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MINUTES OF MEETINGS
BETWEEN THE JAPANESE PROJECT CONSULTATION TEAM
AND
THE AUTHORITIES CONCERNED OF
THE GOVERNMENT OF THE SOCIALIST 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 20 ~ 31, 2002.

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 Nghệ 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 29, 2002



Prof. Hirofumi Ando, PhD
Leader
Japan International Cooperation Agency
Japan



Dr. Pham Ung, PhD
Director
Health Service of Nghe An Province
under the authority of
Vice Chairperson
People's Committee of Nghe An Province
Socialist Republic of Vietnam



Dr. Tran Trong Hai, PhD
Director
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Mr. Hồ Minh Chien
Deputy Director General
Labour, Culture and Social Affairs Dept.
Ministry of Planning and Investment
Socialist Republic of Vietnam

ATTACHMENT

1. Purposes

The Team undertook the following exercises within the framework of the National Strategy on Reproductive Health (RH) Care:

- (1) To review the progress made by the Project since September 2000 and to advise on the future plan and activities of the Project;
- (2) To discuss and examine the proposed changes and alternatives for the verifiable indicators for the outputs of Project Design Matrix (PDM) based on the Baseline Survey findings and other available data; and
- (3) To discuss the overall direction of the Project in the second half of the project period and to provide guidance to start preparation for the future beyond the Project.

2. Issues and recommendations

(1) Progress of the Project

Both the Japanese and Vietnamese parties had reviewed the progress of the Project and acknowledged with appreciation that a significant number of activities have been undertaken. The Joint Committee and the Team confirmed the future plan and activities of the Project in the JOINT MONITORING REPORT as attached.

(2) Better Integration of Reproductive Health (RH) and Family Planning (FP)

Both parties also recognized with appreciation the inclusion of the representative of the Provincial Committee for Population, Family and Children (PCPFC) into the Provincial Joint Committee in order to facilitate better functional integration of RH services with FP services. It is further agreed that PCPFC be represented in the District and Commune Steering Committees to further ensure the better coordination of FP services with the RH services at the lower administrative levels.

While the Team appreciated the significant decline in the incidence of induced abortion over the project period, it expressed its concern about the corresponding increase in the number of menstrual regulations (MRs) because of the possible negative implications to the health of mothers as well as to safe deliveries. The two Parties agreed, therefore that FP services should be more closely integrated with the RH activities. It is hoped that the institutional participation of PCPFC in the Project will alleviate this issue by the provision of stable contraceptive supplies.

(3) IEC Activities

The Team expressed its appreciation for the active participation of the Women's Union in the Project and its hope that the IEC activities will be continuously carried out by the Women's Union at the various administrative levels.

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The Team further observed with appreciation the use of IEC not only to increase awareness and change the RH behaviour of individuals but also to improve the quality of RH services by changing the behaviour of the RH service providers. The Team also suggested and the Vietnamese side agreed that the IEC activities should include the dissemination of the information about the negative consequences of abortion and MR to safe deliveries.

(4) A Possible New Strategy for Mountainous Area

In view of the topographical condition in which the second half of the Project activities take place, the Team noted and the Vietnamese Party concurred with the probability of applying an outreach approach to provide safe and hygienic deliveries at the hamlet level through the re-trained health workers. However, the two Parties agreed to undertake a feasibility study to ascertain the cost-effectiveness of this approach. The two Parties further recognized the possibility of JICA support concentrating on the training of trainers of hamlet health workers rather than the training of the hamlet workers due to the limited duration of the Project period and resources.

(5) Health Management Information System (HMIS)

With regard to the establishment of HMIS, it was agreed that a number of surveys to be undertaken such as the abortion survey and the Reproductive Tract Infection (RTI) survey should include the examination of the contribution of FP to abortion and RTI incidence. It was also agreed that these studies should be designed and undertaken in close coordination with HMIS.

(6) PDM

Within the framework of the National Strategy on RH and taking into account the issues discussed and decisions made by the two Parties, the PDM was revised as attached.

(7) RH Center

In order to help sustain and further strengthen the RH service activities, the Team found the proposed establishment of a RH Center in Nghe An Province technically sound and appropriate for possible support from the government of Japan since it emphasises the importance of the preventive aspects of RH services including FP and to help improve RH services especially in the rural areas. The Team also recognized that Nghe An People's Committee submitted the proposal based on the approval granted by the MOH. It is hoped that the necessary consultation and coordination within the Vietnamese Government will take place for the final decision at early stage.

(8) Provision of Vietnamese Local Cost

Based on the activities plan, proper consultations should take place between the Project implementer i.e. MCH/FP Center and the People's Committee of Nghe An so as to ensure the provision of required financial resources sufficiently and timely.

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JOINT MONITORING REPORT
ON THE PROGRESS OF THE JAPANESE TECHNICAL COOPERATION
FOR THE REPRODUCTIVE HEALTH SERVICES IN NGHE AN PROVINCE

1. 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.

Since the first visit of the Consultation Mission to the Project in August 2001, 6 CHC re-training out of 10 courses planned during the Phase II were conducted and the 222 CHCs in 11 new districts received the basic equipment. As a result, all of the 466 CHCs have been equipped with the basic medical equipment through the Project Phase I and Phase II. Over 1,900 members of the commune and hamlet level Women's Union have been reached through the IEC workshops. Five key persons went to Japan for counterpart training on MCH administration, hospital and clinic management, community-based health promotion, adolescent RH, etc. The preparation to launch the *Aiiku-han* activities in the model communes has been completed and the volunteers are about to start their activity as *Aiiku-han In*. With the technical support by the short-term experts in the respective areas, the various model activities in the pilot districts have shown a gradual progress.

At the National level, the Ministry of Health (MOH) is working on the development of the National Standard RHC Guidelines in accordance with the "National Strategy on Reproductive Health Care for the 2001 – 2010", and it is expected that the Minister of Health will issue the Decision before end of August 2002.

In relation to the pilot program for the Health Management Information System (HMIS) developed by MOH with the support of United Nations Population Fund (UNFPA), following the Decision No. 379/2002/QB-BYT dated 8 February 2002 promulgating the Regulation on Health Statistics, MOH officially approved 1) the management software programs, 2) the list of basic indicators of the health sector, and 3) the health statistic records and reporting forms. In Nghe An Province, it has been confirmed that in collaboration with PHS, JICA will support the HMIS activities within the framework of the RH Project. It is expected that the dispatch of a long-term expert in health statistics and a JOCV system engineer will accelerate the implementation of HMIS pilot program in Nghe An Province.

The indicators to verify the outputs of the PDM need to be reviewed its appropriateness to identify suitable indicators based on the Baseline Survey data, and the other possible available data.

To promote the integration with the FP services for the better RH care, the Chairperson of the Provincial Committee for Population, Family, and Children (PCPFC), the former PCPFP, has been invited to be a member of the Joint Committee for the Project. This arrangement is expected to facilitate more effective collaboration with PCPFC to ensure the FP services provision.

With this background, JICA dispatched the Project Consultation Team, headed by Prof. Hirofumi Ando to review the progress of the Project, and to discuss the indicators, and to discuss the future Project activities.

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2. Definition of the study

1) Purpose and Activities

In order to monitor and evaluate the progress and achievement of the Project, both Japanese and Vietnamese sides review the past inputs, activities and outputs of the Project based on the Project Design Matrix revised in August 2001.

2) Methodology of the study

Project Cycle Management (PCM) method was applied to the monitoring. The monitoring was conducted by comparing design and outcomes of the Project

2. Monitoring results

(1) Inputs

Japanese side:

Dispatch of experts:	Long term experts 6 persons Short term experts 19 persons
Counterpart training in Japan:	7 persons
Provision of Equipment:	700,541 USD
Local cost for Training, ect.	106,451 USD
Consultation Mission Dispatched:	August 19 – 25, 2001

Vietnamese sides:

Project office and facilities US\$4,731

Counterpart personnel

Joint Committee Members

Vice Chairperson of Nghe An People's Committee

Vice Director of Provincial Health Service

Chairperson of Provincial Women's Union

Chairperson of Provincial Committee for Population, Family and Children

Director of MCH/FP Center, Nghe An Province

Provincial Steering Committee Members

Board of Directors, MCH/FP Center (3 persons),

Head of Planning Department, MCH/FP Center (1)

Head of Human Resource, Administration, and Supply Department,
MCH/FP Center (1)

Staff of Planning Department, MCH/FP Center (1)

19 District Steering Committee Members (4 members each)

466 Commune Steering Committee Members (3 members each)

Budget for operation of the Project US\$3,153

* The details are shown in Annex 1 「JICA RH Project Phase II – Activities Report with a statement of Expenditure (1 Sep 2000 – 31 Jul 2002)」

(2) Achievement of the Plan

Shown as Annex 2 「Table of Activities and Achievement」



*JICA RH Project Phase II**prepared for the JICA Consultation Mission 2002.8*

JICA RH Project Phase II
Activity Report with a Statement of Expenditure
(01/09/2000 ~31/07/2002)

I Japanese Experts

I - 1 Long-term experts (4 persons and 2 as successors)			
<i>Name</i>	<i>Period</i>	<i>Specialised area</i>	<i>Activities and Achievement</i>
1. Ms. Sumie Ishii	07/09/2000~15/04/2002	Team Leader	Co-ordination of the Project, Co-ordination with donor agencies, Implementation of Project activities with counterpart, Monitoring Project activities
2. Ms. Mayumi Katsube	26/03/2002~25/03/2004	Team Leader	
3. Mr. Shinya Iwayanagi	01/09/2000~31/08/2002	Administrative Co-ordinator	
4. Mr. Kenji Yamazaki	26/03/2002~25/03/2004	Administrative Co-ordinator	
5. Ms. Kazuyo Watanabe	01/09/2000~31/08/2002	Midwifery	
6. Ms. Miyuki Oikawa	10/04/2001~09/04/2003	Public Health Nurse	
I -2 Short-term experts (19 persons)			
<i>Name</i>	<i>Period</i>	<i>Specialised area</i>	<i>Activities and Achievement</i>
1. Ms. Yasuko Aoki	01/10/2000~13/10/2000	Midwifery Education	Advice on midwifery education for Phase II (for 5 years)
2. Dr. Shoko Nagaya	13/11/2000~06/12/2000	MCH/FP Administration	Capacity improvement of MCH/FP Centre staff, vice directors in particular on MCH/FP administration
3. Ms. Miyuki Oikawa	19/12/2000~07/01/2001	Public Health Nurse	Fact finding of RH education and guidance in Nghe An
4. Dr. Sadao Horiguchi	27/12/2000~07/01/2001	OBGYN doctor	Fact finding of delivery skill in Nghe An with emphasis in MCH/FP Centre
5. Mr. Tomomichi Yamada	25/03/2001~21/04/2001	Health Management Information System	Fact finding on the development of HMIS at national level (MOH). Situation analysis of HMIS at district and commune level. Briefing on progress of HMIS development at national level for DHCs and MCH/FP Centre staff.
6. Ms. Risa Asamura	31/03/2001~08/04/2001	IEC	Follow-up training for MCH/FP Centre staff and a new training for the selected DHCs staff. Participants developed activity plans on effective usage of the Maggie Apron.
7. Mr. Nobuhiro Kadoi	08/04/2001~21/04/2001	RH related survey	Disseminated the findings and results of the abortion survey of MCH/FP Centre for the year of 1999. Conducted the training workshop for MCH/FP

			Centre and the selected DHCs on data input and analysis by EPIInfo.
8. Ms. Keiko Asato	01/07/2001~21/07/2001	Project Management PCM Moderator	Through conducting workshops on Project Cycle Management, needs of the new project areas (11 districts) were assessed and information was obtained for the necessary review and modification of the initial PDM. The workshop served as the management training opportunity at the same time.
9. Ms. Atsuko Sugiyama	21/07/2001~11/08/2001	Midwifery Education	Training for Trainers (TOT) was conducted on teaching methodology with special emphasis on test making skill and health education. The TOT covered planning, implementation, and evaluation process through lecture, practical training, and discussion/evaluation sessions.
10. Dr. Akira Okamoto	05/08/2001~23/08/2001	MCH & Community Participation	The first orientation in order to provide technical assistance on MCH promotion through voluntary community-based organisation "Aiiku-Han" was conducted. The recommendations for planning and activity have been made.
11. Ms. Mayumi Katsube	09/09/2001~29/09/2001	Project Management	The Vietnamese counterparts gained the knowledge of formulation of project documents, e.g. objectives of project documents, structure, etc. through involving the formulation process. The Project Document based on the JICA guideline was prepared.
12. Dr. Shoko Nagaya	25/11/2001~09/12/2001	MCH/FP Administration	The technical assistance was provided for capacity building of MCH/FP administration of the MCH/FP Centre, especially that of two deputy directors, focusing on the HBMR promotion strategy and CHC retraining strategy for mountainous areas.
13. Dr. Akira Okamoto	30/12/2001~06/01/2002	Community Health	The working group has been established for the promotion of Aiiku-han activities. TOT workshop for the working group was conducted utilizing role play and better understanding on the Aiiku-han's activities has been obtained.
14. Mr. Tomomichi Yamada	07/01/2002~01/02/2002	HMIS	The progress of new HMIS development at national level has been further investigated. The possible available resources and further needs for HMIS pilot activities were identified and initial plan of HMIS pilot project in Nghe An was discussed. Provided computer training with emphasis on tabulation by Excel to MCH/FP Centre staff.
15. Dr. Sadao Horiguchi	13/01/2002~24/01/2002	OBGYN	The objectives, concept, plan, and contents of the parents classes so far conducted have been reviewed. The technical advice was provided to make the parents class more appropriate for the Nghe An situation through lectures and workshop.
16. Ms. Emiko Watanabe	13/01/2002~22/01/2002	Public Health Service and Centre Management	MCH/FP administration and activities of Yamanashi prefecture with emphasis on IEC activities were introduced for the benefit of MCH/FP Center staff to improve MCH administration capacity. The necessary information gathered

			for the planned C/P training (Feb.- March) to substantiate the contents of the training.
17. Mr. Nobuhiro Kadoi	25/02/2002~19/03/2002	RH-related survey (Abortion) & action plan	The training on data analysis, report writing, focus group interview and making action plan on abortion in Nghe An was conducted for MCH/FP Centre and DHC staff. It is the follow-up activities of the workshop, which were carried out in 2000.
18. Dr. Aya Goto	04/03/2002~29/03/2002	RH-related survey (RTI)	As the first step for the RTI survey, situation analysis for the preparation of training programme for RTI survey was conducted with two Vietnamese professionals. The training plan has been formulated to prepared for the survey.
19. Ms. Lisa Asamura	22/03/2002~02/04/2002	IEC	The technical assistance on RH guidance and education was provided utilising the Maggie Apron to MCH/FP Centre and DHC staff. Members of Women's Union were also involved in the workshop. The needs for continuous improvement of the overall health education skill have been recognized among participants.

I-3 Consultation Mission, August 19 – 25, 2001		
<i>Mission members</i>	<i>Purpose</i>	<i>Outcome</i>
1. Prof. Hirofumi Ando, Mission Leader 2. Mr. Ryoichi Suzuki, Member 3. Mr. Naoyuki Kobayashi, Member 4. Ms. Lan Nagai, Interpreter	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.	1. The project activities were generally found to be implemented without any serious problem. 2. The PDM was revised in order to better respond to the RH needs in the project areas. 3. Family planning aspects has been found weak, which is especially important for the reduction of abortion cases. 4. It has been noted that the MOH and MPI expect the Project to present its experiences as the "Nghe An Model" in order to contribute the National RHC Strategy 2001 – 2010.

II Equipment (US\$700,541)

<i>Contributed to:</i>	<i>Contents</i>	<i>Amount</i>
MCH/FP Centre, Province	2 units of 4-wheel vehicles (1 for JICA experts and 1 for MCH/FP Centre) 5 units of motorbike with helmets 1 set of copy machine	US\$700,541
DHCs (new 11 districts), Districts	11 sets of OHP with screen, 11 sets of TOA Public Address System, 11 units of Motorbike with helmets, 11 sets of Medical Equipment for CHC (Hung Nguyen, Quynh Luu Que Phong, Quy Chau, Quy Hop, Ky Son, Tuong Duong, Hung Nguyen, Anh Son, Tan Ky, Cua Lo, Quyne Luu, and Yen Thanh Districts)	
CHCs (222 CHCs), Communes	222 sets of Medical Equipment (Gynaecological Examination Table, Patient beds, Cabinets, Sterilizer, Blood Pressure, etc) (Hung Nguyen, Quynh Luu Que Phong, Quy Chau, Quy Hop, Ky Son, Tuong Duong, Hung Nguyen, Anh Son, Tan Ky, Cua Lo, Quyne Luu, and Yen Thanh Districts)	
Total		US\$700,541

III Counterpart Training (7 persons)

<i>Name</i>	<i>Period</i>	<i>Contents and Achievements</i>
1. Dr. Nguyen Ba Tan Vice-director, MCH/FP Center	18/06/2000~19/07/2000	Training focused on MCH/FP administration in Japan. Received lectures on national health and MCH/FP administration and NGO activities in Tokyo. Travelled four prefectures in Japan and learned many topics including local administration, community-based organisation, GO/NGO collaboration, Human resource development, centre management etc. Short-term experts played a significant role to facilitate the observation trip
2. Dr. Bui Dinh Long Vice-director, MCH/FP Center		

3. Mr. Hoang Ky, Vice-chairperson, People's Committee, Nghe An, Chairperson of Joint Committee for the Project	20/02/2002~12/03/2002	Have learned policy, strategy and mechanism of Japanese ODA as well as to learn MCH/FP administration in Japan through the meeting and discussions with senior officials of Ministry of Health and Labor and JICA. Have been introduced the MCH/FP administration and NGO activities in Tokyo. Through the field visit to Yamanashi Prefecture, have learned local administration, community organisation activities, GO/NGO collaboration, school health program, etc.
4. Dr. Nguyen Duy Khe, Vice-director, MCH/FP Department, MOH	20/02/2002~22/02/2002	Have learned policy, strategy and mechanism of Japanese ODA as well as to learn MCH/FP administration in Japan through the meeting and discussions with senior officials of Ministry of Health and Labor and JICA. Have been introduced the MCH/FP administration and NGO activities in Tokyo. Through the field visit to Yamanashi Prefecture and Kagoshima prefecture, have learned local administration, community organisation activities, GO/NGO collaboration, school health program,, human resource development and clinic/hospital management.
5. Dr. Tran Quang Phong, PSC Member, MCH/FP Center, Nghe An		
6. Dr. Tran Ngoc Hanh, Director, DHC, Yen Thanh District	20/02/2002~22/02/2002	Have learned policy, strategy and mechanism of Japanese ODA as well as to learn MCH/FP administration in Japan through the meeting and discussions with senior officials of Ministry of Health and Labor and JICA. Have been introduced the MCH/FP administration and NGO activities in Tokyo. Through the field visit to Yamanashi Prefecture and Gumma Prefecture, have learned local administration, community organisation activities, GO/NGO collaboration, school health program, the MCH/FP promotion activities at grass-root level in Japan with emphasis on "Aiiku-hann" activities and women's activities
7. Ms. Pham Thi Hoai, Provincial Women's Union, Nghe An		

IV Trainings, Workshops and other local costs

(US\$106,451)

	<i>Activities</i>	<i>Period</i>	<i>Place</i>	<i>Participants</i>	<i>Achievement</i>	<i>Amount</i>
1	Orientation Workshop (OW)	25/11/2000	Vinh City	63 DSCMembers	Expected No. of Participants : 76 per Actual : 63 per (participation rate 83%)	US\$11,984 DSC members (63 persons)
2	OW	18/12/2000	Vinh	40 CSC members		
3	OW	19/12/2000	Hung Nguyen	CSC 65 per	Expected number: 1,398 per Actual: 1,178 per (participation rate 84%)	CSC members (1,178 persons)
4	OW	20/12/2000	Cua Lo	CSC 18 per		
5	OW	08/02/2001	Nam Dan	CSC 58 per		
6	OW	09/02/2001	Nghia Dan	CSC 74 per		
7	OW	19/02/2001	Dien Chau	CSC 10 per		

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8	OW	19/02/2001	Nghi Loc	CSC 90 per	carried out for all DSCs and CSCs members. They were briefed the purposes and main activities of Phase II of the Project. The ownership of the Project was enforced through a series of orientation workshop. And the roles and responsibilities of steering committees were made clear. For 11 new districts, additional information provided on JICA as well as RH Project as a part of Japanese ODA.	
9	OW	20/02/2001	Do Luong	CSC 89 per		
10	OW	20/02/2001	Yen Thanh	CSC 90 per		
11	OW	21/02/2001	Tan Ky	CSC 53 per		
12	OW	22/02/2001	Quynh Luu	CSC 109 per		
13	OW	23/02/2001	Anh Son	CSC 60 per		
14	OW	28/02/2001	Con Cuong	CSC 26 per		
15	OW	01/03/2001	Tuong Duong	CSC 43 per		
16	OW	02/03/2001	Ky Son	CSC 39 per		
17	OW	05/03/2001	Quy Hop	CSC 47 per		
18	OW	06/03/2001	Quy Chau	CSC 32 per		
19	OW	07/03/2001	Que Phong	CSC 39 per	Skill and knowledge of CHC staff improved in charge of assisting delivery to secure an environment for safe and hygienic delivery at CHC. The awareness among participants towards the needs for the continued learning after the training has been created.	US\$34,517
20	OW	09/03/2001	Thanh Chuong	CSC 104 per		
21	CHC staff retraining	11/06/2001 ~ 07/07/2001	MCH/FP Centre etc.	Total 26 (CHC staffs: HN:10, AS:5, QL:9, MCH/FP Center staff:2)		
22	CHC staff retraining	07/30/2001 ~ 25/08/2001		Total 26 (CHC staffs: HN:3, QL: 15, CL: 2, TK:1, AS:1, TD:1, Vinh:1, MCH/FP Center staff: 2)		
23	CHC staff retraining	17/09/2001 ~ 13/10/2001		Total 26 (CHC staffs: HN:6, CL:3, TK:3, AS:6, TD:1, Vinh:4, QP:1, MCH/FP Center staff: 2)		
24	CHC staff retraining	05/11/2001 ~ 01/12/2001		Total 24 (CHC staffs: Vinh:11, CL:1, QC:1, TK:1, AS:1, Polyclinic NaD: 1, & one each from 6 DHC: NgD, YT, DC, DL, TC, NL, MCH /FP Center staff: 2)		
25	CHC staff retraining	07/01/2002 ~ 02/02/2002		Total 23 (CHC staffs: QH:1, CL:9, TK:4, AS:2, one staff each from 6 DHCs: Vinh, CL, QL, TK, AS, HN, & MCH /FP Center staff: 1)		
26	CHC staff retraining	04/03/2002 ~ 30/03/2002		Total 20 (CHC staffs: ND:1, CL:6, TK:3, AS::3, HN:3, one each staff from 2 DHCs: QH, TD, MCH /FP Center staff: 2)		

27	PCM Workshop	04/07/2001 ~ 06/07/2001	Huu Nghi Hotel	Total 17: (From 5 DSCs of mountainous districts: KS: 3, TD: 4, QP: 3, QC: 4, QH: 3)	The needs and the level of awareness among people concerned in the mountainous districts have become clear. The ownership of the project has been created.	US\$1,895
28	PCM Workshop	10/07/2001 ~ 14/07/2001	Huu Nghi Hotel	Total 23: (From 6 DSCs: QL: 2, HG: 3, AS: 4, TK: 2, CL: 4, Vinh: 4, PHS: 1, MCH/FP Center: 3)	The needs and the level of awareness among people concerned in the new district other than mountainous districts have become clear. Information for review and revision of the current PDM obtained.	
29	Training for monitoring activities	23/07/2001~ 25/07/2001	Vinh	Total 22 (4 Model districts: ND: 4, TC: 4, QL: 3, AS: 3, HN: 3, CL: 2, MCH/FP Center: 3)	Training on monitoring for the 4 model districts conducted and learned how to make plan and implement the monitoring activities.	US\$774
30	Training for monitoring activities	31/10/2001~ 2/11/2001	Vinh	Total 19 (1 each from ND, NL, DL, CC, DC, YT, QL, TC, AS, Nda, & 6 from MCH/FP Center, 3 JOCV)	A manual for monitoring developed and formulated	
31	Orientation for people concerned with commune health administration on Aiiku Model communes in Yen Thanh Districts	14/08/2001	Yen Than DHC	Total 21: (Womens' Union members from Hop Thanh Commune: 4, Nhan Thanh Commune: 2, Nam Thanh Commune: 4, Yen Thanh DHC: 4, Provincial WU: 2, MCH/FP Center: 4, JOCV: 1)	Key players of Aiiku-han model communes have obtained detailed information and knowledge of the Aiiku-han Activities.	
		14/08/2001	Nam Thanh	Total 54 concerned with health administration		
		15/08/2001	Hop Thanh	Total 50 (ditto)		
		15/08/2001	Nhanh Thanh	Total 76 (ditto)		
32	Seminar on Aiiku-Han activities	17/08/2001	Vinh	Total 56: DSC members from 19 districts	General information and knowledge of Aiiku-Han activities disseminated among DSC members.	US\$898
33	Orientation for selected volunteers Aiiku Model communes in Yen	07/12/2001 14/12/2001 14/12/2001	Yen Thanh Nhan Thanh Hop Thanh Nhanh Thanh	Total 245 volunteers of WU Nhanh Thanh Commune: 130 Nam Thanh Commune: 55 Nhanh Thanh Commune: 60	Selected volunteers have deepen the understandings towards the objectives and contents of the Aiiku-han Activities	

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	Thanh Districts					
34	TOT Workshop for Leaders of Aiiku-han Activities	02/01/2002 ~ 04/01/2002	MCH/FP Center	Total 12 (Working Group Members: PWU: 1, YTDWU: 1, MCH/FP Center: 3, YTDHC: 3, JOCV: 1, JICA 1, & Coordinating Board members and other concerned as observers)	Leaders have acquired the skill in conducting Aiiku-han activities and in guiding the other volunteers	US\$625
35	Initiation Ceremony of Aiiku-han activities	04/01/2002	Yen Thanh PC	Total 285: (Coordinating Board Members: 5, Working Group Members: 9, Nam Thanh Commune volunteers: 78, Hop Thanh Commune volunteers: 69, Nhan Thanh Commune volunteers: 124)	The morale of the volunteers increased and become fully ready to organize the activities.	
36	Skill training on the RTI diagnosis with colposcope	24/09/2001 ~ 28/09/2001	MCH/FP Center	Total 13 (Doctors from DHCs: NL:1, ND:1, DC:1, TC:1, NaD: 1, CC: 1, Vinh:1, HN:1, QL:1, CL:1, MCH/FP Center: 2)	Skill for RTI diagnosis utilising colposcope improved.	
37	Orientation workshop on HBMR promotion for model districts	28/11/2001	MCH/FP Center	Total 13 (DC DHC: 1, DC/CHC:3, CL DHC: 1, CL/CHC: 3, MCH/FP Center: 5)	The situation of HBMR utilization grasped and recommendation to promote HBMR promotion.	US\$ 36
38	Workshop on promotion of model parents class	15~19/01/2002	MCH/FP Center	Total 11 (MCH/FP Center: 7, Vinh City: 2, Nghi Loc:2)	The plan and contents of the parent class reviewed and program that is suitable for Nghe An formulated	US\$ 42
39	IEC Workshop	04/02/2002 05/02/2002 06/02/2002 10/02/2002 11/02/2002 12~13/02/2002	Tan Ky Hung Nguyen Anh Son Cua Lo Vinh City Quynh Luu	Total 1,936 WU representatives of commune and hamlet level (Tan Ky: 353, Hung Nguyen: 278, Anh Son: 291, Cua Lo: 100, Vinh City: 355, Quynh Luu: 252)	IEC training for members of women's union to promote RH	US\$17,727
40	IEC Workshop (technical training)	26/03/2002 ~ 29/03/2002	Vinh	Total 14: DHCs: (2 each from HG/AS/ Vinh/ NL/ DL / DC + MCH/FP Center)	The participants have learned teaching and guidance methodology on RH utilising the Maggie Apron.	US\$2,584 11 Maggie Apron, 1,000 users manual
41	IEC Workshop	03/04/2001 ~	Vinh, Quynh	5 per MCH/FP Cente	IEC technology through the usage of the Maggie Apron was transferred.	US\$266

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	(technical training)	05/04/2001	Luu	10 per 5DHCs x 2 per 2 per JOCV (Total 17)	(5 dis. and MCH/FP Centre)	
42	Dissemination workshop of the abortion survey	13/04/2001	MCH/FP Centre		Workshop on abortion situation in Vietnam and Nghe An. The report of abortion survey in Nghe An was made available and distributed to participants.	
43	Training workshop for abortion survey	16/04/2001 ~ 17/04/2001	MCH/FP Centre (Nghia Dan, Thanh Chuong, Yen Thanh)	4 per MCH/FP Centre 6 per 3 DHCs 2 per JOCV (Total 12)	Training for abortion survey with emphasis on data input and analysis by EPInfo. (MCH/FP Centre and 3 districts)	US\$5,891
44	Seminar on abortion survey and action plan	28/02/2002 ~ 14/03/2002	MCH/FP Centre (Nghia Dan, Yen Thanh)	Total 20: (MCH/FP Centre: 3, Nghia Dan DHC: 8, Yen Thanh DHC: 9)	The participants were trained on data processing, analysis and report writing for abortion survey and to develop action plan.	US\$1,721
45	Technical exchange programme	18/03/2002 ~ 23/03/2002	Thailand	Total 9: (MCH/FP Centre:4, one each from 4 DHCs: Nghi Loc, Nghia Dan, Anh Son, Quynh Luu, one interpreter, 1 JICA expert)	The participants visited Thailand and have learned MCH/FP promotion in rural area from the JICA MCH/FP programme implemented 1991 - 1996	US\$11,844
46	Travelling Seminar to the South of Vietnam	28/03/2001 ~ 29/03/2001	Nghia Dan, Yen Thanh	11 DSCs members 55 per DSC members 6 per MCH/FP Centre (Total 61)	Micro South-to-South cooperation for 11 new districts. Members of 11 DSCs visited the Phase I project areas to see the impact and effectiveness of the JICA RH Project. They could obtain information and experiences of the Project through observation and discussion.	US\$1,333
47	Travelling Seminar	20~27/05/2002 27/05 ~ 3/06/2002	Tu Du Hospital in HCMC, An Giang Province	11 DSC members Group1: QL:4, KS:4, AS:4, CL:3. TK:4, HN: 1, MCH/FP センター: 1, JICA: 2 Group 2: HN:3, Vinh: 4, QH:4, TD:4, QP:4, CL:1PWU:1, JICA:3MCH/FP Center (as organizer)	To visit one of the top level institutions in the South of Vietnam and one of the best provinces in the field of MCH to learn from their activities and to exchange experiences accumulated through project implementation for more effective technical cooperation	US\$13,245

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48	Maintenance of, and utilisation survey of medical equipment provided Phase I	14/05/2001 ~ 22/05/2001	MCH/FP Centre and 8 districts of Phase I	Sub-contracted to AMEC	To follow-up the usage and condition of medical equipment supplied to MCH/FP Centre and DHCs during the Phase I of the Project	US\$1,069
49	Seminar on Aiiku-Han activities	11/07/2002 17/07/2002 23/07/2002 24/07/2002 26/07/2002	Yen Thanh District	42 WU members of model communes 11/7: Hop Thanh: 9, Nam Thanh: 11, Nhan Thanh: 18 17/7: Hop Thanh: 12, Nam Thanh: 10, 23/7: Hop Thanh: 10, Nhan Thanh: 17 24/7: Nam Thanh: 11 26/7: Nhan Thanh: 17 (accumulated total 115 persons)	To train members of Women's Union to implement health promotion activities based on the Aiiku-han model in the pilot communes	
					Total	US\$106,451

V Construction/Renovation of hygienic facilities for CHCs (US\$92,623)

The fund was provide by the Grant Assistance for Grass-Root Project (GAGRP) by Japanese Embassy to support the rehabilitation of CHC facilities.

A total of 116 CHC in 6 districts: Cua Lo (7), Quynh Luu (42), Hung Nguyen (23), Anh Son (20), Tan Ky (21), and Yen Thanh (3)

US\$92,623

VI Research and Surveys (US\$53,428)

	<i>Activity</i>	<i>Period</i>	<i>Place</i>	<i>Name of Organisation</i>	<i>Activities and Achievement</i>	<i>Amount</i>
1.	Media Survey	08/03/2001 ~	Conducted at Vinh, Tuong Duong, Dien Chau & Yen Thanh	Sub-contracted to the Institute of RH and Development (IRHD)	To identify effective mass media in Nghe An Province for IEC promotion on RH.	US\$3,341
2.	Base-line Survey (Situation Analysis)	May/2001 ~ August/2001	Nghe An Province	Population Council	Actual situation of RH services in Nghe An Province at the commune level surveyed and the impact of the Project Phase I accessed. Baseline information obtained for the finalization of the PDM indicators for the Project Phase II.	US\$47,881 (for Pop. Council US\$36,865)

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3.	Feasibility Study for RTI main Survey	March/2002	Nghe An Province	Dr. Aya Gotoh, Dr. Nguyen Quang Vinh, & Dr. Pham Nghiem Minh, Tu Du Hospital,	Feasibility study conducted and preparatory plan has been formulated for the realization of RTI survey.	US\$1,206
					Total	US\$52,428

VII JICA Project Office

Year 2000 Equipment: US\$11,680 (computers for the JICA RH Office)
 (US\$30,665) Running cost of the Office: US\$18,985 (includes travel cost, maintenance of vehicle, communication, local staff, interpreters and others for the Office)

Year 2001 Running cost of the Office: US\$40,040 (includes travel cost, maintenance of vehicle communication, local staff, interpreters and others)
 (US\$46,211) Meeting and conference: US\$809 (provincial and district steering committee meetings)
 Hand carried equipment for experts: US\$5,362 (Video educational materials, reference books, portable computer)

VIII NGO Survey

<i>Name</i>	<i>Period</i>	<i>Activities and Achievements</i>
Year 2000: Study on CHC Activities		
1. Ms. Etsuko Machida	01/09/2000~12/09/2000	Literature review on roles and functions of CHC (MOH, PHS of Nghe An, DHC Nghi Loc) After a pre-survey in Nghi Lien CHC, the "Time allocation survey of CHC staff" was conducted in Nghi Long CHC of Nghi Loc district for a month period. It is expected to make quantitative analysis of the work carried out by CHC staff.
2. Mr. Atsushi Tsukui	19/11/2000~17/12/2000	
3. Ms. Mayu Inoh	24/11/2000~31/12/2000	
4. Ms. Maki Tomuro		
5. Ms. Akiko Kurata		
Year 2001: Study on Folk Childbirth Customs of the Kinh in Nghe An Province		
1. Ms. Etsuko Machida	01/09/2000~12/09/2000	Useful information on delivery-related culture, beliefs and traditions of People in Nghe An (Kin) has been obtained.
2. Ms. Mayu Inoh	24/11/2000~31/12/2000	
3. Ms. Maki Tomuro		

JICA RH Project Phase II

JICA RH Project Phase II
2002 Work and Activity Plan
(01/04/2002 ~ 31/03/2003)

As for the budget, the amount in Japanese yen has been fixed, but the amount in US dollars is tentative as it will change according to the fluctuation of the exchange rate. Tentative exchange rate used is: US\$1 = ¥125

I Japanese Experts

I - 1 Long-term experts (5 persons: team leader and administrative coordinator will change)			
<i>Name</i>	<i>Period</i>	<i>Specialised area</i>	<i>Purposes</i>
1. Ms. Sumie Ishii	01/09/2000~15/04/2002	Team Leader	Co-ordination of the Project, Co-ordination with donor agencies, Implementation of Project activities with counterpart, Monitoring Project activities
2. Ms. Mayumi Katsube	26/03/2002~25/03/2004	Team Leader	
3. Mr. Shinya Iwayanagi	01/09/2000~31/08/2002	Administrative Co-ordinator	
4. Mr. Kenji Yamazaki	26/03/2002~25/03/2004	Administrative Co-ordinator	
5. Ms. Kazuyo Watanabe	01/09/2000~31/08/2002	Midwifery	
6. Ms. Miyuki Oikawa	10/04/2001~09/04/2003	Public Health Nurse	
7. Mr. Tomomichi Yamada	02/09/2002~01/09/2003	HMIS	
I-2 Short-term experts (12 persons)			
<i>Name</i>	<i>Period</i>	<i>Specialised area</i>	<i>Purposes</i>
1. To be decided	To be decided	Project Management	To strengthen project management capacity of Provincial Steering Committee To provide technical advice in formulating future plan of activities
2. To be decided	To be decided	MCH & Community Participation	To provide technical assistance in implementing MCH promotion activities through voluntary community-based organisation "Aiiku-Han"
3. Ms. Atsuko Sugiyama	05~21/08/2002	Midwifery Education	To provide technical assistance in effective implementation of CHC staff re-training and teaching methods
4. To be decided	09/2002	Public Health Service and Centre Management	To improve quality service and management skill of MCH/FP Center

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5. To be decided	4 th quarter/2002	HMIS	To provide technical assistance in preparing for application/establishment of the new HMIS in Nghe An Province
6. To be decided	4 th quarter/2002	Laboratory	To provide technical assistance in improving skills for laboratory tests in relation to RTI
7. To be decided	4 th quarter/2002	Community Health	To provide technical assistance in implementing health promotion activities for community people
8. Dr. Shoko Nagaya	11/2002	MCH/FP Administration	To provide necessary advice and technical support to improve capacity of MCH/FP administration of the MCH/FP Center and Provincial Health Service
9. Dr. Aya Goto	12/2002	Feasibility study on Reproductive Tract Infections (RTI)	To conduct training workshops for improving lab technique, clinical practice to detect RTIs, and research skills as the prerequisite for conducting RTI survey and onward strategy formulation to control RTI
10. Dr. Sadao Horiguchi	01/2003	Prenatal and post natal care management	To provide technical assistance for improvement of prenatal and postnatal care and management
11. Mr. Nobuhiro Kadoi	02/2003	Epidemiology	To provide technical assistance in formulating strategy based on outcomes of epidemic research
12. Ms. Lisa Asamura	03/2003	IEC	To provide training on effective IEC utilization for health promotion at DHC and CHC

1-3 Consultation Mission

Mission period: August 22 ~ 30, 2002

Mission members: Prof. Hirofumi Ando, Mission Leader, Professor, International Department, Nihon University
Mr. Ryoichi Suzuki, Member, Director, Public Relations Department, JOICFP,
Ms. Kiyoka Takeuchi, Member, JICA
Ms. Lan Nagai, Interpreter

Details to be discussed

JICA RH Project Phase II

The budget mentioned hereunder is approximate and is subject to change according to the fluctuation of the exchange rate.

II Equipment (¥19,112,000 (US\$152,816))

<i>To be contributed to</i>	<i>Contents</i>	<i>Amount</i>
Provincial Hospital	1 Colposcope	¥19,112,000 (US\$152,816)
(Under consideration, to be decided)	14 sets (computer and printer), 11 sets (Medical textbooks)	
Commune Health Center	222 sets (Maggie the Apron, medical textbooks, wall clock), 466 home visit kits (portable infant scale, manometer, etc.)	

III Counterpart Training (3 persons)

<i>Name</i>	<i>Period</i>	<i>Contents and expected result</i>
1. Ms. Nguyen Thi Hoa	06/2002 ~ 03/2003	Care and education for pregnant women, mother and new born
2. Dr. Cao Phi Nga	Under consideration	Health statistics
3. Dr. Dao Trong Dung	To be decided	

IV Trainings, Workshops and other local costs (Total ¥10,352,000 (US\$82,816))

	<i>Activities</i>	<i>Period</i>	<i>Place</i>	<i>Participants</i>	<i>Purposes</i>	<i>Budget</i>
1	CHC staff retraining	05~31/08/2002	MCH/FP Centre etc.	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	¥3,718,000 (US\$29,744)
2	CHC staff retraining	23/09/2002~18/10/2002				
3	CHC staff retraining	11/11/2002~07/12/2002				
4	CHC staff retraining	03~29/03/2003				
5	CHC staff refresher course	11/2002	Each DHC	244 CHC staff from 8 districts from Phase I	To up-date knowledge and skill of CHC staffs	

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6	Seminar on Aiku-Han activities	07/2002	Yen Thanh District	Women's Union DSC	To train members of Women's Union to implement health promotion activities based on the Aiku-han model in the pilot communes	
7	Travelling Seminar	20~27/05/2002 27/05 ~ 3/06/2002	Tu Du Hospital in HCMC, An Giang Province	11 DSCs members MCH/FP Center (as organizer)	To visit one of the top level institutions in the South of Vietnam and one of the best provinces in the field of MCH to learn from their activities and to exchange experiences accumulated through project implementation for more effective technical cooperation	¥1,910,000 (US\$15,280)
8	Skills training on maintenance of equipment	07/2002	MCH/FP Center	11 DHCs (person in charge of maintenance of equipment)	To conduct training for improving technical skill in maintenance of medical equipment	¥502,000 (US\$4,016)
9	Training on post natal care (TOT workshop and workshop for CHC staffs)	12/2002 ~ 01/2003	MCH/FP Center	30 DHC staff from 14 districts (except 5 mountainous districts) and MCH/FP Center staff	To develop a guideline for postnatal care through home visit and to provide training on postnatal care utilizing the guideline	¥368,000 (US\$2,944)
10	Training on RTI diagnosis by colposcope	06/2002	MCH/FP Center	2 MCH/FP Center staffs, 1 each from DHC of 11 new districts	To improve the skill to diagnose RTI utilizing colposcope	¥170,000 (US\$1,360)
11	Training workshop on counselling and guidance skills to decrease abortion cases	07/2002	MCH/FP Center	MCH/FP Center staff 2 each from 3 pilot districts and 3 districts with high abortion rate	To improve counselling and guidance skill for reducing repeated abortion cases	¥167,000 (US\$1,336) Including IEC materials development
12	RH Seminar	08/2002	Vinh	MCH/FP Center from 30 provinces in the north, MOH, Nghe An Province	To share and disseminate the RH Project outcomes, learning and experiences with people concerned with RH	¥648,000 (US\$5,184)

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13	RH Knowledge contest	10/2002	Vinh	10 members of Women's Union from 19 districts	To disseminate knowledge and information on RH through RH contest utilizing quiz, singing and role play, etc.	¥547,000 (US\$4,376)
14	IEC workshops on traditional belief and practice	11/2002	Each districts	Women's Union members from 14 districts	To conduct IEC workshop on traditional belief and practices to change people's behaviour towards more desirable RH practices	¥2,217,000 (US\$17,736)
15	HMIS workshop	11/2002, 02/2003	MCH/FP Center	3 pilot districts, + Thanh Chuong, Yen Thanh	To conduct training on computer skills required to apply HMIS to be established by MOH	¥105,000 (US\$840)
16	Skill training on RTI survey	12/2002	MCH/FP Center	MCH/FP Center, Provincial Hospital, Vinh City Hospital, Preventive Medicine Center, Dermatology Station, etc.	To train concerned personnel involved in RTI survey to acquire necessary skills in conducting the survey	To be identified
17	Workshop on utilization of IEC materials for health promotion	03/2003	Vinh and in the selected districts	MCH/FP Center and selected districts	To acquire skills to utilize IEC materials effective for health education and promotion activities	To be identified
					Total	¥10,352,000 (US\$82,816)

V Construction/Renovation of hygienic facilities for CHCs

The possibility will be sought in applying to the Grant Assistance for Grass-Root Project (GAGRP) by the Japanese Embassy to support the rehabilitation of the remaining CHC facilities. This will be depend on the progress and achievement of the on-going activities in the 6 districts.

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VI Research and Surveys (¥1,121,000 (US\$8,969))

	<i>Activity</i>	<i>Period</i>	<i>Place</i>	<i>Name of Organisation</i>	<i>Purposes</i>	<i>Budget</i>
1	RH survey in mountainous districts	Second half of 2002	Nghe An Province		To conduct survey on RH and traditional belief and practice related to pregnancy and delivery in the mountainous area	¥1,121,000 (US\$8,969)
					Total	¥1,121,000 (US\$8,969)

VII JICA Project Office (¥9,702,000 (US\$77,616))

Equipment for experts: not yet decided

Running cost of the Office: ¥8,849,000 (US\$70,792) (includes travel cost, activities by short-term experts, maintenance of vehicle, communication, local staff, interpreters and others)

JICA consultation mission cost, joint committee meeting, provincial/district steering committee meetings: ¥853,000 (US\$6,824)

All budget mentioned above is subject to change according to the fluctuation of the exchange rate.

JICA RH Project Phase II

VIII Vietnamese Counterpart Cost and Activities

	<i>Activities</i>	<i>Period</i>	<i>Place</i>	<i>Participants/implementer</i>	<i>Purposes</i>	<i>Counterpart Cost</i>
1	CHC staff retraining	See IV	MCH/FP Center, etc.	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	VND40,000,000
2	Monitoring on project activities	Quarterly	19 districts	MCH/FP Center staff	To monitor and provide guidance on RH services and CHC follow-up activities conducted by DHC	VND47,630,880
3	Monitoring and follow-up of 8 district from Phase I		8 districts from Phase I	MCH/FP Center staff	To monitor project activities by 8 districts from Phase I.	VND6,857,760
4	Follow-up of supplied equipment	Quarterly	19 districts	MCH/FP Center staff	To monitor the utilization and maintenance situation of the equipment and provide necessary guidance	VND30,600,000
5	Others					
	Activities with short-term experts					VND2,411,360
	Provincial and district steering committee meeting					VND15,100,000
	Administrative and running cost					VND32,237,000
Total						VND174,827,000

P.S. The budget mentioned above is subject to change according to the fluctuation of the exchange rate.

Table of Activities and Achievements

Achievement Level of Activities				
Plan of Activities	Expected outcome	Progress	Reasons for Delay or Difficulties	Plan of Activities
PDM activities				
For Output 0: Steering Committees (SC) at all levels are established and are functioned regularly and continuously				
0.1 Review and define the function and responsibilities of SCs at all levels	The function and responsibilities of SCs at all levels are reviewed and defined	completed	—	Check regularly
0.2 Review SC members in the experienced districts (8 districts)	SC members in the experienced districts (8 districts) reviewed	completed	—	Check regularly
0.3 Establish SC at district and commune levels in new project area (11 districts)	SC at district and commune levels in new project area (11 districts) established	completed	—	Check regularly
0.4 Conduct orientation of the Project to SC members of new project area	Orientation of the Project to SC members of new project area conducted	completed	—	Once a year orientation is being considered
0.5 Conduct exchange of experience among experienced districts and new districts	Exchange of experience among experienced districts and new districts conducted	completed	—	Conduct thorough the regular meetings
0.6 Conduct regular meeting of DSC and PSC (quarterly)	Continue conducting regular meeting of DSC and PSC (quarterly)	Quarterly meeting has been conducted as planned	—	Continue conducting quarterly
For Output 1: Safe and hygienic delivery is promoted at commune level.				
1.1 Retrain midwives and assistant doctor of ob/gyn	At least one midwives and/or assistant doctor of ob/gyn each from 466 CHC will have been trained	CHC staff re-training has been conducted as planned. About 80% of CHC have been covered by re-training course through Phase I and Phase II.	Training course is on-going as planned. However, it has been found that there are some CHCs that have no female staff, i.e. nobody who assist delivery and responsible for pregnant care. Therefore, there has not been any delivery at those CHC, nor pregnancy care.	It is necessary to check the policy of Nghe An Province on such situation of CHC without midwife, and PC and Provincial Health Service will be requested to clarify their position in how to address this situation.
1.2 Train hamlet health worker/TBA of mountainous districts on hygienic delivery	Necessary and possible training provided to grass root level health workers based on the finding of survey.	CHC staff re-training course for the mountainous CHCs has started. The project started obtaining some information on the actual situation of the pregnancy care and delivery assistance by hamlet health worker/TBA of mountainous area.	There is a lack of information on the situation of delivery and pregnancy care at grass-root level in mountainous area.	A survey on pregnancy and delivery related behavior will be conducted in the fiscal year 2002. Based on the findings, the necessary and possible activities will be planned.
1.3 Provide medical book for CHCs & DHCs	Medical book for CHCs & DHCs provided	Planned in the fiscal year 2002	—	Arrangement will be made.

1.4 Provide all commune with IEC means and materials	All commune with IEC means and materials will have been provided	Three kinds of pamphlets have been distributed during the IEC workshops in 2001. RH related textbooks have been distributed to hamlet level Women's Union. It is planned to provide CHCs in 11 districts with RH educational materials (Maggie Apron).	-	Additional pamphlets will be printed for the distribution and utilization. The RH textbooks will be provided to the remaining hamlet Women's Union. Maggie Apron will be provided in 2002 to CHCs in 11 districts.
1.5 WU carry out IEC activities on hygienic and safe delivery	IEC activities on hygienic and safe delivery will have been carried out by WU	IEC workshops was organized for over 1,900 WU members to increase awareness towards their expected roles. WU has started the RH contest at the commune level. The model activities of Aiiku-han in Yen Thanh are on-going.	-	The contest will be conducted in all communes and the final contest at the provincial level will be conducted in October-November 2002. The model activities of Aiiku-han will continue to be implemented. IEC Workshops targeting Women's Union Members both commune and hamlet level are planned.
For Output 1-1: Prenatal care at commune level is improved.				
1.1.1 Provide pregnancy check-up means	Pregnancy check-up means provided	Provided	-	Regular monitoring by DHC initiative
1.1.2 Promote pregnant women 2 tetanus vaccination	Pregnant women 2 tetanus vaccination promoted and high level of vaccination rate maintained	The topic has been covered during the CHC re-training	-	Regular monitoring by DHC initiative.
1.1.3 Provide pregnant women with guidance & counselling services	Pregnant women are provided with guidance & counselling services	CHC staffs are trained on guidance & counselling services through CHC re-training courses	-	Regular monitoring by DHC initiative
1.1.4 Train women's union members to have good IEC skills to promote pregnancy check-up and utilization of HBMR	Women's union members have good IEC skills to promote pregnancy check-up and utilization of HBMR	Aiiku-han model activities include the training for WU Volunteers. IEC workshops for Women's Union were organized.	-	Aiiku-han activities will continue. IEC workshops in 2002 are planned.
1.1.5 Train midwives at district and commune level to have good skill of using Maggie Apron	Train midwives at district and commune level to have good skill of using Maggie Apron	CHC staffs are trained on using Maggie Apron through CHC re-training courses. IEC technical workshop on utilization of IEC materials was conducted with the support by a short-term expert.	-	Those trained through the IEC technical workshop will train the other staff as trainers.
1.1.6 Provide CHC with enough Maggie apron	All CHC will be provided with enough Maggie apron	Planned in the fiscal year 2002	-	Arrangement will be made.

1.1.7 Implement Aiiku-han model to manage pregnancy at hamlet level	Aiiku-han model to manage pregnancy at hamlet level implemented	Conducted TOT training, and Aiiku-han in trainings. Aiiku-han handbook has been developed and produced.	-	To be continued
1.1.8 Organize RH promotion classes in the selected CHCs, DHCs and MCH/FP Centre	RH promotion classes in the selected CHCs, DHCs and MCH/FP Centre will have been organized	Workshop on promotion of model parents class organized. Regular classes have been organized at MCH/FP Center. CHC level health education class has been promoted in Nghi Loc District	In one of the model districts, the activity has not shown much progress. The reason needs to be identified.	The current model district will be reviewed and the model district will be changed if necessary.
1.1.9 Increase the usage of pregnancy management box	The usage of pregnancy management box will have been increased.	Almost all CHCs have prepare the pregnancy management box.	-	MCH/FP Center will ensure the provision of management box in all CHCs
1.1.10 Make use of HBMR in all areas of Nghe An	HBMR will have been utilized in all areas of Nghe An	Orientation workshop on HBMR promotion for model districts was organized. The CHC staffs have been trained on utilization of HBMR through CHC re-training	The supply system of HBMR has not been established, therefore, the availability and supply method are different in districts.	Regular monitoring and refresher courses on utilization of HBMR by DHC initiative. As for the supply system, Provincial Health Service will be requested to follow the situation.
1.1.11 Have correct monthly data for pregnant women	Monthly data for pregnant women will have been collected	As a part of CHC staff re-training, the subject of recording and reporting has been covered.	The issue of accuracy of the data will be dealt as the HMIS program is being implemented	Continuation of CHC staff re-training, and regular monitoring and refresher courses by DHC initiative. The HMIS activity is expected to help improve the situation.
1.1.12 Refer high risk pregnant women to the upper level as soon as possible	High risk pregnant women will have been referred to the upper level as soon as possible	As a part of CHC staff re-training, the subject of utilization of partograph has been covered.	-	Regular monitoring and refresher courses by DHC initiative on utilization of Partograph
For Output 1-2: Delivery Care at commune level is improved.				
1.2.1 Strengthen the capacity of MCH/FP Centre on delivery assistance skill	Capacity of MCH/FP Centre on delivery assistance skill will have been strengthened	MCH/FP Center staffs have been participating in the CHC staff re-training. One midwife of MCH/FP Center have been sent to the counterpart training on midwifery training.	-	Upon the completion of the counterpart training, together with a long-term expert, the follow-up of the delivery care at MCH/FP Center will be planned.
1.2.2 complete procedure (process) of infection control	Procedure (process) of infection control will be conducted completely	As a part of CHC staff re-training, the subject has been covered.	-	Regular monitoring and refresher courses by DHC initiative

1.2.3 Promote delivery at CHCs	Delivery at CHCs will have been promoted	All the 466 CHC have been equipped with necessary equipment for safe and hygienic delivery. Nearly 80% of CHC staffs have gone through the re-training course. CHCs hygienic facilities are under construction.	In mountainous area, some CHC facilities are located physically too far away from some community people and tremendously inconvenient. Some custom and practices, religious barriers are regarded to be difficult to overcome.	A survey will be conducted on delivery and pregnancy related practices and beliefs in mountainous area.
1.2.4 Train on usage of partograph	CHC staffs will have been trained on usage of partograph	CHC staffs have been trained on utilization of partograph through CHC re-training course		Regular monitoring and refresher courses on utilization of partograph by DHC initiative.
1.2.5 Use partograph for deliveries at health facilities	Partograph for deliveries at health facilities will be utilized	In the selected districts, the promotion activities on utilization of partograph are on-gong.	There are DHCs that are not utilizing partograph. It cannot be expected that DHC can provide a good monitoring and guidance unless they use partograph by themselves.	Activities to be continued. The follow-up of model activities by the DHC in the selected districts and MCH/FP Center will be strengthened. PHS will be requested to guide those DHCs that are not using partograph.
For Output 1-3: Postnatal care at commune level is improved.				
1.3.1 Develop manual for post-natal care	Manual for post-natal care will be developed	Based on the National Standard for RHC Guidelines, the plan to prepare a manual that suite the local situation is under preparation.	Ministry of Foreign Affairs has been delaying the approval of the selected short-term expert, which may affect the implementation of the activities.	A short-term expert will be dispatched in the fiscal year 2002 for this activity
1.3.2 Train midwife or ass. doc. Ob/Pd on post-natal care	Midwife or ass. doc. Ob/Pd will be trained on post-natal care	As a part of CHC staff re-training, the subject has been covered. The training for MCH/FP Center staff has been planned.	Ministry of Foreign Affairs has been delaying the approval of the selected short-term expert, which may affect the implementation of the activities.	A short-term expert will be dispatched in the fiscal year 2002 for this activity
1.3.3 Train WU on post-natal care promotion	WU trained on post-natal care promotion	Planned in 2002	-	IEC Workshops will be conducted.
1.3.4 Provide home visiting kit for midwives and ass. doc. Ob/Pd	Home visit kit for midwives and ass. doc. Ob/Pd will be provided	Under preparation	-	Arrangement will be made in 2002
1.3.5 Conduct standardized post-natal care to post-delivery women within 42 days	Standardized post-natal care to post-delivery women within 42 days will be conducted	As a part of CHC staff re-training, the subject has been covered. The training for MCH/FP Center staff has been planned. It is at the training stage.	-	A short-term expert will be dispatched in the fiscal year 2002 for this activity

For Output 1-4: Essential medical equipment is utilized to all CHCs.				
1.4.1 Review the existing equipment at CHCs	The existing equipment at CHCs reviewed	Completed	The reports submitted by DHC have not necessarily reflected the real situation, due to the lack of coordination among the different agencies both national and the external assistance.	--
1.4.2 Categorize the function of CHC (mountainous, plain or city type)	The function of CHC (mountainous, plain or city type) categorized	Completed	--	--
1.4.3 Prepare a list of equipment	List of equipment prepared	Completed	--	--
1.4.4 Provide medical equipment for CHCs according to the categories	Medical equipment for CHCs according to the categories provided	Completed	--	--
1.4.5 Train CHC staff on usage and maintenance of the equipment	CHC staff on usage and maintenance of the equipment trained	As a part of CHC staff re-training, this subject has been covered.	--	Regular monitoring and refresher courses by DHC initiative
For Output 1-5: Four facilities of CHCs (delivery room, latrine, well and shower room) are improved				
1.5.1 Upgrade health facilities in CHCs (delivery room, shower room, latrine and well)	Health facilities in CHCs such as delivery room, shower room, latrine and well, upgraded	On-going	--	The second submission of the proposal for GAGRP for the remaining CHCs will be prepared and submitted in 2002
1.5.2 Train CHC staff on maintenance of the facilities	CHC staff trained on maintenance of the facilities	As a part of CHC staff re-training, this subject has been covered.	--	Follow-up through the regular monitoring by DHC initiative
For Output 2: Monitoring capacity of MCH/FP Centre and selected DHCs is improved				
2.1 Formulate monitoring team at MCH/FP Centre and DHCs	Monitoring team at MCH/FP Centre and DHCs formulated	Activities focused on the model districts are on-going	--	Activities will continue.
2.2 Conduct training for monitoring teams	Training for monitoring teams conducted	Monitoring workshops were conducted and DHC staffs were trained on planning and implementation of monitoring activities and monitoring manual has been formulated	--	The on-job training on monitoring will continue in the model districts. The change of the model district will be considered according to the progress of the current model districts.
2.3 Develop monitoring check list	Monitoring check list developed	Completed	--	Continue using monitoring list
2.4 Provide means of transportation to MCH/FP Centre and DHCs	Means of transportation to MCH/FP Centre and DHCs provided	Completed	--	

2.5 Develop monitoring plan at MCH/FP Centre and DHCs	Monitoring plan at MCH/FP Centre and DHCs developed	Conducted in the selected model districts	-	Follow-up activities will continue.
2.6 Conduct monitoring according to plan	Monitoring according to plan conducted	On-going in the selected districts	-	Follow-up activities will continue.
2.7 Submit the summary of monitoring findings to the Project office	Summary of monitoring findings to the Project office submitted		-	Request MCH/FP Center to prepare the summary.
For Output 3: Number of abortion conducted at MCH/FP centre and selected districts is reduced.				
3.1 Assess the current situation of abortion	The current situation of abortion assessed	Conducted with the support by a short-term expert. The outcome has been shared among project steering committees	-	Share the outcome of assessment among more people concerned to increase awareness.
3.2 Develop strategy to reduce of abortion	Strategy to reduce of abortion developed	Conducted with the support by a short-term expert in the model districts.	-	Collaboration with PCPFC that is the responsible agency for FP service provision at the grass-root level will be strengthened.
3.3 Train health staff of MCH/FP Centre and DHCs on counselling skill	Health staff of MCH/FP Centre and DHCs trained on counselling skill	Plan is formulated	-	Training will be organized in August with the support by a short-term expert
3.4 Train WU of P/D/C to have good IEC skill	WU of P/D/C trained to have good IEC skill	-	-	Strengthen linkage with regular training and seminar organized by WU and collaborate in various occasion in order to tie up the activities. IEC technical training for Women's Union will be conducted.
3.5 Provide enough IEC means	IEC means provided	Audio equipment provided to 11 District Women's Union	-	Pamphlets on abortion prevention will be distributed
3.6 Provide good quality of post abortion counselling	Good quality of post abortion counselling provided	Training is planned.	-	Training will be organized in August with the support by a short-term expert
3.7 Monitor activities of preventing abortion	Activities of preventing abortion monitored		-	Implemented after the training conducted
3.8 Continue abortion survey at MCH/FP Centre and the selected DHCs	Abortion survey at MCH/FP Centre and the selected DHCs continued	Conducted with the support by a short-term expert in the model districts.	-	Continuous survey is planned.
3.9 Conduct evaluation survey on abortion in Province	Evaluation survey on abortion in Province conducted	-	-	-

For Output 4: Capacity for RTI detection and the development of prevention strategy is improved at MCH/FP Centre				
4.1 Identify counterpart for RTI survey	Counterpart for RTI survey identified	Completed	-	-
4.2 Set up research team	Research team is set up	Completed	-	-
4.3 Conduct feasibility study on the RTI survey in project area	Feasibility study on the RTI survey in project area conducted	Completed	-	-
4.4 Formulate RTI survey plan	RTI survey plan formulated	Completed	-	-
4.5 Strengthen laboratory examination capacity at MCH/FP Centre and the selected DHCs	Strengthening laboratory examination capacity at MCH/FP Centre and the selected DHCs will be conducted	Plan has been prepared.	-	To be conducted in December 2002
4.6 Train ob/gyn doctors and other health personnel for diagnosis skill of RTI	4.6 Train ob/gyn doctors and other health personnel for diagnosis skill of RTI	Skill training on RTI diagnosis with colposcope conducted	-	Same training is planned in 2002
4.7 Provide necessary equipment for RTI survey	4.7 Provide necessary equipment for RTI survey	Plan has been prepared.	-	To be arranged
4.8 Conduct RTI survey	4.8 Conduct RTI survey	Plan has been prepared.	-	To be conducted in 2003
4.9 Formulate strategy for RTI prevention	4.9 Formulate strategy for RTI prevention	Plan has been prepared.	-	To be conducted in 2003
For Output 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.				
5.1 Provincial, district and commune SCs develop their own IEC plan	Own IEC plan developed by provincial, district and commune SCs	MCH/FP Center planned the IEC activities at the Center.	-	The situation of IEC plan to be checked in collaboration with Women's Union.
5.2 IEC means are supplied	IEC means are supplied	Audio equipment provided to the new 11 District Women's Union	-	
5.3 Sufficient IEC materials are supplied to district and commune WU	Sufficient IEC materials are supplied to district and commune WU	Pamphlets have been distributed through the IEC Workshops for the Women's Union at hamlet level. RH related textbooks have been also provided at the Hamlet Women's Union.	-	Distribution of more pamphlets at the IEC Workshop in 2002 is planned. Provision of the RH related textbooks to those hamlets that have not received them will be considered.
5.4 P/D/C SCs cooperates with other organizations in IEC promotion	P/D/C SCs cooperates with other organizations in IEC promotion	The organizations such as the Youth Union and Fatherland Front, have been involved in the RH contest organized by the Women's Union.	-	More collaboration and cooperation will be encouraged.
5.5 Provide training and information to press & broadcast station at all levels on RH	Training and information provided to press & broadcast station at all levels on RH	Conducted media survey.	-	To be considered.
5.6 Promote "Aiiku-han" (community-based MCH promotion system) activities in the selected districts and communes	"Aiiku-han" (community-based MCH promotion system) activities promoted in the selected districts and communes	On -going in the model district.	-	Continue model activities.

5.7 P/D/C SC open RH counselling rooms/offices in their own area	RH counselling rooms/offices opened in P/D/C SC with their area	According to the MOH guidance, the setting up of the counselling room has been advised.	-	PHS and MCH/FP Center will follow-up.
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	TOT conducted 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	Workshop on promotion of model parents class organized. Regular classes have been organized at MCH/FP Center. A workshop on utilization of IEC materials organized with the assistance of a short-term expert.	-	IEC technical training by a short-term expert is planned.
5.9 Develop manuals, guidelines and textbooks for health education classes	Manuals, guidelines and textbooks for health education classes developed	Aiiku-han handbook has been produced.	-	Promotion of the utilization of the existing materials.
For Output 6: Quality of HMIS (Health Management of Information Systems) at Provincial Health Service, MCH/FP Centre and the selected districts is improved				
6.1 HMIS improvement committee is formulated (PHS, PSO, PSC, JICA)	HMIS improvement committee is formulated (PHS, PSO, PSC, JICA)	Formulated	-	PHS will prepare a draft TOR of the committee members.
		Delayed but to be planned	Due to delay of arrival of a long-term expert in health statistics	To be conducted after September 2002 when a long-term expert is dispatched to the project
6.2 Develop pilot plan for HMIS improvement	Pilot plan for HMIS improvement developed	-	-	to be planned based on the present situation in Nghe An and referring the outcome and experiences of UNFPA/MOH pilot activities
6.3 Train HMIS staff at P/D/C level	HMIS staff at P/D/C level are trained	-	-	Arrangement will be made.
6.4 Provide necessary equipment	Necessary equipment provided	-	-	A plan will be made
6.5 Start pilot test in the selected districts and communes	Pilot test in the selected districts and communes started	-	-	A plan will be made
6.6 Conduct annual review	Annual review will be conducted	-	-	A plan will be made
6.7 Provide feed-back to national level HMIS (MOH)	Feed-back to national level HMIS (MOH) provided	-	-	A plan will be made
6.8 Conduct mid-term evaluation	Mid-term evaluation conducted	-	-	A plan will be made
6.9 Review the pilot plan and modify if necessary	Pilot plan reviewed and modified if necessary	-	-	A plan will be made

Project Design Matrix (PDM) Revision as of August 28, 2002			
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: August 21, 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	Total Fertility Rate : 2.0 Maternal Mortality : 70/100,000 Infant Mortality Rate : 25/1000 Peri-natal Mortality Rate : 18/1000 Low Birth Rate (below 2500gm) : 6% Contraceptive Prevalence Rate		
PROJECT PURPOSE Reproductive health service in Nghe An Province is improved	Quality prenatal, delivery and postnatal care services are provided to 80% of pregnant women in plain area and 50% in mountainous area Quality prenatal care services are provided to 80% of pregnant women in plain area and 50% in mountainous area 80% of CHCs in plain area and 50% in mountainous area are certified by Provincial Health Service and MCH/FP Centre along with National strategy on Reproductive Health. 80% of CHC provide client friendly RH service (trained personnel, quality facility /equipment and stable supplies of CHC)	Base line survey data and evaluation survey A ranking as the result of the annual inter-commune evaluation Base line survey data and evaluation survey Base line survey data and evaluation survey	*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. 1. Safe and hygienic delivery is promoted at commune level.	0. Participation rate of 1) DSC quarterly meeting, 2) CSC annual meeting, and 3) attendance at the monitoring visits 0. Staffing of District and Commune Steering Committee from 4 organizations (People's Committee, Women's Union, Health Centers and PCPFC) are continuously fulfilled. 1. The percentage of CHCs that organize HBMR well will increase from 70% to 80% in plain area and 33% to 50% in mountainous area.	Meeting records Regular reporting from SCs Base line survey data and evaluation survey, Report from Model DHC	

<p>1-1 Prenatal care at commune level is improved.</p>	<p>1. The percentage of health workers who knows how to use HBMR in mountainous area will increase from 65% to 80%.</p> <p>1. Number of deliveries at CHC</p> <p>1. Number of deliveries attended by trained health personnel at hamlet level</p> <p>1. At least 90% of health personnel trained pass the post-test.</p> <p>1. 90% of delivery kits and equipment at CHC are utilized, kept hygienic, and maintained properly</p> <p>1-1. Average number of pre-natal check-ups in non-mountainous districts (9 out of 19 districts) is at least 4 times</p> <p>1-1. Number of trained personnel in mountainous area</p> <p>1-1. Number of deliveries attended by trained health personnel at hamlet level</p> <p>1-1. Number of pregnant women received T/T remains as high as 95% in non-mountainous area</p> <p>1-1. Number of pregnant women received T/T reached as high as 70% in mountainous area</p> <p>1-1. Number of cases of early detection of high-risk pregnancies referred to DHCs</p> <p>1-1. The mean gestational age for the first prenatal check-up</p> <p>1-1. The coverage of topics of prenatal guidance and counseling</p>	<p>Base line survey data and evaluation survey, Report from Model DHC</p> <p>Base line survey data and evaluation survey, Report from Model DHC</p> <p>Base line survey data and evaluation survey, Report from Model DHC</p> <p>CHC re-training course report</p> <p>Base line survey data and evaluation survey, Monitoring report</p> <p>Base line survey data and evaluation survey, Report from DHC, Monitoring report</p> <p>Base line survey data and evaluation survey, Report from DHC, Monitoring report</p> <p>Base line survey data and evaluation survey, Report from DHC, Monitoring report</p> <p>Base line survey data and evaluation survey, Report from DHC, Monitoring report</p> <p>Base line survey data and evaluation survey, Report from DHC, Monitoring report</p> <p>Base line survey data and evaluation survey, Report from DHC, Monitoring report</p> <p>Base line survey data and evaluation survey, Report from DHC, Monitoring report</p>
<p>1-2 Delivery Care at commune level is improved.</p>	<p>1-2. Partograph is applied more than 90% of the deliveries at CHCs in model districts and 80% in non-mountainous area districts.</p>	<p>Base line survey data and evaluation survey, Report from model DHCs</p>

	1-2. 90% of CHC has fulfilled the three conditions, i.e. 1) re-trained staff, 2) delivery equipment, 3) hygienic facility	Base line survey data and evaluation survey, Report from model DHCs	
	1-2. 80% in plain area and 50% in mountainous area of trained health workers actually attend the delivery at hamlet.	Monitoring report, Training record, Base line survey data and evaluation survey	
1-3 Postnatal care at commune level is improved.	1-3. 40% of mother and newborn receive home visit by health workers with home visit kit	Base line survey data and evaluation survey, Monitoring report	
1-4 Essential medical equipment is utilized to all CHCs.	1-4&5 More than 80% of CHCs utilize and maintain the medical equipment and facilities appropriately according to the criteria set by PSC.	Base line survey data and evaluation survey, Monitoring report	
1-5: Hygienic facilities such as delivery room, latrine, well and shower room of CHCs are improved	1-5. Percentage of CHC has hygienic facilities	Base line survey data and evaluation survey, Monitoring report	
2. Monitoring capacity of MCH/FP Centre and selected DHCs is improved.	2. Monitoring are conducted utilizing standardized check list according to plan	Report from Model Districts and MCH/FP Center	
	2. 90% of DHCs and CHCs receive monitoring visit by the upper level annually	Base line survey data and evaluation survey, Monitoring report	
	2. Number of staff trained on monitoring according to the monitoring standard set by MCH/FP Center.	Base line survey data and evaluation survey, Report from Model Districts and MCH/FP Center	
3. Number of abortion conducted at MCH/FP centre and selected districts is reduced.	3. Number of abortions and MRs conducted at MCH/FP Center and the model districts reduced to 0000 and the other districts reduced to 0000	Report form MCH/FP Center and model districts	*National Pop/FP program conducted in Vietnam continues as planned.
	3. Percentage of repeated abortion and MR conducted at MCH/FP Center and the model districts reduced to 0000% and the other districts reduced to 0000%	Report form MCH/FP Center and model districts	
	3. Number of modern contraceptive users by methods	Report form PCPFC, MCH/FP Center	
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.	RTI Survey report	
	4. Strategy for prevention of RTI is developed.	Availability of strategy	
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.	4. Proper treatment method for RTI is identified.	Availability of proposal	
	5. Number of classes for RH education at MCH/FP Center and in the model districts	Report from Model Districts and MCH/FP Center	
	5. Number of participants attended	Report from Model Districts and MCH/FP Center	
	5. Number of pregnant women in Aiiku-han model communes visit to CHC earlier for the first prenatal check-up	Report from Model Districts and MCH/FP Center Monitoring report Report from Women's Union	

<p>6. Quality of HMIS (Health Management of Information Systems) at Provincial Health Service, MCH/FP Centre and the selected districts is improved</p>	<p>5. Number of the visits to CHCs for prenatal check ups.</p> <p>5. The coverage of topics of prenatal guidance and counseling</p> <p>6. Reporting and recording documents are submitted according to the plan</p> <p>6. All data for the RHC Benchmark VI set by the RHC Benchmark by "National Benchmarks for Health Care at Commune Level, 2001-2010" approved by decision No. 370/2002/QĐ-BYT of Feb. 7, 2002 are available at DHC and PHS.</p> <p>6. Accuracy and appropriateness of collected data is improved</p> <p>6. 000 (Number) of trained staff about statistics and computer tabulation increase at districts and provincial levels.</p>	<p>Base line survey data and evaluation survey , Monitoring report</p> <p>Base line survey data and evaluation survey,Monitoring report</p> <p>Report from DHC, MCH/FP Center, and PHS</p> <p>Report from PHS</p> <p>Report from PHS</p> <p>Report from PHS</p>	<p>National program on HMIS is developed as planned.</p>
<p>ACTIVITIES</p>	<p>INPUTS</p>		
<p>For Output 0</p> <p>0.1 Review and define the function and responsibilities of SCs at all levels</p> <p>0.2 Review SC members in the experienced districts (8 districts)</p> <p>0.3 Establish SC at district and commune levels in new project area (11 districts)</p> <p>0.4 Conduct orientation of the Project to SC members of new project area</p> <p>0.5 Conduct exchange of experience among experienced districts and new districts</p> <p>0.6 Conduct regular meeting of DSC and PSC (quarterly)</p> <p>For Output 1</p> <p>1.1 Retrain midwives and assistant doctor of ob/gyn</p> <p>1.2 Train hamlet health worker/TBA of mountainous districts on hygienic delivery</p> <p>1.3 Provide medical book for CHCs & DHCs</p> <p>1.4 Provide all commune with IEC means and materials</p> <p>1.5 WU carry out IEC activities on hygienic and safe delivery</p> <p>For Output 1-1</p> <p>1.1.1 Provide pregnancy check-up means</p>	<p style="text-align: center;">VIETNAM:</p> <p>1 Human Resource</p> <p>JC, PSC, DSCs, CSCs and women's union members</p> <p>2 Building and facilities</p> <p>Renovation and expansion of JICA RH Project Office</p> <p>3 Budget</p> <p>Counterpart budget for Administration</p> <p>Middle level manpower training</p> <p>Monitoring and others</p>	<p style="text-align: center;">JAPAN</p> <p>1 Human Resource</p> <p>1.1 Long-term experts</p> <p>Team Leader</p> <p>Administrative Coordinator,</p> <p>Midwife</p> <p>Public Health Nurse</p> <p>Demographer and others</p> <p>1.2 Short-term experts</p> <p>MCH/FP administration</p> <p>RH Survey</p> <p>IEC</p> <p>Midwife</p> <p>Public Health Nurse</p> <p>Community-based MCH promotion</p> <p>Project Management</p> <p>Others</p> <p>2. Equipment</p>	

- 1.1.2 Promote pregnant women 2 tetanus vaccination
- 1.1.3 Provide pregnant women with guidance & counselling services
- 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

Expected counterpart budget of Vietnamese side is at least 3% of JICA budget

- 3. Training
- 3.1 Counterpart Training in Japan
- 3.2 Local Training

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

For Output 2

- 2.1 Formulate monitoring team at MCH/FP Centre and DHCs
- 2.2 Conduct training for monitoring teams
- 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 Assess 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