



CF Item = Barcode Top - Note at Bottom =  
CF\_Item\_One\_BC5-Top-Sign

Page 1  
Date 12/4/2003  
Time 2:38:58 PM  
Login jtran



CF-RAI-USAA-DB01-2003-968515

Full Item Register Number [Auto] **CF-RAI-USAA-DB01-2003-968515**

Ext Ref: Doc Series / Year / Number EVL/03.06.14/ VTN 97/07

Record Title

**""Facts for Life"" in Vietnam - A Communication Achievement and Challenge**

Date Created - on item  
1/1/1997

Date Registered in RAMP-TRIM  
12/15/2002

Date Closed

Primary Contact  
Owner Location  
Home Location  
Current Location

Evaluation Office, UNICEF NY-HQ = 5128  
Evaluation Office, UNICEF NY-HQ = 5128  
CF-RAF-USAA-DB01-2003-68515 > Evaluation Office, U

1: In, Out, Internal, Rec or Conv Copy  
Fd2: Sender or Cross Reference  
Fd3: Doc Type of Format

Container Record [Folder]  
Container Box Record (Title)

CF-RAF-USAA-DB01-2003-68515  
""Facts for Life"" in Vietnam - A Communication Achievement and Ch:

Nu1: Number of pages  
0

Nu2: Doc Year  
0

Nu3: Doc Number  
0

Full GCG File Plan Code

Da1: Date Published

Da2: Date Received

Da3: Date Distributed

Priority

If Doc Series?:

Record Type A01ev Item Eval Office - CF-RAI-USAA-DB01-EV

Electronic Details

No Document

Electric [wasDOS] File Name

Alt Bar code = RAMP-TRIM Record Numb : **CF-RAI-USAA-DB01-2003-968515**

Notes

English,  
0  
0  
8515

Print Name of Person Submit Images

Signature of Person Submit

Number of images  
without cover

JOHN TRAN

116

D

B

# 'FACTS FOR LIFE' IN VIETNAM - A COMMUNICATION ACHIEVEMENT AND CHALLENGE.



*A group meeting in Soc Trang Province - the women unite in singing the project song.*

A report for UNICEF  
by  
Samantha Jane Hung  
Hanoi, April - June 1997.

B

## TABLE OF CONTENTS

	<u>PAGE</u>
1) EXECUTIVE SUMMARY	3
1.1. Introduction	16
1.2. Objectives	17
1.3. Overview of the UNICEF Facts For Life Initiative in Vietnam	18
2) RESEARCH FRAMEWORK & METHODOLOGY	19
2.1. Research Design & Tools	19
2.2. Research Target Groups & Research Setting	19
3) RESEARCH FINDINGS	22
3.1. Coverage & Forms of Facts For Life Communication to date by the Vietnam Women's Union	22
3.1.1) Findings From Meetings with Project Committees in Provinces Visited	22
3.1.2) Compilation of Facts For Life Communication Activities to date in Other Project Provinces	36
3.2. Facts For Life Communication Plans to the Year 2000	45
3.2.1) Findings From Meetings with Project Committees in Provinces Visited	45
3.2.2) Compilation of Communication Plans to the Year 2000 in all Other Project Provinces	47
3.3. Assessment of Facts For Life Communication Methods & Plans to the Year 2000	55
3.4. Findings from Interviews with Project Beneficiaries	70
3.5. Evaluation of Current Facts For Life Printed Materials & Their Suitability For Target Audiences	85
3.6. Analysis of the Impact of Facts For Life Communication on Knowledge and Behaviour Change Amongst Project Beneficiaries	89
3.7. Facts For Life Communication by NGOs or Other Organizations	94
3.8. Facts For Life Communication in other UNICEF Projects	97
4) RECOMMENDATIONS	104
4.1. Improvement of Vietnam Women's Union Facts For Life Communication Strategy & Implementation	104
4.2. Improvement of Facts For Life Materials	107
4.3. Increased Usage of Facts For Life Materials by NGOs, Other Organizations and Other UNICEF Vietnam Projects.	107
5) BIBLIOGRAPHY	108
6) APPENDICES	110
6.1. Questionnaire for Provincial & Commune Project Steering Committees	110
6.2. Questionnaire for Project Beneficiaries on Facts For Life Knowledge and Behaviour Change	111
6.3. Questionnaire for NGOs & Other Organizations Regarding Their Current or Prospective Use of Facts For Life Materials	113

## LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory Infection
CARE	CARE International in Viet Nam
CHC	Commune Health Centre
CIDSE	Cooperation Internationale pour le Developpement et le Solidarite
CPCC	Centre for the Protection & Care of Children
CRC	Convention on the Rights of the Child
CSC	Commune Project Steering Committee
CWU	Central Women's Union
DWU	District Women's Union
EPI	Extended Programme of Immunization
EMD	Ethnic Minority Development Program-UNICEF
FF	Fatherland Front
FFL	Facts For Life
GAD	Gender & Development
HIV	Human Immuno Virus
NGO	Non-Government Organization
ORS	Oral Rehydration Solution
OXFAM UK/I	Oxfam United Kingdom & Ireland
PDI	Population & Development International
PSC	Provincial Project Steering Committee
PWU	Provincial Women's Union
SCF/UK	Save the Children Fund United Kingdom
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
USD	United States Dollars currency
VAC	Vuon Ao Chung - integrated garden, fishpond & small livestock system
VBP	Vietnam Bank for the Poor
VBARD	Vietnam Bank for Agriculture & Rural Development
VND	Vietnam Dong currency
VWU	Vietnam Women's Union
WATSAN	Water & Environmental Sanitation-UNICEF
WHO	World Health Organization
WU	Women's Union
ZOA	ZOA Refugee Care, Netherlands

## 1) EXECUTIVE SUMMARY

*Facts For Life (FFL) is a set of ten fundamental messages which address problems likely to perpetuate ill health and continue the cycle of poverty in developing countries. The Vietnamese version of the campaign, initiated by UNICEF and the Vietnam Women's Union (VWU) is aimed nationwide at women of reproductive age and adolescent girls. Specific target beneficiaries of the UNICEF projects which directly utilize FFL are poor women living in remote areas, with priority given to those women with children who are malnourished or have dropped out of school, women with gynaecological disease, and female heads of households. The goal of UNICEF and the VWU is to communicate FFL messages to 12 million women and girls by the Year 2000.*

*FFL in Vietnam so far has mobilized many sectors of the community, including thousands of VWU cadres who have been trained at all levels, bringing FFL information to millions of people in Vietnam. Nevertheless, FFL still has great further potential for reaching target audiences. Furthermore, FFL is not merely about providing information but facilitating the transfer of that information into behaviour change.*

*This report endeavours to provide a global assessment and analysis of the FFL communication initiative in Vietnam so far. Secondly, it attempts to develop appropriate strategies which will strengthen the capacity of the VWU in all provinces, so as to deepen the impact of FFL on behaviour change at the grassroots levels.*

### RESEARCH OBJECTIVES:

- To assess the extent of FFL communication reach in Vietnam, in the light of UNICEF's goal to the Year 2000 of reaching 12 million women and girls.
- To research and evaluate the current FFL communication activities being implemented by the Vietnam Women's Union.
- To research and evaluate the use of FFL materials by NGOs, other organizations, and other UNICEF projects in Vietnam.
- To analyze the understanding of FFL messages and their impact on behavior change amongst project beneficiaries.
- To devise strategies to strengthen and increase FFL communication activities and coverage, in order to strive towards the Year 2000 target.

## RESEARCH FRAMEWORK & METHODOLOGY:

This report is based on:-

- I) Meetings with Provincial and Commune Project Steering Committees in Hai Phong Municipality, Thai Binh, Yen Bai and Dac Lac Provinces regarding their experiences, achievements and difficulties with the implementation of FFL communication activities, and their communication plans to the year 2000.
- II) Personal interviews with UNICEF 'Income Generation & Facts For Life - Project F67' beneficiaries during 3 separate field visits to Hai Phong Municipality, Thai Binh, Yen Bai and Dac Lac Provinces.
- III) Questionnaire responses from other PSCs, in provinces not visited, regarding their FFL communication activities to date and their communication plans to the year 2000. These were answered by post and compiled by the VWU Research Unit in Hanoi.
- IV) Questionnaire responses from various NGOs in Vietnam which are using FFL materials or other health communication materials.
- V) Meetings with UNICEF project staff in other UNICEF sections, with reference to their use (or lack of use) of FFL materials within their respective projects.
- VI) A review of literature on mass media communication and basic health communication in Vietnam, particularly with respect to the FFL communication campaign to date.

## SUMMARY OF FINDINGS:

### A. Coverage & forms of Facts For Life communication to date, and communication plans to the year 2000, by the Vietnam Women's Union

1. According to figures provided by project provinces, FFL had already reached **2,701,434 people** by the end of 1996. If estimates are accurate, an additional **2,968,864 women, 885,267 girls** and **593,721 men and grandparents** will have been communicated to by the Year 2000 in project areas (ie: a total of over 7 million people).
2. Numbers do not reflect the true quality or understanding of knowledge transferred, nor its impact on behaviour change which is the ultimate aim of FFL communication.
3. The capacity of the WU in mobilizing FFL communication can not be understated. Presently the project design does not include a district level project committee within the implementing structure of the VWU. However our monitoring field trips have indicated that appointment



of project cadres at this level would be very useful for improved communication planning and monitoring. In reality, district level cadres are already indirectly connected with some FFL activities (e.g.: some contests have a district level round).

4. It is impossible to divorce communication approaches from environmental and sociological factors which vary enormously within Vietnam. FFL communication strategies must be able to accommodate geographical differences depending on the specific province, or even commune, of implementation.
5. Mountainous and highland provinces generally face a much more restricted choice of communication forms because conditions are usually poorer, infrastructure is weak, households scattered, and their populations derive from different ethnic minority groups which speak many different languages. Thus they almost entirely rely on verbal communication and group meetings as forms of communication.
6. Delta provinces have the advantage of a target group which is predominantly fluent in Kinh language and is relatively more accessible by road, plus a much more extensive mass media communication network.
7. Of the places visited (and probably in comparison to other project provinces not visited), Thai Binh Province and Hai Phong Municipality have by far achieved the most in their FFL communication efforts, in terms of the numbers reached, diversity of communication forms, and the impact of communication on beneficiaries knowledge and behaviour. They should be considered pilot areas for strong FFL communication.
8. Mass media channels have the greatest communication potential in terms of the sheer numbers they can reach in short time frames, but irrespective of location, all project committees still regard the interpersonal method as most effective. Mass media may create awareness, but precise behaviour change is more likely if information is reinforced by interpersonal communication from a familiar source.
9. Group leaders, although enthusiastic and dedicated, are not always experienced communicators and require more training and guidance so that they can maximize FFL communication to their group members through their meetings.
10. Groups do not always maintain the regularity of their meetings because the women are too busy. As the group mechanism is the only means of reaching some target beneficiaries, namely the more remote and lower educated ones, it is crucial that attendance is promoted as much as possible. Meeting content (FFL messages) should be sufficiently attractive to captivate women's interests.

11. Some CSC members in some areas are assigned responsibility for a few groups and are expected to attend these group meetings to report back to the CSC on their progress. This is valuable for increasing commune project cadres' involvement at the grassroots level.
12. Sometimes FFL dissemination tends to become sidelined against microfinance related issues of the project, which dominate group meeting time. Until recently when UNICEF lowered its interest rate to 1.7% (from 2%) per month, the high interest rate relative to the formal banking sector was a sore point. However the interest rate reduction is worrying for FFL communication aspects of the project because it means that incentives for WU cadres, which are already low and are calculated as a set proportion of interest earned, will have to be decreased accordingly.
13. FFL messages need to suit beneficiaries environments (e.g.: *Malaria* in mountainous provinces), and messages should be transferred at times when they are directly applicable, so that behaviour change can be more immediate (e.g.: *Coughs & Colds* in winter and *Hygiene* in summer).
14. TV (and radio to a lesser extent) is popular amongst project beneficiaries as a communication medium, but there currently appears to be much confusion over the times when FFL is broadcast.
15. Newspaper access is less effective for project communes because few have access to them, and if they do have access, it is usually only a circulated copy which is shared by many. Yen Bai PSC has shown initiative in attempting to overcome this, by compiling and photocopying relevant articles and sending them to the communes for distribution to groups, which otherwise have no access.
16. The most widespread publication for project areas is the Women's Union monthly newspaper, and it may therefore be the most useful print media for FFL communication.
17. Hanging speakers are effective for reaching a larger audience with FFL messages, as all households in communes are within hearing-distance. These broadcasts are always early in the morning and in the evenings, mainly during campaign time. Messages must be broadcast repeatedly so that people remember what they hear, otherwise they are more a means to stimulate dialogue rather than reinforce understanding about FFL content.
18. Competitions have proved very effective for attracting many participants, involving men and grandparents (Thai Binh Province), providing an incentive for people to learn FFL content well, attaching prestige to FFL knowledge and reinforcing what is learnt through other communication methods.

19. Other creative forms of communication including songs, poems, riddles and short plays depicting FFL chapters are also used. We observed some short plays in Quang Phuc Commune, Hai Phong Municipality and were very impressed with the women's initiatives.
20. All sectors of the community express sincere appreciation for FFL communication as they can see the practical benefit that it brings. Political commitment to the communication activities is key to a strategic approach.
21. Design of overall FFL communication strategy must include a variety of dovetailed and complementary activities, with many sectors mobilized in an interlocking way, to disseminate ideas and information so that they converge in impact upon the intended target group.
22. Project cadres require more training in communication skills, FFL communication planning, and recording of social indicators, if the year 2000 target is going to be met.
23. Use of beneficiaries own language and an ethnic minority communicator are prerequisites for effective FFL communication to minority groups. In reality, project staff often can't speak the language of many project beneficiaries.
24. The communication role is extremely time-consuming for project cadres who have other responsibilities in their lives. Therefore it will be a challenge to find successors for current project committees, because few will be prepared to assume the demanding roles when incentives are comparably so low.
25. Although FFL has been a nationwide campaign since 1989, FFL communication efforts have been focussed to a large extent on UNICEF income generation project areas. FFL communication must be expanded, monitored, and strengthened in all provinces of Vietnam.
26. Communication of FFL messages is closely linked with health services (e.g. the provision of gynaecological checks). The informal health sector is also vital for bringing FFL to the grassroots (e.g. traditional healers and birth attendants). However there needs to be training input to ensure consistency and accuracy of messages.
27. Currently the religious community is under-utilized as a channel for dissemination of FFL messages.
28. By and large the most overriding difficulty for FFL communication is limited funding, and all project and non-project areas can benefit from increased UNICEF financial support.
29. CSCs do not always appear committed to UNICEF's selection criteria for beneficiaries, which has implications for FFL communication, because FFL messages are designed for the specific target group.

30. The private sector can make significant contribution to the FFL challenge but this must be sought with caution to be sure that business practices are in accordance with UNICEF's philosophy.

**B. The suitability of current Facts For Life printed materials for target audiences**

31. Given the ethnic and geographic diversity of the population, the five official minority language versions of FFL are not sufficient to meet the linguistic needs of some ethnic groups. Furthermore, translated versions are not always understandable for members of these ethnic minority groups, if they were translated in another province where the dialect differs.

32. FFL as a readily available book at home is useful for women to read when they have the time, given that reading material is often limited in poor, remote areas. However reliance on self-reading is ineffective for women with low education. FFL in a leaflet form, with illustrations on one page and basic vocabulary on the facing page, would make understanding easier for women with lower educational attainment and language barriers.

33. The FFL book is suitable for leaders of mass organizations, teachers (as a reference text), or well-educated group leaders, but seems overly complex for the average recipient in the target audience of the project. However there continues to be a huge demand for more copies of FFL in all forms.

34. Beneficiaries commonly request for chapters on goitre/iodized salt and prevention of gynaecological disease, and desire more information on how to recognize the signs of disease and preventative behaviour. Women also want a chapter on the use of traditional medicinal herbs as these are economical, available, easy to use, and compatible with their culture.

35. Two new chapters on Some Common Accidents Which Happen to Children and Vitamin A & Xerophthalmia have been produced for inclusion into a new version of FFL. This corresponds with the importance of responding to health issues which are of concern to the target population.

36. FFL focusses predominantly on child healthcare and little on the common diseases of women, yet only when a mother is healthy can she take good care of her children.

37. In some ways, FFL appears to combine what the women can do for herself, with what requires the assistance of a health worker. For example, although a women may be going for antenatal checks (*Safe Motherhood* Chapter), the benefit of these checks are dependant upon the quality of the healthcare that she is provided with at the health post.

38. FFL prides itself on providing practical messages that people can act upon, however the action-oriented nature of the messages could be enhanced, as not all messages permit the same degree of action response. An example of a good action-oriented message is Diarrhoea message #1 (*give a child with diarrhoea plenty of liquids*), whereas an example of a message which requires assistance is Coughs & Colds message #1 (*if coughing more rapidly than normal, the child is at risk and it is essential to get the child to a clinic quickly*).

**C. The impact of Facts For Life communication on knowledge and behaviour change amongst project beneficiaries**

39. The effect of FFL communication on behavioural change in health has undoubtedly been overwhelmingly positive, albeit to different degrees in different project areas. The overriding response to FFL, was praise for its practicality and relevance to their lives.
40. The overall impact of FFL on beneficiary's knowledge and behaviour change was greatest in Thai Binh Province and Hai Phong Municipality. Yen Bai Province was much weaker - most women knew here knew that there were 10 messages but their understanding of the specific content was quite shallow. But the impact of the communication in Dac Lac Province is by far the weakest out of the four provinces visited.
41. Some messages had much greater impact than others, and this was usually due to the relative value placed on the message by women, as well as other economic and environmental factors which affect women's ability to act on the message. Women naturally understand messages that have the closest connection with their own lives e.g.: *Malaria* was the most well understood message in Yen Bai Province because of its prevalence in mountainous areas.
42. Economics is a pivotal determinant of FFL impact because people must be able to afford to change their habits, but some messages are more closely linked to the family's financial situation than others. For example, malnutrition is more difficult to reduce than some other indicators because it depends on household food security as well as knowledge on nutrition.
43. It is the application of FFL messages into daily life that especially requires assistance. For example, although the habit of antenatal checks (*Safe Motherhood chapter*) has increased tremendously, women still have a low understanding about gynaecological disease and need to be motivated to have regular check-ups.
44. Even where the women do understand FFL messages, they can't always apply it due to other health restrictions. In Ed Drong Commune, Dac Lac Province, most women knew the principles of appropriate breastfeeding fairly well and genuinely wanted to breastfeed their children, but were not able to produce adequate amounts of breastmilk, and had to resort to substituting cow's milk.

45. *Birth Spacing* is now fairly well practiced in most areas visited, and women with many children all expressed that in hindsight, if they had been provided family planning education, they would definitely have chosen to have fewer children. The project has eliminated a lot of women's previous fears about contraception and most are using some form.
46. Contrary to what several CSCs believed, Christian women in Dac Lac Province (and Thai Binh Province), did not perceive any conflict between FFL birth spacing messages and Christianity. Religious leaders therefore are a channel which project cadres should approach for more FFL communication support.
47. The HIV/AIDS message is the most challenging for women to understand in all areas visited, and this is mainly because it is quite a new concept for the women, it has an elusive nature, and people are not familiar with the symptoms or effects. Thai Binh Province have reduced many of the taboos associated with HIV/AIDS and placed it at the centre of everyday conversation by holding two contests specifically addressing the HIV/AIDS FFL chapter. HIV/AIDS is the only chapter that most husbands seem consistently interested in.
48. Self-reading of the FFL book by women is by no means going to create behaviour change, except perhaps in the case of women who have a relatively high educational attainment. If women do read, it is in the evenings or at noon but some women are too busy with production work or do not prioritize reading.
49. FFL communication has contributed enormously to women's self-esteem and better gender relations. All husbands said that FFL was very useful and practical when asked, but only some read regularly and were familiar with the messages.

#### D. Facts For Life communication by NGOs or other organizations

50. The majority of NGOs and other mass organizations do implement some form of health related communication amongst their target audiences. Similar to the scenario within the UNICEF office, there is an abundance of communication materials being circulated by them within communities in Vietnam, many of which overlap both in terms of content and geographical coverage.
51. Some NGOs are adapting FFL to their own purposes e.g: CARE using FFL in comic form, but others are using FFL through women's Savings & Credit groups e.g: SCF/UK & CIDSE. Others express keen interest in considering FFL use or collaboration with UNICEF re: FFL use.
52. Since the VWU are project partners for a large proportion of NGO projects in Vietnam, and are overloaded with implementing so many different programmes, use of FFL in more projects would simplify their work by making projects more consistent.

53. It has been shown that group communication is the most effective communication form, and when combined with income generation activities, behaviour change is better facilitated. Therefore, if funds are available, UNICEF should offer samples of FFL to NGOs through the microfinance forum and share its evaluation reports widely. This way, UNICEF can advocate FFL use in other programmes by explaining the benefits of credit plus to them.
54. NGOs may have smaller target groups but have a very large combined reach, and can help with communication skills training and capacity building, which are attributes conducive to achieving wider FFL communication overall.

**E. Facts For Life Communication in other UNICEF projects**

55. FFL generally fits uneasily into current UNICEF Vietnam's programming structure, except for in the two GAD projects and the Ethnic Minority development Program which directly use FFL materials.
56. Although other UNICEF projects do not use FFL materials, in essence the main messages that they are communicating in their respective projects are actually part of FFL. One reason that other sections find it difficult to incorporate the use of FFL into their more specific projects, is that FFL communicates many things but does not prioritize any.
57. We are seeing within UNICEF an overemphasis on the production of communication materials which overlap to some degree. In the meantime, insufficient emphasis is being placed on the need to collaborate and cooperate in the development of suitable materials and implementation of interlinked communication activities to promote a broader and increasingly integrated country initiative.
58. Most UNICEF Vietnam staff have some knowledge of FFL but it is definitely not considered a priority for most and there is little recognition of the role it can play in helping to implement broader goals such as the CRC.

**SUMMARY OF RECOMMENDATIONS:**

**A. Improvement of Vietnam Women's Union Facts For Life Communication Strategy & Implementation**

- R.1 Appoint district level project cadres and train them as master trainers, who will diffuse FFL communication skills and messages at the district level, and supervise commune activities.

R.2 Name Thai Binh and Hai Phong Provinces pilot examples of delta provinces with very strong FFL communication, especially because of their creativeness in initiating new and effective forms of communication.

R.3 Organize study tours to these pilot provinces for project staff from weaker communication provinces, to provide them with the valuable opportunity to observe their peers and share experiences.

R.4 Take into consideration environmental and sociological factors of the province when forming or adapting future FFL communication activities. Mountainous and highland provinces have a much more restricted choice of communication forms and therefore require greater assistance.

R.5 Assign each CSC member with responsibility for some groups in their commune, requiring them to attend group meetings and report back to each other on group's progress during CSC meetings. This practice will maximize commune cadres involvement at grassroots levels, and place them in an informed position about group's strengths and weaknesses.

R.6 Ensure that in areas where there is a significant ethnic minority population, at least one member of the project steering committee at commune, district and provincial levels has working competency in the main minority language.

R.7 Explore the possibility of providing some ethnic minority language training for project staff at lower levels where this would be of great benefit to improved communication with a large ethnic minority target audience.

R.8 Provide Project Steering Committee cadres with more guidance/training on monitoring and planning for communication, and on communication skills, to enable them to successfully achieve the Year 2000 target with sound monitoring records.

R.9 Identify some exceptionally successful communicators to train communicators in new or weaker communes, as they already 'speak the language' of the project, hence are in the best position to teach their peers.

R.10 Provide more support in terms of communication training and FFL materials to non-project communes, in the light of the Year 2000 goal.

R.11 Promote group attendance as much as possible, because the group mechanism may be the only means of reaching some target beneficiaries. This depends greatly on committed and strong group leaders.

R.12 Develop an easy-to-follow curriculum for group meetings to provide group leaders with more detailed and structured guidelines as to how to conduct the group meetings. Publish the above curriculum in the Women's Union monthly newspaper, as this is the most widespread publication



in terms of access and availability in project areas.

R.13 Transfer messages according to their seasonal relevance so that behaviour change can be more immediate e.g.: *Coughs & Colds* in winter or *Hygiene* in summer.

R.14 Pursue the TV, radio, newspapers and other print media as important communication channels, but keep these subsidiary to interpersonal forms in project areas.

R.15 Inform beneficiaries, through their relevant CSCs and group leaders, in advance regarding FFL communication broadcast times for on TV & radio.

R.16 Spend a reasonable proportion of TV and radio time providing FFL information in a appropriate ethnic minority language, in areas with a high percentage of ethnic minority people.

R.17 Explore FFL TV programming for children, given that a recent study found that 100% of children watch TV. Children are powerful communicators to each other and their families, and thus should not be ignored in FFL communication planning.

R.18 Photocopy & compile printed FFL articles and send them to the commune level for distribution to groups in areas where newspaper access is limited.

R.19 Use hanging speakers at suitable times (early morning, noon or evening) to reach more non-borrower members of communities. FFL messages should be broadcast repeatedly and in more interesting forms.

R.20 Provide (from UNICEF) PSCs and CSCs more communication supplies such as hanging speakers. Megaphones provided by UNICEF in 1991 are all no longer in working order.

R.21 Continue to advocate support from local authorities for FFL communication effort, to incorporate FFL content in other community events (e.g.: intersectoral meetings, campaigns), and to seek broadcasting time free of charge or at discounted rates from local TV, radio or hanging speaker sources.

R.22 Continue to hold competitions on FFL knowledge as these have been very effective in terms of attracting participants, providing incentives to learn, attaching prestige to FFL knowledge, and reinforcing what is learnt through other communication methods.

R.23 Provide more funding (from UNICEF) to encourage more contests, especially those for children, men and grandparents, as a way to disseminate FFL to wider stratas of the community.

R.24 Continually promote short plays and other creative forms of FFL as these are initiatives from the women themselves, thus are indicative of a higher level of understanding and application of the messages into an enjoyable creative form.

R.25 Increasingly link FFL with health services and the informal health sector (e.g: integrate FFL training into training of health workers) as these have a potentially large role in bringing FFL to the grassroots. Work together with health services to inform beneficiaries of the schedule of health services as a support mechanism for FFL behaviour change e.g.: immunization drives.

R.26 Approach religious leaders in communities to mobilize their increased active support with FFL communication, as currently the religious community is under-utilized as a channel for dissemination of FFL messages.

R.27 Strive for stricter beneficiary selection, according to UNICEF's prescribed criteria in project areas. This ensures the appropriateness of FFL messages for the target group.

R.28 Bear in mind the potential negative effect on FFL communication of any future reductions in the project's interest rate. Communication is undoubtedly linked with microfinance issues, because communicator's incentives are derived from a proportion of interest earned on loans, and an improved economic situation helps implementation of FFL messages communicated.

R.29 Gradually seek linkages with the formal banking sector (UNICEF) so that they can provide the loan capital, leaving UNICEF funds and support free for full investment into communication aspects of the project. This will help reduce the biggest hindrance to FFL communication of restricted funds.

R.30 Increasingly explore the possibility of attracting private sector contributions and support to the FFL challenge, with caution, to take advantage of commercial communicators.

R.31 Hold a central meeting with UNICEF & VWU, if possible inviting representatives from Provincial Project Steering Committees, addressing strategic FFL communication planning which will incorporate the recommendations from this report, with the aim to share useful information.

## **B. Improvement of Facts For Life Materials**

R.32 Develop or modify FFL materials into a simpler form with more illustrations, diagrams, and less printed vocabulary for ease of understanding among specific groups who are less educated or have a language barrier.

R.33 Diversify FFL materials to suit a wider cross-section of educational levels e.g.: full FFL version for group leaders and presenters, but brief version, will suffice for individual beneficiaries.

R.34 Review the translation of FFL into ethnic minority languages to ensure the appropriateness of the language used for all areas. The linguistic needs of some ethnic minority groups are not being met, either because there is no translated version in their own language, or because the translated version is in a different dialect from another province.

R.35 Produce simple but informative FFL support materials (e.g.: pamphlets) to address issues of special concern, such as goitre/iodized salt in mountainous areas, HIV/AIDS in all areas, or Hepatitis B in areas with a growing epidemic like Dac Lac Province. This is also consistent with the need to adapt FFL to suit specific geographic locations.

R.36 Continually re-evaluate and revise messages to enhance their action-oriented nature, accuracy, and effectiveness for communication impact.

**C. Increased usage of Facts For Life materials by NGOs, other organizations and other UNICEF Vietnam projects**

R.37 Advocate the incorporation of FFL communication in other NGO projects, especially those microfinance programmes with group structure and who use the VWU as a project counterpart, to maximize the communication target audience that receives the same FFL communication.

R.38 Offer samples of FFL to NGOs through the microfinance forum and share evaluation reports widely, if funds permit.

R.39 Increase integration and collaboration between UNICEF sections, in the development of suitable health communication materials and the communication of fundamental messages, to promote a broader and increasingly interlinked country initiative.

### ACKNOWLEDGMENTS

Once again, much appreciation goes to UNICEF Vietnam, especially the Education/GAD section, for providing me with the opportunity to perform this interesting research and to produce this report. Thanks to Elaine Furniss, UNICEF Senior Project Officer, for her valuable comments and guidance.

Many thanks to Le Thi Thuy, Deputy Director of VWU Research Unit, Tran Quang Tien, VWU Project Staff, Nguyen Thi Minh Huong, VWU Project Staff, for their help and good company during the field trips. Thank-you to Pham Ngoc Anh, UNICEF Education/GAD Secretary for her patient translation, during field trips and in the office.

Thank-you to the various NGO staff and UNICEF project officers in other sections who gave their time to answer my questionnaire and/or meet with me. Last but not least, special warm thanks to the project staff and women in Thai Binh, Hai Phong, Yen Bai, & Dac Lac who participated in the interview process, because without them this report would have lacked a real-life perspective. I hope that this report will be of some assistance to improve FFL communication, so as to convey these fundamental health messages to more women and families in Vietnam.

## 1.1. INTRODUCTION

Facts for Life (FFL) was first published in 1989. The author, Peter Adamson, was inspired as a result of working many years in the 1980's on UNICEF's State of The World's Children Reports, to produce a book containing ten fundamental messages which could help save children's lives. FFL was based on the premise that people have a right to information, and a right to know what science knows about health, even though this alone will not eliminate poverty. Its messages are relevant to all in the developing world - all messages are designed for people to act upon - all messages can make a positive difference to health. The topics selected to be contained in FFL are the problems most likely to perpetuate ill health and continue the cycle of poverty. The core of FFL's appeal is its simplicity and action-oriented messages. Providing people with information which in turn enables them to improve their children's and family's health, is an empowerment process. In addition, FFL is gradually being acknowledged as a useful tool which has an assist in realization of the Convention on the Rights of the Child (CRC) in a meaningful way.

The Vietnamese version of the FFL campaign, initiated by UNICEF and the Vietnam Women's Union (VWU) is aimed nationwide at women of reproductive age and adolescent girls. The target beneficiaries of the two UNICEF projects which directly utilize FFL, are women living in remote places, mountainous regions and poor delta areas. Priority is given to the poorest women with children who have dropped out of school or are malnourished, gynaecological disease, and female heads of households. However, poor women at large (and other family members) can all undoubtedly benefit from FFL messages. Thus it is pertinent to look beyond the limitations of project areas in order to reach UNICEF's Year 2000 communication target of 12 million women and girls.

The FFL initiative represents a very important step taken in that an effective communication strategy has been developed in Vietnam, creating an appropriate communication strategy drawing from international experience, but adapted to the specific situation of Vietnam. Thousands of VWU cadres have been trained from central to grassroots levels, bringing FFL information to millions (see current estimates later in report) of women & children and to different target groups in the Vietnamese community. Social forces from all levels, leaders of party & state, ethnic minorities & religions, heads of communities, and many others, have been mobilized to be involved with the FFL effort. Hence, this collaboration of all sectors of society has multiplied many times the initial investment by UNICEF & VWU.

Nevertheless, it is true to state that FFL still has great further potential for addressing health issues and that major audiences have yet to be reached. Numerous constraints to FFL behaviour change still exist, as social, cultural & economic conditions remain very difficult for certain stratas of the Vietnamese population, particularly in mountainous and ethnic minority areas. There are still many traditional health customs and habits which are difficult to change, and weaknesses which can be identified in project beneficiaries' FFL knowledge and understanding.

We must continually improve communication channels and communicators' skills for facilitating behaviour change, as opposed to merely providing information. Maximizing FFL's full potential in Vietnam requires a firm commitment, to the implementation of continual effective communication and the empowerment phases of the FFL initiative, in order to follow-up and consolidate the information phase that is presently well underway.

Furthermore, FFL is a *communication challenge* because it is not simply a health book although communicating about health is the main objective. It is what lies between its covers that has been translated into many living forms, channels and dimensions. UNICEF created it but others have recognized its value and transformed it in many different ways. It follows that obtaining an exact figure for the number of people that are informed about FFL, is a virtually impossible task. Eventually, it is likely that we will not be able to identify what materials of communication messages were inspired by FFL or used FFL as a guiding influence. This is already beginning to be the situation in Vietnam, but this is a good sign as it reflects a sense of ownership and absorption by the Vietnamese community making the Vietnamese FFL version 'theirs'.

Given the above scenario, this report endeavours to provide a global assessment and analysis of the FFL communication initiative in Vietnam so far. Secondly, it attempts to develop appropriate strategies which will strengthen the capacity of the VV/U in all provinces, with further emphasis on existing project committees in project provinces, so as to deepen the impact of FFL on behaviour change at the grassroots levels.

## 1.2 OBJECTIVES

- To assess the extent of FFL communication reach in the light of UNICEF's goal to the Year 2000 of reaching 12 million women and girls.
- To research and evaluate the current FFL communication activities being implemented by the Vietnam Women's Union.
- To research and evaluate the use of FFL materials by NGOs, other organizations, and other UNICEF projects in Vietnam.
- To analyze the understanding of FFL messages and their impact on behaviour change amongst project beneficiaries.
- To devise strategies to strengthen and increase FFL communication activities and coverage, in order to strive towards the Year 2000 target.

### 1.3. OVERVIEW OF THE UNICEF FACTS FOR LIFE INITIATIVE IN VIETNAM

UNICEF's support emphasizes women's triple role as mothers, producers and organizers, as well as placing an emphasis on a gender-responsive approach to programming. Since 1989 UNICEF's Women in Development Programme (now called Gender and Development in 1996-2000 programme) has focussed its support on the communication and training of women and girls on knowledge and information on health, nutrition, water, environmental sanitation and other life saving technologies, promoting the use of the Facts For Life book which outlines 10 key 'top 10' basic health messages. This has been implemented by the Vietnam Women's Union as project counterparts through their extensive network. The overriding objective is to communicate widely to 12 million Vietnamese women (17% of the total population) and adolescent girls these top ten basic messages to promote beneficial behaviour changes with regard to women's and children's health. Other specific objectives for project communes are to reduce the malnutrition rate of under-5 children to 35%, to reduce gynaecological disease amongst women to 40%, to improve environmental sanitation so that 80% of households have wells, sanitary latrines and bathrooms, and to ensure that 100% of primary education drop-out children and 100% of women and girls aged 15-35 years are literate.

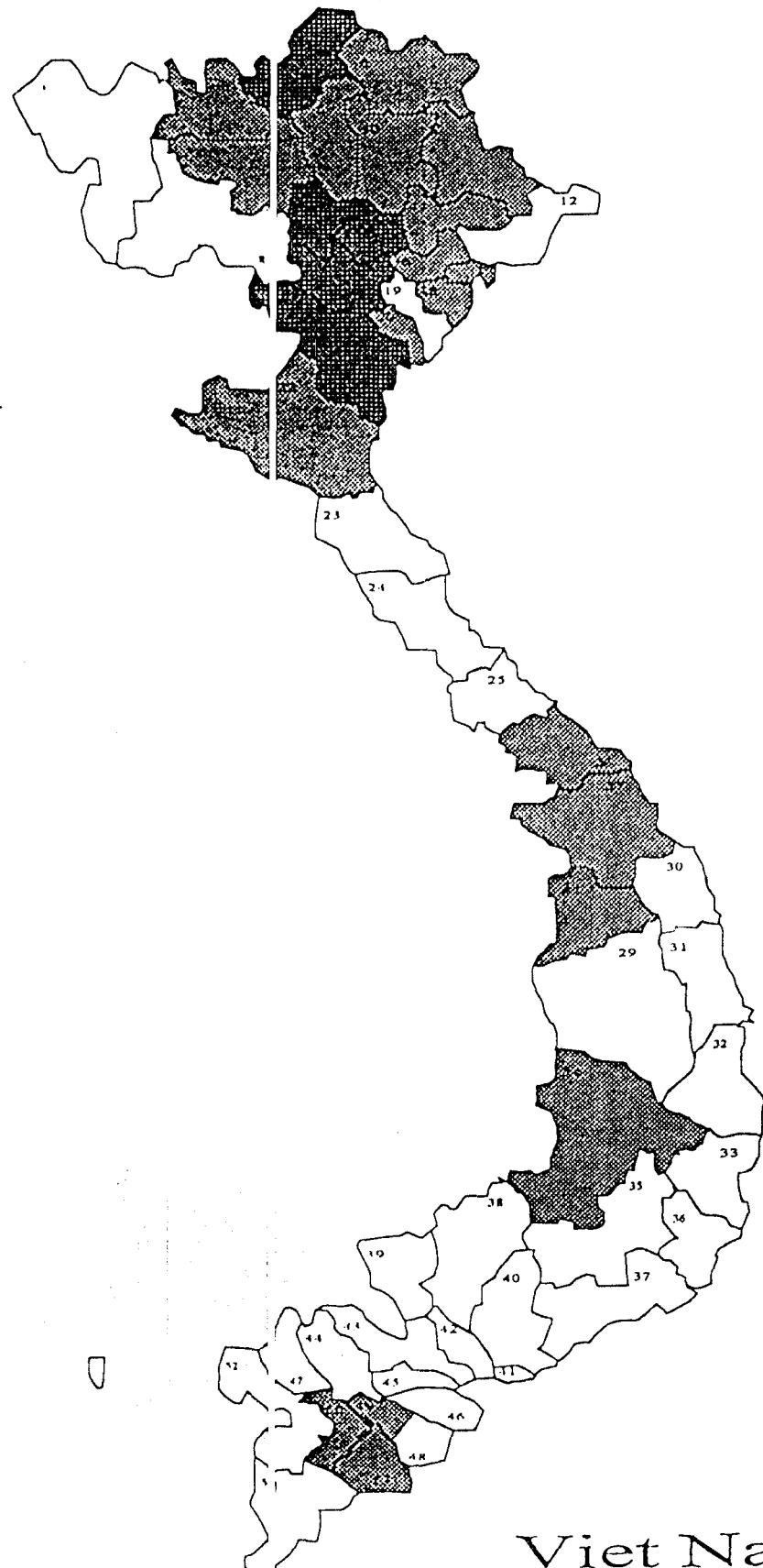
In 1993, a credit & savings component was incorporated into the FFL communication activities to provide poor women with loans for income generation activities (Project F67-Income Generation & FFL Communication which is now in 155 communes in 19 provinces spread throughout the country with 47,430 beneficiaries). Vietnam Women are also provided with training on VAC technique (Vuon Ao Chung - integrated garden, fishpond, and small livestock system) to make optimum use of their credit. The basic principle for combining FFL communication with microfinance in project communes is that reduction in poverty is greater if a woman has adequate access to essential health information which she can use to appropriately allocate generated income for the well-being of her family and self. As anticipated, the scheme has indeed proved to be an efficient integrated socio-economic approach for the empowerment of women and the sustainable improvement of children's situation. Women beneficiaries commonly express that FFL is of great relevance and practical use in their daily lives, and that they feel empowered by the project in terms of their improved knowledge and financial situation. Moreover, children born after FFL communication are healthier than those born before, as a result of changes in approach to upbringing stemming from the implementation of FFL messages learned.

Efforts will be continually put into the mobilization of women and families to ensure that the results achieved by income generating activities will be used to improve women's and children's health, reduce the rate of malnutrition, gynaecological disease and malaria, increase immunization, contraceptive use and breastfeeding, to name a few. FFL has since been incorporated into other UNICEF Vietnam projects, namely the Income Generation & Literacy Training Project, the Ethnic Minority Development Programme and several education projects. Several NGOs are also adopting its use in through their microfinance or other projects. It is intended that this report will contribute useful recommendations for these processes.



# UNICEF-ASSISTED INCOME GENERATION PROJECTS IMPLEMENTED BY THE VIET NAM WOMEN'S UNION

## Provinces

- 1 Lai Chau
- 2 Lao Cai
- 3 Yen Bai
- 4 Ha Giang
- 5 Tuyen Quang
- 6 Cao Bang
- 7 Lang Son
- 8 Son La
- 9 Vinh Phu
- 10 Bac Thai
- 11 Ha Bac
- 12 Quang Ninh
- 13 Ha Noi
- 14 Hoa Binh
- 15 Ha Tay
- 16 Hai Hung
- 17 Hai Phong
  
- 18 Thai Binh
- 19 Nam Ha
- 20 Ninh Binh
- 21 Thanh Hoa
- 22 Nghe An
- 23 Ha Tinh
- 24 Quang Binh
- 25 Quang Tri
- 26 Thua Thien Hue
- 27 Quang Nam Da Nang
- 28 Kon Tum
- 29 Gia Lai
- 30 Quang Ngai
- 31 Binh Dinh
- 32 Phu Yen
- 33 Khanh Hoa
- 34 Duc Lac
  
- 35 Lam Dong
- 36 Ninh Thuan
- 37 Binh Thuan
- 38 Song Be
- 39 Tay Ninh
- 40 Dong Nai
- 41 Ba Ria Vung Tau
- 42 Hochiminh City
- 43 Long An
- 44 Dong Thap
- 45 Tien Giang
- 46 Ben Tre
- 47 An Giang
- 48 Vinh Long
  
- 49 Tra Vinh
- 50 Can Tho
- 51 Soc Trang
- 52 Kien Giang
- 53 Minh Hai



Viet Nam

 INCOME GENERATION & FFL COMMUNICATION  
 INCOME GENERATION AND LITERACY EDUCATION

Viet Nam now has 61 provinces, but the changes have not essentially changed geographic coverage





## 2) RESEARCH FRAMEWORK & METHODOLOGY

### 2.1. RESEARCH DESIGN & TOOLS

As the fundamental aim of this report was to develop strategies to ensure that UNICEF achieves its target for the Year 2000, extensive assessment of FFL communication coverage to date, together with detailed analysis of the impact of FFL knowledge on behaviour change amongst UNICEF project beneficiaries, was considered an appropriate foundation for the study. The research for this report therefore stems from three primary sources, in the form of three questionnaires directed at three specific target groups (see below). Information was obtained during meetings with project committees in the provinces visited (see below), but questionnaire responses from all other project provinces were received by mail and compiled centrally with the help of the CWU. A questionnaire on FFL use in other programmes was sent to various NGOs and other organizations implementing microfinance or basic health education projects, and depending on the responses, meetings were sought with relevant project officers. UNICEF project staff in other sections were also asked about FFL use within their projects, or any other basic health message communication. With regard to individual project beneficiaries, the questionnaire designed for them was used for guidance during interviews in project communes. This was regarded as the most effective way of researching FFL impact at the household level due to the impracticality of seeking written responses, and because personal meetings provided the valuable opportunity to observe beneficiaries' living conditions, the health of their children, and to form a clearer opinion of their understanding of the FFL messages.

Numerous secondary sources in the form of UNICEF or VWU project reports, international FFL review reports, and more general publications on communication issues were consulted for reference and background reading.

### 2.2. RESEARCH TARGET GROUPS & RESEARCH SETTING.

Provincial PSCs in all 19 project provinces were sent a copy of a questionnaire. In Provinces visited, time was allocated to meet with the relevant PSC twice (upon our arrival and prior to our departure). These meetings provided a forum during which the project staff could report their achievements so far regarding the FFL communication objectives, and also their difficulties and constraints in reaching their communication targets. At the same time, it created an opportunity for us to give some brief comments or observations from our time spent in the area. In communes visited, we also worked with the CSC in a similar fashion.

Three separate field trips were organized to Hai Phong & Thai Binh Provinces (7 - 11 April 1997), Yen Bai Province (15 - 18 April 1997) & Dac Lac Province (5 - 9 May 1997). These areas were selected on the basis of varied FFL communication success and diverse geographical environments. In each province, the aim was to visit a strong, an average & a weak communication commune, 3 groups per commune, and to interview at least 1 member per group. Hence all PSCs were requested

to notify appropriate CSCs about our planned visits. Where possible, 1 ethnic minority group was visited per commune. In some communes, we also managed to attend a group meeting which allowed us to observe meeting procedure/content and how the members interacted with each other. The field work helped us to understand the main forms of communication in their living form, and why some forms were more preferable or suitable for different locations. Interviewing individual beneficiaries gave us insight into their levels of FFL knowledge, and how/if they were applying the messages learnt.

The 1996/97 NGO directory and word-of-mouth were the sources for identifying the organizations which should be contacted to possibly ask about their familiarity with, or use of, FFL. These were sent copies of a questionnaire in late March. Unfortunately, few responses were received in comparison to questionnaires sent and this has restricted the analysis of the FFL use by NGOs/other organizations aspect of this report. It must be noted that if due to time constraints or lack of information, I may well have omitted to include some organizations which use FFL, I apologize in advance if this is the case.

Project staff in other UNICEF sections were approached at various times over the research period to discuss the use of FFL use (if any) within their projects, or to obtain their opinions and perceptions of FFL materials.

*FFL books in Vietnam, are currently printed in Kinh, Hmong, Bana, Giarai, and Tay-Nung languages. There is also a brief FFL version available.*



*Some of the numerous FFL communication printed materials used in UNICEF projects.*



*The UNICEF 'Three cleans for delivery' kit comprises of a flip chart, picture cards, and book. These materials target traditional birth attendants, health workers, and WU cadres in ethnic minority areas. Simple Hmong language and colourful illustrations are used to cater to the linguistic and visual needs of the target population.*



### 3) RESEARCH FINDINGS & ANALYSIS.

#### 3.1. COVERAGE & FORMS OF FACTS FOR LIFE COMMUNICATION TO DATE BY THE VIETNAM WOMEN'S UNION.

##### 3.1.1 FINDINGS FROM MEETINGS WITH PROJECT COMMITTEES IN PROVINCES VISITED

###### General Information:

Indicator	Hai Phong Municipality	Thai Binh Province	Yen Bai Province	Dac Lac Province
Population Size	over 1.7 m	1,217,000	700,000	1.4 m
Proportion of Women	500,000 (29%)	53%	52% (71.3% fertile age)	331,000 (16 years +)
Average Income Per Head	150-220 kg p.a.	609 kg p.a.	170 US\$p.a.	200 US\$p.a.
Total Area	95,000 ha of arable land	1508 km sq. (102,000 ha is arable)	6807 ha sq.	19,200 km sq.

*\*Unfortunately unit measures were not consistent between PSC's.*

**Hai Phong Municipality:** There is a varied economy here, which includes industry, agriculture, fishery, services, import & export, and handicrafts. Technology is taking over low-skilled women's jobs, creating some unemployment. In 1993, 41% of households were poor (3 month's food shortage per annum), 50% average, 1.7 % well-off and 1% rich. The remaining 6.3% were not accounted for in the PSC's figures, possibly indicating a mistake in counting.

**Thai Binh Province:** This is the 3rd most populous province in the country and population density stands at 1200 people/km square. 96% live in rural areas and the main production is farming, with some small scale mattress weaving, silk worm raising, textiles, and carpet making.

**Yen Bai Province:** 70% of the province is mountainous, and there are 31 ethnic minorities with Kinh accounting for 54%, Thai 17%, Dao 10%, Mong 9%. The main production is agriculture, forestry and forest processing.

**Dac Lac Province:** There is a diverse ethnic mix here with 30.9% (414,734 people) of the population belonging to an ethnic minority group. The largest minority groups are E De & M'Nong which account for 289,000 people. The main production is in agriculture and industrial

trees, namely coffee, rubber, cassava and rice. 26.4% of households are considered poor, of which 28% experience annual food shortages.

#### **Distribution of FFL & Related Materials:**

**Hai Phong Municipality:** This was a pilot city for communication (in 1990 there was a big campaign covering 90% of communes) and now all 12 districts have FFL activities. In 1993, 200 copies of brief messages were reprinted from FFL for the first commune before the book was available. The handbook for the WU section of trade unions contains these messages and 1000 have been distributed. ZOA Refugee Care bought 1000 FFL copies from Hai Phong WU (@5000 VND/copy) for their project. In total, about 6000 FFL copies have been distributed by Hai Phong WU, 5,500 of which have been to women. Minh Tin & Dong Hoa CSCs have each distributed 450 copies, Quang Phuc CSC has distributed 350, and An Hoa CSC has distributed 481.

**Thai Binh Province:** 6285 FFL copies have been allocated to Thai Binh Province by the CWU, but the province has printed and distributed another 4000 in collaboration with the family planning committee. 3672 of these have been given to borrowers. Phu Chau CSC have distributed 325 FFL books, plus they have trained 57 men (from local authorities and other mass organizations) and 53 women in communication skills. Nam Chinh CSC has distributed 396 copies and communicated to approximately 790 women. The corresponding figures for Hong Phong CSC are 505 and 1480, respectively.

**Yen Bai Province:** 5246 copies have been distributed in total, 3978 of which went to borrowers. 85% of women in Tan Nguyen Commune have been reached with FFL, based on the number of women who have attended WU meetings at hamlet level. In Thanh Luong and Tan Huong Communes, a total of 347 and 360 books, respectively, have been distributed. Thanh Luong hopes that 100% of women will have been reached with FFL by the Year 2000, but Tan Huong targets 100% of WU members by the Year 2000, which they estimate to be 578 women based on current communication channels. Hung Khanh CSC have distributed 350 FFL books, 25 of which were the thin versions, as well as widely circulating family planning leaflets of another project. They perceive that 10,800 people have been reached with FFL, according to attendance records for 36 intersectoral meetings, held twice per annum during the 1-2 month campaign period.

**Dac Lac Province:** 1836 copies have been distributed to borrowers, but in addition the PSC has translated 60 copies into E De language so that each group has received a copy. 1425 new thin books (pamphlet versions which only include the top ten messages and their main supporting messages without all the secondary information), will be distributed to non-project communes through the WU. The PSC estimate that at present 75% of women and girls have been communicated to (double counting of meeting attendance?). In Quang Phu Commune, E De versions were not required since 100% of the commune is of Kinh ethnicity.

### **Proportion of FFL Reaching Non-Borrowers:**

**Hai Phong Municipality:** Approximately 1500 non-borrowers have been reached according to the PSC, but the respective CSCs gave the figures of 144 in Minh Tan Commune (intersectoral meetings where some books are distributed, interlending), 1105 in Dong Hoa Commune (99 staff of WU and other mass organizations, with the rest mainly via public hanging speakers), 44 in Quang Phuc Commune (health posts, teachers, WU and other mass organization staff), and 461 in An Hoa Commune (mainly commune leaders and WU cell staff).

**Thai Binh Province:** 2613 copies have been distributed to non-project communes (ie: about 7-8 copies per commune), mostly to WU cadres/communicators. 21 copies were provided to priests in Christian areas for lending amongst the church community. In Phu Chau Commune, 19 WU cadres/local authority officials have a FFL book, and 270 family planning booklets were also distributed to young non-borrower mothers. In Nam Chinh Commune, 90 copies of FFL went to non-borrower WU members. In Hong Phong Commune 199 copies went to women aged 18-35 who were either pregnant or raising children, selected via suggestion from group meetings.

**Yen Bai Province:** 1268 copies have been allocated to non-borrowers according to the PSC. In Tan Huong Commune this figure is 54, selected according to expressed interest in the book. In Thanh Luong Commune, 41 non-borrowers received a FFL copy, including members of the PC & representatives of various collaborating mass organizations. In Hung Khanh Commune, 44 copies went to WU hamlet leaders/local officials, and in Tan Nguyen commune, 25 non-borrowers received a copy of FFL.

**Dac Lac Province:** The PSC claimed that 4216 non-borrowers have been communicated to but this seemed to be an extremely overestimated figure. We know that 3 thick and 3 thin FFL copies have been distributed to each commune in the whole country from a central initiative, and that some local authorities have also received copies, but it is doubtful that this would total as much as 4216. In Ed Drong Commune, 15 project staff are the only non-borrowers who have received a FFL copy, and in Quang Phu Commune 12 local officials have a copy. Cu Sue CSC had no spare copies to distribute.

Statistics Relevant to Project Objectives:

Hai Phong Municipality:

Indicator	Before Project (Province)(93)	Before Project (Project)(93)	After Project (Province)(96)	After Project (Project)(96)
Child Immunization	68.4%	64.6%	99.7%	100%
Tetanus for Pregnant Women	48%	42.2%	97.8%	98%
Child Malnutrition	52.3%	50%	48%(target=30% for Yr 2000)	21%
Gynaecological Disease	-	60%	-	19%
Drop-out Children (primary & secondary school age)	-	38	-	3 (35 back at school)

\* According to a small survey in selected parts of the municipality.

Thai Binh Province:

Indicator	1992	1994	1996
Child Immunization	95.6%	-	98%
Tetanus for Pregnant Women	-	-	99% (Aged 15-30)
Gynaecological Disease	49% (78.58% in Vu Cong)	-	34% (25% in Vu Cong)
Drop-out Children (primary & secondary school age)	60%	-	43.9%
Population Natural Growth Rate	2.16%	-	1.75%
Women with 3rd Child	23%	-	12.3%

### Yen Bai Province:

Indicator	Before	After (1996)
Child Immunization	92.13% (93)	96.25%
Tetanus for Pregnant Women	-	57.4%
Child Malnutrition	54% (92)	43%
Drop-out Children (primary & secondary school age)	21.3% (93)	17.6%
Population Natural Growth Rate	2.56% (95)	2.44%
Illiteracy (15-25 age group only)	19% (91)	5.9%
Lack of Iodized Salt	20% (93)	17%

### Notes on Yen Bai Province:

- 95% of babies between 6-60 months are taking V tamin A.
- 51,000 cases were checked for gynaecological disease and 14,000 needed treatment in 96. The prevalence of gynaecological diseases was especially worrying amongst the Dao women in Luc Yen District ( 80%).
- 13,055 cases of malaria existed in 1996 (3% less than in 1993) and no new cases have been recorded since. 89/178 communes have malarial mosquitoes (14.1% decrease from 1995).
- In Tram Tam Commune (an example of a remote and disadvantaged commune) the total school age population stands at 3137. 1800 are female, and 60% of the illiterate population is female. Abortion cases in Yen Bai have increased in number by an alarming 93% in 1996. The vast majority are performed in proper healthcare centres, and most occur in town (not high in mountainous project areas).

### Notes on Dac Lac Province:

- 150,000 women have been checked for gynaecological disease since 1991, and 51,601 were diagnosed, of which 1530 are project beneficiaries (80%).
- 67,901 women use contraceptive - 31,738 use ar IUD (565 in project), 6,711 are sterilized and the rest use other methods.
- The proportion of women with 3 or more children has decreased slightly from 41% (95) to 37% (96).
- Dac Lac has achieved the highest child immunization rates out of all central highland provinces (99.8%) but only 65-75% of pregnant women are vaccinated against tetanus.
- Child malnutrition was 52.1% in 1995 and 50.5% in 1996. 45,250 children have had



health checks and 18,911 are were malnourished, 315 of which were in the project. 4000 of them have recovered but no corresponding figure was given for the project.

- The drop-out rate (primary & secondary) has decreased from 4.99% in 1995 to 3% in 1996.

### **FFL Diffusion Through TV, Radio or Other Public Media:**

**Hai Phong Municipality:** Messages plus some information about contests and VWU communication activities in general, were aired on TV and radio in Autumn last year. The duration was 2 minutes twice a day (8am & 8pm) as a component of Hai Phong TV news (longer on radio). 80% of Hai Phong Municipality households have a TV, but this figure would more realistically be 30% in rural areas, and the rate of women who see TV would be only 30-40% because of time restraints. 64% of Minh Tan Commune have a TV (because of a hire-purchase scheme which started last year) but many women do not have the time to watch, or must sacrifice watching so that their children can concentrate on homework. At times when women can watch (e.g.; Wednesday/Saturday evenings when children do not have school the next morning), there are few programmes for women. Over 70% of homes have a radio here. In Dong Hoa Commune, more than 40% have a TV and 20% have a radio. In An Hoa Commune the figures are 25% and 80% respectively. In Quang Phuc Commune, 60% of the population have a TV and the CSC has once invited TV representatives to televise short play performances.

**Thai Binh Province:** FFL has been broadcast on local TV 100 times, each for a duration of 1.5-2 minutes. There is an average of one TV for every 3-4 families in Phu Chau Commune, and 30% of households in Nam Chinh Commune have a TV (no figures were known for radio). About 25% of household in Hong Phong Commune have a TV or radio.

**Yen Bai Province:** Yen Bai was selected in 1996 as a pilot province for FFL TV communication. Separate programmes specifically dealing with FFL were broadcast, mentioning all topics but with a focus on malaria, breastfeeding and immunization, as these were thought most applicable for the target audience. Another 9 programmes mainly about family planning and HIV/AIDS were produced (2 by the Province & 7 by Districts) and these included FFL content. Provincial and District radio broadcast the summarized content of VWU newsletters and magazines. A very strong team of radio speakers work with the WU and they meet quarterly to share their experiences. Approximately 30% of households in Tan Huong Commune possess a TV, but a mini-survey conducted by the commune revealed that 60% of women have watched TV or listened to the radio. Thanh Luong and Hung Khanh CSCs provided no figures. In Tan Nguyen Commune, it is estimated that 30-40% of women have been communicated to via TV, radio and other meetings.

**Dac Lac Province:** 85% of the population listen to the radio but the rate for TV is significantly lower due to poor reception and electricity. Every Friday there is a women's programme on radio at 5am and 12 noon aired down to the communes, during which a FFL chapter is read straight from the book. This has been done over a total of 48 Fridays. A women's programme is on TV every Saturday at 7.45pm and has included 15 minutes of FFL excerpts (extracted from a CWU video with diagrams added) since 1991. TV and radio diffusion is often carried out in connection with other campaigns. There is no TV access in Ed Dron Commune but 90% do have access to a radio cassette player. In Cu Sue Commune, 75% have a radio and 10% have a TV (or TV + VCR). In Quang Phu Commune, 90% have access to mass media but there is no breakdown between TV and radio.

### **FFL in Newspapers or Other Print Media:**

**Hai Phong Municipality:** In 1991, 20 articles were printed 3 times/week over a 7 week period, with 1 FFL issue focussed on per article, typically in story form with comments from members of the community. In 1996, 19 articles were printed in almost exact replication from the FFL book but with some passages highlighted. Borrowers rarely read because they can't afford subscription costs of papers and must rely on what the WU circulates to them. The Dong Hoa CSC does not often even have a copy of the WU 'Women's Weekly' publication. Quang Phuc CSC does receive the 'Women's Weekly', and some schools and mass organizations in the commune have newspapers, but women generally would only read during meetings. In An Hoa Commune, papers are not affordable for most, but the Hai Phong newspaper & 'Women's Weekly' are provided to group leaders so that they in turn can circulate them to others.

**Thai Binh Province:** Two campaigns in 1994 and 1995 resulted in the printing of FFL messages in 30,000 issues of the Thai Binh newspaper. Each hamlet in Phu Chau Commune receives a copy of the provincial paper with the Party Secretary as a focal point, but Hong Phong CSC said that in reality hardly anyone in the commune read newspapers.

**Yen Bai Province:** From 1994-1996, Yen Bai Newspaper ran a column in conjunction with the WU called "Women in Doi Moi", and where possible, this included FFL messages. Prior to communication campaigns (e.g., immunization drives), the top 10 messages are printed alongside campaign details. A newsletter is printed every quarter outlining recent WU activities, and a bi-annual WU magazine contains some FFL articles. The PJC compiles articles from the Yen Bai paper and sends these to project communes to be read by members during group meetings (1 copy/group). Tan Nguyen CSC estimates that 50% of women access the Yen Bai paper (seems rather high), given that the CSC subscribes, and that copies are distributed to each hamlet.

**Dac Lac Province:** The Dac Lac newspaper is published 3 times/week, and since 1991, the PSC has intermittently reprinted FFL chapters in the paper (1 chapter/issue) in a total of 10 issues. The paper is distributed through normal newspaper readership channels, but project communes supposedly have their own allocated budget for newspaper purchase. The PSC regard newspapers as a less effective method because fewer have access to them. Ed Drong Commune receives no print media, Cu Sue Commune used to receive some free of charge but this has ceased so they now only occasionally get a copy of the "Mountainous Provinces" magazine. Quang Phu CSC receive 1 copy each of the WU paper and PC paper monthly to share. They said that they never receive the Dac Lac paper, but when reminded of the FFL articles, they clarified that they have received those issues but did not keep them for record.

### **Other Communication Methods:**

**Hai Phong Municipality:** A combination of group meetings, WU & intersectoral meetings, topic meetings in offices & factories, clubs (e.g.; women's, pensioner's, girl's and family planning clubs), hanging speakers in the communes - these can be heard by every household in the commune and are broadcast 1-2 times per week during campaigns, funny stories/riddles/songs, and wall billboards - artists create them locally under instruction from the central level. Two particularly innovative methods used are, 45 minutes of briefing to parents when they fetch their children from the creche, and communication by doctors and nurses during immunization or health checks which take place in the children's clinic located at the Hai Phong WU building. An Hoa CSC mentioned the additional methods of topic training on FFL at the commune/ WU cell level, and video recordings of contests for rotation between groups - this is said to be very effective although they are the only commune to utilize this method.

**Thai Binh Province:** The PSC here has shown much imagination in the use of more artistic forms of communication, such as the production of 235 recorded cassettes of FFL poems, a play on FFL content created by a district artistic team, comics/short plays, and a collection of FFL poems sent in by the elderly which the PSC has reprinted and distributed. Similar to Hai Phong Municipality, hanging speakers, group/WU cell/cluster/small group consultancy meetings, and wall billboards (destroyed by storms last year) are also used. Thai Binh PSC involves its religious community in FFL communication, as Priests are encouraged to communicate FFL through their churches, and a monk communicates to elderly women when they visit the pagoda. In addition, Phu Chau CSC held a training for 105 teenagers and 17 pregnant women, has implemented FFL slogans in vocational training, and has good cooperation with schools and healthcare centres (e.g.; hang pictures at schools, children write poems - apparently children's knowledge of FFL in these schools is very good). Furthermore, Phu Chau CSC places much emphasis on health and nutritional support, as every 15th of the month is a healthcheck day for children, every Thursday gynaecological treatment is available, and soya bean milk is provided daily to children at the CWU building.

**Yen Bai Province:** Direct communication via group/WU cell/hamlet/family planning meetings, interpersonal dialogue, use of good examples, and discussions in the social setting around the fire. Yen Bai PSC took the initiative to print 'Top 10' posters which have been distributed to borrowers. Thanh Luong CSC organized a gala event in 1994 over 2 nights, covering FFL & family planning messages, with some corresponding TV/radio communication.

**Dac Lac Province:** Other communication methods include verbal communication, mass meetings, and annual training for borrowers held by the PSC on maximum nutritional feeding of children using available food sources, the use & interpretation of growth monitoring charts, and safe motherhood. Communication is integrated with other projects where feasible. There are also 108 mutual support groups of 'Women who do not want a 3rd child' which are formed into quasi-clubs with 18-22 members each. The PSC instructs CSCs to use as many channels as possible, but hanging speaker use is dependent to a large extent upon cooperation from local authorities, hence can't always be an available communication form.

#### **Contests on FFL Knowledge:**

**Hai Phong Municipality:** A 'Mother & Child' contest in 1994, from the commune-up to the municipality, involved 3494 contestants and 196 communes. 46 contestants reached the municipal final with a top prize of 500,00 VND. A similar contest was held in 1996. The local PC acknowledge that this is a particularly useful method and have encouraged the Hai Phong WU to hold such contests annually. A 'Flower Picking' contest was held in 10 communes in 1996 with over 700 women participants. The prizes varied between communes but the top prize was merely 30,000 VND. Grandparents are very active in contests, and men also like them because of the inherent attention and prestige that they bring to their family. Quang Phuc CSC clarified that one 'Mother & Child' contest was solely for borrowers, but another was for all WU members. In addition to the above, Dong Hoa CSC had a 'Nice & Good Child' contest (150 children) and a 'Short Play' contest in 1996, where 6 plays from 4 groups (the 2 best were selected for the district level) were created out of group initiative. An Hoa CSC is experimenting with video recordings of contests for showing during meetings.

**Thai Binh Province:** The CWU organized a contest on FFL knowledge compositions where 50% (50,000) of the entries came from Thai Binh. When asked why Thai Binh dominated, the PSC gave the reasons of good promotion & the fact that they offered their own provincial prize on top of the central prizes. School children also participated but their entries were not counted, so in actuality Thai Binh represented more than 50%. A FFL contest for men attracted 17,850 entries with the oldest participant aged 90 years, and offered 40 prizes (1st prize = 700,000 VND, 2nd prize = 500,000 VND, 3rd prize = 300,000 VND). A parallel contest for grandparents (or great grandparents) attracted 21,000 high standard entries. Two contests on HIV/AIDS knowledge have been held, one by the CWU (over 70,000 entries from Thai Binh), and the other by the province in collaboration with the HIV & Healthcare Committee (119,853 entries received - this estimate seems rather high). A 'Flower Picking' contest attracted 1479 contestants in 6 communes.

**Yen Bai Province:** Combined contests with other projects (e.g.; family planning project) which included some FFL questions were also held on the advice of the CWU. Some songs/poems were created by the contestants and the project staff would like to increasingly encourage this in the



*The first prize winner in the Facts For Life knowledge contest for men - Thai Binh Province.*

future. Tan Huong CSC has sent a test to communicators, with a very small prize for the best answer. They have also held a 'Healthy Child' contest during the 3rd cycle, offering 2 metres of cloth for the first prize, and a plastic tub worth 500,000 VND for the encouragement prize. Thanh Luong CSC held a 'Flower Picking' contest with 40 contestants (group leaders & vice-leaders),

offering 20 equal prizes of a flannel each. A 'Mother & Child' contest was also held with 20 pairs at the commune. Prizes were cooking pans of decreasing size valued at 25,000, 15,000, and 10,000 VND. Both Hung Khanh & Tan Nguyen CSCs have not held any contests because of their scattered populations and the expense involved. However the Fatherland Front in Tan Nguyen Commune intends to support a 'Mother & Child' contest later this year.

**Dac Lac Province:** In 1996 there was a writing contest in collaboration with the Family Planning Committee (necessary to overcome financial constraints) for all women in Dac Lac Province, and 4000 entries were received by the PSC. Total prize money was valued at 4.5 million VND. Flower Picking contests have been held in all 5 project communes with the PSC cadres providing refresher courses at the communes prior to the women competing. These cover FFL and VAC knowledge and are often held on special cultural occasions. In addition there have been 'Mother & Child' contests, Good Communicator contests, 1-day 'Happiness Festival' contests where couples compete, & Good Singer contests (participants either compose a new song or sing an existing one about FFL). All communes visited had been involved in these contests.

#### **Most Effective Communication Method:**

**Hai Phong Municipality:** The PSC feels that contests, stories/riddles/plays, & TV are best. Leaders are too busy to watch TV though and rely on information from group meetings, therefore need practical information in interesting forms. Minh Tan & Dong Hoa CSCs believe interpersonal communication to be the most effective, especially in the field and during chatting time. Group meetings are useful but tend to concentrate on C & S aspects of the project. Quang Phuc CSC differs in that it finds contests and short plays best because they easily attract interest and facilitate understanding, but the budget for this is limited, equipment/props few, and the women must be inspired and encouraged to design their own plays. An Hoa CSC finds clubs, contests and videos most effective but would like to try using short plays.

**Thai Binh Province:** The interpersonal method is best, but TV/radio, hanging speakers & contests are also very good forms, according to the Thai Binh PSC. Phu Chau CSC added that wall billboards and poems were effective. Nam Chinh CSC mentioned group meetings and emphasized that hanging speakers and consultancy meetings reached many non-borrowers, and Hong Phong CSC said that contests were effective.

**Yen Bai Province:** Direct oral communication through meetings and the natural social network is the most effective, because of the low educational level of many borrowers. Use of the book has been hindered by difficulties with translation. Hung Khanh CSC said that a FFL book with brief summaries of messages is useful, but they would prefer to have more leaflets for simplicity of understanding, for the low educational level and different linguistic background of their audience.

**Dac Lac Province:** Contests are the most attractive, and prove much better than gathering people to a lecture. They provide borrowers with an opportunity to test themselves and learn from

other participants. Verbal communication remains crucial for weaker members, but the PSC still feel that it is somewhat dependant upon contests which provide the necessary encouragement for learning.

#### **Difficulties Experienced with Communicating FFL:**

All Project Steering Committees, regardless of geography, when asked this question immediately spoke of extremely tight budgets which greatly impeded upon their communication ability. Secondly, lack of FFL materials, lack of communication means (e.g.; microphones, hanging speakers, limited transportation, TV's/ VCRs & electricity), and weak communication skills of project cadres were commonly cited difficulties.

**Hai Phong Municipality:** The Hai Phong PSC suggested that perhaps a materials kit including items such as pictures, billboards, posters, short stories, leaflets, growth charts, could be provided to them, because at present there is too much pressure on the Hai Phong WU to produce and fund supplementary FFL materials, as well as implement diverse FFL communication activities.

**Thai Binh Province:** Due to sideline production demands (e.g.; embroidery workshops) some women are not in a position to regularly attend group meetings. Nam Chinh CSC said that Christianity and poor knowledge of women were communication barriers because these factors tended to make women less receptive to new ideas, especially the concepts of contraceptive use/family planning because women perceived these as contrary to Christian faith. Furthermore, distances were great, incentives for communicators low, and in times of difficulty, economics is always the number one priority over FFL communication, good health or nutrition.

**Yen Bai Province:** The population is scattered, some areas have no road access, some communes are extremely disadvantaged, and wide gaps exist in educational levels and language. Tan Nguyen CSC commented that the degree of difficulty is related to the age of the mother, as older women are usually more resistant to change.

**Dac Lac Province:** Dac Lac is mountainous with 17 ethnic groups therefore there is a significant gap between languages and customs which affects receptiveness to new ideas. It received an influx of migrants from the north in the 1970's hence it is not uncommon to find a mix of several ethnic groups in one area. The education level is very poor and the proportion of illiterate women quite high, hence communication must be verbal and repetitive.

### **Which are the most difficult chapters to communicate/implement?**

**Hai Phong Municipality:** Malaria is not a significant problem in the area and is thus difficult to communicate. Similarly, HIV/AIDS is only beginning to captivate people's interest because it has been viewed as too far removed from them in the past. Hygiene is easy to understand for the women but difficult in terms of behaviour change as it is dependant upon sound infrastructure.

**Thai Binh Province:** HIV/AIDS is not focussed on in some communes and some local authority representatives are adamant that no cases exist in their locality, which in itself restricts the interest in any HIV/AIDS education of the community. Child Development can be hard to explain because women find the use of growth charts quite confusing.

**Yen Bai Province:** HIV/AIDS, not because they lack interest (many ask about it), but because the CSC honestly find it difficult to explain when they feel that their own knowledge about it is extremely basic.

**Dac Lac Province:** HIV/AIDS, mainly because Dac Lac has the 5th highest number of recorded HIV cases in the country. Hygiene is another difficult topic as the project aims to achieve safe water access for 80% by the year 2000, but this is extremely daunting when the percentage is now only 40% and traditional ethnic minority practice favours stream water. Some areas are continuing to permit livestock to roam freely which is detrimental to malaria control, and malaria still affects about 40% of the population.

### **Information from Other Provinces/Communes re: FFI, Communication Activities:**

**Hai Phong Municipality:** The PSC honestly stated that there have not been many opportunities for study visits. In 1996 they went to Ninh Binh Province. They are particularly interested in learning from the Thai Binh project. Dong Hoa CSC recently had an in-province study visit to Minh Tan & Quang Phuc communes, during which they observed that those two communes have a larger communication budget than theirs, stemming from greater local PC financial contributions. Quang Phuc CSC learned that other communes have less communication forms. An Hoa CSC have heard of short plays in other communes and want to try using them as another form of communication.

**Thai Binh Province:** The PSC confidently stated that no other province has been able to implement as many successful contests to such a wide audience as they have. Hong Phuong CSC know that conditions in non-project communes in the district are very poor; they have no neighbouring project communes to share information with, and they have not had the opportunity of any visits. All project CSCs receive identical FFI communication guidance from the PSC.



**Yen Bai Province:** The PSC has been on two visits to Hai Phong Municipality and Ninh Binh Province. After each, they held planning and review meetings, but can't apply everything learned due to geographical differences in Yen Bai Province. Inter-commune meetings are held quarterly for project communes to share experiences. All CSCs were under the impression that other communes were taking similar communication approaches to their own. Hung Khanh CSC mentioned that during a visit to Hai Phong Municipality, they discovered that communes there had separate offices and much better communication skills which were difficult to replicate.

**Dac Lac Province:** Experiences are only shared via CWU conferences. If the PSC find an appropriate innovative method from elsewhere, they will attempt to follow suit, but the PSC could not provide an example of when this had been done though. Ed Drong CSC cadres personally approach neighbouring CSCs when they have difficulties. Quang Phu's CSC wants very much to learn from others but have had no opportunity to do so, as this needs higher level support from UNICEF and the central VWU for study-tours in terms of funding and organization.



*FFL knowledge contests for grandparents (pictured above in Thai Binh Province) and men are one communication method that many other provinces wish to replicate.*

3.1.2 COMPILATION OF FACTS FOR LIFE COMMUNICATION ACTIVITIES TO DATE IN OTHER PROJECT PROVINCES (DATA FOR TRA VINH, BAC CAN, & CAN THO PROVINCE WERE NOT AVAILABLE)

Province	Year	Main FFL Activities	Number of beneficiaries reached
1. Lao Cai	1991-1996	Training in pilot communes Mass meetings, training on basic FFL content Communication via mass media Mother & Child contests Communication skills training	36,450 women 40 pairs of mothers & child
2. Quang Nam	1995 - 1996	Group communication about basic FFL content Communication via mass media FFL knowledge contests Club meetings	6,591 women 321 contest participants
3. Soc Trang	1995 - 1996	Communication skills training <del>Communication via mass media</del> Communication group meetings Club meetings FFL knowledge contest, Flower picking contest	3,300 women <del>1,530 contest</del> participants

Province	Year	Main FFL Activities	Number of beneficiaries reached
4. Thua Thien Hue	1991 - 1996	Workshop on disseminating FFL content, requirements, and communication planning Training on skills & content Special Instruction on communication Communication campaign about basic FFL content targeting women and mothers Knowledge contests Communication via mass media Gynaecological check-ups	177,023 women 2,450 contest participants
5. Ninh Binh	1991 - 1996	Nutrition training & and communication skills training Topic presentations Group communication Flower Picking contest Mother & child contest Communication via mass media	127,000 women 180 mother participants 1,800 mother and child pairs 50 newspaper issues 44 radio broadcasts

Province	Year	Main FFL Activities	Number of beneficiaries reached
6. Bac Giang	1991 - 1996	<p>Communication and groups in pilot communes</p> <p>Workshop training on communication for groups &amp; teams</p> <p>Excellent Communicator competition</p> <p>Communication to local authorities in province</p> <p>Mother &amp; child contest</p> <p>Communication via mass media</p>	<p>244,501 women</p> <p>9,700 fliers</p> <p>45 newspaper issues</p> <p>22 TV broadcasts</p> <p>38 radio broadcasts</p> <p>12,110 mother participants</p> <p>5,442 participants in good communicator competition.</p>
7. Bac Ninh	1991 - 1996	<p>Workshop on FFL content</p> <p>Training on FFL content at commune and district level</p> <p>Group meetings</p> <p>FFL knowledge contest</p> <p>Communication via mass media</p> <p>Classes on good motherhood</p>	<p>396,628 women</p> <p>24,923 participants</p> <p>3,600 compositions sent to contest</p>
8. Thai Nguyen	1991 - 1996	<p>Baseline survey on current communication situation</p> <p>Survey on mothers with children from 0-6 years old</p> <p>FFL content communication at project districts, towns &amp; communes.</p> <p>Communication via mass media</p> <p>Mother &amp; child contest</p> <p>Flower Picking contest</p>	<p>207,091 women</p> <p>1,836 participants</p> <p>775 pairs of mother &amp; child</p> <p>3,500 compositions sent to contest</p> <p>6 newspaper issues</p> <p>34 radio broadcasts</p> <p>35 TV broadcasts</p>

Province	Year	Main FFL Activities	Number of beneficiaries reached
9. Tuyen Quang	1992 - 1996	Training at provincial, town, district ,& commune level Health check, communication Group meeting communication Communication via mass media Printed F67 project results - TV broadcast report Flower Picking contest FFL knowledge contest	50,150 women 2,852 participants 15 radio & TV broadcasts Distributed project results to 145 communes
10. Cao Bang	1991 - 1996	Training at province, district, town, & for grassroots staff Coordinated with CPCC to carry out communication Integrate with provincial activities Group communication Health check, communication Cooperate with border patrol to communicate Flower Picking contest	32,088 women 1,260 women participants of flower picking contest
11. Kon Tum	1991 - 1996	Direct communication on basic FFL content at communes and wards Contests Communication via mass media	139,446 women
12. Lang Son	1991 - 1996	Group meetings Communication on women's personal hygiene & girl child hygiene Parenting methods HIV/AIDS prevention	107,342 women 10,131 girl children

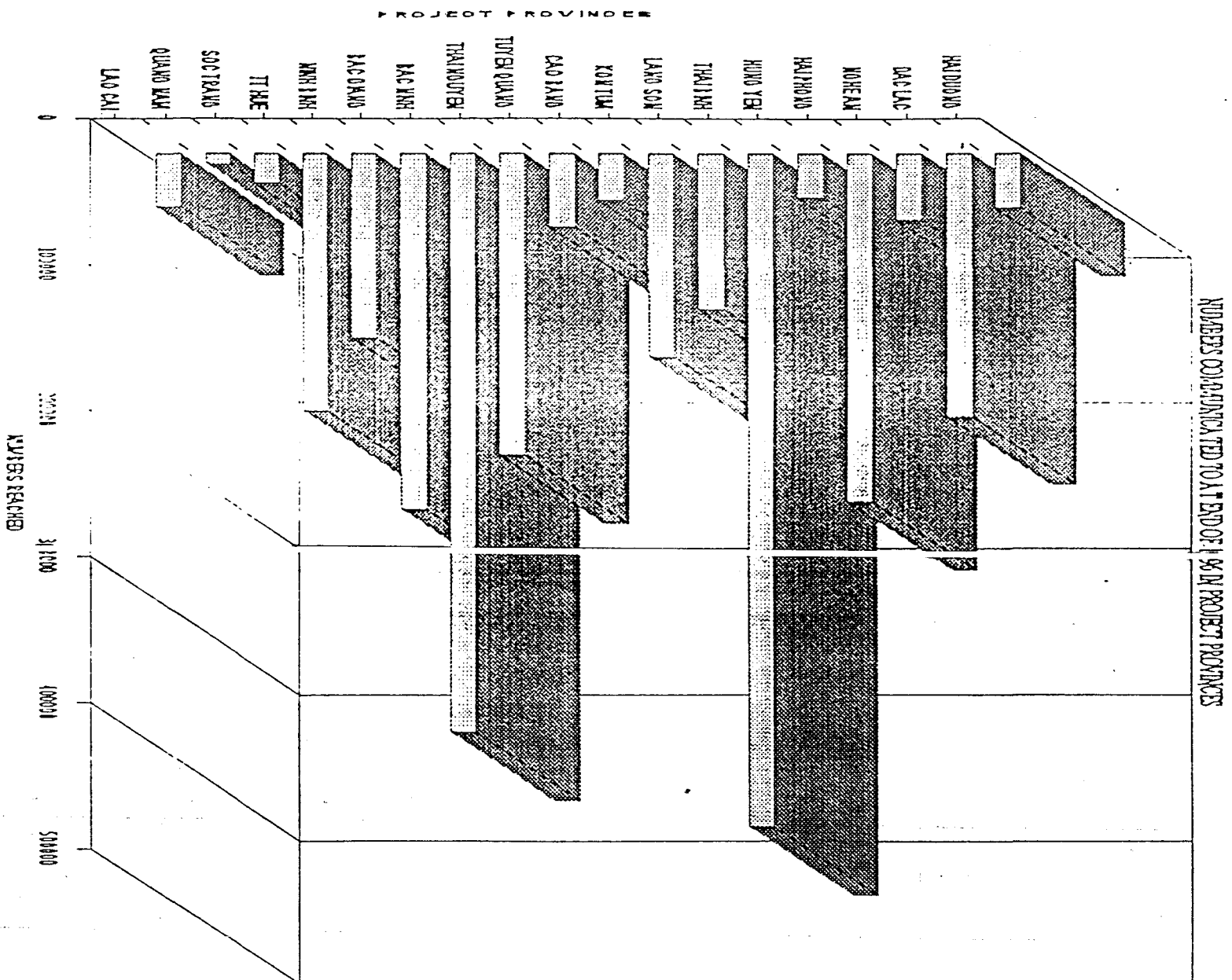
Province	Year	Main FFL Activities	Number of beneficiaries reached
13. Thai Binh	1991 - 1996	Supplementary / advanced training for communicators Supplementary / advanced training for communicators on health & education Implementation of learning centres Organises learning activities for men Women's and children's health care - family planning Mother & child contests Writing contest for men Good grandparents & good grandchildren contest Communication via mass media Study on HIV/AIDS & further learning on prevention Comedy plays, short stories, club meetings. Meeting with leaders of other branches and religious community	461,412 women 64,364 men 95,325 grandparents 287,375 compositions 75,713 pairs of mother and child

Province	Year	Main FFL Activities	Number of beneficiaries reached
14. Hung Yen	1991 - 1996	<p>Introduction on sources, meaning &amp; content of FFL book</p> <p>Discussion on ways to cooperate with Health, Education, Youth, &amp; Farmers organizations for communication</p> <p>Skills training</p> <p>Survey to clarify beneficiaries, follow-up, &amp; monitor</p> <p>Special direction on experience sharing activities</p> <p>Classes, Communication campaign to encourage every family, everyone to carry out FFL communication</p> <p>Communication in schools</p> <p>Print more 'FFL- Young mother needs to know' books to distribute to each mother</p> <p>Nutrition training &amp; Good parenthood training</p> <p>Communication via mass media</p> <p>Writing contest, Flower Picking contest</p> <p>Mother &amp; child contest</p> <p>Health checks for children</p>	<p>30,277 women and mothers</p> <p>200,000 newspapers</p> <p>65 TV broadcasts</p> <p>300 compositions</p> <p>15,000 mothers participated in contest</p> <p>8,670 pairs of mother and child</p>
15. Hai Phong	1991 - 1996	<p>Further training for communicators</p> <p>Special instructions for communication</p> <p>Baseline survey on women's and mother's knowledge</p> <p>Health checks for women and children</p> <p>Mobilize competition for learning with new techniques</p> <p>Group meetings</p> <p>Communication via mass media</p> <p>Mother &amp; child contest</p>	<p>239,029 women and mothers</p> <p>4,029 pairs of mother &amp; child</p>

Province	Year	Main FFL Activities	Number of beneficiaries reached
16. Nghe An	1995 - 1996	<p>Skills training  Communication activities in pilot communes  Cooperation with other sectors e.g.: Health, Education  Club, group, &amp; team meetings  Various communication forms including singing  Nutrition training  Writing contests, Flower Picking contests  Communication via mass media</p>	<p>45,352 women and mothers  12,000 compositions  300 participants</p>
17. Dac Lac	1995 - 1996	<p>Instruct grassroots level to carry out communication  Training for communicators, Vice chairs of towns &amp; districts  Communication via mass media  Encourage pregnant women to have tetanus vaccinations, and mothers to immunize their children  Group &amp; team meetings  <i>Free health checks for children on every 1st of June</i>  Nutrition programme  Programme on prevention of social evils  Mother &amp; child contest  FFL knowledge writing contest  Nutrition education, build up VAC model for project communes  Class on WATSAN and environment hygiene  Translation of FFL book into E De language</p>	<p>75% of pregnant women have antenatal checks  98% of women immunize their children  180,637 women and mothers  242 radio &amp; TV broadcasts  24 newspaper issues  17,261 malnourished children have recovered</p>



Province	Year	Main FFL Activities	Number of beneficiaries reached
18. Hai Duong	1991-1996	FFL content communication Integration of FFL content into school programmes Experience exchange Mother & child contests.	37,297 women 10,000 girl children 13,324 pairs of mothers & child 17,500 workshop participants
<b>TOTAL</b>			<b>2,701,434</b>



### 3.2. FACTS FOR LIFE COMMUNICATION PLANS TO THE YEAR 2000

#### 3.2.1. FINDINGS FROM MEETINGS WITH PROJECT COMMITTEES IN PROVINCES VISITED

**Hai Phong Municipality:** For the next few years the municipal target is 400,000 women and girls (14years +). This figure is based on the size of the population in the 15-49 age group.

*Steps:*

- Strengthen and diversify communication forms in the 10 project communes. Follow Thai Binh Province contests for men/ grandparents. Hope to reach 200-300 non-borrowers in 10 communes.
- Renew FFL campaign and train presenters in communication skills & knowledge (need refreshment and injection of staff with focus on communication). Train 100 new presenters who can expand coverage to all areas. Hope that 300,000 leaders of all communes/districts/branches will each tell another 5 people (1.5 million) so as to create a domino effect.
- Aim that 400-450 women in each commune every year are communicated to (ie; 120,00-130,000 women per annum).

**Thai Binh Province:** Continue FFL communication to increase positive behaviour change in women. Simultaneously, actively encourage women to participate in the Environmental Sanitation Program, as this is a growing problem in the Province.

*Specific targets for the year 2000:*

- 475,000 women of fertile age, and 300,000 women over fertile age (target group is women from 14-49 years of age)
- 364, 860 men (aged 20 - 59)
- 60-70% families change their child care behaviour
- 100% children attend school
- 100% child immunization
- 95-100% pregnant women receive tetanus vaccination
- 64% families use safe water
- Reduce child malnutrition to 30-35%
- Reduce fertility rate to 0.01% annually
- Reduce the number of women with a 3rd child to 5-8% (difficult especially in Christian areas)

\* These figures were determined via a resolution.

*Plan of Action for Communicating FFL:*

- Diffuse in meetings because of limited copies of the book. Keep training presenters - 1 training at district level per annum at least (ie: 8 districts x 4 years = at least 32 trainings).
- 5460 trainings for 475,000 women (target) twice a year.

- Interpersonal communication.
- Diffuse on Provincial TV and radio as this reaches a wide audience. Will cooperate with TV channels to cover all 11 chapters and hope to include pictures of each chapter to attract the attention of people at the grassroots level.
- 2 campaigns per annum (1st & 3rd quarter), each for a duration of 33 days so as to cover each chapter 3 times.
- 2 campaigns per annum via hanging speaker system in all 285 communes. This will be coordinated with the other campaigns so that there is something on at most times of the year.
- Wall billboards (NB: weather factor?).
- Create more short plays.
- Multiply & distribute poem cassette.
- Similar contests on FFL knowledge encouraging all strata of people to participate (women with children, men, grandparents) with prizes and incentives.
- Clubs for FFL poetry and other artistic interpretations, with the aim of targeting performers.
- Integrate FFL into family planning clubs.

\* TBWU has calculated a very detailed budget to the year 2000 and hope for UNICEF assistance so that they can be a pilot FFL communication province, but the total estimated cost required stands at USD 141,700 over the next 4 years!

**Yen Bai Province:** *A detailed FFL Communication plan was prepared in early 1997:*

- More books to 70-75% of the 190,000 WU members (20,000 are government officials). At present only 13/178 communes are involved in the project.
- Concentrate on training for communicators.
- More contests to boost women's knowledge.
- Encourage all combined methods/collaborate with mass organizations to save funds and tap into all available resources and target audiences.
- Expand mass media coverage.
- More study tours.
- On-going evaluation to identify valuable approaches for later implementation stages.

**Dac Lac Province:**

- To communicate to 95% of the 300,000 women over the age of 16 years.
- Every year hold more contests, especially ones integrated with festivals and important cultural events, following the same provincial/commune breakdown.
- More training for mothers on appropriate nutrition for children - they will try to collaborate this with the provincial CPCC Prevention of Malnutrition Project.
- Integrate FFL with the Family Planning project to reach the target fertility rate of 1.7% (currently 3.4%).
- Extend mass media contracts
- Continue emphasis on communication through group meetings.

3.2.2 COMPILATION OF FACTS FOR LIFE COMMUNICATION PLANS TO THE YEAR 2000 IN ALL OTHER PROJECT PROVINCES

Year & Province	Main FFL Activities	Place/level of implementation	Other recipients	Number of beneficiaries reached	
				No. of Women	No. of Girl Child
1997 - 1998					
1. Ninh Binh	Topic conferences, group meetings, Mass media, flower picking contest	Province		110,000	25,000
2. Can Tho	Communicator's training, writing contest, Mass media, WUcell meetings, schools	District WU groups	150 communicators	350,000	100,000
3. Soc Trang	Group meetings, trainings, clubs, writing contest, workshop for exchanging information and experiences, mass media		1,400 communicators	20,000	not counted
4. Yen Bai	Communicator's training, WU cell meetings, study visit	73 communes	730 communicators	66,000	not counted
5. Bac Ninh	Training, mass media, WU cell meetings	122 communes		45,000	4,000
6. Quang Nam Da Nang	Regular meetings of savings groups of project F67	6 districts and communes		250,000	30%
7. Lao Cai	Advanced training, mass media down to commune and hamlet levels.	Whole province		9,500	2,000

Year & Province	Main FFL Activities	Place/level of implementation	Other recipients	Number of beneficiaries reached	
				No. of Women	No. of Girl Child
8. Lang Son	Writing contest, integrated with WU cell regular meetings & schools.	Whole province		32,991	18,388
9. Thai Nguyen		170 communes		43,605	2,179
10. Hai Phong	Advanced training for communicators, communication workshop for participants of writing contest.	whole province		160,000	40,000
11. Tuyen Quang	Advanced training, newspaper and radio, WU cell meetings.	120 communes		75,000	14,200
12. Kon Tum	Direct communication, contests, local newspaper and radio	whole province		55,636	23,275
13. Bac Giang	Group meetings, training, good communicator contests.	74 communes	270	48,300	8,800
14. Hung Yen	Intersectoral workshops, communication skills training, direct communication	122 communes and schools	11000 in community	50,000	12,000
15. Thai Binh	Communication to women of fertile age and men through meetings, workshops, contests, clubs, provincial radio and TV	Whole province	90000	93,000	279,000
16. Thua Thien Hue	WU cell meetings, writing contest in secondary schools and colleges.	whole province	151	235,000	30,000

Year & Province	Main FFL Activities	Place/level of implementation	Other recipients	Number of beneficiaries reached	
				No. of Women	No. of Girl Child
17. Cao Bang	Cooperate with schools, health care centres, & border stations to communicate 11 FFL messages to beneficiaries.	187 communes		39,630	3,900
18. Hai Duong	Training on good motherhood, integrate content into school programme, contests.	whole province		32,000	17,000
19. Dac Lac	Communication through provincial radio & TV, newspaper articles about HIV/AIDS & Mal-nutrition.	Province		25,000	50%
20. Nghe An	Advanced training, book distribution, instructions for group meetings, cooperation with schools.	Whole province	3,650	12,000	3,500
1999					
1. Ninh Binh	WU meetings, workshops, mass media.			20,000	5,000
2. Can Tho	Communication to mothers with young children, FFL knowledge contests.		100,000	150,000	50,000
3. Soc Trang	Training, newspaper, radio, clubs.			24,000	not counted
4. Yen Bai	Training, Communication through WU groups, FFL knowledge contests, tests.	55 communes	550 communicators	30,000	not counted

Year & Province	Main FFL Activities	Place/level of implementation	Other recipients	Number of beneficiaries reached	
				No. of Women	No. of Girl Child
5. Bac Ninh	Contests, workshop to improve beneficiary's knowledge, WU groups.	Province, 14 pilot communes		5,000	1,500
6. Quang Nam	Further, more detailed, instructions.	Whole province		13,4664	50%
7. Lao Cai	Contests from commune to provincial level.	Whole province		6,000	1,200
8. Lang Son	Group meetings about FFL book, topic communication, girl child hygiene.	hamlets, schools.		25,276	15,127
9. Thai Nguyen		170 communes		29,070	1,453
10. Hai Phong	Communication to beneficiaries through group meetings.	Whole province		160,000	40,000
11. Tuyen Quang	Radio, newspaper, WU cell meetings.	25 communes		18,000	3,000
12. Kon Tum	Direct communication, contests, local newspapers and radio.	Whole province		47,946	19117
13. Bac Giang	Communication in groups, training, FFL knowledge contests.	80 communes	250 communicators	56,000	9,600
14. Hung Yen	Mass media, contests, organise supporting activities.	Whole province	12000	50,000	8,000

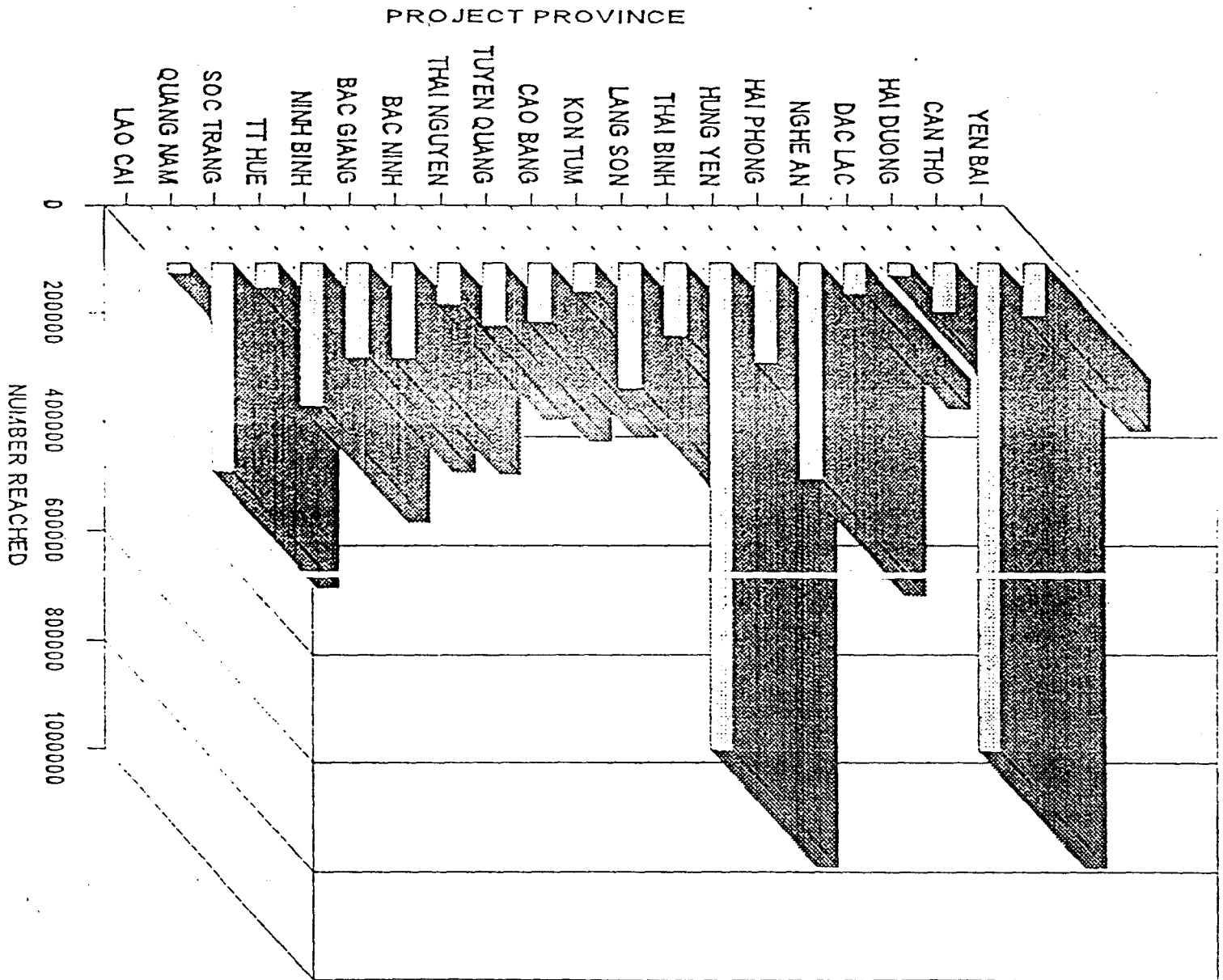


Year & Province	Main FFL Activities	Place/level of implementation	Other recipients	Number of beneficiaries reached	
				No. of Women	No. of Girl Child
15. Thai Binh	Provincial radio, TV, clubs, contests.	Whole Province	91200	98,800	28,200
16. Thua Thien Hue	Continue 1998 activities, organise classes for fathers.	Whole province		continue	continue
17. Cao Bang	Groups, integrate with family planning programme, communication via videos.	87 communes		3,856	
18. Hai Duong	Workshop for exchanging of information & experiences, organise classes on 'good motherhood'.	Whole province		20,000	10,000
19. Dac Lac	Communication through clubs, contests, workshop for exchange of information & experiences.	Whole province		100%	55%
20. Nghe An	Flower picking contests, preparation for nutrition training, practice.	Whole province		14,000	5,000
2000					
1. Ninh Binh	WU group meetings, workshops, mass media			10,000	5,000
2. Can Tho	FFL knowledge contests, communication to girl pupils.		150,000		

Year & Province	Main FFL Activities	Place/level of implementation	Other recipients	Number of beneficiaries reached	
				No. of Women	No. of Girl Child
3. Soc Trang	Good communicator contests, group meetings, evaluation, clubs.			100%	100%
4. Yen Bai	Study visit, evaluate activities.			not counted	
5. Bac Ninh	Contests, mass media, review meeting.			20,000	1,500
6. Quang Nam	Review meeting of 5 year's implementation.	Province		100%	20%
7. Lao Cai	Contests, review meeting.	Province		not counted	not counted
8. Lang Son	Integrate into gender activities.	hamlet, schools, unions.		27,037	16,725
9. Thai Nguyen		170 communes		38,250	1,912
10. Hai Phong	FFL contests, review meeting.	Whole municipality			
11. Tuyen Quang	Review and evaluate, advocate impact.	Whole province			
12. Kon Tum	Direct communication, contests, local newspaper and radio.	Whole province		61,015	24,973

Year & Province	Main FFL Activities	Place/level of implementation	Other recipients	Number of beneficiaries reached	
				No. of Women	No. of Girl Child
13. Bac Giang	Group meetings, training, direct communication.	66 new communes	70 communicators	46,200	7,900
14. Hung Yen	Continue previous activities, review, evaluate and support the continuation of activities.	Whole province.	42,000	continue	continue.
15. Thai Binh	Provincial radio & TV, clubs, writing contests.	Whole province.	90,300	99,200	28,700
16. Thua Thien Hue	FFL knowledge contest for fathers, evaluation.				
17. Cao Bang	Contests, communication on disease prevention in the locality.	22 pilot communes.		4,200	2,118
18. Hai Duong	Contests on 'Good motherhood', integrate into schools.	Province		2,300	11,000
19. Dac Lac	Continue review and evaluation of programmes	Whole province.		100%	10%
20. Nghe An	Provincial radio & TV, FFL knowledge contests, review meeting.	Whole province.		15,000	5,000
<b>TOTAL</b>			<b>593,721</b>	<b>2,968,864</b>	<b>885,267</b>

NUMBER OF PEOPLE PLANNED TO BE REACHED BY THE YEAR 2000



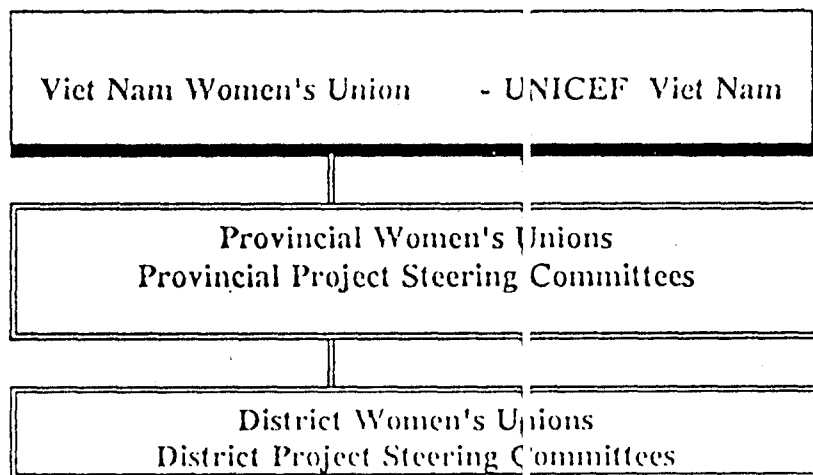
### 3.3. ASSESSMENT OF FACTS FOR LIFE COMMUNICATION METHODS & PLANS TO THE YEAR 2000

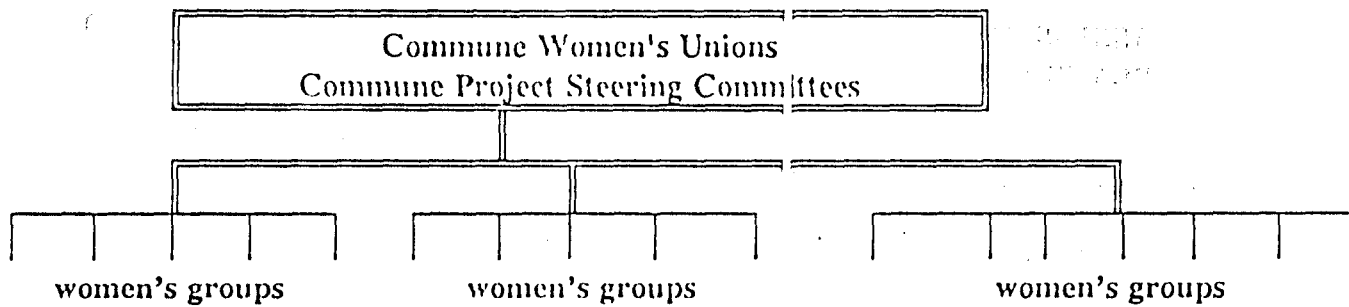
#### FFL communication reach:

According to the figures provided by project provinces, FFL had already reached 2,701,434 people by the end of 1996. If estimates are accurate an additional 2,968,864 women, 885,267 girls, and 593,721 men and grandparents will have been communicated to by the Year 2000 in project areas. In non-project provinces, arriving at any quantitative figure involves even more guesswork, and the only concrete figure known is that each commune has received 6 copies of FFL (3 thick and 3 thin versions). Given that the communication forms inevitably spin-off in numerous directions creating a domino effect, especially with interpersonal communication, it is fair to assume that official estimates of the number of women and girls who have come into contact with FFL are understated. Furthermore, although they do not strictly fall within UNICEF's specific target group, men and boys undoubtedly are informed about FFL to some extent, simply through contact with their mothers and sisters who are project beneficiaries or project cadres. Nevertheless, it is still artificial to accept that targets are met merely by gathering reported numbers. Numbers do not reflect the true quality or understanding of knowledge transferred, nor its impact on behaviour change which is the ultimate aim of FFL communication. Hence it is more appropriate to err on the side of conservatism in relation to estimating FFL communication reach, in order to strive for better quality communication for a greater number of people in the long-run.

#### Structure of the Vietnam Women's Union:

Implementation of communication has been, and continues to be, managed by the Viet Nam Women's Union (VWU). The structure of project management at different levels can be generalized as follows:





The VWU has direct responsibility for the dissemination of the FFL messages, new communication ideas, contribution to the development of new FFL chapters, as well as operation of the microfinance aspects as UNICEF counterparts at all levels. The CWU provides directives to lower levels on appropriate FFL communication strategy, and allocates FFL materials accordingly. It periodically reports every six months to UNICEF project officers on the impact of the project on the lives of the beneficiaries in terms of health, nutrition, education and income. Microfinance related statistics are updated monthly in the computerized monitoring system at both UNICEF and the CWU.

At the provincial level, WU cadres are energetic and committed. Provincial Project Steering Committees have displayed creativity and enthusiasm for diversifying the forms of communication, including the use of plays, songs, mass media, numerous competitions and cooperation with schools and childcare centres. Similarly, they have expanded FFL into many related sectors such as Health and Education Services, Youth Union, Farmers Association, Fatherland Front, and the Red Cross.

Presently the project design does not include a district level project committee, however our monitoring field trips have indicated that appointment of project cadres at this level would be very useful for improved communication planning and monitoring. In reality, district level cadres are no doubt already indirectly connected with some FFL activities (e.g. some contests have a district level round), thus their inclusion in project management would streamline project management structure with the existing VWU hierarchical structure. Training should be organized for selected district cadres, who can subsequently assume the role of master trainers to strengthen FFL communication skills and supervise communication activities at district and commune levels.

At the commune level, the Commune Project Steering Committee for the project carries out communication activities at the commune level and supervises group activities. The groups of women borrowers are the centre of project activities as they are the direct link to individual beneficiaries, and therefore play a critical role in communication, demonstrating the women's often underestimated ability to manage and communicate. Groups need to be intimate enough to discuss things at a practical level and facilitate the asking of questions, so each group therefore appropriately comprises of 15-16 members, who have elected a relatively more educated member as their group leader. The group leader guides the other members under the supervision of the Commune Committee.

The capacity of the VWU in mobilizing FFL communication efforts can not be understated, and it is fair to state that no other organization in Vietnam has displayed comparable ability or dedication to improving the situation of women and their families. However there is room for improvement in communication skills and strategic planning, so as to guarantee that FFL communication achievements reach their full potential.

#### **FFL communication in an environmental and social context:**

An initial blatant observation from our research is that it is impossible to divorce communication approaches from environmental and sociological factors, which vary enormously within Vietnam. What is appropriate in one region may be impossible to implement in another, and FFL communication strategies must be able to accommodate geographical differences by being adapted differently to the specific province, or even commune of implementation.

Of the places visited (and in comparison to other project provinces that we did not visit for this purpose), Thai Binh Province and Hai Phong Municipality have by far achieved the most in their FFL communication efforts, in terms of the number of women and children reached, diversity of communication forms, and the impact of FFL communication on beneficiaries knowledge/behaviour change. Therefore they should be considered as pilot leaders in FFL communication strategy for others to follow (especially Thai Binh Province), because of their creativeness in finding new and effective forms of communication. Study-tours to such areas to provide project cadres with the opportunity to observe their peers and share experiences, would be extremely helpful and thus should be organized in the near future if funds permit. In-country study visits in the past have been extremely useful for participants by providing a forum for practical hands-on experience discussion by the project implementors themselves.

On the contrary, Yen Bai Province, although thought of as the leader in communication in mountainous areas was clearly much weaker, and Dac Lac Province lagged far behind. The explanation for this is that mountainous and highland provinces generally face a much more restricted choice of communication forms that they can implement. This is because the population there derive from different ethnic minority groups that speak many different languages, conditions are usually poorer, transport infrastructure is weak, and households tend to be scattered, often in remote areas which are not very accessible. For example, some areas of Yen Bai Province can not even receive provincial TV or radio, and some communes in Dac Lac have no electricity so TV and radio are not even a consideration. As a result, verbal communication & group meetings are almost entirely relied upon as the only forms of communication.

Delta provinces on the other hand, have the advantage of a target group that is predominantly fluent in Kinh language and is relatively more accessible by road, plus a much more extensive mass media communication network. In addition, the land provides more production options for the communities to generate income from, which in turn equips them with the economic security to purchase TVs and radios, and to subsequently implement the improved health behaviour messages

acquired. For example, it is claimed that public hanging speakers can be heard by everyone in the community in some communes of Hai Phong Municipality, during times of the day when most people are at home.

#### **Most effective FFL communication methods:**

It is undoubtable that mass media channels have the greatest communication potential in terms of the sheer numbers they can reach in short time frames, but irrespective of location, all project committees still regard the interpersonal method as most effective. This is because it provides a supportive environment during which women can share their ideas, concerns, experiences, and learn new concepts together. Women engaging in grassroots communication bring with them a common sense knowledge that is based in their daily experiences in their family and with others. This constitutes a sociocultural resource base of communication skills, indigenous knowledge, and communication patterns and competencies. Any thought that learning and empowerment are exogenous to the social community realm disregards the vitality of women's communication roles and activities, and the fact that communication competencies are grounded in the daily interaction they establish with media sources. The communicative role of women is tied to their triple role as a mother, producer and organizer. It follows that even where there is mass media presence, the more traditional oral communication forms still prove best in spreading FFL knowledge amongst members of the community. Furthermore, mass media may create awareness, but it does not necessarily change behaviour - precise behaviour change is more likely if information is reinforced by interpersonal communication from a familiar source, about how this can be done. In-depth communication is required to transfer the information into the knowledge of the recipient, so that the knowledge will in turn change behaviour.

#### **FFL communication through groups:**

Prior to the establishment of women's credit & savings groups, FFL was disseminated by the VWU at all levels via loudspeakers and ad hoc public meetings. Since 1993, the project has prescribed group meetings on a monthly basis as one official avenue through which women beneficiaries can communicate interpersonally. Group leaders although enthusiastic and dedicated, are not always experienced communicators. Development of an easy-to-follow curriculum or 'facilitator's handbook' for group meetings would provide group leaders with more detailed and structured guidelines as to how to conduct their group meetings, increase the likelihood that FFL communication is sufficiently dealt with, and provide a more accurate means to record and monitor the levels at which groups should be in terms of their FFL knowledge learnt. The Soc Trang PSC has included some features of the CIDSE project group meetings (also use FFL materials) into UNICEF project groups. For example, every group has a laminated sheet stating group meeting steps and project principles which is read habitually to open each meeting. During the meetings, women randomly draw FFL 'test' questions and are required to answer on the spot. This has the effect of motivating the women to pay more attention the FFL messages taught. Thus Soc Trang PSC appear



to be moving towards the concept of a group meeting curriculum on their own accord in recognition of its inherent value for group leaders.

In Ed Drong Commune in Dac Lac province, where conditions are especially poor, group leaders are gathered monthly by the CSC to help them with respect to how to manage their group meetings.



*A group meeting in Soc Trang Province - the leader reads project regulations from a laminated sheet, then tests members informally on their FFL knowledge.*

In Cu Sue Commune, Dac Lac Province, and Quang Phuc Commune, Hai Phong Municipality, CSC members are each assigned responsibility for some groups and attend their meetings, reporting back to each other on group's progress during their own commune level meetings. This is a valuable practice for maximizing commune cadre's involvement at the grassroots levels, placing them in an informed position about group's strengths and weaknesses, enabling them to more effectively provide guidance and monitor improvements.

#### **Group meeting attendance:**

Groups sometimes do not maintain the regularity of their meetings because the women are too busy. A very uneducated beneficiary, Ms Hong, in Dac Lac Province knows little about group

meetings and only attends if and when she is called to them. As the group mechanism may be the only means of reaching some target beneficiaries, namely the more remote and lower educated ones, it is crucial that attendance is promoted as much as possible. For women like Ms. Hong, this reiterates the fundamental need for commune cadres to play an active role in group supervision, and for group leaders with strong leadership skills and a commitment to group activities.

It is mandatory for each group member to pay 550 VND/month as a contribution to group activities in Quang Phuc Commune, Dac Lac Province. Despite being an extremely small monetary amount, this may tempt women to attend more regularly since they have incurred a small cost for the privilege. However, financial incentives do not conceptually appear to be the correct approach to increasing attendance, as attendance would then not be motivated by a genuine interest in meeting content, which implies that the women may not consequently pay due attention to the FFL communication elements anyway. Instead, meeting content (FFL messages) should be sufficiently attractive in itself to captivate women's interest i.e. women should feel that what they learn in the meetings are relevant, applicable, and beneficial to their lives.

#### **FFL communication versus microfinance:**

Sometimes FFL discussion tends to become sidelined against microfinance related issues which dominate group meeting time. In the past, Can Tho Province is an example of a project province that has emphasized the microfinance arm over FFL communication, probably due to the high productivity of the land, but it has been advised to adjust this balance. Concern that the project's interest rate on loans is substantially higher than that of other formal institutions (namely the VBARD and VBP) has frequently been a common complaint. However UNICEF recently lowered its rate from 2% per month (on a declining balance) to 1.7% per month in response to the interest rate pressure. This is worrying for the FFL communication aspects of the project because it means that incentives for WU cadres, which are already low and are calculated as a set proportion of interest earned, will have to be decreased accordingly. Then again, it is arguable that repayment of an interest rate above the institutional rates may simultaneously suppress the morale of project cadres and beneficiaries, which then has the spill over effect of lowering motivation with FFL communication and learning. Therefore we hope that the lower interest rate will impact positively overall on the FFL communication side of the equation.

#### **Relevance of FFL messages to beneficiaries real-life situations:**

FFL messages needs to suit beneficiaries environments, such as in the case of malaria which is most relevant to mountainous areas. As to be expected, one of the weakest messages in the two delta regions was Malaria because of the perception by borrowers that this disease did not concern them. However malaria prevention behaviour is applicable to dengue fever and other mosquito borne diseases which are more prevalent in delta environments. Perhaps then the chapter should be adapted

under a broader title for these areas, so that it is not immediately dismissed as irrelevant. Messages should be transferred at the time when they are directly applicable as well, so that behaviour change can be more immediate. In Hai Phong Municipality, FFL topics are discussed by groups according to season e.g., Coughs & Colds in winter and Hygiene in summer. Similarly in a Cu Sue Commune group meeting, Dac Lac, discussion linked diarrhoea with the current mango season, and malaria with mosquito breeding season.

#### **Increased dialogue on FFL messages through the mass media:**

It can generally be assumed, although rather simplistically, that increased dialogue in an area eventually can lead to changes in behaviour and social norms; improved accuracy of information in the dialogue increases the possibility of positive change; and increased involvement of the target group improves relevance and therefore effectiveness. It is in the first two of the above assumptions that mass media can play a pivotal role by promoting discussion and debate after the provision of accurate information. The benefits of mass media for this purpose lie in its ability to achieve breadth of coverage, contributes to a supportive social climate, requires relatively few individuals to contribute relative to the number of prospective recipients, and it typically provides immediate and direct communication. Therefore TV, radio, newspapers and other print media are important channels of FFL communication to the masses and should be pursued, but should remain subsidiary to interpersonal channels in project areas.

#### **TV & radio communication:**

In project provinces, TV and radio broadcasts have been intermittent, usually in conjunction with campaign periods. Typically these broadcasts form a short segment (about 2 minutes for TV, but longer on radio) of the news or women's programmes either early in the morning or in the evenings when women are likely to be free to watch or listen. Yen Bai Province was selected as a pilot for TV FFL communication in 1996, so developed separate programmes specifically addressing FFL topics through which all messages were mentioned, but the focus was on malaria, breastfeeding and immunization. Another nine programmes about family planning and HIV/AIDS were also produced which inevitably overlapped with FFL. These broadcasts have immense value for communicating FFL messages to the majority of the population who are not project beneficiaries, but still validly fall within the target audience (e.g.; non-borrowers in Hai Phong Municipality represent 95% of the municipality's female population). A study in the Northern delta region found that most respondents watch TV often, and even though it may appear that rural households have much fewer TVs than urban households, they make up the difference by watching TV regularly with their neighbours. In Hai Phong Municipality 80% of city households have a TV, but only 30% in rural areas have one, however they tend to make up the difference by watching with their neighbours. Hence in delta areas, TV has tremendous potential for FFL communication to non-borrowers.

A recent study covering four diverse geographic areas, similarly found that 100% of children do watch TV although the frequency of viewing was much higher in urban areas, and that TV is an attractive means of communication for Vietnamese children. Nevertheless, TV content and programme diversity continually fails to meet the tastes of children and need to be enriched. This is a possible route for FFL to explore, given that girl children are part of the target group. **Children should be increasingly recognized as powerful communicators to each other (child-to-child approach), their families, and their communities, and thus should not be ignored in FFL communication planning.**

TVS usefulness as a communication medium is not as impressive in project areas, although it is always popular amongst beneficiaries. For example, in Hai Phong Municipality, even though the majority may have TV access, the rate of women who would realistically see TV would only be about 30-40% because of time restraints. In mountainous areas, this figure would be closer to 70% because fewer own a TV, the population is scattered, reception is poor, and electricity is lacking. Radio is listened to by women more (e.g.: 85% in Dac Lac Province), yet in Kon Tum Province, a study found that half the women there never listen to the radio. However, if TV / radio is going to be used as a medium, PSCs should take the initiative to inform project beneficiaries, through their relevant CSCs and group leaders, in advance about the broadcast times as there currently appears to be much confusion over this. Furthermore, in areas with a high percentage of ethnic minority people, it is advisable that TV and radio programmes spend a reasonable amount of time providing the FFL information in the appropriate ethnic minority language.

#### **Newspaper & other print media communication:**

Project Provinces have implemented provincial newspaper short campaigns periodically, and published FFL messages through separate columns. These vary in their content and layout but are more attractive to the reader if they take the form of short stories, or include comments from experts and members of the public. Newspaper access is less effective for project communes because few have access to them, and if they do have access, it is usually only a circulated copy which has to be shared by many. Yen Bai PSC has shown initiative in attempting to overcome this obstacle by compiling and photocopying relevant articles, and sending them to the commune level for distribution to groups. Yen Bai Province's local radio channels also broadcast the summarized content of any publications. These follow-up actions should be implemented in all project areas to fully spread the print media channel to localities which otherwise have no access.

The most widespread publication for project areas is probably the Women's Union monthly newspaper. Perhaps then this should be selected as the print publication for FFL messages in project areas. This is the most useful publication through which UNICEF and the CWU can transfer information down to grassroots levels, hence is the most suitable place for any group meeting curriculum to be published. A monthly group meeting curriculum developed by UNICEF which is included in the WU monthly paper would be a user-friendly reference source from which the CSC and group leaders could draw their guidance.

### **Hanging speaker communication:**

Hanging speakers are another very effective channel for reaching a larger audience and these are used mainly during campaign time as well, always early in the morning (5-6am) and in the evenings (7-8pm). In large agricultural communes (most of project) it is at times difficult to gather members together in one place to communicate whether it be in the form of a group or larger scale meeting, so hanging speakers can help alleviate this problem. Similar to newspapers, initially content was read straight from the FFL book but now more creative forms are attempted, often in collaboration with other community events. Although everyone hears the speakers, some local PC representatives estimate that in reality only about 40% of them would realistically understand what they hear, thus it is more a means to stimulate dialogue rather than reinforce understanding. Hanging speakers must broadcast messages repeatedly then, so that it is more likely that people remember what they hear. Hanging speakers are relatively costly though, which is why they are not used much in Yen Bai Province, despite the fact that Yen Bai PSC acknowledge they would greatly assist in reaching more people. UNICEF should therefore equip PSCs with more communication supplies such as hanging speakers - the megaphones provided by UNICEF in 1991 are all no longer able to function.

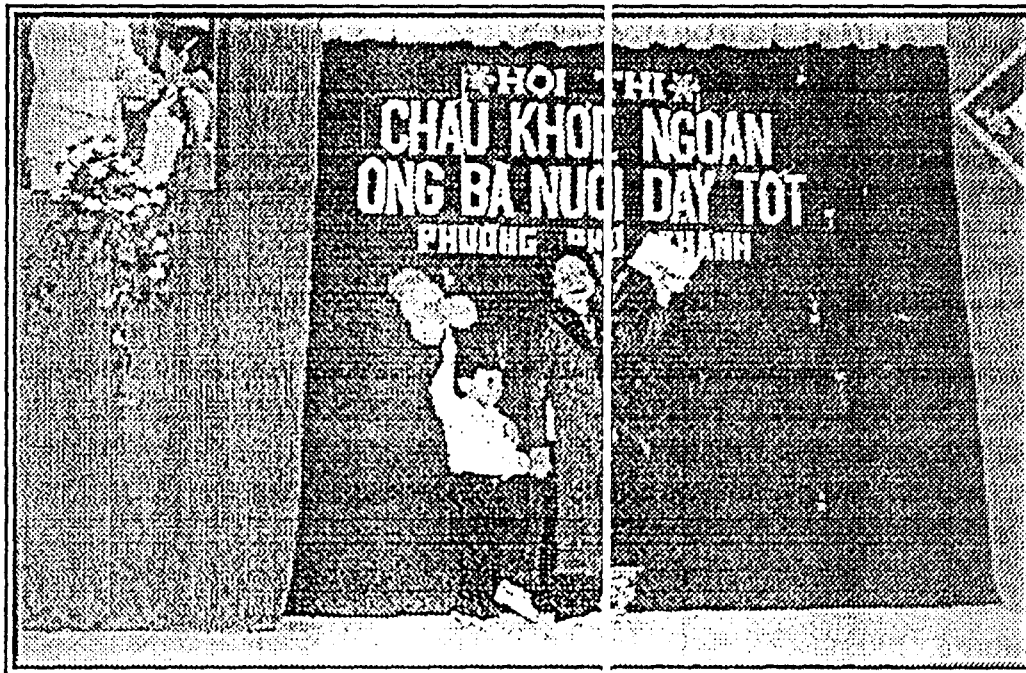
FFL therefore will continue to be widely diffused by the women's union through the mass media, namely via articles in provincial and WU newspapers, TV, radio, audio visual materials, and hanging speaker systems at the commune level. FFL excerpts on TV, radio and hanging speaker announcements will be broadcast at times most suitable for reaching the most women viewers or listeners. The VWU should continue to advocate and seek broadcasting time free of charge or at specially discounted rates. The approach in project areas may require some modification as described above, but FFL content will continue to be promoted individually, or in connection with other campaigns in the locality through these mediums.

### **Contests on FFL knowledge:**

Provincial Women's Unions should continue to hold competitions on FFL knowledge at various levels with some reaching the national level. These have demonstrated to be very effective in terms of attracting many participants, providing an incentive for people to learn FFL content well, attaching prestige to FFL knowledge, and reinforcing what is learnt through other communication methods. Contests on FFL knowledge are always warmly received by women borrowers, but 'Flower Picking' ones are especially popular. Project Steering Committees are continually restricted by their budgets though to choose the most economic type of contest, hence UNICEF should provide more funding to encourage this effective form of communication. Monetary value of prizes need not be great as prizes tend to be small household goods or kitchen utensils, but value stems from pride of winning.

Contests on FFL knowledge are also one extremely effective way of disseminating the messages to wider stratas of the community such as women outside the groups, children, fathers, and grandparents. Thai Binh Province has been especially innovative with regard to the range of FFL

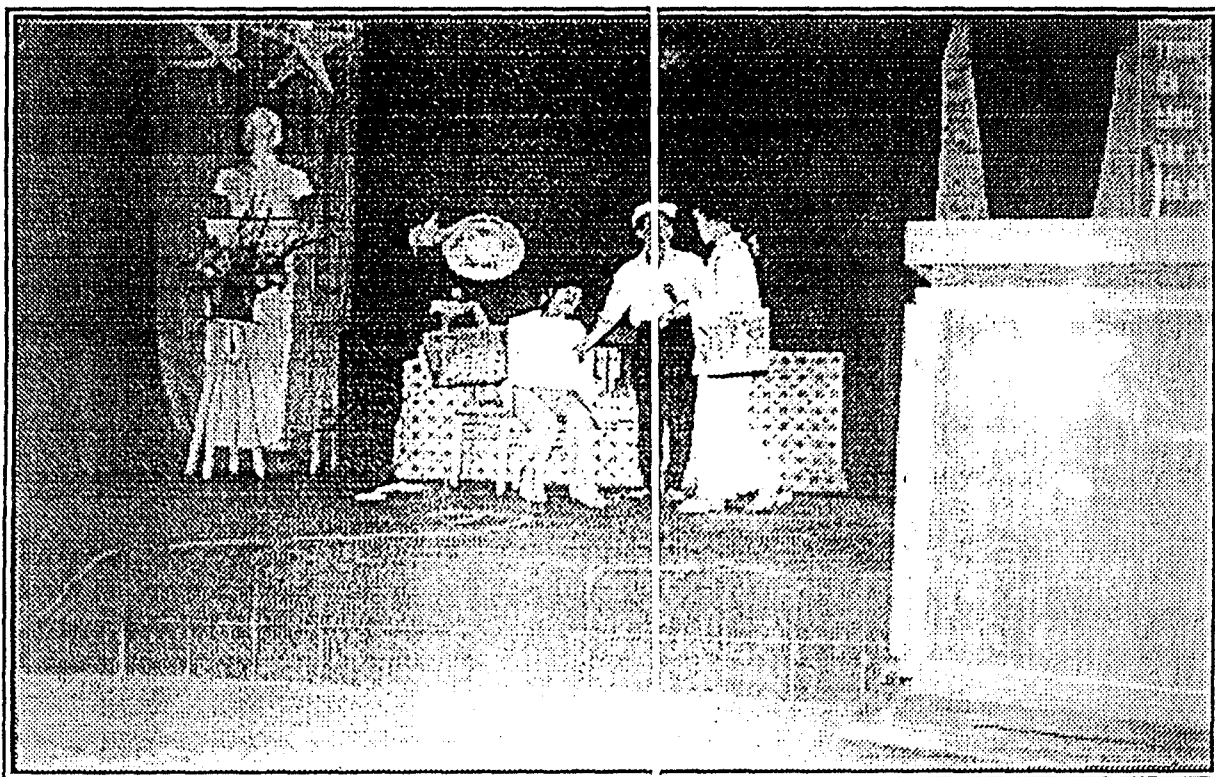
contests that they hold, such as their contests for men and grandparents on FFL knowledge in 17,850 and 21,000 entries respectively. This displays a keen interest in health and childcare issues by men and grandparents. It is pertinent that the VWU and UNICEF strive to develop and implement a strategy for promoting the dissemination and understanding of FFL to these other family members. This is not only because they play an utmost important communication role for FFL especially with remote beneficiaries who are only regularly guaranteed information through family contact, but they also serve the purpose of attaching due acknowledgment to the important roles that these fathers and grandparents play (or arguably should play) in the upbringing of their children.



*A proud grandmother & grandson walking across the stage with their prizes - 'Good grandparents & Good Grandchildren' contest - Thai Binh Province.*

Other creative forms of communication which promote group initiative and individual input will be promoted through contests, such as short play competitions and creative composition contests, which incorporate FFL messages. Hai Phong Municipality consider short play contests to be a particularly effective communication form where groups of women create their own creative skit to display their FFL understanding. We were fortunate to see a few of these in Quang Phuc Commune and were very impressed with the creativeness of women groups. Women appeared to thoroughly enjoy participating in the plays and watching each other. Short plays are also used in Thai Binh Province but women here mostly concentrate on Family Planning & Birth Spacing issues, probably because Thai Binh is densely populated. Hong Phong CSC, Thai Binh Province felt that women prefer FFL content in riddle, short stories, plays or poem form as they can remember them more easily. Blending new activities with traditional forms is important for encouraging local initiatives and

fully using local talents/resources. Short play contests (and other creative forms) should continually be promoted, as since they are entirely produced by the women themselves, they are indicative of a higher level understanding and application of the messages into a creative form which the women enjoy. It would be helpful if project staff could collaborate more with the artistic community in the future (e.g.: literacy & art magazine) to transform FFL into artistic forms.



*Women performing a humorous short play depicting the FFL Safe Motherhood Message in Quang Phuc Commune, Hai Phong Municipality.*

An Hoa Commune, Hai Phong Municipality is experimenting with video recordings of contests to be circulated amongst groups, and we were shown an example. Unfortunately, the video was of very poor quality in terms of sound, picture clarity, and sequencing. The women were filmed close-up though and the prospect of seeing one's self on video may have provided women an incentive to participate in the first place. However this is counter-productive if the video content can't be heard properly and is therefore can't be very effective for communication. The cost of producing such a video is estimated at 2 million VND, which is a large amount for a CSC which apparently has limited funds to spend. Therefore, this is not a FFL communication method which is advisable to be pursued at lower levels for reasons of cost, not to mention, that video access would be minimal in many project locations.

### Supportive local environment for FFL communication:

The UNICEF 'Healthy Communication Programme Support Materials' (a document developed as a result of work over a two-year period by eight UNICEF country offices and ten partner organizations with expertise in communication for development) describe a "Capacity & Environment" window, which is the intersection of communication capacity within the country and the social environment for addressing sensitive health issues. All sectors of the community express sincere appreciation for FFL communication as they can see the practical benefit that it brings. Any communication occurs within a political framework though, hence political commitment to the communication activities is key to an effective approach. The VWU realize this and have mobilized the support of local authorities where possible, adopting an intersectoral approach, as this has proved highly beneficial to communication activities at lower levels (e.g: local PCS allocating hanging speaker time to the FFL campaigns, shared office space, intersectoral meetings). Collaboration between the Women's Union and other mass organizations and ministries, particularly the Ministry of Education and Training and Ministry of Health, should continue to be reinforced and cooperation from local authorities continually sought, especially at commune level.

### A complementary mix of communication forms requiring sound planning & monitoring:

Design of overall strategy of communication must include a variety of dovetailed and complementary activities, with many sectors mobilized in an interlocking way, to disseminate ideas and information so that they converge in impact upon the intended target group. However, WU project cadres at different levels are enthusiastic, but often weak in their communication skills for behaviour change and encounter difficulty devising clear communication plans for the future. Dac Lac Province's project cadres were especially poor at maintaining any statistics relevant to project objectives, and often had no recorded comparative figures. Their planning skills were not well developed and they could not tell us specific details on how they were going to reach their Year 2000 target. Project cadres definitely require more training in communication skills if the Year 2000 target is to be successfully achieved. Similarly, project cadres need to be provided with more training for accurate recording of social indicators to measure their advances relative to project objectives, and guidance for planning their FFL communication activities.

### Language restrictions:

Another hindrance to communication is the reality that project staff often can't speak the traditional language of many project beneficiaries. Use of beneficiaries own language and an ethnic minority communicator are prerequisites in practice for effective FFL communication. Hence, it is critical to communication in these areas that at least one member of PSCs and CSCs have a workable competency in the dominant minority language. The possibility of providing some ethnic



minority language training for project staff at lower levels should also be considered, as this would greatly improve communication to minority groups. Alternatively, UNICEF and the VWU could concentrate on training and developing a specialized team of EM communicators who will go to each area to communicate FFL messages using their own ethnic languages, and will combine communication with motivation, instruction and financial support when necessary. However this may still be restricted by regional dialect variances between geographic areas.

#### **Experienced FFL communicators as trainers:**

The communication role is time-consuming for project cadres who have household responsibilities like all the other women in their communities. Therefore it may be a challenge to find successors for current project committees, because few will be prepared to take over the demanding roles when incentives are comparatively so low. **The possibility of employing successful FFL communicators to train communicators in new or weaker communes is a good idea, since they already 'speak the language' of the project from first hand experience, and thus are in the best position to teach their peers.** This may be a way to remunerate strong communicators fairly, as well as providing them more incentives, for their FFL communication efforts.

#### **Strengthening FFL communication in non-project provinces:**

FFL has been a nationwide campaign since 1980, but FFL communication efforts have been focussed to a large extent on income generation project areas. In the light of the year 2000 goal, FFL communication must be expanded, monitored, and strengthened in all provinces of the country through the wider distribution of FFL materials, and the network of women's unions down to the grassroots levels, under the guidance of the central VWU FFL communication directive. At present each project beneficiary has a copy of the FFL book, as do project cadres. On the other hand, non-project areas only have 3 full copies and 3 briefer versions of FFL per commune (CWU initiative covering the whole country) As a result, increased diffusion of messages is currently restricted due to the sparse number of copies relative to local population size, hence there remains a pressing need for more copies of FFL, with demand greatly exceeding supply, especially for distribution outside of project realms. More copies need to be printed and distributed in improved forms (see below) to address this shortage. **To reach the Year 2000 target, it is necessary to provide more support (ie: communication training) to communicators in non-project communes as well.**

#### **Health sector linkage:**

Communication of FFL messages is closely linked with health services, therefore some form of FFL training should be integrated into the training of all formal health workers to familiarize them with the content and to generate their communication support. The informal health sector is also vital for bringing FFL to the grassroots - traditional healers and birth attendants can be effective

promoters of FFL - however needs training input to ensure consistency and accuracy of messages conveyed.

#### **FFL communication through the religious community:**

**Currently the religious community is under-utilized as a channel for dissemination of FFL messages.** Priests in Thai Binh Province supposedly support FFL by encouraging women to attend meetings even at times when the community is jointly involved in building a new church. However it is expected that the contribution of churches in Christian areas to FFL communication could be potentially much more direct, with religious leaders actually assuming a communicative role, or assigning some church time or resources to the FFL cause. This is particularly relevant in central highland provinces (e.g. Dac Lac and Kon Tum Provinces) where Protestant faith is growing rapidly among ethnic minority families. In addition, all PWU Executive Committees have at least one member who is a monk, hence they possibly could be assigned some sort of communication responsibility amongst the Buddhist community under their terms of reference. A very typical characteristic of Soc Trang (and some other Mekong Delta provinces) is the reliance on Khmer temples for the setting up of cultural centres for local inhabitants within a specific population area - these would be able to generate some very positive impact, for the dissemination of relevant health information. It would be beneficial for PSCs to approach religious leaders in their community to mobilize this type of support, as it is logical to infer that advice from a religious leader has significant influence and meaning for a member of the same religion.

#### **Difficulties with FFL communication:**

**By and large the most overriding difficulty for FFL communication is limited funding, and all project and non-project areas can benefit from increased UNICEF financial support.** At the same time, people must be able to afford a positive change in habits. FFL and microfinance in difficult areas are interdependent upon each other for achieving impact. **This re-emphasizes the need for UNICEF to gradually seek linkages with the formal banking sector, so that financial institutions can eventually be the provider of loan funds, leaving UNICEF funds and support free to be fully invested in the communication aspects of the project.**

#### **Selection of beneficiaries:**

It was observed that CSCs do not always appear committed to adhering to UNICEF's selection criteria for beneficiaries. For example, Ms. Hoa (a group leader in Hong Phong Commune, Thai Binh Province) only has one 12-year old son, lives in a solid brick home with some high-tech audio-visual

equipment, and has never had a gynaecological disease. She claimed that a brick house was critical for silk-worm raising which was her income source, and the CSC explained that some strong borrowers could guide the weaker ones, but we still questioned why she had been selected as a project beneficiary. Even more blatant was the case of Ms. Ngu in Quang Phuc Commune, Dac Lac Province, who was elderly, lived on her own, and all her children were independent and living far away. **Inappropriate beneficiary selection has implications for FFL communication, because FFL messages are designed for the specific target group.** Therefore, women who do not fit that criteria (e.g.: those without any young children) will obviously find FFL less relevant to their daily lives and hence will pay less interest to it. Communication resources would also be less effectively spent on women (and families) who are not in a position to benefit as much.

#### **FFL communication & the private sector:**

The private sector can make significant contributions to the UNICEF/VWU FFL challenge but this must be sought with caution to be sure that business practices are in accord with UNICEF's philosophy. Enlisting the services of truly professional communicators, behavioural scientists, or marketing professionals - health messages need to be as attractive as those for commercial products if they are to have an impact and attract increased financial support - are all future possibilities for improvement of FFL communication, and the raising of additional funding. For example, present discussions with MTV concerning the possibility of UNICEF/MTV partnership, could impact very positively upon FFL communication.

### 3.4. FINDINGS FROM INTERVIEWS WITH PROJECT BENEFICIARIES

#### Identifying the FFL Chapters:

**Hai Phong Municipality & Thai Binh Province;** Women here generally knew that there were 10 chapters and were able to name them collectively as a group, more often than not, on an individual basis. However none were so familiar that they could name the chapters following the sequence that they appear in the actual book.

**Yen Bai Province;** In Tan Huong and Hung Khanh Communes, women could cite the FFL chapters out of a group effort, with one group remembering all except for 'Coughs and Colds'. When asked about fictitious chapters such as the 'pig raising' chapter, they immediately answered that they did not exist. Nevertheless when interviewed individually, women tended to remember significantly fewer chapters, but could still manage to reject 'trick' questions about non-existent chapters. In Tan Luong Commune however, FFL familiarity was weaker, and the strongest interviewee knew there were 10 chapters yet was only able to name 3 of them. A particularly uninformed borrower, Ms Binh, thought FFL was about production and child feeding. She never went to school but attended a literacy course last year. However she still has not managed to fully read her 'Top 10 FFL Messages' poster on her wall. Ms Binh can't name any FFL chapters and has never heard about FFL contests, but has seen FFL leaflets and pictures at the CSC office.

**Dac Lac Province;** In all communes here, women could not name more than half of the FFL chapters, even when asked as a group. Group leaders, at best, could only name about 7 chapters, and these were sometimes incorrectly titled e.g.; the 'Family Planning' chapter. They did answer yes when asked if there was a chapter on Malaria, and no for 'Animal Raising', except for one group leader who agreed that FFL contained information about production. In Quang Phuc Commune, Ms Ngu was completely unfamiliar with FFL content, stating that FFL was about Credit & Savings, Production, and Daily Life. She has given the book to one of her adult children.

#### Favourite FFL Topic:

Overall, the most popular FFL topics by far are Breastfeeding and Child Development, closely followed by Safe Motherhood (sometimes called the "Gynaecological' Chapter). There were some differences in other popular topics between geographical areas though.

**Hai Phong Municipality;** In one group, all 5 women present thought that Child Development was the most important topic. In another group, one woman chose malaria because she lives in a narrow alley with lots of bushes near a field with many mosquitoes (the only interviewee who likes malaria most), another chose Coughs & Colds because she lives in a windy area, and another chose HIV/AIDS because her husband works in the import/export industry.

**Thai Binh Province;** Women here were more interested in topics related to pregnancy and child birth, namely Birth Spacing and Safe Motherhood. One woman mentioned Diarrhoea because it has recently been quite common in their locality, and their last group meeting appropriately concentrated on hygiene since summer is approaching.

**Yen Bai Province;** The most popular topics here were less obvious as women tended to like a broad mix, but Diarrhoea was mentioned more often than in other provinces visited.

**Dac Lac Province;** All the childcare related topics in general were more popular than others. Women seldom stated their favourite topics in more precise terms.

#### **Least Popular or Most Difficult FFL Topic:**

Undoubtedly, HIV/AIDS is by far the least interesting and most difficult to comprehend FFL topic in the minds of women beneficiaries. In fact, it was the sole topic to be identified as remotely difficult for the women to understand. The degree of disinterest in HIV/AIDS did however vary between locations.

**Hai Phong Municipality;** Women in Hai Phong were the most adamant that HIV/AIDS did not realistically concern them since there are no locally reported cases, they are not promiscuous or drug addicts, and they have minimal contact with the city. They 'are far away' from the disease, hence although it may be important, they find it the most difficult to imagine and relate to.

**Thai Binh Province;** Thai Binh women expressed that they previously would have said HIV/AIDS but now think it is as important as the others. They regarded HIV/AIDS knowledge useful because it prescribes celibacy, and felt that they needed to be educated for prevention even though it is not currently detected in the locality. Furthermore, it was necessary to focus on prevention of HIV/AIDS due to their geographic remoteness from hospitals and medical assistance, and the fact that no cure exists.

**Yen Bai Province;** HIV/AIDS was perceived as a vague concept because women could not visualize the disease and it was very new and unfamiliar to them.

**Dac Lac Province;** HIV/AIDS is the most difficult, yet several succinctly named the 3 methods of transmission when asked.

### **Topics of Interest that FFL does not cover:**

**Hai Phong Municipality;** Most women thought that FFL already provided adequate knowledge for themselves and for teaching their children. A few wished to have more information about the treatment of other child diseases, goitre, general medication and how to keep their family happy. One woman wants more short/funny stories about the role of women in families, and more FFL pictures for their children.

**Thai Binh Province;** FFL is sufficient at present for the health of the family generally, so the point is not to increase FFL content but to expand its coverage to benefit more families.

**Yen Bai Province;** In Tan Huong Commune, women suggested that FFL include a chapter on goitre/iodized salt, and some production skills, but the group leader says that FFL in its current form is sufficient for her. Ms. Chinh prefers a book with more pictures and succinct messages. In Hung Khanh Commune, Ms. Thuong's husband said that this was a difficult question, but perhaps FFL could include more about the most common diseases in their area such as goitre.

**Dac Lac Province;** There was no mention of a need or desire to include additional topics, but it was suggested instead that more pictures, diagrams and flow charts be incorporated, for easier instruction.

### **Readership Pattern:**

Apart from in group meetings, if the FFL book is read at all by project beneficiaries, it would be during the evenings or at noon when they break for a rest.

**Hai Phong Municipality;** Sometimes women, men & older children, may read together as a family or when women gather to chat. Children often try to read because they are attracted by the pictures. We were impressed to see one woman's FFL book on her pillow, when we visited her home at random, as she says she often reads before going to bed. The women have nothing else available to read so FFL is a common text for general reading in leisure time (even for men).

**Thai Binh Province;** Some women read at night alone when their children are in bed, some read at night before watching TV, and some read with their husbands. One woman said that her child occasionally reads FFL but he's not that interested, and she thinks this is because he's a boy. One woman who claims to read at night, has a FFL copy which appears brand new and untouched.

**Yen Bai Province;** Women try to read with their husbands but are restricted in doing so by time constraints with their busy household and production workload.

**Dac Lac Province;** In Ed Drong Commune, the highest educational attainment amongst 3 groups present was Grade 4-5, and approximately 15/30 women were illiterate in Kinh (4 attending

literacy classes), hence reading is not an option for many. In Cu Sue Commune, Ms. Oanh who is relatively more educated, reads often in her spare time and her 11-year old niece is interested in reading too. However Ms. Huong only read her book once and has since lost it. When we asked her to read a paragraph, we discovered that she was more or less illiterate.

#### **Best Communication Method:**

**Hai Phong Municipality;** Group meetings and informal chatting socially or whilst working, make understanding of the messages much easier than just reading, but groups should be restricted to 15 members for comfortable discussion. Hanging Speakers are the most convenient channel of communication because of the busy schedule of women. Messages are not broadcast daily but in conjunction with other community events/announcements (e.g.; on the day we visited, it was about malaria due to the peak mosquito breeding season). In Quang Phuc Commune, short plays are the most popular communication form because they are easiest for people to remember and understand. Contests are also favoured there, although none of the members met had won any prizes yet. Billboards/slogans/calenders would also be effective due to the varied educational levels within the target audience. An Hoa Commune was experimenting with video recordings of contests as TV was considered an effective medium.

**Thai Binh Province;** The best communication methods are interpersonal experience exchange through talking during working hours or when petty trading, poems, group meetings and WU cell meetings (every 3 months). Women who were very busy at that time with their silk-worming, said that they still tried to attend by preparing ahead as they found meetings interesting and easy to learn from. Ms. Thuy, educated to 12th form, finds reading by herself most rewarding. A few women liked TV (had quite high-tech systems) and Ms. Thuy recently saw a programme about the project in the Thai Binh Province, though it was not specific to her commune.

**Yen Bai Province;** Verbal communication in the field or when they visit each other and discuss practical issues are the best form of communication. The women feel that they need repetitive communication because they are a disadvantaged mountainous area, and are not bored with repetition of FFL content in group meetings because they need to refresh their memories. They would benefit greatly from more communication equipment. TV can also be useful. One supportive husband explained that the perceived benefit of any communication method depended on the educational level of each specific household, and meetings therefore leave an impression on borrowers to varying degrees. He and his wife would prefer to see more leaflets with more pictures, which they think would be well received by many, including the less educated.

**Dac Lac Province;** In Ed Drong Commune, women rely almost entirely on what is communicated during group meetings, since oral explanations are the single way for them to understand due to language and educational barriers. The group leader uses an E De FFL translation, but even she does not always fully understand this translated E De version. In Cu Sue Commune, contests were popular and attracted the most participants (mentioned by a woman who had won the 1st prize in the flower picking contest, and had since sent a composition to the provincial writing contest). Ms Ngot (more educated) prefers reading alone rather than with others, likes TV & Radio, and really enjoys contests (received an encouragement prize in the commune flower picking contest). She listens in group meetings but has forgotten what last month's was about.

### **Non-borrower Involvement:**

**Hai Phong Municipality;** Non-borrowers attend the informal meetings where FFL may be discussed, and sometimes borrow FFL books. One member recently advised a newlywed couple to consult FFL.

**Thai Binh Province;** Members of the community all chat in the fields and in the evenings, and everyone hears what is broadcast on the hanging speaker. Members discuss FFL with their neighbours and lend their books, as they all can be communicators.

**Yen Bai Province;** Borrowers share FFL with their non-borrower friends if they are interested, share experiences while watching TV, or advise other women with young children about relevant messages e.g.: weighing and growth monitoring.

**Dac Lac Province;** Some non-borrowers borrow FFL books to read, some attend group meetings, and many wish to join the project. FFL content is discussed with others while working. One woman approaches others in the community to give advice if she recognizes any health problems, and lends her copy to non-borrowers since she is the only beneficiary in the hamlet.

### **Breastfeeding:**

**Hai Phong Municipality, Thai Binh & Yen Bai Provinces;** In these three areas, the knowledge about Breastfeeding of women was sound. Virtually all outlined that women should start breastfeeding as soon as possible after giving birth, continue to breastfeed until the child is around two years of age, and feed other more solid foods from 4-6 months. More sophisticated answers added that colostrum was the best milk with immunization properties, and that breastfeeding could be a form of contraception.. This practice was quite different from traditional breastfeeding which prescribed that one should wait a 2-3 days before starting. Several women described how



they had adapted to breastfeeding their younger babies immediately since receiving FFL guidance, and how this had resulted in these younger children being much healthier. One woman in Thai Binh Province said that she was already aware of the fact that breastmilk was best before the project and started to breastfeed even her elder children about an hour after birth. Mother-in-laws do not disapprove of the 'new' approach when they have read FFL, or had FFL read to them. Women should eat a well balanced diet in sufficient amounts when breastfeeding.

**Dac Lac Province;** In Ed Drong Commune, 4/11 women in the group could not produce adequate breastmilk for their babies, possibly due to side-effects from chemical warfare. One member's 2&1/2 year old child (only now starting to walk but is yet to speak) has only ever been fed cow's milk as her mother can not produce breastmilk, plus the child has lung and digestive complications preventing the ingestion of solid foods. This was the woman's 10th child and the only one to have survived so far (she gave birth under special conditions at the provincial hospital otherwise she too may have died), which is another reflection of the remnants of chemical warfare. A group leader spoke about breastmilk being better than cow's milk, but wrongly instructed the group that they should give extra foods from 1&1/2 years of age (should be 4-6 months). In Cu Sue Commune, Ms Huong has breastfed all 8 children, at first telling us that she waited 3 days before starting because she does not think early milk is good at all, but after prompting from a CSC member, clarifying that she only waited 3 days because her child had diarrhoea and she thought that this was an adverse reaction to the colostrum. In Quang Phuc Commune, Ms Ngu thought that it was incorrect to breastfeed right after birth (wait at least a day) but she has heard in group meetings that you should.

### **Antenatal Checks:**

**Hai Phong Municipality;** The number and frequency of antenatal checks has increased since FFL communication. For example, one woman when pregnant with her 3rd child had monthly checks, but had no idea about appropriate antenatal care when pregnant for the first time. In An Hoa Commune, a 6-month pregnant member has had 3 checks so far (at 2 & 5 months), but despite eating well she has only put on 6 kgs.

**Thai Binh Province;** FFL communication does not appear to have had as much of an impact on antenatal checking behaviour in Thai Binh Province, as several women said that they knew this before the project, therefore were going for checks during previous pregnancies already. Ms Tham had antenatal checks with her youngest son twice though, but he was still malnourished at birth (she can't remember what his birth weight was).

**Yen Bai Province;** Similar to Hai Phong Municipality, women have been having more antenatal checks more often since receiving FFL. For example, with her 1st child, Ms Nga had no antenatal checks and didn't eat too much out of a fear that a large baby would make delivery difficult. But with her 2nd child, she went 3 times, was escorted by her husband, and her younger

child is healthier. Fewer women give birth at home these days. Women need to go 1-3 times per pregnancy to find out how their baby is inside the womb, and women still need to simultaneously increase their nutritional intake and rest more when pregnant.

**Dac Lac Province;** In Ed Drong Commune, all members have had antenatal checks before and said that 3 times per pregnancy was appropriate. A 45 year old woman who already has 7 children (plus 3 others who died), one of which was severely deformed due to side-effects of chemical warfare, was again 7-months pregnant but could not afford antenatal checks despite wanting them. She does not know how much weight she has gained since conceiving, but the CHC has informed her that the foetus is very weak. The common practice is to give birth at home with the assistance of a nurse, but 3 women have done so at the provincial hospital because they have a history of childbirth complications.

#### **Diarrhoea:**

**Hai Phong Municipality & Thai Binh Province;** Drinking water from boiled guava leaves and stopping feeding used to be the way that women would treat cases of diarrhoea in their families. Now women know to continue breastfeeding, how to use ORS (in correctly described proportions), feed normally, replenish fluids, avoid antibiotics, and cover all left over food.

**Yen Bai Province;** Ms Nga told us that it was a misconception that eating more fruit increased diarrhoea. Her 2nd child had diarrhoea twice in the summer of 1995, so she followed FFL and used ORS (kept correct proportions but sometimes divided the packet into two before mixing to avoid keeping a pre-mixed solution overnight), tried to replenish lost fluids, kept breastfeeding, fed normally but with richer foods, and avoided feeding raw foods. If there is no improvement, one should seek medical help as prolonged diarrhoea leads to malnutrition.

**Dac Lac Province;** In Ed Drong Commune, although many women do know about 'the salty water in the bag' (ORS) and continued breastfeeding during bouts of diarrhoea, their first action seems to be to send their children to the healthcare centre. Traditionally boiled guava or young 'vu sua' (milk-apple - a locally grown fruit) leaf water was used. In Cu Sue Commune, Ms Huong had never heard of ORS and has only ever bought pills from the pharmacy under instruction from neighbours. In Quang Phuc Commune, Ms Ngu and Ms Hoa both said that one should stop breastfeeding until the child has recovered (!)

### **Immunization:**

**Hai Phong Municipality;** A group named all 6 vaccinations plus the schedule for them to be given, as did a member of another group, Ms. Phuong, but one woman incorrectly named diarrhoea, and the woman with the youngest child forgot about the Tuberculosis vaccination. In Quang Phuc Commune, the community is informed about monthly immunization days via the hanging speaker system.

**Thai Binh Province;** A 1-month old baby in a home visited had received the Tuberculosis vaccination already at age of 15 days. One woman said that both her children had received 5 injections (individually named) and an oral polio vaccine, hence FFL had not made much impact on her approach towards immunization for both her children.

**Yen Bai Province;** In two communes, groups named all the immunizations and corresponding schedule. The Doctor would make an appointment for the next required injection after each visit to the health centre. However, Ms Hong and Ms Binh thought there were 9 diseases to receive vaccinations against (6 injections and 3 oral), one of which was diarrhoea. Ms Chinh had 3 tetanus immunizations during her pregnancy, at the 2nd, 5th & 8th month.

**Dac Lac Province;** Women here were less sure of what diseases their children should be immunized against and thus named 2 out of 6. So far a 7 & ½ month old baby has been given 3 injections and an oral polio vaccine, but the mother is not sure what the injections were for. Ms Hoa - she had 3 tetanus injections when recently pregnant.

### **Signs & Treatment of Malnutrition:**

**Hai Phong Municipality;** The women understood children to be malnourished if, they do not meet the appropriate weight on the growth charts and their weight incurs no increase for 2 months (monthly weighing is done at creches), their faeces appear unhealthy, they have bloated stomachs, dry eyes, or are thin and pale. All women commented that their children were growing faster now, but attributed this more to economics than nutrition education. In Quang Phuc Commune, one woman correctly told us the best sources of Vitamin A.

**Thai Binh Province;** The signs of malnutrition that were put forward in Thai Binh match those in Hai Phong above. The growth charts that we saw were well recorded except marking was 2 months behind (we visited during a busy time for sick working).

**Yen Bai Province;** To recognize malnutrition, borrowers thought it appropriate to weigh children regularly, and take note of weakness, loss of appetite or deep breathing. The group or hamlet leader weighs all children monthly and keeps the charts for the members. Women think that weighing is extremely useful for determining immediately whether a child possesses a healthy

weight. To overcome malnutrition, women claim that children should be fed with rich foods like breastmilk, fruits and vegetables, eggs, etc. One child is suffering from severe malnutrition due to excessive diarrhoea recently and is taking a 'special milk powder' prescribed by the hospital.

**Dac Lac Province;** In Ed Drong Commune, the woman who had only 1 surviving child out of 10, said that she could guess what the signs of malnutrition were but was not really sure. Another woman thought her child was malnourished because he only weighed 8 kgs at 13 months. The commune only recently started weighing the children a month ago with the implementation of the CPCC nutrition program. As a result, women are not competent in managing the growth charts yet, and some never weigh their children. Suggested signs of malnutrition were low/no weight increase, poor appetite, insomnia, more freckles(?), and a small size. Malnourished children should be fed richer foods, and your child will be malnourished if you do not eat well during pregnancy.

#### **Malaria:**

**Hai Phong Municipality;** There are few cases in Hai Phong hence people are not too interested but they still try to learn the chapter and the women seem to know prevention strategies - they mentioned clearance of bushes, correct waste disposal & use of mosquito nets. One member's husband has malaria but has been well for the past 2 years. They used to have many bushes growing wild around the homes but FFL taught them to remove these, especially the bamboo.

**Thai Binh Province;** There is no malaria in Thai Binh Province, but there was a dengue fever outbreak a few years ago. Two members know it can be fatal and knew how to prevent it extremely well even explaining the rationale for taking anti-malarial tablets when entering in/out of a malaria prone area (NB: one's husband died of dengue fever at a very young age, and the others died of malaria while pursuing an army career in Lai Chau Province). From observation it can be seen that mosquito nets are widely used, but there remains a lot of bamboo and still water reserves around the vicinity of household. Some women explained that other insects are more of a concern for them because of the potential threat to their silk-worm raising. Ms Sau's son has an allergic reaction to silk worms when they are 'fully mature' which is apparently quite common, so they are trying to treat it with medicinal herbs.

**Yen Bai Province;** Women understand that to prevent malaria they should take anti-malarial tablets (Commune Health Centre delivers them), use mosquito nets that are periodically treated with permethrin, implement proper hygiene, and cut away bushes. The number of cases has been significantly reduced in recent years, and in one commune visited, there have been no new cases reported since the beginning of 1996. One woman incorrectly said that poor nutrition was a cause of malaria, and another had absolutely no idea about the causes. The women did not know about permethrin chemical treatment of nets in the past, but now during campaigns, the commune distributes permethrin for this purpose with instructions for use.

**Dac Lac Province;** In Ed Drong Commune, most women met have had malaria at some stage, two are currently receiving treatment, and one's husband previously died from it. They know that it is caused by mosquitoes but wrongly said that dirty water was another cause. They sleep under nets but can't afford anti-malarial tablets, therefore are forced to rely on occasional distributions from commune health centre visits. Ms Ngu said that malaria was transmitted by mosquitoes when one works in the field. Ms Hoa (a group leader) was under the impression that malaria could be contracted through drinking infected water which had not been boiled (!).

#### **Gynaecological Disease:**

**Hai Phong Municipality;** Some members were diagnosed with a gynaecological disease after undergoing examinations upon receipt of their FFL book in the early stages of the project, or more recently during campaigns to mobilize women to have gynaecological checks. However most have received treatment and are either cured or receiving treatment. Some cured members can still comfortably use an IUD.

**Thai Binh Province;** All women interviewed in Thai Binh Province did not currently have a gynaecological disease although they may have in the past. Women are encouraged to have bi-annual check-ups during commune campaigns and most claim to go.

**Yen Bai Province;** Women are encouraged to go for regular health checks for prompt diagnosis, and are advised on better hygiene practices in the process. In one group, all 4 women present were sterilized, hence their odds of having a gynaecological disease should in theory be lower, yet 3 of them have recently had some disease. One is now cured, another is being treated, and the third has to continually take medication to avoid relapse. When the women menstruate, they wash their cloth napkins in the stream then sterilize them in boiling water. Women use a combination of cloth and commercial sanitary napkins depending on how far they are working away from home. One husband commented on how expensive disposable sanitary napkins were. One woman said that she realized she was ill because she felt pain, and was subsequently advised to seek medical help from group peers.

**Dac Lac Province;** In Ed Drong Commune, approximately 1/3 of women have a gynaecological disease and are not receiving any treatment because they are waiting for the healthcare service to come down to their commune. When the women here have their periods, they do not use any protection but simply allow themselves to menstruate down their legs under their long skirts. This is because they simply do not have the capacity to afford spare cloth or napkins for this purpose. They still work as usual while menstruating. Ms Hung has never had a gynaecological disease and knows this because she was tested prior to insertion of her IUD 5-7 months ago (prompted).

## **Latrines & Sources of Water:**

**Hai Phong Municipality;** All households visited have a brick latrine although some of course are better than others. In Minh Tan Commune, they are typically located about 10- 20m behind the house next to the pig sty, with waste from both sources collecting into a single open tank for fertilizer. Ms. Van however, had a similar set-up but her latrine is only about 3 m behind her house, situated next to her exterior kitchen, as she had limited land. In Dong Hoa Commune, members all have brick 2-tank latrines although some households don't. We were informed that the Commune has a community regulation that children must use latrines instead of urinating/defaecating freely. They never drink unboiled water even if incredibly thirsty. Drinking water either comes from wells or rainwater, although Ms To boiled her filtered stream water to drink. Washing water usually comes either from wells or streams, but in Dong Hoa Commune sometimes pond water is used but they try to ensure that it is not still. They have no running water in the area except for a tap at the PC office, and wish for a UNICEF pump. In Quang Phuc and An Hoa Communes; women claimed that they never use pond water but prefer to share the water pumps/wells as they wish to have access to safe water, even though they can't all afford to build a well.

**Thai Binh Province;** Here all households visited also had brick latrines appropriately located away from the house, which were built either prior to the project or during the project's early stages. Boiled rainwater is used for drinking usually, or well water during the dry season. Water can become a problem if they are experiencing a difficult period. Ms Mien only has access to pond water which she filters and boils for drinking. If women have access to a well, this will be the source of water, otherwise river water, or pond water which has been left to settle so that sediment sinks, is used. Ms Phuong thinks her pond water is fine for washing purposes since she does not raise any fish in the pond.

**Yen Bai Province;** Well water is used for everything (a well is often shared between about 20 households), and boiled for drinking. Previously they would drink water directly from the well but now realize that even though water may appear clean germs are invisible to the naked eye. Stream water is too dirty even for washing. Women wash their cloth sanitary napkins with well water but pour the waste water far from the house. All members have a latrine but they are merely large holes with palm leaf covering, typically located 50 metres from the house (some controversy over this figure).

**Dac Lac Province;** In Ed Drong Commune, either well (60% of households share wells) or stream water is boiled for drinking, and stream water is normally used for washing. In Quang Phuc Commune though, one woman admitted that sometimes they drink well water directly and sometimes they boil it. Latrines in all homes visited are holes with simple covering which are relocated when full, away from the house.

### **Birth Spacing & Contraceptive Use:**

**Hai Phong Municipality;** In the past, women relied on the rhythm method, but several were already using an IUD prior to implementation of the project in their area (previous government family planning campaigns). Nowadays, virtually 100% of women use some form of contraception. IUD was the preferred form for most (90% of women use an IUD in An Hoa Commune) but we met 1 sterilized woman, 2 women whose husbands use condoms, 1 woman who is on the pill, and one that relied on withdrawal. Some have a misconception that condoms may be harmful.

**Thai Binh Province;** All but one woman who was sterilized (aged 29 with two children - 5 & 7 years), had used or were currently using an IUD. Ms Hoa has stopped using her IUD and now just uses the rhythm method but did not say why. She has a 12 year old son and does not want another since she is already 35 years old. Ms Sau does not want another child until her son is at least 7 years old. Two women had their IUDs inserted when they had babies that were under 6 months of age, as they were not aware of the contraceptive effect of breastfeeding at the time. In Nam Chinh Commune, a 28 year old Christian woman, Ms Hue, is using an IUD as she has two children and does not want a third.

**Yen Bai Province;** In Thanh Huong Commune, 100% of group members use contraceptives. All 4 women present had been sterilized but the rest use an IUD as they consider it best for birth spacing after the first child. Ms Nga was sterilized a month ago at the age of 25, but she already has 2 children aged 3 & 6 years. In Hung Khanh Commune, one woman's husband uses condoms. Ms Thuong - has 4 children ranging from 9-16 years, but she is now using an IUD.

**Dac Lac Province;** In Cu Sue Commune, Mdm Huong tried using an IUD but could not, so now uses the rhythm method (already has 8 children aged 3 - 19 years, all are in school). Ms Ngot has used an IUD for two years, and has 3 children aged 4 - 8. In Quang Phuc Commune, Ms Hoa (group leader educated to grade 6 in 10-grade system) has two children aged 5 & 10, and is now using an IUD.

### **TV, Radio or Hanging Speaker Access:**

**Hai Phong Municipality;** In Hai Phong Municipality, TV's are sought after much more than radios. For example in one group in Quang Phuc Commune, 30% of households have a TV and only 2 have a radio. Others sometimes watch at neighbours' homes when time permits. Most women have seen some sort of FFL related content on TV, but this is by chance and there is much confusion over what time these programmes are on. Ms Thoan, who has never seen/heard FFL through the mass media, thinks that TV would greatly facilitate FFL understanding.

**Thai Binh Province;** Hanging speaker access here was much more prevalent here than TV and radio ownership, especially during campaign time e.g.; in immunization drives. On the day that we visited Phu Chau Commune, the top 10 FFL messages were read out that very morning over the hanging speakers (possibly because of our visit?). There was some confusion over the broadcasting schedule of the hanging speakers, and some had no idea about this. One member has a very sophisticated stereo system yet does not recall ever hearing any FFL on the radio. Another member, Ms Hoa, has seen some information on Breastfeeding & HIV/AIDS on TV but heard nothing on radio, and she has both in her home.

**Yen Bai Province;** In Tan Huong Commune, all 4 women present in the group have a Black & White TV and 3 have a radio. Their favourite programmes are women's, news, children's and population & development ones. They have seen FFL content before but can't remember when. In Hung Khanh Commune, 7 group members have a TV and 3 have a radio. The leader encourages them to watch TV and tells the group what she has seen that is relevant. Ms Thuong said that it was difficult to obtain good reception from central TV, and even Yen Bai Station is not always easy to receive. Hence they tend to listen to the radio more, which only occasionally has FFL issues on news programmes.

**Dac Lac Province;** In Cu Sue Commune, Ms Huong has a TV/karaoke set and her favourite programmes are news and children's shows. She recalls watching programmes for women and family planning on TV. In Quang Phuc Commune, Ms Hoa only has a sewing machine because it is more economical for the family than a TV or radio. They hear FFL messages sometimes on the hanging speakers.

#### **Newspaper Access:**

**Hai Phong Municipality;** Newspapers are not available in Minh Tan or Dong Hoa Communes so they are obviously never read. Ms. Nen would like to read if she had access. One woman subscribes to the WU weekly paper, but most others don't have time to read. In Quang Phuc Commune, some read the daily Hai Phong newspaper and some have seen FFL content in it. Otherwise the FFL book and family planning leaflets are the main print material read. In An Hoa Commune, the group leader reads the Hai Phong newspaper regularly and about ½ a month before, saw a print of the FFL Breastfeeding message on page 2, which she circulated amongst non-member hamlet friends. The others are more likely to listen to the radio for news, unless they borrow the paper from the PC Chair or hamlet leader.

**Thai Binh Province;** Women may read the 'Women's Weekly' if they borrow it from the CWU, but generally print media is not often read. One member does read the Fatherland Front paper and had a copy on her coffee table. In 1995, one women read the project magazine in 95 (NB; she was a group leader and vice-head of a WU cell).



**Yen Bai Province;** Women seldom read the newspaper but group leaders sometimes read excerpts out loud during group meetings. Each member has a poster of the top 10 messages produced by the province, often seen on the walls of homes. In Hung Khanh Commune, one member borrows the Yen Bai newspaper quite often. Another reads the WU paper, borrowed from her neighbours. She likes the economic and production related articles best.

**Dac Lac Province;** There was no mention of any newspaper readership amongst groups visited in this province.

### **HIV/AIDS:**

In Hai Phong Municipality & Thai Binh Province, women could name the three methods of transmission well but it was evident that they did not remotely perceive HIV/AIDS to be a potential threat to their personal lives, hence were not particularly interested in the issue.

**Yen Bai Province;** Women knew the 3 main transmission methods when asked as a group. They answered no when asked if mosquitoes could carry it. The women did perceive HIV/AIDS (called it SIDA) as within their concerns since there is no cure and it is in Vietnam. They are scared of it and feel that faithful sexual relationships are very important. Ms Thuong said "if we don't prevent the spread of HIV it will affect all areas of Vietnam". Her husband added that they can't be sure that there is no HIV in the community as few have been tested. Ms Anh claimed that although she hears about the mysterious word 'AIDS' on TV and radio, it remains a very vague concept in her mind (no visual practice, only theoretical).

**Dac Lac Province;** In Ed Drong Commune, women have heard of it but do not understand it well nor are they particularly concerned since there have been no local cases. However they are interested in learning how to recognize the signs of infection. They named intercourse, mother to child (prompted) and infected injections as the means of transmission, but only fear the last method in case they are exposed to unsterilized needles during medical treatment. In Quang Phuc Commune, Ms Hoa's 10-year old daughter recently submitted an entry answering given questions on HIV/AIDS, hence Ms Hoa helped her daughter by referring to FFL. Her daughter was able to independently tell us the 3 methods of transmission. She is interested in FFL but has not read it all yet. One woman's husband has heard that you can contract it through sexual activity and drug injection.

## **Gender Analysis:**

**Hai Phong Municipality;** Husbands like FFL a lot as it teaches the vital information for raising children, from pregnancy to full growth. They are willing to help with the housework so that their wives can attend group meetings. Sometimes they read FFL too and discuss it with their wives. It was said though, that hanging speakers diffuse FFL to all and help overcome the problem of women being too submissive to educate their husbands about FFL.

**Thai Binh Province;** One husband met thinks FFL is about 'women's issues' but they do sometimes talk about it and he supports his wife's implementation of messages learnt, since he has no idea about child raising anyway. Another never reads as he claims to be too busy. Ms Thuy's husband reads, but she tends to orally communicate the content to him more. Men are most curious about HIV/AIDS and feels that this is most applicable to them (e.g.; to educate them against 'social evils', everyone is afraid of it - a husband who is secretary of the Youth Union).

**Yen Bai Province;** Husbands are very interested in FFL and discussion of the topics, fully supporting any resulting modifications in the way they raise their children. Often they look after the children whenever wives attend group or WU cell meetings. Ms Thuong's husband was very vocal throughout the interview. He likes FFL very much, thinks it is very scientific, and has heard some FFL messages via the war invalid community a while. On the other hand, Ms Dong's husband rarely reads (educated only to 2nd F) so is not receptive to FFL but just listens to her.

**Dac Lac Province;** In Cu Sue Commune, Ms Ngot's husband likes FFL, reads it, and encourages her to read more. On the other hand, Ms Huong's husband was educated to 11th grade and claims to support her project membership, yet he has never helped his illiterate wife read FFL. In Quang Phuc Commune, Ms Hoa's (group leader) husband reads FFL and they discuss it. Her FFL copy looks fairly well used. A different Ms Hoa's husband seemed more familiar with FFL than she was.

## **GROUP MEETINGS OBSERVED:**

**Tan Nguyen Commune, Yen Binh District, Yen Bai Province:** One borrower started by singing a self-composed poem about the project, followed by a joint group effort of singing the official project song. The diarrhoea chapter was discussed since summer is fast approaching and they need to maintain good hygiene. There was talk of traditional remedies as well as those specified in FFL but it was observed that the discussion was extremely repetitive (at least 3 times) and the women seemed to find it very challenging to express themselves in Kinh language (usually conduct meetings in Nung language). They confuse the family planning project with ours, and also focus a lot on production technique.

**Cu Sue Commune, Cu Mgar District, Dac Lac Province:** All members were E De ethnicity. The meeting was held 3 days early to coincide with our visit hence was somewhat hypothetical, but none of the members appeared to have brought their FFL copy along. It was held in one member's house which incidentally had cows kept under it, that could be seen through the gaps between floorboards. 2/15 members only are literate, and most can't understand Kinh language. There are commune literacy classes but the teacher can only communicate in Kinh which is a severe hindrance for obvious reasons. The women have never been checked so do not know if they have gynaecological disease, but some do experience pain and have frequent vaginal discharge. All women have a well, and use well water to wash themselves and their underwear when menstruating. They never use any form of sanitary napkins during their period but do stay closer to home. All their children have been immunized, but two babies presently have malaria.

Discussion contained excerpt from many FFL chapters (Diarrhoea, Breastfeeding, Hygiene, Immunization, Birth Spacing & Malaria) which is apparently the norm as the women prefer to just talk freely about what is seasonally relevant or of concern to them. The group leader was not controlling the meeting at all - they said that this was due to the fact that they took turns leading. Usually the leader will read a brief of the chapter, then they discuss it. We were told that their meetings are typically much more animated, but members were shy in our presence. Women enjoy the meetings but when asked if they would like them more often, they replied that their time would not permit this option. The leader used the E De FFL version.

### 3.5. EVALUATION OF CURRENT FACTS FOR LIFE PRINTED MATERIALS AND THEIR SUITABILITY FOR TARGET AUDIENCES

#### Language restrictions:

FFL is currently available from the central VWU in 5 ethnic minority languages - H'Mong, Tay-Nung, Thai, Bana, & Giarai - however given the ethnic and geographic diversity of the population, this is still not sufficient to cater to the linguistic needs of some ethnic groups. In Ed Drong Commune, Dac Lac Province, E De is the largest minority group but there is no official E De FFL translation. The PSC has translated FFL with the use of their own funds, but each group received only one copy. In two E De group meetings that we observed, only the group leader could speak Kinh language yet she was also the only one with an E De copy of FFL, which for obvious reasons, severely handicaps this group's FFL learning ability. Furthermore, translated versions are still not always understandable for members of these ethnic minority groups, if they were translated in another province where the dialect differs e.g.: Nung people in Yen Bai could not understand the Tay-Nung FFL version very well. Therefore there is a pressing need to review the translation of FFL to ensure the appropriateness of the language used for all areas. Tay, Mong, E De, and Dao translations are recommended.



*Five E De women and their babies in Cu Sue Commune, Cu Mear District, Dac Lac Province - only the group member could understand or speak Kinh language. The incidence of malaria and gynaecological disease amongst this group was very high.*

#### Simplifying FFL materials:

A readily available book at home is useful for women to read when they have the time, given that reading material is often limited in poor, remote areas. However reliance on self-reading is ineffective for women with low education. Illiteracy levels in ethnic minority areas tend to be higher than average and general health conditions poorer, therefore they are particularly needy target groups for communication. Simpler FFL material; which include more visual illustrations, diagrams, and flow charts, with less printed vocabulary for ease of understanding, should be developed and translated. Where language is used, it should be more colloquial, with shorter sentences, and in larger font. FFL in a leaflet form, with illustrations on one page and basic vocabulary on the facing page, would make understanding easier for women with lower educational attainment and language barriers. Simultaneously, more support should be provided to enable PSCs to offer some literacy training, even for women who do not speak Kinh language.

### **FFL as a suitable text for diverse audiences:**

The FFL book is suitable for leaders of mass organizations, teachers (as a reference text), or well-educated group leaders, but seems overly complex for the average recipient in the target audience of the project. The thinner and briefer copies of FFL will suffice for individual beneficiaries or non-borrower members of the community. Only group leaders and presenters really require the complete FFL version in its entirety. However there continues to be a huge demand for more copies of FFL in all forms which needs to be addressed. FFL materials should be diversified to suit a wider cross-section of educational levels, while ensuring simplicity and consistency of messages throughout.

FFL would be useful in secondary schools as pupils tend to be more receptive to learning new knowledge, and they have more time than women who are usually burdened with farming and household responsibilities. As well, secondary girl students directly fall within UNICEF's target group. FFL is also an accurate reference source from which the mass media can extract information, and to which people have access at their fingertips, hence it wipes out the need for guesswork or inaccurate hearsay. Therefore it can be used as an important text for new literates and schools, and its use in this domain should be promoted more.

### **Consultation with target groups about proposed FFL content:**

The best way to achieve participation is to consult target individuals in the development and improvement of communication materials and activities whenever possible. The people are not just the recipients of the communication, but are the project's best authority for influencing suitable FFL content and forms. Beneficiaries commonly request for chapters on goitre/iodized salt and prevention of gynaecological disease, and desire more information on how to recognize the signs of disease and preventative behaviour. Women also want a chapter on the use of traditional medicinal herbs as these are economical, available, easy to use, and compatible with their culture. Last year in 12 project communes of Thai Binh Province, a doctor gave some brief information on this topic through the hanging speaker system, and everyone apparently stopped work to listen.

Two new chapters on Some Common Accidents Which Happen to Children and Vitamin A & Xerophthalmia have been produced for inclusion into a new version of FFL. This corresponds with the importance of responding to health issues which are of concern to the target population. Hepatitis B is another growing disease in some areas (e.g.: Dac Lac Province) requiring awareness education.

### Child healthcare focus:

FFL focusses predominantly on child healthcare and little on the common diseases of women, yet only when a mother is healthy can she take good care of her children. Thai Binh PSC feel that FFL needs more of a female focus, such as information on cancer of the uterus, complications during pregnancy, urinary tract infections, menopause, and how to self-examine one's breasts for breast cancer. These are all valid topics for concern, however we want to avoid a floodgates approach where FFL becomes a quasi-encyclopedia for many disjointed pieces of information. This corresponds with a recommendation in Pamela Thomas' 1996 report that FFL should retain its health focus and be restricted to no more than 12 topics. **The production of simple but informative FFL support materials (e.g.: pamphlets) for areas of special concern** would be better for addressing these concerns. Perhaps a different FFL version should be developed specifically for our young Vietnamese adults or adolescents, that deals primarily with health-related issues of sexuality, teenage pregnancy, STDs, HIV/AIDS drug abuse, diet, hygiene.

A potential danger of providing more information on prevention and signs of diseases, is that this may create a false sense of security in women, causing them to shift towards self-diagnosis and treatment when they are not health professionals. In some ways, FFL already appears to combine what the women can do for herself, with what requires the assistance of a health worker. For example, although a woman may be going for antenatal checks (Safe Motherhood Chapter), the benefit of these checks are dependant upon the quality of the healthcare that she is provided with at the health post. If women perceive that the healthcare treatment they receive is good, they will be more inclined to visit for regular check-up. This reflects the interdependence of any development interventions.

### Action-oriented messages:

FFL prides itself on providing practical messages that people can act upon, however the action-oriented nature of the messages could be enhanced, and not all messages permit the same degree of action response. An example of a good action-oriented message is Diarrhoea message #1 (*give a child with diarrhoea plenty of liquids*), whereas an example of a message which requires assistance is Coughs & Colds message #1 (*if coughing more rapidly than normal, the child is at risk and it is essential to get the child to a clinic quickly*). Therefore messages like the latter allow much more room for delay, which is worrying when ARI-related mortality rates within hospitals in Hanoi are increasing, mainly due to unnecessary delays in seeking medical help. Coughs & Colds must also be stressed because of a growing percentage of children's ARI cases (40% in Hanoi pediatric hospital wards in 1996).

In addition, some messages may be misconstrued, resulting in a discouraging effect. For example, saying that *a pregnant woman needs more rest* (Safe Motherhood) may be discouraging for a woman burdened with farming/household responsibilities and financial difficulties. Similarly, Coughs & Colds message #2 (*families can help prevent pneumonia by ....breastfeeding for at*

*least the first 6 months, ensuring their children are well nourished and fully immunized their children*), may actually reduce women's faith in FFL, advice if she follows the advice yet her child still gets pneumonia. These are minor negative observations, but they point to the necessity for constant re-evaluation of the content of FFL, in order to strive for accuracy and effectiveness in its communication impact.

### 3.6. ANALYSIS OF THE IMPACT OF FACTS FOR LIFE COMMUNICATION ON KNOWLEDGE AND BEHAVIOUR CHANGE AMONGST PROJECT BENEFICIARIES

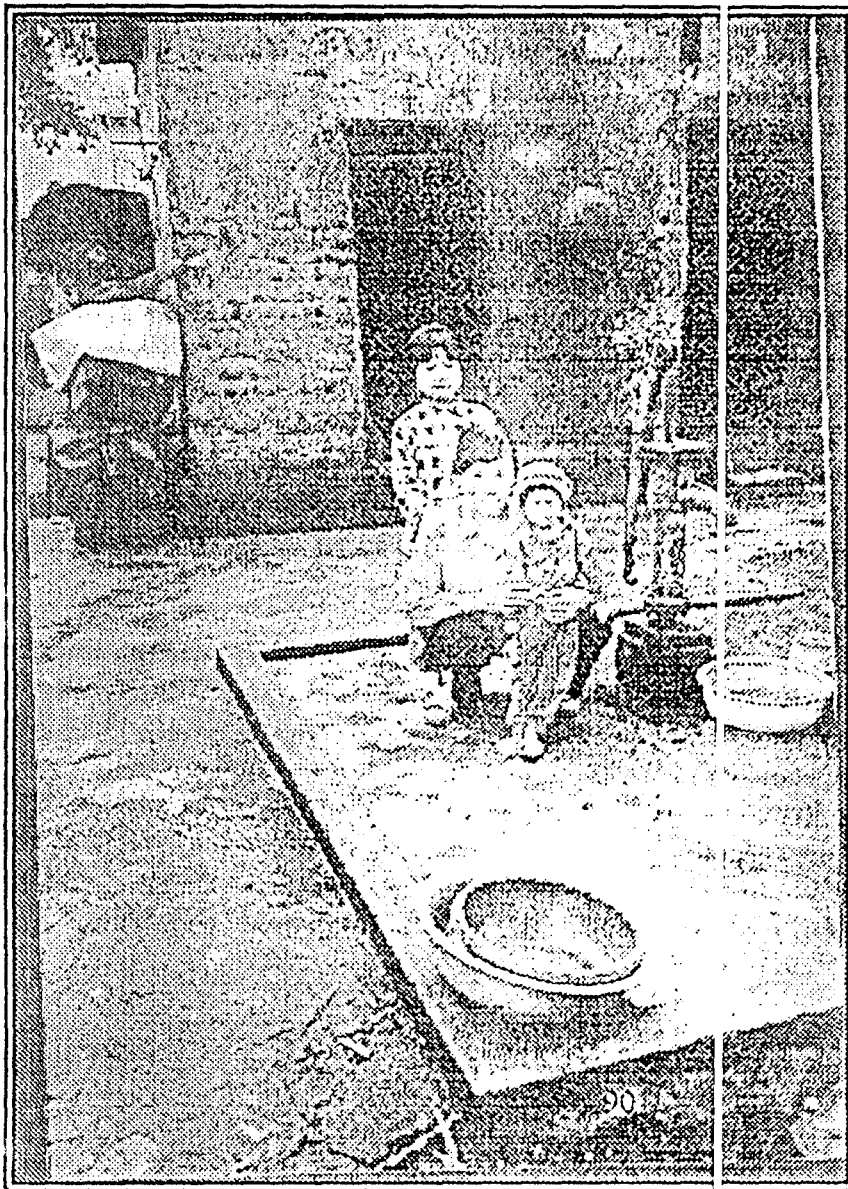
The effect of FFL communication on behavioral change in health has undoubtedly been overwhelmingly positive, albeit to different degrees in different project areas. Women have tried new approaches to nutrition and care of their children. By discovering good results from these, their faith in FFL as a reliable and beneficial document has become solid, and they have since confirmed many of the prescribed practices, at times breaking tradition. Income generation activities and FFL communication in project locations, has clearly fostered improved production and spending patterns, which are consequently beneficial, especially for children, in terms of health and nutrition.

Another important indication of FFL's success is the way recipients perceive it, and the overriding response to FFL, of women interviewed, was praise for its practicality and relevance to their lives. Some women in Hai Phong Municipality thought that FFL was so beneficial that they would even be prepared to pay for it if they had to, and they hoped everyone in the community would eventually receive a copy. Ms. Anh (a particularly vocal group member in Tan Nguyen Commune, Yen Bai Province) said that they were "very dark minded" before the project and "have become smarter whilst maintaining their ethnic minority traditions". Even in Dac Lac Province beneficiaries valued FFL (e.g.: Ms. Oanh in Cu Sue Commune, "feels much brighter since being communicated to"), and project cadres felt that much had been gained although there was a clear need for improvement.

A closer look shows that the overall impact of FFL on beneficiary's knowledge and behaviour change was greatest in Thai Binh Province and Hai Phong Municipality. Yen Bai Province was much weaker - most women knew here knew that there were 10 messages but their understanding of the specific content was quite shallow. But the impact of the communication in Dac Lac Province is by far the weakest out of the four provinces visited. In Dac Lac Province, with the exception of two group leaders, the women interviewed had an extremely limited knowledge of FFL messages. Few could even name the chapters, and when asked more specific questions, many were unable to answer, or answered incorrectly.

FFL is quite a complex text - after 6 years of communication in Hai Phong Municipality, the PSC reported that their own staff can't remember FFL in its entirety - and it is not expected that women will be able to recite the book word-for-word. What is much more important as a measure of impact, is the extent to which women understand how to transform the essential messages into their own lifestyles, and this can only be detected by asking about and observing their approaches to the FFL health issues. From our interviews, it was found that some messages had much greater impact than others, and this was usually due to the relative value placed on the message by women, as well as other economic and environmental factors which affect women's ability to act on the message.

Women naturally understand messages that have the closest connection with their own lives. For instance, Ms. Lan in Dong Hoa Commune, Hai Phong Municipality likes Coughs & Colds the most because she lives in a windy area, and because her eldest son has severely



*Ms. Lan with her 14-year old son, Phuong, and her 6-year old daughter by their water pump - Dong Hoa Commune, Hai Phong Municipality. Phuong was severely malnourished at birth and weighed only 800g, but he is mentally alert and attends non-formal education classes at the commune.*



growth (14 years old but resembles a 2-year old in size) due to malnutrition during pregnancy, therefore in the past he was very prone to catching colds and often had to be admitted to hospital. Since learning from FFL and preventing ARI infections, her son has not been admitted to hospital for 4 years. Similarly, Malaria was the most well understood message in Yen Bai Province because of its prevalence in mountainous areas. Incidence of the disease has decreased significantly in project communes, although this can't be solely attributed to FFL since there have been other government interventions for malaria prevention. In delta provinces this was quite the opposite due to the fact that there are virtually no reported cases of malaria there. This reaffirms the need for FFL to be adapted according to geography and environment.

Economics is a pivotal determinant of FFL impact because people must be able to afford to change their habits and economic strife renders it difficult to apply FFL knowledge into daily life even though the intention and desire to do so exists. However, some messages are more closely linked to the family's financial situation than others. For example, malnutrition is more difficult to reduce than some other indicators because it depends on household food security as well as knowledge on nutrition, whereas a recent polio immunization campaign in Hai Phong Municipality achieved 100% coverage because it merely depended on mobilizing women to immunize their babies. It is fair to say that messages, which substantially involve commune health workers for their advised actions, seem easier to implement in terms of behaviour change, than messages which rely mostly on the individual's prerogative. In the example of the immunization message, if project committees stress the importance of immunization through FFL and campaigns, provide the services, and publicize the time for immunizations, reliance on women's actions to achieve the goal is minimized to bringing their child at the correct time.

It is the application of FFL messages into daily life that especially requires assistance, given the stark contrast between some FFL messages and their traditional approaches e.g.: breastfeeding immediately after birth as opposed to waiting a couple of days. Breastfeeding was definitely one of the most popular chapters, and better understanding, as well as practice, of feeding newborns colostrum was evident in most communes. This message faced much opposition from parents and in-laws for contravening norms and traditions, and thus magnified the importance of group unity and mutual support in promoting change.

Similarly, although the habit of antenatal checks (*Safe Motherhood chapter*) has increased tremendously, women still have a low understanding about gynaecological disease and need to be motivated to have regular check-ups. A good example of such facilitation is shown by Yen Bai provincial health centres which send their doctors down to the communes to provide a service for gynaecological checks. Campaigns are simultaneously run to advertise the benefits of gynaecological check-ups. These initiatives have proved very useful for reducing women's fears of gynaecological checks, aiding prompt diagnosis and treatment. On the contrary, in Ed Drong Commune, Dac Lac Province, about 1/3 of women have gynaecological diseases but are not receiving any treatment because they are waiting for the healthcare service to visit their commune. Hence it is imperative for CSCs to work together with their commune health workers, and to inform beneficiaries of the schedule of commune health services, as support mechanisms

for behaviour change in accordance with these FFL messages.

Even where the women do understand FFL messages, they can't always apply it due to other health restrictions. In Ed Drong Commune, Dac Lac Province, most women knew the principles of appropriate breastfeeding fairly well and genuinely wanted to breastfeed their children, but were not able to produce adequate amounts of breastmilk, and had to resort to substituting cow's milk. Conditions are very difficult in this commune and people are still suffering the side-effects from chemical warfare (some children are born with deformities), malaria still affects many families, child malnutrition is widespread, and sanitation and environmental hygiene poor. One beneficiary's 9 babies died shortly after birth, probably due to chemical side-effects, and her 10th child (2 year old daughter) is severely malnourished and can only ingest cow's milk (she can't produce breastmilk), and thus has a low chance of survival. In such poor areas like this, FFL communication as a tool is very limited, and women critically need other social inputs to better their health positions. Perhaps, since Dac Lac Province is a relatively new income generation project province in the 2nd loan cycle, as economic conditions improve, women will be gradually enabled to improve their health and that of their children, making more use of the FFL knowledge gained.

*Birth Spacing* is now fairly well practiced in most areas visited, and women with many children all expressed that in hindsight, if they had been provided family planning education, they would definitely have chosen to have fewer children. The project has eliminated a lot of women's previous fears about contraception and most are using some form. IUD is the most popular method because women find it the most convenient for their lifestyle, and once inserted, can be effective for 5 years, thus is very conducive to sensible *Birth Spacing*. E De women in Dac Lac Province were the exception, preferring other methods over IUDs, partly because they find IUDs uncomfortable, and partly because they incorrectly think that an internal device must be bad for one's health. More awareness communication on this matter needs to be provided, given that it is not uncommon in this commune for women to still have five or more children. The fertility rate in Dac Lac Province is currently very high, possibly because of the population is comprised of many domestic migrant families who want to establish roots. This in itself creates a cyclical conflict between the pressures of feeding more mouths versus the need to build a larger family workforce. **Contrary to what several CSCs believed, Christian women in Dac Lac Province (and Thai Binh Province), did not perceive any conflict between FFL messages and Christianity.** Rather the church advocates contraceptive use and family planning so as to avoid the greater sin of abortion. Women expressed that their local priests were not well informed about FFL though, despite supporting it generally, and that they had never really come across FFL content via their church community. Priests however do encourage habits consistent with UNICEF goals such as stressing the importance of education and school. **Religious leaders could potentially be very well respected and thus effective FFL communicators, hence they are a channel which project cadres should approach for more support.**

The HIV/AIDS message is the most challenging for women to understand in all areas visited, and this is mainly because it is quite a new concept for the women, it has an elusive nature, and people are not familiar with the symptoms or effects. Women often laugh when asked if they know how to protect one's self against HIV transmission, and even though they might be able to name the three main ways of transfer, they perceive that HIV/AIDS does not really concern them personally. This is the case even in Hai Phong Municipality (people in Hai Phong psychologically perceive that they are geographically 'further from the dangers of city life' than they really are because of the fact that all districts must cross the river by ferry to access the central areas), and Dac Lac Province, which has the 5th highest number of reported HIV positive cases in the country. Reported cases of Hepatitis B are also rapidly on the rise in Dac Lac Province, which is also sexually transmitted so shares some common threads with HIV/AIDS prevention. HIV/AIDS is an issue of behaviour, not geography, and people urgently need to be educated to alter their misunderstanding that the risk is 'far away' from them. Communication is only effective when it strikes a chord with the population targeted, hence it is a vital task to establish the tones of that chord, so everyone realizes that HIV/AIDS is important in their life.

Communication for HIV/AIDS should seek to achieve increased dialogue on the topic, improved accuracy of information shared through dialogue, better awareness of services, and increased prominence of the perspective of those most affected by it to improve beneficiaries familiarity with the disease. Behavioural and social issues are at the heart of HIV/AIDS with private aspects, hence any approach must be sensitive to these characteristics. Thai Binh Province have reduced many of the taboos associated with HIV/AIDS and placed it at the centre of everyday conversation by holding two contests specifically addressing the HIV/AIDS FFL chapter. Incidentally, HIV/AIDS is the only chapter that most husbands seem consistently interested in. One woman in Dong Hoa Commune, Hai Phong Municipality, is interested in this topic because her husband works in the import/export industry. These observations suggest that men potentially regard HIV/AIDS as the most relevant chapter to them, and that women feel that if they have any remote risk, it stems from their husbands infidelity. This points to an underlying need to accelerate towards educating women as to how they can better protect themselves, and educating men to practice safe sex, rather than only communicating the theoretical information about HIV/AIDS transmission to women's groups.

Self-reading of the FFL book by women is by no means going to create behaviour change, except perhaps in the case of women who have a relatively high educational attainment. However most beneficiaries experience difficulty in understanding and remembering what they have read, let alone applying it. One group leader remembers the content generally only, and consults the book when she requires specific information. If women do read, it is in the evenings or at noon, but some women are too busy with production work or do not prioritize reading. In some households, FFL copies appear hardly touched. Therefore, FFL messages must be repeated many times, and it is helpful to diffuse the same message with a higher level of information on subsequent occasions to build on women's existing knowledge. Group meetings are essential for this process, and enjoyed by most participants. We did however interview a few women who were not regularly attending meetings. One illiterate woman could

not attend whenever her war invalid husband goes to work in the market - she said that she has learnt about FFL from the group leader and neighbours but can't remember anything specific. For less educated women, group meetings are vital for communication, hence CSCs and group leaders must take a more active role in organizing full attendance.

**FFL communication has contributed enormously to women's self-esteem and better gender relations.** Women were initially very embarrassed to enter FFL contests but the contests have done a great deal for improving their confidence, and have had a very significant positive impact on women's FFL knowledge, such as in the case of Ms Thuy and Ms Phuong (Hong Phong Commune, Thai Binh Province) who were able to answer all our FFL questions perfectly. However contest success is probably also tied to educational level as both these women were respectively educated to 12th & 7th form. Contests have attached prestige to the knowledge, which consequently commands more respect from men for FFL content. **All husbands said that FFL was very useful and practical when asked, but only some read regularly and were familiar with the messages.** Husbands can see benefits flowing from the FFL messages their wives learn through group meetings which generates their support for this female solidarity structure. As Ms. Anh in Tan Nguyen Commune, Yen Bai Province, quite rightly tells her husband, "we can attend our group meetings just like you go to your Fatherland Front meetings".

### 3.7. FACTS FOR LIFE COMMUNICATION BY NGOs OR OTHER ORGANIZATIONS

#### CIDSE

Contact name: Dr. Thach.

Dr. Thach bought FFL materials in Hanoi, but can't recall where from. CIDSE use FFL materials as a basis for discussion in small groups at the village level, and as reference material for trained health workers, reaching a target audience of more than 500 women. It has been useful for them to use FFL as a guideline for discussion amongst the small women's groups, and FFL is also handed-out to village health volunteer trainees. CIDSE feels that FFL should be revised so as to be more appropriate for people with a lower educational level, through the use of very simple vocabulary, good printing with better illustrations/pictures. A decrease in the price would increase accessibility and use by other organizations. CIDSE are interested in collaboration with UNICEF regarding FFL, and their village health volunteers are performing an ongoing edit of FFL to improve its form and content for their purposes. In addition, CIDSE provides health communication to young women via a booklet on the protection & suitable feeding of young children, with a corresponding training curriculum.

## OXFAM UK/I

Contact name: Mr. Stefan Nachuk.

OXFAM UK/I are familiar with FFL materials but are not currently using them in their projects. However their project partner (Vietnam Women's Union) in Lao Cai and Ky Anh Provinces do use FFL. Although OXFAM UK/I are not providing any health communication at present, they have considered using FFL in conjunction with their group credit & savings activities and would be interested in collaborating with UNICEF to pursue this.

## CARE INTERNATIONAL IN VIETNAM

Contact name: Ms. Catherine Esposito.

Catherine became familiar with FFL materials after first hearing of them while working in Africa with UNHCR. CARE have used FFL messages in their 'Hygiene & Sanitation Comic' produced for Vietnamese school children (still implementing this project). It is anticipated that 730,000 school children will receive the comic which incorporates the FFL Hygiene information/message. CARE believe that FFL is most beneficial when the basic messages are adapted/incorporated into educational materials developed for certain community groups. For example, through the use of non-formal educational tools like puppet shows/comics/games, etc. In order to expand the coverage and usage of FFL, CARE advised:

- Distribution to the commune level
- Translation into Vietnamese
- Training teachers in the use of FFL materials
- Innovative/economical communication forms.

## POPULATION & DEVELOPMENT INTERNATIONAL (PDI)

Contact name: Mr. James MacNeil, Program Manager.

PDI have heard about FFL from UNICEF and the VWU, but do not currently use them although they have considered it. James MacNeil considered getting them free of charge to distribute to Women's Savings Groups in 20 communes for their ongoing project. However, they were not available free of charge, and he could not get the funds authorized in time.

Until recently PDI's program "The Vietnam Family Planning Project" (co-implemented with the VWU) provided health education to about 4,000 women directly, mostly through a network of community health workers (who also were community-based distributors of contraceptives). PDI also co-execute an UNFPA-supported project with the VWU, that reaches 12,500 women (VIE/95/PO2). They have developed IEC materials/training manuals especially for this project.

PDI would be interested in collaborating with UNICEF re: FFL. They have a women's health project in the mountainous areas of Quang Binh Province that currently works in 3 communes,

which they expect to expand. They also have other mountainous area projects in the pipeline that could use FFL materials.

**NB:** PDI are in the process of developing a series of 10 educational modules on basic health - I was able to briefly look at the draft version which appeared extremely thorough, in both content and communication guidelines. Virtually every FFL message was covered to some extent within the modules, and more extensive material on family planning, pregnancy, childbirth, etc. was also included. Training for communicators is to be of high priority, and the actual communication procedure is planned to great detail. For example, communicators will be provided with a structured guiding timetable for group meetings, outlining the exact content to be discussed during each specific session. Typically this would cover some health messages and credit & savings information.

### **CRITICAL ANALYSIS:**

The majority of NGOs and other mass organizations do implement some form of health related communication amongst their target audiences, many have a microfinance programme, and many use the VWU as a project partner. Similar to the scenario within the UNICEF office, there is an abundance of communication materials being circulated within communities in Vietnam, many of which overlap both in terms of content and geographical coverage. Some NGOs are adapting FFL to their own purposes e.g: CARE using FFL in comic form, but others are using FFL through women's Savings & Credit groups e.g: SCF/UK & CIDSE. Others express keen interest in considering FFL use or collaboration with UNICEF re: FFL use.

The potential and relevance of FFL for expanded use is considerable and it can be used as a catalyst for collaboration between sectors, departments and organisations. Since the VWU are project partners for a large proportion of NGO projects in Vietnam, and are overloaded with implementing so many different programmes, use of FFL in more projects would simplify their work by making projects more consistent. Hence UNICEF and the VWU should seek to advocate the incorporation of FFL communication in these other NGO projects so as to maximise their direct communication target audience receiving the same communication.

It has been shown that group communication is the most effective communication form, and when combined with income generation activities, behaviour change is better facilitated. **Therefore, if funds are available, UNICEF should offer samples of FFL to NGOs through the microfinance forum and share its evaluation reports widely.** This way, UNICEF can advocate FFL use in other programmes by explaining the benefits of credit plus to them. UNICEF should continue to develop their strategy for FFL distribution through other projects, otherwise UNICEF & VWU will continue to miss this 'window of opportunity' and multiplier effect of distributing FFL through other organizations which have a similar combination of social objectives and credit mechanisms, and an existing group structure.

This should be pursued in the near future to take full advantage of the growing interest in FFL on the part of NGOs. NGOs have close links with communities and are trusted by the people with whom they work. They may have small target groups but have a very large combined reach, and they can help with communication skills training and capacity building, which are attributes conducive to achieving wider FFL communication overall.

### **3.8. FACTS FOR LIFE COMMUNICATION WITHIN OTHER UNICEF PROJECTS.**

#### **WATER & ENVIRONMENTAL SANITATION**

Contact: Ms. Hoang Thuy Lan

WATSAN do not incorporate FFL messages specifically into their projects, but instead focus on the communication of 3 fundamental messages;

- The use of safe water
- The use of a latrine
- Hand washing

All 3 messages are fairly detailed and are communicated through the VWU, Youth Union, and health workers. There are 5 motivators per commune. The messages are diffused through communication campaigns at the commune level and women's group meetings, leaflets, and flip-charts. It is virtually impossible to generate any specific figures to show the size of the audience that these messages have reached, due to the fact that messages are coming from sources other than UNICEF and impact is thus difficult to measure. WATSAN consider FFL materials to be too general and insufficient for their purposes. However there is some overlap in that the WATSAN core messages cover some of FFL Chapter 8 - Hygiene. There are also some links between prevention of diarrhoea (FFL Chapter 6) and the 3 WATSAN messages that are incorporated into WATSAN communication materials, including for example, diagrams on the appropriate use of ORS to treat diarrhoea.

#### **HEALTH**

Contact: Ms. Anny Peters & Dr. Pham Ngoc Len

The UNICEF Health section, in conjunction with The Health Education Centre (Ministry of Health), developed a book for nationwide dissemination to trained Commune Health Communicators & Volunteer Health Workers in 1996. This book was based on a combination of concepts and content from both UNICEF's 'Facts for Life' book and WHO's 'Things to do for a Healthy Life' book. The layout resembles that of the WHO book more though, as there are a greater number of illustrations and key words are highlighted on each page (the essential

information). It is used as a reference for commune meetings, as advice material for parents, and pictures are sometimes extracted and printed in larger size for posters at the village level. At present it is only published in Kinh language but there is possibility that the main messages will be translated into H'Mong, Khmer & Y De.

Chapters 1-6 are related to children:

1. Personal hygiene
2. Nutrition/prevention of malnutrition
3. Environmental protection
4. Life skills activities (safe playing, traffic awareness, etc.)
5. Learning to improve one's own life
6. Gender issues

Chapters 7-12 are directed towards adults.

7. Recreation & relaxation
8. Family planning/Childcare (includes breastfeeding, antenatal care, etc.)
9. Food hygiene/appropriate nutrition
10. Sanitation & environmental protection
11. Happy family
12. Care of the elderly

This June, a seminar will be held during which the impact of the book will be reviewed (after 1 year's use), and it will then possibly be included into a revised Health Education Kit. Last year a mini-review of the book raised mainly issues concerning layout and appropriate pictures. For example, the font on some posters was too small to be read from a distance, and posters using minority languages but not showing corresponding appropriate minority dress were not well received.

Currently, training in communication skills is not a significant part of the curriculum for health worker training, hence their counseling skills are not highly developed and information giving is not prioritized. Thus there is an ongoing need for re-training on communication at the HEC as well as the more specialized centres under the umbrella of the MOH (e.g.; ARI Centre).

The UNICEF Health section also focusses its communication efforts in the main messages of Diarrhoea, ARI, EPI, Malaria & Nutrition/malnutrition (overlap with UNICEF Nutrition section). Typically these are outlined in simple pamphlets specific to each message. Some may cover some other FFL material simultaneously - for example, diarrhoea and breastfeeding are often put together.



## NUTRITION

Contact: Ms. Marjatta Tolvanen

UNICEF-Vietnam's Nutrition section do not use FFL materials in their projects, nor do they draw from it as a reference source. The reason for this is that FFL is too simplistic for their purposes as it only essentially contains 2 messages that are relevant to nutrition ( Breastfeeding & Child Growth), and these are not sufficiently extensive. An example of the breadth of information that the nutrition section would consider appropriate for their projects, is contained in the UNICEF Regional Latin America & Caribbean booklet entitled '12 Wisdoms About Good Nutrition':-

- i. Access to food
- ii. Growth & development
- iii. Breastfeeding
- iv. Complementary feeding
- v. Nutrition during and after illness
- vi. Nutrition of the girl child, adolescent girl & woman
- vii. Nutrition of the pregnant woman
- viii. Nutrition of the breastfeeding woman
- ix. Vitamin A
- x. Iron
- xi. Iodine
- xii. Hygiene

## ETHNIC MINORITY DEVELOPMENT

Contact: Ms. Le Hong Loan

The EMD Project makes use of several communication materials, most of which incorporate some FFL content either directly or indirectly. A cross-section of DWU cadres, health workers, hamlet leaders, group leaders, community volunteers (approximately 15/commune) and local authority representatives are trained in communication skills so that they can transfer information to the wider community. Illiteracy levels amongst target groups are very high, hence face-to-face verbal communication through informal hamlet meetings, women's credit & savings groups, or simple social interaction is the main method of communication. Community Learning Centres, rooms located in an accessible place e.g., next to the local market, are another venue for people to visit at their convenience and meet with WU cadres for information. Close to 100 canvas (for durability) posters on various messages are displayed in the localities. About 1000 FFL books have been distributed to trained communicators who are literate in Kinh, since 1994/95. In principle, FFL content is discussed during credit & savings group meetings however in reality this tends to be forgotten sometimes. A manual entitled 'FFL training lesson plans' was developed and pretested in June 1995 in Lao Cai Province, and has since been revised in preparation for

wider distribution. The purpose of this material is to familiarize communicators with FFL content so that they know the messages well, and to provide structured guidelines for integrating FFL into meetings, in recognition of the fact that training in communication skills only is not sufficient. With these lesson plans, the communicator knows specifically what materials, information, role plays and exact approach should be used for communicating each FFL chapter.

4800 literacy packages have been distributed for literacy training since January 1997, which include:-

- FFL book
- pamphlet about malaria
- pamphlet about goat raising
- pamphlet about friendship and understanding between different ethnic minority groups
- pamphlet about oily spinach cultivation
- pamphlet about cultivating slope land
- pamphlet about women's rights
- pamphlet about drug addiction
- 2 posters - motivating women to literacy classes & environmental sanitation
- FFL flip booklet - this expresses the messages very simply with illustrations for each, and has 2 extra messages dealing with goitre & family planning/contraceptives. It is designed so that it can be hung up on a wall for easy reading and visibility.

A clean delivery kit is being developed for distribution in 12 communes in 2 districts, to health workers, WU cadres, local authorities and traditional birth attendants (over 90% still give birth at home). At present, neonatal tetanus is a big problem in the communities, prenatal checks are not common practice and women are expected to return to work very soon after childbirth. The clean delivery materials are in H'Mong (over 70% of population's ethnicity) with simple vocabulary, large print and colourful culturally appropriate illustrations e.g.: woman is shown giving birth sitting up, in traditional H'Mong style, as opposed in a horizontal position. The information is very basic and will not safeguard against cases with complications, but it aims to reduce the maternal mortality rate by educating on the fundamentals of hygienic delivery.

There has been no formal evaluation on the impact of communication in the project yet, but it can be observed during field visits. For example, women have good knowledge on how to treat diarrhoea even in remote areas. The incidence of malaria cases has been reduced but this is can not just be attributed to FFL since there has been a Malaria Prevention Program and Poverty Alleviation Program as well. HIV/AIDS is the most difficult FFL topic and the least enjoyable for the women to learn. It is crucial to build up the capacity of WU cadres as the network is currently very weak and verbal communication is extensively relied upon. TV & radio reception is severely restricted. Cassettes in ethnic language(s) would be useful - so far they have one cassette produced on nutrition in H'Mong. Booklets on traditional medicines using local plant produce specifically written for/at each locality would be well received. Due to the poor educational level of project beneficiaries, FFL has minimal value as reference material and needs to be facilitated by effective communicators and campaigns. 80% of women that are literated in Kinh language

remain illiterate in their own script, which has implications for the appropriate print language for FFL. It follows that at present combined print and oral/aural material in Kinh & ethnic minority language should be used, but in the long-term, bilingual education should prove sufficient. Material should be extremely simple with many illustrations. The inclusion of phonetic transcription in ethnic language under the Kinh word; would also help ease of understanding. This was considered but not done with the clean delivery materials.

## EDUCATION

Contact: Ms. Nguyen Thi Bich.

All materials are developed in conjunction with relevant departments within The Ministry of Education & Training.

### **Early Childhood Education:**

Books for minders in home-based day care centres are based on FFL and include the majority of FFL messages (except for HIV and Malaria (materials elude to malaria prevention but it is not directed as a specific issue), in adapted forms. All home-based centres in the country are covered by the Early Childhood Education Department, therefore although UNICEF can only fund some districts each year (10 districts in 1997), the government duplicates the materials and disperses them themselves. This is why UNICEF has no definite record of the numbers that have been distributed (thousands).

Last year a flipchart was developed for home visitors, which include many illustrations, questions & answers, with the intention to facilitate interactive discussion with parents. There is an overlap with the GAD Income Generation & Literacy Project, thus these charts are used mainly in literacy project areas as a literacy training support material. The flip-chart contains some points for facilitators to follow.

FFL is included in more detail in the curriculum for teachers' training schools for children aged 0-36 months. Cotton posters are hung in training classes which depict the same content as the illustrations in the flip-chart. Every year, approximately 300 sets (last year was 500 as had a larger allocated budget) are distributed (1 set = 12 posters).

All printed vocabulary is in Kinh language only but they are used in many ethnic minority areas. This has not proved to be a major problem because of the simplicity of the language and the many pictures. In fact, these materials have been tried and tested and even ethnic minority care givers can speak very well about the content after training. They learn the corresponding language from family members who know Kinh, and are able to follow the guiding sequence of pictures.



*Two cotton posters illustrating malnutrition prevention & environmental hygiene messages, for use in Early Childhood Education teacher training classes.*

**Alternative Basic Education:**

6000 booklet copies of FFL for primary school girls will be printed this year, and distributed to schools in 42 provinces (1 copy per school) for use as reference material. The booklet is yet to be finalised - at present there is no HIV/AIDS content included but there arguably should be.

**Health Education:**

Some FFL information is contained in health education textbooks for Grades 1-5 in all 61 provinces. Many copies are printed every year but there is no exact figure, although it seems that most primary students would have access to a copy for their school level. The content of books is quite detailed and theoretical (but have many illustrations), and increase in complexity with the respective age of the pupil aiming to provide a life skills approach. FFL messages touched on include immunization, hygiene, good nutrition & malnutrition, diarrhoea, and insect-borne diseases (malaria).

**CRITICAL ANALYSIS:**

FFL generally fits uneasily into current UNICEF Vietnam's programming structure, except for in the two GAD projects and the Ethnic Minority development Program which directly use FFL materials. This is mainly because FFL is essentially an intersectoral activity that requires a long-

term planning framework yet current UNICEF programming does not facilitate this too well, although this is changing. Even before FFL existed, the same fundamental messages were already introduced and communicated through UNICEF programmes. Since FFL messages are those pertinent ones that apply to everybody, it is extremely difficult to say when new materials are developed, whether they have been inspired or based on FFL. Although other UNICEF projects do not use FFL materials, in essence the main messages that they are communicating in their respective projects are actually part of FFL. One reason that other sections find it difficult to incorporate the use of FFL into their more specific projects, is that FFL communicates many things but does not prioritize any. We are seeing within UNICEF an overemphasis on the production of materials, whether they be books, leaflets, posters, facilitator's manuals, etc., which all overlap to some degree. In the meantime, insufficient emphasis is being placed on the need to collaborate and cooperate in the development of suitable materials and implementation of interlinked communication activities to promote a broader and increasingly integrated country initiative.

Most UNICEF Vietnam staff have some knowledge of FFL but it is definitely not considered a priority for most and there is little recognition of the role it can play in helping to implement broader goals such as the CRC. However, FFL communication has direct relevance to some sections of the CRC. For example, Article 24 (Part 1, CRC) obligates States Parties to implement the right of the child to the enjoyment of the highest attainable standard of health, and specifically mentions the need for support to all segments of society in basic knowledge of child health and nutrition, breastfeeding, hygiene and environmental sanitation, which is exactly part of what FFL communication endeavours to do. Similarly, Article 17 (Part 1, CRC) urges the recognition of the important function played by the mass media in ensuring that the child has access to diverse information and material, especially those aimed at the 'promotion of his or her... physical and mental health'. FFL communication in Vietnam has frequently utilized the mass media in various forms, and will continue to do so in pursuit of the year 2000 target.

Nevertheless, according to Pamela Thomas' report, UNICEF Vietnam scored 4 in a rank of 0-5, for the level of interest in FFL in UNICEF offices, which places us at a relatively high level vis-a-vis other country offices. It still remains that optimum use has not been made of FFL, partly because this has been hampered by a lack of recognition of FFL's value as an all-round general health text. UNICEF orientation has been more towards information, and the importance of the communication processes has been secondary. Ms Thomas's report recommended much more FFL support and guidance from UNICEF headquarters appropriate for an initiative with the potential to help achieve the goals outlined in the CRC. For example, all programme staff should familiarise themselves with FFL content, concepts; a meeting at the international level to promote improved global use of FFL should be organized; there should be annual meetings for those involved in FFL planning, evaluation & implementation to provide adequate exchange of experiences and ideas to promote regional initiatives; an intersectoral FFL taskforce in New York should be created to provide on-going support and guidance for the initiative; greater use should be made of new global media for disseminating messages & re-inventing forms. Hopefully, if these recommendations are adopted at the headquarters level, FFL will receive its deserved recognition.

## 4) RECOMMENDATIONS

### 4.1. IMPROVEMENT OF VIETNAM WOMEN'S UNION FACTS FOR LIFE COMMUNICATION STRATEGY AND IMPLEMENTATION

R.1 Appoint district level project cadres and train them as master trainers, who will diffuse FFL communication skills and messages at the district level, and supervise commune activities.

R.2 Name Thai Binh and Hai Phong Provinces pilot examples of delta provinces with very strong FFL communication, especially because of their creativeness in initiating new and effective forms of communication.

R.3 Organize study tours to these pilot provinces for project staff from weaker communication provinces, to provide them with the valuable opportunity to observe their peers and share experiences.

R.4 Take into consideration environmental and sociological factors of the province when forming or adapting future FFL communication activities. Mountainous and highland provinces have a much more restricted choice of communication forms and therefore require greater assistance.

R.5 Assign each CSC member with responsibility for some groups in their commune, requiring them to attend group meetings and report back to each other on group's progress during CSC meetings. This practice will maximize commune cadres involvement at grassroots levels, and place them in an informed position about group's strengths and weaknesses.

R.6 Ensure that in areas where there is a significant ethnic minority population, at least one member of the project steering committee at commune, district and provincial levels has working competency in the main minority language.

R.7 Explore the possibility of providing some ethnic minority language training for project staff at lower levels where this would be of great benefit to improved communication with a large ethnic minority target audience.

R.8 Provide Project Steering Committee cadres with more guidance/training on monitoring and planning for communication, and on communication skills, to enable them to successfully achieve the Year 2000 target with sound monitoring records.

R.9 Identify some exceptionally successful communicators to train communicators in new or weaker communes, as they already 'speak the language' of the project, hence are in the best position to teach their peers.

- R.10 Provide more support in terms of communication training and FFL materials to non-project communes, in the light of the Year 2000 goal.
- R.11 Promote group attendance as much as possible, because the group mechanism may be the only means of reaching some target beneficiaries. This depends greatly on committed and strong group leaders.
- R.12 Develop an easy-to-follow curriculum for group meetings to provide group leaders with more detailed and structured guidelines as to how to conduct the group meetings. Publish the above curriculum in the Women's Union monthly newspaper, as this is the most widespread publication in terms of access and availability in project areas.
- R.13 Transfer messages according to their seasonal relevance so that behaviour change can be more immediate e.g.: *Coughs & Colds* in winter or *Hygiene* in summer.
- R.14 Pursue the TV, radio, newspapers and other print media as important communication channels, but keep these subsidiary to interpersonal forms in project areas.
- R.15 Inform beneficiaries, through their relevant PSCs and group leaders, in advance regarding broadcast times, if TV & radio are going to be used as communication mediums.
- R.16 Spend a reasonable proportion of TV and radio time providing FFL information in a appropriate ethnic minority language, in areas with a high percentage of ethnic minority people.
- R.17 Explore FFL TV programming for children, given that a recent study found that 100% of children watch TV. Children are powerful communicators to each other and their families, and thus should not be ignored in FFL communication planning.
- R.18 Photocopy & compile printed FFL articles, and send them to the commune level for distribution to groups in areas where newspaper access is limited.
- R.19 Use hanging speakers at suitable times (early morning, noon or evening) to reach more non-borrower members of communities. FFL messages should be broadcast repeatedly and in more interesting forms.
- R.20 Provide (from UNICEF) PSCs and CSCs with more communication supplies such as hanging speakers. Megaphones provided by UNICEF in 1991 are all no longer in working order.
- R.21 Continue to advocate support from local authorities for FFL communication effort, to incorporate FFL content in other community events (e.g.: intersectoral meetings, campaigns), and to seek broadcasting time free of charge or at discounted rates from local TV, radio or hanging speaker sources.

R.22 Continue to hold competitions on FFL knowledge as these have been demonstrated as very effective in terms of attracting participants, providing incentive to learn, attaching prestige to FFL knowledge, and reinforcing what is learnt through other communication methods.

R.23 Provide more funding (from UNICEF) to encourage more contests, especially those for children, men and grandparents, as a way to disseminate FFL to wider stratas of the community.

R.24 Continually promote short plays and other creative forms of FFL as these are initiatives from the women themselves, thus are indicative of a higher level of understanding and application of the messages into an enjoyable creative form.

R.25 Increasingly link FFL with health services and informal health sector (e.g: integrate FFL training into training of health workers) as these have a potentially large role in bringing FFL to the grassroots. Work together with health services to inform beneficiaries of the schedule of health services as a support mechanism for FFL behaviour change e.g.: immunization drives.

R.26 Approach religious leaders in communities to mobilize their increased active support with FFL communication, as currently the religious community is under-utilized as a channel for dissemination of FFL messages.

R.27 Strive for stricter beneficiary selection, according to UNICEF's prescribed criteria in project areas. This ensures the appropriateness of FFL messages for the target group.

R.28 Bear in mind the potential negative effect on FFL communication of any future reductions in the project's interest rate. Communication is undoubtedly linked with microfinance issues, because communicator's incentives are derived from a proportion of interest earned on loans, and an improved economic situation helps implementation of FFL messages communicated.

R.29 Gradually seek linkages with the formal banking sector (UNICEF) so that they can provide the loan capital, leaving UNICEF funds and support free for full investment into communication aspects of the project. This will help reduce the biggest hindrance to FFL communication of restricted funds.

R.30 Increasingly explore the possibility of attracting private sector contributions and support to the FFL challenge, with caution, to take advantage of commercial communicators.

R.31 Hold a central meeting with UNICEF & VWU, if possible inviting representatives from Provincial Project Steering Committees, addressing strategic FFL communication planning which will incorporate the recommendations from this report, with the aim to share useful information.



#### 4.2. IMPROVEMENT OF FACTS FOR LIFE MATERIALS

R.32 Develop or modify FFL materials into a simpler form with more illustrations, diagrams, and less printed vocabulary for ease of understanding among specific groups who are less educated or have a language barrier.

R.33 Diversify FFL materials to suit a wider cross-section of educational levels e.g.: full FFL version for group leaders and presenters, but brief versions will suffice for individual beneficiaries.

R.34 Review the translation of FFL into ethnic minority languages to ensure the appropriateness of the language used for all areas. The linguistic needs of some ethnic minority groups are not being met, either because there is no translated version in their own language, or because the translated version is in a different dialect from another province.

R.35 Produce simple but informative FFL support materials (e.g.: pamphlets) to address issues of special concern, such as goitre/iodized salt in mountainous areas, HIV/AIDS in all areas, or Hepatitis B in areas with a growing epidemic like Dac Lac Province. This is also consistent with the need to adapt FFL to suit specific geographic locations.

R.36 Continually re-evaluate and revise messages to enhance their action-oriented nature, accuracy, and effectiveness for communication impact.

#### 4.3. INCREASED USAGE OF FACTS FOR LIFE MATERIALS BY NGOs, OTHER ORGANIZATIONS AND OTHER UNICEF VIETNAM PROJECTS

R.37 Advocate the incorporation of FFL communication in other NGO projects, especially those microfinance programmes with group structure and who use the VWU as a project counterpart, to maximize the communication target audience that receives the same FFL communication.

R.38 Offer samples of FFL to NGOs through the microfinance forum and share evaluation reports widely, if funds permit.

R.39 Increase integration and collaboration between UNICEF sections, in the development of suitable health communication materials and the communication of fundamental messages, to promote a broader and increasingly interlinked country initiative.

## 5) BIBLIOGRAPHY

Albae, Alana, Project Review for UNICEF & the Vietnam Women's Union - Communications Training for Women in Development, Hanoi, August/September 1993.

Albae, Alana, An Evaluation of the Impact of Credit at the Household Level for UNICEF & the Vietnam Women's Union - Income Generation & Facts for Life, Hanoi, January 1995.

Albae, Alana, An Evaluation of Credit Mechanism and Impact for UNICEF & the Vietnam Women's Union - Income Generation/Facts for Life & Income Generation/Literacy Education, Hanoi, March 1996.

Curtis, Valerie & Kanki, Bernadette, Hygienic, Healthy and Happy - A series of manuals designed to help you set up and run a hygiene promotion programme, UNICEF, New York, May 1997.

Fraser, Colin, Harnessing the Power of Ideas - Communication & Social Mobilization for UNICEF -Assisted Programmes (A Case Study), UNICEF, New York, 1995.

McIntyre, Peter, Facts For Life - Lessons from Experience, UNICEF, New York, 1996.

Riano, Pilar ed., Women in Grassroots Communication - Furthering Social Change, SAGE Publications, USA, 1994.

Thomas, Pamela, Looking to the Future - A Global Review of UNICEF's Facts For Life Initiative, UNICEF Staff Working Papers DOC-97-001, New York, January 1997 (+ accompanying video).

Uhrig, Dr. Jamie, Mass Media & Informal Networks in a Northern Delta region - A Summary of Major Findings, UNICEF, Vietnam, August 1993.

White, Shirley A. with K. Sadanandan Nair & Joseph Ascroft, Participatory Communication - Working for Change & Development, SAGE Publications, Delhi, 1994.

FEEDBACK - News from & to Programme Communication/Social Mobilization, Issue no.8, UNICEF, New York, October 1996.

Healthy Communication from Practical Field Experience - Partners and Programmes (draft version), UNICEF, New York, 1996.

Healthy Communication and HIV/AIDS - Action Update for UNICEF Communication Strategy Team Meeting, Nairobi, 8 - 11th April 1997.

Manual on How to Implement & Monitor Project Activities for Project Staff at all Levels, Income Generation & Facts for Life, Research Unit (VWU) & GAD (UNICEF), Hanoi, 1995.

National Health Education and Communication Strategy, Ministry of Health, Vietnam, March 1996.

Report on Analyzing Results of the Sociological Research on the Theme "Assessment of Vietnamese Children Towards Their Programs on Television" (Source unknown)

Report on Analysis of Sociological Survey Findings on 'Actual Status of the Communication Network and its Effectiveness' in two areas of south Vietnam, Ho Chi Minh National Political Academy, Hanoi, 1994.

Report on Analysis of Sociological Survey Findings on Mass Media Effectiveness in two Central Coastal Mountainous Areas, Ho Chi Minh National Political Academy, Hanoi, 1994.

Report on Findings of Survey on Knowledge, Attitudes & Practice of Ethnic Minority Women Concerning Health Issues - IG/FFL Project, Vietnam Women's Union, Hanoi, 25/11/1996.

The State of the World's Children 1997 - UNICEF, New York, 1997.

Summing Up Report on the Facts for Life Diffusion in the Three Years 1991-1993, Vietnam Women's Union Research Department, Hanoi, 1994.

## 6) APPENDICES

### 6.1. QUESTIONNAIRE FOR PROVINCIAL & COMMUNE PROJECT STEERING COMMITTEES.

1. Can you provide some general information for your province or commune? ie; geographical size, population, main farming activities, average income, literacy rates, etc.
2. How many copies of FFL and other related materials have you distributed, and how has this been done? How many women currently have access to FFL in your Province/Commune? What is your allocated target up to the year 2000?
3. What proportion of FFL books have reached non-borrowers?
4. Can you provide the relevant statistics to show achievements with regard to the objectives of the project? ie; Rates of Immunization, Gynaecological disease, Malnutrition, Drop-out school children, etc.
5. Have you diffused any FFL messages through television, radio, or other public media? When, what, and how? Do you know what percentage of the target audience have access to a TV or radio?
6. Have you published any FFL material in newspapers, or other print media? If yes, how many issues and copies? When, what and how? Do you know what percentage of the target population read newspapers?
7. How else have you diffused FFL information? Any particularly innovative methods?
8. Do you hold contests on FFL knowledge? When and how?
9. In your opinion, what has been the most effective way of communicating FFL messages?
10. What do you think would be the best way to expand FFL communication activities in order to reach the Year 2000 target? How do you specifically plan to expand your Province/Commune's FFL coverage?
11. Are there any significant problems you have encountered in your attempt to diffuse FFL messages? If so, what are they?
12. Do you receive any information about how other Provinces/Communes are carrying out their FFL communication activities?

## 6.2. QUESTIONNAIRE FOR PROJECT BENEFICIARIES ON FACTS FOR LIFE KNOWLEDGE AND BEHAVIOUR CHANGE.

Name of Interviewee:

Commune/Province:

Group Number:

Level of Education:

Main Source of Income:

1. How many topics are there in the FFL book, and how many have you learnt?
2. Which is your favourite topic, and can you describe what you have learnt from it?
3. What is the most useful thing you have learnt from FFL? Why?
4. Do you think you have to, or do you want to, learn more from the FFL book?  
Why?
5. How often do you learn/read FFL? Do you learn/read it alone or with others? Who?
6. Have you talked about FFL with your husband? Is he interested in FFL?
7. How many children do you have? Girls or boys? Ages? Do they attend school?
8. Did you go see a doctor(s) for antenatal care during pregnancy?  
If yes, how many times?  
If no, why?  
Has your attitude towards antenatal care changed since joining the project?
9. Since joining the project, have you ever had gynecological care?  
If yes, where, and how did you find out about it?  
If no, why?
10. What do you know about family planning? Do you currently use any contraceptives?
11. Were your children immunized? If yes, against what diseases, and at what age?
12. Do/did you breast-feed your children? Why or why not? If yes, how long did you breast-feed for, and how often? Do you know what is the appropriate duration for breast-feeding?

13. How can you tell if your children are malnourished?
14. Since joining the project, have you changed the type of food you eat or serve your children? Have you changed how you prepare your food? How?
15. Since joining the project, has the health of yourself or that of your family members changed? How?
16. Have your children suffered much from diarrhoea (if have young children)? If yes, how have you treated them?
17. Do/did you breast-feed your children and give them normal food when they have/had diarrhoea?
18. Do you know anything about malaria or how to prevent it?
19. What is your source of water for drinking? What about for washing? What kind of a latrine do you have, if any?
20. Do you discuss and share your experiences in health care with other group members during the group meetings? Do you find your group meetings interesting and useful?
21. Have you mentioned FFL to anyone else in your community, besides other group members?
22. Do you have access to a TV or radio? If yes, have you ever seen or heard FFL messages being communicated this way?
23. Do you ever read a newspaper? If yes, have you ever read FFL material in the newspaper?
24. What kind of communication method do you think is best for FFL - how do you learn best about FFL? TV, radio, newspapers, posters, group leaders, discussion, etc.?
25. What is your opinion of the group meetings? i.e. Do you enjoy them? Are they interesting? Are they boring? How could they improve?
26. How do you think we can diffuse more FFL information to more people outside of the groups?

6.3. QUESTIONNAIRE FOR NGOs & OTHER ORGANIZATIONS REGARDING THEIR CURRENT OR PROSPECTIVE USE OF FACTS FOR LIFE (FFL) MATERIALS.

1. Are you familiar with UNICEF's FFL materials? Where did you come across or hear about them?
2. Does your organization use FFL materials in any way? If yes, go on to answer questions 3 - 7. If no, skip to question 8.

*IF CURRENTLY UTILIZE FFL:*

3. How has your organization used FFL materials? Do you diffuse FFL messages directly to a target audience, and how exactly is this done? Why have you chosen to use FFL in your work?
4. Approximately how many people have accessed FFL information through your organization? How do you estimate this figure?
5. What have you found to be the best use of FFL materials?
6. What have you found to be the most effective ways of communicating FFL messages? Do you have any specific innovative strategies for doing this, and what are they?
7. In your opinion, how do you think we can best expand FFL coverage to reach a larger target audience?

*IF CURRENTLY DO NOT UTILIZE FFL:*

8. Has your organization ever considered incorporating FFL materials into its activities? If yes, then how? If no, are there any prospects for such incorporation of FFL?
9. Does your organization currently provide any basic health communication? How is this done, what is the content, and how many people does it reach? i.e. compatibility with FFL.
10. Would you be interested in collaborating with UNICEF with respect to FFL communication?

12