

ANNEX 7

MINUTE OF MEETING

Annex 7-Daily Record at Central Level

Ex-Post Evaluation Study on the Pediatric Infectious Diseases Prevention Project

Time	Activities
14/10/04	
10.20 -12.00	<p>Interview with Dr. Somthana Douangmala, National EPI manager, Associate Professor of Hygiene and Epidemiology, Deputy Director of MCHC, DHP, MOH.</p> <p>Key information:</p> <ul style="list-style-type: none"> - The policy of the Lao government on global health and the policy of EPI have been the same from 1998-2005: EPI is the main activity of Mother and Child Health. The annual EPI plan is formulated according to the EPI 5 years plan 2000-2004 and approved by the Ministry of Health. - The total number of the staffs at central level is 26 persons. There are 4 services such as 1) Administration (9 persons); 2) Planning and Financing (6 persons); 3) Cold chain and Logistics (7 persons); and 4) Zone 0 and IEC (4 persons). There are structures and job descriptions, and regular weekly, monthly, quarterly, semester and annual meetings with their reports and plans. - The coverage of the project area is nationwide with 12,850 villages, with a population of 5,680,000. There are 193,076 children <1 year old; 255,600 children between 9-23 months; 965,600 children <5 yrs. old; 1,136,084 reproductive women between 15-45 years old, and 193,076 pregnant women. - The amount of vaccines needed annually is calculated thus: total estimation of target people x 1 dose / person x 25% of vaccine waste divided by the quantity of dose of 1 flacon or 1 ampoule of each kind of vaccine (or the total dose of each vaccine used in the last year.) - The arrangement of vaccines in the cold chain is based on the 5S radar, the vaccines management, and standards of the national policy of logistics and cold chain. - Safe injection is 1 syringe and 1 AD sterilized needle per injection <p>Problems:</p> <ol style="list-style-type: none"> 1. There is high turnover of the district EPI manager and some provincial EPI manager staffs; lack of training new vaccinators 2. The quality of the data. For example, the collection of the target people EPI form No.9 is not correct. 3. Report submission from local to central level is late. 4. The list of supplies and equipment is not updated. 5. Much waste of vaccine. 6. High drop out.

	<p>Suggestions:</p> <ol style="list-style-type: none"> 1. To complete the micro-planning raining in 8 other provinces. 2. To improve the EPI data collection in 18 provinces. 3. To strengthen the social mobilization of the Committee of Mother and Child (CMC). 4. To integrate EPI with other health projects such as vitamin A supplementation, HIV/AIDS prevention, malaria control, reproductive health and tuberculosis 5. The Lao government must resolve problems that the international organizations don't support such as lack of operating budget, and lack of rules and regulations. 6. To review the curricula of the training of provincial and district EPI managers and vaccinators.
12.00-12.20	<p>Interview with Dr. Somthana Douangmala on GAVI</p> <p>Key information:</p> <ul style="list-style-type: none"> - GAVI (or Global Fund for Vaccines and Immunization) does not have a representative in Vientiane. The quarterly plan is approved by the Steering Committee, the technical working group and the International Cooperation Committee (ICC) such as WHO, UNICEF, JICA, MOH (DHP, MCHC, NCLE).The duration of the support is 3 years from 2001-2003 but there is delay for 1 year. - The objective of the assistance is to: <ul style="list-style-type: none"> • Increase the coverage of the vaccination. • Provide DTP-HepB vaccine. • Provide safe injections. - In collaboration with the others OG such as: <ul style="list-style-type: none"> • JICA : 1- Vaccines supplied except DPT-HepB <ul style="list-style-type: none"> 2- Equipment –supply for vaccination 3- Cold chain 4- Transportation. • UNICEF : 1- Operational 's fund <ul style="list-style-type: none"> 2- Supervision 3- IEC materials • WHO : 1- Campaign on Polio-Eradication <ul style="list-style-type: none"> 2- Technical support. 3- Local costs.

13.00-14.30	<p>Interview with Dr. Bounsavay Meksavanh, Assistant EPI Project, UNICEF.</p> <p>Key information:</p> <ul style="list-style-type: none"> - The role and functions of UNICEF for the PIDP Project especially for EPI and disease prevention target of EPI (AFP and Measles). - EPI is always the first priority for UNICEF - Activities: <ol style="list-style-type: none"> 1. Have provided regular funds of US\$80,000 per round of the immunization services (4 rounds per year) since 1992. 2. To provide AD syringes and sterile needles. 3. To coordinate with WHO and JICA and Lao side. 4. To supply equipment and vaccines ordered from Copenhagen. 5. To assist the Lao side in preparing progress reports for GAVI. 5. To collaborate with WHO and JICA in preparing quarterly plans. <p>At present, UNICEF focuses on the Maternal Neonatal Tetanus Elimination project (MNTE Project), which is implemented in 5 districts of Louangprabang province, 2 districts of Vientiane province, and a total of 15 districts in Savannaket province.</p> <ol style="list-style-type: none"> 6. To implement the new project on immunization and health through Participatory Learning and Action (PLA) in Louangprabang province. 7. To implement EPI Plus, which is an integration of EPI and other projects such as Vitamin A, Control Diarrhea disease, Birth Spacing, HIV/AIDS, Malaria Control, Tuberculosis. <ul style="list-style-type: none"> - The annual amount that UNICEF provided to the EPI Project from 2001-2003 was US \$300,000, US \$300,000, and US \$420,000 respectively. There was not a big change in UNICEF's annual budget over the last three years. - The policy of UNICEF from 1998-2005 has not changed. - Impact on the PIDP Project: coverage of the immunization services have generally increased annually. <p>Problems:</p> <ol style="list-style-type: none"> 1. The financial report is late and the duration of the cheque is limited. For instance, the financial report must be completed 6 months after receiving the cheque, and submitted with the plan of the last six months of the year for the new cheque. 2. The data is not updated. 3. The monitoring is not implemented nationwide due to limited number of staff. 4. The flow of the information system is not effective. <p>Sustainability:</p>
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	<p>The Lao government has not yet mentioned the annual budget for EPI Project but it contributed US \$40,000 to buy vaccines in 2004.</p> <p>The opinion of UNICEF on multi-bilateral donors in one project: it is very good because we know the positive effects and negative points of each period of the project and we can discuss and resolve those problems together and on time.</p>
15.-00-16.00	<p>Interview with Mrs. Syphaphone, chief of crèche for children under 3 years and kindergarten for children 3-5 years, Department of General Education (DGE), Ministry of Education (MOE).</p> <p>Key information:</p> <ul style="list-style-type: none"> - Almost no communication with the EPI after the senior staff retired - No crèche, kindergarten, primary and secondary schools were selected for a 5-year project entitled "Integrated Early Child Development" supported by UNICEF. - The structure of the crèche –kindergarten division: 4 staff at central level, 1 staff at provincial level (18) and 1 staff at district level (142). - Nationwide, children admitted in the crèches are 2,644 (female 1,242), 38,979 in kindergartens (19,592 females). The total children 3-5 years are 496,714 (244,508 females). <p>Problems:</p> <ol style="list-style-type: none"> 1. The collaboration of the crèche- kindergarten, mothers, and child health care at all levels is limited. 2. The health education on EPI and disease prevention in the crèche - kindergarten has not been realized. <p>Suggestions:</p> <ol style="list-style-type: none"> 1. DHP and DGE collaborate together for the pre-service training of the caretakers in the training center and in-services training of the caretakers who worked in crèche and kindergarten. Training should be on topics like first aid, health education, and nutrition. 2. To improve the collaboration between the DGE, crèche-kindergarten service and DHP, MCHC, MCH service at all levels. Clarify roles, functions and job descriptions.
15/10/04	
9.20-10.00	<p>Interview with Dr. Bouavanh Sengsathit, Director of the MCHC, Director of Mother and Child Hospital, Assistant Professor on Gynecology and Obstetrics.</p> <p>Key information:</p> <ul style="list-style-type: none"> - The MCHC develops the EPI annual plan according to global health policy, the policy of EPI, and the 5-year plan of the

	<p>MCHC approved by the MOH.</p> <ul style="list-style-type: none"> - It mobilized the contribution of the government for vaccines in the year 2004. - It monitors the progress of the project <p>See more details in the interview with Dr. Somthana</p>
10.20-12.00	<p>Interview with Dr. Phengta Vongphachanh, Epidemiologist, National Project Director of Disease Surveillance, National Center for Laboratory and Epidemiology (NCLE).</p> <p>Key information:</p> <ul style="list-style-type: none"> - The NCLE organized training or the annual refreshing course for 2 staff per province (1 Committee Director of the Provincial Health Office and 1 Epidemiology Technician) and 1 Epidemiology staff per district. - Management of information system: The weekly information is sent from the health center (or VHW or mobile team) and district hospital to the district hygiene stations(142). - Weekly and monthly surveillance report: from the district hygiene stations (142), provincial hospital and private clinics to the provincial stations (18), weekly report (telegram and telephone) and active surveillance to the National Center for Laboratory and Epidemiology. - Working facilities and working conditions: computers, copy machines, cars, motorbikes, bicycles. <p>Impact:</p> <ul style="list-style-type: none"> - Since 2001, there have not been any new cases of Poliomyelitis. - There has not been a Diphtheria outbreak, and its occurrence is sporadic. - <i>The number of cases of neonatal and maternal Tetanus has decreased.</i> - There was an outbreak of Measles once in 2 years due to the dropping out of new born infants who were not vaccinated in time, lack of campaign on Measles, and low coverage of Measles. - Cannot do diagnosis on Pertussis. <p>Sustainability:</p> <p>The Lao government has limited funds for the disease surveillance. The external technical, financial and material support is very necessary.</p> <p>Problems:</p> <ol style="list-style-type: none"> 1. The report of cases is no complete and lacks symptoms. 2. The number of the epidemiology staff is limited. They moved

	<p>to the new post.</p> <ol style="list-style-type: none"> 3. The flow of the information system from the health center to the district is not regular. 4. Since the completion of the PIDP Project, there has not been sufficient funding. 5. Lack of qualified staff. New staff can not be recruited due to the limited budget. <p>Suggestions for JICA:</p> <ol style="list-style-type: none"> 1. To continue the cooperation with WHO on technical, financial and material support to disease surveillance 2. To provide the pre-service training and the scholarships abroad to the epidemiology staff. 3. To replace old equipment with new equipment.
13.00-14.00	<p>Interview with Dr. Kongsay Phounphenghack, Chief of Logistics Unit, Cold chain and Logistic Service, EPI Section, MCHC, MOH.</p> <p>Key information:</p> <ul style="list-style-type: none"> - Developed the annual planning and budgeting of vaccines and equipment supply from 2001-2004 depending on the need of the local level. - Equipment: the provincial level has 1 refrigerator and 1-2 big freezers. The district has 1 refrigerator and 1-2 medium-sized freezers. - Temperature control, the vaccines arrangement and the maintenance of the cold chain follow their standard. The distribution of the vaccines to each province is normally made once every 2 months in even months. - The monitoring and supervision are conducted once per year. In the last 3 years, there was no fund for these activities. They could partially do these activities when they went to the field for other activities. - There is good collaboration with the EPI and MCH staff. <p>Problems:</p> <ol style="list-style-type: none"> 1. The quality of the data collection is low, and at the moment, they are focusing on improving it. 2. Staff knowledge and experience is limited. <p>Suggestions:</p> <ol style="list-style-type: none"> 1. Funds for the improvement of the data collection are very necessary. 2. To attend the training of the EPI management and research.

14.15-15.30	<p>Interview with Dr. Chansay Pattammavong, Chief of Zone Zero Social Mobilization Strategy (ZZSMS), EPI section, MCHC, MOH.</p> <p>Key information:</p> <ul style="list-style-type: none"> - The ZZSMS was integrated into general EPI in 2000. The report and the data were unique. It does not separate the data of ZZSMS. - The organization of ZZSMS at central and provincial level remains the same. - It serves all mothers and children mostly from districts in the municipality, outside the municipality, and other provinces. - The use of vaccines at the central hospital is proper but at provincial level there is a high amount of wasted vaccines because the number of the target people is limited. <p>Problems:</p> <ol style="list-style-type: none"> 1. Lack of funds to implement the social mobilization at village level. 2. The result of the terminal evaluation on health education was not satisfactory, so support to this activity has stopped. 3. The cooperation between the health staff and the authorities is not as close as it should be. 4. The knowledge of the health staff is limited. <p>Suggestions:</p> <ol style="list-style-type: none"> 1. To provide funds for the improvement of the data collection of ZZSMS at each level. 2. To develop EIC materials on EPI and disease surveillance. 3. To improve the cooperation with the maternal and child committee (CMC) at all levels, and with the authorities. 																					
15.45-16.20	<p>Interview with Dr. Craig Wilson, EPI expert of WHO, Office of EPI, WHO, Vientiane.</p> <p>Key information:</p> <ul style="list-style-type: none"> - The role and the function of WHO for EPI and especially for the disease surveillance was the same from 1998-2005. - WHO supports EPI and disease surveillance nationwide with other OGs such as JICA, UNICEF, AUS-AID, Luxembourg. - The estimate of the total annual funds from 1999-2004 in USD. (US \$1000 available by WHO) : <table border="1" data-bbox="464 1742 1339 1892"> <thead> <tr> <th>Agency name</th> <th>Year :</th> <th>1999</th> <th>2001</th> <th>2002</th> <th>2003</th> <th>2004</th> </tr> </thead> <tbody> <tr> <td>Government</td> <td></td> <td>170</td> <td>186</td> <td>194</td> <td>200</td> <td>215</td> </tr> <tr> <td>Community</td> <td></td> <td>50</td> <td>40</td> <td>40</td> <td>50</td> <td>50</td> </tr> </tbody> </table>	Agency name	Year :	1999	2001	2002	2003	2004	Government		170	186	194	200	215	Community		50	40	40	50	50
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	UNICEF	584	377	350	376	450
	WHO/AUS AID/Rotary	105	225	120	186	186
	JICA	592	567	400	400	400
	GAVI			926	809	1,658
	Other	24	41	42	75	150
	Total =	1,528	1,432	2,072	2,096	3,103
	<p>Remark : The annual sum increased.</p> <ul style="list-style-type: none"> - The benefit from the EPI and disease surveillance project is healthier children and increased annual coverage of immunization. - Constraints: data is not regularly updated. - Suggestion for the cooperation mechanism: WHO would like to suggest changes in the policy of the Lao government. The collaboration of multi-bilateral donors in one project is good but must be carefully done. 					
18/10/04						
10.00-12.00	<p>Interview with Mrs. Bouaphone Daraseng, Director of the Department of the Interests of Mother and Child, Lao Women's Union Center, and Mrs. Khamla Saysombat .</p> <p>Key information:</p> <ul style="list-style-type: none"> - The role and the function of the Department of the Interests of Mother and Child are to promote the community, especially mothers and children. They would like mothers to know how to take care of themselves during the reproductive period, alleviate poverty, and improve the quality of life. - The Lao Women's Union implements many projects such as Integrated Early Child Development, Safe Motherhood funded by UNICEF, Reproductive Health Promotion on Birth Spacing and Primary health care funded by UNFPA, GTZ, ADB, World Bank. - Women participate more in the development of roles of Village Health Workers, and members of Committee of Mother and Child at central, provincial, district, and village level. 					
13.30 -15.30	<p>Interview with Dr. Anothay Kongsayasit, Deputy Director of the CIEH and Dr. Manivong Khaiyavong, Member of Sub-Committee and ZZSMS, CIEH.</p> <p>Key information:</p> <ul style="list-style-type: none"> - The policy of CIEH is to provide the information and the health education to the people in order to improve their health status. The policy has not changed from 1998-2005. 					

	<ul style="list-style-type: none"> - The CIEH has the technical cooperation with JICA to design the implementation of the campaign of Polio- Eradication in Lao PDR.(Bye bye Polio) and the evaluation of the project. Their activities are limited to the central level, except for cooperation with other projects in some areas such as KIDSMILE Project. - CIEH structure: there are IEH units in some provinces, such as the unit in Champasack which has 4 staff. However, they have no funds for activities.
19/10/04	
8.30-9.30	<p>Interview with Dr. Phengsy Phongmany, Deputy Administrative Health, Chief of the EPI Unit of Mother and Child, and MA, and Mrs. Bounlieng Inthalangsy her Deputy Chief, Central Hospital, ZZSMS, MCHC, DHP, MOH.</p> <p>Key information:</p> <ul style="list-style-type: none"> - There is 4 staff (1 doctor, 1 contracted general doctor and 2 nurses) in her unit. - The daily immunization service is from Monday - Friday. The vaccination is done for all mothers and children who come to the unit. There are 25- 60 children /day. The annual number of clients increased from 2001-2004 (average: 50%) but no report is available in the unit. - Vaccination plan: The plan is prepared by the EPI manager of the Vientiane Department of Health. The request of the unit is sent out an average of once per month.. <p>Observation:</p> <ul style="list-style-type: none"> - The cold box and safety box are correctly used and well maintained. The consultation of the vaccination calendar was done by the vaccinator and the mother is informed which vaccine her child will get and when. The injection is correctly done. <p>Problem:</p> <p>The knowledge on EPI management is limited.</p> <p>Suggestions:</p> <ol style="list-style-type: none"> 1. To attend the EPI management training. 2. To provide more A-D syringes and needles.
13.00-14.00	<p>Interview with Dr. Samlane Phomphida, President of the National Committee of Polio-Eradication (NCPE), Director of Center of Malariology, Parasitology and Entomology, DHP, MOH.</p> <p>Key information:</p> <ul style="list-style-type: none"> - This committee was created in 1996, and Dr. Samlane was the President. One of the roles of this committee is to diagnose

	<p>the cases of Poliomyelitis, which the disease surveillance team of NCLE can not diagnose.</p> <p>Problems:</p> <ol style="list-style-type: none"> 1. Communication is difficult due to the fact that ¾ of Lao PDR is mountainous and the education level of the people in the rural areas is low. As a result, they do not know and remember the symptoms of their children. 2. The collection of stool for examination is difficult and late. 3. The coverage of OPV is low due to many causes. 4. Not all committee members can be present in the meetings due to their field visits or attendance at national or international workshops or conferences. <p>Suggestions:</p> <ol style="list-style-type: none"> 1. The members of the Committee of Polio-Eradication must have a schedule for this job. 2. Search the case of paralysis 1 case/100,000 children under 15 years according to the standard of WHO. 3. The stool of the paralysis patient must be examined on time. 4. Disease surveillance must be nationwide. 5. The coverage of immunization and OPV must meet the standards. <p>Hence, the support of JICA is very necessary.</p>
08/11/04	
10.00-11.00	<p>Interview with Dr. Nao Boutta, Deputy Director of the Cabinet of Ministry of Health.</p> <p>Key information:</p> <ul style="list-style-type: none"> - The role and function of the Cabinet MOH for EPI and disease surveillance is to organize, the committee responsible for this project at central, provincial and district level, to develop the operational plan, to supply equipment and vehicles for the project and to monitor and supervise the project at all levels. - The PIDP project is very useful. In addition to the Polio Eradication, there is considerable health improvement, and development of the EPI team and techniques. - For sustainability, in his opinion, the EPI team at each level must preserve lessons from the PIDP Project and at the same time, have good cooperation with JICA, AUSAID and Japanese Rotary club.

Daily Record in Vientiane Province
Ex-post Evaluation Study on the PIDP Project.

Time	Activities
21/10/04	
8.30-9.00	<p>Vientiane Provincial Health Department - Meeting with the Head of EPI manager and Logistics, Mr. Vilak Phetheng and Mrs. Keo Somlaphone</p> <ul style="list-style-type: none"> - To introduce the study team and to provide the objective of the study - To explain the purpose of this trip and discuss the working plan for two days.
9.15-11.15	<p>Visit the MCH and the EPI: visit vaccination rooms, check the cold chain, refrigerator, the temperature sheet, types of vaccines and expiration date.</p> <p>Interview with Mrs. Boulap Somchanmavong, Vaccinator, by Dr. Vanphanom</p> <p>Key information:</p> <ul style="list-style-type: none"> - She develops and sends the monthly plan and report on 25th of every month. This is for the 7 vaccines, AD syringes and needles, absorbent wool, and safety boxes for waste disposal which is sent to be burned at the Department of Provincial Health (DPH). - The annual number of children coming to get vaccines between 2001-2003 increased. - Every day she provided the ANC and baby clinic and immunization services to all mothers and children who came for check ups at the MCH service of the provincial hospital. <p>Observation:</p> <ul style="list-style-type: none"> - At the time of interview, there was 1 child and 1 pregnant woman. The room was large, clean and nicely decorated. The vaccine for daily use is used correctly. The proper diluents used for the vaccine is applied. The control of the temperature of the cold box is noted on the table twice a day, in the morning and in the afternoon before she leaves the office. The arrangement of vaccine is correct (No. of lot and expiration date). The maintenance of the cold box is correct. - Her problems are limited knowledge on EPI management, and some mothers don't take their child for complete vaccinations. <p>Her suggestions: She would like to attend training on planning and EPI management and to get IEC materials (posters).</p>

9.15-11.15	<p>Interview with Dr. Kongthieng, Head of MCH, by Dr. Khamphong</p> <p>Key information:</p> <ul style="list-style-type: none"> - She did not develop any plan related to vaccination. The vaccinator developed plan for vaccines, syringes as they needed based on the amount of supply that they used for the previous month. They did not use any formula to calculate their requirement of vaccines. - The ZZSMS covers 3 regions such as Phonsavang, Phonemee and Phonethong. However, there are mothers and children from other regions also coming to use their services. - They did not have any list of target population because they are the ZZSMS. - There is 14 staff within the MCH section. - They did not receive any budget from the central or provincial EPI. - They prepare monthly, quarterly, semi-annual and annual reports that include number of vaccinated children and each type of vaccination. She gave suggestions such as providing more quotas for staff on EPI management and logistics training and providing adequate supplies on time.
11.30-12.00	<p>Interview with Dr. Thonglian Singyoth, Deputy Head of the Provincial Health Department, responsible for administration and malaria.</p> <p>Key information:</p> <ul style="list-style-type: none"> - He is responsible for administration, organization, supervision and monitoring and Malaria. He just facilitated the working conditions for the EPI team and supervised the activities and is not directly involved in the project. The outcome for the EPI programs is that the reduced morbidity from the EPI diseases. - The government contributes about 30-40 million kip to the Health Promotion activities per year. The community also contributed a small proportion. Therefore, the EPI programs still relied on the donor agencies. <p>Problems:</p> <ol style="list-style-type: none"> 1) The information system is not complete 2) The cold chain at the district level is working well because there is electricity; however there is no freezer at the HC 3) Health Education has not reached the villagers. 4) There is no vaccination list of the target population 5) There is high turnover of EPI staff

	<p>Suggestions:</p> <ol style="list-style-type: none"> 1) Collect data or statistic on family and break down by age 2) Integrate the EPI into other activities such as MCH, EPI and malaria 3) Provide freezer that requires less electricity 4) Inform the villages to vaccinate the target group and the drop-outs 5) In terms of budgeting, the government needs to prepare to be self-reliant in the future
13.30-14.30	<p>Interview with Mr. Silak Phyteng, EPI manager and Staff responsible for Phony Communication, by Dr. Khamphong</p> <p>Key information:</p> <ul style="list-style-type: none"> - He developed the annual EPI Plan according to the 5-year plan and the annual plan of central EPI, and referred to the results of the last five years and the annual reports of the province. - The total number of the staffs in MCH/EPI service is 5: 2 EPI and 3 MCH . - The immunization services of the outreach team was described - The improvement of the collection or list of the target people in Vientiane province is on going. The list of target people is available in some villages. - Information system management: weekly, monthly, quarterly, and annual meetings are organized and reports are prepared. The special meeting such as on outbreak of diseases surveillance, disease target of EPI (AFP and Measles) is held at any time. The monitoring and supervision is realized at the same time each round when the outreach team delivers immunization in each village, and during disease surveillance when there is an epidemic. <p>Problems:</p> <ul style="list-style-type: none"> - The collection or the list of the target people can not be realized due to the frequent migration of the people, especially at km 52. - There is a high turnover of district EPI managers. Six staff was not trained on EPI Management and 32 vaccinators from 27 health centers were not trained on Immunization in the practice. <p>Suggestions</p> <ul style="list-style-type: none"> - To improve the quantity and the quality of the data collection. - To request fund for training of 6 district EPI managers on EPI management and 32 vaccinators on Immunization in Practice.

14.30-15.00	<p>Interview with MA. Vilak Phetheng, responsible for phony communication, by Dr. Khamphong</p> <p>Key information:</p> <ul style="list-style-type: none"> - Vientiane Provincial Health Department received 15 phonies from KIDSMILE Project: 2 for provincial health offices. 7 for districts and 5 for health centers in 2001-2004. - After the installation, the Japanese Expert provided training on utilization and maintenance to the staff. - The technical value is 80-90 %. - The health staff and people are very satisfied with these phonies because it is easy to communicate anytime, anywhere. <p>Problem: Regular charging or purchasing new battery is required.</p> <p>Suggestions :</p> <ul style="list-style-type: none"> - Fund for the new batteries.
15.00-16.30	<p>Interview with Mrs. Keo Somlaphone, Logistics and Cold Chain of EPI program, Vientiane Provincial Health Department, by Dr. Khamphong</p> <p>Key information:</p> <ul style="list-style-type: none"> - From 2001-2003, EPI in Vientiane province did not receive the logistics and cold chain. The frequency of complete monitoring and supervision was 1 time per year and also partially at the same time the outreach team went to the village. - In 1998 She received the followings from PIDP Project: <ul style="list-style-type: none"> • Equipment :1 computer, 1 photocopy machine (technical value average: 50%), 2 cupboards, 1 Toyota car provided to Feuang district, and 21 bicycles in 2000. • Cold-Chain: 1 Refrigerator, 2 freezers, 20 cold boxes (l:14), and 10 cold boxes (l:12), 36 vaccine carriers. The calculation of the annual vaccine requirement follows the formulá mentioned above. <p>Problems: There is a high turnover of the staff at the health center in the remote area.</p>
13.30-14.30	<p>Interview with Mrs. Khoulavan, Head of the Epidemiology Section, Vientiane Provincial Health Department, by Dr. Vanphanom</p> <p>Key information:</p> <ul style="list-style-type: none"> - Concerning morbidity and mortality of target diseases of EPI, there were only 2 Measles cases in 2000 and 5 cases in 2003. - There is 2 staff in the section, one of which is on leave for studying. - Equipment received from the Central Epidemiology Centre

	<p>was computer (broken), photocopy machine (broken) and Roneo (good).</p> <ul style="list-style-type: none"> - He conducted supervision and monitoring in the field 2 times per year/district according to the routine schedule. If there was an outbreak, there would be more supervision and monitoring depending on the Epidemiology Centre. - The coverage of the disease surveillance is 12 districts, 1 region and 6 HC. <p>Problem: He had some constraints such as no experience in the work of epidemiology, no training in this area, no vehicle in order to monitor and supervise continuously, no equipment.</p> <p>Suggestions: More training on this area should be provided.</p>
14.30-15.00	<p>Interview with medical assistant, Phouvieng, technical staff for MCH section, Vientiane Provincial Health Department, by Dr. Vanphanom</p> <p>Key information:</p> <ul style="list-style-type: none"> - She is not responsible for vaccination at the ZZSMS but for mothers and child, birth spacing, contraceptive accommodations, logistic supply and breastfeeding. - The head of MCH who is responsible for the vaccination program of the ZZSMS, went to the field when the study team visited the MCH Office.
15.00-16.00	<p>Interview with the Head of Lao Women's Union, by Dr. Vanphanom</p> <ul style="list-style-type: none"> - Mrs. Saykeo Somsisay- Vice Head of the Lao women's Union and - Mrs. Chanthaboun Phonesalath- Deputy of the Women's Union <p>Key information:</p> <ul style="list-style-type: none"> - The role and responsibility of provincial Lao Women's Union in relation to the MCH activities, particularly vaccination against 7 diseases, are to provide health education to mothers and encourage them to bring their children of less than 1 year old to vaccinate; - These activities have been carried out during the supervision and monitoring at the district level. - The LWU implemented the policy of vaccination in the 3 pilot districts (Vanvieng, Pheuang and Keoudom) and the LWU supervised and monitored once per month for the district that has the project and once per year for district that did not have any project. - The LWU has no specific budget for EPI, so they provided health education on vaccination as an additional topic during

	<p>their regular field visit. The contribution of the community to the vaccination program is about 1 million kip.</p>
16.15-17.00	<p>Interview with Mrs. Thonekeo Phanthavong, Head of the Provincial Educational Office, by Dr. Vanphanom</p> <p>Key information:</p> <ul style="list-style-type: none"> - The roles and function of the Committee of Mother and Child at provincial level are to promote the target people to vaccinate their children. - In the past there was good cooperation between provincial education and MCH service. She worked closely with the MCH staff. Now they no longer cooperate with each other. <p>Problems:</p> <ul style="list-style-type: none"> - No fund for their activities. <p>Suggestions :</p> <ul style="list-style-type: none"> - To improve the cooperation, the job description, the planning and budgeting.
22/10/04	
8.30-10.00	<p>Meeting with Mr. Oday Souvanhthong, Head of Siboungheuang Khen Tai village, Thourakhom District, Vientiane, by Dr. Khamphong</p> <p>Key information:</p> <ul style="list-style-type: none"> - The interviewee knew about the PIDP Project , the vaccination and the disease surveillance through the visit of health staff - The head of village organized meeting with villagers, target population and advised them on the severe consequences of 7 diseases which can be prevented by the vaccination. - They provided good cooperation with the outreach team such as making appointments, preparing meeting venues, providing food. - They are very satisfied with the PIDP Project because before the implementation of EPI there was the outbreak of Diphtheria, Pertussis, Measles. After the implementation of the project, from 1983 until now there has been no outbreak of these diseases. They suggest that JICA continues support for this project.
10.00-11.00	<p>Interview with Mrs. Sengthong Akhavong, Head of Lao Women's Union in Siboungheuang Khen Tai village, by Dr. Khamphong</p> <p>Key information:</p> <ul style="list-style-type: none"> - The role and responsibility of Lao Women's Union in relation to the MCH activities, particularly vaccination against 7 diseases, are to mobilize mothers to attend ANC and to gather women and children for vaccination. - These activities have been carried out during the monthly and

	<p>quarterly meeting of the LWU.</p> <ul style="list-style-type: none"> - The LWU includes the policy of vaccination in their routine work - The village LWU received various benefits from vaccination program such as prevention of 7 infectious diseases, the improved health status of mothers and children in the village, and mothers' increasing knowledge on taking care of their children. - There are no constraints in implementing the vaccination program for mothers and children because women understand and participate in these activities.
11.15-12.00	<p>Interview with Dr. Khamfong Soukaloun, Head of Thourakhom District Health Office, Vientiane province, by Dr. Khamphong</p> <p>Key information:</p> <ul style="list-style-type: none"> - The annual plan of the district office follows the direction of the DPH. - Concerning disease surveillance, they focus on some villages at high risk of out break. <p>Problems :</p> <ul style="list-style-type: none"> - Lack of IEC materials <p>Suggestion :</p> <ul style="list-style-type: none"> - To provide IEC materials (TV-VCD for good visualization)
13.00-14.00	<p>Interview with Mrs. Bounthala, Vice Head of LWU of Bounghpao village, by Dr. Khamphong</p> <p>Key information:</p> <ul style="list-style-type: none"> - The role and responsibility of Lao Women's Union in relation to the MCH activities were similar to other villages - Usually, the LWU provided health education on vaccination in their semi- and monthly meeting. They are required to report to the health staff about disease outbreak. - During the past 3 years, there were no cases of 7 diseases - The village LWU received benefit from vaccination program such as no 7 infectious diseases, healthy children and the increasing family income. There are no constraints in implementing the vaccination program for mothers and children because of their good participation.
14.00-15.00	<p>Interview with Mr. Bounthong Kongmany, Head of Bounghpao village, by Dr. Khamphong</p> <p>Key information:</p> <ul style="list-style-type: none"> - He learnt about PIDP, EPI and disease prevention from the district health staff - He said the health activities were not difficult like other

	<p>activities because everybody would like to be healthy.</p> <p>Suggestion: To provide new techniques on health to the staff of the health center.</p>
15.00-16.00	<p>Interview with Mrs. Khamdeng Choundara, Deputy Chief of HC, by Dr. Khamphong</p> <p>Key information:</p> <ul style="list-style-type: none"> - Health Center did not have any plan for EPI because the district EPI manager prepared it. There is 3 staff with the weekly schedule: fixed and home visit. - They implement immunization services in 8 villages. They summarized the results of each session but did not evaluate the coverage and did not calculate the wasted vaccines. There has been no shortage of immunization services in the last 12 months and no AEFI in the last 12 months. The drop out is limited. <p>Problems:</p> <ul style="list-style-type: none"> - lack of cold chain - lack of vehicles - the health center is in bad condition. There is much damage caused by termites. Renovation is necessary. <p>Suggestions:</p> <ol style="list-style-type: none"> 1- To provide a refrigerator or cold box and a vaccine carrier. 2- To provide a motorbike or a bicycle. 3- To provide fund to renovate the health center.
9.30-10.30	<p>Interview with Dr. Soulivanh Vongxay, Head of the MCH of Thourakhom District Health Office, by Dr. Vanphanom</p> <p>Key information:</p> <ul style="list-style-type: none"> - In relation to the development of vaccination plan, only EPI manager planned all the vaccines, logistics, syringes, cold chain etc. The MCH section is responsible only for the health check of the children before vaccination and the EPI team do vaccination for children. - The MCH summarizes the number of the vaccinated children less than 2 years at the ZZSMS from the annual report. Zone Zero covers 9 villages, 1384 households, 1501 families and a population of 7460. There are 957 children aged 1 to 5. She did not have any list of the target children for vaccination.
10.45-12.00	<p>Focused Group Discussion with 12 mothers who have children under 2 years old, by Dr. Vanphanom</p> <p>Key information:</p> <ul style="list-style-type: none"> - The majority of caregivers of children under 2 years had some knowledge about the importance of vaccination and knows the severe consequences of 7 target diseases of EPI which can be

	<p>prevented by the immunization from the health staff.</p> <ul style="list-style-type: none"> - Mothers received health education from health staff. If the children get these infections, they need to report to the head of village. - No one mentioned the economic impact. - The majority of mothers did not have any problems from vaccination.
13.00-14.00	<p>Interview with Mr. Ding, EPI manager of Thourakhom District Health Office, by Dr. Vanphanom</p> <p>Key information:</p> <ul style="list-style-type: none"> - There is 2 staff in charge of the statistics and the vaccination but he was not trained on the immunization practice. - The calculation of the annual need of vaccines was based on the formula: the total number of estimated target people x 1dose /person x 10% of wasted vaccine divided by the total dose of vaccine in 1 flacon or 1 ampoule (and based on the real total vaccines used in the last year) - The district submits the request 1 time per month to the provincial EPI manager. The district distributed the vaccines to the outreach team once per month and to the fixed team depending on their cold chain for 1 session or 2 sessions. - Logistics and cold chain : 1 motorbike was received in 1998-2001 (average 60%) - Cold chain: 1 refrigerator, 2 freezers that worked well. The control of the temperature was done twice per day: in the morning and before leaving the office in the afternoon. The arrangement of different kind of vaccines, lot and expiration date are correct. 2 cold boxes: 1 (1- 20) and 1 (1-10) and 3 good vaccines carriers. <p>Problem :</p> <ul style="list-style-type: none"> - Limited knowledge on vaccination and lack of IEC materials. <p>Suggestion :</p> <ul style="list-style-type: none"> - To provide IEC materials

14.15-15.30	<p>Interview with Mrs. Manisong, Head of the District Epidemiology Unit, Thourakhom District, Vientiane province, by Dr. Vanphanom</p> <p>Key information:</p> <ul style="list-style-type: none"> - Causes of morbidity within the Thourakhom district: <p>2000- Dengue hemorrhagic fever- 30 cases</p> <p style="padding-left: 40px;">Pertussis -13 cases</p> <p style="padding-left: 40px;">Diarrhea - 61 cases</p> <p style="padding-left: 40px;">Measles - 2 cases</p> <p>2001- Dengue hemorrhagic fever- 40 cases</p> <p style="padding-left: 40px;">Pertussis - 5 cases</p> <p style="padding-left: 40px;">Diarrhea - 35 cases</p> <p>2002- Dengue hemorrhagic fever- 37 cases</p> <p style="padding-left: 40px;">Pertussis - 8 cases</p> <p style="padding-left: 40px;">Diarrhea - 29 cases</p> <p>2003- Dengue hemorrhagic fever- 38 cases</p> <p style="padding-left: 40px;">Pertussis - 5 cases</p> <p style="padding-left: 40px;">Diarrhea - 46 cases</p> <p>2004- Dengue hemorrhagic fever- 22 cases</p> <p style="padding-left: 40px;">Diarrhea - 52 cases</p> <ul style="list-style-type: none"> - Only one staff in this section. She did not receive any equipment or laboratory equipments from the Provincial Health Office. She received only report form to be sent to the Provincial Health Office. - She did supervision and monitoring in the field 3 times per year according to the routine schedule. She had some constraints such as no vehicle, no equipment and not enough knowledge to perform her duties.
15.30-17.00	<p>FGD with 10 mothers at Boungphao village, Thourakhom District, Vientiane province, by Dr. Vanphanom</p> <p>Key information:</p> <ul style="list-style-type: none"> - The majority of FGD participants mentioned that they are aware of the severe consequences of 7 target diseases of EPI which can be prevented by the immunization as well as the benefit of vaccination. - In relation to the surveillance diseases, they mentioned that the diseases that needed to be reported to the District Health Office were malaria, TB and Measles.

Daily Record in Luangprabang Province
Ex-post Evaluation Study of the PIDP Project

Time	Activities
26/10/04	
8.30-9.00	<p>Meeting in Luangprabang Provincial Health Department</p> <p>Dr. Khamphong explained the purpose of this trip and discussed the working plan for 5 days in Luangprabang Province.</p>
9.30-11.00	<p>Meeting with Dr. Ammone, Head of the Luangprabang Provincial Health Department.</p> <p>Key information:</p> <ul style="list-style-type: none"> - She knew the policy of global health and the policy of EPI and disease surveillance. EPI moved from provincial Epidemiology service to the provincial MCH service in 2001. - EPI: during the PIDP project, the coverage was high (70-80 %) but after it, the coverage decreased. There is a new project titled Maternal Neonatal Tetanus Elimination (MNTE) focusing on increasing the coverage of immunization in 5 pilot districts, namely XiengGneung, Nambak, Nane , Ngoy, and Viengkham . The coverage increased to 50- 60 % in 2004 and the maximum is 70%. However, it has not reached the national indicator of 85% because the mothers did not have a good understanding of the severe consequences of the 7 diseases which can be prevented by immunization and the importance of the correct vaccination according to their calendar. The budget is also limited so the health workers can not go to the village to make the appointment 2-3 days before the immunization services. Moreover, the parents live in the remote field and cannot come to get vaccines on time. - Disease surveillance: They planned it, but the financial support is inadequate. They can not visit and give advice to the villages at high risk of outbreak. There are outbreaks of diarrhea, Measles, ARI in the Lao-Vietnam border (Paraum, Nasone villages). <p>Problems :</p> <ol style="list-style-type: none"> 1- The knowledge of the district health staffs and vaccinators is limited. 2- The financial support is insufficient 3-The IEC materials are inadequate. <p>Suggestions :</p> <ol style="list-style-type: none"> 1- To provide fund for the training and refresher courses for district and health center staff. 2- To increase the budget for field visits to high risk villages by Epidemiology provincial service. 3- To provide the IEC materials at district and community level.

11.00-12.00	<p>Interview with Med. Assit. Bounpheng, Head of the Epidemiology Unit, by Dr. Vanphanom</p> <p>Key information:</p> <ul style="list-style-type: none"> - His duties are to carry out disease surveillance and investigate the outbreaks of AFP, Measles, Diphtheria, Pertussis, Tetanus, Hepatitis B in case of emergency. - The plan for 1996-2000 was to carry out surveillance for 4 diseases such as AFP, Measles, Tetanus, Diphtheria, severe diarrhea, and Dengue. The plan for 2001-2005 remains similar. The Epidemiology unit also plans according to the budget. For example, there was 125 million kip for 5 years, which is not enough if there is an outbreak. Additionally, they received funds from UNICEF to follow AFP and Measles. - The division is called "Division of Epidemiology and Environmental Health". There are 4 units: administrative, epidemiology and environmental health. The epidemiology unit consists of four persons and the surveillance system covers 11 districts and 3 HC. The flow of information from district to Provincial Epidemiology Center, then from the Provincial Epidemiological Unit to the central level, is on time and complete. - They received 2 motorbikes (1995 and 1997), 1 car, 1 computer (broken), 1 photocopy machine and Roneo machine (2000) - They coordinate with the EPI when there is outbreak of the 7 target diseases and form a team to investigate it. <p>Problems in disease surveillance:</p> <ol style="list-style-type: none"> 1) Limited budget for per diem and allowance for the field trip 2) Limited budget for vehicles repair 3) Limited knowledge and language skills <p>Suggestions:</p> <ol style="list-style-type: none"> 1) To provide budget to supervise and monitor the field when there is outbreak 2) To provide training on epidemiology for the provincial and district staff. 3) To provide medical equipments for investigation of outbreak and collection of specimen 4) To provide refrigerator for keeping samples.
11.00-12.00	<p>Interview with Mr. Bounnuang, phony staff, by Dr. Khamphong</p> <p>Key information:</p> <ul style="list-style-type: none"> - Between 2002-2004, the Department of Provincial Health received 18 phonies : 2 for EPI province, 6 for districts (Xieng Gneun, Phonthong, Namback, Viengkham, Muang Nane, Muang Ngoy), and 10 for the Health Centers. After the

	<p>installation, the Japanese Expert taught explained use and maintenance.</p> <ul style="list-style-type: none"> - All units worked well. The health staffs communicate between Health Centers and district, province and central level. They are very satisfied and can send information in time to all levels. <p>Problems:</p> <ol style="list-style-type: none"> 1- The battery must be regularly charged. 2- There are problems with some channels. 3- The duration of the speaker is too short. <p>Suggestions:</p> <ol style="list-style-type: none"> 1- To provide new emergency batteries. 2- To prolong the speaking time from 15 to 30 minutes.
13.45-14.30	<p>Interview with Mrs. Thonglian Singthilath, vaccinator, and visit the MCH section of the Luangprabang Provincial Hospital and the vaccination rooms.</p> <p>Key information:</p> <ul style="list-style-type: none"> - She did not develop any annual plan related to vaccination, but summarized the number of vaccinated children and sent to the provincial EPI. - The ZZSMS covers 32 villages. However, mothers and children from other areas also come to use their services.. The MCH clinic of the Luangprabang Provincial Hospital provided vaccination to the children everyday. <p>Problems:</p> <ul style="list-style-type: none"> - No coordination with the villages and village LWU - Lack of BCG syringes for 2 months, lack of Polio for 2 months at the central level, and lack of yellow books <p>Suggestions:</p> <ul style="list-style-type: none"> - To provide more training on vaccines and EPI management - To provide adequate vaccines on time
14.45-15.45	<p>Interview with Mrs. Vangthong Yommaly, Head of the Luangprabang Provincial Lao Women's Union</p> <p>Key information:</p> <ul style="list-style-type: none"> - The role and responsibility of provincial Lao Women's Union in relation to the MCH activities, particularly vaccination against 7 diseases, is to conduct campaigns for mothers with children less than 1 year old. - At the provincial level, one of the LWU committee members is a member of the MCH committee. Similarly, at the district level, one of the LWU committee members is also on the MCH Committee at district level.

	<p>Difficulties:</p> <ol style="list-style-type: none"> 1) Women, especially the ethnic minority groups (Lao Soung) did not understand the importance of vaccination. If they see that their children get a fever, they do not bring their children to get another vaccination. 2) Miscommunication due to the language barrier (dialect language) <ul style="list-style-type: none"> - The LWU received benefit from vaccination program: <ol style="list-style-type: none"> 1) Women paid more attention to the health status of family. 2) Women's health status has improved. 3) To be a good model for other villages. <p>Suggestions:</p> <ol style="list-style-type: none"> 1) To provide training on disease surveillance focusing on the 7 target diseases to the head of village or village LWU 2) To exchange lessons with other villages
16.30-17.30	<p>Interview with Dr. Keanchanh, Vice Head of the MCH Section of the Luangprabang Provincial Health Department, responsible for EPI Programs, Vice Committee of the MCH and Committee of Natural Disaster in Luangprabang province</p> <p>Key information:</p> <ul style="list-style-type: none"> - The department develops annual plan depending on the policy from the central government and the ability of the Luangprabang Provincial Health Department. For example, the coverage of EPI for Luangprabang province is 80%. - They received budget from the government and other organizations such as UNICEF, WHO, JICA. The MCH section is comprised of 20 staffs. From 2001 until present, there was no EPI related training. - <i>In-service training for the staff was organized</i> - Plan for vaccines is based on the actual population in villages. The calculation is based on the estimated population and a reserve of 20% by using formula of EPI. - Logistic and supply: The requirement of vaccines is made every two months in the odd months. They have 1 cold chain-Freezer ice, 3 freezers for vaccines and 1 cyber. - The supply of vaccines: vaccine safety is good. No vaccines are broken. Safety box is brought back to the provincial EPI. - The adverse affects following immunization was abscess (1 case) in the remote area (Phaseua). The budget for EPI is delayed and the EPI team can do vaccination only three times per year. The flow of report to the central level is also delayed. - New equipment received from 2002: phony- 10 (8 in the district, 10 for health center, and 10 new ones), 6 freezers, and

	<p>7 motorcycles, and 29 bicycles in 2004.</p> <p>Problems:</p> <ul style="list-style-type: none"> - The coverage of immunization rate has increased over the last three years, however, it has not reached national immunization target of 80%. - The mothers with children under 1 year old did not bring their children to get vaccinated on time. - Contribution from the community and mass organization is not as much as before. - Motivation of the outreach team is low compared to before (difficult traveling). <p>Suggestions:</p> <ul style="list-style-type: none"> - To improve 4 actors of EPI such as health (EPI manager, Health Office), committee of MCH at district and village, vaccinator (improve their responsibility), mothers (Have more knowledge on child care)
26/6/04	Chomphet District
8.30-9.00	<p>Meeting with Med Ass. Chansy Sisagna, Head of Chomphet district.</p> <ul style="list-style-type: none"> - Dr. Bounmeuang, staff from the EPI provincial level, introduced the study team, which consisted of the team leader, Dr. Khamphong, assistant, Dr. Vanphanom, Dr. Anousone from central EPI, and Mr. Anoulak from JICA Office. - The study team introduced the objective of the ex-post evaluation of the PDIP Project (1998-2001) and discussed the working schedule with the District Health Office (DHO).
9.00-10.00	<p>Interview Med Ass. Chansy Sisagna, Head of Chomphet District Health Office.</p> <p>Key information:</p> <ul style="list-style-type: none"> - Vaccination is top priority in order to prevent infectious diseases. They focused on immunization, especially in ZZSMS and provided services in the area of Zone Zero which covered 4 villages and will expand to 3 more villages in 2005. The Head of District Health Office has a plan to establish Zone Zero at the Nongphuk health center because the population density in this area is high. They will ask for some budget from EU-Micro Project of Rural Development to carry out training for the EPI staff and send the health staff to work permanently at HC to provide the vaccination. - EPI surveillance is also considered top priority and the target of disease surveillance is Polio, Measles, Pertussis, Diphtheria. If there is outbreak, the villagers report it to the DHO. There is no epidemic of the target of EPI vaccination. - There are 3 outreach teams, 2 members each. If there is HC at that region, they will work with the HC. There are 6 HC. The

	<p>DHO is comprised of 38 health staff in the DHO and DHH and 9 staff working at the HC. There are 3 divisions (7 people in administration, 16 in health promotion, 6 in rehabilitation, and 9 in health center). There are 69 administrative villages and 92 vaccination villages.</p> <ul style="list-style-type: none"> - At each level, there is a Committee of Mother and Child Health. The role of the district level office is to solve the problems at the district and village levels. <p>Difficulty:</p> <ol style="list-style-type: none"> 1) Difficult accessibility 2) During rice planting and harvesting, the mothers did not stay at home. <p>Suggestions:</p> <ol style="list-style-type: none"> 1) To provide more budget for vehicles repair, spare part and gasoline 2) To provide more training on EPI management and use of vaccines for the HC
10.00-11.00	<p>Interview with Dr. Phayvanh Phanhtasinh, EPI manager and Disease surveillance Unit of Chomphet District Health Office</p> <p>Key information:</p> <ul style="list-style-type: none"> - His duties are to plan and budget, monitor, report and evaluate EPI Project and disease surveillance, and target diseases of EPI, especially AFP and Measles. - The number of villages of the outreach team in 2003 was 99, the total population was 3,896, there were 761 children less than 1 year old, 4,046 children less than 5 years old, 761 pregnant women, and 4,760 reproductive women aged 15-45. - Dr. Phanhtasinh prepared plan for the health centers because the education level of the health staff at these health centers is limited. The calculation of the annual vaccine needed follows the standard formula of district level. There are 4 outreach teams with 2 staff each. - The outreach team went to each village 4 times per year. After the completion of the PIDP project, the coverage was maintained in 2001-2002 but then decreased in 2003 because they could visit villages only 3 times/year. - Disease surveillance: The unit gives advice on the severe consequence of 7 diseases, especially Poliomyelitis (AFP) and Measles, which can be prevented by immunization; the importance of the correct vaccination; the AEFI and their resolution; and the prevention of seasonal diseases during the field visits before the immunization services. There have not been any outbreaks in the last 3 years. <p>Problems :</p> <ol style="list-style-type: none"> 1- Limited knowledge of district EPI manager and the vaccinators at

	<p>district level and health centers.</p> <p>2- Inadequate IEC materials for the district, health center and community.</p> <p>3- Vehicle: Tak Tak is broken, lack of funds to buy spare parts.</p> <p>Suggestions :</p> <p>1-To provide training on EPI Management and on the Immunization in the Practice.</p> <p>2- To provide IEC materials to district, health center and the community.</p> <p>3- To provide funds to repair Tak Tak</p>
11.00-11.30	<p>Interview with Aux. Phayvanh Phasouk, Head of the MCH of Chomphet District Health Office</p> <p>Key information:</p> <ul style="list-style-type: none"> - She developed annual plan for MCH, but no plan for EPI. In terms of reporting, she summarized monthly and annual report and sent to the district EPI and to the central MCH who is responsible for the vaccination in ZZSMS. - Zone Zero covers 4 villages, 540 families and 2841 people and will extend to 3 more villages. There are 36 children less than 1 year old in 4 villages. - There are 3 staff working at the MCH (1 head and 2 vaccinators), who provided health education on vaccination to the mothers. - The MCH received 1 bicycle in 2002 and 3 bicycles in 2003. - During the past 3 years, the number of children that have been vaccinated in the ZZSMS has increased because mothers better understood the importance of vaccination. <p>Suggestions:</p> <ol style="list-style-type: none"> 1) To provide training on EPI management 2) To provide budget for the ZZSMS field visit
11.30-12.30	<p>Interview with Mrs. Amphay Bounnolak, vaccinator of MCH Chomphet District Health Office</p> <p>Key information:</p> <ul style="list-style-type: none"> - She is responsible for vaccination and ARJ and diarrhea. In terms of vaccination, she vaccinated children and reported how many flacons of vaccines she used to the EPI. - She neither calculates the requirement of vaccines nor develops any annual plan. - During the past 3 years, the mothers understood the EPI because of the health education on vaccination and the adverse events in the villages. <p>Suggestions:</p>

	<ol style="list-style-type: none"> 1) To provide refresher training on vaccination 2) To provide training on reporting and management of EPI
13.20-15.00	<p>Interview with Mr. Khun Vanthanaly, Chief of the HC and visit Health Center Nong Phuk</p> <p>Key information:</p> <ul style="list-style-type: none"> - This health center was jointly built by the villagers from 8 villages and the provincial authorities in 2001. - This health center is responsible for 8 villages with 3,980 people: 125 children <1 yr. old, 663 children <5 yrs. old, 125 pregnant women, and 780 reproductive women. - The total number of the staff is 3, and they are all nurses. The chief of the health center is responsible for overall activities focusing on the primary health care, especially antenatal care, delivery and birth spacing. Other 2 staff is responsible for MCH/EPI and drugs (Drug Revolving Fund supported by WHO.). - There is one nurse on 24 hr. duty every day. - They receive an average of 1 patient /day, and 4-5 deliveries/month. - Home visits are performed 2 days per week to advise villagers on: the prevention of the seasonal disease, ANC, delivery assistance, birth spacing, nutrition (alimentation of the pregnant women and lactating women), (another nurse who was 60 years old, died), breast-feeding, personal hygiene, sanitation and hygiene (drinking boiled water and using latrine), and maintaining the trap. - There is no cooperation between the staff of health center and the district EPI manager. They did not do the vaccination because before, Mr. Khun was the only staff in the center. 2 nurses are new. - The common disease is diarrhea but it is not severe. <p>Problems:</p> <ol style="list-style-type: none"> 1 – Lack of equipment for antenatal care and delivery, delivery beds, examination beds, sets for well baby clinic, refrigerators, and vehicles. 2 - Limited knowledge on EPI Management, vaccination, technique of delivery 3 - Lack of funds for the health center renovation. <p>Suggestions :</p> <ol style="list-style-type: none"> 1- To provide basic equipment 2- To provide training on EPI management and on Immunization in the Practice. 3- To provide funds for renovation

15.00-16.00	<p>Interview with Head of Nong Phuk village</p> <p>Key information :</p> <ul style="list-style-type: none"> - Nong Phuk village has 151 households, and a population of 896, of which there are 424 women. The village is a mixture of 3 ethnic groups. - The committee head of village was selected 1 year ago. The Head of village is responsible for overall situation, while the 1st deputy is responsible for the economic aspects and the 2nd deputy is responsible for socio-cultural aspect, education and health. - There is good cooperation between the Committee of Mother and Child of this village (CMCV) and the staff of the health center. - The health staff did home visits in the village 2 days per week. They advise on environmental hygiene, the maintenance of the trap net, drinking boiled water, sleeping in the mosquito net, mother and child care, birth spacing. - The village authorities and the villagers know well about EPI and disease surveillance. <p>Problems :</p> <ol style="list-style-type: none"> 1- Lack of fund for a new health center. 2- The knowledge of the health staff is limited. 3- Lack of water, latrine and kitchen in the health center. <p>Suggestions :</p> <ol style="list-style-type: none"> 1- To build a new health center. 2- To provide obstetrical training and equipment. 3- To connect the existing water pipe of the village with the health center, to build a latrine and the kitchen with basic equipment.
15.00-16.00	<p>Focused Group Discussion with 9 mothers who have children under 2 years old in Nong Phuk village</p> <p>Key information:</p> <ul style="list-style-type: none"> - The majority of caregivers of children under 2 years had some knowledge of vaccination and knew the severe consequences of 7 target diseases of EPI, which could lead to death. They listed diseases that they vaccinate such as TB, Polio, Diphtheria, Pertussis, Measles, Tetanus, and Hepatitis. - Mothers were not aware of disease surveillance. However, when the study team asked about epidemic in the past, they mentioned about only diarrhea and Measles. - The majority of mothers did not have any problems with vaccination. There is no cultural belief against vaccination and no family conflict.

16.00-16.30	<p>Interview Mrs. Chanthy, Head of the Lao Women's Union , Nong Phuk village</p> <p>Key information:</p> <ul style="list-style-type: none"> - The role of LWU Nong Phuk village is to promote vaccination to mothers with children less than 1 year old, pregnant women, women at reproductive age 15-45 years. After campaign on the vaccination, mothers changed their behavior and brought their children to get vaccinated. Children are healthy and did not get any diseases and the family economic status is better. - Some mothers know about the disease surveillance from health staff working at the HC and outreach team. If there is outbreak of diseases from the EPI vaccination, they will inform the head village or the HC in order to prevent the spread of infectious diseases. During the past 3 years, there were no epidemic cases of EPI vaccination. <p>Suggestion:</p> <ol style="list-style-type: none"> 1) The outreach team should come on time.
27/10/04	
8.30-9.30	<p>Meeting with Head of Houay Oane village, Mrs. Bouasone, Head of Lao Women's Union</p> <p>Key information:</p> <ul style="list-style-type: none"> - The role and responsibility of Lao Women's Union in relation to vaccination against 7 diseases is to encourage mothers to attend ANC, and to bring their children of less than 1 year to get vaccinated. - The LWU did not know about disease surveillance from the health staff. They just told mothers that if their children got sick, they should bring them to the hospital. - There are no constraints in promoting vaccination to mothers and children because most women understand and participate in these activities.
9.30-10.30	<p>Focused Group Discussion with 7 mothers who have children under 2 years in Houay Oane.</p> <p>Key information:</p> <ul style="list-style-type: none"> - Most of them are aware of vaccination - Their children got TB, Polio, Diphtheria, Pertussis, Measles, Tetanus, and Hepatitis vaccinations. - Almost all know the side effects of the immunization such as fever, and know how to solve this problem by giving sponge and paracetamol to their children. - The mothers also know about the disease surveillance <p>Suggestions:</p>

	<p>1) Need more health education on vaccination</p> <p>2) It is better for both husband and wife to attend the meeting.</p>
11.00-12.00	<p>Interview with Mr. Kaysone Maniphoune, Deputy Head of the Provincial Educational Office in Chomphet District, Luangprabang, by Dr. Khamphong</p> <p>Key Information:</p> <ul style="list-style-type: none"> - In 2003 , the staffs of the district education went to deliver health education to pupils, to teachers and caretakers on several occasions, such as International Children Day, and National Teacher Day. - The disease surveillance of 7 diseases especially Poliomyelitis or Polio and Measles: there have been no cases of Polio in the last 3 years. <p>Suggestions :</p> <ul style="list-style-type: none"> - To organize training and provide IEC materials to the poor in the rural and remote area
14.00-15.00	<p>Interview with nurse Bounpanh Nosavanh, District EPI manager and Logistics, Deputy Head of MCH/EPI Unit, Pak Ou District</p> <p>Key information:</p> <ul style="list-style-type: none"> - He developed the annual plan and the budget based on the direction of the provincial EPI and 5-year plan and annual plan of the district. The calculation of the annual vaccine requirement uses the standard formula for the district. The financial budget comes partially from UNICEF and partly from the government. The contribution of the people is average 1 million kip per year. - MCH/EPI has 4 staff. The head is responsible overall, and focuses on birth spacing, ARI-CDD and breast-feeding, while one staff is in charge of EPI and a nurse is responsible for logistics and cold chain. - There is no health center. The total number of children <1 year old is 716, there are 3,791 children under 5, 716 pregnant women, and 4,460 reproductive women. - The outreach team visits each village 4 times per year. The implementation of the outreach team followed the standards. <p>Logistics and supply: EPI/MCH unit received 1 refrigerator, 2 freezers, 12 vaccine carriers and vehicles.</p> <p>Problems:</p> <p>1- Limited knowledge on EPI Management and vaccinators.</p> <p>Suggestions :</p> <p>1- To provide training on EPI management and immunization in the Practice.</p>

15.00-16.00	<p>Interview with Med. Asst. Ladavanh, Head of MCH of Pak Ou District Health Office</p> <p>Key information:</p> <ul style="list-style-type: none"> - She developed annual plan for MCH, but no plan for EPI. In terms of reporting, she summarized monthly and annual report and sent to the district EPI and to the central MCH, who is responsible for the vaccination in ZZSMS. - A list of the target children needed to be vaccinated has been prepared. Zone Zero covered 2 villages, 203 households, 100 children under 1 year, 20 children age at 9-23 months, and 317-women at age 15-45. The list has been modified often because of newborn babies. - There is 4 staff working at the MCH (2 MCH and 2 EPI). Ms. Ladavanh provided health education on vaccination to the mothers when the child was examined before vaccination. - The MCH received 1 bicycle in 2002. - During the past three years, the number of children that have been vaccinated in the ZZSMS increased because the mothers have better awareness on the importance of vaccination.
16.00-16.30	<p>Interview with nurse Bouavanh, Vaccinator of the MCH section, Pak Ou District Health Office</p> <p>Key information:</p> <ul style="list-style-type: none"> - The EPI manager developed plan for the section. The ZZSMS covers 303 households or 1618 people. Besides Zone Zero, they also provided vaccinations to the children from Zone 1, 2 and 3. The list of target population for vaccination was developed. However, the amount of vaccines was not calculated by the section, but by the EPI manager - In the MCH of the DHO, there are 2 staff working for MCH and 2 staff working for EPI. - During the past three years, the number of target population has decreased, possibly because of family planning. However, only the number of vaccinations is reported.
16.30-17.30	<p>Interview with nurse Phonesavanh Vongsuriya, Epidemiology unit of the Pak Ou District Health Office</p> <p>Key information</p> <ul style="list-style-type: none"> - In the case of epidemic diseases, they usually used the budget from District Health Office. - The disease surveillance covers 69 villages, particularly in 18 villages where epidemics often occur. There were 33 cases of German Measles in 2003. <p>Difficulty:</p> <ul style="list-style-type: none"> - No staff - Limited knowledge

	<ul style="list-style-type: none"> - Limited budget to supervise the field <p>Suggestions:</p> <ol style="list-style-type: none"> 1) Need more staff, training and budget
28/10/04	
8.30-9.30	<p>Pak Ou District: Visit Khone Kham village, the outreach mobile team, interview head of Khone Kham village</p> <p>Key information :</p> <ul style="list-style-type: none"> - The outreach team consisted of 2 staff. It was the first time for the 4th round in 2004. The implementation followed the procedure like making appointment with the head of village, informing the list of the target children, pregnant women and reproductive women, organizing meeting with the village authorities and Village Health Workers to explain the objective of the meeting... - Observation: The vaccination is done in a shade and clean place. The vaccine carrier had ice bags, and vaccines were well arranged. The AD, sterilized syringes and needles, proper diluents used vaccine, absorbent wool were ready to use. The outreach team had the list of the target people. They gave advice on the importance of the immunization and the correct vaccination, and the adverse effects following the immunization. The vaccinator checked the vaccination calendar and informed the mother of the appointment of the next vaccination. The outreach team summarized at the end of this session. 6 children <1y were immunized. The form was submitted to the head of village to sign and stamp.
9.30-10.00	<p>Interview with Mr. Maykham, Head of Khone Kham village, by Dr. Khamphong</p> <p>Key information:</p> <ul style="list-style-type: none"> - This village has 93 households with a population of 500 people, who are mainly Lao Loum (minority ethnic Lua), 160 children <1 yr., 850 children <5 yrs., 160 pregnant women, reproductive women 15-45 years, and 1,000 elderly people. - The village authorities are aware of the EPI and disease prevention because the district health staff came once per month. There has been no shortage of immunization in the last 12 months and no more AEFI in the last 6 months. There has been no outbreak since 2002. <p>Suggestion: JICA continues support to EPI.</p>
9.00-10.00	<p>Focused Group Discussion with 10 mothers at Khone Kham village, by Dr. Vanphanom</p> <p>Key information:</p> <ul style="list-style-type: none"> - Most participants know about the severe consequences of 7 target diseases of EPI, the benefit of vaccinations as well as the adverse effects following immunization, such as fever and

	<p>diarrhea</p> <ul style="list-style-type: none"> - In relation to the surveillance diseases, few of them mentioned that they reported to the head of village. They also mentioned that the diseases that needed to be reported to the district Health Office was diarrhea, Measles TB, Diphtheria and Pertussis.
10.00-10.30	<p>Interview with Vice Head of LWU of the Khone Kham village</p> <p>Key information:</p> <ul style="list-style-type: none"> - Similar role and responsibility as the Lao Women's Union in other villages - The LWU provided health education on sanitation, vaccination and other activities in the monthly meetings. - The outcome of these activities is that children and pregnant women are healthy, and parents have time to earn money. - The village contributes about 50,000 kip per year.
11.00-12.00	<p>Interview with Mr. Angkham Bounkeomany, Deputy Head of District Education, responsible for disease surveillance</p> <p>Key information:</p> <ul style="list-style-type: none"> - A committee responsible for disease surveillance is supported by the Red Cross. The members of this committee are the Director of District Education and Health, and 2 technicians from the district education and the district health. - The education and health district staff collaborate on the vaccination activities such as sending official notice to prepare for the vaccination of the children in crèche, and kindergarten, and to the reproductive women in the secondary school. - There are other projects such as Child for Child Project supported by Norway and implemented in 2002. <p>Problem :</p> <ol style="list-style-type: none"> 1- The knowledge of the teacher on health education is limited and there is a lack of guidelines and IEC materials. 2- The cooperation between education and health has not been as close as it should be. <p>Suggestion :</p> <ol style="list-style-type: none"> 1- To provide in-service training of the teachers on health education and supply guidelines and IEC materials. 2- To improve the cooperation between education and health offices by preparing planning and budgeting together.
13.30-14.30	<p>District Pak Ou: Visit Had Kho village and interview with Mr. Keo Prasithgnadeth, Deputy Head of village, by Dr. Khamphong</p> <p>Key information :</p> <ul style="list-style-type: none"> - Hat Kho village (zone 1) has 121 households, total population of 765, 339 females, 24 children less than 1 yr. old, 129

	<p>children less than 5 years old, 121 pregnant women, and 152 reproductive women.</p> <ul style="list-style-type: none"> - The village committee consisted of 3 persons with the same roles mentioned in Bounghao village. Mr. Keo knew the EPI and disease surveillance from the 2nd Deputy head of village. He never received the in-service training. He did not know about health education and can not give advice. - There have not been any adverse effects following the immunization in the last 6 months nor any shortage of the immunization service in the last 12 months. He has good cooperation with the district health staff. The outreach team came once per month. There have not been any epidemics in the last 4 years. He was satisfied with the PIDP Project.
13.30-14.00	<p>Interview with Mrs. Oone , Lao Women’s Union of Had Kho village, by Dr. Vanphanom</p> <p>Key information:</p> <ul style="list-style-type: none"> - The Head of the LWU in Had Kho village was responsible for overall activities. The Deputy Head was in charge of MCH activities. - In the past, children got more infectious diseases because there was no project. With the PDIP project, children had fewer diseases in the last three years, there was no epidemic. - The Lao Women’s Union played the roles of informing and mobilizing the mothers to stay at home when the outreach mobile team came. - Usually, the LWU provided health education on vaccination and promoted mothers to bring their children to get vaccinated against TB, Polio, Diphtheria, Pertussis, Measles and Hepatitis B. - The outcome of these activities is healthy children and women and hopefully the economic situation of the families has increased. - During the past 3 years, no cases of 7 diseases occurred. <p>Constraints:</p> <ul style="list-style-type: none"> - There are no constraints in implementing the vaccination programs for mothers and children because of good participation of women. <p>Suggestions:</p> <ol style="list-style-type: none"> 1) To have more in-depth knowledge on vaccination 2) To organize training on vaccination for the LWU 3) The mobile team should have time to talk with mothers 4) Need some IEC materials

14.00-15.00	<p>FGD with mothers who have children under two years at Had Kho village, by Dr. Vanphanom</p> <p>Key information:</p> <ul style="list-style-type: none"> - The majority of FGDs participants mentioned that they were aware of the severe consequences of 7 target diseases of EPI and how to deal with the adverse effects following the immunization.
15.00- 16.00	<p>Interview with nurse Khampheni, Head of the Cabinet of Pak Ou District Health Office</p> <p>Key information:</p> <ul style="list-style-type: none"> - He is aware of the policy of global health and the policy of EPI and disease surveillance. The district EPI and disease surveillance annual plan is developed based on the 5-year and annual plan of the provincial and district health. - EPI has no problem except that the disease surveillance unit has no funds for the field visit. - He has no suggestion for EPI, except the funds for disease surveillance is necessary.
29/10/04	
9.00-10.00	<p>Interview with Mrs. Somphin Sayalath, LWU of Chomphet district</p> <p>Key information:</p> <ul style="list-style-type: none"> - The role and responsibility of provincial Lao Women's Union is to take care of mothers and children. Some activities that are done together with the DHO are: <ol style="list-style-type: none"> 1) To give advice mothers to bring their children to get vaccinated 2) To operate drug revolving fund 3) To provide staff as Health Volunteers - At the district level, one of the LWU committee members is a member of the MCH committee. - In relation to the disease surveillance, there were some epidemics of diarrhea in 2000-2003 in Chomphet District. However, there were no epidemics of the target diseases. There were some sporadic cases of Measles and AFP. <p>Difficulty:</p> <ol style="list-style-type: none"> 1) Some women did not understand the importance of immunization, especially the minority group. We had to talk to their husbands first, then the husband talked with their wives. <p>Suggestions:</p>

	<ol style="list-style-type: none">1) We need support from the NGOs2) Government should have some budget for the LWU to supervise the women's activities.3) To integrate the vaccination into the women's roles.
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Daily Record in Champasack Province

Ex-post evaluation of the PIDP Project

Time	Activities
1/11/04	
8.30-9.30	<p>Champasack Provincial Health Department - Meeting with the Head of Champasack Provincial Health Department and Med. Assist. Thongsa –Deputy Director of the Champasack Provincial Health Department</p> <ul style="list-style-type: none"> - Dr. Khamphong introduced the study team and explained the purpose of the study - The study team interviewed the Deputy Director of Champasack Provincial Health Department <p>Key information:</p> <ul style="list-style-type: none"> - EPI is the 1st priority for the CPS Provincial Health Department. The Department of Provincial Health assigned the Committee Director of the project EPI and disease surveillance. The monitor is conducted closely with the daily and weekly report of the disease surveillance of 7 diseases. The local level can work well by following the direction of the Ministry of Health. <p>Advantages :</p> <ol style="list-style-type: none"> 1- There is technical, financial support and equipment supply from the central level. 2- The staff at central level closely monitored and supervised the activities. 3- There is good cooperation between the local authorities and mass organizations. <p>Disadvantages:</p> <ol style="list-style-type: none"> 1- Our diagnosis was not on time and correct. 2- The technicians cannot regularly visit the field, especially the high risk villages. <p>Sustainability:</p> <ul style="list-style-type: none"> - The Lao government changed the policy of EPI by contributing US \$40,000 in 2004 to buy vaccines. - The budget also depends on the general provincial income <p>Suggestions:</p> <ul style="list-style-type: none"> - The external support is very necessary for Champasack Province especially for the IEC materials and for field activities.
9.30-10.00	<p>Meeting with Dr. Baramy Soukaloun - Provincial EPI manager, Deputy of Deputy Head of MCH/EPI service</p>

Key information:

- There are changes in the policy of planning. The first pilot project of the training on Micro-Planning in Champasack province was held for the district and health center staff. in which the development of the plan and budget had to be from bottom up.
- The budget of UNICEF is limited, we expect to get fund from GAVI as well.
- Staffing: Total staff of the MCH services is 9 (5 from EPI and 4 MCH.);
- The in-service training was organized when the staff learnt new techniques.
- Meeting and reporting is complete and on time, monitoring, supervision and evaluation are done regularly.
- The structure's coverage is 100%, namely 1143 EPI villages (925 administrative villages), total population of 639,988; 10 districts (5 plan's districts, 3 island districts and 2 mountainous districts), 58 health centers, and 85 EPI khets (80 administrative khets)
- There are 105 units with 1-2 staff each: 27 fixed teams, and 78 outreach teams. The outreach teams go to each village 4 times/year for immunization services.
- The ZZSMS has been integrated in the MCH service at all levels since 2000. The ZZSMS of each province, district and some health centers are working regularly. There has been no shortage of immunization services in the last 12 months nor any AEFI in the last six months. There was no problem in introducing the new vaccine HepB. The average drop out in 2003 is 28.4%.
- The average coverage in the last three years (2002-2003) was the same because the estimation of the target population was not definite. (See data in the report in the Evaluation Grid).
- Logistics and cold chain: Equipment received in 1998-2001 included 8 motorbikes, 10 bicycles, boat engines, 3 refrigerators. Some are still working.

Problems :

- The training of the staffs did not continue.
- The budget for the field trip is limited.
- The collaboration with the Committee of Mother and Child has not been as close as it should be.
- Inadequate vehicles.

Suggestions :

1. To provide more budget for the training of the new EPI managers at district level and the health center and study tours. To organize re-training for the provincial

	<p>EIP managers every 3 years</p> <p>2. To provide sufficient basic equipment at all levels such as computers, telephones, and cold chains.</p>
10.30-11.30	<p>Interview Med. Assit. Vilaysack Samonti, Deputy Head of the Epidemiology Unit</p> <p>Key information:</p> <ul style="list-style-type: none"> - Ms. Samonti developed annual plan of epidemiology based on the previous epidemiology plan. Not all activities of the plan were approved. The budget contribution from the government from 2000 to 2003 was 3 million kip per year. UNICEF contributed 4.7 million kip (2000) and Rotary Japan contributed 8.3 million kip (2003). - The division of Epidemiology and AIDS consisted of 2 units, namely epidemiology unit (4 staff) and AIDS unit (6 staff). The surveillance system covered 10 districts, 916 households and 58 HC. - There are few cases of the 7 diseases; however, most of the epidemic cases were <i>severe diarrhea and Dengue</i>. - Logistics: from 1998 to 2001, they received fax machine, cars and 2 motorcycles. After 2001, they received Roneo, machines, and photocopy machine. <p>Difficulty:</p> <ol style="list-style-type: none"> 1) No training for the District and HC 2) A high turnover rate of the health staff 3) Limited budget <p>Suggestions:</p> <ol style="list-style-type: none"> 1) Need training on epidemiology and statistic for the district health staff and HC 2) Need training for the staff working at the provincial level 3) Need vehicle to go out to supervise and monitor in the field.
11.30-12.30	<p>Interview with Dr. Vimonthan Kaseuksouk, MCH staff</p> <p>Key information:</p> <ul style="list-style-type: none"> - The CPS provincial MCH section did not develop annual plan for vaccination at the ZZSMS because after 2002, the vaccination of ZZSMS was handed over to the EPI. All the EPI activities, coverage of the immunization and report of the ZZSMS were reported by the provincial EPI manager. The ZZSMS in the CPS covered 121 villages, 9 HC and 10 districts. The population covered was 92,136, of which there were 3682 children less than 1 year, 41,444 children between 9-23 months, 15,665 reproductive women aged 15-45, and 3682 pregnant women. The provincial MCH section has the list of target population for vaccination and the list was updated every year. The provincial EPI manager did

	<p>calculation of the vaccine requirement for the province.</p> <ul style="list-style-type: none"> - The organizational structure of the MCH composed of maternal health unit, child health unit and EPI. The reporting on ZZSMS was sent from the district MCH to the provincial MCH section and to the MCH Center at the central level. <p>Suggestions:</p> <ol style="list-style-type: none"> 1) The budget should be allocated for the ZZSMS at the provincial and district levels. 2) When the EPI manager supervises the vaccination, they should cooperate with the MCH section.
14.00-15.30	<p>Interview Dr. Phouangmala Phoxay, Head of the CPS Provincial MCH section, visit the vaccination room and observe the equipment</p> <p>Key information:</p> <ul style="list-style-type: none"> - Since 2003, the ZZSMS of the provincial hospital has covered 10 villages and will extend to 7 more villages in the future. - The ZZSMS of the provincial hospital provided immunization services not only to the ZZSMS, but also to other mothers and children. - The reporting is done weekly and monthly. - They provided health education to the mothers in groups by setting up the schedule of health education. For instance, on Tuesday, the topic of health education is supplementary food, Wednesday- vaccination, Friday- pregnancy. - The MCH Provincial Hospital calculated the vaccine requirement by looking at the number of children vaccinated in the past month. They submitted the request to the provincial EPI once per month. Recently, they developed micro planning with the MCH Pakse district. <p>Suggestions:</p> <ul style="list-style-type: none"> - Need incentives to support health education activities in the field - Need more training on vaccines and EPI management
2/11/04	
8.30-9.00	<p>Phonethong District - Meeting with Med Ass. Phouvong Soukhom</p> <ul style="list-style-type: none"> - The study team introduced the objective of the ex-post evaluation of the PDIP Project (1998-2001) and discussed working schedule with the District Health Office (DHO).
9.00-10.00	<p>Interview with Med Ass. Phouvong Soukhom, Head of Phonethong District Health Office</p> <p>Key information:</p> <ul style="list-style-type: none"> - Phone District consisted of 119 administrative villages and 153 EPI villages and 10 HC. Population is 81,431, 1662

	<p>children less than 1 year, 1662 pregnant women and 17826 women at reproductive age of 15-45. There is Committee for Mother and Child health at the district level (DCMC). The role of this committee is to encourage and to coordinate with the villages. The district governor is the president of this committee. This committee is available at the village level (VCMC).</p> <ul style="list-style-type: none"> - Problems of vaccination in this district were: <ol style="list-style-type: none"> 1) The vaccination coverage is low 2) 6000 people migrated to work in Thailand 3) During the rice planting and harvesting, people went to work in the remote field. 4) A high turnover rate of EPI staff <ul style="list-style-type: none"> - The Public Health activities are running parallel with the development activities. The activities of vaccination included: <ol style="list-style-type: none"> 1) Collecting data of the target population for vaccination 2) Analyzing data and finding solutions to the health problems 3) Providing health education - In terms of disease surveillance, there was epidemic of Dengue in 2004 (113 people in 2 villages). The provincial team joined with the district team to investigate the outbreak. There was no epidemic in relation to the 7 target diseases. <p>Problems:</p> <ol style="list-style-type: none"> 3) Migration to Thailand 4) No vehicle 5) High turnover of health staff 6) Limited budget <p>Suggestions:</p> <ol style="list-style-type: none"> 1) Policy to support the EPI 2) Community should more actively participate in the vaccination
10.15-11.00	<p>Interview with Med. Assit. Suphy, Phonethong District EPI Manager</p> <p>Key Information:</p> <ul style="list-style-type: none"> - In 2003, Phonhthong district had 119 villages, 13,209 households, total population of 78,649, and 39,741 women. - There are 11 outreach teams, including 3 health centers that can implement the vaccination by themselves. The health center staff received the training on micro-planning in 2002. They worked well and the coverage increased. <p>Problems:</p>

	<ol style="list-style-type: none"> 1- The knowledge of the district EPI manager and health center staff is limited. 2- Lack of refrigerators at the health center which can do ZZSMS. 3- Lack of vehicles for the health center. 4- Lack of IEC materials (poster) for the district, health centers, and the community <p>Suggestions :</p> <ol style="list-style-type: none"> 1- To attend the training on EPI Management at district and health center level. 2- To provide the refrigerator for 3 health centers which can do the ZZSMS themselves. 3- To provide motorbikes to health centers which perform well. 4- To provide IEC material (poster).
11.00-12.00	<p>Interview with Viengxay Noujaksa, Epidemiology unit, by Dr. Khamphong</p> <p>Key Information:</p> <ul style="list-style-type: none"> - There is only 1 staff working in Epidemiology unit at the District Health office. - There was epidemic of Dengue in Salao village in 2002 and another one with 113 cases in 2 villages in 2004. The central team came to investigate the outbreak with the provincial and District team. - The weekly schedule and monthly investigation of outbreak is reported to the province. The flow of information is from bottom up. If there is any epidemic, the HC reports to the District Health Office and then to the Provincial Health Department. - The disease surveillance for Phonethong District covered 119 villages with 81,431 people and 10 HC. - Over the past three years, there were no epidemic cases within Phonethong district. - The Epidemiology unit of Phonethong District did not receive any equipment from the Provincial Epidemiology Unit during the project (1998-2001) and in the period of 2002-2003. - In terms of coordination, there is coordination with the relevant organizations when there is outbreak. For example, if there is outbreak of Measles, AFP, they will coordinate with EPI and together investigate the outbreak. <p>Problems:</p> <ol style="list-style-type: none"> 1) No training on epidemiology

	<p>2) No experience</p> <p>3) No vehicle to go to the remote areas to investigate the outbreak</p> <p>Suggestions:</p> <p>1) Need vehicle for going to the field</p> <p>2) Need more training on epidemiology</p> <p>3) The central Epidemiology should come to supervise the provincial and district level.</p>
11.30-12.15	<p>Interview with Med. Assit. Davanh Sengmany, MCH section at the Phonethong District Health Office, by Dr. Vanphanom</p> <p>Key Information:</p> <ul style="list-style-type: none"> - The annual plan for ZZSMS is based on the National EPI Policy with coverage up to 85%. The MCH did not develop any plan for the outreach mobile team. - The ZZSMS of the Phonethong District Health office covered 18 villages in 2003 with 13,325 people, 221 children less than 1 year, 3065 women at reproductive age and 435 pregnant women. Now the MCH section of the DHO provides vaccination to ZZSMS of only 10 villages, 5 villages in Phonethong HC, and 3 villages in Dongyang HC. - The MCH section of the Phonethong District Health Office has the list of target population, which is modified when there are newborn babies. - The MCH section of the Phonethong DHO consisted of 7 people. The head is responsible for overall supervision and there are 3 units: maternal health, child health, and vaccination. The coverage of vaccination has been combined with the outreach mobile team since 2004. - The reporting is prepared weekly, monthly, quarterly and annually and sent to the provincial MCH and district EPI. After merging the EPI into the MCH, they prepared reports to the provincial MCH. - In 2004, the MCH section of DHO for ZZSMS developed the micro planning for vaccination. The activities included: <ul style="list-style-type: none"> 1) To provide Health Education 4 times per year 2) To meet with the DCMCH 4 times per year 3) To provide IEC materials <p>Problems:</p> <ul style="list-style-type: none"> 1) The coverage of immunization for ZZSMS decreased due to movement of the DHO in 2000. 2) The health staff at HC does not work regularly. 3) Negative belief of people .

	<p>Suggestions:</p> <ul style="list-style-type: none"> - To organize meeting with the DCMCH twice per year - To organize exchange workshops for districts - Need more training on vaccines and EPI management - Need budget to run the HE activities at the Zone Zero - Need supervision from the province twice per year
13.30-14.00	<p>Interview with Med. Assit. Kesone Kittiphanh, Head of Phonethong HC</p> <p>Key information:</p> <ul style="list-style-type: none"> - There is 4 staff working at the HC (1 head and 3 staff). The deputy is responsible for drug revolving funds and vaccination. The second deputy is in charge of MCH and family planning and the 4th staff is responsible for hygiene and sanitation. - She developed annual plan for HC, including EPI. - The Phonethong HC also provided vaccination for ZZSMS for 5 villages once per month (on the 26th of every month). The HC has the vaccination list of target population for Zone Zero to follow up. - Zone Zero covered 5 villages, 778 families, 770 households and 4584 people. There are 111 children under 1 year and 926 women at reproductive age 15-45. - The supervision depends on the budget. Usually, the staff went to the village once per month. They supervised various activities such as family planning or drug revolving funds and the EPI activities at the same time. - In terms of reporting, Ms. Kittiphanh developed summary monthly and annual report and sent the EPI monthly report to the district EPI and to the central MCH, who is responsible for the vaccination in ZZSMS. The HC meets at the district once per month and meets with the district EPI 4 times per month. <p>Suggestions:</p> <ol style="list-style-type: none"> 3) Training on EPI management 4) Refrigerator 5) Vehicle such as motorcycle
14.15-14.30	<p>Interview Mr. Saman Keosopha, Head of Phonesang village</p> <p>Key Information:</p> <ul style="list-style-type: none"> - Their roles are the same as the other villages. - He knew about EPI and diseases prevention from the health center staff and the VHW. - His duties are to prepare the meeting of the target people for the immunization, to give advice and to pick up the drop outs, and to promote the prevention of the seasonal diseases

	<p>especially 7 diseases which can be prevented by the immunization (especially AFP and Measles). There has not been AEFI in the last 6 months and no outbreak in the last three years</p>
14.30-15.10	<p>Interview with Mrs. Waen Yongnam, Head of Lao Women's Union, Phonesang village</p> <p>Key information:</p> <ul style="list-style-type: none"> - The role and responsibility of Lao Women's Union in Phonesang village in relation to vaccination against 7 diseases is to inform mothers to bring their children to vaccinate when the mobile team comes. In addition, they also provided propaganda to mothers and children to vaccinate against TB, Pertussis, Diphtheria, Tetanus, Measles and Hb. The vaccination is included in the women's activities. - The LWU did not know about disease surveillance because there is no epidemic of the 7 diseases. The village LWU received benefits from vaccination programs such as: <ol style="list-style-type: none"> 1) Children did not get diseases and they are now healthy, 2) The family economy has increased. <ul style="list-style-type: none"> - There are no constraints in providing advocacy on vaccination to mothers and children because women understand and participate in these activities. <p>Suggestions:</p> <ol style="list-style-type: none"> 1) To pay more attention to the vaccination 2) To provide more health education to mothers
15.20-16.00	<p>FGDs with 8 mothers who have children under 2 years in Phonesang village</p> <p>Key information:</p> <ul style="list-style-type: none"> - Most of them finished primary school grade 5. Two finished upper secondary school grade 1 and lower secondary grade 4. - Most of them are aware of vaccination, its benefits and learnt from the health staff. Mothers have listed vaccination that their children got such as TB, Polio, Diphtheria, Pertussis, Measles, Tetanus, and Hepatitis. Some mothers gave birth at the district hospital, so they brought their children to be vaccinated in the hospital. - Almost all mothers know the adverse effects following the immunization. They also know how to solve this problem by giving sponge and paracetamol to their children. - The mothers also know about the disease surveillance from health staff. The benefit from disease surveillance was to prevent epidemic diseases. There was no problem with vaccination <p>Suggestions:</p>

	3) The mobile team should come more frequently to the villages
3/11/04	
9.00-10.30	<p>Interview with Mr. Sat, Head of Ousu Village and a Traditional Birth Attendant (TBA) trainee, VHW</p> <p>Key information :</p> <ul style="list-style-type: none"> - Their roles are the same as in other villages - For the EPI, he provided health education on the microphone at the temple, at 5-6 a.m. Twice per week he prepared the meeting for the immunization service of the outreach team. There are 1,443 participants (729 women). He also does the antenatal care(3 times/1 pregnant women). <p>Problems :</p> <ol style="list-style-type: none"> 1- Lack of ANC and delivery sets. 2- No transportation, no book or paper for registration. <p>Suggestions :</p> <ol style="list-style-type: none"> 1- To provide the ANC and delivery set. 2- To provide motorbike or bicycle and some book and paper for the registration.
10.30-11.30	<p>Interview with Mrs. Khottamy Khamphousong, Lao Women's Union, Ousu village, by Dr Khamphong</p> <p>Key information:</p> <ul style="list-style-type: none"> - One of the roles of the LWU of Ousu village is to encourage mothers who have children less than 1 year old, pregnant women, women at reproductive age 15-45 years to vaccinate. - The LWU also integrates the vaccination campaign into their routine work by promoting vaccination to the mothers and children less than 1 year. The outcome of the propaganda of vaccination was: <ol style="list-style-type: none"> 1) More mothers bring their children to get vaccinated 2) The infant morbidity is reduced 3) Children are healthy 4) Family income increased - In relation to the disease surveillance, the majority of mothers did not know about it. During the past three years, there was no outbreak in this village. The community contributes about 600,000 kip/year to the EPI activities. - The majority of mothers did not have any problems with vaccination and did not have any suggestions.
10.45-12.00	<p>Interview with Med. Assist. Mrs. Thoumma Muanthep, Head of Donyang HC, by Dr. Vanphanolm</p> <p>Key information:</p>

	<ul style="list-style-type: none"> - This health center is responsible for 18 villages (15 mobile villages) with a total population of 10,173. There are 221 children under 1 yr. old, 1,332 under 5 yrs. old, 2,016 reproductive women aged 15-45 yrs., and 280 pregnant women. There are 3 villages ZZSMS with 1,332 people. 13 under one year old, 84 between 1 and 5 years old, 314 aged 15-45, and 9 pregnant women. - The distribution of the job: the Head is in charge of the birth spacing, 1st Deputy for EPI, and another one works in the laboratory. They divided in 2 groups, 2 persons each. Each group is responsible for 9 villages. - There has been no shortage of immunization services in the last 12 months and no AEFI in the last 6 months. Their monthly reports are complete and on time. They attend the monthly meeting to give feed back on the 8th of every month. <p>Problems:</p> <ol style="list-style-type: none"> 1- Lack of knowledge on vaccination technique. 2- Limited knowledge of health staff on primary treatment. 3- Lack of IEC material and technique of communication <p>Suggestions :</p> <ol style="list-style-type: none"> 1- To attend the training on the EPI management at Health Center and the technique of vaccination. 2- To attend the training on primary health care. 3- To attend the training on the technique of communication and providing the IEC materials.
14.00-17.00	<p>Interview with Mrs. Khamchanh Boualaphanxay, Lao Women's Union, Champasack Province, by Dr. Khamphong</p> <p>Key information</p> <ul style="list-style-type: none"> - She is the Deputy Head of the Champasack Provincial LWU and responsible for children and women development. - The LWU has the network to the village level. The provincial LWU supervises the district and village LWU once per month. - Usually, the LWU promotes vaccination in their quarterly meetings and integrates it into other activities for women such as Women's Day. - The LWU knows about the disease surveillance from HC. Diseases she listed that need to be reported to the Health Center are Malaria, Schistosomiasis, and Polio. During the past three years, there have been no cases of 7 EPI target diseases. It appeared that the LWU did not know about disease surveillance. <p>Problems:</p> <ol style="list-style-type: none"> 1) Remote areas with minority ethnic groups

	<p>2) Limited understanding of mothers due to the low level of education</p> <p>3) Poor mothers did not have time to bring their child to vaccinate.</p> <p>Suggestions:</p> <p>1) To continue to support women's activities</p> <p>2) To provide training on vaccination and disease surveillance for provincial and district LWU</p>
15.00-16.00	<p>FGDS with 8 mothers who have children under 2 years in Ousu village, Phonethong District, by Dr. Vanphanom</p> <p>Key information:</p> <ul style="list-style-type: none"> - The majority of caregivers of children under 2 years had some knowledge of vaccination against 7 diseases from the district health staff and HC. Diseases that their children were vaccinated against included TB, Polio, Diphtheria, Pertussis, Measles, Tetanus, and Hepatitis. Some mothers mentioned that if children got this disease, they could die. All mothers said that their children were vaccinated with the outreach mobile team. Over the past three years, they did not have any problems with vaccination. - They also know the adverse effects of immunization such as fever and how to solve this problem by giving sponge and paracetamol to their children - Some mothers know about the disease surveillance as well as the benefit of vaccination. - There is no cultural belief against vaccination and no family conflict. <p>Suggestions:</p> <p>1) Need more health education on 7 diseases that vaccination can prevent</p> <p>2) Need posters and flip chart to illustrate diseases</p>
4/11/04	
8.30-10.00	<p>Visit Khong District - Meeting with Med. Suban Khanthavong, Head of Khong Health District Office; Med. Asst. Saylom, EPI staff from the CPS Health Department</p> <p>Key Information</p> <ul style="list-style-type: none"> - Dr. Khamphong introduced the Study Team, and briefed them on the purpose of the Evaluation Team. - The head of the Khong District Health Office explained the situation of Khong district, which is composed of 136 administrative villages and 203 EPI villages with a population of 73,000 people. There are 10 HC (7 permanent and 3 temporary) and 2 health workers working at the zone as mobile team without HC or Health Post.

	<ul style="list-style-type: none"> - On the 5th day of every month, the health staff from the HC meets at the Khong Health District Office to report their monthly activities and the problems that they faced. - In relation to the EPI, there is DCMC and zone who advocate mothers and children to get vaccinated. Usually, this committee meets once per month. In addition, the DCMC and VCMC also meet once per month, but sometimes the meetings are not carried out. <p>Advantages:</p> <ol style="list-style-type: none"> 1) Under close supervision of the Provincial Health Department <p>Difficulties:</p> <ol style="list-style-type: none"> 1) Difficult access to villages during the dry season because there are many islands. 2) Some mothers did not understand vaccination. For instance, after vaccination, some children got sick and they did not bring their children to get vaccinated again, thus the health staff has to follow up on those who don't come again. 3) Health Education should be provided more often because some mothers with low level of education did not understand. 4) In the rainy season, some mothers went to work in the remote rice field and stayed there. Thus they did not know when the outreach mobile team came to the villages. <ul style="list-style-type: none"> - In terms of disease surveillance, HV and health staff at HC monitor disease surveillance and report to the Khong District Health Office weekly. During the past three years, there was no epidemic. - JICA and GAVI supported the EPI activities in this district. The contribution of community to the EPI work is estimated about 8 Million kip / year. In addition, in Khong district there are other projects that supported TB (Global Fund), Schistosomiasis (WHO), reproductive health, Malaria (Global Fund), ARI, Diarrhea, and HIV/AIDS (PSI). - The benefits from EPI are: <ol style="list-style-type: none"> 1) Children are healthy 2) No epidemic of EPI target diseases and other diseases due to disease surveillance <p>Suggestions:</p> <ol style="list-style-type: none"> 1) More training for the staff in epidemiology and statistics 2) Need budget for the government health sector.
10:00-11:00	<p>Interview with Mrs. Boualay Bousaba, Lao Women's Union of Khong District</p> <p>Key Information:</p> <ul style="list-style-type: none"> - She is the deputy of the LWU at the village of Houa Khong

	<p>Tai and responsible for the MCH activities.</p> <ul style="list-style-type: none"> - The Houa Khong village LWU knows about the disease surveillance from HC. The diseases she listed that needed to be reported to the Health Center are Pertussis, Tetanus, Polio, and Diphtheria. During the past three years, there have been no cases of 7 EPI target diseases. - The outcome of these activities is: <ol style="list-style-type: none"> 1) Children are healthy, 2) Mothers did not lose time and money to take care of sick children, so their family income has increased, as expected. - Women participated well when the outreach team came to vaccinate. <p>Suggestions:</p> <ol style="list-style-type: none"> 1) Need more training on vaccination and disease surveillance.
11.00-12.00	<p>Interview with Aux. nurse Khampeng Phommaseng, Head of MCH Khong District Health Office</p> <p>Key information:</p> <ul style="list-style-type: none"> - She develops the annual plan for ZZSMS based on the National EPI Policy, and annual district health plan. This year, she developed micro planning for ZZSMS such as data collection, health education in the village, supervision and monitoring of non-comers for vaccination. For the vaccines, she did not develop any plan; the district EPI manager planned the vaccine requirement of the ZZSMS. - The MCH is composed of 7 persons and 5 units, namely nutrition, diarrhea and ARI, family planning, breast-feeding and ANC. The ZZSMS provided health education individually on several topics such as the benefits of vaccination, schedule of vaccination, and severe consequences of vaccination. - The ZZSMS covered 4 villages with 2159 people, including 67 children less than 1 year, 67 pregnant women, and 431 women of reproductive age. She had the list of target population, which has been modified every year. - The reporting system comes from district to the province once per month, and every 3 and 6 months. The coverage of immunization during the last three years has increased due to advocacy and health education to mothers, increased awareness of mothers, and better services (i.e. new Hb vaccines). However, some mothers did not understand the importance of vaccination and their children got sick after vaccination. <p>Suggestions:</p> <ol style="list-style-type: none"> 1) To provide health education in the villages more often 2) Need more IEC materials

	3) To provide training of MCH staff on vaccination
13.00-13.45	<p>Interview with Dent. Phouvanh Keolavanh, Epidemiology unit, Khong District Health Office.</p> <p>Key information:</p> <ul style="list-style-type: none"> - He is responsible for disease surveillance, collecting statistical data from the district hospital and HC, preparing weekly report to the Epidemiology at the Provincial Health Department and investigating outbreaks. - The Head of Administrative and Planning sector is responsible for preparing the annual work plan for the Khong District Health Office, including the epidemiology work.
14.00-15.30	<p>Interview with Aux. Khonesavanh Boupmany, Head of Houa Khong HC</p> <p>Key information:</p> <ul style="list-style-type: none"> - The HC covered 7 administrative villages and 10 EPI villages with 3586 people, 614 families, 115 children less than 1 year old, 308 between 1 and 5, 748 women between 15-45, and 87 pregnant women. The HC is composed of 4 staff. The head is in charge of health promotion, the deputy head is in charge of curative topics, the third handles drug revolving funds and the last one is in charge of MCH and vaccination. - The HC assigned the outreach mobile team to vaccinate in Zone 2. The duty of HC included OPD, ANC visiting-pre and post natal, health examination and conducting vaccination in the villages 4 times per year. The staff from HC visits villages once per month. - The district supervises the HC once every 2 months. The difficulties that they faced include: <ul style="list-style-type: none"> 1) Difficult access during the rainy season and dry season. They need to walk because of the low level of water. 2) During rice planting/harvesting, the mobile team hardly meets the mothers in the villages because they stayed in the field. <p>Suggestions:</p> <ol style="list-style-type: none"> 1) To provide ZZSMS for the villages near the HC 2) Need some vehicles such as motorbike, boat and bicycle.
19.00-20.00	<p>FGD with 7 mothers who have children less than 2 years in the Houa Khong village</p> <p>Key information:</p> <ul style="list-style-type: none"> - Most participants of the FGDs have children who are less than 1 year old, 2 mothers have children who are 2 years old and 4 years old. The mothers finished the lower secondary school,

	<p>except one mother who finished grade 2 of primary school.</p> <ul style="list-style-type: none"> - The majority of FGD participants mentioned that they know about vaccination and the severe consequences of 7 target diseases of EPI. They are aware of diseases and the benefit of vaccination. <p>Problems:</p> <ul style="list-style-type: none"> - During rice planting/harvesting, the outreach team hardly can meet the villagers who stayed in the remote rice field <p>Suggestions:</p> <ol style="list-style-type: none"> 1) To provide more health education on the severity of 7 EPI target diseases and more about disease surveillance
19.00-20.00	<p>Interview with Mr. Phouk Duangthongdam, Head of Houa Khong Tay village, Khong District</p> <p>Key information :</p> <ul style="list-style-type: none"> - Their roles are the same as the other villages. The village committee of mothers and child has not been established. There do not have any EPI problems. - Regarding disease surveillance, they did not receive any training. There has been no outbreak in the last 3 years (2002-2003). They are satisfied with the PIDP Project because there they are all healthy. <p>Problems:</p> <ol style="list-style-type: none"> 1- Lack of some drugs at the health center. 2- The cooperation between the village committee and the health staff is not as close as it should be <p>Suggestion:</p> <ol style="list-style-type: none"> 1- To supply more drugs for the health center. 2- To improve the collaboration, especially working schedules.
5/11/04	
9.00-11.00	<p>Visit Khinak HC - Interview with Mr. Sang Keopaseuth, Head of Kadan village</p> <p>Key information :</p> <ul style="list-style-type: none"> - Their roles are the same as the abovementioned villages - Head of Kadan village is a very old nurse. He has worked for a long time on health in this village. He knows well about EPI and disease surveillance. He worked well with the health staff from the health center and villagers. There has not been any outbreak in the last 3 years. <p>Suggestions :</p> <ol style="list-style-type: none"> 1- To provide training on health education and IEC materials 2- To set up the drug revolving fund in the village.

11.00-12.00	<p>Interview with MA. Mr. Phouvanh Khangnavong, Head of Khinak HC</p> <p>Key information :</p> <ul style="list-style-type: none"> - This health center is responsible of 9 villages (it has no ZZSMS) and 1,143 households. The total population is 6,188. with 3,349 women, 153 children less than 1 year old, 1037 under 5, 1,112 between 15-45 and 153 pregnant women. - There is 4 staff: 1 MA and 3 nurses. It was observed that the coverage in the area has increased. <p>Suggestions :</p> <ol style="list-style-type: none"> 1- To provide a motorbike, a refrigerator, and IEC materials.
6/11/04	
9.30-10.30	<p>FGDs with mothers who have children under one year at Kadang Village, Khong Disrict</p> <p>Key Information</p> <ul style="list-style-type: none"> - Four mothers and 1 father participated in the discussion. Their age ranged from 20 to 39 years old. Half of them finished lower secondary school and half of them finished primary school. - The majority of participants have heard about vaccination from the head villager, HV and health worker from HC. Most of them mentioned that the head of the village told them to bring their child to get vaccinated. They also heard about the severe consequences of 7 diseases and the side effects of the vaccination. - Most of the mothers said that the family encouraged them to bring the child to get vaccinated. - There is no socio-cultural belief that prohibited them to bring their child to get vaccinated. - Some mothers are still afraid that their child will get pain - In terms of disease surveillance, few mothers know about disease surveillance because there were no epidemic diseases. Some of them listed diseases, such as Dengue and diarrhea, that needed to be reported. Few of them could mention the 7 diseases. <p>Suggestions:</p> <ul style="list-style-type: none"> - To get more knowledge on the severe consequence of 7 diseases and diseases surveillance.