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#### 4. 5 (4) カ年計画表

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### Report on implementation of EPI Multi year plan ( 2001 – 2005 )

#### I. Introduction:

The past five years from 2001-2005 were the most challenging period for the EPI program. we were facing to the declining of Immunization coverage and to sustain the polio free status until the succession on polio eradication around the world. and at the same time Lao PDR has received grant aid from GAVI fund to introduce a new vaccine (DPT-HepB ), to increase the Immunization coverage and to ensure the safety injection. The GAVI allowed the management of the fund by the government, under the collaboration and closely support from International partners like WHO ,UNICEF as well. This becomes a challenge for us due to lack of experience.

**In the past 5 years our main activities were focused on:**

- 1.To increase the routine immunization coverage of all antigens up to 85% .
- 2.To introduce new combined vaccine in to National immunization schedule
- 3.To launch the Maternal Neonatal Tetanus Elimination(MNTE) and Measles control project
4. To keep the sustainability polio free status .

#### II. Major activities implemented in (2001 – 2005):

- Reviewed the estimation of vaccine requirement in each year.
- Hold regular meeting together with international partners to solve the problems found and to further strengthen the good points.
- To identify the areas with still low immunization coverage, and find the way how to support to raise the herd immunization coverage in those parts.
- To join the community for developing the appropriate plan of action and implement this plan more concretely.
- Give a strong monitoring and supervision at districts to encourage them work actively to achieve 80% of DPT-HepB 3.
- At the same time ,we have reviewed the social mobilization activities in particular aim to strengthen the effective mobilization of the commission for mother and child health ( CMC) at all levels.

#### III . The performance in the past 5 year (2001-2005):

The main activities Implemented :

1. conducted Measles campaign in the year 2001 immunized to children under 5 years old covered 87 % of target group.
2. Registered New combined vaccine DPT-HepB into National immunization schedule and earlier finished the introduction of the new vaccine through provinces in whole country in first quarter of year 2004.

3. Installed the high quality 18 incinerators in 18 provinces to burn the used syringes and keep clean the environment .
4. Ceasing the sterilization of reused syringes by using the auto disable syringes steadily and promoting the safety injection policy widely.
5. Solved problem the unliquidated expenses over 6 months in some provinces and sent the statement of expenditures to UNICEF in totaling of 1,167,856,090 Kip, and to WHO in totaling 275,579,175 Kip in the year 2002-2003.
6. Organized the workshop-training on warehouse management and technical basic of repairing the cold chain appliances ,in two places Savannakheth and Luangnamtha provinces. There were 9 provinces involved in each place.
7. Supplied nearly enough the motorbikes, boat engines to districts where the places implementing the immunization session. In order to change the broken one and some are out of order the spare parts .
8. Initiative organized the Maternal Neonatal Tetanus Elimination in 22 districts of 3 provinces Luangprabang, Savannakhet and Vientiane .It will be the scheme or model to further expansion into another province through out the country.
9. For improving immunization services to reach every child in target group we considered the unsuitable existing budget by refunding reforming vaccinators teams to met the new micro-planning ,which very reasonable current situation and beside that took this opportunity renovate the recording , reporting ,filing systems and gather data for consensus using at all level this duty finished in the beginning of 2005.
10. Have a successful on installation of 132 Radio-Transceivers in many provinces ,districts ,especially the health centers in remote areas. In Laos there are now 215 of radio-transceivers for health sector of 208 sites in nation wide supported by JICA and BHN within 2001-2005 the cost in totaling is 179,376.81 \$, these appliance is very effectiveness facilitate the communication to people a lots at remote area for receiving massages ,sending reports regularly and on time. The BHN continuous supports 27 sets of radio transceiver put into the 3rd phase in 2005-2006.
11. The steering committee of MOH improved the mechanism of working system : term of references of Technical Working Group ( TWG),Interagency Coordinating Committee( ICC) suggestion the department of Hygiene and Prevention to be a chairmanship of TWG, and theme of core members of ICC to assist on program management and monitoring the results.
12. Health ministers and director of concerned departments provided field visits monitoring and supervision on EPI activities that implication to encourage EPI people alerting in their job.
13. Organized Advocacy meeting for EPI plus on 6/4/2005 in Vientiane capital, and open ceremony to signify Let reach every child on immunization plus at Thatluang square on April 11, 2005. Also many provinces around 13 of 18 provinces have been done the same this meeting so far and the remained provinces will be finished by the end of July 2005.
14. Organized the training course /Evaluation on Vaccine Effective Store Management at central EPI office and 2 provincial EPI office of Bolikhamxay and Vientiane provinces on 20-24/6/2005 supported by UNICEF.

A. summary of National immunization coverage from 2001 – 2005 ; (Table: 1)

Vaccines	2001		2002		2003		2004		as of 6 months 2005	
	plan	result	plan	result	plan	result	plan	result	plan	result
BCG < 1 Y	60 %	58 %	65 %	69 %	70 %	63 %	75 %	60 %	80 %	21 %
OPV3 < 1Y	60 %	52 %	65 %	53 %	70 %	51 %	75 %	46 %	80 %	14 %
DPT3 -HepB3	60 %	47 %	65 %	50 %	70 %	49 %	75 %	45 %	80 %	14 %
MSV 9-11m	60 %	85 %	65 %	46 %	70 %	41 %	75 %	36 %	80 %	12 %
12-23 m				38 %				29 %		9 %
TT2+ PW	60 %	33 %	65 %	42 %	70 %	36 %	75 %	30 %	80 %	19 %
TT2+ CBA	60 %	43 %	65 %	48 %	70 %	37 %	75 %	30 %	80 %	19 %

NB: for the year 2005 only 5 months reported However there are not all districts and provinces reported, due to some are conducting the first round and still remained 7 months so far.

B. The part of summary the cost of supporting for supply ,equipment and vaccines 2001-2004 (Table 2)

YEAR	UNICEF \$	WHO \$	JICA \$	BHN \$	GAVI \$	TOTAL \$
2001	88,642.58	6,355.62	378,882.60	67,512.66	303,485.33	844,878.79
2002	39,882.00	25,535.00	274,943.75	73,550.00	35,480.92	449,391.67
2003	970.00	36,802.65	334,542.67	—	462,408.05	834,723.37
2004	11,665.62	—	433,748.43	26,816.00	614,675.29	1,086,905.34
TOTAL	141,160.20	68,693.27	1,122,117.45	167,878.66	1,416,049.59	3,245,899.17

Note : 1 \$ = 10,500 Kip (in Jun 2004)

The government supported cash to Central EPI ( 2001-2004)

(Table 3)

Description	2001	2002	2003	2004	2005 6m	Total
Central EPI office	145,609.000	193,116.300	199,030.000	116,004.000	implementin g	653,759,300
At provinces : - provincial supported - contribution from the communities	no reported	189,437,930	195,715,750	259,872,244	124,966,929	769,992,853

C. Summary the cost of supporting vaccines and supplies in 6 months of 2005 :

(Table 4)

Year	UNICEF \$	WHO \$	JICA \$	GAVI \$	TOTAL \$
2005	64,808.57	6,745.42	297,885.08	1,120,632.00	1,465,009.82

The government supported fund in 6months of 2005 :

(Table 5)

Year	Government	Remark
2005	203,507,281 Kip	Restoration Vaccine store

၎. Summary of cash Expenditure Year 2001 - - 2004 :

(Table 6) category of expenditures :

Description	UNICEF in Kip	WHO in Kip	LXB \$	GAVI \$	JICA in Kip
Operational support cost	10,182,783,192	426,515,000	0	150,284.20	0
Monitoring and supervision	40,933,995	341,013,905	0	14,375.94	0
Annual EPI workshop/meeting	100,743,958	331,399,250	0	11,506.29	20,102,000
Training	178,097,795	98,666,780	7,322.00	117,388.86	0
Administration(Internet fee, Telephone, reparation and....etc)	0	67,994,700	14,348.00	29,882.32	1,700,000
Salary of hired staff	71,422,980	0	0	20,670.00	0
Printing	0	0	0	73,507.17	0
<b>Total</b>	<b>10,573,981,920</b>	<b>1,675,222,855</b>	<b>21,670.00</b>	<b>417,614.78</b>	<b>21,802,000</b>

-\* The cash Expenses in the first 6 months of 2005 (Table 7)

Organization	amount received in Kip	Expenses in Kip	Balance in Kip	amount to return back to donors in Kip
UNICEF	147,586,245	98,958,175	** 48,628,070	23,978,070
WHO	2,880,000	0	** 2,880,000	0
LXB	2,005,000	2,005,000	0	0
GAVI	2,618,861,000	2,548,669,000	** 70,192,000	0
<b>Total</b>	<b>2,771,332,245</b>	<b>2,649,632,175</b>	<b>121,700,070</b>	<b>23,978,070</b>

\*\* the amount still use for activities under Implementing ,Have not reported yet.

E. The part of budget will be used for EPI work plan in 2005 (Table 8)

for	UNICEF \$	WHO \$	JICA \$	LXB \$	BHN \$	GAVI \$	Total
2005	600,000	45,5000	468,320	-	54,000	1,691,020	2,858,840

\* The difficulties and main reasons:

1. High overturned staff at provincials and districts level. Most of the new appointed EPI managers were green hand some never past the training on programme management, usually the former EPI manager should train or transfer the technical aspect to successor. In the past 2 years it seems quite often change EPI managers at district level.
2. The reducing of coordination of secretariat of PCMC ,DCMC , to concerned sectors . the activity implemented were not various as the previous time, have very few meeting among PCMC,DCMC members , have less support to EPI duty.

\* **Constraints :**

- The National immunization coverage can not reach the goal as planned.
- Shortage of staff at all level .
- Often changing EPI managers
- Around 60 EPI managers need to be trained on Planning and management and 1070 vaccinators need to be trained too on Immunization in practice.
- in some provinces have the error on statement of expenditure, sometime sent report too late
- The existing transport means are very old ,some broken down ,some can not fix it many districts and Health centers still have lack of transport.

\* **Lesson learned from the past :**

1. Strengthen capacity building the EPI staff, improve in planning and management, effort in implementation, Strongly regularly monitoring and supervision at all level, improve quality services , conduct program evaluation.
2. Renovation Data base at all level ( central, provincial, district, health centre. revise EPI forms make it simplify, easy understanding and useful .
3. Improve the monitoring system more effective and have focus point.
4. Promote IEC to access in all communities , produce and provide enough of IEC materials.
5. Improve quality services ,to be acceptable from community.
6. Advocacy stakeholders for immunization plus.
7. Strengthen the coordination of secretariat of PCMC,DCMC and push to hold meeting at least once year.

\* **In conclusion:**

Even though in the past 5 years we cannot access the target goal, the coverage is declining. However we found the real reasons that to try the best way to solve those problems. In the real thing we obtain the experiences and have a basic on that to develop in the further plan.

The successful that we obtain are:

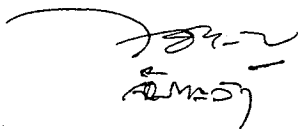
- More than 20 years we expect to get HepB vaccine in our immunization schedule until now we achieved our wish and implemented in Nation wide .
- We have special incinerators for burning the used auto disable syringes instead of reuse sterilized syringes.
- The new budget on micro-planning is very propriety to current situation and encourage staff in the duty.
- UNICEF back to support fund to Provincial Mother and Child health Committee (PCMC) for holding a meeting around 800 \$ per province.
- No serious outbreak of target diseases is one of successful of immunization in the past five years.
- Installation of 215 sets of radio-transceiver in 208 sites throughout the country especially in remote area among Health sectors Health center to district and district to province have a quick report, on time, and also the different other department get benefits from this system.



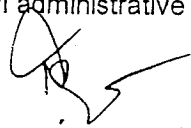
\* The cooperation and Supporting from International organizations:

- The cooperation and supporting is continuously
- The cooperation and supporting is very effectiveness
- Procurement the vaccines in each year really enough.
- JICA supported the vehicle to EPI rather enough until now the old one are broken down.
- We improved a lot the working system ,especially ware house management and vaccine effective store management.

✓ National EPI Manager

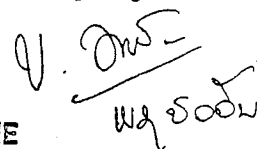


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### The Multi Year Plan of EPI 2006-2010

- The reference is made to the multi year plan of Ministry of Health from 2006 -2010
- The reference is made to the Millennium Development Goal (MDG) and National Development Growth for Poverty Elimination Strategy (NGPES) of Lao government.
- Reference is made to the commitment of the Advocacy meeting held on April 6, 2005 in Vientiane Capital.
- The reference is made to the Fund Sustainability Plan for EPI approved by the Lao government.

The National immunization Programme has developed this Multi Year Plan 2006–2010. This was endorsed by 3 subsequent technical working group meetings in early July 2005.

#### **I. Objectives of Programme:**

- To reduce the morbidity and mortality from 7 target diseases : Diphtheria, Tetanus, Pertussis, Hepatitis B, Measles, Poliomyelitis and Tuberculosis .
- To eliminate Measles, MNTE and sustain the polio free status.

#### **Specific Objectives:**

1. Provide routine immunization services to children under one year old and child bearing age women 15-45 years old. increase the immunization coverage particular DPT-HepB3 should be reached 90% by the year 2010.
2. To sustain Polio Free status :
  - a. Increase routine immunization coverage by improving quality services.
  - b. Provide supplementary immunization activities in the area with low OPV immunization coverage.
  - c. Integrate on diseases surveillance system especially Acute Flaccid Paralysis (AFP) syndrome apply to International standard.
3. To reduce measles out break by increasing the measles coverage in the target group 9-11 months, 12-23 months ,conduct measles campaign and to eliminate Measles by the year 2012.
4. To eliminate Neonatal Tetanus i-e to reduce the morbidity rate to < 1 case per 1000 live birth / district by the year 2010.

#### **II. Strategies :**

1. Delivery routine immunization services according to the new micro-planning.
2. To use in the Fixed centres , outreach and mobile teams at least 4 rounds a year .
3. To strengthen monitoring and supervision regularly and with the focus point.
4. Improve quality services and focus on the villages have a density of population.
5. To assess the programme implementation or conduct coverage survey.
6. To sustain polio free status.

7. Consider area that have low immunization, find the way to raise the herd immunization
8. Conduct Measles Campaign.
9. Strengthen capacity building EPI staff at all level.

### III. Instrument and Mechanism of implementation for EPI in next 5 years 2006-2010

1. Strengthen capacity building : train EPI managers, Vaccinators, the foremost have to revise training manuals, and other modules for Immunization in practice.
2. Improve working system data management at all level : central, provincial, district, health center the important thing data analysis should be done in reason of management programme.
3. Henceforward revise the EPI forms related to microplanning in particular recording reporting forms ,estimate target group by using the formula from national statistic centre.
4. Hold regular meeting TWG, ICC for EPI leading by department of Hygiene and prevention, MOH steering committee.
5. Strengthen the coordination of secretariat of MCHC and revival the role of MCHC all level to support EPI activities.
6. Binding the EPI activities to the MDG, due to EPI coverage is the one of indicator of DGPEs.
7. Improve the system of warehouse and vaccine management throughout the country central, province, district, health center, vaccinator teams.
8. Propose to MOH to establish the structure of National Regulatory Authority(NRA) for supporting in case of Adverse Event Following the Immunization = AEFI.
9. Conduct Measles campaign in the year 2008 in target group children under 15 years old, and determine including the MSV second doses(booster dose) in children 12-23months for initiate the Measles Elimination by the year 2012.
10. Attempt to Eliminate the Neonatal tetanus in year 2010 at least 1 case per 1000 live birth per district.
11. Determine quantity of vaccine needed in each year.
12. Strengthen the monitoring and supervision system for encouraging vaccinator teams always alert in their services and the immunization reach annual target goal.
13. Organize regional EPI program review in three parts( north, Central, south) for the annual workshop will be conducted alternately 2 or 3 year once time.
14. Map out the area low immunization and preparatory response to Target disease outbreak control.

### IV. The annual goal for immunization coverage in next 5 years 2006-2010 we set the target goal as following:( Table 1)

Antigens	2006 target goal	2007 target goal	2008 target goal	2009 target goal	2010 target goal
BCG < 1Year	70 %	80 %	90 %	95 %	95 %
OPV 3 < 1year	65 %	70 %	80 %	85 %	90 %
DPT-HepB3 < 1Year	65 %	70 %	80 %	85 %	90 %
MSV 9 m- 11m	70 %	80 %	90 %	95 %	95 %
MSV 12 m - 23 m	70 %	80 %	90 %	95 %	95 %
TT2+ PW	40%	45%	50%	55%	60%
TT2+ CBW	30%	35%	40%	45%	50%

## V. Multi Year Plan of EPI :

Table 2 : Estimate budget needed from 2006 - 2010

NO	main activities to be implemented	Requirement budget for implementing					Total
		2006	2007	2008	2009	2010	
1	Train vaccinators in 2006 =1070 pers, in 2008---2009=400 pers, in 2010 = 300pers	53,500	-	10,000	10,000	12,000	85,500
2	Train on planning and management 142 districts, in 2006=142pers, in 2007-2010=80pers	22,000	5,000	5,000	5,000	5,000	42,000
3	Measles campaign			1,202,700			1,202,700
4	MNTE				10,000		10,000
5	Delivery immunisation in routine activities at province, district, Health center.	709,500	780,500	858,500	944,500	1,039,000	4,292,000
6	Regional programme review in 3 parts: (Northern, Middle part, southern part)	15,000	15,000	15,500	16,500	15,000	77,000
7	Monitor/Supervision EPI + MOH	20,000	22,000	24,000	26,000	28,000	120,000
8	Survey immunization coverage ( cluster survey sampling )	32,000				35,000	67,000
9	Strengthen capacity building/ out broad study tour 10 persons /year - (central, province, district)	10,000	10,000	10,000	10,000	10,000	50,000
10	all vaccines	1,454,552	1,529,730	1,572,963	1,589,943	1,653,082	7,779,260
11	Injection supply	242,535	270,339	281,540	286,204	295,551	1,376,169
12	Cold chain equipment	74,050	74,050				148,100
13	Vehicle including lorry for vaccine transportation	159,000	34,000	159,000	34,000		386,000
14	Motorbikes ,Boat engines	25,500	25,500	25,500	25,500	25,500	127,500
15	Office supply	15,000	15,000	15,000	15,000	15,000	75,000
16	Maintenance of cold chain equipment and Radio-transceiver and other appliances	3,000	3,000	3,000	3,000	3,000	15,000
17	Printing Forms and IEC materials	30,000	30,000	30,000	30,000	30,000	150,000
18	Vit A 100,000 UI + 200,000 UI	50,000	50,000	50,000	50,000	50,000	250,000
19	Deworming Mebendazole	50,000	50,000	50,000	50,000	50,000	250,000
	Grand total:	2,965,638	2,924,119	3,272,703	3,810,564	4,062,163	15,522,210

**Main activities and estimate budget requirement within next 5 years**

No	Activities	Budget need in US\$	Indicator	Request to Donors	Period of time of conducting	Unmet budget needs	Remark
1	Train : vaccinator= 1070,200;200;300	85,500	1,770	UNICEF= 50,000 GAVI= 28,000	once / year in 5 times	7,500	78,000
2	Train manag: 2006-2010 # of trainee =142; 20;20;20;20	42,000	222	WHO= 30,000 UNICEF= 12,000	every two year	0	42,000
3	MSV campaign	1,202,700	1	WHO= 0	once time	1,202,700	0
4	MNTE	10,000	1	UNICEF= 10,000	once time	0	10,000
5	Field delivery imm.in practice +MONITOR at least 4 rounds / year	4,332,000	> 20	UNICEF= 1,974,500 GAVI= 409,500 ADB= 500,000	within 5 years	1,448,000	2,884,000
6	Regional review meeting( in3 parts)	77,000	15 times	WHO= 77,000	ditto	0	77,000
7	Monitor.Sup of NIP and MOH No.of provinces to be visited	120,000	18 provinces	UNICEF= 57,000 GAVI= 10,000	ditto	53,000	67,000
8	Survey on Imm.coverage	67,000	2	GAVI= 32,000	2 times	35,000	32,000
9	Strengthen capcity building /outboard study tour 10 pers/year	50,000	5 times	WHO= 25,000 UNICEF= 25,000	within 5 years	0	50,000
10	All Vaccines	7,800,271	vaccines available	GAVI= 1,045,200 JICA= 2,329,471	ditto	4,425,600	3,374,671
11	Injection equipment	1,376,169	Injection supply available	UNICEF= 662,091 JICA= 714,078	ditto	0	1,376,169
12	Cold chain equipment	148,100	replace the old one	JICA= 148,100	First two year	0	148,100
13	vehicle	346,000	18 small lorries +2 cars	JICA= 306,000 WHO= 40,000	within 5 years	0	346,000
14	motorbike+boats	127,500	125 motorbikes 25 longtailed boats	JICA= 127,500	ditto	0	127,500
15	Stationary	75,000	stationary available	WHO= 50,000 UNICEF= 25,000	ditto	0	75,000
16	Maintenance coldchain equipment and Radio -tranceivers	15,000	# of refrigerators +Radios fixed	GAVI= 3,000	ditto	12,000	3,000
17	Printing forms+ IEC materials	150,000	forms printed every year	UNICEF= 70,000 GAVI= 20,000	ditto	60,000	90,000
18	A 100,000 UI + 200,000 UI	250,000	Vit A available	UNICEF= 250,000	ditto	0	250,000
19	Deworming Mebendazole	250,000	Deworming available	UNICEF= 250,000	ditto	0	250,000
	TOTAL	16,524,240.00		9,280,440.00		7,243,800.00	9,280,440.00

UNICEF	=	3,385,591.00
JICA	=	3,625,149.00
GAVI	=	1,547,700.00
WHO	=	222,000.00
ADB	=	500,000.00
Total	=	9,280,440.00

Unmet budget needs =	7,243,800.00
The amount requirement=	16,524,240.00

## VI. Sources of Fund:

Table 3. Main activities unmet budget needs.

Activities to be implemented	Estimate budget needed in 5 years (2006-2010)	Expected budget will support from donors	Amount unmet budget needs
	\$	\$	\$
DPT- HepB Vaccine	7,800,271	3,577,671	4,222,600
Operational support cost for vaccinator teams	4,332,000	2,784,000	1,548,000
Monitor/Supervision	120,000	67,000	53,000
Maintenance cost	15,000	3,000	12,000
Printing forms + IEC materials	150,000	90,000	60,000
Measles campaign 2008	1,202,700	0	1,202,700
Survey/ Evaluation	67,000	32,000	35,000
<b>TOTAL</b>	<b>13,686,971</b>	<b>6,553,671</b>	<b>7,133,300</b>

\* the amount unmet budget needs

= 7,133,300 \$

### Summary the requirement budget to be requested from Donors within 2006-2010

(Table 4)

Sources	2006	2007	2008	2009	2010	TOTAL
	\$	\$	\$	\$	\$	\$
Government	40,000	44,000	48,000	53,000	58,000	243,000
UNICEF	587,500	610,000	648,540	736,500	793,551	3,376,091
JICA	750,438	730,819	770,663	697,847	675,382	3,625,149
GAVI	1,507,700	-				1,507,700
WHO	80,000	35,000	40,500	41,500	42,000	239,000
ADB	0	100,000	100,000	100,000	100,000	400,000
<b>TOTAL</b>	<b>2,965,638</b>	<b>1,519,819</b>	<b>1,607,703</b>	<b>1,628,847</b>	<b>1,668,933</b>	<b>9,390,940</b>

### ➤ Remark :

1. Government will contribute fund for purchasing vaccine around 40,000 \$ and add 10% in each year.
2. government have fund to pay for warehouse charge, labours fee, transportation the vaccine from central to provinces in total amount is 5000.00\$ in a year ,also the provinces have their own fund for EPI activities include kerosene for refrigerators, transportation, maintenance , repairing and other miscellaneous thing with the total amount is about 50,000.00\$ in a year.
3. uncertainly Measles campaign in 2008 due to the fund will not be available. In this matter WHO will give suggestion later on in time.

4. The fund from WHO we assume from biennial budget except the fund for measles campaign.
5. GAVI will cease either or continue support it is unclear, however the quantity of vaccine and budget requirement are estimated for next five years.

**Remark :** Here attached the addendum document indicated table of vaccines and vehicle requirement to be submitted to JICA.

- Number of vaccines for supplementary activities or National immunization Days is separately calculated.

EPI manager,

*[Signature]*  
*ສົມວຽງ*

Head of administrative  
EPI office,

*[Signature]*  
**Dr. Somvang BOUPHAPHANE**

Planning and budgeting Unit,

*[Signature]*  
*ພິຈາລະນາ*



**DR. Kalsone CHOUNRAMANY**

# EXPANDED PROGRAMME ON IMMUNIZATION LAO PDR

Estimated Annual EPI Vaccine Requirement, 2005-2010

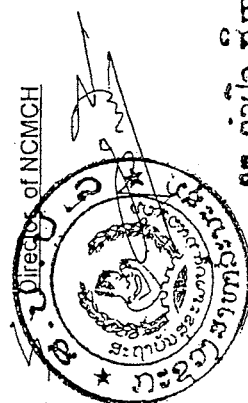
Year	Total of Population	Target population		BCG Vial of 20 doses	OPV Vial of 20 doses	DPT-HepB Vial of 10 doses	Measles Vial of 10 doses	Women CBA TT Vial of 10 doses
		Births	Surviving infants					
2005	5,807,435	197,453	183,631	41,465	80,171	79,535	32,135	121,056
2006	5,946,813	202,192	188,443	42,460	94,026	87,061	42,060	139,465
2007	6,089,537	207,044	193,379	43,479	96,488	89,341	43,470	178,515
2008	6,235,686	212,013	198,020	44,523	98,804	91,485	44,198	191,373
2009	6,385,342	217,101	202,990	44,945	101,284	91,898	45,307	195,966
2010	6,538,590	222,312	208,084	46,686	103,826	96,135	46,444	200,669

## Estimate Annual EPI equipment for safety injection

Year	Auto-Disable syringes 0.05ml	Auto-Disable syringes 0.5ml	Reconstitution syringes 2 ml	Safety box	BCG Vial of 20 doses	DPT-HepB Vial of 10 doses	Measles Vial of 10 doses	Women CBA TT vial of 10 doses
2005	829,300	795,350	41,465	16,661	41,465	79,535	32,135	121,056
2006	849,200	870,610	42,460	17,623	42,460	87,061	42,060	174,331
2007	869,580	893,410	43,479	18,065	43,479	89,341	43,470	178,515
2008	890,460	914,852	44,523	18,498	44,523	91,485	44,198	191,373
2009	898,900	914,852	44,945	18,587	44,945	91,898	45,307	195,966
2010	933,720	961,348	46,686	19,418	46,686	96,135	46,444	200,669

Vientiane, July 7, 2005

Head of EPI Logistic



ສສ. ດຳປົວ ສິຫາຄັງ

Kongxay



LAO PDR Requirement of vehicle and cold chain supply in 2006-2010

No	Description	Parking	Quantity	Price/Unit	Total: Amount
1	Longtailed boats engine GX11 HP HONDA Small Lorry fixed air-conditioning for carry vaccine from province to district . Model: TOYOTA 4WD+Winch	Units	17	\$600.00	\$ 10,200.00
2		Units	21	28,000	\$ 588,000.00
3	TOYOTA LAND CRUISER	Units	1	40,000	\$ 40,000.00
4	TOYOTA Minibus ( 15 sits)	Units	1	17,000	\$ 17,000.00
5	Motorbike 100 cc Female type (HONDA WAVE 100)	Units	260	900	\$ 234,000.00
6	REFRIGERATOR TCW 1152/CF( PIS E3/24-M)	Units	60	1,453	\$ 87,163.80
7	REFRIGERATOR MK 204 (PISE3/81-M)	Units	58	450	\$ 26,100.00
8	VACCINE CARRIER 5L	Units	1,000	35	\$ 35,000.00
9	Refrigerator and Icepack freezer absorption: RCW 50 EK(PIS E3/91-M	Units	50	\$1,268.00	\$ 63,400.00
TOTAL II					\$ 1,100,863.80

S. Director of NCMCH

Vientiane, July 7, 2005

Head of Logistics



*[Signature]*  
Kengxang

ວຽ. ຄຳປົວ ສີຫາຄັງ

Dr. Khampiou SYHAKHANG

Lao People's Democratic Republic  
Peace Independence Democracy Unity Prosperity  
\*\*\*()\*\*\*

Ministry of Health  
Mother and Child Health Center

Ref no 465 MCHC

Honorable Excellency Ambassador of Japan

Re: Submitting the report on Maternal and Child Health Promotion Programme  
implemented by MCHC, MOH

With reference to Note Verbale No 228/05-G dated 10 June 2005, on behalf of MCHC, MOH, I would like to thank the Government of Japan who will consider continuing the "Programme for Provision of Equipment for Population, Family Planning (FP) and MCH" for Lao PDR through multi-bilateral cooperation with the UNFPA.

MCHC has the honour of reporting that the MCH and FP activities were implemented over the last four years (2000-2004). The 5-year work plan of MCHC is attached.

The goal of MCHC is to improve mother and child health especially among ethnic minority people by reducing maternal and child mortality rate. By the year 2010 the main objectives are to:

1. reduce maternal mortality to 250/100,000 live births
2. reduce neonatal mortality to 18/1,000 live births
3. reduce under one (infant) mortality to 40/1,000 live births
4. reduce under five mortality rate to 60/1,000 live births

Specific objectives are to increase:

1. contraceptive prevalence rate (CPR) to 50%
2. ANC (more than 3 visits) coverage to 50%
3. delivery with skilled birth attendants to 30%
4. PNC coverage to 30%
5. The improvement of quality of MCH and FP services
6. access to and utilization of MCH and FP services
7. social advocacy and community participation

The main activities are:

1. Raising awareness of the cause of maternal and child mortality among civil society particularly the Mother and Child Health Commission at village and community level
2. Widely disseminating information in attractive format and using different approaches and languages (ethnic languages)
3. Provide quality integrated services through both fixed service delivery points and outreach teams

4. Provide adequate contraceptives and commodities to both fixed service delivery points and outreach teams
5. Continue to provide refresher training on FP
6. Improve record and report forms and ensure each level receives sufficient forms
7. Using LMIS in monitoring the supply and demand of contraceptives

#### Population and FP situation:

#### Problems affecting FP in Lao PDR:

1. Population increase that outpaces with socio economic growth
2. Low women literacy rate, (43%)
3. Lack of access to reproductive health and FP information and services
4. Limited knowledge of contraceptive methods especially in remote areas and among ethnic minority groups
5. Differing cultures and beliefs
6. Changing life style in urban areas that may increase more risks to poor health
7. Socio economic difficulties
8. Mobile population (migration)

#### Problems affecting maternal and child health in Lao PDR:

1. Marriage at early age
2. Pregnancy at early age
3. Lack of discussion on FP between couples
4. Low level of FP services
5. Anemia among women due to insufficient nutrition
6. High maternal mortality
7. High infant mortality
8. Low level of ANC services
9. Low level of delivery with skilled birth attendant

#### Outputs of FP project:

##### 1. Implemented activities were to:

- Improve and expand service delivery points
- Train staff and health care providers in the community including LMIS
- Provide health care facilities at all levels with contraceptives
- Renovate service delivery points
- Provide medical equipment, vehicles and furniture to service delivery points
- Provide information and counseling
- Provide FP services by both fixed facility and mobile teams
- Monitor and Evaluate

##### 2. FP coverage area:

- 18 provinces
- 142 districts
- 670 health centers
- 12,960 villages

##### 3. Services:

A/Number of women who received FP services at public health facilities

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Year	04/2001 to 03/2002	04/2002 to 03/2003	04/2003 to 03/2004	04/2004 to 03/2005	From 04/2005 07/2005
No of women	143.100	203.430	227.660	292.780	318.329

B/Percent of contraceptive methods used at public facilities:

	04/2001 to 03/2002	04/2002 to 03/2003	04/2003 to 03/2004	04/2004 to 03/2005	From 04/2005 07/2005
Oral pill	45.4	46.6	45.3	46.3	11.6
Injectable	32.9	34.0	37.0	36.9	9.20
IUD	12.5	10.6	10.0	7.4	1.9
Condom	9.2	8.5	8.3	8.7	2.18

C/ Contraceptives supplied since 2001 to 2004:

	Oral pill (cycles)	Injectable (vials)	IUD (set)	Condom (pieces)	Cost in total
04/2001	Combined: 400.000 Single: 150.000	300.000	20.600	720.000	475.320
04/2002	Combined: 320.000 Single: 0	150.000	0	987.200	243.000
04/2003	Combined: 647.142 Single: 140.640	380.000	0	987.200	UNFPA: 392.500 JICA: 89.000

LA/HM-051号 5/16

04/2004	Combined: 1.229.644 Single: 0	142.000	0	0	UNFPA: 270.077 JICA: 209.820 JICA: 124.715
07/2005	Combined: 0 Single: 0	0	0	0	UNFPA: JICA: JICA:

Total support from JICA in 2003 and 2004: USD 423,715

D/ Distribution of contraceptives in the past four years supported by UNFPA and JICA

	04/2001 to 03/2002	04/2002 to 03/2003	04/2003 to 03/2004	04/2004 to 03/2005	From 04/2005 07/2005
Microgynon (cycles)	217.180	568.100	612.983	680.657	431.874
Microval (cycles)	68.640	217.020	128.773	98.908	79.813
Injectables (vials)	107.550	249.350	230.480	235.759	167.480
IUDs (set)	1.250	650	970	3.410	2.350
Condoms (pieces)	371.664	466.560	277.646	188.640	254.304

**Good results from contraceptive management:**

- Utilization of Logistic Management of Information Systems
- Maternal and child health staff at each level were trained in LMIS forms and computer system were used at each provincial level
- Contraceptive supply and demand requests were correct and reasonable
- Services network is increasing
- Some provincial village volunteers assist with contraceptive and condom distribution.

**FP project's achievements:**

- Contribute to the National Policy on Population and Development by balancing population growth with socio-economic development
- Contribute to reduce maternal mortality from 656 to 530 per 100,000 live births (Reproductive Health Survey, 2000) and infant mortality from 104 to 82 per 1,000 live births
- Contribute to reduce fertility rate from 5.6 to 4.9
- Increase contraceptive prevalence rate from 20% to 32% in 2000 and an expected 42% in 2005

LA/HM-DSI 号 6/16

I. Family planning project's expenditure under the government execution from 04/2001 to 07/2005  
(Gov. Execution)

Item	Activities	04/2001 to 03/2002	04/2002 to 03/2003	04/2003 to 03/2004	04/2004 to 03/2005	From 04/2005 07/2005
1	Training					
1.1	Training course on RH/FP for village health volunteers and TBA	696,856,820	329,614,560	487,859,980	-	
1.2	Training course on RH/FP for staff at dispensaries and hospitals.	346,053,280	122,489,150		81,957,150	64,447,500
1.3	Refresher training course on IUD insertion	448,246,393		108,131,610	-	
1.4	Training course on HIV/AIDS and EOC Counselling			213,258,300	228,079,160	
1.5	Training course on LMIS		15,433,000	50,676,600	156,977,500	138,188,800
1.6	Outreach activity services (Mobile Team)			46,258,750	66,112,000	65,481,500
2	Monitoring and Evaluation					
2.1	Provincial level	122,737,680	124,844,000	280,365,750	165,669,044	16,923,000
2.2	Central level	60,059,040	55,000,000	85,149,400	69,869,920	30,682,250
3	Training course materials and equipment/medications for IUD insertion room (eg: Iodine, alcohol, Per-manganate etc)	215,486,230	123,136,467			
4	Stationary, Office equipments eg computer, Fax machine etc	31,252,048	119,852,200	15,887,600	10,750,400	
5	Renovating IUD insertion service room, office room and buying filing cabinets	25,652,820	32,699,244	45,454,807	64,373,200	
6	Printing forms and manuals for staff at different levels	124,225,000	300,000,000	178,665,000	102,515,600	
7	Provincial meetings/coordination meeting in 3 selected provinces	-	30,973,000	7,715,600	25,512,050	33,649,000

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8	Coordination meetings, Annual meetings at central level	815,000	106,079,630	44,422,560	41,073,320	
	Miscellaneous (Stationary, Fax, Telephone cost for UNFPA office at MCHC act) and transportation cost for delivery contraceptives to provincial MCH	71,993,984	41,924,490	32,681,610	49,160,628	33,037,665
9		2,143,378,300	1,382,045,741	1,596,727,567	1,062,049,972	352,125,615
	<b>Total</b>			<b>6,536,327,195</b>		

### 07/2005 fiscal year activities are implementing

RH project's expenditure under UNFPA execution for 04/2001- 07/2005 (UN Execution)

No	Items	04/2001 to 03/2002	04/2002 to 03/2003	04/2003 to 03/2004	04/2004 to 03/2005	From 04/2005 07/2005
1	Cats		\$ 8,072	\$ 81,635		
2	Motobikes					
3	Bicycles		\$ 1,972			
4	Medical cupboard	\$ 2,068				
5	Baby warmers (14 sets)			\$ 26,852		
6	Computer with printer (21 sets)	\$ 1,893	\$ 30,560		\$ 1,501	
7	Hard drive 40G					
8	Photocopier (19 machines)		\$ 80,724		\$ 45	
9	Overhead projector				\$ 3,075	
10	LCD projector, with screen					

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11	Contraceptives	475,320	243,000	392,500	270,077	
12	Delivery bed (38 units)			\$ 11,300		
13	Laptop Dell		\$ 5,428	\$ -	\$ 1,750	\$ 4,530
14	Scanner HP scan jet 7400		\$ 2,060	\$ -	\$ 630	
15	Digital camera		\$ 2,600	\$ -		
16	Fax machine	\$ 340	\$ 807	\$ 1,240		
17	Other medical equipment	\$ 9,992		\$ 49,460		
18	HP Laser jet Printer 2420					\$ 1,250
		\$ 489,613	\$ 375,223	\$ 483,352	\$ 277,488	\$ 5,780
	Total	\$ 1,631,456				



**Key Constrains:**

- Limited number of health care providers at dispensary level
- Project staff have many responsibilities and a heavy workload
- High turnover of staff who have been trained
- Difficulties in communication and coordination between central and local levels
- Difficulties in distribution of contraceptives from central to local levels
- Monitoring distribution of contraceptive was inconsistent especially between district and dispensary level
- Delays in submitting contraceptive demand and supply report at each level

**Future actions:**

- Aim to reduce maternal morbidity related to FP
- Encourage couples to take responsibility and be able to make decision on the number of children and birth spacing
- Improve adolescent health, reduce pregnancy at an early age and unwanted pregnancies
- Prevent and reduce STIs and HIV/AIDS
- Increase private sector and community participation in implementing reproductive health policy and FP
- Increase male participation in FP

- RH and FP's Goals

	2000	2005	2010
CPR (%)	32	45	50
TFR	4.9	4	3.5
MMR	530	350	250
IMR	82	60	40
USMR	106	80	50
Delivery with skilled birth attendant (%)	17.4	30	40

### III. Programme's goals and strategies for 2006-2010

	Goals	Objectives for 2010	Strategies
1. Maternal mortality reduction (MMR)	Reduce Maternal Mortality from 530/100,000 in 2000 to 250/100,000 in 2010	Aim to achieve: <ul style="list-style-type: none"> <li>ANC rate of 50%</li> <li>Delivery with health staff attendant rate of 30%</li> <li>PNC rate of 30%</li> <li>CPR 50%</li> </ul>	<p>Increase access to and utilization of health care services especially RH and ANC, providing outreach services to remote villages four times a year.</p> <p>Improve the quality of services in MCH and RH and expand services to remote rural areas by upgrading health care staff knowledge and capacity in EmOC, FP, Nutrition, Integrated Management of Childhood illnesses (IMCI), project management and research. Provide medical equipment, vehicles, and necessary items to manage, and provide services, research, piloting maternal waiting home project in selected needed areas including improving referral system.</p> <p>Increase coordination with other sectors within MOH and other departments with work related to MCH/RH including international organisations in order to mobilise resources and receive technical support.</p> <p>Increase community participation in MCH by supporting and promoting the role of local authorities, committees for mother and child at different levels and village volunteers.</p>
2. Infant (<5yr) mortality and child (<5yr) mortality reduction	Reduce infant mortality from 82/1000 in 2000 to 40/1000 in 2010 ---Reduce child mortality from 106/1000 in 2000 to 60/1000 in 2010	<ul style="list-style-type: none"> <li>Increased coverage of MCH follow-up to 50%</li> <li>Reduce malnutrition rate in children from 40% to 25%</li> <li>Increased to 50% of excluded breast feeding up to 6 months</li> <li>Increased coverage of VCT for HIV among pregnant women (at least 35% of pregnant women who</li> </ul>	<ul style="list-style-type: none"> <li>Improve quality of MCHC/RH services</li> <li>Expand the MCH service network to remote rural areas by upgrading health care staff's knowledge and capacity in EmOC, and Integrated Management of Childhood illnesses (IMCI) including necessary medical equipment provided</li> <li>Promote exclusive breast feeding from the birth date up to six months and continue feeding up to two yrs or more and disseminating and implementing regulations on producing infant and child food in Laos.</li> </ul>

		<ul style="list-style-type: none"> <li>received ANC). 100% of those who test positive must receive counselling and treatment (ARV).</li> <li>85% of children who have diarrhoea receive ORT and pneumonia cases receive treatment at health care facilities</li> <li>Reduce Vit A deficiency in children by ensuring 85 % of children receive Vit A</li> <li>Reduce Neonatal Tetanus to 1/1,000 live birth in one district</li> </ul>	<ul style="list-style-type: none"> <li>Undertaken immunization day, measles campaigns and health check-up day (on National Day, Women Day and Children's Day) in order to increase coverage and to achieve measles eradication</li> <li>Increase coordination with other sectors within MOH and other departments of which their work is related to MCH/RH including international organisations in order to mobilise resources and receive technical support.</li> <li>Improve the role of the Committee for Mother and Child to support MCH and the immunisation programme.</li> </ul>
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## Budget Plan of MCH/RH/FP for 2006 to 2010

No	Activities	Total Budget	2006	2007	2008	2009	2010
1	Capacity building and Training	2,055,000.00	411,000	411,000	411,000	411,000	411,000
2	Meetings, Coordination	351,000.00	70,200	70,200	70,200	70,200	70,200
3	Equipment, vehicles and medicines	5,459,401.00	1,091,880	1,091,880	1,091,880	1,091,880	1,091,880
4	Monitoring and outreach services	1,042,000.00	208,400	208,400	208,400	208,400	208,400

5	IEC materials and activities in different important days	1,445,800.00	289,160	289,160	289,160	289,160	289,160
			2,070,640	2,070,640	2,070,640	2,070,640	2,070,640
	Total	10,353,201					

# I. Services:

## A/ Number of women who received FP services at public health facilities

Year	04/2001 to 03/2002	04/2002 to 03/2003	04/2003 to 03/2004	04/2004 to 03/2005	From 04/2005 to 07/2005
No of women	143.100	203.430	227.660	292.780	318.329

## B/Percent of contraceptive methods (CPR) used at public facilities:

	04/2001 to 03/2002	04/2002 to 03/2003	04/2003 to 03/2004	04/2004 to 03/2005	From 04/2005 to 07/2005
Oral pill	45.4	46.6	45.3	46.3	11.6
Injectable	32.9	34.0	37.0	36.9	9.20
IUD	12.5	10.6	10.0	7.4	1.9
Condom	9.2	8.5	8.3	8.7	2.18

## C/ Contraceptives supplied since 04/2001 to 07/2005:

	Oral pill (cycles)	Injectable (vials)	IUD (set)	Condom (pieces)	Cost in total
04/2001	Combined: 400.000 Single: 150.000	300.000	20.600	720.000	475.320
04/2002	Combined: 320.000 Single: 0	150.000	0	987.200	243.000
04/2003	Combined: 647.142 Single: 140.640	380.000	0	987.200	UNFPA: 392.500 JICA: 89.000

04/2004	Combined: 1.229.644 Single: 0	142.000	0	0	UNFPA: 270.077 JICA: 209.820 JICA: 124.715
07/2005	Combined: 0 Single: 0	0	0	0	UNFPA: JICA: JICA:

Total support from JICA in 2003 and 2004: USD 423,715

D/ Distribution of contraceptives in the past four years supported by UNFPA and JICA

	04/2001 to 03/2002	04/2002 to 03/2003	04/2003 to 03/2004	04/2004 to 03/2005	From 04/2005 to 07/2005
Microgynon (cycles)	217.180	568.100	612.983	680.657	43.874
Microval (cycles)	68.640	217.020	128.773	98.908	79.813
Injectables (vials)	107.550	249.350	230.480	235.759	167.480
IUDs (set)	1.250	650	970	3.410	2.350
Condoms (pieces)	371.664	466.560	277.646	188.640	254.304

• RH and FP's Goals

	2000	2005	2010
CPR (%)	32	45	50
TFR	4.9	4	3.5
MMR	530	350	250
IMR	82	60	40

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USMR	106	80	50
Delivery with skilled birth attendant (%)	17.4	30	40

• Contraceptive commodities need in the next 5 years:

	2005	2006	2007	2008	2009	2010	Total	Total Amount in USD
Oral Combined Pills	720,000	750,000	780,000	800,000	830,000	850,000	4,730,000	1,419,000
Oral Mini Pills	100,000	120,000	140,000	160,000	180,000	200,000	900,000	270,000
DepoProvera(DMPA vials)	300,000	320,000	340,000	360,000	380,000	400,000	2,100,000	1,930,000
IUDs	5,000	6,000	6,100	6,200	6,300	6,400	36,000	38,800
Condoms	450,000	500,000	520,000	540,000	560,000	580,000	3,150,000	34,500
							Grand total	3,832,300

Role of the Lao Government, UNFPA and JICA:

The Lao Government:

- Implementing activities and work plans by providing services
- Monitoring and providing support at least twice a year by using LMIS
- Distributing contraceptives to local facilities
- Training and upgrading knowledge of maternal and child health staff at each level including training on LMIS

UNFPA:

- Technical support (recruiting international consultants and training a master trainer)
- Provide equipment for supporting LMIS system eg: computers, photocopiers, printing forms, vehicles, contraceptives for distribution to 18 provinces and centres.
- Support monitoring and evaluation system twice a year

JICA:

- Increasing support in the form of providing more contraceptives (Combined pills) to the Lao Government
- Monitoring and supporting contraceptive distribution
- Facilitate the Lao Government in requesting contraceptive support

Therefore the MCHC, MOH has issued this evaluation report for your reference and consideration. Your positive consideration would be a highly appreciate for us.



Sincerely yours,

Vientiane capital, Aug 04, 2005.  
Director of MCHC  
Dr. Kaisone Chounlamany



## 5. 要請機材リスト（英文）

### EPI（予防接種拡大計画）

No.	Item	Quantity	Unit	Specification	Price		Procurement
					Unit	Total	
1	BCG vaccine	976,000 (48,800)	dose (vial)	20 d/v			UNICEF
2	Measles vaccine	445,000 (44,500)		10d/v			UNICEF
3	Tetanus toxoid vaccine	895,000 (89,500)		10d/v			UNICEF
4	Oral Polio vaccine	900,000 (45,000)		20d/v			UNICEF
5	Motorbike	25	Unit	100ccfor female			Local
7	Refrigerator RCW50EK	15	Unit	PIS E3/91-M			UNICEF
7	Icelined Refrigerator	3	Unit	PIS E3/81-M			UNICEF
8	Refrigerated Van	3	Unit				Local
9*	Cold Room (40m <sup>3</sup> )	1	Unit				UNICEF
10*	Freezer Room (20m <sup>3</sup> )	1	Unit				UNICEF

\*: Requested in 2004

### Family Planning（家族計画）

No.	Item	Quantity	Unit	Specifcation	Price		Procurement
					Unit	Total	
1	Combined oral pills	750,000	サイクル	Mycroginon30	32.29	24,215,310	

## 6. 医療特別機材供与事業の概要

医療特別機材供与事業は国際協力機構人間開発部が所掌する保健医療分野における機材供与事業のひとつで、技術協力プロジェクトとは別に、国際機関とのマルチ・バイ協力により実施されている。感染症対策、家族計画・母子保健活動の推進、エイズ検査の拡充等を目的として、「感染症対策特別機材」、「母と子供のための健康対策特別機材」、「人口・家族計画特別機材」、「エイズ対策・血液検査特別機材」の供与事業を実施しており、「感染症」、「母と子」においては UNICEF との連携、「人口・家族計画」においては UNFPA との連携によるマルチ・バイ協力案件である。「エイズ対策」を除く上記事業は、単年度採択を必要とするが原則 5 年または 4 年間継続の予定で計画されている。供与対象国は毎年約 45 カ国、供与金額合計は平成 15 年には約 12 億円、平成 16 年度も最終的に約 12 億円となる見込みである。

主な供与機材としては、「感染症」では、ワクチン、コールドチェーン機材（ワクチン保管用冷蔵庫、ワクチン運搬用コールドボックス等）、注射器など。「人口・家族計画」では、避妊具、避妊薬、家族計画の教育用視聴覚・AV 機器など。「母と子」では、助産婦用器具、各種抗生物質など。「エイズ対策」では、検査キット、エイズの教育用視聴覚・AV 機器などがある。

調達方法として、①UNICEF 調達、②現地調達（第三国調達を含む）、③本邦調達がある。

①UNICEF 調達の手続きは JICA 調達部が行っており、コペンハーゲンにある UNICEF の Supply Division に発注している。機材は日本を経由することなく、直接供与先に送られる。

②現地調達は JICA の現地事務所などが調達手続きを行う。

③本邦調達は JICA 調達部で手続きが行われる。

## 7. 主要保健指標

基本統計	
総人口(1,000 人)	5,657
出生時平均余命(年)	55
人口年増加率(%)	2.4
粗死亡率	12(人口 1,000 人あたり)
粗出生率	35(人口 1,000 人あたり)
保健指標	
乳児死亡率(1 才未満)	82(出生 1,000 人あたり)
5 才未満時死亡率	91(出生 1,000 人あたり)
低出生体重児出生率(%)	14
完全に予防接種を受けた比率(%) (1 才児)	
結核	65
DPT3	50
ポリオ	52
麻疹	42
B 型肝炎	50
妊婦破傷風	36
HIV/エイズ指標	
成人の有病率(推定値)	0.1
HIV/エイズとともに生きる人の推定値(1,000 人)	
成人と子ども(0-49 才)	1.7
子ども(0-14 才)	N/A
女性(15-49 才)	<0.5
首都に住む妊娠した若い女性(15-24 才) の HIV 有病率	N/A
女性指標	
合計特殊出生率	4.7
避妊法の普及率(%)	32
出産前のケアが行われている率(%)	27
専門技能者が付き添う出産の比率(%)	19
妊産婦死亡率(調整値)	650(出生 10 万人あたり)

資料:世界子供白書 2005