル PDM“4”）。 5. フェーズ I では困難であった住民教育が開始できる体制となり、また、女性連合との協力のもとに推進する住民による MCH 推進地区組織活動など、フェーズ II で可能となった住民に対する保健推進活動がこれにはいる（オリジナル PDM “1”）。 6. 全く新しい成果である。フェーズ I においても、その不備を指摘されながら、あえて HMIS にふれてこなかったのは、この問題がゲアン省のみの努力で解決できる問題ではなかったからである。しかし、首相府や党の強い指導により、保健省は新しい HMIS を UNFPA の協力のもと開発中であり、2002 年には最低でもヴィエトナムの8省で実験プロジェクトを開始する予定である。このような環境の変化に伴い、RH プロジェクトとしてもこの実験プロジェクトに参加し、一刻も早くゲアン省にお

	けるHMISの改善に取り組む必要があるため、新規に成果として追加された。また、このHIMSは単にゲアン省のみならずゲアン省での実験結果のフィードバックをとおして国全体のHMIS改善に貢献する事が期待されている(オリジナルPDMには該当する成果項目なし)。