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Training interventions to health care providers in mountainous provinces



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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARVs	Anti-retroviral drugs
BCC	Behaviour change and communication
CHC	Commune Health Centre
CP6	Sixth Country Programme
HIV	Human Immunodeficiency Virus
IEC	Information, education and communication
Pop/RH	Population/Reproductive Health
PC	Population Collaborator(s)
RH	Reproductive health
VHW	Village Health Worker(s)

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PREFACE

In December 2005, the government of the Socialist Republic of Viet Nam and the United Nations Population Fund (UNFPA) completed the Sixth Country Programme of Cooperation (CP6). To mark the end of 5 years of collaboration (2001-2005), UNFPA undertook a series of studies to draw lessons learned and best practices from the programme's implementation.

This research report is prepared by a social anthropologist, Dr. Graham Fordham. The report documents lessons learned relating to training interventions for reproductive health providers in mountainous provinces. It is the outcome of a short qualitative research project conducted in Hanoi and in the Hoa Binh and Ha Giang provinces of North Viet Nam between late October 2006 and early January 2007.

Critically, the report based on qualitative research, aims to move on from existing descriptive quantitative data by providing, within the limits of the research parameters, analyses that are as detailed as possible. Key issues discussed in the report include staff training, language and issues concerning provider understanding of BCC, staff travel issues, and village health workers/population collaborators, with a special focus on the context of mountainous provinces. The report contains valuable lessons for future application of reproductive health programmes by government, NGOs, United Nations agencies and other concerned stakeholders.

I would like to thank Dr. Fordham for his considerable efforts in completing this report. I would like to thank Dr. Duong Van Dat of UNFPA Viet Nam for his coordination in preparing and publishing lessons learned and best practices from UNFPA's country programmes. I also acknowledge the agencies, organizations and individuals who contributed to the success of the study. It is UNFPA's wish that the lessons learned and experiences gained from CP6 will be of use to policy makers, programme managers, health professionals and donors in designing and implementing reproductive health programmes aligned with the Millennium Development Goals (MDG) and the commitments made at the International Conference on Population and Development (ICPD) in Viet Nam.

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EXECUTIVE SUMMARY

Overview

This report discusses lessons learned and best practices following implementation of the Sixth Country Programme between UNFPA and the Vietnamese government. The report documents a short qualitative research project conducted in Ha Noi and in the Hoa Binh and Ha Giang provinces of North Vietnam between late October 2006 and early January 2007. Field research data, together with data contained in existing UNFPA/Government programme reports and evaluations and a selection of relevant materials from a broad corpus of scholarly publications, also contributes to assessment of conduct and outcomes of CP6.

The research team acknowledges the significant evaluation work already completed in relation to CP6. The intention of this report is not to replicate these works, but to cover areas that have not yet been addressed or addressed only superficially. Critically, this report is based on qualitative research, and aims to move on from existing descriptive quantitative data by providing, within the limits of the research parameters, analyses that are as detailed as possible and that support practical implementation of activities during CP7 and other programmes at both national and provincial levels.

Staff Training

- Staff training comprised a major component of CP6. However, this research suggests that although successful efforts have been directed to production of training resources, pedagogical issues require additional consideration. Optimally effective training is not possible if staff become bored by courses that are too long or if required to attend two courses consecutively. This field report recommends that long courses be broken into two components or, if this is impractical, incorporate a "skills training break" to refresh jaded students. Also, students should not be required to attend more than one course at a time
- Staff enjoy role-playing exercises during training sessions. However, relevant input would ensure these exercises project a greater aura of realism conducive to assisting trainees when faced with real situations encountered at village level. More realistic outcomes could be achieved by conducting some on-site training sessions in selected villages
- Staff identified men and youth as the two groups most "hard to work with". Village health workers and population collaborators require more skills if they are to work more effectively with these important groups. Their need is not for more RH information, but for practical "group handling" skills to equip them as public speakers. Exceptionally able village health workers and population collaborators should be drawn on as resources for this important training activity, and for the active mentoring of staff with lower levels of experience

Language and Issues Concerning BCC Activities

- The need to rote learn new technical terms presents a significant barrier to effective training and wastes time that could be better used for improving skills and conceptual activities. The production of pre-course primers would allow staff to learn new terms prior to undertaking training and increase the effectiveness of training activities
- Trainers identified the wide gap between the lesser able and more able students as a barrier to training, in as much as it slowed training activities considerably. The self-study primers recommended above would act to assist the weaker students by providing them with a foundation prior to commencing study, while simultaneously giving overall teaching and learning advantages as trainers will be able to move more quickly and not be held back by less able students
- Many staff identified the important area of BCC as an area about which, despite having undertaken training, they remain confused and feel that they need additional training. All identified their perceived lack of understanding as a barrier to the conduct of effective BCC activities. It is suggested that more attention needs to be paid to the BCC aspects of training, and that attention be focused on simplifying this issue and on providing staff with a simple "toolbox" of effective BCC strategies

Travel Issues

- In many provinces travel requirements prevent optimally effective staff training. Rough roads and long hours of travel to training courses can result in fatigue that impairs learning capacity. Course planners need to recognise that effective pedagogy requires staff to be fresh and reduced learning capacity of staff should be accommodated during the initial training period
- Quality supervision is crucial for achievement of positive CHC level outcomes. However, the lengthy travel requirements in remote provinces limit the amount of time supervisors spend at the CHCs. Consideration should be given to increasing the amount of time actually spent engaged in effective supervision activities at each CHC
- In remote provinces the time taken for travel magnifies the amount of time that village health workers/population collaborators are required to invest in RH activities. The remote nature of some provinces in concert with distance issues also increases the personal risk that female village health workers/population collaborators face if travelling alone. In recognition of these issues an increase in the compensation paid to village health workers/population collaborators staff may assist in the recruitment and retention of staff

Village health workers/population collaborators

- The research suggests that pride in their activities is a major reason why village health workers/population collaborators remain in their position for a protracted period. Activities that help build pride and reputation of village health workers/population collaborators will assist in their retention. Such activities might include more training and also recognising the people skills and communication skills of particularly talented village health workers/population collaborators by utilising them as assistant trainers in training activities

- Supplies provided to village health workers/population collaborators such as clean delivery kits have a limited life and attention needs to be paid to providing these basic resources on a regular basis
- In the case of village health workers/population collaborators and midwives working with minority ethnic groups, attention should be paid to directing BCC campaigns at local religious leaders in order to enlist their cooperation. Such campaigns will depend on gaining a good understanding of local cultural practices

BRIEF DESCRIPTION OF UNFPA'S SIXTH COUNTRY PROGRAMME

Research Methodology

In collaboration with the Vietnamese government, UNFPA developed the Sixth Country Programme (CP6) of assistance to Viet Nam for the period 2001 - 2005, to assist in implementing the new National Population Strategy for 2001 - 2010 and the first ever National Strategy for Reproductive Health Care for 2001 - 2010. The programme builds on the experiences and lessons learned through previous programmes and responds to the country's population dynamics and reproductive health needs. It aims to contribute to the attainment of a higher quality of life for the Vietnamese people through improved reproductive health, a harmonious balance between population dynamics and sustainable socio-economic development, and the achievement of equal opportunities in social development. CP6 focused on building national capacity for improving reproductive health care and creating a favorable policy environment for implementation of population and reproductive health activities. Like Fifth Country Programme, by contrast with earlier programmes, CP6 moved the focus on population activities from fertility reduction to quality of life and reproductive health.

The programme consisted of two sub-programmes namely, Reproductive Health (RH) and Population and Development Strategies. Advocacy and Information-Education-Communication (IEC) were integrated into the two sub-programmes as crosscutting issues.

The budget for CP6 was USD27 million, of which USD20 million came from the UNFPA regular fund, and USD7 million from other sources¹. The government of Viet Nam committed VND120 billion (both in cash and in kind), equivalent to some USD8 million, and took responsibility for executing about 75% of the country programme budget. UNFPA executed about 25% of the budget focusing on technical and management backstopping to the programme implementation.

¹ It notes that the actual expenditure of CP6 during 2001-2005 was USD30,392,508 of which USD20,508,267 from the regular fund and USD9,884,241 from the mobilized fund.

INTRODUCTION

The Research Project

This report is based on a small qualitative research project that was conducted by UNFPA in late 2006, in the Hoa Binh and Ha Giang provinces of North Viet Nam. The research took a qualitative perspective in order to transcend the highly descriptive nature of the existing quantitative data reporting on UNFPA's Sixth Country Programme, and in order to investigate issues that are not amenable to quantitative analysis. It aimed at gaining a more detailed understanding of how the health care reforms implemented under CP6 impacted on both health care providers and on their clients, and at ascertaining how future reforms might be carried out yet more effectively.

It is important to note that qualitative research is fundamentally different to quantitative research. Quantitative research focuses on an extensive sample of data and primarily derives meaning from an analysis of statistical relationships. By contrast with quantitative research, qualitative research focuses deeply on issues of meaning - cosmology, the logic of cultural practice, and ideology, and has a deep concern with issues of reflexivity - but only a limited concern with statistical relationships. Importantly, by contrast with quantitative research, qualitative research works intensively on relatively small numbers of people in one or more communities, and due to its deep level of analysis and the nature of the issues it addresses, its outcomes are considered to be relevant to the broader population.

Importantly, when the results of qualitative research are presented it is normal to present some of the cultural data to illustrate the conclusions drawn from the analysis of that data. It does this because it is concerned to fully inform the reader about the social situation it examines and because it aims to draw attention to the complexity of meaning and social action. Thus, it is a useful way of understanding the response to programming, and "bridging the gap" between programming aims and the community response.

Through a fine-grained examination of the baseline and endline survey reports, as well as a broad corpus of other relevant documents pertaining to CP6 (see below, and also bibliography), in concert with small qualitative research projects conducted in Hoa Binh and Ha Giang provinces, the research focused on a selection, or "raft", of the many RH issues addressed under CP6. From this examination the research aimed to draw out lessons learned and to make recommendations for best practice under CP7 and subsequent RH programmes.

It should be noted that the research project and this report in regard to lessons learned/best practice outcomes of CP6, have focused primarily on areas which to date have not been well covered in evaluations of CP6. The many areas of CP6 RH care reform in which existing research and evaluations have already identified lessons learned/ best practice issues are only addressed in this report if the report is able to add a substantial contribution to that which is known already.

Research Methodology

Literature Review

The first part of the research consisted of an extensive literature review of all literature relevant to CP6. This included the Sixth Country Programme document, the Sixth Country Programme Baseline Survey Report², and the Sixth Country Programme Endline Survey Report. Literature surveyed also included the endline survey reports for the two provinces selected for field research as well as endline survey reports for several other provinces, the survey forms used for data collection during these surveys, and reports on training activities carried out under CP6³. Other literature reviewed included reports produced by PATH and Pathfinder, and a wide selection of scholarly literature dealing with reproductive health and HIV/AIDS in Viet Nam.

Drawing on the consultant's special expertise as a social anthropologist a wide range of anthropological literature dealing with relevant reproductive health issues, issues concerning social and institutional change, and cultural issues related to specific RH concerns relevant to Viet Nam's many minority groups was also consulted⁴. Discussions about the implementation of CP6 were also held with senior officials from the Ministry of Health and the Viet Nam Commission for Population, Family and Children. Senior staff from two NGOs (PATH and Pathfinder International) were also interviewed, as were the senior staff and researchers at the Thai Binh Medical College Research Centre for Rural Population and Health who were responsible for conducting baseline and endline surveys for CP6.

Field Research

The research component of the project involved paying field visits of three days each to Hoa Binh and Ha Giang provinces, and in each province two communes and their respective health centers were visited. In Hoa Binh, Lien Son commune in the Luong Son district, and Phu Minh commune in the Ky Son district were visited, and in the Xin

² UNFPA. United Nations Population Fund Sixth Programme of Assistance to the Socialist Republic of Viet Nam. UNFPA. Hanoi. nd. UNFPA, Baseline Survey Report: Provision and Utilization of Reproductive Health Care Services in 12 UNFPA-Supported Provinces. UNFPA. Hanoi. 2003; Endline Survey Report; UNFPA. Endline Survey Report: Provision and Utilization of Reproductive Health Services in 11 UNFPA-Supported Provinces in the 6th Country Program. Hanoi. 2006; UNFPA, Final Report: The Sixth Country Programme of Cooperation Between Viet nam and the United Nations Population Fund (2001 - 2005). Hanoi. 2006.

³ UNFPA. End-Line Survey Report: Actual Situation of the Provision and Utilization of Reproductive Health Care Services in Hoa Binh Province. UNFPA: Hanoi; UNFPA. 2006. End-Line Survey Report: Actual Situation of the Provision and Utilization of Reproductive Health Care Services in Ha Giang Province. UNFPA. Hanoi. 2006; UNFPA and National Economics University Population Centre. Key Findings and Recommendations (monitoring of Training Activities in 11 UNFPA-Supported Provinces, CP6, 2004). UNFPA and National Economics University Population Centre. Hanoi. 2004.

⁴ Note: Only that anthropological literature directly relevant to the analysis made in this report is cited here.

Man district of Ha Giang province, visits were made to Na Tri and Pa Vay Su Communes. In each province the communes visited were chosen as one was considered relatively successful and one less successful Lien Son and Na Tri being considered the more successful communes. As ethnic minority group issues are currently of particular concern for UNFPA, as much less is known about the nature of these problems, and as the results of CP6 suggested that there are some problems specific to ethnic minority groups that are not yet adequately addressed, a special focus was directed to these groups was made during the research period.

The teams conducted interviews and focused discussions with a large number of people (both RH providers and their villager clients). In respect to the people met during the research, the teams interviewed health service managers and providers at all levels from that of the province to the district, commune and village level, and they also conducted interviews with trainers and with population and mass organization collaborators (Women's Union, Youth Union). Importantly, as well as conducting interviews and focused discussions with health care providers, the researchers spent time interviewing and talking with village volunteers and a small selection of village families (who were contacted with the assistance of the village volunteers). In Hoa Binh province families were interviewed in their own house. However, due to time constraints and the fact that villages were located some distance from the Commune Health Center, in Ha Giang province the families traveled to meet the researchers at the Commune Health Center.

The research was conducted by Dr. Graham Fordham, working via local translators (Dr. Pham Thuy Minh and Dr. Nguyen Xuan Hong) from the UNFPA office, in Hanoi. Interviews were conducted in Vietnamese and translated into English. Due to lack of Vietnamese language fluency among the Hmong in Pa Vay Su commune in Ha Giang, interviews were conducted in the Hmong language with assistance from a local person fluent in both Hmong and Vietnamese, and then translated into English. Dr Fordham took full research notes in a combination of shorthand and English, and the translators recorded important Vietnamese language and cultural concepts.

RESEARCH FINDINGS

This section of the report discusses research findings related to lessons learned during CP6. Specific issues include: staff training, language, BCC activities, travel and the best usage of VHWs/PCs. The thrust of the analysis seeks to identify barriers or areas of resistance to effective programming, and to propose ways in to overcome these barriers and "tip" programmes towards higher levels of achievement.

Staff Training

Retraining was an important aspect of CP6 with training encompassing both reproductive health and health education/communication courses. A full list of training courses is given in Appendix at the end of this report. Figure 1 (below) shows a considerable proportion of SPs were trained at all levels over the period. Some written evaluations of CP6 and several senior informants interviewed during field research suggested that the failure of staff to derive more benefits from training, and their failure to understand more about the National Standards was due to problems with the training curriculum, or was due to individual deficiencies of the staff members themselves. Thus, for example, the failure of training courses to achieve higher outcomes with staff learning was sometimes explained as limitations inherent in the courses themselves. On the part of staff, their failure to understand the new information in training materials was often attributed to their low educational levels and a consequent difficulty in understanding of new material, and this has particularly been the case in respect to lower level staff, such as those working at CHCs.

Certainly training programmes might be improved with the benefit of hindsight. And, yes, the educational levels of staff are important, as those with more experience at study are more likely to do well in study courses. However, these simplistic mono-causal explanation based about issues such as course materials or the educational levels of staff (something which cannot be changed, at least in the short term) are not the only barriers (things that can be changed) that are working against programme success. Often these simple explanations obscure other issues that are equally important. And it is these issues in particular, issues that can be worked on to gain better outcomes from programming, that this research project has aimed to identify so that training can be conducted more effectively in the future.

Table 1: Percentage of SPs received retraining on RH care in the last four years (%)

Retrained services	Pro.		Dist.		Com.		Mean	
	2003	2005	2003	2005	2003	2005	2003	2005
Pregnancy examination	81.2	93.9	82.5	97.7	72.5	90.1	76.0	92.3
Delivery attendance	80.6	93.3	81.1	97.3	70.6	89.5	74.4	91.7
Neonatal care	82.4	95.2	81.1	97.7	72.3	90.4	75.8	92.7
Care for post-partum mother	80.6	94.5	81.1	97.7	72.2	90.2	75.4	92.5
Oral pills supply/instruction for use	80.0	94.5	82.5	96.8	77.8	90.7	79.2	92.6
Condom supply/instruction for use	79.4	94.5	81.1	97.3	76.5	91.3	77.9	93.1
IUDs insertion	78.2	92.1	81.1	95.5	65.9	81.3	71.0	86.0
Contraceptive injectable	58.8	81.8	56.2	81.8	45.0	73.2	49.5	76.4
Contraceptive implant	32.7	58.2	23.5	40.5	14.5	36.4	19.3	40.7
Male sterilization	51.5	55.2	36.9	54.1	25.7	35.7	32.1	42.7
Female sterilization	52.7	61.2	38.7	57.7	26.3	36.0	33.1	44.6
Counselling on contraceptive methods	82.4	95.2	80.6	96.8	76.1	90.9	78.1	92.8
RH care services (including FP & abortion) for Adolescents (10-19 years)	71.5	93.3	70.0	96.8	43.1	87.8	53.3	90.6
RH counselling for Adolescents (10-19 years)	72.1	92.7	71.0	96.8	50.2	89.3	58.0	91.5
RTI examination and treatment	78.8	94.5	81.6	98.2	70.9	89.8	74.4	92.3
Counselling on RTIs/STDs including HIV/AIDS	77.6	93.9	80.2	98.2	75.2	90.9	76.6	92.9
Counselling on abortion consequences	81.2	93.9	82.5	97.7	72.5	90.1	76.0	92.3

Source: End-Line Survey Report: Provision and Utilization of Reproductive Health Care Services in 11 UNFPA-Supported Provinces in the 6th Country Programme. UNFPA 2006. p. 73.

Thus, the research posed the questions "How has the effectiveness of the training given to RH service providers influenced their ability to enact changes in the lives of their clients?", and "How might the training of RH service providers be conducted in a more effective manner?" It was interested not solely in the skills and knowledge imparted to RH staff, but in how the training empowered them to implement change in their communities. The Endline report for CP6 noted that although the knowledge, attitudes and behaviours of men, women, and adolescents had been improved to some extent, that due to the short period of time between the intervention and evaluation that the impact of the project on the community was not really clear. Concomitantly, it also pointed out that due to the lack of a qualitative aspect of the research it was difficult to interpret some of the outcomes of the surveys.

All persons interviewed reported that their training was implemented in a highly professional manner and all staff appreciated that they had acquired new skills, and gained professional competencies. Trainees at all levels said that initially they found the new teaching methods somewhat strange and confusing. However, they also pointed out that the use of teaching methods such as working in small groups to facilitate role-play and practice skills, inspired more interesting and effective courses. Staff who completed training generally enjoyed the experience and looked forward to undertaking further training in the future. Importantly:

Staff at CHCs said that as a result of the RH care transformations enacted under CP6 and the training that they had been given, that they now were much more active in providing services.

However, some staff who had attended courses teaching clinical skills pointed out that subsequent to their training they have had little opportunity to practice skills learned, due to issues such as equipment shortages at their workstation or (in minority groups areas) difficulties in attracting clients. In such cases the failure to practice and reinforce these skills subsequent to training will likely necessitate the re-evaluation of staff skills and possible retraining at an appropriate time. However, once again, this issue has been addressed in earlier reports and it is unnecessary to replicate this work here. The issues concerning training that are addressed below are new issues whose impact on the effectiveness of training outcomes have not previously been addressed.

Pedagogical Issues

As noted above, staff interviewed said that they and their fellow students generally enjoyed their training experience. Regardless of whether their courses were long or short. However, two barriers to learning were identified consistently. Firstly, many interviewees suggested that the courses covered too many topics in too short a time. This may be due partly to an artefact of perception on the part of staff unused to the classroom environment. However, a second, and more significant barrier was identified by several informants who pointed out that training was often "chained", with partici-

pants taking a second training course immediately following the initial course module. In some cases, staff took a 5-day course after completing a 24-day course. The overall course length was extended further by adding 4 days travel time (2 days each way).

Staff with experience of double training courses commented that the 24-day courses were too long and that at the end of the first course their concentration flagged due to boredom making it difficult to garner their concentration for yet more study. They pointed out that the second course was often on a different topic and only if of interest, could students concentrate. The "chaining" of a second course to the first course makes good sense in logistical and financial terms (in that staff are not travelling backwards and forwards from their work station two times). However, if the first course is already long, in pedagogical terms this practice is not efficient as staff weariness and boredom impede effective learning. It is suggested that consideration be given to breaking down long courses into separate sections or, possibly a "break" might be provided in the middle of long courses by the inclusion of a skills practice period that is longer than at present.

The Training Environment

Other staff pointed out a slightly different issue concerning the teaching of non-clinical skills. They noted that although they found the role-play exercises for teaching purposes very useful, in many cases on return to their workstations they were confronted with situations for which they were unprepared. For example, VHWs/PCs singled out communication difficulties with adult men and adolescents (of both sexes) particularly when required to stand up on their own in front of the group to address contraception, HIV/AIDS or RH issues⁵. They suggested that large groups of men could intimidate a female speaker, and that groups of adolescents were often embarrassed by the sexuality issues and tended to giggle and joke, turn around to each other and generally not take the activity very seriously. As a result, these particular target groups derived less than optimal benefits from the activities.

Female respondents noted that although they practiced communication activities during their training using role-play, these were generally confined to a single-sex group of women with a male trainer and therefore not an accurate portrayal of actual situations at the village level. Moreover, they said that when they practiced communication activities during training they were working amongst themselves in a very easy and uncritical environment based on a process of repeating what the trainer had told them to say.

By contrast, working at village level, topics are sometimes less easy to discuss and the environment more critical.

⁵ The fact that population collaborators and village health workers find adolescents and men difficult to communicate with is also suggested by a recent UNFPA report dealing with supervision. This found that more communications were done with pregnant women than with adolescents, and also noted that in some cases it is difficult to meet men to do communication activities. See UNFPA. 2006. Report on Data Processing and Analysis, Follow-up Training in 11 Project provinces: Preliminary Findings of the Collected Supervision Form and Checklists. Hanoi.

One Hoa Binh informant (a village health worker) pointed out yet another barrier to effective work at village level. She made the perceptive comment that Vietnam is in the process of change and that includes rising educational levels. As a result, she said that VHWs/PCs engaged in communication activities, found that members of their community with higher levels of education were often unwilling to listen to them, due to their lower level of education and their perceived lower levels of knowledge. This issue is particularly important in respect to the skills that communicators require if they are to work effectively with youth groups that fall into the "difficult to reach" category. However, it is also significant that village groups unused to exposure to IEC material may find that certain issues such as HIV/AIDS lack "stickiness" or attractiveness, and discount as just another "government" programme and not really of significance to them⁶.



Respondents suggested that the training environment should better emulate the village context and that final training sessions should take place in the villages. Critically, the point made here by respondents is not a call for more teaching to give them a better understanding of the course material. Rather, it is a plea for courses that provide more practical "group working" skills such as how to handle hecklers, how to engage audience interest, and how to turn around a hostile audience intent on playing "games" or "gender politics". It is suggested that not only should thought be given to acting on this issue during the training but, also that those VHWs/PCs (and members of collaborating organizations) who have highly developed people skills and who are already skilled public

⁶ For a discussion on how important programme issues such as HIV/AIDS can be obscured in a mass of IEC messages and discounted as "just another Government program" see G. Fordham. 2004. *A New Look at Thai AIDS: Perspectives From the Margin*. Berghahn: Oxford and New York.

speakers, should be identified and used to enhance the teaching process at the local level - possibly through some form of district level mentoring scheme. If this strategy were adopted it would also act to enhance the status of these people in their communities and increase their ability to work yet more effectively.

Summary

- In a logistical sense training activities have been well organized. However, there has been a conflict between the logistics of course organization and the conduct of courses according to best pedagogical practice. Long training courses or situations where students attend two courses in succession mean that students are bored and weary and are not learning effectively by the final part of training. It is suggested that courses either be broken up into two components or, that practice periods be used to make artificial breaks mid-way in long courses
- RH communicators and VHWs/PCs found that the use of role-playing exercises in their training proved. An effective teaching mechanism. However, these exercises need to emulate the village environment to a greater degree than at present, in order to enable to allow students to gain practice dealing with the situations they will encounter at village level. It is suggested that during the course of training that students be given the opportunity to undertake "real" practice exercises at village level
- Youth and men have been identified as two groups who are difficult to reach. As a result VHWs/PCs need more skills to enable them to work more effectively with these important groups. Their need is not for more information in the RH area, but for more practical "group handling" skills to equip them better to work as public speakers
- It is suggested that exceptionally able VHWs/PCs should be identified so that these people might also be drawn on as resources for this important training activity, and that they should also be utilised for the active mentoring staff with lower levels of experience

Language and Issues Concerning Provider Understanding of BCC

As Tables 2 and 3 (below) indicate training in BCC formed a very important part of training activities. By the time of mid-term review of CP6 (2004), in the population sector BCC training was provided for 12,418 VHWs/PCs in 350 courses. Existing reports assessing CP6 already identify problem issues concerning minority languages: the problems of translation between Vietnamese and minority languages, and the need that communicators and other health staff have to substitute "local words" for the correct technical terms.

Table 2: Issues newly added for communication by population staff (by trainee groups)

Issues\Positions	VHWs/PCs	Commune Pop Staff	Prov./Dist. Staff	Average
1. Reproductive health rights	63.5	39.3	29.6	44.4
2. Contraceptive methods	40.2	9.5	42.7	30.6
3. Safe motherhood	51.4	17.9	33.2	34.2
4. Prevention of abortion and consequences of abortion	58.3	34.7	28.4	40.7
5. Prevention and control of STDs/HIV	51.1	28.3	36.9	38.8
6. Adolescent reproductive health	67.2	45.4	44.8	52.6
7. Gender equality	68.1	49.7	41.2	53.2
8. Domestic violence/control of domestic violence	57.8	37.6	22.9	39.7

Source: UNFPA and National Economics University Population Centre. 2004 Key Findings and Recommendations (monitoring of Training Activities in 11 UNFPA - supported Provinces, CP6, 2004). Hanoi: 2004. Annex 40. p. 54.

The same issues were raised repeatedly by respondents in all communes visited during the field research. Respondents also pointed out the difficulties encountered in minority group provinces in relating to client understanding of their rights. For example, one assistant doctor in the Na Tri Commune of Xin Man district Ha Giang, pointed out that although his CHC had put a poster on the wall informing clients of their rights, this had stimulated little response. Importantly he pointed out that a large proportion of clients were from ethnic minority group, less proficient in Vietnamese, and thus unable to read the poster. Language issues and problems of BCC amongst ethnic minorities have already been addressed in other evaluations and will not be replicated in this report.

Table 3: Issues newly added for communication by population staff (by provinces)

Issues	Provinces											Average
	Ha Giang	Yen Bai	Phu Tho	Hoa Binh	Quang Nam	Tien Giang	Binh Phuoc	Thai Binh	Đà Nẵng	Khanh Hoa	Binh Duong	
1. Reproductive health rights	46.9	58.5	39,2	45.1	53.0	40.2	39.7	42.9	38.7	43.0	42.2	44.4
2. Contraceptive methods	40.6	41.5	24,7	35.3	41.0	23.2	34.6	20.4	32.3	27.8	17.8	30.6
3. Safe motherhood	43.8	48.9	29,9	41.2	39.8	27.7	43.6	22.4	24.7	34.2	23.3	34.2
4. Prevention of abortion and consequences of abortion	41.7	41.5	36,1	49.0	41.0	43.8	32.1	31.6	46.2	45.6	37.8	40.7
5. Prevention and control of STDs/HIV	43.8	48.9	35,1	45.1	38.6	27.7	30.8	37.8	41.9	31.6	45.6	38.8
6. Adolescent reproductiv - health	53.1	54.3	58,8	61.8	53.0	50.0	41.0	60.2	53.8	46.8	42.2	52.6
7. Gender equality	52.1	56.4	57,7	43.1	57.8	53.6	51.3	51.0	48.4	64.6	52.2	53.2
8. Domestic violence/control of domestic violence	31.3	44.7	35,1	45.1	43.4	33.9	44.9	44.9	32.3	38.0	45.6	39.7

Source: UNFPA and National Economics University Population Centre. Key Findings and Recommendations (Monitoring of Training Activities in 11 UNFPA-Supported Provinces CP6). Hanoi: 2004. Annex 40. p. 54.

This research identified three separate and additional training issues concerning language and communication that warrant discussion. Firstly, respondents who had completed training courses noted difficulty in learning a list of complex technical terms. A similar point was made by the provincial trainers in Ha Giang who noted that teaching technical terms took much time and often necessitated changes in the course programme. In particular, they noted difficulty in explaining terms such as "behaviour change, 'sexual health', 'capacity', and 'client rights'". There were also other technical terms used during the research period that suggest limited understanding among CHC staff such as: gender, gender equity, and terms concerning rights.

Secondly, several respondents who participated in courses dealing with BCC activities indicated that they found the topic complex, and difficult to understand leading to BCC implementation problems in their respective communes. The latter comment was both paradoxical and indicative of their confusion regarding the concept of BCC, as most of these respondents had already clearly confirmed successful conduct of BCC activities in their communities on topics such as HIV/AIDS and RH.

Thirdly, many respondents commented that despite their own training, many of the people they worked with, in particular the members of collaborating organizations, remained untrained. This situation led to difficulties in explaining new concepts. The gap between communication and understanding impeded efficient implementation of activities. This common situation is verified by a collaborator who had undergone training in the area of BCC, a reported difficulty in implementing activities in her commune in concert with untrained representatives of the Women's Union who lacked understanding of what was to be achieved. Suggestions for addressing these very important barriers to effective programme implementation are discussed below.

The learning of terminology: Staff interviewed noted that during training they found the rote learning of new technical terms to be extremely onerous and to distract attention from the real substance of courses teaching important technical procedures. A broad spectrum of areas where difficult terminology was encountered was noted by participants ranging from technical medical terms to terms pertaining to the management area. As this area was raised by many informants as one presenting a considerable barrier to effective learning, it is suggested that thought might be given to the production of short and very basic "pre-course" primers that explain the new technical terms that trainees will be required to use in a clear fashion. These should be provided to course participants prior to their travelling to undertake training in order that they can undertake pre-course preparation.

It is suggested that a review of training materials should be conducted, drawing on the experiences of both provincial level trainers and staff members who have undergone training and who have encountered this difficulty, and that it should aim at the identification of areas where new terms pose a barrier to the effective learning of trainees. The results of this review should be used to develop simple pre-course primers for the use of students prior to their commencing training activities. In this way, some of the "mechanical" rote learning aspects of training can be separated from the more

important conceptual and skills activities, leaving students undertaking training more time to focus on new concepts and techniques.

The explaining of new objectives, new concepts and practices to others: At the CHC level many staff pointed out their difficulty in explaining their new knowledge to untrained staff, and indicated that this was a significant barrier to the implementation of programme activities learned during training. Simple "pre-training" primers written to assist staff prepare for training activities might also play a double role. In addition to assisting staff to prepare for training courses, they could also be used by staff subsequent to their training, to assist them in explaining new activities and new concepts to other staff or the members of collaborating organizations who have not received training. Such pre-training primers may also assist in dealing with another problem identified by provincial trainers in Ha Giang as a barrier to the conduct of successful training courses. This is the fact that there is often a substantial difference in the technical knowledge and skills levels of staff undertaking training. Even a careful pre-training skills assessment and checks regarding the educational levels of participants will do little to change this situation. However the production of "self study" pre-training materials may assist through providing the lesser able staff and those staff with lower levels of formal education with some foundation material. It should also be pointed out, that although the provision of such materials is directed to lesser able staff, its use would enhance the value of training courses for the more able staff as trainers will be able to move more quickly if they are not continually held back by lesser able course participants.

Confusion about terminology: During interviews many health and population staff identified the need for additional training in BCC. Many informants claimed that although they had been trained in BCC, they still lacked full understanding of this concept. As one population collaborator put it:

The term behaviour change is difficult to understand and complex

The research team noted during interviews that several of the informants claimed a lack of understanding about BCC in direct conflict with earlier reports that recorded successful implementation of some BCC activities.

In regard to the nature of their lack of understanding, during discussions the consultant identified what he felt was confusion in regard to BCC as a concept (identified as difficult to understand) and BCC as a communicative activity (a very simple human activity) in the community. This suggests that more attention should be paid to the issue of BCC during training activities and, in particular, to simplifying and demystifying the activity. Perhaps instruction in BCC activities should pay less attention to the formal structural issues of BCC planning which appears to have been extraordinarily complex⁷, and more on the practical activity of actually implementing BCC campaigns. Training

⁷UNFPA. 2006. End-Line Survey Report: Actual Situation of the Provision and Utilization of Reproductive Health Care Services in Ha Giang Province. UNFPA: Hanoi. p. 32 - 33.

should focus on both simplifying the activity, and on providing a simple "toolbox" of strategies for the conduct of BCC activities.

CHC staff are certainly aware that BCC activities are important as is shown by their response to the CP6 end-line survey, however this awareness needs to be matched by a clear understanding of what BCC is, how it fits into the overall plan of RH activities and, most importantly, how BCC activities are carried out. Importantly, the barrier in this case is both one of a lack of clear understanding and one of a lack of confidence on the part of CHC staff, as staff who are not confident will be reluctant to implement BCC activities, and the work they do undertake will not be optimally effective.

Summary

- The need to rote learn new technical terms forms a significant barrier to effective learning during training and wastes time better used for training in skills and conceptual activities. The production of pre-course primers to allow staff to learn new terms prior to undertaking training would increase the effectiveness of training activities
- The gap between the lesser able and more able students poses a significant barrier to training and slows down training activities considerably. The self-study primers recommended above would assist the weaker students by providing them with a foundation prior to commencing study, simultaneously giving overall teaching and learning advantages as trainers will be able to move more quickly in not held back by less able students
- Despite their training, many staff are still unclear about BCC and do not feel confident in this area. All identified their perceived lack of understanding as a barrier to the conduct of effective BCC activities. More attention needs to be paid to the BCC aspects of training, and it is suggested that attention be focused on simplifying this issue and on providing staff with a simple "toolbox" of effective BCC strategies
- Pre- and post-test evaluations need re-examination to ensure that they actually measure understanding and that they do not merely require the repetition of course materials

Staff Travel Issues

In regard to the impact of travel issues, UNFPA reporting, particularly in the CP6 baseline and endline survey reports has focused mainly on the distance clients have to travel to access care at RH care facilities. Thus the 2006 Endline Survey Report for Ha Giang notes that the average distance from a provincial health facility to the furthest point in the province was 163 - 165 kms, for district health centres 58 - 63 kms, and for CHCs 9 kms. Importantly it points out that at the CHC level it takes between 1.5 to 2.5 hours to the furthest point. However, perhaps one additional point should be emphasized, in respect to remote provinces such as Ha Giang, this is the fact that travel to many villages in such districts is by walking tracks, and that the mountainous nature of the country makes walking very difficult by comparison with walking in lowland provinces.

This research has, however, identified an additional aspect relating to travel that poses a barrier both in relation to training and efficient programme implementation. This is the issue of staff travel: the way in which travel impacts on the efficiency of staff learning during training, and how travel issues affect staff in the performance of their day to day work roles.

Travel in Relation to Training

Working in Ha Giang the research team found that travel issues were emphasized by all staff, and particularly by VHWs/PCs. Importantly this is an issue not specific to Ha Giang but affects staff working in all remote and mountainous provinces. Thus although the issue of travel has attracted little attention in previous analyses of CP6, it is certainly an issue worthy of consideration in respect to understanding the basis of both effective training and the effective implementation of programme activities.



It is considered that travel impacts on the efficiency of training in two ways. Firstly, in the manner in which the time necessary to travel to participate in courses extends the

length of the course. Staff pointed out that they are allocated time to travel to training - usually one or two days, as necessary. The effect of this is to add to the length of the course and to the fatigue of course participants by the end of the course. Secondly, time spent in travelling on rough roads is extremely fatiguing and the risk of road accidents increases when staff are forced to travel after dark. Although staff working in remote areas may be accustomed to the rigors travelling - it does not alter the fact that the learning capacity of staff who are fatigued will be much reduced. Also, when staff want to leave training courses on the final day in order to give themselves more time to travel, or if they are preoccupied with worry about travel issues during the final parts of training courses then they are not learning effectively. Accordingly, it is suggested that training schedules should take more account of the reduced learning capacity of staff in the early period of training courses and that attention be given to ensuring that the time allowed for travel is realistic to allow safe travel.

It must be emphasized that it is not solely staff in remote areas whose learning during training may be affected by travel issues. One RH communicator in Phu Minh commune in Hoa Binh pointed out that when she travelled to the provincial centre for a three day training course, that she travelled daily, sometimes riding her bicycle for the sixteen - kilometre trip. Regardless of the fact that the staff member concerned was accustomed to bicycle riding, a sixteen - kilometre trip is both time consuming and fatiguing, and staff who are so affected are simply not going to be able to make the best use of the training they are given. Thus the effect of travel fatigue needs to be addressed in training courses in all areas and in the case of both short and long courses.

Travel and Effective Supervision

A point that also needs consideration in regard to travel, is the manner in which the long hours taken to travel between centres in remote provinces impact on the ability of staff to carry out effective supervision activities. CHC staff pointed out that they appreciated supervision and that it was particularly effective when conducted as a supportive rather than punitive activity. Moreover, in all areas the success of activities at CHC level appears to have been directly related to the quality of supervision.

However, the ability of supervision activities to be really effective depends on supervisors spending adequate time "on the ground", and in the case of the supervision of technical procedures it also depends on clients being present. Discussions about supervision routines suggests that although supervision is being technically carried out, in some cases this is not optimally effective due to either supervisors having only limited time to spend at any one CHC, or due to a lack of clients at the time supervision visits are performed - something that is more likely if supervisors are able to spend only a relatively short time at any one CHC. It is suggested that perhaps some supervision routines might be re-examined, and that in cases where travel issues are a barrier to effective supervision, that the time actually spent at the CHC doing supervision activities should be sufficient to ensure effectiveness of the activities.

Village Pop/RH Activities and Travel

An issue pointed out by VHWs/PCs was the fact that in some areas, particularly in remote provinces, that settlement patterns mean that an extraordinarily long period of time is taken for house visits, as some houses are as much as two to three hours distant from CHCs. In the case of VHWs/PCs who already have their own full-time jobs in agriculture, the time taken for travel to carry out RH communications and other activities is a heavy burden and reduces their effectiveness. Many VHWs/PCs interviewed pointed out that in such districts the compensation they receive to cover travel expenses is highly inadequate - as they spend so much time to do the job. Similarly, several CP6 reports have already identified this issue as a major factor contributing to the high turnover rate of VHWs/PCs.

An additional issue in respect to travel in remote provinces in border areas such as Ha Giang concerns personal safety. This issue is important as it affects the ability of VHWs/PCs (female staff in particular) to work and impacts on efficiency of their work. A Hmong female village health workers pointed out the fact that women working in the fields or travelling along in the Pa Vay Su Commune area had previously been attacked, and that over the past two years two of her teenaged daughters had disappeared while travelling on tracks between remote villages. Villagers believe that the attacks on the women and the disappearances of the teenaged girls are the activities of traffickers who aim to capture the women and traffic them into/through China. As a result female villagers no longer travel alone and thus the ability of females to work alone has been significantly impeded.

It is suggested that in future programmes, that when activities of all forms are planned for remote provinces that special consideration may need to be given to the way in which the activities may need to be modified to take account of geographical and topographical issues. Perhaps additional financial inducements might be provided for VHWs/PCs working in particularly remote areas, in recognition of the additional risks they face and the considerable amount of time that they are required to devote to their activities.

Summary

- In many provinces travel presents a barrier to optimally effective staff training as rough roads and long hours of travel to training courses mean that students' learning abilities are impaired by fatigue, and the travel time also acts to extend the effective length of the course leading to additional fatigue. Training courses need to recognise that effective pedagogy requires staff to be fresh, and it is suggested that courses take account of the reduced learning capacity of staff during the initial period of training
- High quality supervision has been a major key to attaining good outcomes at CHC level. However, the long times necessary for travel in remote provinces has an impact on upon supportive supervision in as much as although supervision is carried out it is likely that in many cases it is not optimally effective due to limited of time spent at CHC level. Supervision may be more effective if frequency

of supervision is reduced and the amount of time spent at each CHC is increased

- In remote provinces the time taken for travel increases the amount of time that VHWs/PCs are required to invest in RH activities. The remote nature of some provinces in concert with distance issues also increases the personal risk that female VHWs/PCs face if travelling alone. In recognition of these issues an increase in the compensation paid to volunteer staff may assist in the recruitment and retention of staff

Village Health Worker/Population Collaborators

Discussions with UNFPA staff noted the problem of a high turnover rate of PCs in some provinces as high as 30-40% per year. This issue is also identified in the final report on CP6, in its "Lessons Learned" section, which points out the problem of the high mobility of VHWs/PCs, but which offers no suggestion as to how this issue might be addressed⁸. Critically, the report also notes the lack of motivation of these staff, and the fact that these factors impact on both the provision of quality training and consistent supervision. This is a very important local level issue and attention needs to be paid to the retention of both VHWs and PCs, as the report puts it "The next programme should consider ways of reducing the mobility of VHWs/PCs". Although some persons have suggested that in urban areas social change has largely rendered the role of VHWs/PCs redundant, in remote and mountainous areas they still play an extremely important role in Pop/RH activities. The current high turnover rate is extremely wasteful, not just in terms of training issues, but in terms of the "corporate" village memory that is lost as VHWs/PCs are lost to the local RH system.

Retention of Staff

To address the issue of the high turnover rate of VHW/PCs more fully than in the past, the research team asked VHW/PCs to identify reasons why they themselves had chosen this type of work and why they remained in the position - in some cases for as long as 7 - 10 years. As it happened all the VHW/PCs interviewed (and it is appreciated that VHW/PCs selected by the CHC for interview by the research team were most likely the "best" or most active) claimed that their districts had a low staff turnover rate. They also claimed that VHW/PCs left their jobs normally because they had married and moved to their husband's home, or because their family moved from the district for occupational or other reasons. An interviewee in Lien Son pointed out that mature, married women are now selected as VHWs for their stability.

They are less likely to move house than younger single women. An additional reason why female VHWs give up their position could reflect pressure from husbands who object to their involvement in RH activities. All VHW/PCs interviewed, said that they had consented to their appointments by villagers and village leaders.

⁸ UNFPA. 2006. Final Report: The Sixth Country Programme of Cooperation Between Viet Nam and the United Nations Population Fund (2001 - 2006). UNFPA: Hanoi.

An additional aspect to the high turnover rate of VHW/PCs concerns the typical manner in which they relinquish their positions. Interviews with CHC staff, and VHWs/PCs revealed that when a VHWs becomes disenchanted with her (or his) role, they tend not to go to the CHC and resign their position (although this happens sometimes), but are more likely to slow down their activities and cease attending the CHC monthly meetings to report data collected the previous month. Thus, in a context where, as is suggested by some reports, only limited supervision and support is given to VHW⁹, there may be a significant gap between the time a VHW actually ceases working and when they are replaced. Critically, it is during this period that normal activities are not performed.

VHWs/PCs pointed out the difficulties of their role and the long hours required for travel and for providing the one-on-one advice to clients that their job often requires, and noted the extremely low level of compensation they are given. However, they emphasized that they loved their job and that they were proud to perform it. An important reason that one volunteer gave for continuing in her role was the pride she felt in contributing to the community and the respect that others gave her for this contribution. As she put it:

I enjoy working with people and I feel that other people respect me for the work I do. They not only give me respect but they say that I cannot be replaced, that nobody else could do the job the way I do it.

Other recent work by UNFPA/PATH also makes this point

The role of VHWs is highly valued by many communities but particularly amongst Hmong populations.

The same report also notes:

All the VHWs are men and seemed both proud and confident when discussing their work.

All VHWs/PCs interviewed by the research team said that they greatly appreciated the training they had received and requested more training in order that they might perform their job more effectively. In all cases the training VHWs/PCs requested was practical skills based training.

Two points should be emphasized in respect to VHW/PCs and their role. Firstly, the field research revealed that VHW/PCs are motivated by pride in their ability to do the job and the respect of the community. However, given the demands, it is unlikely that an increase in monetary compensation would contribute significantly to reducing the high turnover rate of VHW/PCs. On the other hand, if the government were to focus on "pride building" through provision of on-going training opportunities and a system of rewards

⁹ UNFPA/PATH. 2006. Rapid Maternal and Neonatal Health Care Needs Assessment in UNFPA Supported Provinces of Vietnam. UNFPA: Hanoi. p. 77.

for performance, the retention rate of VHWs/PCs would likely increase.

The second point about VHWs/PCs is closely aligned to the above. The research team was impressed by the communication skills of the experienced VHW/PCs they met in both Hoa Binh and Ha Giang provinces. Despite field research time constraints, they found evidence of extremely well developed "people skills". in many cases conforming to what Gladwell calls "mavens" - people who have knowledge about an issue, a strong desire to pass that knowledge on to others, and who derive satisfaction from doing so. In the Vietnamese RH system, VHW/PCs play an extremely important role in remote and mountainous areas and those with strong "people skills" should be used to the fullest.

It is suggested that efforts be made to identify particularly successful VHWs/PCs who have highly developed skills. These persons could be especially valuable resources mentoring of new village health workers and population collaborators in their district. Also, consideration should be given to having these especially skilled persons assist in training activities in their provinces, where their practical skills would bring a much needed realism to the classroom.

Additionally, an invitation to participate in the training field would provide a small "career path" for VHW/PCs, and encourage pride in their work, likely to result in a higher retention rate.

Village Health Workers/Population Collaborators and Resource Issues

Interviews with village health workers at Pa Vay Su Commune of Ha Giang province revealed that they are in need of new clean delivery kits. They pointed out that although they had been supplied with clean delivery kits in the past, that this was some time ago and that by now the bags had reached the end of their useful service life.

It is suggested that the time since the VHWs/PCs in all provinces were last issued with clean delivery kits be assessed, and if more than two to three years has elapsed then a reissue take place. This small equipment input would have a major impact on the ability of VHWs/PCs to do their jobs effectively in the context of a particularly topography where they spend a great deal of time in the open walking between isolated houses and where resources are in short supply.

Minority Group Culture and Village Health Workers/Population Collaborators

Several UNFPA reports have noted a conflict between minority group religious practices where traditional healers and shamans may be called to minister to women in difficulty, and may so delay their being taken for much needed medical assistance at the CHC or other health centres. It is suggested that a BCC campaign be directed to these persons so that they might be enlisted as supporters rather than opponents of RH activities in their villages. Village health workers intervening in difficult pregnancies will likely be seen as a challenge to their authority. Thus, if these village authority figures can be enlisted as supporters rather than opponents of RH care activities, a significant barrier

will be removed and project activities will be more effective. It should be possible to develop a generic BCC campaign for minority religious leaders and then to give it slight modifications to suit it for different ethnic minority groups.

However, if such BCC activities are to be carried out two points must be emphasized. Firstly, given that this report has noted that many staff and VHWs/PCs at commune level do not yet really understand what BCC is and as a result do not feel confident in carrying out BCC activities, then their understanding of BCC needs to be enhanced prior to such a campaign being implemented. Secondly, if effective BCC campaigns are to be implemented amongst ethnic minority groups, then prior to campaign design attention needs to be paid to gaining an understanding of the ethnic cultural practices that are to be transformed. The importance of using appropriate local language, and low-level "village" words and not "high" words is a factor that should not be estimated.

Summary

- Pride in their job is a major reason why VHWs/PCs remain in their position for a protracted period. Activities that help build pride and reputation of VHWs/PCs will assist in their retention. Such activities might include more training and also recognising the people skills and communication skills of particularly talented VHWs/PCs by utilising them as assistant trainers in training activities
- In the case of VHWs/PCs working in remote provinces, the extra time that they are required to spend carrying out their activities might well be recognised through an increase in compensation paid to them. This should also assist in reducing the turnover VHWs/PCs in these districts
- Supplies provided to VHWs/PCs such as clean delivery kits have a limited life and attention needs to be paid to providing these basic resources on a regular basis
- In the case of VHWs/PCs and midwives working with minority ethnic groups, attention should be paid to directing BCC campaigns at local religious leaders in order to enlist their cooperation. Such campaigns will depend on the government's gaining a good understanding of local cultural practices

CONCLUSION

The sheer scope of the transformation that has been made in the Vietnam's RH system in the eleven provinces over the period of CP6 is quite staggering, given the extensive nature of the reforms implemented. Beyond the purely technical reforms, the reforms in the area of staff training, and in the introduction of new concepts and new styles of working have been very far reaching.

All reports and evaluations relating to the implementation of CP6 clearly show that the basic "building blocks" of training, service delivery, and equipment issues are in place. Thus the thrust of this field project is to identify how barriers might be overcome to ensure a higher degree of successful project implementation in future programmes.

In general this report suggests that in many cases although the "form" is in place, in many areas of reform the actual substantive content requires yet more work in order to achieve real effectiveness. Thus, for example, although many staff have received extensive training, due to the various barriers identified in this report, many they still lack understanding about important issues. And in many cases they know "facts" but do not yet really fully understand their significance. The research team found that although many staff could recite learned facts in these topic areas, and can repeat these facts for evaluation surveys, that their responses showed little depth of understanding. To take just one area, although many staff know about the importance of BCC activities, they really do not understand what BCC is and when questioned say that they do not feel confident in the implementation of BCC activities. The situation is the same in many areas, ranging from issues such as understanding about the production of annual plans, counselling and client rights, to the issues HIV/AIDS and ARH. The research aimed to address this situation by examining a wide range of issues that relate to effective staff training, to effective working at CHC level, and to effectively addressing important issues such as and minority groups, in order that future programmes might be implemented with a higher level use effectiveness.

Population activities conducted in CP5 and CP6 have incorporated the shift in focus from fertility reduction to quality of life and reproductive health. As this focus gains strength in CP7 and future programmes, issues of adolescent sexuality, gender equality, rights and domestic violence will attain greater prominence in programme activities. Data required for analysing and transforming social processes will increasingly extend beyond the scope of quantitative research alone.

Finally, the results of well designed qualitative research are not only of value for programme implementation amongst minority groups where cultural values differ substantially from the majority culture, but can contribute to more effective programming in all areas of government's interest.

APPENDIX: TRAINING PROGRAMMES IN THE SIXTH COUNTRY PROGRAMME

Training programmes for health providers and managers at all levels

During CP6, three training programmes were developed including national standards and guidelines on RH services, quality management of RH services, and logistics management for RH services.

(i) Training programme on the national standards and guidelines on RH services

UNFPA developed the training package on the standards/guidelines in close collaboration with the Ministry of Health, Pathfinder International and other involved agencies. The training package consisted of a manual for trainees including keys for self-assessments, a manual containing a lesson plan for trainers, and audio-visual teaching aids such as bench aids, video, CDs, etc. The training package was approved for nationwide application by the Ministry at the end of 2005.

(ii) Training Package on Quality management of RH services

The Hanoi School of Public Health completed the training package on the quality management of RH services using client-oriented provider-efficient approach. The package consists of two separate manuals, one for health managers at provincial/district and commune levels and the other for trainers inclusive of lesson plans with the key power-point presentations and further-reading materials. The package aims to provide managers with knowledge and skills to introduce quality RH services at local levels, especially skills necessary to solve problems using the "client-oriented provider-efficient (COPE)" approach.

(iii) The training materials on logistics management

The training package on logistics management of RH services (including 2 different training manuals one for those who are working at provincial/district and commune levels, and the other a lesson plan for trainers) was completed.

Training programmes on advocacy and behaviour change communication

- Volume 1. Advocacy in the area of Population and Reproductive Health care
- Volume 2. Behaviour Change Communication in the area of Population and Reproductive Health care
- Volume 3. Core messages in Population and Reproductive Health care
- Volume 4. Management on Population and Reproductive Health care Communication
- Volume 5. Behaviour Change Communication skills in the area of Population and Reproductive Health care (for use of grassroots level)
- Volume 6. Training Guide: Advocacy in the area of population and reproductive health care
- Volume 7. Training Guide: Behaviour Change Communication in population and reproductive health care
- Volume 8. Training Guide: Management on Population and Reproductive Health care Communication
- Volume 9. Training Guide: Teaching Methodology on Population and Reproductive Health Care Communication
- Volume 10. Training Guide: Promotion responsibility of Community Leaders on population and reproductive health care
- Volume 11. Training Guide: Advocacy on population and reproductive health care at grassroots level
- Volume 12. Training Guide: Management on population and reproductive health care communication at the grassroots level
- Volume 13. Training Guide: Behaviour change communication skills for population and reproductive health care (for use of staff at grassroots level)
- Volume 14. Strengthening the roles of leaders at grassroots levels in Population and Reproductive Health Care (Material for learners of the training course on the roles of leaders at grassroots levels in Pop/RH)

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1
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The role of National Standards and Guidelines for Reproductive Health Care Services



2
Achieving the Millennium Development Goals
UNFPA's response to the needs of Safe Motherhood and Newborn Care in Viet Nam



3
Knowledge and Behaviour of Ethnic Minorities on Reproductive Health



4
Training interventions to health care providers in mountainous provinces



5
Research on reproductive health in Viet Nam
A review for the period 2000-2005



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