

THE CANADA FUND FOR LOCAL INITIATIVES-VIETNAM

END-OF-PROJECT REPORT FROM PARTNER

A. NARATIVE REPORT

1. Project Title: CF-04/05-06: Promotion of Family Planning among Ethnic Minority People in Dong Hy District, Thai Nguyen Province

2. Geographic location: Dong Hy District, Thai Nguyen Province

3. Recipient/implementing agency: HealthBridge Vietnam (formerly PATH Canada Vietnam)

4. Project Objectives:

- To increase access to information on RH and modern contraceptive methods, presented in a locally-appropriate format, among 25,000 women and men in five communes of Dong Hy district, Thai Nguyen province over the course of a year.
- To build the capacity of motivators, local partners and HealthBridge Vietnam staff to work effectively in the area of reproductive health (RH).
- To reduce unwanted pregnancies as well as abortion rates in the selected communes

5. Duration of the Project:

- Planned duration of the projects (start - end date):

August 2004 to January 2006

- Actual duration of the project (start - end date):

January 2005 to August 2006

The project's initiation was delayed for three months due to two primary reasons: (i) the recruitment of a new project officer at HBV to manage the project was delayed; (ii) at the time of the planned project beginning, staffs of the Thai Nguyen Health Department were too busy to prepare the training, on which all subsequent project activities depended.

6. Project implementation:

- Completed activities of the project:
 1. Established project management committees at province, district and commune level.
 2. Selected five intervention communes: Nam Hoa, Quang Son, Hoa Trung, Hoa Thuong, and Linh Son.
 3. Conducted one training course on reproductive health (RH) and one training course on script writing and drama performance for core teams of “motivators”.
 - Time: The trainings were conducted in May 2005. Each training course lasted 5 days.
 - Training Participants: The training participants were selected from Women's, Youth's, and Farmer's Unions and acted as “motivators” for this project. A total of 40 persons attended each training session; of these, 62.5% were female. All participants were between the ages of 19 and 44 years old.
 - Trainers: The RH trainers were experienced doctors working at the Center for Mother and Child Health Care, which is part of the Thai Nguyen Health Department. These doctors are trained gynecologists and are providing RH care for their communities. The script writing and drama performance trainer was a well-known drama expert from the National Youth Theatre.

- The materials used for the RH training were developed based on medical textbooks and the Training Guide for *Let's Talk About Love, Sexuality, and Health*, previously produced by HealthBridge Vietnam.
 - The drama expert was provided with the material used for the RH training to prepare appropriate material for drama training.
 - The training participants were taken on a field study that included a visit to the RH clinic at Dong Hy Health Center to provide them with more information about STDs, the danger of unsafe sex, and other RH issues.
 - After the training on script and drama training, the motivators from Nam Hoa commune wrote their own play scripts with assistance from the drama expert.
4. Printed brochures on contraceptive methods. A wide variety of brochures and flyers about RH and contraceptive methods (provided by NGOs such as IPAS, Pathfinder, WPF, and MSI) were gathered, selected and adapted to ensure that they were culturally appropriate for the project sites. Three brochures were printed for distribution in the five intervention communes:
- Brochure 1: Birth control pills (6,000 copies)
 - Brochure 2: Male condoms (6,000 copies)
 - Brochure 3: Intrauterine devices (6,000 copies)
- See Appendix 1: Brochures distributed in five communes**
5. Distributed 50 copies of *Let's Talk About Love, Sexuality, and Health* to the motivators. Two hundred twenty copies of *Growing Up, Puberty, Blossoming* book were also provided to the motivators as additional reference materials to help them in disseminating RH information during Union meetings.
6. Twenty drama performances were conducted in each commune during ten months of intervention. The performances were conducted in one or two

hamlets then moved to the other hamlets. In total, 100 drama performances were conducted in the five intervention communes. In addition, the motivators in three of the intervention communes conducted seven drama performances in three neighboring communes of Van Han, Dong Bam, Cao Ngan.

See Appendix 2. Some pictures of drama performance in the communes

7. Disseminated information on reproductive health and family planning during the meetings of the Youth Union, Farmer's, and Women's Unions. Each commune held three information sharing sessions in three Union meetings monthly. In total, 30 meetings were conducted by Unions during ten-month project period. In addition, information sessions were conducted in three neighboring communes, Van Han, Dong Bam and Cao Ngan.
8. Ten videos of activities at grassroots level were made. These videos, together with other project information, were used to create a CD. The aim of this CD is to introduce the project activities and to provide a model for applying or adapting the project to other communes in Thai Nguyen province.
9. Distributed the CDs to all communes in Thai Nguyen province and other related government and non-government offices.
10. HealthBridge and Thai Nguyen Health Department supported and supervised all training activities at Dong Hy Health Center. Supervision visits were made by health departments and by HealthBridge
11. Three sets of audio equipment (amplifier and microphone) were provided to the three most active communes, Linh Son, Nam Hoa, Hoa Thuong. The motivators of these communes are the most enthusiastic and active in the project activities.

- Difficulties encountered and measures taken to overcome them:
 1. **Difficulty understanding training materials:** During the initial training sessions, we found that due to their different educational levels or levels of interaction within the communities, some of the motivators had difficulty understanding the RH training materials. We addressed this issue by asking the trainer to use active training methods such as group discussion, and question-answer sessions. This active training approach kept every participant active at the training, gradually improved their understanding, and gave clarification on the points that they did not understand. Moreover, all motivators were required to participate in all activities so that they could conquer their shyness and build up their communication skills to explain RH issues to their local communities.
 2. **During the initial training sessions, some of participants did not become actively involved in the training because they were too shy to do so:** We addressed this issue by encouraging them to speak, to present their ideas, and to take part in the activities. On the other hand, we recommended that the trainers ask the timid people to speak out more frequently in front of the class and to contribute to the lessons in order to help them overcome their shyness.
 3. **The participants had not previously learned how to write scripts or to perform a drama:** We asked the drama expert to design the materials and training lessons in detail and in a way that was appropriate to the abilities of participants. The drama expert received advice on RH issues and contraceptive methods from the RH trainers. Also, we required the drama expert to prepare one or two script samples; in this way, if the motivators were not able to write their own scripts, they could use these samples.
 4. **The short time available for drama training:** Five days for script writing and performance skill development was not long enough. The motivators indicated that they wished to have more training to develop these skills. Still, due to the

limited budget and project timeline, we were unable to lengthen the duration of the training. In order to tackle this shortcoming, we urged the attendants to write draft scripts outside of the training sessions, and then the drama experts could provide some ongoing comments and advice.

5. **Some motivators did not attend the initial training sessions .** We discussed the rules and regulations of the class with the participants, which required each of them to attend all classes and to arrive on time. We also contacted the commune authorities to ask them to release the motivators from other less important tasks so that they could attend class regularly.
6. **Low participation of men:** Our ability to recruit men to attend the training was not as successful as we had expected. Only 15 men attended compared to 25 women. Most motivators were representatives of Unions such as the Women's Union, or were local health workers, which were primarily women. Those men who did attend were mostly representatives of the Farmer's Union. Additionally, some men were unwilling to come as they assumed that RH was a women-orientated issue. The men who did participate, however, were very committed to the project and thus helped to compensate for the lower ratio of men.
7. **At the beginning of the project, funds for the commune Steering Committee were limited:** Project partners included Thai Nguyen Health Department, Thai Nguyen Planning and Investment Department, Dong Hy Health Center, Women's Union, Farmers' Union, Youth Union and local authorities of five communes. The motivators were members of the above organizations; thus the heads of those organizations were required to participate in the Steering Committee to understand the implementation phase and to monitor the activities being implemented in five communes. Though, there was no budget in the origin contracted budget for the commune Steering Committee. As a result, with approval of Canada Fund we allocated a part of the salary of one official of the Thai Nguyen Health Department to pay for the commune Steering Committee.

- Explain any discrepancy with respect to the implementation plan:
 - The project's initiation was delayed for three months due to two primary reasons: (i) the recruitment of a new project officer at HBV to manage the project was delayed; (ii) at the time of the planned project beginning, staffs of the Thai Nguyen Health Department were too busy to prepare the training, on which all subsequent project activities depended.
 - In the initial plan, the project was to provide modern contraceptive methods (condom, birth control pills, IUDs, and DMPA) to local people in the five intervention communes. However, these methods were in fact provided nationwide by the National Family Planning Program, so we reallocated the budget for them to other activities, including expanding the drama performances to neighboring communes and to the remote hamlets of the original intervention communes which had not been initially included in the project. We also provided audio equipment (amplifier and microphone) to three most active intervention communes (Linh Son, Nam Hoa, Hoa Thuong). These additional activities were undertaken between the end of May until the end of June 2006.
 - Additional changes to the budget were made to address under-funded activities such as the fee for local commune steering committees (as mentioned above in the difficulties encountered part) and the costs associated with practice drama performances. However, the total budget remained unchanged.

- How many times and how did you receive project funds from the CF:
 - The first payment of 242,430,000 VND was received upon project approval by the project implementing agency: **PATH CANADA**, account number: **3466547 (VND) at ANZ BANK, 14 Le Thai To Street, Hanoi, Vietnam.**
 - The second payment of 100,000,000 VND was received on 29 March 2006 by project implementing agency: **PATH CANADA**, account number: **3466547 (VND) at ANZ BANK, 14 Le Thai To Street, Hanoi, Vietnam**

- How was the project monitored during implementation:

This project was monitored by HealthBridge's Project Officer, as well as by representatives of Thai Nguyen Health Department, Dong Hy Health Center, Women's and Farmer's Unions, Youth Union, and the local authorities of five communes. The RH, script-writing and play drama training courses were supervised by HealthBridge, Thai Nguyen Health Department and Dong Hy Health Center while the RH training was executed at Dong Hy Health Center. Local authority officers were assigned to monitor the activities undertaken in five communes. The performances at the grassroots level and the biweekly or monthly meetings at the Farmer's and Women's Unions, Youth Union were attended by HealthBridge or Thai Nguyen Health Department staff. Meetings with the motivators occurred on a quarterly basis during the implementation phase. Also, the commune steering committee was responsible for monitoring the planning of performances and project implementation at the commune level.

Each commune was set under the supervision of the head of an organization (Thai Nguyen Health Department and HealthBridge) involved in the project. The HealthBridge project officer and Thai Nguyen Health Department officers administered the overall project. The motivator team prepared the schedule for RH information sharing and drama performances, and then received approval from the local authorities and Thai Nguyen Health Department. Together the Thai Nguyen Health Department and HealthBridge provided supervision to activities in the communes. Specifically, the head of district Youth Union was responsible for Quang Son, the head of district's Women Union was responsible for Hoa Trung, the director of Dong Hy Health Center for Hoa Thuong, the head of district's Farmer's Union for Nam Hoa and the project coordinator of Thai Nguyen Health Department for Linh Son.

HealthBridge project officer was in charge of overall project management. She was assigned to ensure that all activities took place as planned and that the results were as planned. When the problem occurred, she usually worked closely with HealthBridge Deputy Director and/or Thai Nguyen Health Department and/or Canada Fund Coordinator to find appropriate solution depending on the complication of the problem.

7. Project Assessment:

Expected and Actual Results:

Expected Results	Actual Results Achieved	State variance between expected and actual results
<p>a) Beneficiaries will have better understanding of locally relevant RH issues, including modern contraceptive methods, and will have access to accurate and appropriate family planning materials.</p>	<p>While we did not undertake a post project evaluation to quantitatively measure any changes/results that occurred in improved understanding, we were able to observe a number of changes that may be at least indirectly attributable to this project. For example, over the course of the project, rates of modern contraceptive use increased while rates of unwanted pregnancy and abortion decreased; therefore, we can infer that local knowledge of, and access to, appropriate family planning materials increased. In addition, more than ¾ of the motivators who were trained reported feeling more informed about RH issues.</p>	<p>No variance, results were as anticipated</p>
<p>b) Beneficiaries will have increased use of modern contraceptive methods, particularly men</p>	<p>b) As the contraceptive methods were provided by the National Family Planning Program, we regularly monitored and recorded the usage figures to assess any change over the project's duration period. The number of condom users in the five intervention communes increased by 41.7%, while the number of women using birth control pills increased by 44.4%. The</p>	<p>No variance, results were as anticipated</p>

	<p>number of women who inserted IUDs increased by 32.6%. While we cannot directly attribute the increased use of these methods to this project, it is possible that the information provided through this project about RH issues and contraception methods raised local awareness to a level where more people were comfortable to seek out and use modern contraceptives.</p> <p>See Appendix 3</p>	
<p>c) Unwanted pregnancy and abortion rate in the five communes will be reduced.</p>	<p>c) Over the project’s duration, the abortion rate in the five intervention communes declined by 37%. Again, while this decline cannot be directly attributed to the project, it is likely that an local awareness of the dangers of abortion was increased through the information provided by the project, which in turn led to a decrease in abortion rates. See Appendix 3.</p>	
<p>d) Motivators will have improved knowledge of RH issues, including modern contraceptive methods and improved skills through developing scripts and performing dramas illustrating real-life RH issues important to their communities</p>	<p>d) Forty key persons from the Farmer’s Union, Women’s Union, local Health Workers, and Youth Union received RH training from experienced trainers through which they improved and clarified their knowledge about RH. They had the opportunity to discuss with the trainers the use of different contraceptive methods, and the strengths and weakness of each method. After trainings, 82% of the participants said that the information provided was useful</p>	<p>No variance, results were as anticipated</p>

	<p>and that they would participate in similar future courses. 77% of the participants said that their knowledge was improved.</p> <ul style="list-style-type: none"> - Following the training, the motivators had developed the skills to develop 2 dramas with the assistance from the drama expert. Their work reflects the real situation of their communes, and shows how they can develop drama scripts from their own observations. - Local authority commented that through this project they have discovered the potential local human resources which can be used to provide and disseminate important information to the local communities in an appropriate way. 	
<p>e) Related local partners will have improved capacity in delivering RH programs.</p>	<p>e) The Farmers' Union, Women's Union, Youth Union, and local health workers benefited from RH training and script writing skills training which will gradually enable them to have better knowledge and know how to work together to implement effective RH advocacy programs. The Center for Health of Dong Hy holds the TOT training, which will allow it to improve its capacity to organize and conduct training on RH programs and other health related workshops</p> <ul style="list-style-type: none"> - Videos which captured all project 	<p>No variance, results were as anticipated</p>

	<p>activities were distributed to the other communes in Thai Nguyen province, as well as to other organizations, as a model to adapt and apply a similar project.</p>	
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8 Target beneficiaries:

- *Who benefited from the project and how were project benefits realized? Please specify the total number of project beneficiaries, number of males, females, and children.*
 - Motivators: Members of the Youth's, Farmer's and Women's Union benefited from the project through increased information awareness and skills built through monthly meetings, play performances, discussion about RH issues, IEC materials, and modern contraceptive methods distribution. In total, 40 persons from these Unions benefited, of which 25 were women.
 - Motivators popularized RH information in meetings of youth, farmers, and women. Each commune held 3 information sharing sessions each month. By the end of the project, a total of 150 sessions were held. Approximately 25 people attended each monthly Union meeting. These people were different at each sharing meeting. At the RH information sharing meeting, the motivators used the material from the TOT training to inform the participant. They will use lessons from the book *Let's Talk About Love, Sexuality, and Health* as the topic of each gathering. The local health workers who attended the TOT training appear at all the RH information meetings to answer the questions related to technical terms from the attendants.
 - Local people: 100 drama performances were conducted in five intervention communes. The drama performances attracted about 150-200 persons per performance, for a total of about 15,000-20,000 persons to date who have received information in this manner. Seven drama performances were also

- conducted in three neighbor communes with around 1,000 – 1,400 participants at each performance.
- Thai Nguyen Health Department and district leaders: Two officers from Thai Nguyen Health Department, one officer from Dong Hy district health center and three chairmen and/or women from Women’s, Farmer’s, and Youth Union learned about both RH issues as well as project management from implementing the project. Of which four officers were men and two were women?
 - Commune leaders involving in the project’s management: The leaders from all intervention communes participated in this project and thereby learned about project management.
- *How did the beneficiaries participate in the implementation of this project?*
 - The project officers from HealthBridge and Thai Nguyen Health Department collaborated during all phases of project design, implementation, monitoring, and evaluation. Together, HealthBridge and Thai Nguyen Health Department selected the training materials, identified motivators, organized the TOT trainings, conducted the RH course and drama writing skills course, supervised and monitored activities in the communes, and assigned responsibilities for the head of participating organizations.
 - The trainers actively participated in the design of the RH and drama writing skill courses. They were also reproductive health and family planning service-providers in the communes.
 - Together, HealthBridge, Thai Nguyen Health Department, Youth Union, Farmer’s and Women’ Union, and RH training participants chose locally appropriate contraceptive brochures to distribute in the communes.
 - The Youth Union, Farmer’s and Women’ Unions worked with the local health workers to prepare and perform dramas to educate commune people as well as in presenting RH information at monthly meeting of the above mentioned organization.

- ◆ *What will be the beneficiaries' future participation to maintain the results of this project?*

Thai Nguyen Health Department, in collaboration with the Farmer's Union, Youth Union and the Women's Union of Dong Hy District, will ensure that the project results are sustainable. Updated information about reproductive health issues will continue to be integrated into the regular meetings of the Women's, Farmer's, and Youth Unions. From the project, the motivators learned how to gather information to update their knowledge. The drama writing and performance skills developed through this project can be adapted to other programs, such as poverty eradication, elimination of gender discrimination.

By providing the audio equipment to three most active communes, these communes can use these instruments for further performances in their communes.

9 Report the project impact on the following aspects if they apply to your project

- *Poverty reduction: How did the project contribute directly or indirectly to the poverty reduction in the target area?*

The project does not lessen the poverty rate directly. However, by contributing to the gradual reduction of abortion, RTI and STD rates, the project may contribute to decreased health costs and increased resources. At the same time, uptake of contraceptive use will contribute to decreased birth rates, making families smaller and thereby lessening poverty at the community and family level.

- *Gender Equality: What is the role of women as participants in the project (planners, designers; managers/administrators; trainers/facilitators)?*

Specify male/female participation and state the number of women in decision-making positions. Did the project improve socio-economic status for women in the community? If yes, how?

Women's health was the main focus of this project. Women face the risks of unwanted pregnancy and childbirth. Women were therefore encouraged to improve their knowledge and skills to take care of their own health. HealthBridge, Thai Nguyen Health Department, and the Youth, Farmer's and Women' Unions, all have female employees who actively participated in all project activities. One third of participants were men; in order to improve RH at the community level, men need to get involved and play an important role in preventing unwanted pregnancies and STDs. Even though men participated in the project activities, their involvement was much less active than that of women. It seems that men still believe that dealing with RH and family planning is female work. This gender discrepancy needs to be addressed.

The motivators will take turns presenting RH information at the monthly Youth, Farmer's and Women' Union meetings. The motivators include of 15 men and 25 women.

- *Environment: Describe negative and positive impact of the project on the environment*

This project had no effect on the environment

- *Other Aspects such as Health, Culture, etc.: State how the project addressed the existing cultural context and/or health issues, etc.*

A positive achievement of this project was that it has involved people from ethnic minority groups, encouraged them to take ownership of their own health, and provided them with RH skills and knowledge. However, many of these people are still shy to talk about RH and related topics. Through this project, they are being encouraged to be more involved in activities and that will help them to improve their knowledge and comfort in being involved in public awareness activities.

Nearly half of the population in the five intervention communes is from ethnic minorities. The following table shows the distribution of ethnic minority in these communes.

Communes	Population	Ethnicity					
		Kinh*	Tay	Nung	Dao	San Diu	Other
		(%)	(%)	(%)	(%)	(%)	(%)
Quang Son	2.555	52.0	3.3	34.7	0.5	0.5	9.0
Hoa Trung	2.273	56.0	2.8	19.9	0.1	20.8	0.4
Linh Son	8.285	66.0	3.4	3.1	0.1	27.4	0.3
Hoa Thuong	9.135	79.6	5.8	4.1	0.1	7.1	2.3
Nam Hoa	8.741	30.5	0.3	7.8	0.1	61.2	0.1

* *Kinh*: is the majority in Vietnam and the others are considered as ethnic minorities

10. List any unanticipated benefits of the project:

The audiences from the neighbouring communes attended the drama performances and thereby also increased their knowledge of RH issues. We did not count how many participated.

11. Lessons Learned:

- Training is valuable and highly desired: Motivators informed the project team that they wanted more training and in-depth information in RH. Future training activities should have a longer duration so that the participants can obtain comprehensive RH training and have enough time to discuss issues with the trainers and practice their information dissemination skills.
- Participatory Learning Methods are very effective: Participatory Learning Methods, through role-playing, small group discussions, presentations, etc. helped to maintain the interest of the participants and facilitated their active participation.
- Locally appropriate IEC materials are important: Motivators freely selected the most locally appropriate contraceptive brochures from among those provided from HealthBridge's collection. After the discussion, all the features that needed to be changed to match the motivators' requirements were noted so that they would be incorporated into the design of new brochures.

- Drama performances enable widespread information sharing: The motivators combined the dramas with social events in the communes so that many people could be reached. The dramas attracted the attention of local people as the plays were written to reflect their daily lives and situations. Motivators were encouraged to write more scripts, and then send them to HealthBridge for review. Drama performances provided an inexpensive and culturally appropriate way to disseminate information.
- Identification of local human resources for community activities: Through the project, commune leaders recognized that some motivators had the ability and solid skills to undertake drama performances; they were seen as the valuable human resources for local communication campaigns and activities.
- Project Monitoring: All the participating organizations and local authorities were requested to monitor the project's activities. Many local people attended and participated in the performance dramas. We found that the local authorities were very active in supporting drama performances as these activities improved the social environment in the communes.
- Contraceptives distribution: The original plan targeted on distribution of contraceptive methods that was later realized as unnecessary because the Government Program covered all of these communes.
- The need to make pre-post evaluation: The evaluation of the project's outcomes were not anticipated, designed and implemented and therefore we were not able to measure the achievement of some objectives of project.

12. What were the original project costs:

Canadian Contribution:	371,070,000 VND
Recipient Contribution:	75,550,000 VND
Others (specify):	48,650,000 VND (Thai Nguyen Health Department)

Note: Local contributions include any item or service that is donated to the project. Donations include: value for work performed plus benefits professional, technical, or administrative services; equipment, materials, office space, etc.

13. Were the project completed within the limits of the anticipated costs?

Yes

14. How did the implementing agency contribute to the project implementation?

And how will the implementing agency be involved in maintaining and assuming responsibility for the results of this completed project?

- HealthBridge contributed 2 staff members working 30% time to implement this project. HealthBridge was responsible for the overall design, implementation, and evaluation of the project. HealthBridge acted as the liaison between all project stakeholders, served as the lead contact with the Canada Fund and was responsible for all progress and financial reports.
- HealthBridge was responsible for providing IEC materials and together with Thai Nguyen Health Department held a workshop at the end of the project to present the results and lessons learned from the project to all project stakeholders.

15. Comments on the roles, responsibility and collaboration of the CF staff to the project:

Throughout the project period, the staff members of the Canada Fund were enthusiastic and supportive. They did not hesitate to help when needed. The HealthBridge program officers and CF Coordinator always kept in touch and solved any problems raised during the project implementation on time to achieve the best project results.



16. Other Observation and Remarks on the Project Implementation:

Most of the participants were impressed with these training sessions. They wished to have more activities like this available in their communes. Also, they wanted to have more training on communication skills.

Appendix 1: Brochures distributed in five communes

Cần lưu ý gì khi sử dụng bao cao su?

- Thông thường bao cao su đã có sẵn dầu bôi trơn, tuy nhiên có thể dùng thêm bột hoặc kem tránh thai, nước bọt hoặc những chất bôi trơn có nguồn gốc từ nước để bôi trơn bao.
- Không dùng các chất bôi trơn có nguồn gốc từ dầu mỏ vì những chất này có thể phá hủy bao cao su.
- Để bao cao su ở nơi khô mát.
- Mỗi bao cao su chỉ sử dụng một lần.
- Không dùng bao cao su nếu vỏ bao đã rách hoặc nếu bao cao su bị khô, dính hay đổi màu.
- Không để các vật nặng lên bao cao su để tránh làm hỏng.

BAO CAO SU

VĂN PHÒNG HỢP TÁC CANADA PATH Canada

TÁC DỤNG PHỤ CÓ THỂ GẶP LÀ GÌ?


- Bạn có thể thấy đau trong và ngay sau khi đặt dụng cụ tử cung.
- Bạn có thể thấy nhiều khi hư hơn trước.
- Bạn có thể ra máu kinh nhiều hơn và số ngày kinh dài hơn trong 1 vài tháng đầu tiên → đây là hiện tượng bình thường → nhưng tác dụng này sẽ giảm bớt sau 1 năm đặt dụng cụ.

KHI NÀO CẦN QUAY LẠI CƠ SỞ Y TẾ?

- Khi bạn ra máu không bình thường, quá nhiều so với kỳ kinh bình thường.
- Bạn ra rất nhiều dịch âm đạo.
- Nếu bạn đau bụng dưới (đau khi quan hệ tình dục).
- Nếu bạn bị sốt.
- Nếu bạn cảm thấy dây dụng cụ tử cung bị mất, ngắn hơn hay dài hơn bình thường.
- Nếu dụng cụ tử cung bị tuột ra.



TRÁNH THAI BẰNG DỤNG CỤ ĐẶT TRONG TỬ CUNG (Đặt Vòng)



VĂN PHÒNG HỢP TÁC CANADA PATH Canada

Hãy sử dụng biện pháp tránh thai hỗ trợ như bao cao su, chất diệt tinh trùng hoặc kiêng sinh hoạt tình dục trong 7 ngày tiếp theo.

Nếu bạn quên 3 viên màu trắng

- Bỏ vỉ thuốc đó đi và bắt đầu một vỉ thuốc mới.

Hãy sử dụng biện pháp tránh thai hỗ trợ như bao cao su, chất diệt tinh trùng hoặc kiêng sinh hoạt tình dục trong 7 ngày tiếp theo.

Nếu bạn quên 1 hay nhiều hơn viên màu nâu; hãy bỏ những viên đã quên đó đi và uống những viên còn lại như bình thường.

Nếu bạn chậm kinh 2 tuần, hãy làm xét nghiệm thai ngay.



TÁC DỤNG PHỤ CÓ THỂ GẶP LÀ GÌ?

Phần lớn phụ nữ không bị tác dụng phụ khi uống Viên Tránh Thai Kết Hợp. Tuy nhiên, rất ít phụ nữ gặp các tác dụng sau:

- Buồn nôn hoặc chóng mặt (uống thuốc vào giờ đi ngủ sẽ giảm được tác dụng phụ này)
- Rong huyết hoặc ra máu nhẹ vào những ngày ngoài chu kỳ
- Căng vú
- Tăng cân (tuy nhiên, rất nhiều nghiên cứu cho thấy, Viên Tránh Thai Kết Hợp liều thấp không làm tăng cân).

KHI NÀO CẦN QUAY LẠI CƠ SỞ Y TẾ?

Hầu hết những tác dụng phụ mà phụ nữ lần đầu uống Viên Tránh Thai Kết Hợp gặp phải sẽ mất đi sau 2-3 tháng. Tuy nhiên nếu có những tác dụng phụ gây khó chịu mà bạn thấy cần đi khám, bạn hãy quay lại cơ sở y tế.

VIÊN UỐNG TRÁNH THAI KẾT HỢP (VTTKH)

VĂN PHÒNG HỢP TÁC CANADA PATH Canada

Appendix 2: Some pictures of drama performance in communes



**Information sharing on
contraceptive methods
Hoa Thuong Commune**



**Information sharing on
reproductive health
Hoa Thuong Commune**



**Drama performance
Hoa Thuong Commune**

Appendix 3: The changes in reported uses of contraceptive methods and abortion rate.

1. Contraceptive uses and abortion situation in Dong Hy district (before and after the intervention)

Communes	No. of aborted cases			No. of new cases inserted IUDs			No. of women used birth control pill			No. of couple uses condom		
	6 months/05	6 months/06	Comparison (%)	6 months/05	6 months/06	Comparison (%)	6 months/05	6 months/06	Comparison (%)	6 months/05	6 months/06	Comparison (%)
Dong Bam	1	1	100	30	14	46.7	88	118	134.1	102	135	132.4
Cao Ngan	1	2	200	48	54	112.5	104	107	102.9	112	110	98.2
Chua Hang	2	5	250	19	8	42.1	141	136	96.5	354	327	92.4
Cay Thi	6	24	400	30	32	106.7	103	116	112.6	77	75	97.4
Hoa binh	5	7	140	21	28	133.3	86	86	100.0	47	47	100.0
Hoa Thuong	45	18	40	28	69	246.4	235	291	123.8	224	325	145.1
Hoa Trung	18	8	44.4	25	37	148.0	85	98	115.3	83	116	139.8
Huong Thuong	5	19	380	45	25	55.6	164	178	108.5	130	142	109.2
Hop Tien	0	5	500	27	33	122.2	292	297	101.7	85	90	105.9
Khe mo	0	2	200	75	76	101.3	154	144	93.5	57	65	114.0
Linh Son	30	5	16.7	71	41	57.7	218	250	114.7	105	175	166.7
Minh Lap	0	0		27	28	103.7	149	148	99.3	114	119	104.4
Nam Hoa	22	11	50	42	65	154.8	216	320	148.1	128	212	165.6
Song Cau	2	6	300	36	38	105.6	45	42	93.3	44	44	100.0
Tan Long	0	0		37	61	164.9	194	191	98.5	65	95	146.2
Tan Hoi	0	0		38	22	57.9	114	109	95.6	80	87	108.8
Trai Cau	1	2	200	31	15	48.4	106	99	93.4	73	70	95.9
Van Lang	1	2	200	41	36	87.8	46	67	145.7	36	44	122.2
Van Han	0	0		134	69	51.5	181	212	117.1	115	165	143.5
Quang Son	4	1	25	34	19	55.9	25	55	220.0	22	20	90.9
Total communes		118			770			3064			2463	

Note: Comparison column: > 100 % means increase, <100% mean decrease

2. The changes in reported uses of contraceptive methods and abortion rate in five intervention communes

Contraceptive methods	Rate (%)
Condom	141.6
Birth control pill	144.4
IUDs	132.6
Abortion	37.0

Note: Comparison column: > 100 % means increase, <100% mean decrease

B. FINANCIAL REPORT

No.	Project activities	Approved Budget	Actual Expenses	Variance	Explanation of
	1. Personnel costs				
	Two Project Advisors				
1.1	Project Officer <i>(18 months x 8,600,000 dong x 30%)</i>	46,440,000	46,440,000	-	
1.2	Finance and Administration Officer <i>(18 months x 8,600,000 d x 10%)</i>	15,480,000	15,480,000	-	
1.3	Allowance for Thai Nguyen Health Department <i>(18 months x 450,000 d)</i>	8,100,000	8,100,000	-	
1.4	Allowance for Steering Committee - Provincial Steering Committee <i>(18 months x 900,000 d) + (1 month x 900,000 d)</i> - Commune Steering Committee (10 months x 70,000 d/month/commune x 5 communes) + 1 months x 3 extra communes)	22,700,000	20,880,000	1,820,000	
	Sub Total 1	92,720,000	90,900,000	1,820,000	
	2. Training costs				
2.1	Script-writing and drama expert <i>(3 days x 1,500,000 dong/day)</i>	4,500,000	4,500,000	-	
2.2	Supplies and photocopy for activities <i>(40 persons x 40,000 dong)</i>	1,600,000	1,598,000	2,000	
2.3	Tea break <i>(42 pers x 10,000dong/day x 10days)</i>	4,200,000	4,200,000	-	
2.4	Lunch allowance <i>(40 pers x 50,000dong/day x 10days)</i>	20,000,000	20,270,000	(270,000)	

2.5	Room and equipment rent <i>(10days x 230,000 dong/day)</i>				
		Sub Total 2	30,300,000	30,568,000	(268,000)
	3. Grassroots Activities				
3.1	Performance clothes & props <i>(5 communes x 3,500,000 dong/year) + (3 extra communes x 1 month x 200,000 dong/month)</i>	21,700,000	23,467,000	(1,767,000)	
3.2	Performer allowance (per team) <i>- Practice drama allowance (120,000d/time x 8 times x 5 communes) + 200,000 dong/commune x 3 communes)</i> <i>- Performace allowance (2 times/month x 240,000 d/time x 10 months x 5 communes) + (300,000d/time x 7 times x 3 extra communes)</i>	35,700,000	36,280,000	(580,000)	
3.3	Two meetings with motivators <i>(55 pers x 30,000 dong x 2)</i>	3,300,000	1,290,000	2,010,000	We plan to orga meetings with m fact, one meetin intergrated at th dissemination w just the first mee was charged to
3.4	Youth, Farmer's and Women's Unions Meetings <i>(3 meetings/month x 150,000 dong/meeting x 10 months x 5 comm.) + (100,000 dong/meeting x 7 meetings x 3 extra communes)</i>	23,400,000	15,900,000	7,500,000	We budget 150 meeting though dong was paid f meeting.
		Sub Total 3	84,100,000	76,937,000	7,163,000
	4. Materials				
	Printing of books PATH Canada <i>Let's Talk About Love, Sexuality and Health; Youth Who Love Life Know about HIV/AIDS (400 copies)</i>				
4.1	Purchase of reference books on RH	4,000,000	-	4,000,000	We are looking t appropriate and book so we ask

4.2	Video grapher <i>(10 times x 500,000 dong/time)</i>	5,000,000	5,000,000	-	
4.3	Audiovisual production <i>(400 copies x 45,000 dong)</i>	18,000,000	15,350,000	2,650,000	
4.4	Printing IEC material <i>(6000 copies x 3,000 dong/copy)</i>	18,000,000	16,353,468	1,646,532	
	Sub Total 4	45,000,000	36,703,468	8,296,532	
	5. Amplifier and microphone set				
5.1	<i>7,584,000 dong/commune x 3 communes</i>	22,750,000	22,350,000	400,000	
	Sub Total 5	22,750,000	22,350,000	400,000	
	6. Project Monitoring				
	Transportation				
6.1	Hanoi - Thai Nguyen <i>(20 return trips x 550,000 dong/trip)</i>	11,000,000	9,100,000	1,900,000	
6.2	Local Thai Nguyen <i>(18 months x 300,000 dong/month)</i>	5,400,000	4,860,000	540,000	
	Local Hanoi <i>(4 months x 300,000 dong/month)</i>				
6.3	Meals <i>(3 days/month x 18 months x 150,000 dong)</i>	8,100,000	6,908,000	1,192,000	
6.4	Hotel <i>(2 nites/month x 18 months x 150,000dong)</i>	5,400,000	2,553,000	2,847,000	
	Sub Total 6	29,900,000	23,421,000	6,479,000	
	7. Dissemination Workshop				
	Dissemination workshop				
7.1	Tea break (60 persons x 10,000 dong)				

		600,000	750,500	(150,500)	
7.2	Lunch and transportation allowance <i>(60 pers x 50,000 d/per)</i>	3,000,000	3,050,000	(50,000)	
7.3	Room and equipment rent				
	Sub Total 7	3,600,000	3,800,500	(200,500)	
	8. Equipment				
8.1	Computer				
	Sub Total 8				
	9. Other costs				
9.1	Supplies and photocopying <i>(18 months x 500,000 dong/month)</i>	9,000,000	9,100,562	(100,562)	
9.2	Printing and distribution of guidelines	4,500,000	-	4,500,000	We plan to print
9.3	Communications: tel, email, fax (18 months x 400,000 dong/month)	7,200,000	7,157,600	42,400	
9.4	Office Rent <i>(18 months x \$500/month x 30%)</i>	42,000,000	42,000,000	-	
	Sub Total 9	62,700,000	58,258,162	4,441,838	
	TOTAL:	371,070,000	342,938,130	28,131,870	
	Equivalent in CAD:	32,593	30,122	2,471	
	C\$1=VND 11,385				

