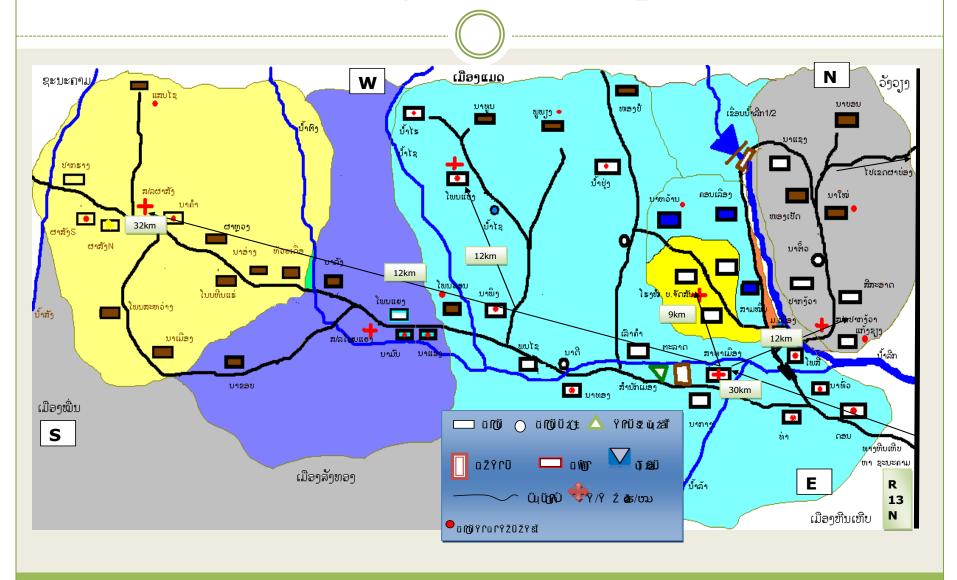


Overview:

Half of Feung district is covered with mountain and 1 of the 11 districts in Vientiane province, have accessible road all yearlong, electricity and phone line are available in all villages, the main occupation if farmer, cassava/corn plantation, animal raising.

- With 5 group villages, including 7,218 household and 43 villages.
- Population: 43,242, female: 21,220.
- 5 CHCs with nurse, higher education and college doctors including 2 of (A) type CHC which has dentist, blood examination of 18 parameter type, and echography.
- Each CHC can use IT system to maintain the work.
- Total nurse/doctor: 107, college level: 13, pharmacist: 7. dentist: 4, higher education: 6, Middle level: 69, primary level: 10.

Feung district map



Implementation Progress

1. Preparing the team

- Collect the dead information from family file of previous year...
- Copied questionnaire form 198 sets.
- Meeting the interview team to announce the objective and explain the form.
- Test the interview at the village in city.
- Back to have meeting with the team to share experience.
- Developed the style of asking question (technical questioning) to get better clear answers.
- 2. Implementation progress.
- Send notification to village authority and family of dead person.
- Separate the staff to do interview in each village of 198 case in Feung district.
- Informed objective and made agreement paper with the family.
- 3. Conclusion and checking the data (Correct, completed, matching)

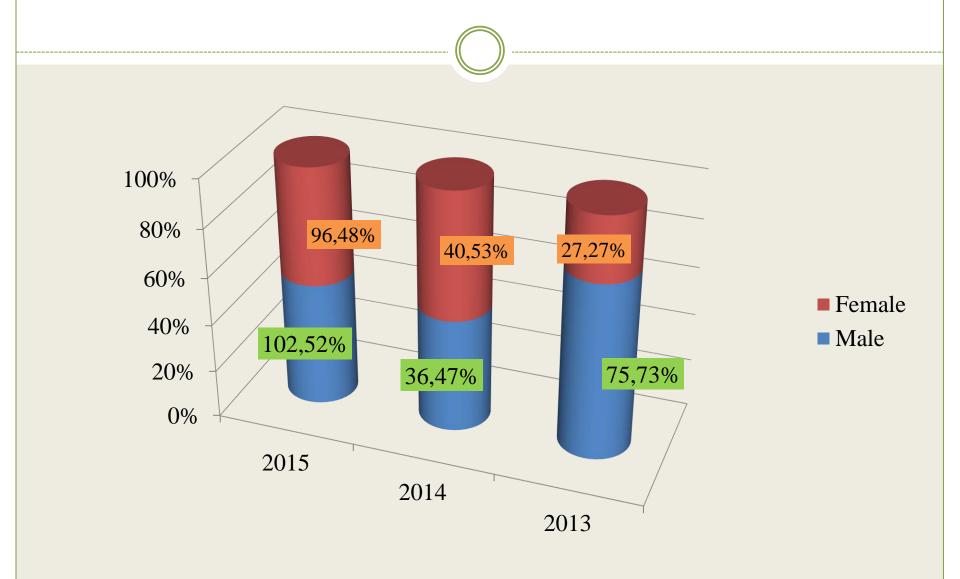
4. Family relationship (Comparing each year)

	Father	Mother	Wife	Husband	Son/da ughter in-law	Broth er	Sister	Yong- er sibling	other	total
2013	10 (10%)	16 (16%)	17 (1 7 %)	18 (18 %)	21 (22 %)	82 (80%)	0	9 (9%)	55 (54%)	102
2014	8 (11%)	9 (12%)	9 (12%)	12 (16%)	29 (38%)	6 (8%)		3 (4%)		76
2015	19 (10%)	21 (11%)	19 (10%)	25 (13%)	55 (28%)	5 (3%)	3 (2%)	3 (2%)	43 (22%)	198

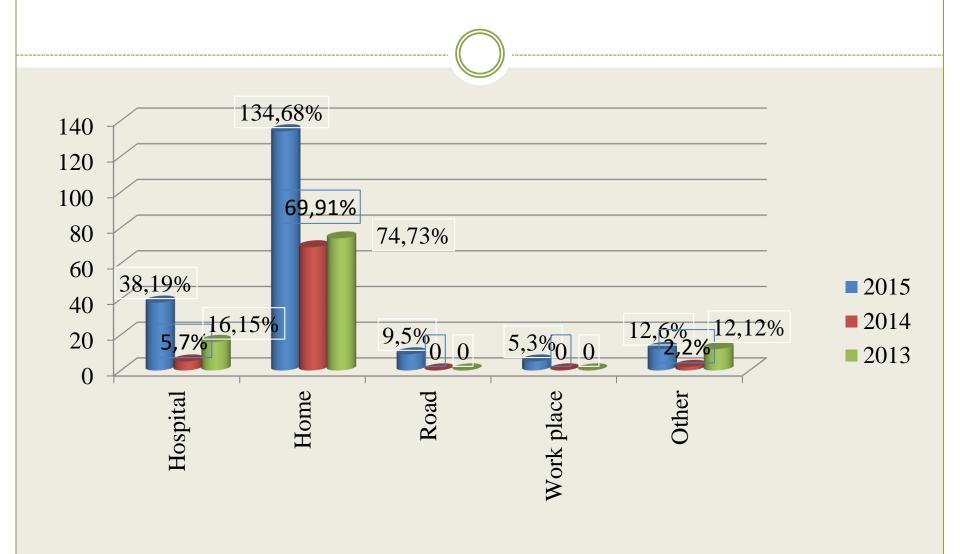
8. Age of dead person

	<1	1-5	5-10	10-15	15-45	45-60	>60	Total
2013	4	8	8	14	20	23	25	102
2014	1	3	0	0	13	20	39	76
2015	7	11	5	6	32	82	55	198

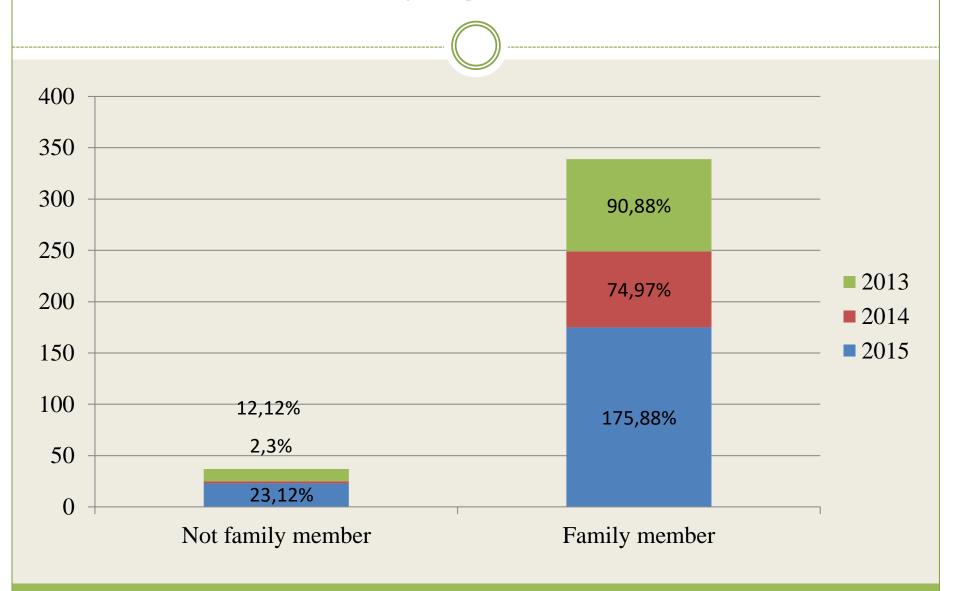
9. Sex of dead person



11. Place of dead



12. Person staying with at dead time

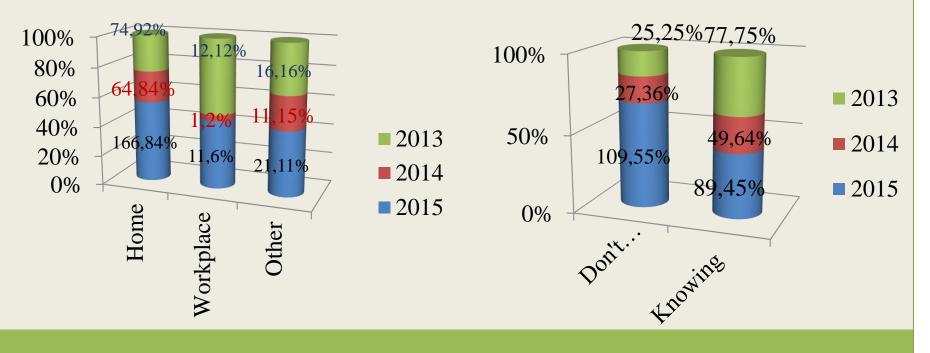


13. Distance between home and facility he/she died

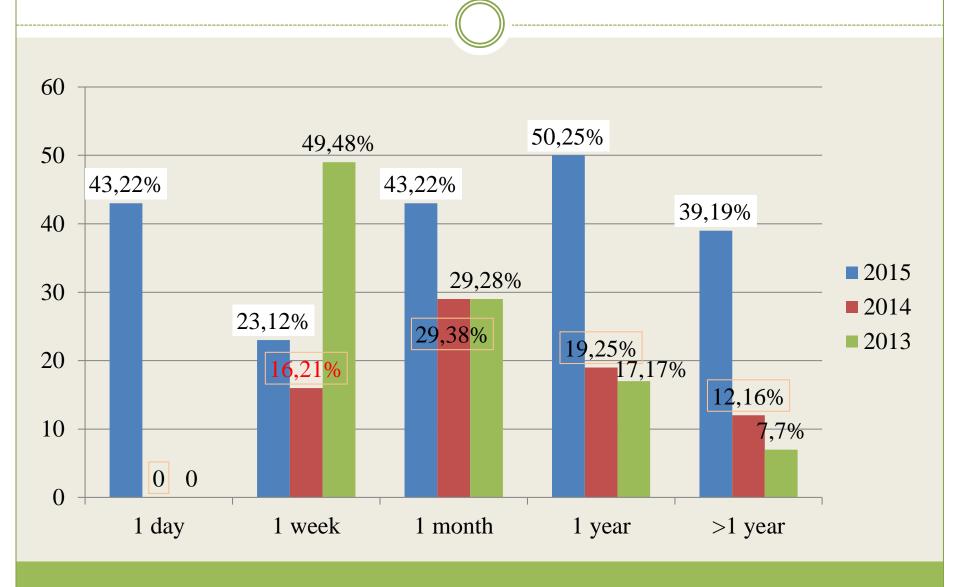
	<4km	<10km	<20km	<30km	<40km	>40km
2013	79	7	9	2	1	4
2014	69	4	1	1		1
2015	134	10	6	12	10	26

14. Place of onset of illness related to cause of death

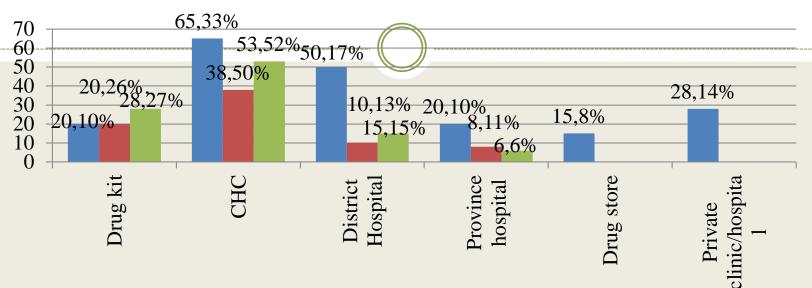
15. Date of onset of illness related to cause of death



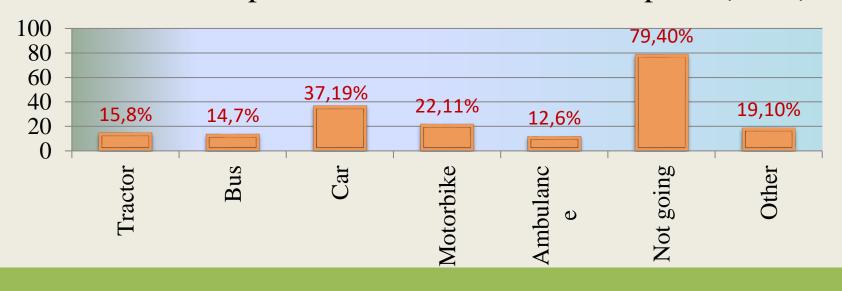
16. How long did he/she spent until he/she died from the onset.



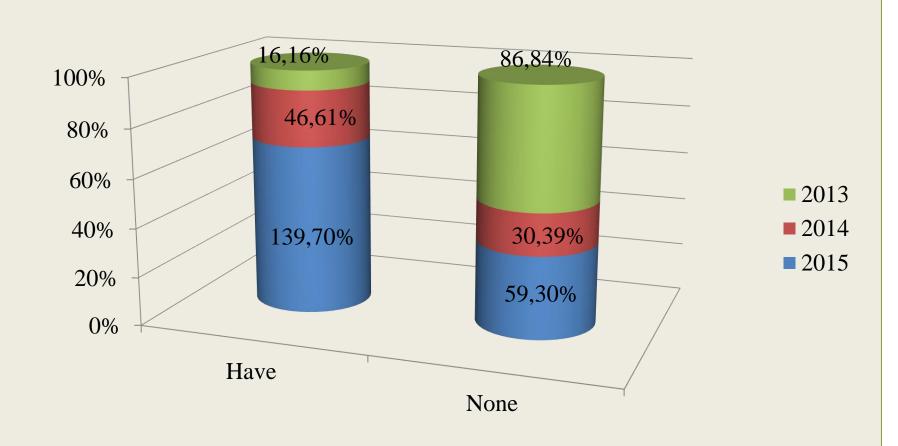
17. Where is the Initial access place to medical facility when he/she get sick (3 years comparison)



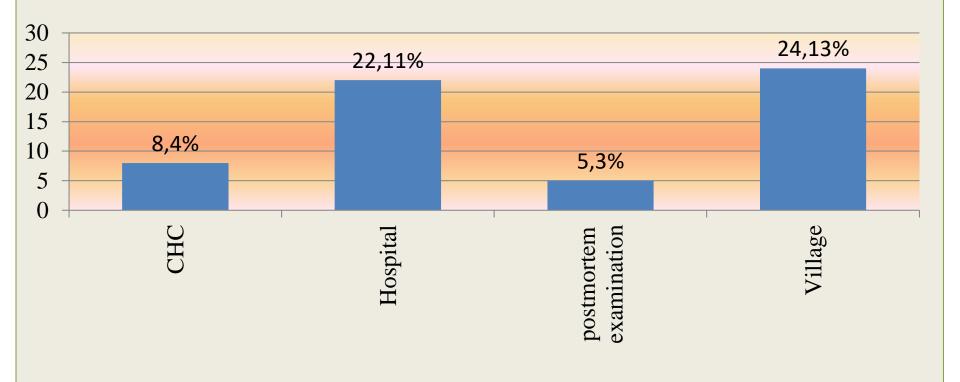
18. How the dead person be transferred to dead place (2015)



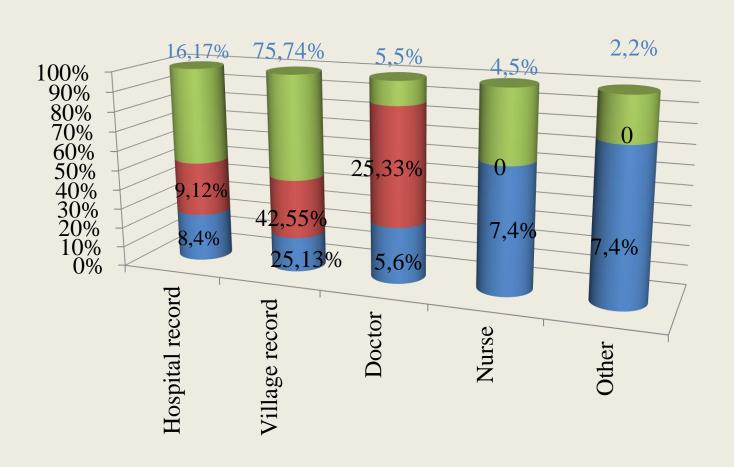
19. Cause of dead confirmed by hospital or health service facilities



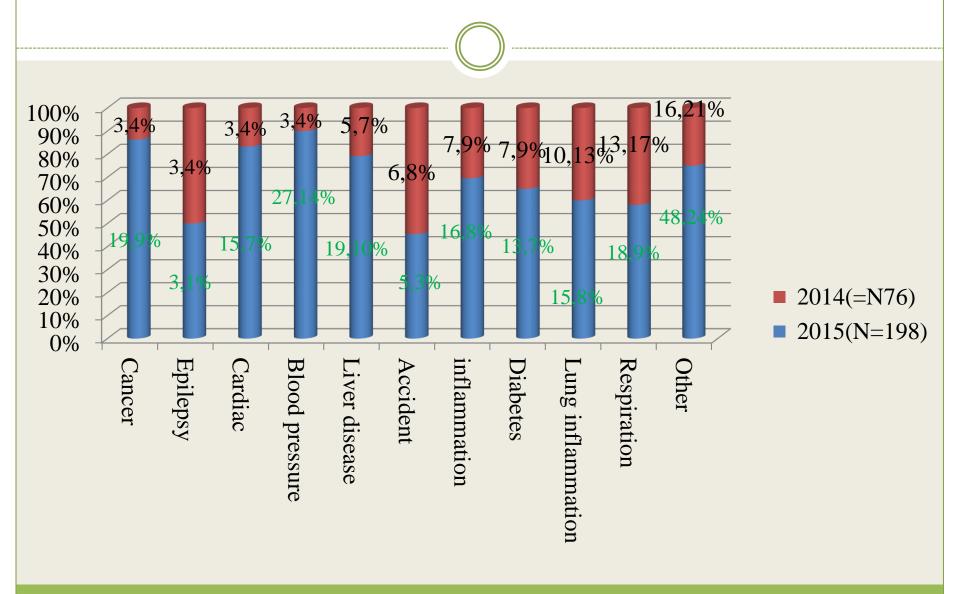
19.1. If have, was confirmed by who? (2015)



19.2. How family Confirmed of Cause of Death (Comparison 2013-2015)



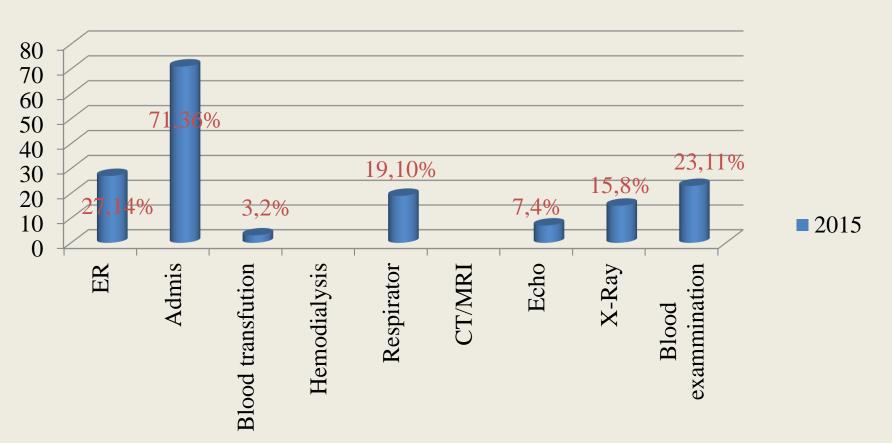
19.4. Cause of death



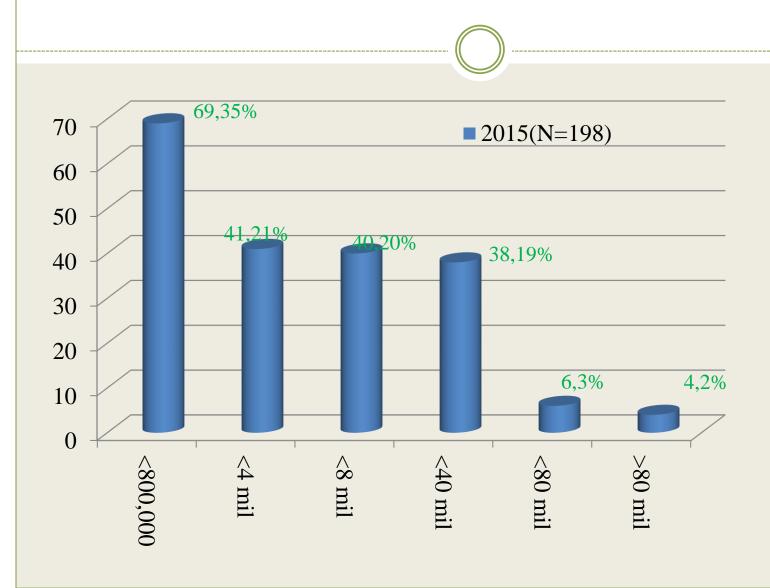
20 .Treatment done



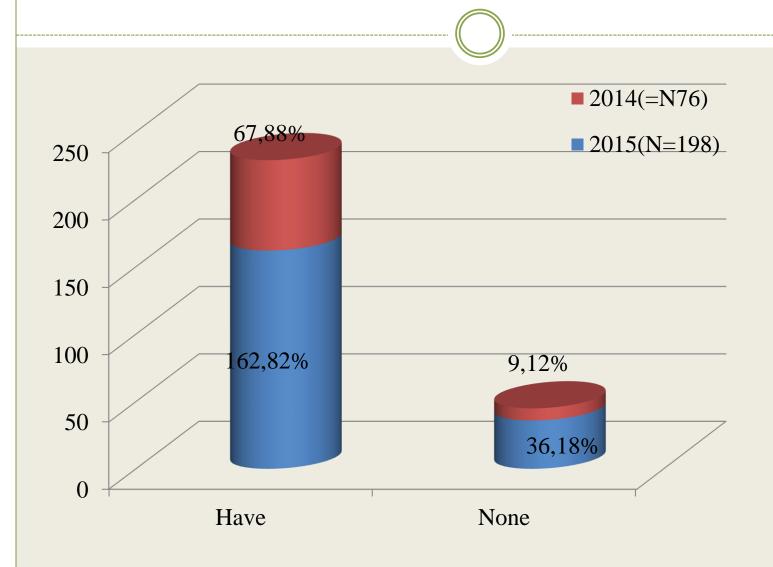
2015



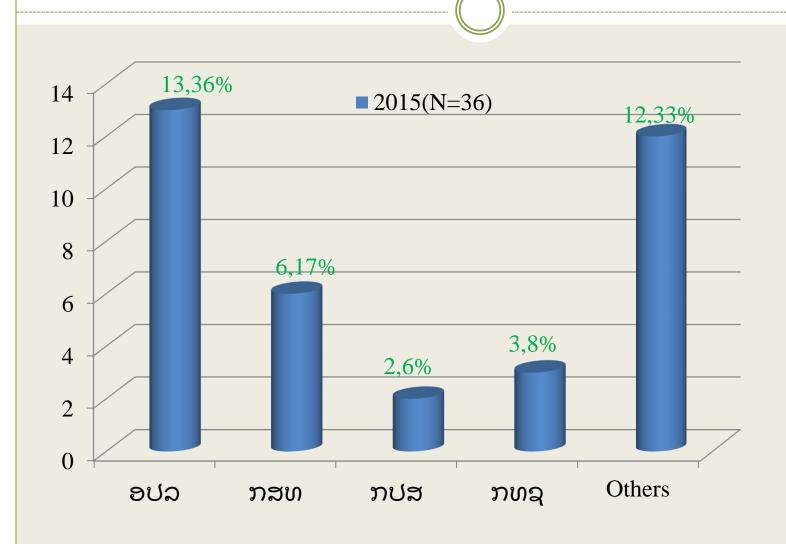
21. Medical Expenses from onset

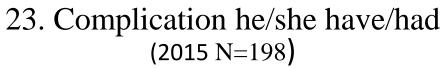


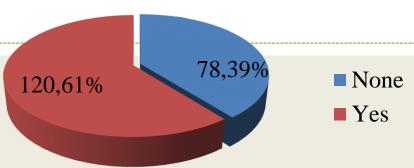
22. Health insurance



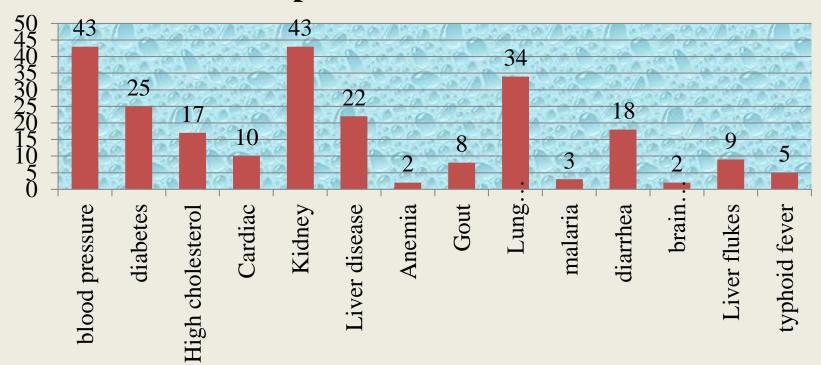
22.1. Type of health care insurance



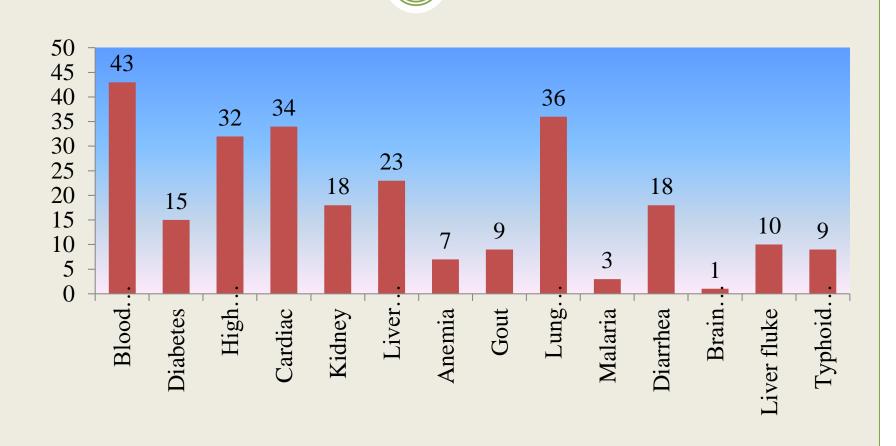




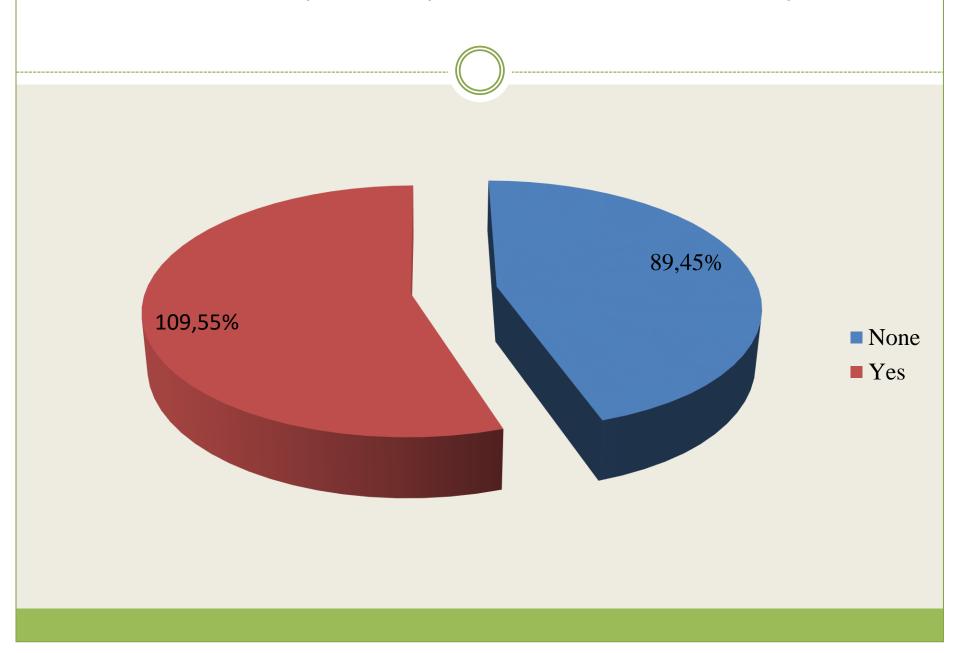
23.1. . **Complication** 2015



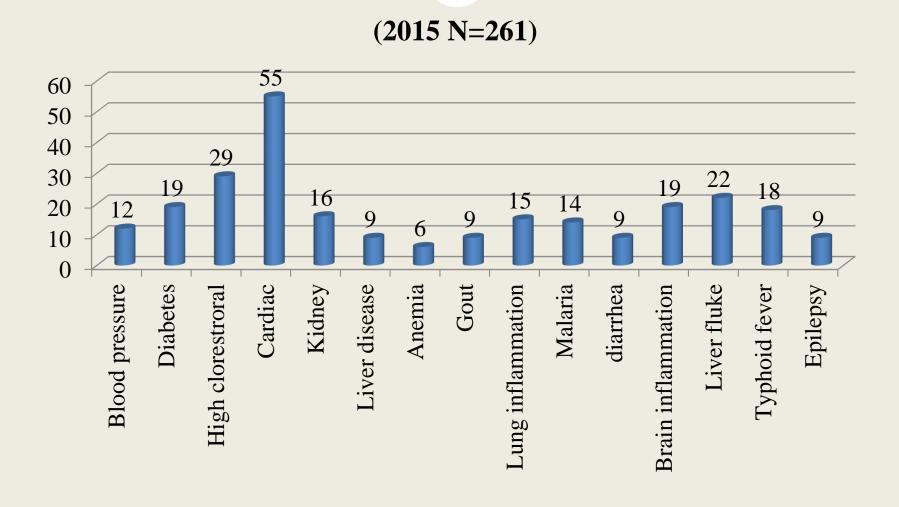
23.2. Past history 2015



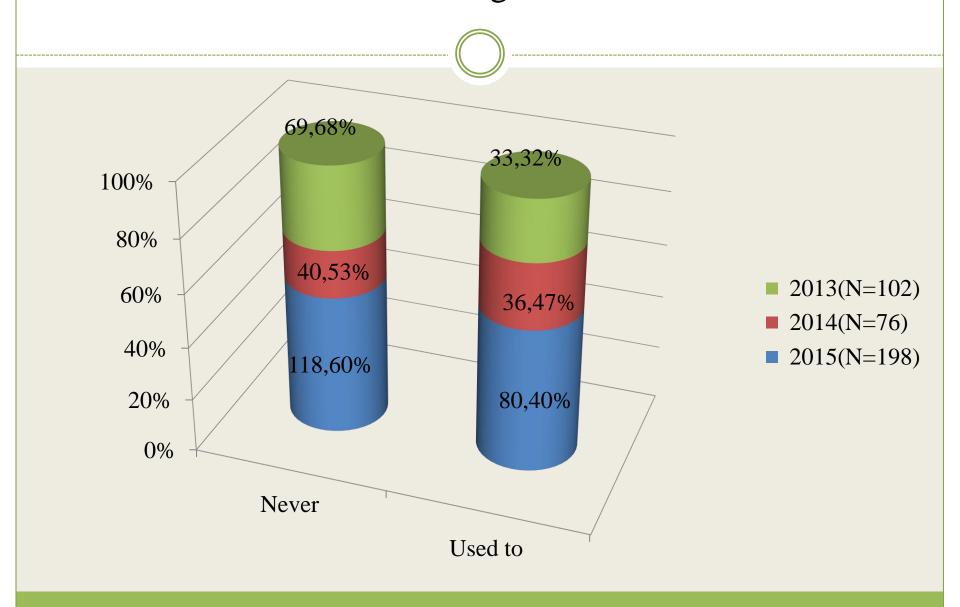
24. Family History (illness) (2015 N=198)



24.1 Complication treatment history



25. Smoking habit (2015 N=198)



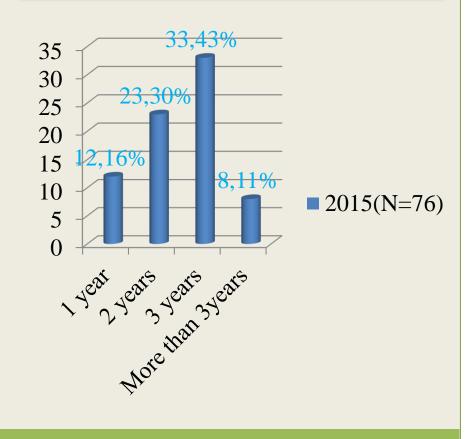
Life Style related questions about dead person

- Smoking habit
- Drinking habit
- Other activities that may have health risk
- Eating habit that may have health risk
- Exercise
- Sleeping
- Hobbies
- Community /Social work(Nominated by authority)

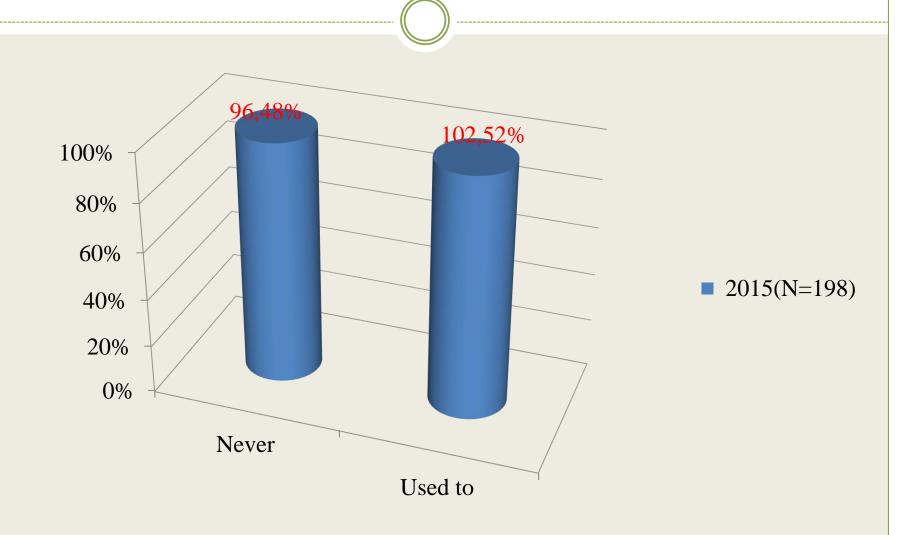
Smoking period

Stop smoking period





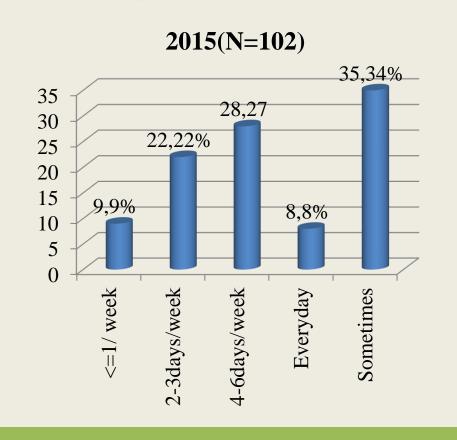
26. Alcohol drinking and drug using habit



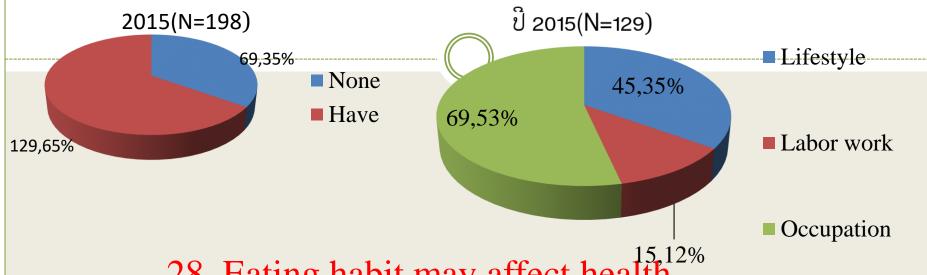
25.1. Alcohol type

2015(N=102) 59,58% 60 50 34,33% 40 30 20 5,5% 4,4% 10 0

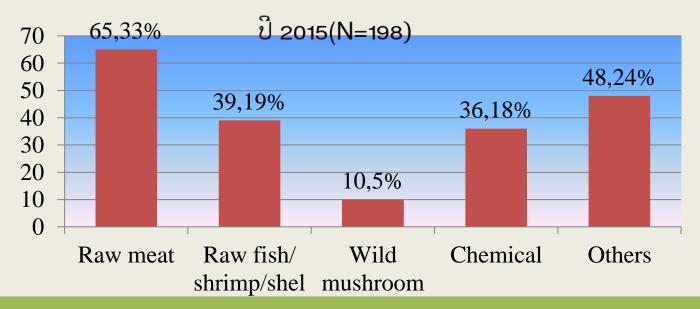
25.2 Frequency of Alcohol drinking



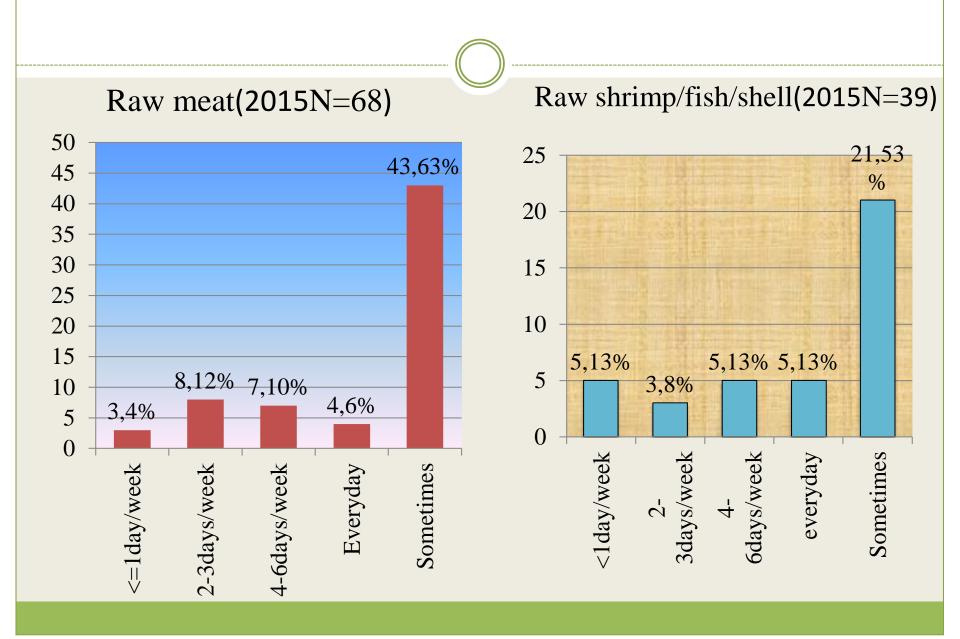






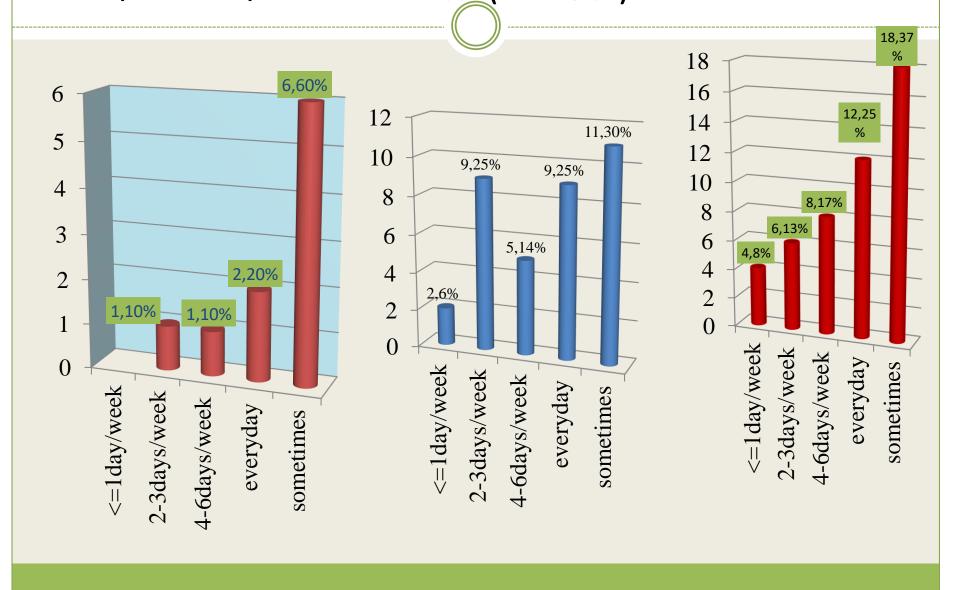


28.1. How often dead person eating risky food



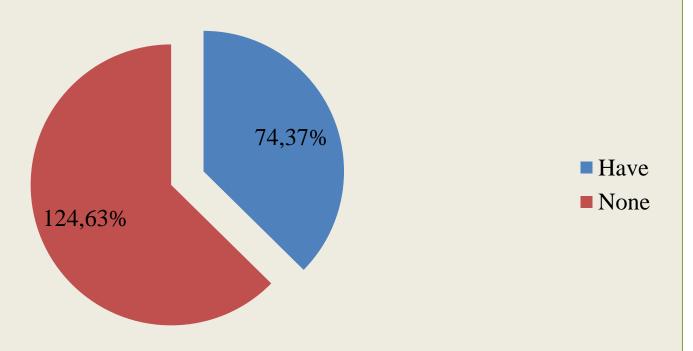
❖ Wild mushroom (2015 N=10)

♦ Chemical contaminated **♦** Other (2015 N=48) food (2015 N=36)

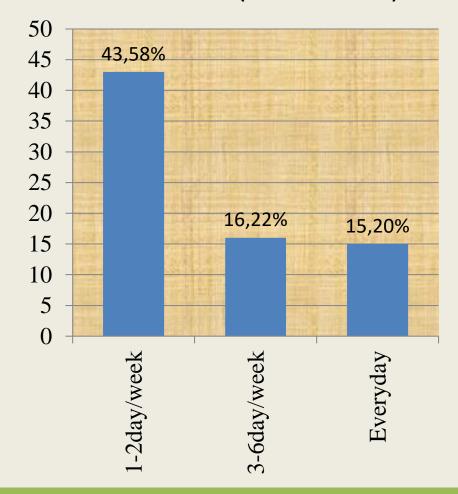


29. Exercise

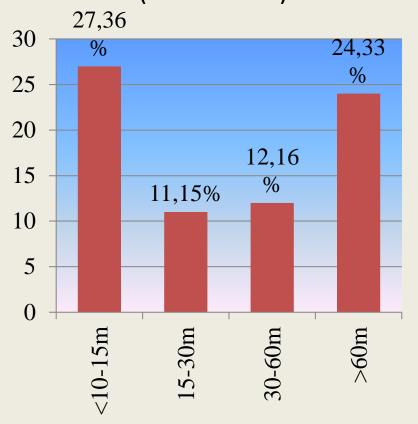




29. Exercise(2015 N=74)

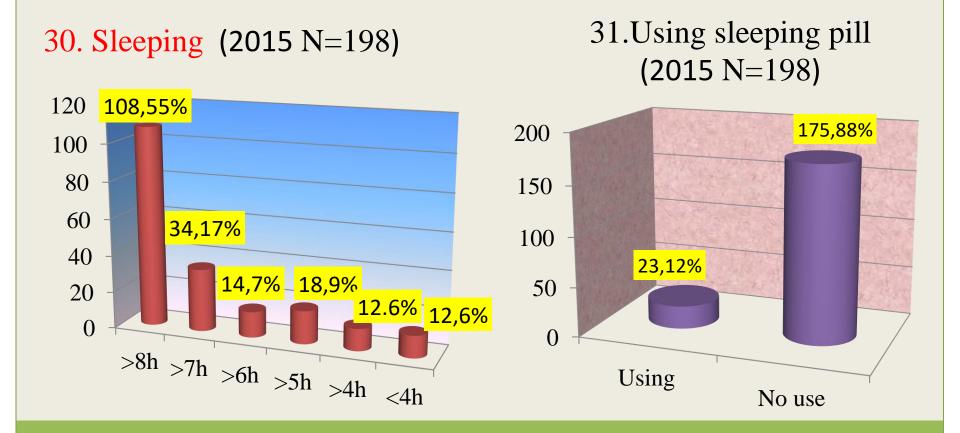


29.1. Time used for exercise (2015 N=74)



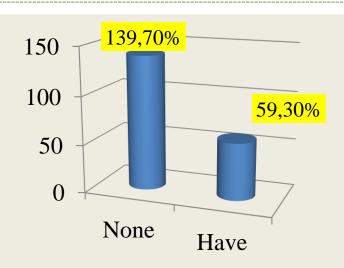
29.3. Type of exercise

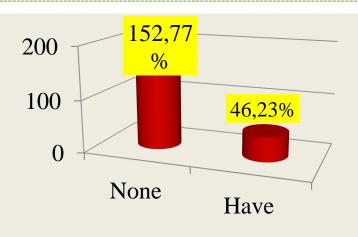
- 1. Walking to farm, rice field, and along the neighborhood
- 2. Football.
- 3. Cutting wood, carrying firewood



31. Hobbies (2015 N=198)

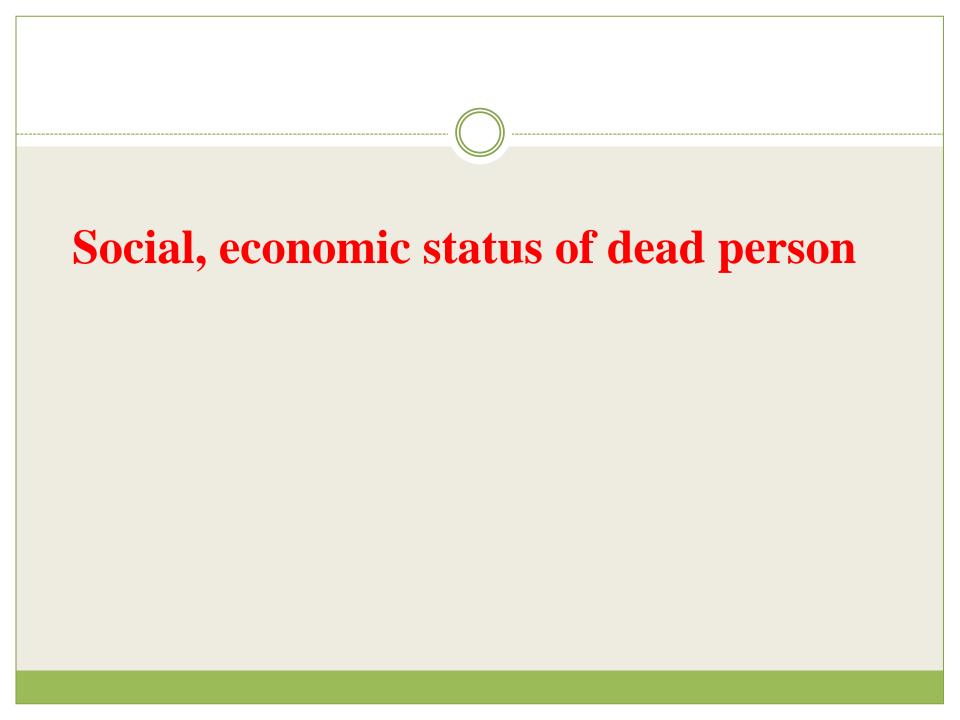
32. Community/social work (2015 N=198)





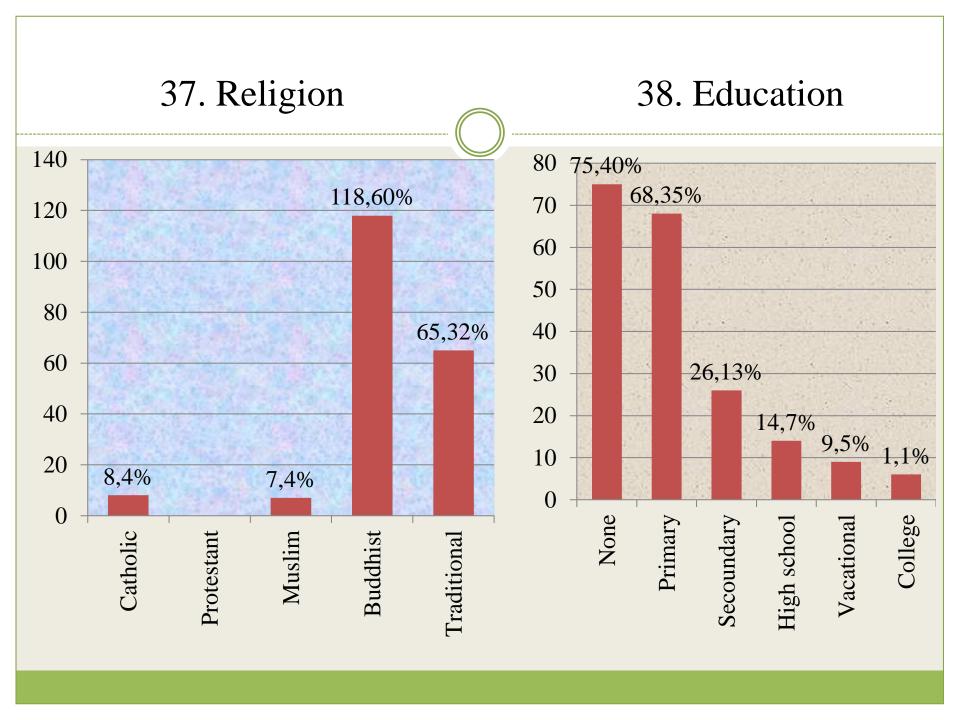
- 1. Walking in the house yard
- 2. Take a nap
- 3. Visiting neighborhood

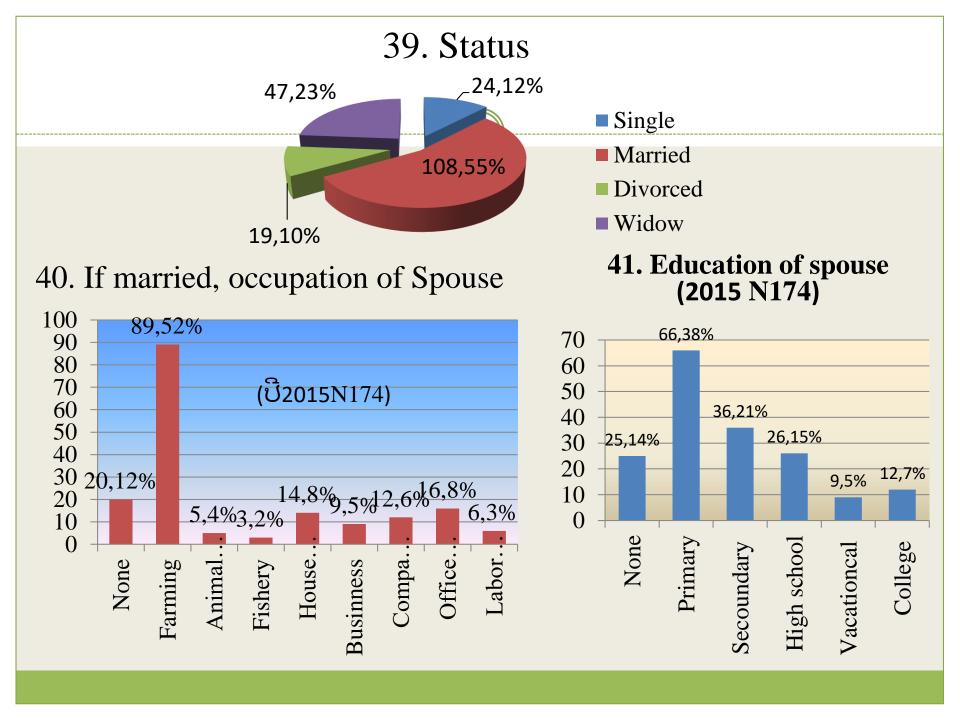
- 1. Village security and village head man.
- 2. Village community group leader.
- 3. Village community member.



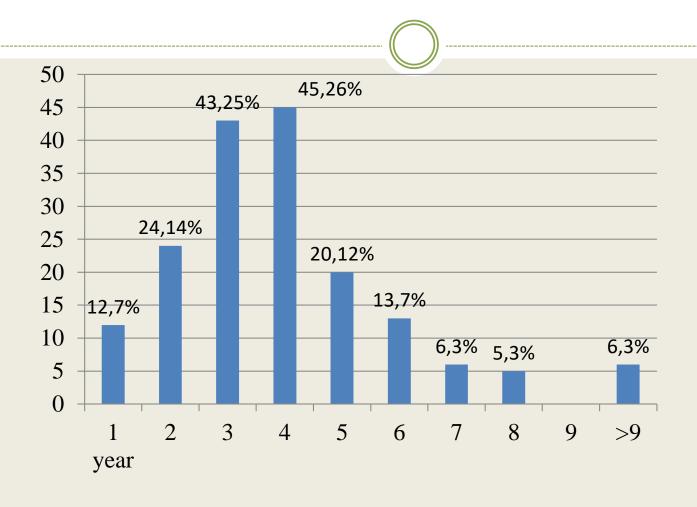
33. occupation 34. Income of family 132,67 140 90 79,30% 120 80 70 100 60 57,29% 80 50 60 40 40 30 16,8% 12,6% 12 20 20 10 0 Animal raising products ness over worker there Animal raising products employee worker there Company office workers Company of the products of the product of the produc 0 Farmer Fishery Company. None Housework Animal raising Business Office worker Labor worker

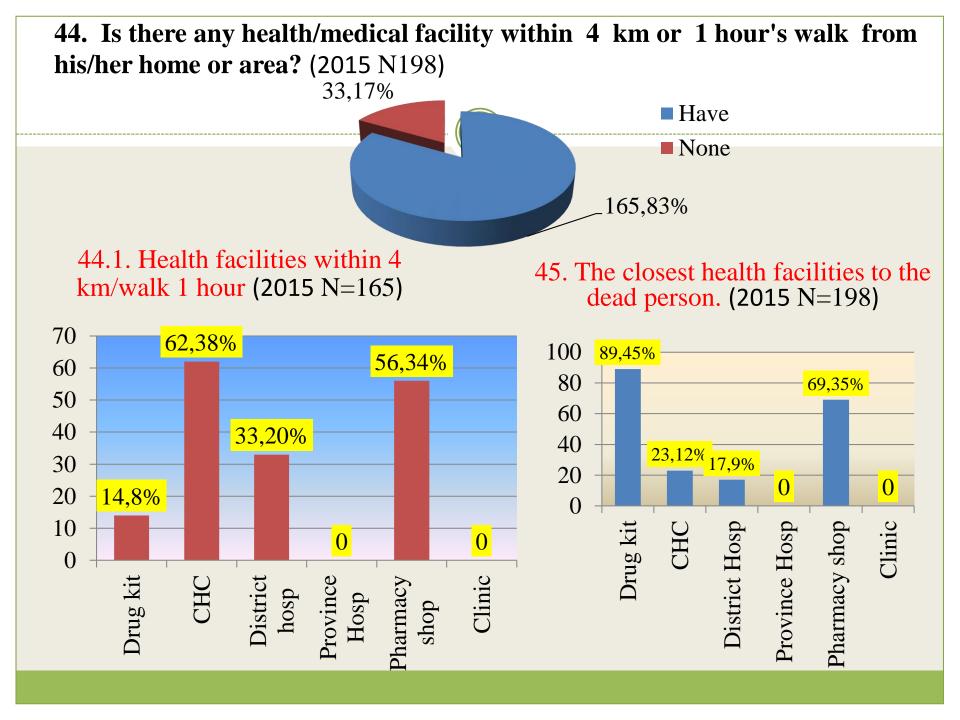
36. How much is his/her 35. Family's income per year yearly income? 90 70 79,40% 80 59,30% 60 70 50 60 51,26% 44,22% 42,21% 47,24% 50 40 37,19% 40 30 30 20 20 16,8% 7,3% 8,4% 6,3% 10 10 0 <800,000 None <8mil <40mil <80mil >80mil <4mil 0 0 <800,000 None <4mil <8mil <40mil <80mil >80mil





42. Number of children (2015 N174)





68. What do you think about necessary things for saving a life of the dead person?

- 1. Need to have talent doctor and modern health facilities.
- 2. Need to have village doctor that able to help with the emergency case.

69. What do you think about the most important hindrances which keep you from saving a life of dead person?

- 1. The road is not convenient.
- 2. The patience transportation vehicle is limited.
- 3. Culture, traditional.

The advantage and disadvantage

1. Advantage.

- Enough budget.
- We have the dead case information in each village.
- The interview period is long and transportation is convenient.
- Have well corporation from village authority, VHV and dead person's family.
- Have the advise from the provincial level on the implementation.
- 2. Disadvantage and problem.
- The interviewer staffs still lack of experience in making the question.
- Have difficulties in using words especially for ethnic group people.
- Some questions translated into Lao is still confusing making the answerer confuse.
- Some questions could not be summarized.
- There is no form for data summarization(Summarize directly from the questionnaire form)
- No method to analyze the data, only analyze by the understanding.
- Sometimes the dead person's family was absent, have to postpone and come back again later; some case they are home but when ask the name was different from the information especially the ethnic people.

2016 year plan

- Collect the health data at village level and dead case in <u>10-31</u> <u>January 2017</u>.
- Conduct interview according to the questionnaire form in February 2017
- Summarize and checking correction of the form collected on March 2017.

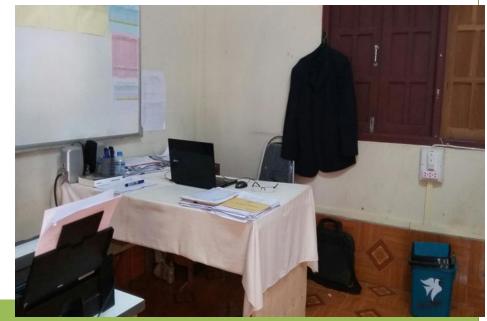
2017 year plan

- Collect number of dead case of year 2016 and health information (Budget 2000\$ from COHORT project).
- Strengthening the report system from CHC to district and to provincial level.
- Collect dead case information of each month from 1 to 12/2017 (use public budget).
- Create birth/dead certification for each village.
- Recording improvement(health check up record book) for all patience.(request budget from COHORT project).
- 5 years of data analyzing (2013-2017), publish news and write project.

























Thank you