

QUANG NGAI RURAL DEVELOPMENT  
PROGRAM (RUDEP) - PHASE 2

Evaluation Report - Women Health Campaign in  
Duc Phong Commune 2003



**VIETNAM-AUSTRALIA**

*Prepared for*

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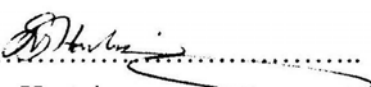
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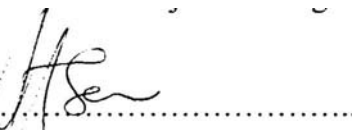
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## Acronyms

|          |   |
|----------|---|
| CPC      | Commune People's Committee                      |
| DDO      | District Development Officer                    |
| M&E      | Monitoring and Evaluation                       |
| PC/PA/PS | Problem Census/Problem Analysis/Problem Solving |
| RTDs     | Reproductive Transmitted Disease                |
| RUDEP    | Quang Ngai Rural Development Program            |
| WHC      | Women Health Campaign                           |
| WU       | Women's Union                                   |

# 1 Introduction

The Quang Ngai Rural Development Program (RUDEP) is being implemented within Quang Ngai (QN) Province in the central region of Vietnam and its goal is to contribute to rural development, governance and poverty reduction in selected communes in QN Province. At present there are six communes belonging to six Program districts. Son Hai, Son Ha District, Tinh Tho, Son Tinh District; Duc Phong, Mo Duc District; Nghia Tho, Tu Nghia District; Hanh Phuoc, Nghia Hanh District; Pho Chau, Duc Pho District. The Program purpose is to empower poor households (HHs) in selected communes in QN Province to improve livelihoods sustainability through increased incomes within the risk framework of poor people. The primary beneficiaries from the RUDEP will be the poor households and poor household groups in each selected commune. The Program is based on three key elements: Participation, Focused Capacity Building and Savings and Credit facilities.

The QNRDP has been planned in three phases:

Phase 1 - Program design and initial capacity building (1 year completed October 2002);

Phase 2 - Program implementation in target communes (5 years, starting in October 2002); and

Phase 3 - Expansion of successful activities (4 years.)

## 2 Overview of Women's Health Campaign

### 2.1 Identify Women Health Campaign

Problem Census-Problem Solving Analysis-Problem Solving (PC/PA/PS) meetings are components of the broader Participatory Planning Process used by RUDEP to allow households in the program communes to identify, prioritise and propose options to solve their priority households and community problems. The PC/PA/PS meetings provide a baseline for the implementation of activities, which are designed according to the needs, and desires of households as expressed in the PC/PA/PS meetings.

According to the PC/PA/PS meetings held in Phase I in Duc Phong, 60% of women suffered from gynaecological diseases. RUDEP held many women's only meetings and representatives of women from hamlets in Duc Phong and with CPC, WU and provincial health staff to get more information on this problem. Apart from that, RUDEP also combined the latest information on the gynaecological disease examination from the commune health center. This all led to the campaign, which commenced on 7 May 2003 and ended on 13 Sept 2003.

## **2.2 Main Activities of WHC in Duc Phong**

- Three female midwives at Duc Phong health center were provided with three-day training course on diagnosis and treatment of reproductive transmitted diseases (RTDs).
- Two group information sessions were held prior to the first and second general examinations for the 99 women selected to participate in the campaign.
- Fifteen participants were provided with toilet and bathroom.
- Ninety-nine poor women with disease were examined for the first time.
- These women were examined periodically (ten days/1 time x 7 times).
- Final examination at the end of the campaign.

## **2.3 Objectives of the Campaign**

- To provide women with relevant information regarding RTDs, prevention and treatment.
- Raise awareness and educate women to protect their health, especially to avoid RTDs.
- Improve women's awareness regarding prevention of RTDs.
- Improve midwives' group communication skills.
- Build midwives' capacity in treatment and examination.
- Decrease the number of women with gynaecological diseases in the commune.
- Improve women's lives and health.

## **2.4 Expected Output of the Campaign**

- Improve women's awareness regarding prevention of RTDs.
- Change women's habits in order to prevent reproductive tract disease.
- Improve capacity of midwives.
- Treat women with disease and improve their health and lives.
- Improve knowledge and skills.

# **3 Method of Evaluation**

## **3.1 Evaluation Date**

The dates of evaluation were on 02/04/2004 and 16/04/2004.

## **3.2 Method and Content**

An evaluation of the WHC was done to collect information on the attitude, knowledge and awareness of members as well as the impact of communication sessions on participants in the campaign.

The main tool used during the evaluation was interviewing. The questionnaire was structured in 6 main parts with 6 questions (see annex for detail). The first question concentrates on people's understanding of the existence of the campaign. The second and third questions are to check people's knowledge regarding the communication sessions and general examination and frequency of attendance. These two questions are open to enable the respondent to state the reason for not coming to the communication sessions or general examination. The fourth question is to identify the impact of communication sessions on the participants. The fifth question allows checking of how many respondents recovered after participating in the campaign. The last question is a goal attainment scaling question.

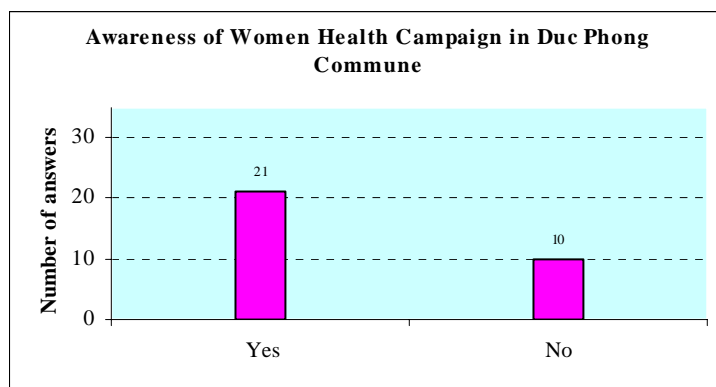
The interviewers were the M&E assistant, Duc Phong WU members (Ms. Duyen and Cam) and the Mo Duc DDO-Khang. Interviewers went to each household to interview women in Van Ha village who participated directly in the campaign. Thirty-one out of ninety-nine women in the campaign were interviewed.

## 4 Result and General Discussion

The general results of interviews were transferred into graphs. The six graphs present results of 6 questions. In each graph, the X axis includes the items detailed in that question and the Y axis presents number of answers out of 31 people interviewed.

### 4.1 People's Awareness about WHC

**Figure 1: Awareness of People Regarding Women Health Campaign**

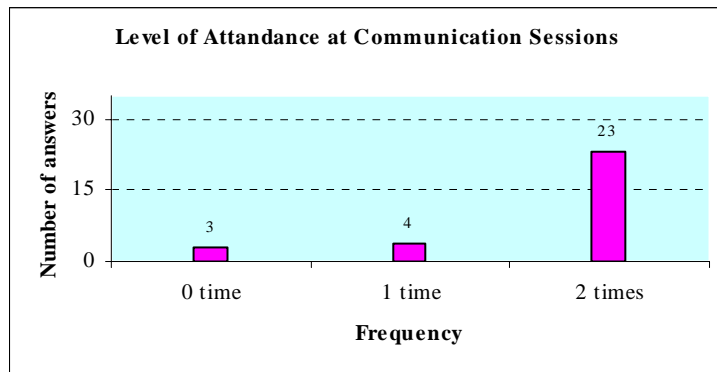


From the graph we can see that 21 out of 31 persons interviewed know the campaign supported by RUDEP of which 7 persons remember exactly the name of the RUDEP program, the other persons only know that the campaign is supported by Australia.

Interviewers asked people the reasons why they did not know who supported the campaign and the answer was that they were invited to the communication sessions and general examination, but some of them did not go on the first day, and the other said that they were invited to the examination but just thought this was implemented by Duc Phong PPC or Doctor Bac - a doctor of Commune Health Center.

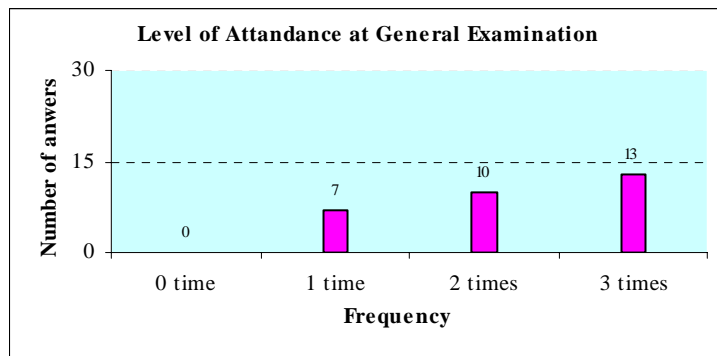
## 4.2 Level of Attendance at Communication/General Examination

Figure 2: Level of Attendance at Communication Session



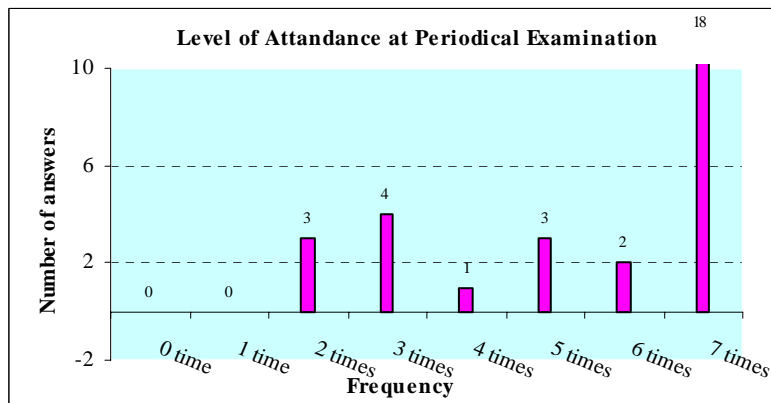
The above graph shows that 23 out of 31 interviewees (77%) went to the communication sessions twice. Four people attend once and three people did not attend. The common reason for not attending was that these people were busy at the time of the communication sessions. Some of them went to Ho Chi Minh City to earn a living. There was one person who could not remember anything about these sessions, so she could not identify how many times she attended the communication sessions.

Figure 3: Level of Attendance at General Examinations



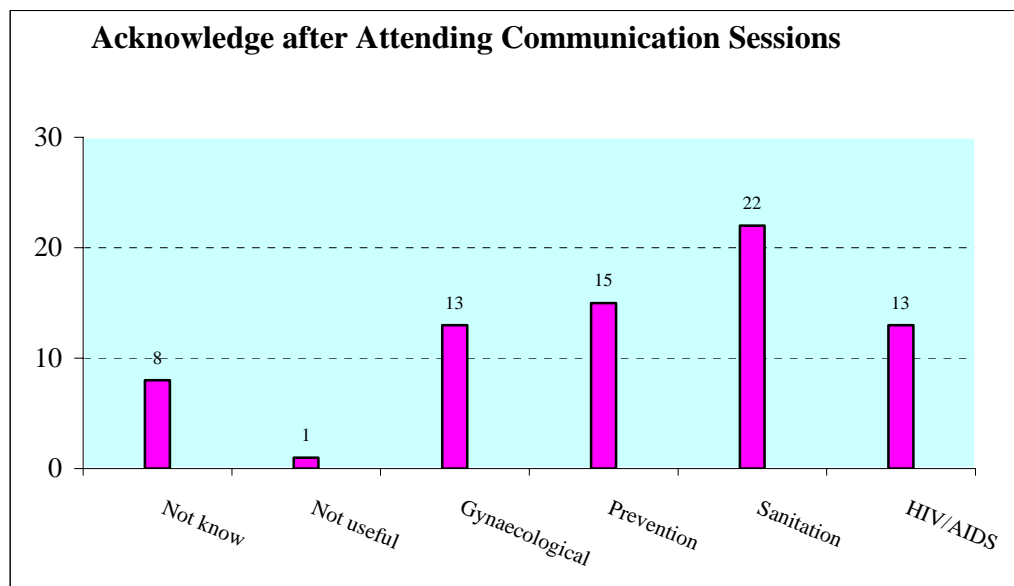
The graph indicates fewer than 50% (13 persons) of interviewees attended all three general examinations. The other women were busy or menstruating when the general examination was held. Examination could not be done with ladies during menstruation.

**Figure 4: Level of Attendance at Periodical Examinations**



The number of people attending periodic examinations 7 times is the highest. It is equivalent to 60%. The reason for not attending all the periodic examinations are the same as mentioned above.

### 4.3 Knowledge Obtained in Communication Sessions



The outstanding impact of the communication sessions was improved sanitation awareness. 23 people (accounting for 76.66%) remembered that in the training course they were provided with sanitation information and were aware that poor sanitation was one of the causes of disease.

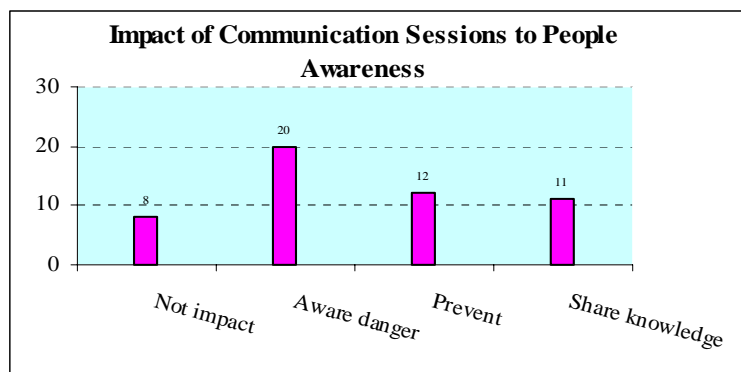
The issue also included the answer for prevention. Most of the 22 people showed their understanding on maintaining good personal hygiene. Prevention was chosen by 15 people and came second. Most answers showed that sanitation is the most important factor when people think about prevention of disease. However, sanitation was only a part of the communication sessions. Apart from this section, the trainer informed people of many other ways to protect women from gynaecological diseases. People could not remember because the knowledge supplied was strange to them and said they were too

busy to read the pamphlets. Some of them recovered completely so they forgot the lessons learnt. Just a few people knew some common gynaecological diseases, causes and preventions. Fewer than 50% of respondents remembered about HIV, gynaecological diseases and prevention were fewer than 50%.

Eight respondents could not remember what they learnt at the communication sessions, of whom three did not attend the training. They responded that they understood the training but later forgot what they had learnt. They said they had poor memories. Only one lady has kept the pamphlet that was distributed. The others lost them or gave them to children as a toy.

#### 4.4 Impact of Communication to Women in the Campaign

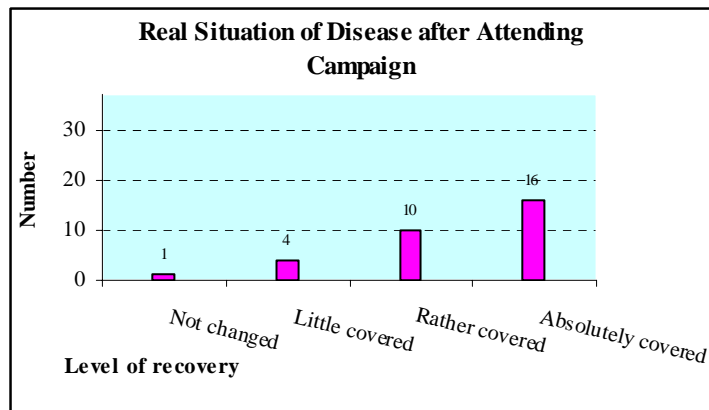
Figure 5: Impact of Communication Session to People's Awareness



Nearly one third of women interviewed said that the communication did not impact them. These were the same people who said they could not remember anything about the communications sessions in 4.3. The majority of women, accounting for 67% were aware of the danger of disease and paid more attention to their health but only 12 of these knew how to prevent disease. Eleven respondents shared what they had learnt with other family members, especially their daughters.

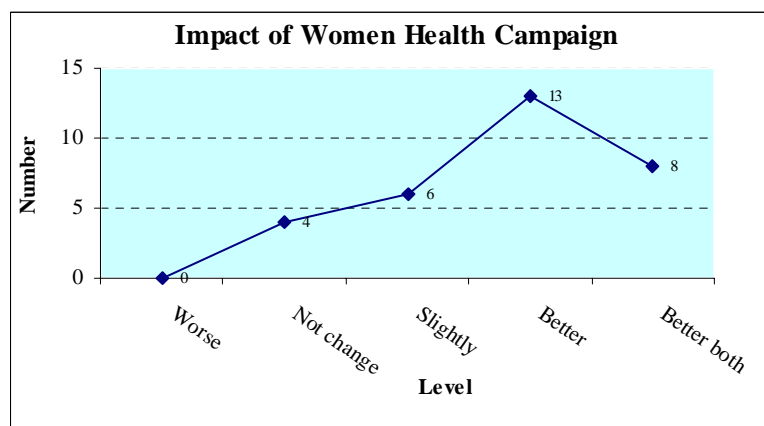
## 4.5 Recovery from Disease and Impact of WHC to Women's Health

**Figure 6: Level of Recovery from Disease after Participating in Campaign**



After participating in the campaign, 16 women were recovered fully from disease and 10 women recovered partially. Only one person did not recover at all and another four only recovered slightly. Overall, the number of people recovering by the end of the campaign was high at 87%. One factor affecting the level of recovery is cortirization. Most respondents said that they would have fully recovered if they had been able to pay for cortirization (an essential medical treatment for women with disease). The cost of cortirization is 70,000VND per time. Some women knew about personal hygiene but said that conditions prevent them from doing so. They had to work all day in the field and when returning home they had to do more housework so they did not have enough time for sufficient personal health care or sanitation. The environment surrounding the house was also an important problem stated by many women. According to them, they knew that cattle sheds should be 10 meters away from clean water wells but they still keep the sheds near the home and water because the area is limited and moving the shed would be costly. Women often had a lot of work to do in the field, especially during cropping season. During these times they are not able to take care of personal hygiene, and are particularly at risk during menstruation.

**Figure 7: Impact of Women's Health Campaign to Women's Health**



WHC partly contributed to the health improvement of women participating in the campaign. Eight people thought that their health and understanding was better after participating in the campaign. 13 women thought that thanks to the campaign, their health was better. Only 4 persons stated that there was no change to their health as a result of participation in the WHC. Six people were only slightly better.

## **5 Main Finding from the Campaign Evaluation**

### **5.1 Communication Sessions and People's Awareness**

Sanitation is what people remembered the most. Although women were aware of the danger of disease, only 12 interviewees knew how to prevent disease. They mainly mentioned sanitation as a way to prevent disease. In general, fewer than 50% of women participating in the campaign have a deep understanding on the dangers of infection, and prevention of gynaecological disease. Fewer than 50% of them shared knowledge with the other members in family. In particular, 8 people had no idea on the communication sessions, meaning that the sessions had no impact on them. Also, according to these people, they forget what they learn from the communication sessions because it is a long time since they attended, and some of them have poor memories. Some of them found it very strange to learn about definitions, symptoms and means of infection because this was the first time they had heard about it. The other women believed that they had recovered from disease thanks to examination and treatment so they were not interested in remembering the content of the communication training.

### **5.2 Effectiveness of Medical Examination and Treatment**

All the respondents who had recovered from disease were very happy to join the campaign and suggested RUDEP support other women in the commune with similar diseases. Many women went to HCM City to work after their health improved. Some women whose health slightly improved or remained the same revealed that if they had had enough money for cortirization (70.000VND/time x 2 times) they might have fully recovered.

## **6 Lesson Learnt**

### **6.1 Women's Knowledge and Awareness**

After communication training sessions, women's awareness regarding RTDs was improved but their understanding strongly focused on sanitation as a cause of disease and prevention method. The pamphlets (A4 size and two side printed) were issued to all participants, but it seems that the other causes and types of gynaecological disease and their symptoms presented in each pamphlet did not make an impression on women's awareness. Some information was really strange to them because they had never heard about it or they are illiterate. They left the pamphlets for children to play with or left them somewhere at home without intending to read them.

Women could understand the training sessions but when they came home they nearly forgot what they had learnt. Several months after the campaign it was very difficult for them to understand and remember something learnt at the communication sessions. In terms of long-term effectiveness, the communications sessions did not really impact much on women's understanding or help change their bad habits.

Through discussions with respondents, we see that some things can help improve women's memory and change their bad habits:

- Reduce the distance between theory and practice by real-sight through study-tour.
- Pamphlets should be more colourful and larger to attract people's attention if possible it should be in one side so that people can stick on the wall.
- Pictures that can somehow can convey the ideas to illiterate women.

## **Annex 1**

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# **Women Health Campaign Evaluation Form**

## Annex 1: Women Health Campaign Evaluation Form

### Pilot evaluation of Woman Health Campaign in Duc Phong (2003)

#### Structured interview

1. Did you know that Woman Health Campaign in Duc Phong commune was supported by the RUDEP ?

Yes <sub>1.1</sub> No <sub>1.2</sub>

2. Did you participate directly in this Woman Health Campaign?

▪ No

<sub>2.1</sub>

▪ Yes

<sub>2.2</sub>

▪ If yes, how many communication sessions/general & periodical examination did you attend?

a) Communication sessions:

+ No

<sub>2.2.1 a</sub>

+ 1

<sub>2.2.2 a</sub>

+ 2

<sub>2.2.3 a</sub>

Reason:.....

b) General Examination:

+No

<sub>2.2.1 b</sub>

+ 1

<sub>2.2.2 b</sub>

+ 2

<sub>2.2.3 b</sub>

+ 3

<sub>2.2.4 b</sub>

Reason:.....

c) Periodical examination (10 days/time):

+No

<sub>2.2.1 b</sub>

+ 1

<sub>2.2.2 b</sub>

+ 2

<sub>2.2.3 b</sub>

+ 3

<sub>2.2.4 b</sub>

+ 4

<sub>2.2.5 b</sub>

+ 5

<sub>2.2.6 b</sub>

+ 6

<sub>2.2.7 b</sub>

+ 7

<sub>2.2.8 b</sub>

Reason:.....

3. How were the communication sessions?

▪ I don't know/could not remember

<sub>3.1</sub>

▪ They were not useful

<sub>3.2</sub>

▪ They were really useful and through these I knew many things

a) Gynaecological disease/infection

(Definitions/Symptoms/Common diseases/Causes/Treatment)

<sub>3.3.1</sub>

b) Prevention of RTI

(Menses/menses sanitation/related to infection diseases/prevention)

<sub>3.3.2</sub>

c) Sanitation

(Source of clean water/personal sanitation)

<sub>3.3.3</sub>

- d) HIV/AIDS  3.3.4  
 (Ways of transmit/prevention methods
- Other \_\_\_\_\_  3.4

4. How did the sessions impact you?

- It did not impact me  4.1
- I aware of the danger of disease and pay more attention to my health  4.2
- I know how to prevent reproductive infected diseases and see doctor for examination  4.3
- I retransmit my understanding to other members in my family and encourage them to lead healthy lives  4.4

5. After the examination and treatment of campaign, how was your disease?

- No things changed with my disease  5.1
- I was a little covered  5.2
- I was rather covered  5.3
- I was absolutely covered  5.4

Reason:.....  
 .....

**GAS Questionnaire**

6. What do you think about impact of women health campaign to your health?

|   |  |     |
|---|--|-----|
| After participating in this campaign, my health was worse   |  | 6.1 |
| After participating in this campaign, my health was not changed   |  | 6.2 |
| After participating in this campaign, my health was slightly better   |  | 6.3 |
| After participating in this campaign, my health was better  |  | 6.4 |
| After participating in this campaign, my health was better and I have a better understanding of health issues |  | 6.5 |

Date: .....

Man  Woman

Commune: Duc Phong

Village:

Hamlet:

Provided with toilet/bathroom: ...../.....

Type of disease:

Comment/Opinions from people

## **Annex 2**

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# **Graphs Illustrate General Results on Evaluation**

## Annex 2: Graphs Illustrate General Results on Evaluation

Commune: Duc Phong Village: Van Ha

Date of evaluation: 02&12/04/03

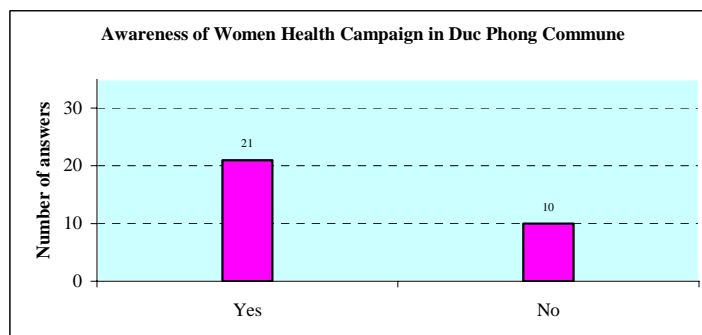
Total F

31

1. Did you know that Woman Health Campaign in Duc Phong commune was supported by the RUDEP ?

|       | Number | %   |
|-------|--------|-----|
| Yes   | 21     | 68% |
| No    | 10     | 32% |
| Total | 31     |     |

\* 7 prs know the RUDEP name



2. Did you participate directly in this Woman Health Campaign?

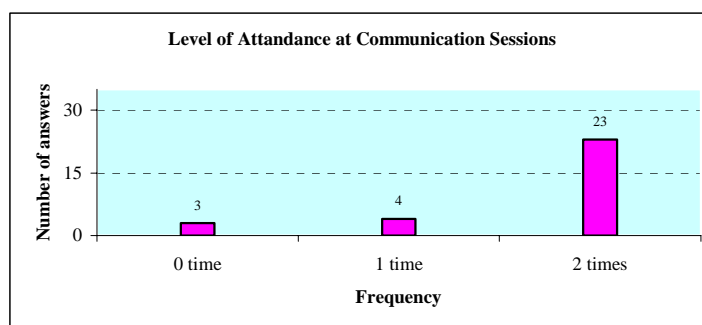
|         | Number | %   |
|---------|--------|-----|
| 2.1 Yes | 30     | 97% |
| 2.2 No  | 0      | 0%  |
| Total   | 30     |     |

▪ If yes, how many communication sessions/general & periodical examination did you attend?

a) Communication sessions

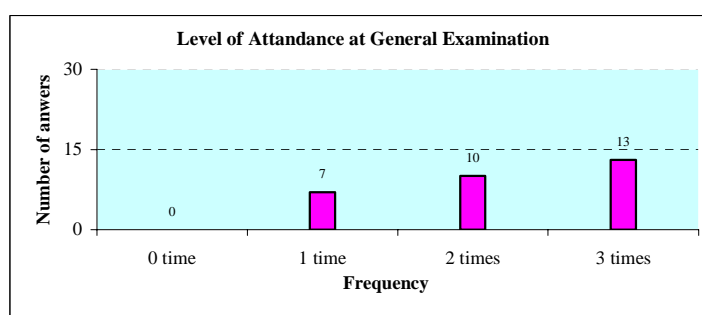
|         | Number | %   |
|---------|--------|-----|
| 0 time  | 3      | 10% |
| 1 time  | 4      | 13% |
| 2 times | 23     | 77% |
| Total   | 30     |     |

\* 1 person could not remember (a) &(b)



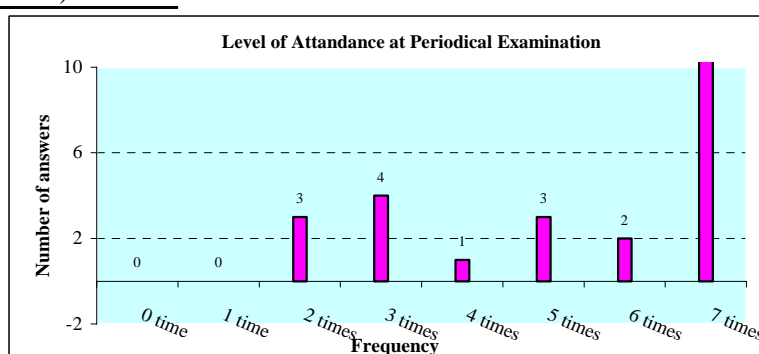
b) General Examination

|         | Number | %   |
|---------|--------|-----|
| 0 time  | 0      | 0%  |
| 1 time  | 7      | 23% |
| 2 times | 10     | 33% |
| 3 times | 13     | 43% |
| Total   | 30     |     |



c) Periodical examination (10 days/time)

|         | Number | %   |
|---------|--------|-----|
| 0 time  | 0      | 0%  |
| 1 time  | 0      | 0%  |
| 2 times | 3      | 10% |
| 3 times | 4      | 13% |
| 4 times | 1      | 3%  |
| 5 times | 3      | 10% |
| 6 times | 2      | 7%  |
| 7 times | 18     | 60% |
| Total   | 31     |     |



### **Limitations**

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