

**Follow- up Report**  
**Vietnam Red Cross Society Programme on Avian Influenza**  
**(H5N1) Prevention and Preparedness for Potential Pandemic in**  
**Viet Nam (third phase), implemented during August 2007 – May**  
**2008**



**Figure one:** Two beneficiaries expressed their interest when seeing IEC materials of VNRC. Photo was taken in Tran Lam Town, Y Yen District, Nam Dinh Province

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## **Acronyms and Abbreviations**

<b>AI</b>	avian influenza
<b>CPC</b>	communal people's committee
<b>IFRC</b>	International Federation of Red Cross and Red Crescent Societies
<b>IEC</b>	information, education, communication
<b>RC</b>	Red Cross
<b>RCRC</b>	Red Cross Red Crescent
<b>VNRC</b>	Viet Nam Red Cross
<b>VNRC HQ</b>	Viet Nam Red Cross headquarter

# Background

## *Background*

According to the international animal health organization (OIE) and other information sources, there were new avian influenza (AI) outbreaks in farms in China, Egypt, German, India, Iran, Thailand, Turkey, Hong Kong Ukraine, Great Britain, Bulgaria and Viet Nam in February 2008. Since November 2003, about 370 infected cases of AI infection in human have been reported, of which 236 died due to H5N1 virus in 14 countries.

The first outbreak in both avian and human population was reported at the end of 2003 and the government of Vietnam officially declared the presence of avian influenza on 8 January 2004. Since then, the virus has spread through bird population in almost every city and province in Viet Nam. A total of 106 cases have been reported, of which 52 people were died.

Of a total of around 12 million farming households, about 70 percent are raising poultry, and incomes from poultry contributes an important part for the family, especially for women. Furthermore, there are many households in urban and suburb areas raising poultry at small scale, about 15-20 chickens (or ducks) per house.

Communities in Viet Nam face risks of seasonal typhoons that could cause damages for houses, rice fields, water sanitation facilities, and once disaster hit, survivors often suffer from poor hygiene and living conditions. Thousands people would have to seek for temporary shelter. Early of 2008, people in the northern provinces suffered from a lengthy spell of cold weather that caused far-reaching effects, destroying rice crops, killing cows and buffalos. Livestock was also affected. Besides, diseases including foot and mouth, blue ear disease in animal population, and avian influenza as well as cholera in human occurred simultaneously.

Despite reoccurrence of the virus resulting in increased number of infected people, people keep trading and consuming uncertified or sick/dead poultry. Moreover, in many provinces, outbreak has not been reported to relevant authorities for timely prevention.

Communities and local administration system are negligent and ignorant towards prevention on avian influenza. Sick and dead poultry are seen by local people but not being reported to authorities. There are families eating sick/dead poultry or throwing the dead animals anywhere. Also, local health staffs do not carry out close surveillance in order to respond timely. As such, there is a high risk of occurrence of AI in poultry and human AI transmission. Freely roaming poultry during crop harvest, transportation and movement of poultry along Mekong River is seen in provinces such as Vinh Long, Soc Trang and Dong Thap, posing high risk to AI outbreak.

According to the national AI steering committee, AI outbreaks were reported in 10 provinces in the country including Thai Nguyen, Quang Ninh, Hai Duong, Long An, Nam Dinh, Tuyen Quang, Ninh Binh, Phu Tho, Ha Nam và Vinh Long in February 2008.

**Overall Goal:** To effectively contribute to national efforts on control and mitigation of impact of avian influenza in Viet Nam.

**Specific Objective:** The awareness of people on the dangers of AI in five target provinces Nghe An, Ninh Binh, Bac Giang, Nam Dinh and Dong Thap and the preparedness /response capacity of VNRC to public health emergencies is enhanced.

**Expected Result one:** The at risk population of 80 communes in five target provinces/cities will have basic knowledge and skills on AI prevention.

**Expected Result two:** There is increased preparedness capacity of VNRC to respond to public health emergencies such as avian influenza.

### *Objective of the follow-up study*

- a) **Follow-up study** – Thank to the lesson learned from VNRC poultry and human AI prevention phase one and two, the initiative of having follow-up study has been applied in phase three in order to draw lesson-learnt from the VNRC’s project on Avian Influenza (H5N1) Prevention and Preparedness for Potential Pandemic in Viet Nam. Target group for the follow- up report is the VNRC, the Red Cross Movement and other organizations engaged in AI preventive activities. The purpose of the follow-up study is to support **organizational learning**.
  
- b) **Capacity building in monitoring and evaluation activities** - In order to further enhance organizational learning, the capacity of VNRC in monitoring and evaluation will be strengthened by including two programme staff from the VNRC in the follow-up team as team members (see evaluation team).

### *Methodology*

The scope of the follow-up covers the impact of the project on the target population, monitoring and management of the project.

The focus of the follow-up is on beneficiary awareness and change of behaviour in regard to AI dangers, including distribution of AI materials and AI trainings. In respect of monitoring, the follow up study is concentrated on the framework and guidelines for monitoring, monitoring reports and feedbacks in project management process.

Beneficiaries of the project who received AI trainings in their home by Red Cross volunteers were selected for interviews. According to the project design, there is available baseline survey to measure understanding of these beneficiaries in term of their AI knowledge. A control group consisted of persons who had not received training from VNRC was also interviewed. The follow-up team has used a combination of observation and interview in order to quantify the awareness/behavior of the beneficiaries in relation to the four key messages in the VNRC’s AI posters such as washing hands with soap after contacting poultry; cooking thoroughly poultry products and egg; fencing poultry; safe slaughtering poultry.

The design of the study is to interview 20 beneficiaries and 10 non-beneficiaries per province and compare them to the results of VNRC’s baseline surveys, which was carried out before the project intervention. In Ninh Binh Province alone, additional to these beneficiaries, the

evaluation team also interviewed beneficiaries from previous phase (from phase two). In total, 61 beneficiaries and 28 non-beneficiaries have been interviewed by the follow-up study team.

In the process of implementing follow-up study, the team reviewed available background project documents including appeals, monitoring reports and operational updates.

**Field visit** - A visit was made to three out of the five selected provinces that covered by the appeal. In fact, in phase three, the team chose to visit provinces that not being visited in follow-up study of previous phases. Among these three visited provinces, there is one province – Ninh Binh – was also benefited from phase one. The other two provinces, Dong Thap – is located in high risk area for AI in the Mekong River delta, while Nam Dinh is the new province and just selected in phase three.

Consultations and interviews were made with beneficiaries and non beneficiaries. Meetings and interviews with VNRC at all levels, including interviews with VNRC volunteers and CPC.

### **Follow-up Team**

Team leader: Vu Thi Phuong from VNRC training centre

Team member: Nguyen Thi Khanh from VNRC inspectorate department

Team member: Hoang My Chau from VNRC health and care department

Team member: Nguyen Thanh Van from IFRC.

### **Capacity building in monitoring and evaluation activities**

The capacity of VNRC in monitoring and evaluation was strengthened by including two VNRC project staffs to the follow-up team as team members. Staffs who participated actively in an IFRC M&E training were selected to join the follow-up team during the field visit. The selected persons received a one-day training prior to the field visit and a follow-up training after finalizing of the follow-up report.

### ***Limitations and constraints***

The actual project implementation in community of phase three is in four months, from December 2007 to April 2008. This is considered as short time to ensure and measure the degree of the change in behavior of the beneficiaries. The project was implemented in the context of four months delay in the start and this challenged the implementation. Activities in communities were carried out just one week before lunar new year festival (so called Tet). It was due to delay in transportation of AI materials from UNICEF. In addition, budgets for monitoring and household meetings were cut as many as VND 30 million (US\$ 1,700), resulted by a change in UNICEF financial policy, thus causing a scale down in monitoring activity. The cut-off was announced by UNICEF at the time when activities were being implemented in communities. Besides finance, there was also a shortage of staffing at headquarter level. There was only one project officer, who due to personal health status, could not travel to provinces during project implementation.

The follow-up team experienced in some communes that the beneficiaries received additional IEC materials and were informed by the RC volunteers about the follow-up visit one week before the arrival of the follow-up team. In some places, the beneficiaries were asked to put up AI posters on their walls in order to make those materials visible to the follow-up team. With their great will to show positive results from the project, RC volunteers adversely created misunderstanding among the communities and diversion of observations of the team.



IEC materials had been distributed and asked to stick on the wall before the arrival of the follow-up team

Posters were put up on the wall in February 2008

**Figure two:** IEC materials, photos taken in Dong Thap Province

In hamlets, vaccination done by veterinaries became an issue when right after vaccination there was massive death in poultry, which made it impossible for them to handle. This led to nervousness and mistrust among farming households towards veterinary workers, hindering the AI training done by RC volunteer, who are also veterinary or health workers.

The baseline data carried out by Ninh Binh and Dong Thap RC chapters could not be used as planned for the follow-up study as their survey did not follow the VNRC HQ guidelines.

Some of the questionnaires filled in by the follow up study team member could not be used due to limited interview and observation skills of team members.

The government’s AI prevention campaign has been ongoing for several years in mass media and implemented by relevant authorities such as veterinary and health sectors with increased intensity, particularly when it came to the time that AI outbreaks often occurred in the country, in the time of Tet and crop harvest. Therefore, behaviour change in beneficiaries of VNRC’s project is considered in the context of having other impacts from above-mentioned actors.

Implementing household training method in AI prevention programme is quite challenging for VNRC since it is innovative and not applied by other actors. The method requires volunteers with intensive knowledge on AI and good skills in community training. Nevertheless, AI education carried out by VNRC stands out from education intervention of other actors. As an example, while VNRC is set to focus on individual household training and target on families with high risks, the government takes care of mass media campaigns in community through its education programmes.

## **Findings and recommendations**

### ***Baseline survey***

The baseline survey was designed to collect comparative data to justify the achievement of the project. Collected information was planned to measure outcomes of the project. However, the use of baseline survey was neither well informed nor planned. It was not clear to the follow up study team about VNRC's purpose of implementing the baseline surveys before the intervention. And although VNRC implemented the baseline survey but they did not carry out following surveys after two household trainings.

According to the plan, the baseline survey shall be done by RC staffs at provincial level before volunteers provided the first household trainings. In addition, questionnaires that prepared by VNRC HQ were shared with chapters. However, the implementation was varying, except for Nam Dinh chapter, which was able to stick to the plan.

Ninh Binh and Dong Thap chapters carried out baseline surveys after the first household trainings were delivered by RC volunteers. In Ninh Binh Province, it was RC volunteers who filled in the survey, and they used the old version of questionnaire (from the previous phase). In Dong Thap, the baseline was done by district RC staff while they themselves and volunteers did not have knowledge of the purpose of baseline.

### **Recommendations**

- Baseline before intervention should be done seriously, following guidelines. This activity as well as evaluation is recommended to be well designed in the project proposal, linked with each other to ensure measurement of project impact on beneficiaries and communities.
- Questionnaire for baseline study needs to be simple, focusing on key messages of IEC contents to be sent through to community by RC volunteers.
- Provide intensive training on how to carry out baseline study for staffs who undertake this activity to ensure collection of accurate and objective statistics.

### ***Selection of and training for volunteers***

#### **Selection of volunteers**

The selection of volunteers varied from one province to another. According to plan, criteria for selection are:

- Being RC volunteers at hamlet level
- Being above 18 years of age
- Gender balance among the number of volunteers selected (5 persons/commune)
- Having ability and skills for community training



- Being committed, able to participate in training, having time to carry out education at households, and trading, slaughtering areas, and able to do monitoring.
- Engaged in the project phase one and two (for those who are RC staffs and members)
- Ability to involve in RC services for many years.

In reality, the applied selection criteria were:

- Having knowledge of AI
- Ability to educate others
- Having transportation means and time to carry out household trainings
- Gender balance

In general, the volunteers that the follow-up study team met and interviewed are people who engaged in AI education for public. They also have necessary understanding about AI, basic skills to carry out educational activities and sense of responsibility. The volunteers and their trainings are well received by the community.

“Having knowledge of AI” was considered as the most important criteria by provinces; therefore, veterinary, health workers and members from women union were prioritized. Only one out of six communes visited namely Tan Phu, Chau Thanh Dong Thap Province; volunteers selected are heads or members of RC hamlets. However, according to the chapter leaders in Dong Thap Province, in regard of AI project, it is better to select people from veterinary, health sectors or women union since ability and capacity of RC members and volunteers are limited, hence being less competent to carry out the project activities even though they received training.

Ninh Dinh chapter said that recruiting veterinary and health workers as volunteers of Red Cross will ensure efficiency in education as they are knowledgeable. To keep RC image, the chapter lent the selected volunteers RC’s uniform to wear for household training activities.

The follow-up team noted that there is no clear management on volunteers within RC. At the HQ level, there is a volunteer department, which according to reports manages a database of RC volunteers of all levels with clear record and management. In reality, the health and care department (the implementing department of the project) was neither aware of the list of RC volunteers at community level nor provided with a list of volunteers in the project provinces.

Among those communes implementing the project, RC communes do not have lists of RC volunteers nor RC volunteer-related activities. RC commune is responsible for managing RC members. The RC president of Y Yen District, Nam Dinh Province, who has been working for RC for more than 15 years, asked the follow-up team about the difference between being a RC member and volunteer, management of RC volunteers’ activities, retaining volunteers after the AI project finishes.

The question of interest to the follow-up study team was how VNRC manage and utilize volunteers after the project. This concern was shared with Ninh Binh chapter,

which has gone through three phases of the project. It is obvious that when the project closes, volunteers will finish their roles as RC volunteers.

Volunteer selection was decided by CPC. RC commune played the role of advisory or making proposals. In Phu Long, Chau Thanh District in Dong Thap Province, one volunteer got sick after receiving training and could not deliver household trainings. Since five volunteers had to cover the workload of one commune, the RC commune decided to let the other four volunteers cover the work of the sick one. This arrangement was not reported to chapter.

### **Recommendation**

- VNRC needs to have guideline on volunteer management as well as strategy for volunteer development. Statistics on the existing volunteer system available at the volunteer department should be shared among technical departments within HQ in order to better use resources when RC implement projects in community.
- Process of volunteer selection needs to be carried out in participatory way to ensure selection of committed, competent and knowledgeable people. The project should have clear guideline on selection process and professional monitoring is needed.

### **Training for volunteers**

Volunteers who received two-day training, agenda included:

- Introduction on VNRC and RCRC movement
- AI knowledge
- Training skill and role play

Volunteers claimed that two-day training was not long enough to practise training skills required for household trainings. Volunteers prefer adding one more day to have more practical exercise in training as well as lesson learned and sharing experiences among volunteers.

In Quang Thien, Ninh Binh Province and Nam Dinh Province, volunteers said that training content should include deeper knowledge on AI. Intensive knowledge will help volunteer to explain and make beneficiaries aware better the danger of AI.

The follow-up team realized that only volunteers in Nam Dinh Province could remember well the seven fundamental principles of RCRC. Volunteers in Dong Thap Province demonstrated very well role-play, steps and content in household trainings (as the follow-up team requested).

In household trainings, each beneficiary household was given a booklet called “protect your poultry, family and community free from AI”, and volunteers used a set of 20 picture cards (to be used in picture game) as a training tool. Contents of the booklet are also key information to educate beneficiaries.

In Ninh Binh Province alone, volunteers received a booklet “Guideline on AI prevention and H5N1 virus in humans”. In Chinh Tam Commune, Kim Son District,

Ninh Binh Province and in Tan Phu, Chau Thanh, Dong Thap Province, volunteers received from 10-12 picture cards. However, the provincial chapter confirmed they have provided 20 picture cards to each volunteer. The question is at which level the insufficient supply of picture cards happened?

### **Recommendation**

- It should be included in the training for volunteers the practical exercise and lesson sharing in household training activities. This will help combine theory and practise in training.
- Post-training evaluation is needed to select qualified volunteers. The selection can be done by the VNRC HQ.

### ***Beneficiary selection***

Selection of beneficiaries was done as follows:

- Volunteers divided the geographic area of the commune into small groups of residents.
- In each group of residents, volunteers selected randomly some households to deliver two times of house-hold training. Selected beneficiaries are both raising and not raising poultry farmers.

Volunteers had information about poultry raising situation and quantity of poultry raised by the family of beneficiaries from local veterinary workers before beneficiary selection. However, the information did not indicate the families having high quantity of poultry as well as possible exposure to high risks. Selection of beneficiaries was dependent on volunteers' decision, and there was no evidence to prove if the selection was correct.

It can be said that selection was done in a random way, in which, the geography of the project area was covered equally. The advantage of this division method is geographic coverage. The disadvantage is, it does not help target the vulnerable persons in a precise way. In reality, the follow up team found that some families, who are poultry raising farmers in the area have been missed out of the training activity due to the selection method.

When visiting beneficiaries in two communes in Dong Thap Province, the follow-up team observed houses are scattered in a vast area. Unpaved road is very common and some areas are only accessible by boat. Besides geographic limitation, weather condition is also a challenging factor, with only two seasons hot and raining. The follow-up team thinks these can be a challenge for volunteers to implement household training activities.

In a hamlet of Quang Thien Commune, Kim Son District, Ninh Binh Province, the follow-up team interviewed a household, who is active in slaughtering poultry. On average, the family slaughtered about 80 to 100 chicken and ducks (equivalent to 300kg of poultry meat) transported from the neighbouring provinces including Bac Giang, Nam Dinh. However, the family was not selected for training.

In relation to beneficiaries list, the follow-up team found in Ninh Binh Province surname/middle names of beneficiaries, who were interviewed, were not the same as names that appeared on the provided list of beneficiaries. The volunteers claimed that these interviewees are beneficiaries and they were in the list of beneficiaries prepared by volunteers. In three provinces, the follow-up team experienced circumstances, where beneficiaries interviewed said they have never signed on the beneficiary list of volunteers nor received training or IEC materials at their houses. The follow-up team is concerned about the preciseness of the beneficiary list and training schedule managed and provided by volunteers.

In two communes in Ninh Binh Province, volunteers of phase three does not know if their beneficiaries also benefited from the project phase two since there is no hand-over or information sharing among volunteers of previous phases.

The follow-up team is concerned of the achievement of the objective “capacity building for RC at all levels” as set out in the project, given the case of Ninh Binh. The province has benefited from implementation of three phases of the project and it is where the follow up team found out a number of activities not implemented following the project guidelines.

### **Recommendations**

- VNRC HQ should give specific guidelines with instruction to support implementation in provinces. There should be recorded information to prove if beneficiaries are selected following the criteria. In specific, information about beneficiaries’ poultry raising situation, list of poultry raising families, level of their AI knowledge, farming method should be clearly stated in order to prove if guidelines are followed. This means assessment should be conducted in each hamlet before beneficiaries are selected to ensure they are relevant for the household trainings.
  
- Volunteers should be accountable and responsible for their reporting. If the project requirements and timeframe are not realistic to volunteers, adjustment should be in place. Adjustment will be made only when authentic information is provided.

### ***Behaviour change***

The project aims at changing behaviour of target group in relation to AI prevention and it is the overall objective of the project. According to the project design, beneficiaries change their behaviour after getting the knowledge of AI prevention through household trainings and IEC materials that provided by volunteers. The follow-up study team was interested in knowing about beneficiaries’ knowledge before receiving training, their receipt of IEC materials and training from volunteers.

In group discussions with volunteers in Tam Phu Commune, Chau Thanh District, Dong Thap Province – a new province selected for phase three, volunteers shared with the study team about their opinion towards the level of knowledge of local people

before household training as “People had the knowledge. Everything we planned to educate them, they already knew”. When being asked to evaluate behaviour change of beneficiaries, they said about 40% of population in their commune has changed to positive behaviours by not “eating blood pudding, eating sick or death poultry, eating undercooked poultry products” and by “vaccination for poultry, using gloves or plastic bags to cover hands when having contact with poultry”.

In other group discussion with volunteers in communes, where the study team visited, they also told us the same statement about behaviour change in beneficiaries. According to volunteers, reason for such awareness and behaviour change in beneficiaries was because local people received information about AI from media, television and radio as well as from communication campaigns of the government that implemented through department of animal health, health services, education and training department and women’s union.

Nevertheless, the follow team acknowledged household training activities by VNRC volunteers helped improve awareness of beneficiaries in AI and partly gave an impact on behaviour change. Behaviour change is a process required longer period with constant interventions to allow changes in behaviour taking place, while in the AI project of VNRC, implementation is only three or four months.

**\* What have beneficiaries received from training activities of Red Cross?**

In the project design, each beneficiary household receives two trainings on AI prevention at home; each training is in one hour and this activity is carried out by VNRC volunteers. After the household training, each family receives four posters in A4 size and one leaflet with other information about AI.

**\* Training on AI in one hour:**

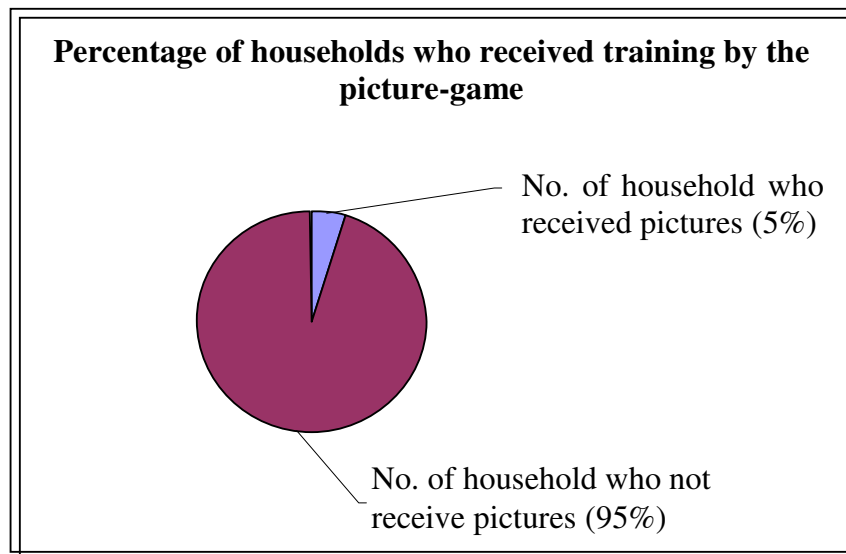
In the guideline for household training, it is said within one hour, each volunteer have to give to beneficiary household following information:

- Self-introduction of the volunteer, introduction of the purpose of household visit.
- Asking beneficiary household questions to have some understanding about their situation of poultry farming.
- Assess the level of knowledge and understanding of the family about AI.
- Use the so-called picture game with 20 picture cards as a tool for training and help beneficiaries distinguishes “do” and “don’t” behaviour in AI prevention.
- Provide in-depth information about AI (with content as given in the IEC materials).
- Distribute IEC materials (four posters and one leaflet) with explanation about four key behaviour-change-communication messages the project focus on.

If the volunteers were to follow the guideline in household training and to give to beneficiaries all information, the training time should be about one hour or longer. In fact, household training on AI is the difference RC brings in AI prevention programs in Viet Nam. However, the actual training time of the volunteers is from 10 to 30 minutes. Given reasons from volunteers for shortening the training time are:

- Beneficiary families had knowledge of AI prevention before training and they already knew information that was supposed to deliver in the training by volunteers.
- The schedule for household training was close to the time of harvesting and Tet so beneficiary households did not have much time to receive the volunteer.
- Some beneficiary households did not want to learn more about AI from Red Cross volunteer because they did not think it was important.

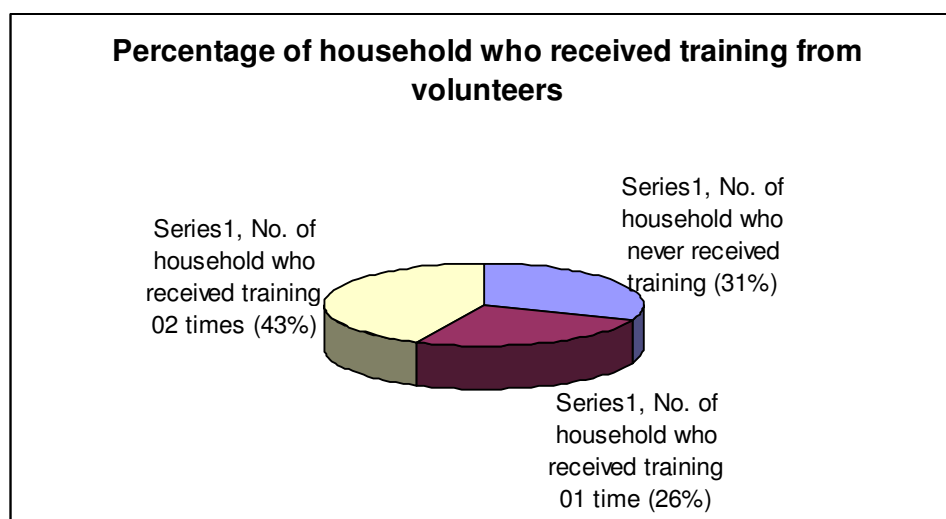
Besides not receiving full one-hour household training, most of interviewed beneficiaries said they did not receive training through the picture game. When the evaluation team showed the picture set to the beneficiaries, 95 percent said they never saw them and expressed their interest in the pictures (see figure one). Some volunteers in Quang Thien Commune, Kim Son District, Ninh Binh Province said, they distributed some pictures out set to beneficiaries, a few pictures each time of until they ran out of pictures.



**Figure three:** Total number of households in three provinces (Nam Dinh, Ninh Binh, Dong Thap) who received training from volunteers through picture game (a set of 20 picture cards)

In Dong Thap, the follow-up team found out volunteers did not conduct training on AI for households. The team also had the same finding in Dong Thap and Nam Dinh about beneficiaries who were in the list of receiving training, with their signatures, date and time of signing, but the beneficiaries themselves said they did not receive trainings from the volunteers. The team questioned whether recorded data is reliable because information is not recorded truly.

Household trainings for beneficiaries were conducted twice in the project. If the trainings were carried out properly, volunteers would have to conduct trainings in the evening because that was the time beneficiaries staying at home. In visited communes, we found out volunteers either conducted training only one time or not at all. Only 43 percent of interviewed beneficiaries said they have received training two times.



**Figure four:** Total number of beneficiaries in three provinces (Nam Dinh, Ninh Binh, Dong Thap) who received training two times from volunteers.

**Percentage of households who received training from volunteers**

“Training method for households should be diversified and improved. Repeated training method over series of period makes people bored” – said a volunteer in Quang Thien Commune, Kim Son District, Ninh Binh Province. (Quang Thien benefited from both phase two and three of the project.)

According to volunteers, to improve quality of training, there should be exchange activities for volunteers from different communes to stimulate experience sharing between two trainings.

**\* Received IEC materials:**

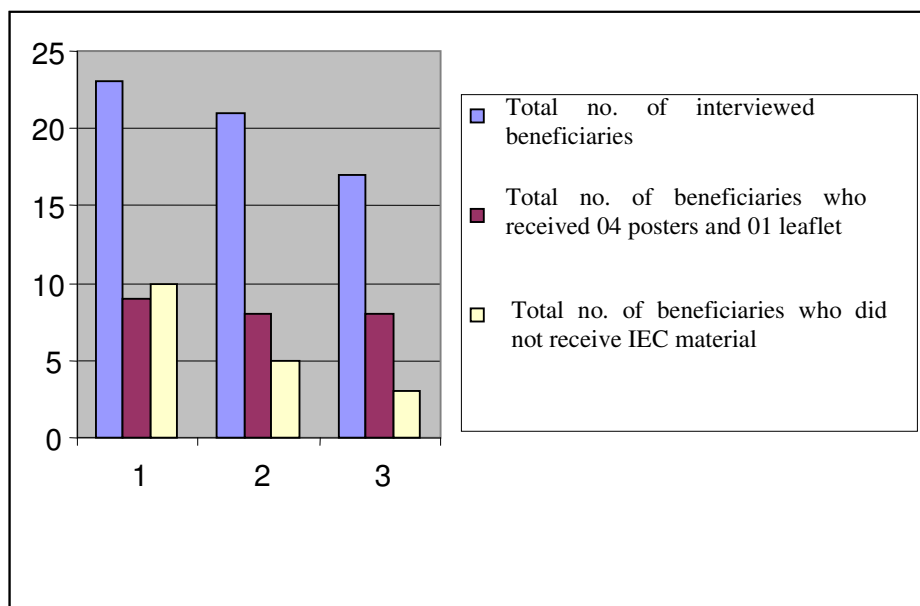
Following requirements of the project, beneficiaries would receive four posters and one leaflet. In reality, the finding of the follow-up team varies from one visited province to another.

In general, beneficiaries said they like the IEC materials distributed in VNRC’s AI project. Printing quality is good, materials are attractive, easy to understand and remember to public. Key messages are very clear. Some families even compared the quality of VNRC’s IEC materials to materials produced and distributed to them by other actors. They said the VNRC’s materials are better.

In Quang Thien Commune, Kim Son District, Ninh Binh Province, each household only received three posters (with key messages such as cooking thoroughly poultry meat and eggs, washing hands with soap and clean water, enclosure of poultry in fenced areas) and one leaflet. In Nam Dinh Province, the number of distributed posters was three. In both two provinces, volunteers wondered without provision of full package of IEC materials, how possibly they could deliver four key messages to beneficiaries.

In Chinh Tam Commune, Kim Son District, volunteers received full package of IEC materials but they mechanically divided the package into two parts and distributed in

two times. This is pointed out that volunteers in Chinh Tam Commune did not know that distributing four printed posters and one leaflet to households at the same time was to ensure the proper delivery of key messages.



**Figure five:** Distribution of IEC materials for beneficiaries in three provinces.  
1: Nam Dinh                      2: Ninh Binh                      3: Dong Thap

According to information from Kim Son RC District, IEC materials were delivered to the site in boxes and the district RC gave to communes some boxes each without checking or knowing what materials were inside the box. From this way of distribution, it led to the situation volunteers did not receive the same quantity and content of IEC materials. Consequently, beneficiaries did not receive full package of IEC materials as desired by the project.

IEC materials were sent from printing company to provincial chapters in boxes. Each chapter confirmed their receipt of materials by signing the quantity (how many copies) and type materials. Checking quantity per type of materials was impossible, so only when the materials delivered to volunteers, they found out about the shortage. It is the case of Dong Thap Province.

**It is advised to consider this recommendation from volunteers for printing IEC materials in next programme.** Beneficiaries said that the posters were nice but they could not pin them on the wall without ruining the wall. They would like it better if all IEC materials were printed in the form of calendar. In that way, they could keep them longer.

The fact trainings were not carried out following planned timeframe, methodology as requested by VNRC HQ, and materials were not distributed properly, it is a question how much the project gave an impact on beneficiaries in term of behaviour change. According to volunteers in Tan Phu Commune, Dong Thap Province, behaviour

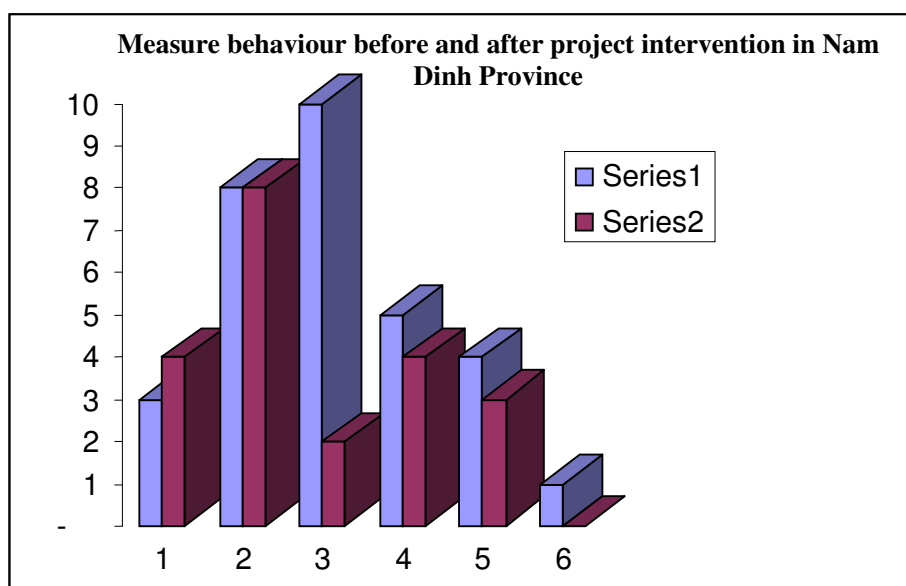


change percentage is from 10-20 percent while in Ninh Binh Province, the RC leaders there said it is about 30 percent. The follow-up team wondered if these opinions were precise and to what degree beneficiaries have changed their behaviour in AI prevention.

**\* Result of behaviour change**

We are all aware that behaviour change is difficult; particularly changing behaviours in relation to AI prevention, because they are intertwined with local culture and/or they have become habits of community.

It is important to emphasize that training on AI for beneficiaries by VNRC in three provinces including Ninh Binh, Nam Dinh and Dong Thap has partially increased their knowledge of the danger, AI prevention and awareness. The project has contributed to making behaviour change in beneficiaries although these changes are not big.



**Figure six:** Result of behaviour change of beneficiaries in Nam Dinh Province

Series 1: Result of baseline survey done by Nam Dinh Red Cross

Series 2: Result of evaluation team

Horizontal axis:

1: Not using protective items such as gloves, facial mask, and shoes when having contact with poultry.

2: Leave poultry to roam freely.

3: Not washing hands with soap after having contacts with poultry.

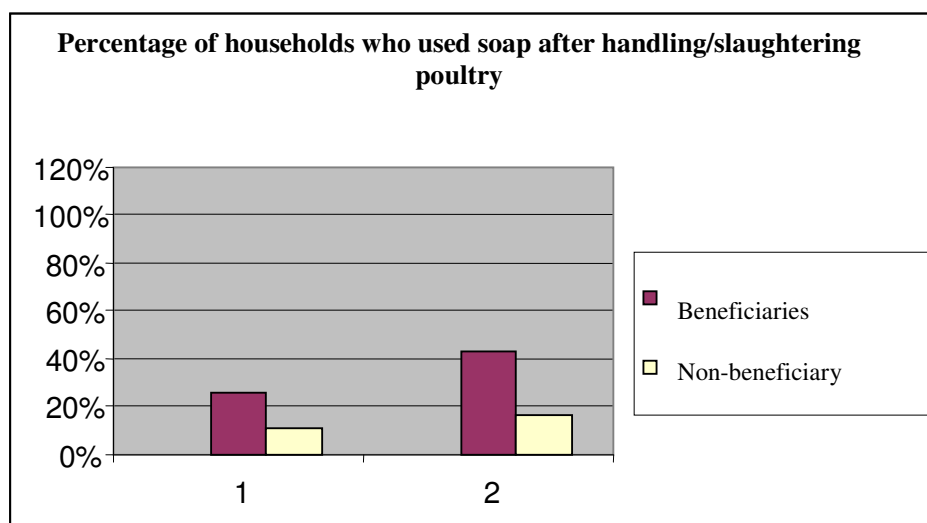
4: Eating blood pudding.

5: Not using protective items when handling and slaughtering.

6: Having undercooked poultry and eggs.

According to the data about beneficiaries after intervention and non beneficiaries, there is some change in knowledge and behaviour among beneficiaries. In Nam Dinh, out of nine interviewed non-beneficiaries, only 11.1 percent said they used soap to wash hands after having contact with poultry or slaughtering. About 26 percent of

beneficiaries said (equivalent to six people out of total 23 interviewed people), they had the knowledge of hygiene (washing hand) and handling poultry to protect their family and themselves from AI infection. Similar to Nam Dinh, in Ninh Binh, the percentages are 16.7 percent and 42.8 percent respectively.



**Figure seven:** Percentage of households wash their hands with soap after slaughtering in Nam Dinh and Ninh Binh Province.

1: Nam Dinh      2: Ninh Binh

In reality, there are households who are not prepared and aware of AI. In Dong Thap and Ninh Binh, we saw children playing with poultry (see figure nine and 11). And in all three provinces, freely-roaming poultry was quite common, particularly in areas along river. We also saw the same scene in all centre areas of the commune, district and province in Dong Thap. In Phu Long Commune, Chau Thanh District, Dong Thap Province, the team interviewed a household who raised 1,500 ducks. Everyday, the family had to get the ducks out to the rice field for food, and the distance was about 6 to 7km long. Along the way to the field, they would sell ducks to buyers. They said, sometimes dozens of their duck died of unknown reasons. At the time of interview, their flock was downscaled, only 1,200 ducks. They received IEC package from Red Cross staff but they did not receive household training. Besides, they did not use any protective items. They claimed their ducks looked healthy; therefore eating blood pudding was not a problem to them.

Similar to the case of not using protection mentioned above, 74 percent, 57.1 percent and 75 percent of surveyed beneficiaries in Nam Dinh, Ninh Binh and Dong Thap did not use gloves, facial mask, and shoes when handling and slaughtering poultry. The main given reason by beneficiaries were “clean poultry” raised by their family, not infected by diseases, looked healthy and their commune was not in AI outbreak areas. The reason given by local authority, however, was different. They said, people did not use protection because they simply did not have protective items. In Nam Dinh and Ninh Binh Province, out of total number of people have protective items at home, only 36 percent and 57 percent of beneficiaries used protection when handling and slaughtering poultry.



**Figure eight:** 25 big ducks of a beneficiary family walking on the village road. Picture was taken in Lam Town, Y Yen District, Nam Dinh Province.



**Figure nine:** the daughters of beneficiaries playing with 02 little ducks just bought from communal market. Picture was taken in Yen Bang Commune, Y Yen District, Nam Dinh Province.

### *AI pandemic preparedness and response plan*

According to the responsible person of AI project from VNRC HQ, the purpose of making AI pandemic response plan is to help VNRC in provinces be familiarized themselves with the practices of making pandemic response plan. If so, we wondered if the AI pandemic response plan of VNRC were rather a plan on paper, not applicable, very top-down, and not even built on the situation of outbreak.

Through interviews with responsible persons in provincial chapters, the team found out the pandemic response plan was written by the project officer alone without having inputs from community and low level. The plan however was approved by the chapter's leaders. District and communal RC are neither informed nor aware of the response plan although if pandemic happens they will have to cope with it first. So, the question that raised by the team was "Where and to whom it affects, once pandemic happens?" and "Who is responsible of implementing the AI pandemic response plan?" From looking at how the response plan for AI pandemic in human and poultry was done, the team are very concerned about the pandemic response capacity in community and the response plan.

### **Recommendation**

- VNRC needs to know exactly its role in the comprehensive human AI pandemic response plan of the government. And VNRC's plan should be based on the government's plan.
- The pandemic response plan should be feasible and participatory. Local people and Red Cross at low level should be involved from the planning phase. VNRC at each level should have response plan suitable and responsive to the overall plan. The plan will need to indicate clearly who are participating and what they are responsible for.

## *Group discussion at community on AI prevention*

The purpose of the discussion with community is to gain understanding why people did not report death and sick poultry. It is also to find out how to effectively communicate and train people on AI outbreak prevention, as well as limit the spread of virus.

Among three visited provinces, Nam Dinh and Dong Thap implemented discussion with community on AI prevention. Discussion was organized following the guidelines and report was sent to VNRC HQ. The team was interested in knowing to what extent the outcomes of these discussions reflected in the organization of training activities.

VNRC in Dong Thap said, the outcomes were not applicable because implementing recommendations of these discussions was the responsibility of other organizations. In Nam Dinh, the RC provincial leaders said, although the outcomes were interesting, they did not know how to apply and at what scale the recommendation should be implemented.

The follow-up team challenges how and with what purpose VNRC used the recommendations of the discussions. Besides, in the design of the project, what is the link between activities and how the outputs of each activity were used and served to achieve the results of the project?

### **Recommendation**

- The idea of having discussion with community on AI prevention is very good and it should be implemented in the beginning of the project, particularly in the phase of need assessment. Inputs from the discussions with community should be used for designing concrete intervention of the project.

## *Project monitoring and management*

The follow-up study team found detailed monitoring plan in visited provinces. Similar to the previous phase, we did not find monitoring report. In VNRC HQ, at the healthcare department, the team was able to access to a few monitoring reports from Nam Dinh Province. In Ninh Binh and Dong Thap, we did not find any monitoring report from commune, district and provincial level.

VNRC HQ has used the human resource from a chapter not in the project area but geographically close to project site to assist in monitoring activities. A project officer from Soc Trang Province was requested to assist Dong Thap chapter in monitoring. This initiative made capacity building for the chapter effective. The project officer from Soc Trang chapter is a capable person in monitoring. He was supportive to monitoring activity in Dong Thap.

In relation to monitoring, RC in Kim Son District, Ninh Binh Province and RC in Chau Thanh District, Dong Thap Province said their recommendations in monitoring

were sent to VNRC HQ (through meeting and telephone) but there was no feedback or answer from HQ.



**Figure 10:** About 1,200 ducks of beneficiaries on their way home in Phu Binh Canal in Phu Long Commune, Chau Thanh District, Dong Thap Province. This canal is connected to Phu Long River and going to Sa Dec and Tien Giang Province and eventually connected to Mekong.



**Figure 11:** A girl holding a bird in Phu Long Commune, Chau Thanh District, Dong Thap Province. Catching and playing with wild birds is common

The evaluation team found out a quite contradict situation in Dong Thap Province. The officer at district did not participate in training for volunteers, not being informed and aware of content and methodology of training but he had to monitor household training implemented by volunteers.

In Ninh Binh and Dong Thap Province, monitoring activities were implemented following the monitoring plan but there were no recorded reports to prove the actual implementation of monitoring.

VNRC project staffs reflected the need for further training on skills for monitoring so they could implement this activity effectively.

In the field visit, we discovered that on paper, Chinh Tam Commune in Ninh Binh Province is in the list of beneficiary commune of phase one and three but they are actually in all three phases. It is noted in phase two, the follow-up team also had the same finding in other location. To the team, there is a question about the reliability of the list of beneficiary communes. It is also questionable if this situation also happens in other districts of Ninh Binh Province and other provinces, not visited by the evaluation team.

## **Recommendation**

- Project staffs at provincial level should have further training on monitoring skills to ensure they are capable of carrying out monitoring activities.
- Explore further the possibility of having greater involvement and assistance in monitoring from other capable chapters (capable in monitoring) who are not participating in the project. On-site coaching in monitoring can be organized with participation of officer in the role of coach/trainer from capable chapter.
- Increase the application and effectiveness of findings and recommendations in monitoring report. Monitoring is better effective for the project once recommendations are taken into account in implementation, even though in some case, recommendations would require modification and even interruption of activity.
- There should be function in the project mechanism in which reinforcement action will be made if recommendations in monitoring were not implemented properly.

## ***Coordination***

Coordination between different levels in problem solving and implementation following timeframe of the project is considered as one area for capacity building. It is often information flow in the project goes from HQ to chapter, district, commune and eventually village. Only in rare occasion, information from low level goes to upper level.

However, comparing to previous phases, coordination between VNRC HQ and chapters in phase three has improved. Although the project starting was close to Tet but all project activities were implemented within timeframe.

One of our findings is Dong Thap Province sent an official letter informing about shortage of IEC materials to VNRC HQ but there was no response. From HQ, in an interview with the team, it was said that UNICEF was responsible for IEC materials so the letter from Dong Thap was referred to UNICEF. Because VNRC HQ did not receive response from UNICEF, no response was sent back to the province.

The project is mainly funded by UNICEF and receiving a part of fund, together with technical and personnel support from IFRC. Assistance from IFRC was efficient and helpful to VNRC, particularly in capacity building and project implementation. The project was implemented in a time that VNRC HQ, the technical department was facing the problem of personnel shortage. However, the biggest constraint in the project was 4-month lateness of sending IEC materials from UNICEF to provinces. (VNRC supposed to receive IEC materials in August 2007 following the timeframe but they only received in December 2007.) Due to late delivery of materials, the time for household trainings and distribution of materials was close to Tet. VNRC HQ had discussion with UNICEF about the constraint and asked for the possibility of delay the training after Tet but it was disapproved. In fact, the household trainings and

distribution of IEC materials activity were implemented by volunteers only one week before Tet.

### **Recommendation**

- Clear cooperation mechanism in place to enable certain procedures, agreement between related stakeholders on how feedback is processed, as well as possibility for substantial and major modification. More importantly, the mechanism should reinforce the action of stakeholders. For example, if there is major change in timeframe of one activity, an additional agreement between implementing agency and donor should be reached and even signed if necessary.
- The issue of having uniforms with donor's visibility provided for volunteers in the project needs to be considered thoroughly. If volunteers for certain reason wear shirts that give failed visibility of RC, in that act, they violate the principle of the movement. In the project context, VNRC and UNICEF – the donor should have very clear agreement on visibility, volunteers' uniform before the project is actually implemented.
- UNICEF and IFRC should continue to support VNRC in IEC activity in IEC on AI prevention.

## **Training, building capacity in monitoring and evaluation**

AI prevention is one of the cross-cutting themes for VNRC, which helps VNRC improve its monitoring and evaluation capacity in healthcare and other programmes. There are surveys to measure the level of awareness of beneficiaries before and after intervention. VNRC has formed a group consisting of members from training/inspector department, healthcare department to monitor and follow up in the project. This is to support organizational learning and sharing lesson-learnt from previous phases between departments in HQ and chapters in provinces in the beginning of phase three.

At present, the evaluation reports of phase one and two are available. Findings from the previous evaluation were incorporated in project design of the following phase. In general, VNRC capacity in carrying out monitoring and evaluation activity has been improved. Two project officers, who active in phase two, joined the follow up study as team members. VNRC selected participants, who were active in training on monitoring and evaluation provided by IFRC, to support the evaluation team in field visits.

VNRC often organize evaluation by the end of project and this activity is in the design of VNRC's AI prevention project – phase three. The evaluation team consists of three members, with team leader from training/inspector department and the other two from healthcare department. Throughout the implementation of the follow-up study, the team was able to conduct it independently with technical support and facilitation of IFRC. It is different from the previous phases, when the evaluation was carried out by an external evaluator.

The follow-up team conducted field visits in three provinces, two in the north and the other in the south in order to evaluate outcomes and impact of project intervention on knowledge and behavior of beneficiaries, as well as the distribution of IEC materials and delivery of household training. In important stages, the team was able to facilitate the participation of different technical departments of VNRC HQ including social work/disaster management department, youth department and two departments, who directly implementing the project. This is an initiative to support organizational learning and promote inter-department linkage. At present, VNRC had the capacity to carry out monitoring and evaluation activity.

## ***Overall recommendations***

### **Change the approach in project design**

Considering the findings and lesson learnt from evaluation, approaches in identification/planning and project design of all three phases, we recommend the project team to design the project base on the real AI situation, knowledge/awareness of local people on the issue and the capacity of VNRC HQ and selected provinces.

### **Specific recommendations for project design:**

+ Carry out identification, assessment to collect initial information for following activities:

- Identify key messages for IEC activities and follow the recommendation for design of IEC materials (*refer to page 16*).
- Secondary information, surveys, studies in AI from NGOs, governmental bodies.
- Assess the capacity of VNRC from HQ to Chapters in selected provinces.
- Understand the level of knowledge and behaviour of local people in regard of AI prevention.
- Base on the assessment, design behaviour change and communication activity.

+ Design the interventions base on collected information from the identification and capacity of chapters.

### **Mechanism that allows adaptation and reinforcement**

There should be a mechanism in the project so when there is a change in timeframe, planned progress, and design of activity, it will indicate clearly to what extent the adaptation will be, who is responsible for what and in how long. Once the agreement and decision on the adaptation is reached by all stakeholders, it should be implemented seriously.

### **Capacity building for VNRC at all levels**

VNRC needs capacity building in the areas of project management, monitoring and evaluation. Capacity building should be organized in the form of on-site coaching and with practice and possibility for checking the application of new knowledge, skills. Trainers/coaches can be senior staffs from either chapters or HQ.

### **Prioritized human resource for the project implementation**



Viet Nam is alerted about the risk of facing human avian influenza pandemic and VNRC should prioritize human resource at all levels for the implementation of its organizational interventions on AI prevention in poultry and H5N1 (flu A) in human.

### *Annex*

Annex 1: Term of reference

Annex 2: List of interviews