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## Mekong Wetlands Biodiversity Conservation and Sustainable Use Programme

The Mekong Wetlands Biodiversity Conservation and Sustainable Use Programme (MWBP) is a joint programme of the four riparian governments of the Lower Mekong Basin – Cambodia, Lao PDR, Thailand and Viet Nam – managed by the United Nations Development Programme (UNDP), the World Conservation Union (IUCN) and the Mekong River Commission (MRC), in collaboration with other key stakeholders. With funding from the Global Environment Facility (GEF), UNDP, the Royal Netherlands Government, MRCS, the Water and Nature Initiative (WANI) and other donors, the programme addresses the most critical issues for the conservation and sustainable use of natural resources in the Mekong wetlands. MWBP aims to strengthen the capacity of organisations and people to develop sustainable livelihoods and manage wetland biodiversity resources wisely. It is a five-year (2004-2009) intervention at three levels – regional, national and local – with demonstration wetland areas in each of the four countries: in the Songkhram river basin, Thailand; in Attapeu province in southern Lao PDR; in Stung Treng, Cambodia; and in the Plain of Reeds in the Mekong Delta, Viet Nam. The programme aims to:

- Improve coordination for wetland planning from regional to local levels
- Strengthen policy and economic environments for wetland conservation
- Generate and share information
- Train and build capacity for the wise use of wetlands
- Create alternative options for sustainable natural resource use and improve livelihoods

MWBP is a partnership between governments, aid agencies and NGOs, and provides a framework for complementary work for wetland conservation and sustainable livelihoods in the Lower Mekong Basin.

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A JOINT UNDP - IUCN - MRC GEF-FUNDED PROGRAMME



# MWBP- Health and Nutrition Programme

## Activity Report

July to December 2006

### A. Monitoring of Village and Health Centre Drug Revolving Fund

1. Participants:

- 1 staff from Provincial Food and Drug, PHD
- 1 staff from District Food and Drug, DHO
- 1 staff from the MWBP- HU
- 1 head of village
- 2 village health volunteers

2. Findings in the management of DRF

- Check daily record book: some are unclear, (VHVs did not record every time medicines are sold), the record make monthly report writing complicated
- Some of VHVs can not write a monthly report correctly and did not know how to calculate the medicines that are sold, so that every month they ask District Food and Drug staff to help them and some month is late to send the reports.
- Some of medicines are expired particularly in Saisy Village
- The Health Provider in PhonsaAd Health Center was temporarily relieved from duty for three months due to family problems,
- Some of the people in the PhonsaAd village do not pay the medicines that they get from the DRF kit. Some pay half which the VHV finds difficulty in asking the people for their payments. Village authorities are not corporative in asking money to help VHVs.

During the monitoring visits, staff did the following:

- Reviewed of the lessons learned the training
- Straightened up the recording system
- Taught again how to do simple accounting of recording and reporting
- Reviewed with the VHVs and HPs on diagnosis and treatment of common diseases
- Discussed with village chief how to improve the DRF

Recommendations:

- VHVs have to manage DRF very well to make it sustainable

- Village chief should have a policy that VHV and HPs should be exempted from communal work in the village
- The community people should help VHVs families in planting rice in order for the health volunteers to be available anytime when needed.
- The head of village have to encourage VHVs in sending monthly report on time.
- District Food and Drug should often monitor DRF and they need to give refresher training on diagnosis , treatment and management of DRF and need to practice in hospital.
- From village chief: They want to increase the number of medicines in DRF especially some kind of vitamins
- The Health Authorities should control and regulate peddling of medicines from one village to the other. This is particularly present PhonesaAd and Had Oudoumsay.

## B. Community assemblies

To present the Village Diagnosis (VDx) results on health and nutrition of the four target villages of MWBP, community assemblies were conducted from September 8 to September 20, 2006 in 4 target villages which there were 388 participants with 217 women (Saisy 138, 79 women, Kasom 88, 39 women, Had oddomsai 81, 42 women, PhonesaAd 81, 57 women) and spent three days in each village.

The first day after opening ceremony, District Lao Women’s representatives presented briefly the processes, advantages, disadvantages, lessons learned and recommendation to the VDX, then project staffs presented the positive results and then the negative results or problems on health and nutrition of the village. The participants discussed on the results presented then find the way to resolve the gap on health and nutrition of the villagers and villages authorities reviewed the plans existing in the village and made the next plan of the village which integrated to the existed plans of the village. Then project staffs presented the Nutrition program to villagers, to do this program in the village we need 6 village women facilitators which we have 3 in the village and have to select 3 more village women facilitators.

village	Name of old village facilitators	Name of new women facilitators
Kasom	Mr Villae	Mrs Lanh
	Mrs Vankeo	Mrs Lee
	Mrs Saengmahy	Mrs Chanh
Saisy	Mr Chanlama	Mrs Kongkeo
	Mrs Thongphan	Mrs Buaphan
	Mrs Malaithong	Ms kham

Hadoudomsai	Mr Simoun	Mrs Duangma
	Mrs Heng	Ms Chansy
	Ms Khatsa	Ms Vieng
PhonesaAd	Mr Khamsy	Ms Vannaly
	Mrs Leung	Mrs Korn
	Mrs Viengxai	Mrs Buasy

The second day the MWBP and MWBP-HU staffs presented the Most Significant Change (MSC) and Monitoring processes on health and fisheries. Then Provincial Lao Women's Union disseminated on gender issues and in the afternoon we did weighing the target children in the village.

- In Kasom could weigh 25 children and found 06 first degree 00 second degree 01 third degree
- In Saisy could weigh 59 children and found 18 first degree 00 second degree
- In Hadoudomsai could weigh 53 children and found 13 first degree 00 second degree
- In PhonesaAd could weigh 30 children and found 09 first degree 01 second degree

Made schedule of activities to let villagers know and agree to implement the activities as following.

No	Activities	time	place	responsibility
1	Train 6 village facilitators	10/2006	village	MWBP-HU, PHD, DHO, PLWU, DLWU
2	Weighing target children	10/2006	village	Village women facilitators
3	Food preparation and feeding	10/2006	village	MWBP-HU, PHD, DHO, PLWU, DLWU
4	Weighing target children again	12/2006	village	Village women facilitators
5	Gardening	9/2006	village	Each household in the village
6	Give prize to improved child parents	12/2006	village	MWBP-HU, PHD, DHO, PLWU, DLWU

**The third day** practice on making MSC video for 12 village volunteers in each village all days

**The participants coming from the projects staff were:**

PHD 3  
 PLWU 2  
 PAFO 1  
 DHO 3 (1 from each district)  
 DLWU 3 (1 from each district)  
 MWBP 3  
 MWBP-HU 2

## Lesson learned from the community assemblies

- As we conducted of health and fishery activities at the same time in the same village, so not all people in the village attended to the community assembly 20 people out of them participated in fishery activities
- Most villagers in this time stay in the field far from village
- In Kasom most villagers didn't received information about Community assembly because head of village didn't tell them

## C. Nutrition programme

To implement nutrition programme effectively, to address under-nutrition of the children under five years of age of four target villages of MWBP, village facilitators were trained on processes of implementation of nutrition programme from October 11 to October 27, 2006 in 4 target villages (four days in each village) a total of 12 days.

After the training and the first two days of feeding, the parents of identified underweight children carried the feeding for 12 days per village.

The first day after arriving at the village we gathered village facilitators, introduced the objectives, schedule to do activities in the village. Then we started nutrition programme training session. First, village facilitators wrote down their expectations from the nutrition programme training then District and Provincial Maternal and Child Health staffs introduced the basic food groups and their roles and importance to the human body. Then malnutrition status in Laos and in the village was discussed with topics on what malnutrition is, its causes, its sign and symptoms, how to manage and how to prevent from malnutrition.

After the discussion they the parents were trained how to use measurement instruments and yellow cards in recording and monitoring the growth of the children in their village. In the afternoon they practiced how to weigh the children and how to record in yellow cards. When the parents understood well, the facilitators were assigned to a number of children to take care of.

On the second day when undernourished children were gathered and weighed again. Out of the 382 children weighed, 137 cases found as follows:

- In Kasom we found **30** underweight children which **20** first degree, **08** second degree and **02** third degree
- In Saisy we found **48** underweight children, **45** first degree **03** second degree
- In Hadoudomsai we found **32** underweight children, **31** first degree and **01** second degree
- In PhonesaAd found **27** underweight children, **24** first degree and **03** second degree

Parents of the children were informed about the problem of their children and the danger of it and asked the parents to cooperate to help improve their children nutritional status. After we got the final number of malnourished children we provided them with supplement food (powdered milk) and utensils such as bowl, spoon, cup, towel and soap for child. We provided cooking and weighing equipment to use in the community.

We also suggested the malnourished children's parents to bring 3 cans of rice, fire wood and carry two buckets of water everyday to cook porridge and soya milk. During the first two days, project supported all ingredients for cooking demonstration, but in the next 12 days, parents brought vegetables (pumpkin and greens) to cook porridge by themselves, the project supported only protein and vegetable oil

**The third and fourth day** we required children and parents to participate in food preparation and cooking demonstration session such as making porridge and soy bean milk and feeding malnourished children. Before feeding the children we gave nutritional education to the parents such as the nutritional values of porridge and soy bean milk to the human body, the importance of washing hands and demonstrated the techniques of proper hand washing. Parents and children whose weights improved were given incentives in the form cooking pots and ladles. To enhance their understanding on malnutrition and how to solve it, we showed them with a video film about nutritional problems and how to prevent them by themselves in the village.

**The participants in the nutritional programme in the village were:**

- 1 PHD
- 2 PLWU
- 3 DHO (1 from each district)
- 3 DLWU (1 from each district)
- 2 MWBP-HU
- 24 Villages facilitators ( 6 in each village )

### **Lesson learned from the Nutritional Programme**

- We have good cooperation from our partners, people and parents as it was shown that they collected fire woods, water and given rice to cook porridge together.
- Most villagers in this time stay in the field.
- In Kasom village facilitators are active and committed to help undernourished children in their villages.
- In Saisy village facilitators were not very active and would like to postpone activities to after finishing harvest time however since project time was limited we were not able to adjust to their request for postponement
- In PhonesaAd previous village facilitators were not in the village so we had to select new ones and it was quite difficult for them to catch up
- In Hadoudomxai village facilitators were good, parents of undernourished children were active and cooperate with the programme very well

## **D. Health Days (Second round)**

A Health Day is commonly known as Medical Outreach, this is in response to the need of the remote villages for health services and health education and information. This is usually undertaken by the Provincial Health Department with the support of INGOs. The first Health Day was held in April and second round was conducted on 7-9 November 2006 in Hadoudomsai village and immediately after it, the medical team conducted another health day in PhonsaAd on 10-11 November 2006. On 13-15 November it was in Kasom and 16-18 November in Saisi.

### ***Services offered during the health days were:***

- Medical consultation
- Sputum examination for TB for symptomatic case finding
- Blood Smear test and Rapid Test for Malaria cases
- Immunisation
- Deworming
- Case finding for skin disorders
- Pre-natal and post-partum examination and care for women
- Growth Monitoring of under 5s children
- Promotion of traditional medicine from the Provincial Traditional medicine Station
- Health Education and quiz activities
- Demonstration on personal hygiene and distribution to every 3- 6 years old children a set of tooth paste and brush teeth
- Cooking demonstration and competition was Conducted which refer to food that available in The village and suggestion to villager about hygiene practices such as washing hand before cooking, before eating, wash vegetable before cutting to preserve nutrients and cook vegetable with oil will get more vit A.

### ***Human resources:***

1. Medical assistant - 2
2. LWU - 2 (from province and district)
3. Mother and Child Health Staff – 3
4. Laboratory technician – 1
5. Malaria Unit staff -1
6. Immunisation team – 2
7. Food and Drug Unit – 1
8. Health Education staff- 1
9. HU-MWBP staff – 2
10. Health Staff and Village Health Volunteers

*vital signs needed for consultation.*

**Number of people served:**

<b>Services</b>	<b>Hadoudomsai</b> Population:353 192 are female	<b>PhonesaAd</b> Population: 516 257 are female	<b>kasom</b> Population: 569 256 are female	<b>Saisy</b> Population:1087 628 are female
Consultation	110 (59 were women)	137 (56 were women)	117 (55 were female)	110 (73 were female)
Physical Examination	86 adults 132children	62adults 64 children	36 adult 73 children	40 adult 53 children
Pre-natal	14 pregnant women	3 pregnant women	5 pregnant women (1 high risk)	9 pregnant women
Post-partum care	0		0	3 mothers
Folic acid distribution	420 tablets given out	90 tabs given out	300 tabs given out	270 tabs given out
Health Education		First night- 153 people (approx) Second night- 125 people	First night- 153 people (approx) Second night- 125 people	First night- 109 people (approx) Second night- 250 people
Immunisation	42 children TT – 46 women	26 children TT – 6 women	31 children TT – 3 women	40 children TT – 7 women
Deworming	0 children	0		0
Vit. A	0 children	0	22 children	40 children

**Findings:**

	<b>Hadoudomsai</b>	<b>PhonesaAd</b>	<b>Kasom</b>	<b>Saisy</b>
Diarrhoea	13 cases	0	0	6
Fever	16 cases (5 positive malaria smear)	13 cases, 1 positive for malaria	12	13
Dysentery	0	0	0	0
Acute Respiratory Infection	5 cases	0	1	7
Symptomatic TB	1case	0	2	4
Common Colds	13 cases	5 cases	5	8
Bladder Infection	2 cases	0	0	0
Impetigo	0	2 cases	1	0
Gastritis	3 cases	0	4	0
Back ache	4 cases	0	0	0

Dizziness	7 cases	0	0	0
Pain in urination and lower abdominal pain	4 cases	0	3	1
Fever with rashes	1 case	0	0	0
Malnourished children	13 children (1 <sup>st</sup> degree)	16 children, (1 <sup>st</sup> degree - 14, 3 <sup>rd</sup> degree-2)	2 children, 1 <sup>st</sup> degree - 2	24 children, 1 <sup>st</sup> degree - 23, 2 <sup>nd</sup> degree - 1
Eczema and ringworm	2 cases	0	2	0
neuralgia	0	4 cases	5	2
rheumatism	5 cases	1 cases	0	1
leucorrhoea	3 case	1 women	1	0

### **Lessons**

#### ***learned from the Health Days:***

- Most of people are living in the rice field and are not able to do physical examination, so that next time health day should not organize in the harvest season.
- Health Day should not held in November because:
  - Difficult to access target villages, especially Hadoudomsai and PhonesaAd have to go by boat which is spend a lot of money and high risk factors.
- The Drug Revolving Fund Kits were available during the health days where people can buy their medicines as prescribed to them by the doctors. There were some people who were unable to buy medicines because of lack of money. Only medicines for malaria, TB, leprosy are given free as these are supported by national programmes related to these diseases.
- Appropriate medicines for skin diseases are expensive, unaffordable to people.
- High tendency of people to be having under-dose treatment as they are not able to buy the whole course of medicines, especially antibiotics, for lack money. Implications of this are: people become resistant to drugs and will require more potent drugs in the future which will be more expensive.
- Poor people who were prescribed medicines have the tendency to keep their prescriptions until such time they are able to earn money to buy the prescribed medicines from the Village Drug Kits. Implications of this are: patients will get serious for not having taken the medicine immediately as diagnosed or for them to ignore or forget about the medicine and resort to traditional ways of healing.
- There is a need to look into equitable access of medicines among the people especially the poorest among the poor.

- There is a high prevalence of malnutrition among children, noticeably coming from same families and possibly anaemia among women, hence the need to encourage people from the village to diversify their sources of food. There is a need for support to install ways and means for people to raise vegetables and livestock to augment the children's and women's nutrition. Attitudinally, the absence of vegetable gardens in Had Oudomsay may probably be the result of the men's dislike on vegetables as verbally expressed by women during the Focus Group Discussions.
- As people continue to rely on traditional medicines with support from the Provincial Traditional Medicine Station (PTMS), people need to recognise the need to preserve the biodiversity of the forest in order to preserve the medicinal plants that are found there. PTMS staff expressed that medicinal plants are becoming more difficult to find than before.
- Conflict of scheduling of activities. On the day the Health Day was held in Saisy, mobile hatchery was also conducted at the same day in the same village. The people verbalised that they were confused were to go particularly the village leaders who had roles to do in both activities. This reflects some difficulty on the partnership somehow.
- Follow-up immunisation is necessary for the children who need succeeding doses to be fully immunised.
- Patients who were seriously ill during the Health Day and were given medicines need to be followed up for progress of treatment and for follow-up supply of medicines for those who are under the TB and malaria programmes of the province.

## **E. Refresher Training of VHVs on Diagnosis, Treatment and Management of DRF**

20 – 24 November 2006, at TRC, Attapeu province

During the first 2 days were spent for theoretical discussions of the following topics:

- Diagnosis and treatment of signs and symptoms of common diseases
- Differential diagnosis of fever
- Sign, Symptom and treatment of common cold, tonsillitis, pneumonia and Malaria
- Cause, sign and symptom, Blood check, diagnosis, treatment and prevention of Malaria,
- Diarrhea, Acute Respiratory infection and management of DRF
- Practicing in OPD and pediatric section, Provincial Hospital.

The following 2 days were spent in the Attapeu Provincial Hospital where the trainees were able experience hands-on training. They practiced basic nursing care, basic treatment and how to take patient's history, vital signs taking i.e. blood pressure, temperature and pulses

2. Participants: 8 VHVs  
2 from each target village
3. The problems of VHVs after working for 1 year:
  - VHVs in Saisy village asked question about: Can change expired medicine to new one? And how to calculate percentage of income from medicine selling?
  - VHVs in Kasom village are not able to calculate and write a monthly report accurately and also confuse with daily records
  - How to diagnose and treat Pneumonia
  - VHVs from PhonsaAd and Hadoudomsai asked question about:
    1. In the raining season they did not have vehicle to take medicine from DHO, Sanamsai district
    2. When people debt , they didn't have money to pay, village authority were not cooperative in asking money for medicine
    3. DHO did not have medicine to give all refer to VHVs's order
    4. There were still some people from Sompoi village and Pathoumphone district, Champasack Province come to sell medicine in PhonsaAd and Hadoudomsai which could attack DRF in this 2 villages.

#### Lessons learned

1. A mix of theory and practice is an effective way to train village volunteers
2. Spend more time on reviewing by themselves the materials that were given to them
3. Constant follow-up, encouragement and supervision are necessary to ensure the continued learning and application of lessons in the villages
4. Village authorities should give more support and encourage the people to exempt them from communal work and help them in their farming activities so that they will be able to spend more time as Health Workers.

## F. Training Community radio report

To help people in rural remote areas to access information on health, nutrition, environment and other useful messages of the four target villages of MWBP, community radio training was held from **November 27-29, 2006** in Health Unlimited Office in Sekong Province. There were 13 participants with 3 women (Saisy 1 VHV, 2 village facilitators. Kasom 1 VHV, 2 village facilitators. Had oddomsai 1 VHV, 2 village facilitators . PhonsaAd 1 VHV, 2 village facilitators ) and 1 from PHD.

The first day after the registration and opening ceremony, MWBP-HU staff introduced the objectives of the said training and then the participants introduced themselves to each other.

Participants made the rules of training together then they wrote the expectations and fears in attending this training. Then MWBP-HU staff introduced them to Primary Health Care issues, what primary health care is, its importance and necessity to do primary health care in the villages.

Dr Kanya introduced them to what script is, its method and format then selected the topic to write scripts. The participants were taught what message is, what radio spot is and what is a dialogue.

The participants practised to write scripts according to the topic they chose, when finished writing scripts, they read the written scripts one by one and the trainer gave comments for their improvement. Then they named the programme to be used in the village “*Ciwit Soumsonh Khon Huck Soukhaphap*” this means this programme is for people who loves their health.

There were 24 topics to broadcast in each village: **Immunization, clean drinking water, Diarrhea, 3 hygiene, pregnancy women and caring, malaria, Full breastfeeding, 3 basic food groups, STD prevention, contraception, tuberculosis, parasitism, common cold, Dengue fever, skin diseases, typhoid fever, malnutrition, conjunctivitis, gastritis, HIV/AIDS, food poisoning, dysentery, impetigo, DRF.** Care of the environment will be added in the next training.

The trainees were divided into two groups to practise writing standard introduction and standard exit and read to the class. When they were ready, the trainer introduced them to the sound system and practiced recording and they reviewed and listened to their own recording through individual work and by pair. When finished training sessions they were evaluated based on their expectations and fears with the questions as following:

1. Do you get the lessons as your expectation or not? All answers YES.
2. What do you think it is important and useful to you from the training?
3. What do you like most from the training?
4. How about the trainers in teaching manner?
5. How about the materials we provided during training sessions and snack?
6. How will you use the knowledge from the training in your village?
7. Other comments...

Names of Community radio training participants

village	Name of village radio facilitators	Responsibilities in the village
Kasom	Mr Bualee	Deputy of village chief and VHV
	Mrs Vankeo	Head of Village LWU
	Mrs Saengmany	Deputy head of VLWU
Saisy	Mr Thongkharn	Village Health Volunteer
	Mr Soulipha	Deputy of village chief
	Mr Somboun	Village plan and finance
Hadoudomsai	Mr Sykhen	Teacher for primary school

	Mr Vongvilai	Village youth
	Ms Vongphet	Village Health Volunteer
PhonesaAd	Mr Phai	Village finance
	Mr Bounthanom	Village youth
	Mr Bounkong	Village Health Volunteer

Each village was provided with one set of public address system, consisting of:

- 3 speakers
- 1 amplifier
- 1 microphone
- 1 cassette tape recorder
- 5 blank cassette tapes
- 1 music cassette tape
- 1 big wet cell or car battery
- 1 converter
- 80 electrical extension cable
- 1 extension cord

This communication equipment will also be used for communities meetings and assemblies and for any announcements that the village people need to know.

### **Evaluation from the Community Radio training**

- All participants said that their expectations were met.
- They said that they can write scripts by themselves in the village after going back from the training.
- They know how to use sound system
- They said they dare to talk than before and they like writing scripts.
- They also enjoyed energizers that were conducted, trainers taught very good, good practicing, materials and snack were ready and enough
- They will bring the lessons from the training to apply in their villages.

Reported:

Health Unlimited staff:

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