

Name of the project:

Improved Health and Hygiene Promotion for Ethnic Minority Groups in Muong Te District, Lai Chau Province

Short description of the activities for the first six months of the year and plans for the next six months (max 700 characters):

Following activities were accomplished:

- Organization of a training on Infection Control and Prevention
- Covering the front yard of the training hall at district Health Centre with cement
- Organization of health checking at two villages, Pa Ve Su commune
- IEC posters were printed and displayed at commune centres, clinics and schools
- Production of IEC picture sets for IEC facilitators to conduct training
- Training for household representatives on usage and maintenance of latrines
- Organization of school festival on the theme personal hygiene and environmental sanitation
- Provision of necessary equipment for IEC facilitators
- Provision of two TOT training on food safety and on personal hygiene for IEC facilitators
- Review of household latrine project
- Organization of a planning workshop for upcoming household latrine project based on the above review
- Participation of one partner staff in a workshop on building communities' capacity to participate in socio-economic development planning process
- External audit of the project for 2008

No of people in the focus group: around 1,500, majority of ethnic minority origin.



1. Focus Groups

Specify the number of people the project affected during the reporting period. Provide disaggregated data as appropriate (men, women, girls, boys, people with disabilities, minority groups).

In the first 6 months of 2009, the project has directly benefited the following people:

- teachers: 116 (65 male and 51 female) in Pa Ve Su, a La Hu community
- students: 180 (101 male and 79 female) aging from kindergarten to lower secondary
- health staff: 50 (11 male and 39 female) at district, commune and village stations
- households, which have had latrines built: 92, which is about 506 people
- villagers, 523 (357 male and 166 female) who were involved/participated in village health checking and household latrine reviewing and planning: approx 969 people
- IEC facilitators: 104 (72 male and 32 female), all are ethnic minority people

In addition to this, the project has indirectly affected a much larger number of people, including students and villagers that are all ethnic minorities, in the project villages and communes through its IEC activities and through the operation of the village IEC facilitators.



2. Project Implementation


Describe briefly how you implemented the project during the first six months of the year. If the implementation differed from the original plan, explain how. Give reasons for the changes and explain how you will continue to work during the second half of the year.

The project is implemented through partnership and collaboration between CWS Vietnam and the Muong Te district Health Centre. A project management unit (PMU) consisting of the Director and two staff of the Health Centre and headed by the Vice-chairman of the district People's Committee was set up to be responsible for project implementation and management. However, due to reasons such as lack of time and of up-to-date information, and generally low capacity, this being a remote and poor district, it still requires a large involvement, participation and support from CWS Vietnam in many stages of the project implementation. In order to solve the situation, the project promotes development of and support for the establishment and operation of a network of IEC facilitators at village level. This already started in 2008 and was continued in the first 6 months of 2009, as it will also help to foster the project's village planning process, as well as to improve community monitoring of the project work taking place in the villages.



3. Results – Activities - Indicators

Outline the progress made during the reporting period.

WHAT WAS SCHEDULED	ACTUAL PROGRESS MADE	INDICATORS	EXPLANATION / COMMENTS
Result 1 Improved access to and quality of the health service provided at communal clinics and district hospital			
			
Activity 1.1 Upgrade water supply at the clinic in Bum To commune	Cancelled		This activity was cancelled in Apr-May 2009 because the Government decided to invest a new water supply for the village including the clinic
Activity 1.2 Build a toilet and a kitchen for patients at the clinic in Pa Ve Su commune	In preparation The technical design and cost estimates have been finalized and are waiting for approval from the district authority	<ul style="list-style-type: none"> - 1 kitchen to be built for patients' or their family member's cooking meals while staying at the clinic¹ - 1 toilet with 2 separate rooms for women and men for patients and health staff built 	To be completed later this year
Activity 1.3 Equip Bum Nua and Bum To health clinics with professional medical facilities and facilities for in-patients			To be implemented in quarter III

¹ Meals are normally not provided for patients in Vietnamese hospitals, and patients or their relatives therefore have to bring food or cook themselves

Activity 1.4 Equip the district hospital with professional medical facilities (eg. equipment for bio-chemical test)	Implemented	- A cardiograph was provided to the district health centre and is functioning well	
Activity 1.5 Equip the district hospital and the 3 project clinics with needle cutters (pilot phase)	In preparation The cutter was introduced to health workers for their opinions and consensus.		The cutters are being ordered
Activity 1.6 Promote construction of 20 household dump pits and animal cages in villages (pilot phase)	In preparation		To be implemented in quarters III and IV
Activity 1.7 Promote construction of 100 household latrines in villages	In preparation		To be implemented in quarters III and IV
Activity 1.8 Conduct 4 health checking days at villages	Implemented	<ul style="list-style-type: none"> - The first health checking day was organized in Seo Then B village benefiting 152 La Hu people - The second health checking day was organized in A Mai village benefiting 55 Mang people - 10 health workers at district, commune and villages participated 	Two more health checking days will be planned for organization in quarters III and IV

Result 2

Increased knowledge and practice of hygiene behaviour for kindergarten, primary, and junior secondary students and village communities and improved partner capacity in project implementation and management



<p>Activity 2.1 Develop Information, Education and Communication (IEC) promotional materials and IEC equipment</p>	<p>Implemented</p>	<ul style="list-style-type: none"> - 10 pairs of big-sized IEC posters were printed and displayed at commune centres, clinics and in some schools - A small-size IEC picture set for IEC facilitators to conduct training to villagers was developed - 100 sets of small-size IEC picture were printed, out of which 60 sets were distributed to IEC facilitators - 100% of the distributed picture sets are being used in IEC facilitators' training at villages 	<p>The rest of IEC picture sets will be distributed later this year to IEC facilitator teams when they are set up in new villages</p>
<p>Activity 2.2 Support for establishment (in new villages) and operation of teams of IEC facilitators</p>	<p>In preparation</p>		
<p>Activity 2.3 Organize 3 ToT training sessions for teams of village IEC facilitators</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> - The first training session was on food safety benefiting 34 IEC facilitators and district health staff, of which 13 are women - The second training session was on personal hygiene benefiting 31 IEC facilitators and district health staff, of which 11 are women 	<p>The third training session is planned later this year</p>
<p>Activity 2.4 Organize IEC campaigns with relevant activities targeting school teachers and students</p>	<p>Implemented</p>	<ul style="list-style-type: none"> - A school festival around the theme personal hygiene and environmental sanitation was organized with participation of 116 teachers and 180 students from kindergarten to lower secondary level. - The event was also attended by many La Hu people, especially women, from the community 	
<p>Activity 2.5 Conduct relevant IEC activities targeting ethnic communities</p>	<p>In preparation</p>		
<p>Activity 2.6 Develop and print 1 pocket manual for village-based health workers</p>	<p>In preparation Already get district health partners consensus on structure and content of the manual. The first draft written by them already received initial comments from the provincial</p>		

	health officials. The second draft is being revised for getting further comments from health workers at district, commune and villages		
Activity 2.7 Organize 1 long-term (6-month) training for new village-based health workers	Postponed		This activity was postponed in May-June 2009 because the province is planning for a review of village health workers and they may get more funds from Ministry of Health for building the network's capacity
Activity 2.8 Organize 2 refresher professional training for existing village-based health workers (including provision of health worker bags)			To be implemented in quarters III and IV
Activity 2.9 Organize 1 refresher professional training for midwives in villages (incl. provision of clean delivery kits)			To be implemented in quarters III and IV
Activity 2.10 Organize 2 trainings on Infection Control and Prevention for health staff in district and communal health stations	Implemented	- A training on Infection Control and Prevention was organized benefiting 31 health workers, of which 23 are women, from the district hospital and 3 project communal clinics	This training is followed by the distribution of and the training on usage of needle cutters for increased efficiency of the training.
Activity 2.11 Organize 1 training on usage of needle cutters health staff in district and communal health stations	In preparation		
Activity 2.12 Organize 3 first-aid training for school teachers			To be implemented later this year
Activity 2.13 Organize 5 training on latrine construction supervisions and operation & maintenance for project beneficiaries	Implemented	- The training have been organized with participation of 92 representatives from households that already have their latrines built	
Activity 2.14 Participate in health and hygiene related workshops and training	Implemented	- One project partner participated in a workshop on building community's capacity to participate in	

for health staff		socio-economic development planning process	
Activity 2.15 Organize study/cross visits for health staff and IEC facilitators			To be implemented later this year
Result 3 Project surveys, workshops and evaluations			
Activity 3.1 Organize a workshop on evaluation of household latrine construction: lessons learnt and the way forward	Implemented	<ul style="list-style-type: none"> - The survey has mobilized participation of 21 IEC facilitators, of which 7 are women, in collecting information at field. Also, 256 household members were involved. - The workshop was organized with participation of over 60 people from project communes and villages 	
Activity 3.2 Carry out internal and external audits	Implemented	<ul style="list-style-type: none"> - An external audit was conducted for the year 2008 	
Activity 3.3 Conduct evaluation of the pilot needle cutters: lessons learnt and the way forward			To be implemented later this year



4. Challenges in Project Implementation

What were the main problems/challenges during the first half of the year? What did you do to overcome the problems?

There were several external factors affecting the project implementation in the first half of the year 2009, such as:

- the Government project to move people to higher elevations due to the construction of the Son La hydropower water reservoir has put the only road to Muong Te in a really poor state, which has caused more difficulties and increased the risk for CWS Vietnam field trips to and from Muong Te, especially during the rainy season.
- the partner staff in education and health departments assigned to work for the project, do so on a part time basis only, at the same time as doing their work for their respective departments. As their duties and career within the government system is obviously more important and prioritized, their time to work for project is very limited and work is not always followed up as necessary. Moreover, recent changes of these staff members (the Head of PMU in February, the accountant in June) has caused some delays and has slowed down the project progress.
- people in the project communities are all ethnic minority groups, who have very basic knowledge of personal hygiene and environmental sanitation, and although they seem to be open for project activities for household latrine construction, it will still require both time, resources and efforts on awareness raising to really make a change of behaviour in the communities.
- the greatest challenge has been to include some of the most remote villages in the latrine construction, as they don't feel they need them as they are not living close to their neighbours, they find the latrines comparatively costly, and take some effort to manage.
- the CWS team had a road accident late February. The driver is still under medical treatment and the car is still being repaired, which has also caused some adverse affects to project work.

