

# ANNUAL REPORT 2009



**DINH QUAN  
MEDICAL STATION  
HEALTHCARE PROGRAMME**

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Children's Foundation  
Vietnam**



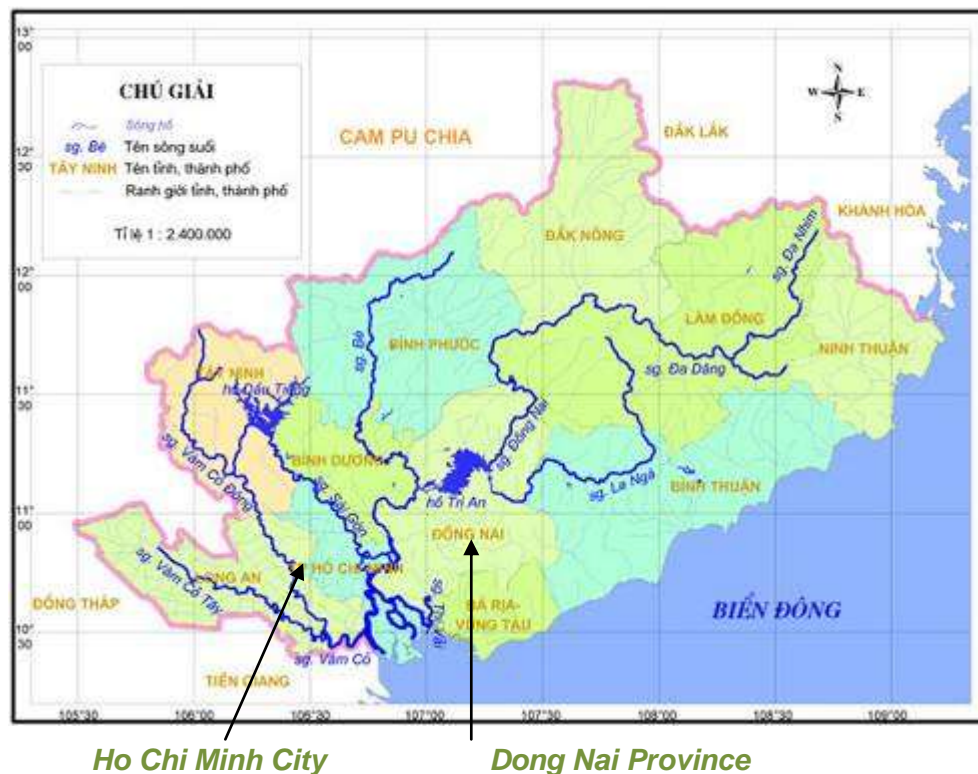
**REPORTING PERIOD: JANUARY – DECEMBER 2009**

**PROJECT DESCRIPTION**

- **Established:** 1999
- **Location:** Hamlet 9, Gia Canh Village, Dinh Quan District, Dong Nai Province
- **Target Group:** Poor and disadvantaged families in the area
- **Local Partner:** The Peoples Committee of Dinh Quan District
- **CNCF Staff:** Ms. Son Thu Trinh, Ms. Tran Thi Ngoc Thuy, Ms. Bui Thi Minh Chau
- **Monitoring Visit:** Quarterly periodical monitoring and evaluation
- **CNCF Involvement:** Fully funding and supervising
- **Future Plans:** Maintain current medical operation, focus more on raising awareness towards preventative health care
- **Report Compiled By:** Ms. Bui Thi Minh Chau

## PROJECT OVERVIEW

Hamlet 9 of Gia Canh Village<sup>1</sup> is located in a remote area approximately 18km from the town of Dinh Quan, and 110km northeast of Ho Chi Minh City. The terrain here was rugged and infrastructure non-existent. Furthermore, dirt tracks linking surrounding villages made travel especially difficult during the rainy season. Since 2008, the infrastructure status of the area has been improved by asphalted roads; which has improved access for local people to the Medical Station.



Hamlet 9 is inhabited by a small community of approximately 1,400 people<sup>2</sup>, 10% of whom are from minority ethnic groups, such as: Chau-Ro, Cham, Tay, Nung. Housing in this community is very basic<sup>3</sup> and the average income per person is only about 250,000VND (US\$13) a month. Because the local people are very poor, they have to spend most of their time working very hard to earn money to take care of their families and therefore, have not been prioritizing the importance of proper healthcare. Thus, the rate of malaria, malnourished children, and women with gynaecological problems was unusually high.

<sup>1</sup> Dong Nai Province has 1 city, 1 town and 9 districts. Dinh Quan District is one of the 9 districts. Gia Canh Village is one of 14 villages of Dinh Quan District. Gia Canh Village has 10 hamlets.

<sup>2</sup> The population of 1400 people are permanent residents registered with local authority.

<sup>3</sup> A basic housing in Vietnam is poor and usually includes simple furniture such as 1 bed, 1 table and a few chairs.



*Dinh Quan Medical Station*

Recognizing the local people's need for the provision of healthcare, CNCF established the Medical Station in 1999 to provide the local people with basic medical and first-aid services as well as the treatment of common health problems [please see page 6]. Over time and as a result of the success of the Medical Station, additional medical services were offered to the community including, infant nutrition to reduce the rate of child malnourishment, maternity services including pre and post-natal care, as well as health prevention services. Since 2006, CNCF has witnessed a significant improvement in people's self awareness of personal illness and the need to seek appropriate medical advice without delay. However, further personal healthcare education is required if the community is to continue to recognize the importance of preventative care as opposed to curative care, which by its very nature can often be costly and beyond the reach of most low income families.

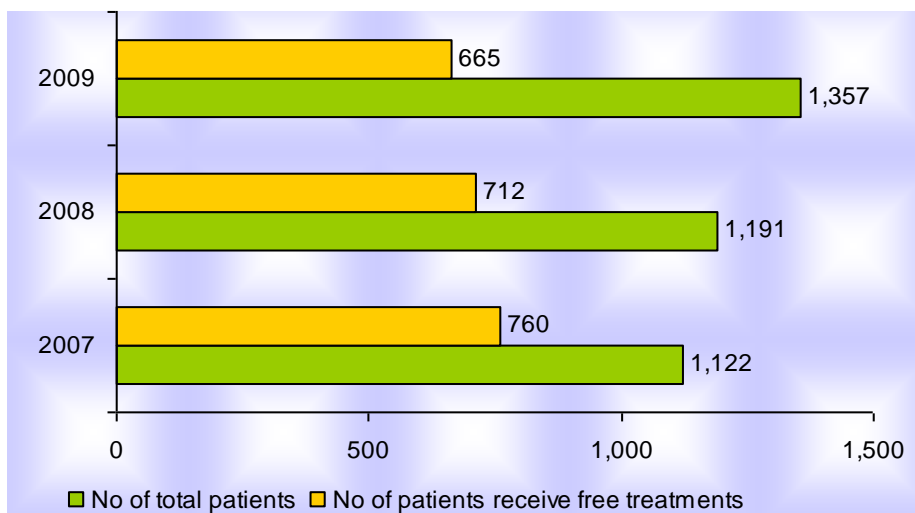
**MEDICAL SERVICES**

The presence of the medical station in the area has been very successful to date. The impact has been extremely positive on the community and much improvement has been made towards changing attitudes towards personal healthcare, hygiene and nutritional development.

As the community trust in the services offered by the Medical Station has grown, so too has the number of visitors to the Medical Station and thus early detection rates of curable illness and disease have improved dramatically.

In addition to general consultations, all visiting patients are provided with information and literature regarding personal hygiene, prevention and treatment of mild illnesses and/or sickness. Forming part of the National Programme, poor people who are certified by the local authorities<sup>4</sup> as being under the poverty line and ethnic minority people are provided with free medical services and medicines. Children under 6 years of age are also provided with free healthcare and treatment<sup>5</sup>.

As can be seen below, the number of patients visiting the Medical Station has increased significantly between 2007 and 2009.

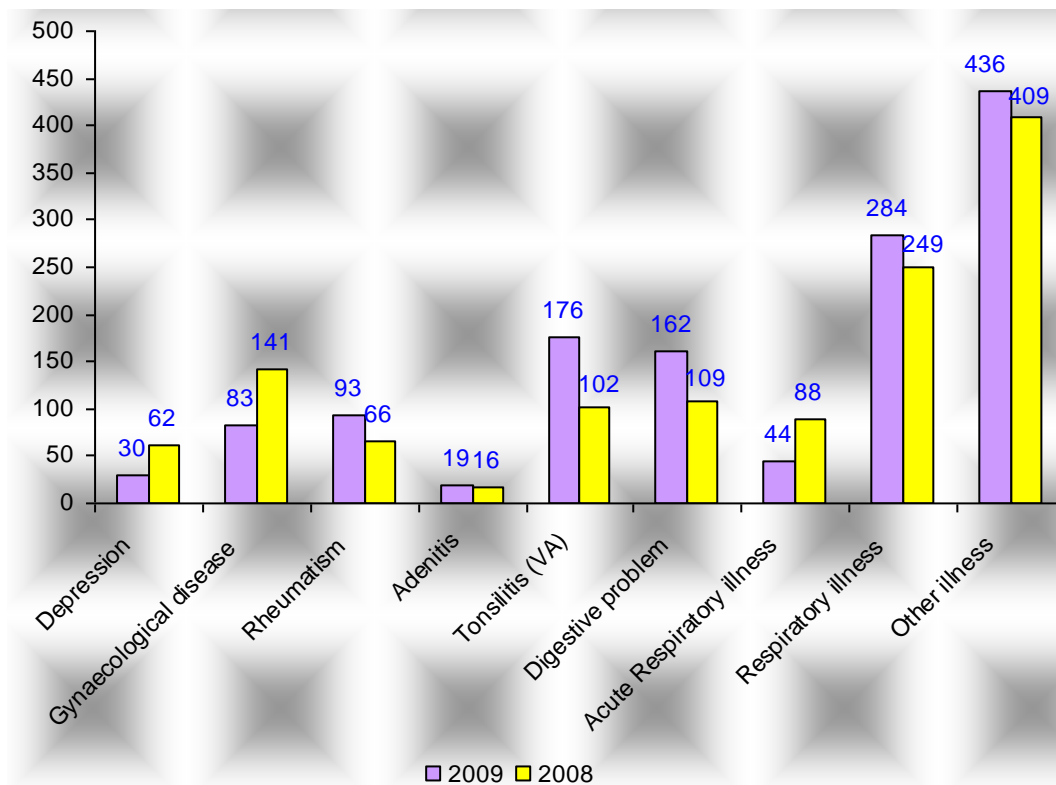


*Number of patients visiting Dinh Quan Medical Station*

<sup>4</sup> In Vietnam, the Government assesses poverty on several criteria. People/households meeting enough criteria are certified "poor people/ poor households" by the local authorities.

<sup>5</sup> All children under 6 years old are given free health care and treatment. This is a national healthcare programme in Vietnam (this does not include out patient care and provision of medicines).

Due to its location and topography, diverse weather patterns exacerbate the rate of illness in the region. Compared with 2008, the number of patients requiring treatment for illnesses, such as rheumatism, tonsillitis, digestive problems and respiratory disorders has increased (please see chart below). However, this is also compounded by the local people's general lack of knowledge of preventative healthcare methods. Therefore, further attention towards the importance of health education and prevention is a key factor in CNCF's plans for 2010 and we shall be addressing this issue seriously with the local authorities and medical team at the Medical Station.



*Comparison of the number of patients requiring treatment in 2008 and 2009*

In general, 2009 was a busy but effective and successful year for the Medical Station. Hundreds of children and their parents visited and received thorough medical examinations and where required, treatment and medicines were provided. Although some of the cases were very serious, thanks to the efforts of the medical team, all of these patients were referred immediately to the regional hospital for treatment and we are happy to report, are now doing well.

## PREVENTIVE MEDICINE

As mentioned earlier in the report, the topic of preventative care was addressed in 2009, resulting in hundreds of children and their families, benefiting from the various services and activities provided by the medical team. Due to the importance of preventative medicine, a clear strategy was formulated to ensure that the following activities/programmes were directed towards the high percentage of the surrounding population to ensure as many people as possible were benefiting from the activities and programmes.

### Vaccination

Vaccination is an ongoing long term initiative that requires multiple visits to the Medical Station to ensure the full vaccination programmes for specific disease are completed. Due to the high rate of infectious tropical disease in Vietnam it is vital that we educate the parents towards the importance of attending the vaccination days with their children and participating in the programmes. In previous years many of



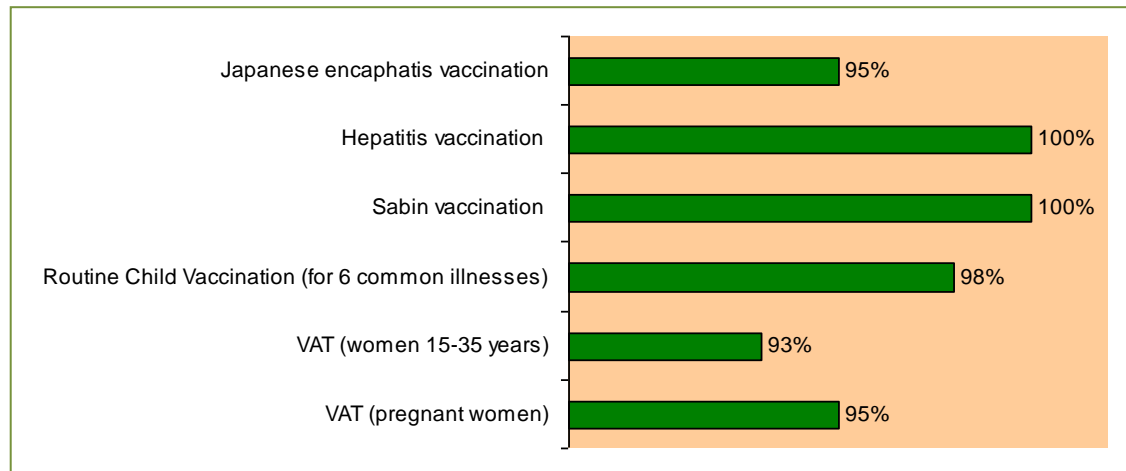
the children were contracting avoidable diseases which caused a high incident rate of sickness, disability and worst case scenario, infant mortality.

The challenge of ensuring that parents understood the importance of the vaccination programmes was our main task. After taking into account their daily obligations to work in order to simply survive, it was clear that for many of the parents, consideration of their child's health was not always a priority, preferring to pay more attention to their daily survival requirements by earning an income to feed their family.

It was decided that the responsibility of ensuring the continuity of the Vaccination Programme should be borne by the medical team at the Medical Station. Clear records detailing the vaccination history of each child were established and any children who had not attended the Medical Station for vaccine boosters were contacted personally by a member of Staff and requested to visit immediately and undergo their follow up treatment.

Often this resulted in the medical team travelling to the family home to remind them in person and arrange a date for their child and/or children to attend the clinic.

As a result of this approach, in 2009 the vast majority of the children at vaccination age were given compulsory vaccinations in accordance with the National Health Programme.



*Percentage of children receiving vaccinations in 2009*

### **Family Planning and Contraception**

In 2000 at Gia Canh Village, there was an average of 7 children per family. This high number of children contributed to the families' poor financial situation as many of the children were not of employment age and consequently not able to assist their family income. As a consequence, the daily requirements and needs of these larger families (including food, school fees and medicine) were simply beyond the means of the parents and resulted in the families becoming perpetually desperate and poverty stricken.

Assigned the duty of reducing the birth rate in the area, the medical station's staff undertook family planning seminars in addition to distributing birth control methods, e.g. contraceptives to the parents and/or unmarried couples.

In addition, birth control tools are provided free of charge and all couples at child-bearing age are recorded and given a consultation about family planning methods when visiting the Medical Station for general treatment.

As a result, the birth rate has significantly dropped from 7 children per family to 3-4 children per family.

### **Malaria and Dengue Fever**

Gia Canh Village is located in a mountainous region and has been declared a malaria and dengue fever danger zone. Part of the Medical Station's responsibilities is the provision of

support to the Service of Epidemic Prevention by helping to address and help the local people with the reduction of the number of mosquito related diseases.

In cooperation with the Service of Epidemic Prevention an annual assessment of the malaria and dengue fever incident rate was undertaken by the staff of the Medical Station. Upon reviewing their findings and determining the worst malaria and dengue fever zones, a programme of anti-malaria and dengue fever chemical intervention was enforced within these danger zones. All households in these danger areas were provided with mosquito nets which have been treated with special anti-mosquito chemicals. In addition, the surrounding, external areas of homes were also treated with anti-mosquito chemicals. All households were provided with instructions in malaria prevention techniques such as keeping outside water containers sealed, and keeping external foliage to a minimum which reduces the chance for mosquito's to flourish in shaded areas.

In 2009, 360 households (1,792 people) out of 452 households (2,130 people<sup>6</sup>) in the area were provided with this service.



*A poster against Malaria is erected at the station yard*

<sup>6</sup> Beside 1400 people living permanently in the area, there are many immigrants who do not register with local authority living in the area temporarily.

## RAISING AWARENESS ACTIVITIES

Since 2006, CNCF and The People's Committee of Dinh Quan have paid further attention towards the provision of preventative health education awareness initiatives. Building on the past success of our cooperative partnership towards preventative care, CNCF have encouraged our local partners to adopt a clear strategy towards this goal. In 2008, CNCF and The People's Committee of Dinh Quan agreed to set out clearly identifiable activities as the main focus of the action plan.

Targeting children was the first goal included in the action plan as many of the problems affecting the area involve children. Research showed clearly that many children residing in rural areas are far more prone to contracting disease and or suffer from a variety of health related problems than those living in urban areas. The most common problems identified were, digestive disorders, visual impairment, and muscle development, which if treated early are all completely preventable.

CNCF raised this concern to the medical station's staff who confirmed that they have also been aware of this problem in the local region. Therefore, in 2009, CNCF and the medical station agreed that preventative health education awareness would be targeted towards the educators at local schools who have greater access to a high number of children on a daily basis. The educators would aim to equip teachers/students of the surrounding local schools with knowledge of common health problems found in local schools, ways to identify the early symptoms and techniques and/or daily common practices which would help to prevent the children from contracting the illness and or disease.

On November 26<sup>th</sup> 2009, 3 educational talks were organized at 3 different local schools. Details are as follows:

## Educational Talks

	1 <sup>st</sup> talk	2 <sup>nd</sup> talk	3 <sup>rd</sup> talk
<b>Venue</b>	Le Thanh Tong High school	Tran Quoc Tuan Primary school	Thanh Tung Primary school
<b>Attendees</b>	60 female student of 9 <sup>th</sup> grade and their form-teachers	50 pupils of 2 <sup>nd</sup> grade and their form-teachers	50 pupils of 4 <sup>th</sup> grade, 5 <sup>th</sup> grade and their form-teachers
<b>Topic</b>	Reproductive health	* Dental care * Distorted spine	* Dental care * Near-sightedness * Distorted spine
<b>Speaker</b>	As the target groups this time were children of quite a young age, selecting a proper speaker was very important. Therefore, we did not use the local speaker who usually worked with adults but invited a speaker from Ho Chi Minh City Health Communication and Education Department. The decision to choose this doctor was made after his impressive performance in the talk about "Swine flu" which we organized for Sunshine school's children, another project of CNCF.		
<b>Speaker's method</b>	In our observation, the speaker succeeded in creating a comfortable atmosphere, which helped the children to remember better the knowledge provided in his talks, by using different techniques as follows: - Using slide shows with lots of pictures and photos - Demonstrating his talks with funny and practical examples - Trying to involve the children in the talks by asking a lot of questions		
<b>Attendees' participation</b>	Though the girls could initially be aware of the issue through their biology lessons in class, they seemed to be very keen to know and interested in reproductive health knowledge that the speaker provided.	-By the way the children actively answered the questions, it could be seen this was not the first time the children heard about dental care and distorted spine. However, this time, they were provided with more practical information, which was illustrated with photos. -The children listened attentively and raised a lot of questions.	



*1<sup>st</sup> talk at Le Thanh Tong school*



*2<sup>nd</sup> talk at Tran Quoc Tuan school*



*3<sup>rd</sup> talk Thanh Tung school*

*"I'd say my philosophy isn't just about mending bodies. It's about restoring people's independence, giving them a life, not just an existence. It's about respect and love and dignity. Those are the things we owe our children. Children are the ones who need them most of all"*

**Christina Noble**

Report prepared by: Ms. Bui Thi Minh Chau