

Final project report

1 **PROJECT INFORMATION:**

1.1 ***Application Number: 13002***

1.2 ***The purpose of the grant*** is to reduce the social acceptability of smoking and to build the capacity of the Vietnam Public Health Association

1.3 ***Name and address of organization:***

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1.5 ***Name of project funded: Reducing the Social Acceptability of Smoking in Vietnam***

1.6 ***Time frame:***

Covered in the report: January 1, 2005 to December 31, 2008
Of project: January 1, 2005 to December 31, 2008

LIST OF ACRONYMS

CISA	Commission for Ideology and Social Affairs
FCTC	Framework Convention for Tobacco Control
HBC	HealthBridge Canada
IEC	Information, Education and Communication
INGO	International Non-governmental Organization
LNGO	Local Non-governmental Organization
MOU	Memorandum of Understanding
MTCV	Mainstreaming Tobacco Control in Vietnam Project
PEPA	Provincial Education Promotion Association
PPHA	Provincial Public Health Association
SEATCA	South East Asia Tobacco Control Alliance
SHS	Secondhand Smoke
TCWG	Tobacco Control Working Group
TI	Tobacco Industry
TOR	Term of Reference
TOT	Training of trainers
TV	Television
VINACOSH	Vietnam National Committee for Smoking and Health
VOV	Voice of Vietnam
VPHA	Vietnam Public Health Association
VTV	Vietnam Television

2 PROJECT RECAPS

High social acceptability of smoking is a major problem in Viet Nam. The public is generally unaware of the health consequences of direct and passive smoking, and it is considered socially acceptable to smoke almost everywhere, including in schools and hospitals. Smoking and offering others a cigarette is considered normal social behavior. The widespread acceptability of smoking makes it difficult to encourage smokers to quit smoking and to discourage youth from starting. The Government of Viet Nam has also expressed difficulty implementing any policies to provide smoke-free areas, due to the widespread public acceptance of smoking.

The project entitled, “Reducing the Social Acceptability of Smoking in Vietnam” was jointly carried out by HealthBridge Canada Vietnam (HBV) and the Vietnam Public Health Association (VPHA). The project aimed to decrease the social acceptability of smoking in Viet Nam and to build the capacity of the Viet Nam Public Health Association to develop and engage in tobacco control programmes and activities.

The specific objectives of project were to:

1. Improve current levels of public awareness of the health consequences of active smoking and secondhand smoke exposure (SHS).
2. Increase public support for smoking bans in the public places.
3. Improve the behavior of smokers (to not smoke in the vicinity of others) and non-smokers (increased confidence to request smokers to not smoke in the vicinity of him/her).
4. Build the capacity of the Viet Nam Public Health Association to work effectively in tobacco control.

The following strategies and activities were undertaken to reach the project’s objectives:

- 1) **Developing effective, evidence-based, cultural-specific media messages and products to promote increased knowledge of the harmful effects of active and passive smoking and to promote behavior change among smokers and non-smokers:** Formative research and baseline surveys were conducted in the project’s early stages to inform the development of materials and the design of a media campaign. Some images used in the Australian campaign, “Every cigarette kills,” were adapted for use in Viet Nam. The main messages used for the campaign were “Speak up for your health and your beloved” and “Speak up for your health and your surroundings”. The project team produced seven TV spots, three radio spots, and one poster. In addition, it produced talk shows, television and radio education sessions, and leaflets targeting children and women, and developed and conducted training workshops.
- 2) **Conducting a media campaign at national and local levels:** A media campaign was designed based on the message developed (as described above) and run by both central television (VTV1 and VTV3) and provincial television stations in three provinces (Thai Binh, Da Nang and Ben Tre). The same TV spots were used at the national and provincial levels. The campaign was also run by central and local (in Thai Binh province) radio stations and in two popular newspapers “Labor Weekly” and “Viet Nam Women”.
- 3) **Conducting additional community education program in one province to reinforce the impacts of the media campaign.** A community education program was developed and undertaken in Thai Binh province. Two participating groups were mobilized to support the campaign: women through the Women’s Union and primary school children through the Department of Education and Training. Representatives of both groups received training about the harmful effects of smoking and how to avoid SHS exposure. They also helped to disseminate the message (via a leaflet) to the broader community. Several related community-based activities were also

organized by Youth Union and Provincial Public Health Association (PPHA) to support this education campaign.

- 4) **Supporting smoke-free areas in the community.** In Thai Binh province, the government's smoke-free policy was implemented in several settings, including health facilities, government and party offices, and on public transportation. In this province, the PPHA took the lead role in overseeing the implementation of the policy and gained the support of other members of the provincial TCWG.
- 5) **Active involvement of VPHA in all steps of project development and implementation and promote networking.** The project staff teams from VPHA and HealthBridge worked closely as a unique team through every step of the project's implementation. VPHA was also actively involved in coordinating TCWG meetings and participated in several important regional and national tobacco control workshops and capacity building programs. The Provincial Public Health Association (PPHA) of Thai Binh province was able to improve its credibility and prestige in tobacco control by playing the lead role in coordinating and implementing tobacco control programs at the provincial level. Relationships with the media were developed and strengthened through regular contact over the life of the project.

The **intended outcomes** of projects were:

- 1) Improved awareness among the target population of the health consequence of smoking and passive smoking
- 2) Increased public support for smoke-free policy implementation
- 3) Increased public and media attention to TC
- 4) Effective, evidence-based, culturally-specific media products developed for use in tobacco control in Viet Nam
- 5) Getting the facts on the impact of different approaches in changing public awareness and behaviors
- 6) Increased positive behaviors among smokers and non-smokers in intervention areas
- 7) Reduced public exposure (particularly among women and children) to secondhand smoke in the intervention area
- 8) Improved VPHA capacity and capability in tobacco control
- 9) Relationship developed between VPHA and media
- 10) Experiences in tobacco control learned by different local organizations

3 PROJECT OUTCOMES AND ASSESSMENT

3.1 *The main outcomes and achievements of the project*

Related to Objective 1:

- 1) **Improved awareness among the target population of the health consequence of smoking and passive smoking**
 - The proportion of male participants able to mention two or more smoking-related diseases increased from 53.4% in 2005 to 71.2% in 2007; two or more passive-smoking related diseases from 44% in 2005 to 66.5% in 2007; and two or more smoking-related consequences to pregnant women from 16% in 2005 to 47% in 2007.
 - In the baseline survey (2005), 75% of male participants knew that smoking causes respiratory diseases and 34% knew that it causes lung cancer. In the 2007 survey, these proportions were 80% and 58%, respectively. Similarly, in the 2005 survey, 72% of male participants knew that passive smoking causes respiratory diseases and 34% knew that it causes lung cancer; these rates increased to 77.6% and 47.2% in the post intervention survey (2007).
 - The proportion of female participants in three provinces able to mention two or more smoking-related diseases increased from 47% in 2005 to 59% in 2007. In the

baseline survey (2005), 79% women knew that passive smoking causes respiratory diseases and 30% knew that it causes lung cancer. These proportions increased to 84% and 48.6%, respectively, in the 2007 post-intervention study.

There is therefore evidence that the project has contributed to improving knowledge about the harmful effects of smoking and passive smoking among the two target groups. However, aside from respiratory diseases and cancer, understanding of other diseases related to tobacco remained limited. Greater increases in awareness were noted among the male participants than among the female participants.

Related to Objective 2:

2) Increased public support for smoke-free policy implementation

The majority of smoking males participating in both surveys agreed that everyone should be protected from exposure to tobacco smoke (92.8% in 2005 and 95.1% in 2007, $p < 0.05$). The proportions in females agreeing to the same point were 96.9% and 98.4%, respectively, in all three provinces.

There is therefore evidence that both smokers and non-smokers agree that non-smokers should be protected from exposure to tobacco smoke, and that public support for smoke-free places increased during the project's implementation. This should be considered as a foundation upon which the Government can strictly enforce the smoke-free policy in public places.

3) Increased public and media attention to TC

During the project's implementation, seven TV spots were aired for a total of 265 times at the central level, 120 times in Ben Tre, 240 times in Da Nang, and 310 times by Thai Binh Television. The radio spot was aired 290 times at the central level and 310 times in Thai Binh province. Radio reports and talk show were aired 18 times at the central level and 48 times in Thai Binh province. The newspaper advertisement was published in 16 issues of Labor Weekly and 16 issues of Viet Nam Women newspapers (Appendix 4).

Based on media surveillance undertaken by the project team between May and October 2006, 268 articles on tobacco-related issues were published, 79% of which were positive or neutral to the issues. This demonstrated both an increase in the number of articles published and in the percentage of positive or neutral approaches (221 total articles, 75% positive or neutral, over the period November 2005-April 2006).

The project team produced and disseminated 130,000 copies of the leaflet for women, 133,000 copies of leaflets for children, 1,500 copies the poster for primary school teachers, and 4,500 copies of "Guideline on teaching tobacco control for primary school teachers" and the accompanying teaching plan.

The project team therefore intensively engaged the media (at the central level) and the public (in the intervention province) in a large-scale media campaign. However, the long term interest of the media on the issues still needs to be encouraged and followed up.

4) Effective, evidence-based, culturally-specific media products developed for use in tobacco control in Viet Nam

The project produced seven TV spots on the health effects of smoking and role modeling, with three dialect versions. In addition, the project team produced three radio spots, three radio reports, three talk shows, and three educational sessions. Materials produced included leaflets targeting women and primary school children, a teaching plan, teaching materials for Primary School Teachers, TOT training materials for members of the Women's Union and for Deans of Primary Schools, and a poster that could be used as teaching material for Primary School Teachers.

All messages were developed based on evidence collected through the survey and the formative research.

The media products were tested in community and adjusted before wide-spread use.

The project has therefore produced some evidence-based, culturally-specific media products for use in tobacco control in Viet Nam. The results of the evaluation survey showed that there was evidence of the effectiveness of these media products in changing the behaviors of the target population (related to reducing secondhand smoke exposure).

Related to Objective 3:

5) Getting the facts on the impact of different approaches in changing public awareness and behaviors.

By implementing additional community-based activities in one province (Thai Binh), the project team attempted to evaluate the impact of a combined community-based/media-campaign program versus the media-campaign only. However, due to the overlapping of some local campaign activities conducted by another project just prior to the baseline survey, it was difficult to determine the project-specific changes related to some of the indicators. However, many indicators of change in Thai Binh were clearer than in other provinces.

There was therefore evidence from the surveys that additional community-based activities bring further benefits in improving the knowledge and behaviors of the target populations.

6) Increased positive behaviors among smokers and non-smokers

In Thai Binh province, the proportion of men who declared that they had not smoked inside their homes within the past week increased from 1% to 11% over the project's lifetime. Those who declared that they did not smoke in front of their wives increased from 11% to 18%, and those who declared that they had not smoked in front of their colleagues within the past week increased from 16% to 29%. The degree of change in other provinces was not clear.

An analysis of the pre- and post-surveys also showed that the proportion of men who declared that they never smoked in front of their children was higher than the proportion who declared that they never smoked in front of other women in their family or in front of female colleagues.

The ability of women to request smokers to not smoke in their vicinity also improved. The proportion of women who reported having interactions with close relatives when they smoked increased from 88% to 91%; of these, the proportion of women who requested smokers to stop smoking in front of them increased from 27% (2005) to 35% (2007). The proportions in Thai Binh were 38.5% and 65%, respectively.

There was no change noted between the two surveys in terms of the proportion of women who interacted with indoor guest smokers. However, proportion of women who had requested the guest to stop smoking increased to 26% from 17%. The proportion in Thai Binh was 58% and 29%, respectively.

Similarly, there was no increase in the proportion of women working in an office who interacted with colleagues who smoked. However, the proportion of women who requested their colleagues stop smoking increased from 28% (2005) to 46% (2007). The proportions in Thai Binh were 34% and 61%, respectively.

The project therefore contributed to the development of positive behaviors among both target

groups.

7) Reduced public exposure (particularly among women and children) to secondhand smoke in the intervention area

The two surveys demonstrated that the proportion of women living with smokers in the three months preceding the survey declined slightly (68% in 2005 and 65% in 2007). The proportion of women living in families that included both at least one smoker and children (under the age of 16) saying that their children inhaled passive smoke in the previous three months declined from 68% in 2005 to 48% in 2007. The number of women reporting that their family members inhale SHS everywhere and at any time decreased from 27% to 16%.

The average amount of exposure to secondhand smoke was also reduced: at home (from 5.4 days/ week in 2005 to 3.6 days/week in 2007), at work (from 2.2 days/week to 1.27 days/week in 2007), and in public places (from 1.6 days/week in 2005 to 1.26 days/week in 2007).

There was therefore evidence that the project contributed to reducing the level of exposure to secondhand smoke among women and children. The proportion of women who reported exposure to secondhand smoke and their average time of exposure decreased significantly. The proportion of children exposed to secondhand smoke also declined remarkably. However, the reported exposure levels were based on information provided by the respondents themselves, and could not be verified by more scientific measurements of tobacco smoke pollution levels in the environments where the respondents lived and worked.

Related to Objective 4:

8) Improved VPHA capacity and capability in tobacco control

VPHA staff members learned more about the issues of and priorities in tobacco control, including best practices in tobacco control policies and interventions. They learned to identify gaps and to generate strategies to address those gaps. Their skills and experiences in proposal development, planning, and keeping activities within realistic timelines have improved. They acquired the necessary skills in research design (both quantitative and qualitative) and in planning and implementing data collection procedures. Taking part in research report writing and reviewing also helped the team to develop its skills in critically reviewing research and making substantive contributions to research reports. A special benefit for the team was the skill building related to designing and conducting a formative research study as a critical step in the development of a media campaign.

By coordinating the TCWG at the central level, the role of VPHA in tobacco control has become more visible. The VPHA has also become more actively involved in discussions of important national TC issues and policies, and has built its credibility and prestige within the national TC community.

At the provincial level, the PPHA improved their credibility in tobacco control among local governments and the public, and have become leading tobacco control agencies in their respective provinces. The ability to design and implement a public health program using a multi-sectoral approach has been reinforced among both VPHA and the PPHA.

Therefore, through direct and intensive involvement in all project activities, the Viet Nam Public Health Association was able to strengthen its capacity, both institutionally and individually, not only in tobacco control but also in designing and implementing a media campaign, working inter-disciplinarily, and coordinating local tobacco control activities.

9) Relationship developed between VPHA and media

By implementing this project through HealthBridge's media network, VPHA developed regular contacts within the main media agencies (television, radio, newspapers) at both central and local levels. This helped the team to communicate project information and research findings to the media and to respond to media requests for information. During the project's implementation, new media contacts in Thai Binh and Da Nang were also developed.

The relationship between VPHA and the media has therefore been strengthened.

10) Experiences in tobacco control learned by different local organizations

In Thai Binh province, the agencies and mass organizations that participated in the project reported that they gained not only professional knowledge in tobacco control, but also learned to work in a multi-sectoral collaboration by taking part in the design and implementation of project activities. Their experience in organizing and mobilizing the public has also reportedly been strengthened.

Through their active involvement in the project's implementation, the knowledge and skill levels of local partners were reported to have increased. However, the accuracy of this conclusion needs to be confirmed through a specific objective designed evaluation.

3.2 How the project was evaluated

The data to support the measurement of indicators for outcomes 1, 2, 5, 6, 7 and 8 were collected via pre- and post- intervention surveys conducted by a subcontracted research group of the Department of Epidemiology, Hanoi School of Public Health. The data used to measure the indicators for outcomes 3, 4, 9, 10 and 11 were collected during the project's implementation and were included in previous project progress reports.

Pre- and post- intervention surveys were designed to measure changes in the knowledge, attitudes, and behaviors of the target populations in the intervention areas. Different levels and types of intervention were designed for the participating provinces in an attempt to investigate the impact of different levels of intervention.

This pre-and post- intervention comparison study was conducted in three provinces Thai Binh, Da Nang and Ben Tre. In each province, two representative rural commune and two representative urban communes were selected. In each commune, a representative sample of 200 females aged 18-55 and a representative sample of 200 male smokers aged 20-60 were selected for each (pre- and post- intervention) survey. The project team interviewed 1,196 women and 1,201 male smokers for pre-intervention survey and 1,182 women and 1,217 male smokers for post- intervention survey. The baseline study was conducted in late August 2005. A combination of qualitative and quantitative methods (cross-sectional study) was used. The qualitative study was designed to collect information for the design of the campaign and the development of messages and media materials. The post-intervention study was conducted in early September 2007; for this study, a cross-sectional survey was used.

3.3 What is your assessment of the success of the project?

The project achieved all expected outcomes and in so doing, met its specified objectives as described in Section 3.1 above.

The overall project goal to "reduce social acceptability of smoking," was meant to be achieved over a much longer time period, and thus can not be fully evaluated at this stage.

Rather, the achievement of the project's objectives will, over time, contribute to a reduction in the social acceptability of smoking.

As the evaluation surveys were conducted in three purposively-selected provinces, the applicability of the research findings to the country more broadly, and the generalization of the research conclusions, is limited. However, because the media campaign was conducted intensively through multiple channels, mainly at the central level, the messages which evolved were accessible to the majority of the Vietnamese population. At the same time, the significant changes in the behaviors of the target populations observed in one province (Ben Tre) where none of interventions had previously been conducted, allows one to conclude that the project has made important contribution to changing the social acceptability of smoking in the country.

3.4 *What unanticipated difficulties did you encounter and how did you overcome them?*

Problem 1: The original target populations were both smokers and non-smokers. However, it was realized quickly that this plan was too ambitious and it would be difficult to effect a measurable change within the time frame and resources available.

Response: The team took considerable time during the first few months to discuss the selection of the target population. Finally, non-smoking women aged 18-55 and male smokers aged 20—60 were selected as target population for the campaign.

Problem 2: After several months of advertising for a Project Officer, VPHA was not able to recruit one with acceptable qualifications within the available budget. At the same time, Dr. Pham Hoang Anh, with the newly assigned responsibility of HealthBridge Deputy Country Director, had less time available for the project.

Response: the VPHA temporarily accepted the option of hiring staff from the Hanoi School of Public Health to work on the project on a part-time basis. HealthBridge also assigned a Project Officer to work part-time on the project and to help Dr. Phan Hoang Anh in project administration.

Problem 3: Dr. Tom Carroll, a specialist in tobacco control and health communication, was invited to be the international consultant to the project. The cost for hiring a specialist of this caliber was much higher than the budget available.

Response: The problem was shared with Dr. Carroll; the technical proposal and budget plan were sent to him together with proposed TORs. Dr. Tom Carroll accepted to help within the budget available.

Problem 4: Despite the very careful and thorough revisions made to the research instruments, some questions still seemed difficult for interviewers and interviewees to ask/answer.

Response: The team continuously revised the questionnaire based on the comments from field and attempted to find better wording for difficult questions, while avoiding changing their meaning. .

Problem 5: Originally Binh Duong was selected as the field site in the South due to its closeness to HCMC and the good relationship that existed between local health officers and VPHA. However, Binh Duong is a new industrial province experiencing intensive immigration that may be not very representative of the population in the South. This in

turn could have caused difficulties in sampling (many actual residents are not registered and come from central provinces).

Response: The team thoroughly discussed the problem and decided to select Ben Tre to replace Bing Duong as a study site. Ben Tre is an agricultural province located in the center of the Mekong Delta; it has a stable population, and is therefore a more suitable representative of Southern provinces.

Problem 6: Unreliable information was collected by two interviewers in Thai Binh, leading to wasted resources in recruiting and interviewing 55 persons. This also put the research results at risk of bias.

Response: The contract with the two interviewers was terminated, and the rate of re-interviewing in Thai Binh was increased to 20%. Finally, the team decided to replace all cases interviewed by the two interviewers with another sample.

Problem 7: Despite careful designing and testing research questionnaires by the team with several rounds of commenting, when the interviews were conducted there were still some problems encountered by the for interviewers or responders

Response: The team continuously revised the questionnaire based on comments from the field and attempted to find better wording while avoiding changing the meaning of the questions.

Problem 8: In Thai Binh city, just before commencing data collection, an anti-tobacco campaign had been conducted by the local VPHA. This may have biased observations from the Quang Trung sub-district of Thai Binh (in terms of interviewees having a better understanding of the health effects of smoking and a better awareness of the problems related to smoking as compared to other provinces at the baseline) and may have impacted on the project team's ability to measure change occurring as a result of this project.

Response: A detailed description of activities undertaken by the local VPHA were recorded and described for documentation purposes. The second commune of Thai Binh is 20km away from the town; the project team anticipated that the campaign in the town did not have any impact on this site.

Problem 9: Even though the project team had support from the Office of Planning of Vietnam Television (which is responsible for scheduling all VTV programs), their commitment was still uncertain in light of pressures posed by other commercial programs.

Response: The project team organized a meeting with the Officer-in-charge to explain the purpose of this project, to encourage his interest in public health, to investigate possible risks, and to discuss measures to limit the risks. It also arranged a meeting between VPHA's leader with a high ranking officer of the Commission for Sciences and Education of Party Communists to look for its support. A supporting letter was obtained from the leader of these Commissions and sent to the leader of VTV.

Problem 10: In the early weeks of conducting the educational campaign, the communicators within the Women's Union, even though they had participated in the training, misinterpreted the message. Instead of educating the women to ask smokers not to smoke in their vicinity, they asked them instead to convince smokers to quit.

Response: as soon as the problem was detected by the PPHA supervisor, the activity was temporally interrupted, and a meeting held with the communicators. The issue was clarified. The supervision measure was reinforced.

3.5 *Were there elements of the project which were not completed to your satisfaction? Why?*

As noted above, all problems encountered were addressed as soon as they became evident in order to ensure that all project elements could be completed as planned. However, there were a few issues which caused the project team to have to adjust expectations. For example, other tobacco control programs conducted in Thai Binh and Da Nang provinces before and during the campaign undertaken through this project caused some level of bias in the baseline survey results and possibly undermined the extent of change that could be attributed to this project. However, this kind of interference is generally unavoidable in a field intervention; rather, attempts were made to ensure that the level of bias was as low as possible.

Similarly, as the project was an intervention rather than a field trial, the budget and the design did not allow the project team to draw final conclusion about the comparability of different intervention approaches (with or without local intervention) or about the effectiveness of individual media channels. Being able to do so may have strengthened the project's results and recommendations.

Finally, the project team learned that its approach to measuring the effectiveness of the TV spots could have been improved. During the post-intervention survey when the project team measured the ability of study participants to recall the TV spots, pictures from individual TV spots were packed in an album and given to each participant to review in the same order; unfortunately, all participants recognized well the first-shown pictures but were reluctant to recall the latter pictures. This made the evaluation of individual TV spots difficult.

3.6 *If you were running the project again what would you do differently?*

In general, the project team was satisfied with the implementation of the project's activities and the results achieved. If there was an opportunity to implement the project again from the beginning, the project team would approach the implementation with all of the lessons learned above in mind and some aspects of the project would be approached or undertaken in a slightly different manner.

Specifically, we would:

- Better identify the target population (homogenous and specific)
- Better plan the budget to ensure that it was sufficient to hire experts as required
- Anticipate the possible personnel changes in the participating organizations to ensure that the project was always adequately staffed
- Better prepare the research tools and instruction and TOR for interviewers to avoid, as much as possible, bias and the need to replace interviewers

3.7 *What was the most significant thing you have learned from the project:*

Team work spirit, enthusiasm, and excellent collaboration can help to overcome many difficulties.

4 ORGANIZATIONAL IMPACT

The successful implementation of smoke-free policy in the country was a priority set by the Vietnam Committee for Smoking or Health (VINACOSH) for Vietnam's tobacco control. This project, with its achievements, has provided an important step to ensure that this priority can be met.

As an INGO working in the area of tobacco control in Vietnam, HealthBridge will continue to focus on the issue of smoke-free policy implementation and enforcement. The organization has already planned several projects on this issue, and the lessons learned and experiences gained through this AP-funded project have proven to be very useful as the project team plans and undertakes these new projects.

The experiences and skill levels of our staff members has improved through involvement in this project. Specific areas of improvement include: coordinating multiple partners in a complicated project; designing, conducting, and monitoring quantitative and qualitative research; and designing and conducting a communication campaign and developing communication materials.

The media campaign materials developed by the project are the intellectual assets of organization and will be used or adapted for future projects; this will avoid duplication of effort and will conserve resources.

The public and international credibility and popularity of HealthBridge in tobacco control have been increased through its involvement in designing and leading this project

5 FINANCIAL INFORMATION (TO BE ADDED LATER)