Evaluation Report

1 Executive Summary

Project Information	**Name of Project Funded**: Reducing the Social Acceptability of Smoking in Viet Nam **Grant Number:** 13002 **Name & Address of Organisation:** HealthBridge Canada (formerly PATH Canada) HealthBridge Canada – Head Office: 1 Nicholas St. Suite 1105 Ottawa, ON, Canada HealthBridge Canada – Viet Nam Office: 15&16, Lane 232, Ton Duc Thang Street Dong Da, Hanoi, Viet Nam **Name & Title of Contact Persons:** Ms. Sian FitzGerald, Executive Director; Dr. Pham Hoang Anh, Deputy Country Director **Name & Title of Person Preparing Report:** Dr. Pham Thi Hoang Anh **Time Frame Covered in the Report and the Time Frame of the Project:** January 1, 2005 to March 31, 2008

Executive Summary

The project "Reducing the social acceptability of smoking in Viet Nam" was initiated and undertaken by Health Bridge Canada (formerly PATH Canada) and the Viet Nam Public Health Association (VPHA) between January 2005 to December 2008 with financial support from the Atlantic Philanthropies. 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 engage in tobacco control. In doing so, the project's activities focused on women, encouraging them to speak out against secondhand smoke exposure and to provide them with skills to effectively dissuade men from smoking in front of others.

The project's **objectives** were to:

1) Improve current levels of public (target population) awareness of the health consequences of active smoking and secondhand smoke exposure (SHS).
2) Increase public support for smoking bans in public places.
3) Improve the behavior of smokers (to not smoke in the vicinity of others) and non-smokers (increase 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.

To achieve these objectives, the project used the following **strategies and activities**:

1) **Developing effective, evidence-based, culture-specific media messages and products to promote increased knowledge of the harmful effects of active and passive smoking and to promote behavior change of 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 messaged 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 Publec 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.

This evaluation report highlights the achievements made by the project in reaching its expected outcomes. The data used to measure the 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.

The key results achieved by the project are as follows.

Related to Obective 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 been 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, 7 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. 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 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 reduced 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 abilitiy 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 interdisciplinarily, 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.

Conclusions

This project demonstrated that even in societies and cultures where smoking in public is widely socially acceptable, advances can be made in both raising awareness of the harmful effects of secondhand smoke and increasing public support for smoke-free spaces.

Recommendations:

1. The knowledge and positive behavior changes begun within the target groups should be strengthened and maintained. Funding support is needed to develop and conduct media campaigns that target different groups on a regular basis.
2. The development of messages and products for tobacco control media campaigns should be evidence–based, and should use every possible communication channel to approach broad target groups**.** For example, as women have limited time to read/listen to mass media messages, it is important to investigate more suitable approaches for this target group.
3. The Government should support tobacco control communication programs by reducing advertising costs for these programs in state-owned media channels.
4. The media products produced by this project should be further improved and used. The experience of developing this media campaign should be shared with the other anti-smoking communication projects in the future.
5. The government should take immediate and strict measures to ban smoking in public places to protect and meet the expectations of the public.
6. The Viet Nam Public Health Association should continue to be active in tobacco control activities in order to strengthen its knowledge and experience gained from the project.

2. Background

Project Description

Describe the project/issue being evaluated so that the reader will understand the scope of the evaluation and be able to understand the association between the project components and its outcomes (e.g., impacts)

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 this has led to widespread acceptability of smoking 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 also has expressed difficulty in implementing policies to provide smoke-free areas, due to widespread public acceptance of smoking.

Changing social attitudes is a gradual process but it is possible to see improvements within a few years. In neighboring Thailand, public acceptance of smoking has declined significantly in the last decade, due to concerted efforts both to raise awareness about the problems of passive smoking and to progressively to increase the number of smoke-free places. Thailand is now one of the best countries in the world in terms of smoke-free public places, despite having had similar public acceptance of smoking as Viet Nam in the recent past. The combination of banning advertising, frequently raising taxes, and banning smoking in most public areas has led to large decreases in smoking among both men and women. Similar efforts in Viet Nam are likely to have similar results.

While the Government has already been successful at banning tobacco advertising and is beginning to accept tax increases, it is still difficult to make progress on smoke-free areas, even though the expansion of smoke-free areas has been shown to be one of the most effective measures in helping people to quit. When smokers are no longer able to smoke in the office and are discouraged from smoking in public places, they gain motivation to quit.

This project complemented efforts by HealthBridge and the Viet Nam Public Health Association (VPHA) to increase smoke-free areas. HealthBridge has worked to enforce smoke-free policies in hospitals and to expand the number of restaurants offering a smoke-free space. HealthBridge, the Viet Nam Public Health Association, and other organizations are working together to educate the public about the dangers of smoking and to promote policies that have been effective worldwide at reducing smoking rates. This project was designed to complement existing efforts and to support long-term national plans to decrease the social acceptability of smoking in Viet Nam, thus leading

to declines in smoking rates and in passive smoking.

In addition to the anticipated long-term effects on smoking, this project also aimed to build the capacity of the Viet Nam Public Health Association to work in tobacco control. The Public Health Association was the primary implementing agency, receiving technical support from HealthBridge. Through project implementation, the VPHA sought to gain skills in quantitative and qualitative research methodologies, design of media campaigns, and project management and project evaluation, as well as key strategies for tobacco control.

The project's objectives were to:

1) Improve current levels of public (target population) awareness of the health consequences of active smoking and secondhand smoke exposure (SHS).
2) Increase public support for smoking bans in public places.
3) Improve the behavior of smokers (to not smoke in the vicinity of others) and non-smokers (increase 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.

Project Features

Describe the projects features, that is, the intended outcomes (short term and long term), principle project activities and outputs designed to achieve outcomes, project location and project implementation sites (if applicable), project duration.

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

To achieve these objectives, the project used the following **strategies and activities**:

Activities	Outputs
Strategy 1. Developing effective, evidence-based, culture-specific media products targeting the harm effect of smoking and of secondhand smoke and behavior change of smokers and non-smokers	
1.1 KAP survey and formative research (see more detail in baseline research report) Collection of baseline information of knowledge, attitudes and behaviors of target population and information for media message development. These were conducted by the research team through quantitative and qualitative research in selected field sites. The following activities were performed under this component:	
Literature review: The researchers conducted a search of all reports, protocols, and articles related to the topic of second-hand smoke exposure in Viet Nam. They looked for IEC materials developed on this topic. This information helped in developing the research protocol and designing research instruments.	Background information for the research report and message development
Development of research protocol and data collection tool: The research protocol and instruments were developed by the research team, revised several times by the project team, and then critically reviewed and commented on by the international consultant. The instruments used for the quantitative survey were pre-tested in the field while the research team was undertaking the qualitative study. A revision of questionnaires and interviewer's guide was made following the pre-testing by project team and researchers. During the data collection, additional comments were collected from the interviewers. Following the completion of the data collection, the research team held a meeting to discuss any problems raised during the field activities. The research team took note of the comments; however changes in wording on the questionnaires were only made if the meaning of the questions was not affected.	Research protocol questionnaires, procedure/ guidelines for sampling, in-depth interview and focus group discussion
Sampling: It was decided that in each province, the research would be conducted in randomly selected rural and urban communes. VPHA selected these communes based on the list of communes of provinces. The local partners contacted the authorities of the selected communes to obtain the list of households with the name/age/gender/marital status of all household members. (See more of details in research protocol and baseline research report).	List of households and individuals selected for quantitative research in each site In total, 1200 women and 1207 smoking men were recruited for interviewing
Data collection: • Qualitative Study A short training was conducted prior to field activities being conducted. In each site, three research team members were assigned to conduct group discussions and in depth interviews. Participants of the in-depth interview in the three provinces included staff of the communes' people committees, staff of the communes' health centres, and health workers in the villages. In each study site, two focus group discussions were	Minutes taken by facilitators, recording tapes of 12 focus group discussions and 27 in-depth interviews were

conducted: one for smokers and one for women living with smoker(s). The contents of the focus group discussion were recorded on recorder tapes. The recorder tapes were collected by VPHA and the tapes transcribed. During the group discussion, selected IEC materials developed by HealthBridge were also tested. The comments from participants were collected and used as a basis for revision. • Quantitative Survey The interviewers in each site were selected by the field coordinator. They included staff of the Research Administration Unit of the Medical University (in Thai Binh province), staff of the Center of Preventive Medicine (in Da Nang), and staff of the Committee for Population – Family and Children (Ben Tre province). In all study sites, a one-day training course was conducted by the research team members who also acted as the site supervisors. One HealthBridge staff member provided overall supervision to all study sites. For the purpose of quality control, in each study site 5% of completed questionnaire were selected randomly for re-interviewing by the supervisor.	collected Completed interviews with 1196 women living with smokers and 1207 smokers
Data processing and analysis For the qualitative research, transcripts of all in-depth interviews and focus group discussion were made from recorded tapes. For the quantitative research, a database was developed by the researchers using EPI-Data. All collected data were entered; the data were cleaned and checked. Quality control was ensured by selecting 5% of all records to check for consistencies between the questionnaires and the database. STATA 10.0 was used for analysis	Dataset of quantitative and qualitative research, data base used for data entry
Report writing: The baseline research report combining the findings from the qualitative and quantitative research was prepared initially by the research team, then revised, commented on by other members of project team, and then finalized by the HealthBridge Canada Viet Nam Office.	The report was submitted together with the data collection instruments to the Atlantic Philanthropies Office.
2) Development of media messages and materials. The conclusions and recommendations based on the research findings (in the Appendix 1) were used as inputs for message development	
Finalization of the key messages: The report on the formative research and baseline survey was shared with the consultants and between team members. Dr. Carroll was invited to Viet Nam for the second time to help the project team to outline the campaign message. After reviewing research findings and discussions with project team, the message selected for use in the family setting was "Speak up for your health and your beloved;" in the public setting it was "Speak up for your health and your surroundings". Recommendations on the content and format of the media campaign are found in Appendix 2. Based on the research findings, the project team determined that mentioning the harmful effects of smoking on both smokers and nonsmokers (including children) in a soft and gentle way would be effective to persuade male smokers to not smoke in the vicinity of their wives and children.	Recommendations of consultants. Key messages used. IEC materials developed.
Production of TV spots: (copies of all media products except the poster used for newspapers has previously been submitted to the AP office)	• Seven TV spots: four on the health effects of

Health effect images from the series of Australian TV commercials "every cigarette kills" were used for the development of TV spots (after permission had been received from the Australian Government). These TV spots focused on the effects of smoking on lung cancer and stroke and the effects of second-hand smoke on children's health. The modeling education focused on encouraging women to speak out when smokers smoked in their vicinity at home, in the work place, and in public places. The dialect of South and Central regions was adopted for the versions used in these areas. Before formal airing, the TV spots were reviewed by the research team and consultants, and then were tested in three provinces (Thai Binh, Da Nang and Ben Tre) using qualitative methods. The testing information was processed, analyzed and a qualitative report was prepared. The TV spots were revised based on the comments received. Production of radio spots: A subcontract between HealthBridge, VPHA and Voice of Viet Nam (VOV) was developed. The project team met with a representative of the Planning Department to discuss the possible channels, the content, and format requirement. A sub agreement then was signed between HealthBridge, VPHA and VOV. The message used for the radio spot was provided to VOV. Throughout the material development the project team kept in close contact with VOV. *Development of other IEC materials (leaflet, training materials, posters)* Selected leaflets previously produced by HealthBridge and other agencies were evaluated during the formative research. Two new leaflets (for women and primary school children) were produced with the active involvement of the local consultant, media officer, and project team members. The leaflets were tested with the target populations before being printed. The leaflets provided information about the harmful effects of passive smoking and instructions on how to keep one's house smoke-free and how to effectively "convince" smokers to not smoke in te vicinity of others. A poster explaining tobacco-related diseases with anatomic images of the human body was developed to serve as teaching materials for school teachers.	smoking and three on role modeling, with three dialect versions • Report of TV spot testing • Three Radio spots, 3 radio reports, 3 talk shows, and 3 educational sessions • Leaflet for women • Leaflet for primary school children. • Teaching plan, teaching materials for Primary School Teachers • TOT training materials for members of the Women's Union • TOT training materials for Deans of Primary Schools • Posters as teaching materials for Primary School Teachers
Strategy 2: Conduct media campaign	

At the central level: For the media campaign, Viet Nam Television (VTV), Viet Nam Radio (Voice of Viet Nam-VOV) and two newspapers ("Labor Weekly" and "Viet Nam Women Newspaper") were chosen to conduct the media campaign. With each of these media agencies, the project team met with the program director to present the purpose of project and technical expectations. The timeline for implementation and budget were also negotiated. To support the project's request to VTV and VOV, before the meeting with these agencies, the project team obtained a supporting letter from the Commission of Science and Education and from the Commission of Ideology and Social Affairs. Before the campaign, a workshop was conducted with the support of the Press Department of the Commission for Ideology and Culture Affairs. Participants at this workshop were journalists representing various newspapers of northern and central provinces. Reporters from Thai Binh and Da Nang newspapers also participated in the workshop. The main findings of the research (both quantitative and qualitative) were presented. TV spots were introduced in the workshop. The airing of the media campaign was begun with television, followed by radio and newspapers. The timeline of campaign is presented in the Appendix 3 At the local level: An additional television campaign was run in all three provinces by provincial television and radio stations, using the TV spots developed at the central level. The provincial PHA supervised these activities. In Thai Binh province, in addition to airing the TV spots, local stations also re-broadcast the radio spots, reports, and radio talk shows that had been used at the central level. To support the mass media campaign at the community level, in all 285 communes of Thai Binh province, the local commune loudspeaker transmitted the provincial radio broadcasts to make sure that the community was properly exposed to the information (planned for four months; two months have passed to date). Two leaflets and one poster were also disseminated via the Women's Union to women and via the Provincial Department of Education and Training to primary school children to educate them about the harmful effects of smoking, how to deal with smokers, and how to keep a smoke-free house.	• 7 TV spots aired: 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 the 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) 130,000 copies of the leaflet for women; 133,000 copies of leaflets for children; 1500 copies the poster for primary school teachers and 4500 copies of "Guideline on teaching tobacco control for primary school teachers" and teaching plan were disseminated
Strategy 3 Community education program: In Thai Binh province, in addition to the media campaign, many community-based activities were designed and conducted. This component, beside promoting and capacity building for PPHA of Thai Binh province in health education and public mobilization, aimed to provide an opportunity to evaluate the impact of additional community-based programs as compared to media campaign only	
	• The "Club of women

Provincial Public Health Association in collaboration with HealthBridge and VPHA, the PPHA organized one workshop for 55 participants of key partner agencies. Three billboards with anti-smoking content were designed and displayed in public places (in front of a high school, the central market, and the bus station); a TV report on smoking in public places and tobacco control movements in the province was completed and aired by the provincial television station *The Women's Union* mobilized its members to support and advocate for the implementation of smoke-free policy in public places and at home. A workshop on TC was organized for 350 activists of the Women's Union. These women then communicated the information to their members and organized activities at the commune level. The leaflet "Speak up for your health and your beloved" was disseminated via the workshop to the community. At the community level, during regular Union meetings the activists shared information and disseminated the leaflet to women living with smokers. Several smoke-free community models were implemented by the Women's Union *School children* were mobilized to act as communicators in the "smoke-free house" campaign. A training workshop was organized by PPHA and the Department of Education and Training for the heads of all primary schools in the province. The TC training program for primary schools was introduced with teaching materials (a poster, guideline, leaflets). The schools then implemented a session on "how tobacco harms and how to keep you away from tobacco smoke" for all classes. The leaflets were disseminated to the community via children. In March 2007, at Minh Thanh primary school, a competition for all students on tobacco, its harmful effects and how to persuade relatives not to smoke indoors was organized. The competition was broadcast on provincial TV. *Provincial Education Promotion Association* A series of TOT trainings followed by community training sessions were organized by the "community education center" of PEPA. The course content addressed the harmful effects of smoking, how to quit, and how to keep a smoke-free house/community. (This activity was supported by the Mainstreaming Tobacco Control project) *Youth Union:* During a smoke-free rock concert, a message was disseminated "youth of Thai Binh says "No" to smoking", leaflets on "smoking harms your health" and "tips for quitting" were disseminated *Department of Transportation:* A tobacco control curriculum was included in the training program for bus and truck drivers at the Provincial Center for Drivers' Training; topics included the harmful effects of smoking, smoke-free policy implementation in public places, and smoking cessation. The lecture was given to 12 groups, attracting 2000 participants. The Center also adopted a smoke-free policy.	with non-smoking relatives" was organized in 13 communes; the "Smoke-free house" model has been implemented in two communes by the Women's Union. In one of these communes, 100% of funerals and 5 weddings were smoke-free during the project's implementation; 130,000 leaflets were disseminated to the members • 295 schools have run the teaching program on "how tobacco harms and how to keep you away from tobacco smoke". 133,000 leaflets have been disseminated via children. • 290 "community teachers" attended TOT. These trainers then organized 570 education sessions for 17,100 people in their communities.
Strategy 4 Supporting smoke-free areas in the community	

<table>
<tr><td colspan="2">This component was implemented in Thai Binh province</td></tr>
<tr><td>The concept of smoke free hospital was introduced during the introductory workshop for the main partners
Another workshop on “smoke free” office was organized with 85 participants for the leaders of local government
A smoke free campaign was run in hospitals, public transportations, government offices, schools and comm
Several smoke free community models were implemented by the Women’s Union
A smoke-free policy on public transportation vehicles was adopted by two public transportation companies; a meeting was organized to inform drivers of the policy. One hundred percent of these companies’ transportation had “No-smoking” signs displayed.</td><td>26 health facilities, 240 commune health stations, the offices of six provincial party and government departments have committed to going smoke-free
The implementation of a smoke-free policy in Thai Binh was introduced to the public by television with encouraging messages for compliance
The “Smoke-free house” model was implemented in two communes by the Women’s Union. In one of these communes, 100% of funerals and 5 weddings were smoke-free during the project’s implementation;
Tobacco control policy was implemented in public transportation settings</td></tr>
<tr><td colspan="2">Strategy 5: Active involvement of VPHA in all steps of project development and implementation and promote networking.
At the central level, VPHA was actively involved in every step of project implementation: development of project implementation plan, development of the proposal and data collection tools for the baseline-formative and post- intervention surveys, development of media campaign materials, monitoring the data collection process, designing and supervising the field works. VPHA was also actively involved in coordinating the TCWG meetings and several important regional and national tobacco control workshops and capacity building programs.

In Thai Binh province, the PPHA played the lead role in coordinating and implementing tobacco control activities at the provincial level. All activities described in the strategies 3 and 4 were directed by the Thai Binh PPHA</td></tr>
</table>

Project location: Hanoi, Viet Nam

Implementation sites:

Three provinces/cities in three regions of Viet Nam were selected as intervention sites: Thai Binh province in the North, Da Nang city in the Central and Ben Tre province in the South. The selection of province/city was purposive with assumption that these

provinces/cities were typical for their region. One rural commune and one town/precinct then were randomly selected from the list of communes of each selected province/city.

Thai Binh province:
Quang Trung precinct, Thai Binh town is located in the center of Thai Binh town with the area of 47 ha. It has a population of 15,321 people. Average income per person was 11.6 million dong/per person/year. The majority of the commune's inhabitants are agricultural labors (75%), followed by industry and services.

Tay Tien commune has an area of 5.3 square kilometers. It has a population of 4,378 people. Average income per person was equivalent to 900 kg of rice/year. The majority of the commune's inhabitants are agricultural labors.

Da Nang province:
Binh Hien precinct is located in the center of Da Nang city with area of 0.5 square kilometers. It has a population of 12,.963 people. Average income per person was 5.4 million dong/year. Thirty percent of the people in this precinct were government staff, the rest were common laborers.

Hoa Tien commune is located in the south west of Hoa Vang district, Da Nang city. It has population of 15,109 people. Average income per person was 5 million dong/per year. The majority of commune's people are agricultural laborers.

Ben Tre province:
The subdistrictt #8, Ben Tre town has a population of 7,360 people. Average income per person was 7 million dong/per year. About 75% of people here are agricultural laborers.

An Khanh commune, Chau Thanh district has an area of 14,4461 square kilometers. It has population of 9,742 people. Average income per person was 5.7 million dong/ per year. About 69% of the population are agricultural laborers.

Project Participants, Audiences & Stakeholders

Project participants:

The major players in project implementation were:
1) HealthBridge has worked in tobacco control in Viet Nam since 1995, and has played a valuable role in supporting and developing the tobacco control movement in Viet Nam. In this project, HealthBridge provided mentoring and technical guidance in the development and implementation of the strategic plan and to built the capacity of the VPHA and its members to work more effectively to promote tobacco control. HealthBridge was also responsible for project management

2) Viet Nam Public Health Association (VPHA) is a social and professional organization committed to improving public health in Viet Nam. The Association took the lead role in implementing the project, particularly in designing and conducting its research component and the community-based activities.

3) Committee for Ideology and Culture is an agency of the Communist Party and is responsible for ideology-politic education and supervising activities of all media agencies in the country. In this project, the Committee helped HealthBridge and VPHA to build connections with media agencies (Viet Nam Television and Radio) and to identify the local media consultants for the project.

4) Viet Nam Media: Viet Nam TV (channels 1 and 3) and VOV, newspapers (Women and Labour Weekly) and Provincial Television and Radio of provinces Thai Binh, Da Nang and Ben Tre helped in disseminating the message (by TV and radio spots).

5) Ben Tre Provincial committee of Population, Family and Children:

In **Thai Binh** province, in addition to the PPHA and media agencies, other partners were Women Union, Department of Education and Training, Departments of Transportation, Provincial Education Promotion Association and Youth Union
. They supported the PPHA to implement all community-based activities described under strategies 3 and 4 .

Audience: The project targeted smokers (normally male) and women (as passive smokers); however as information about the harmful effects of smoking and passive smoking was disseminated on VTV and VOV, the general public was reached.

2.1. Project Context

Describe the contextual factors within which the project is operating

According to Viet Nam National Health Survey of 2002, 56.1% of males and 1.8% of females were current smokers. If this prevalence of smoking remain consistent, by 2010, there will be 10% of Viet Nam population, or 8 million people, will die from tobacco related diseases, half of them being in reproductive age.

The Viet Namese government has adapted strong measures for tobacco control over the last several years in order to reduce tobacco use and the harm it causes. In 1989 the Viet Nam Ministry of Health established an Office to work on tobacco issues. In 2001 this

office became the inter-ministerial Viet Nam Committee on Smoking or Health (VINACOSH).

The Government Resolution on "National Tobacco Control Policy 2000-2010" No 12/2000/NQ-CP signed by the Primer Minister in August 2000, is containing a variety of measures including health education to achieving their goal of a reduction of smoking rates and an increase in protection for non-smokers. Implementation of the national policy is headed by VINACOSH, which in turn is chaired by the Minister of Health. This Committee includes 17 ministries and major organizations with specific responsibilities relating to tobacco. The Resolution clearly indicated: "Ensure that the whole population is provided with relevant and reliable information about tobacco as related to health hazards, financial consequences, legal aspects and social norms. Information - education - communication activities ... should be promoted".

Viet Nam became the member of international Framework Convention on Tobacco Control (FCTC), in Febaruary 2005. Following the engaged commitments, Viet Nam has drafted plan for its implementation. Of particular note are those documents which seek to implement smoke-free policies in government workplaces and specific public places, including hospitals, schools, and public transportation vehicles and stations (Instruction 12/2007/CT-TTg, Decision 129/2007/QD-TTg, and Decree 45/2005/ND-CP). Together, these documents outline smoke-free policy implementation requirements and related penalties. Official instructions for the policy's implementation at ministerial agencies have also been issued by the Ministries of Health, Education, and Transportation.

Other programs that may have interfered impact on the project outcomes are:

At central level
The media focus on tobacco control conducted around World No-Tobacco day (31 May). In 2007, when the evaluation was conducted, the theme of WNTD was "Smoke free public places".

In Thái Bình province:
The "Smoke free community" component of the project "Mainstreaming Tobacco Control in Viet Nam" implemented by HealthBridge, was implemented only one week before the baseline survey.

In Bến Tre, none of tobacco control intervention was conducted around the time when project was implemented

In Đà Nẵng city, the project "smoke-free community" funded by SIDA through which the Center for Health Communication and Education implemented a small scale campaign developed 13 smoke free hospitals, broadcasted two TV spots per week on local TV about the harmful effects of smoking and and the importance of not smoking in

public places or in the vicinity of children, and produced radio spots on Da Nang Radio about the harmful effects of smoking and passive smoking.

Eventhough these programs were not intensive and rather short, no doub, its have contributed to the change of public awareness of harm effect of smoking and of benefits of smoke free policy implementation. The level of this contribution was difficult to estimate

Evaluation Methodology

Evaluation Design

This should be aligned with the stated outcomes which the project intended as well as best-practice in the field (within the constraints of time and cost)

This was an outcome evaluation. The 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 1196 women and 1201 male smokers for pre-intervention survey and 1182 women and 1217 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.

Data source and sampling

Study population:

+ Women aged 18-55
+ Male smokers aged 20-60

Sample size

- *Women:* The formula for sample-size calculation of pre-post intervention was applied.

$$n = \frac{\left\{ z_{1-\alpha/2}\sqrt{2\overline{P}(1-\overline{P})} + z_{1-\beta}\sqrt{P_1(1-P_1)+P_2(1-P_2)} \right\}^2}{(P_1-P_2)^2}$$

With:

Significance α = 5% Power : β = 90%

Estimated percentage of women exposed to tobacco smoke before intervention: P_1=50%

Estimated percentage of women exposed to secondary tobacco smoke before intervention: P_2=40%

$\overline{P}$ = (P_1 + P_2)/2

Applying the above formula, the sample size was n= 519. The project team assumed that the percentage of people who would not participate in the study was 15%. Therefore the sample size was adjusted to 600. The team applied multi-stage random sampling with the design effect=2. Consequently, the ultimate sample size of women needed for 3 provinces was 600 x 2 = 1200

* Male smokers: The above formula was applied again.

With:

Significance α = 5% Power: β = 90%

The percentage of men who smoke in front of other before intervention: P_1=50%

The percentage of men who smoke in front of other after intervention: P_2=40%

$\overline{P}$ = (P_1 + P_2)/2

Using the formula, the project team had a sample size of n= 519. With the estimation of non participation being 15%, the team adjusted the sample size to n =600. Here again, the team applied multi-stage random sampling with the design effect=2. Consequently, the ultimate sample size of male smokers needed for 3 provinces was 600x2= 1200

Sampling methods:

Women sampling:

In each commune/precinct, the project team randomly selected 200 women aged 18-55 from the List of Households (an updated record on demographic characteristics of all members (commune's or precinct's population record) of each household).

The samples for baseline survey and post-intervention survey were independently selected.

The number of women actually participated to interview were:

		Thai Binh	Da Nang	Ben Tre	Total
1	Baseline survey	400	398	398	1196
2	Post survey	387	396	399	1182

Male smokers sampling:

From the List of Households of each commune or precinct, a sampling frame consisting of all men aged 20-60 was developed. As the prevalence of adult male smokers was about 50%, to be able to interview 200 smokers, the original sample included 400 men.

Samples for baseline survey and post survey were independently selected.

The final number of male smokers participating in the survey by location was:

		Thai Binh	**Da Nang**	**Ben Tre**	**Total**
1	Baseline survey	405	404	392	1201
2	Post survey	413	404	400	1217

Procedures & Schedule for Data Collection and Data Analysis

Data collection

Field procedures

The interviewers in each site were selected by the field coordinator. They were the staff of the Research Administration Unit of Thai Binh Medical University (Thai Binh province); staff of the Center for Preventive Medicine (in Da Nang province): a staff of the Committee for Population – Family and Children (Ben Tre province).

In all study sites, one-day training was conducted by members of the research team, who also acted as the site supervisors. HealthBridge staff members provided overall supervision to all study sites.

For the purpose of quality control, in each study site 5% of completed questionnaires were selected randomly for re-interviewing by the supervisors.

The procedures of training, interviewing, and supervising were similar for baseline and post-intervention surveys.

Data for baseline survey was collected during August-September 2005.

Data for post-intervention survey was collected during August and September 2007, one month after the end of the communication campaign.

Data collection tools
The structured questionnaires were developed in consultation with consultants. The questionnaires were pre-tested and revised several times before the formal data collection. Interviews took place at the household of selected subjects, lasting in average 30 minutes. If the subject was not available at home during the first visit, the interviewer came back for the interview.

Data processing
The completed questionnaires were checked by supervisors. The missing information found were requested to be completed. The information were cleaned, coded and entered into computer using Epi-data software. Quality control of data entering was ensured by selecting 5% of all records for double entering. The internal logical check was developed during development of data base
Data analysis The statistical software package STATA 8.0 was used to perform descriptive as well as analytical analysis. Proportion tests were used to see changes between baseline and post surveys on selected variables. T-tests were used to comparing means of days exposed to secondhand smoke between baseline and post surveys.

Quality assurance

The following measures were taken to ensure the quality of information

- The study tools developed, reviewed and commented several times by epidemiologists and were then piloted and revised before the data collection
- In each province there was an unique data collection team for both rural and urban areas. The interviewers who had good education background, were thoroughly trained and strictly supervised.
- The process of data collection guideline was developed and strictly complied.
- In each study site 5% of completed questionnaires were selected randomly for re-interviewing by the supervisors .to control the consistency and appropriateness of interviews
- A random sample of 5% of all records were re-entered to check for consistencies of data entry
- An internal logical check was developed during the development of data entry software to limit data entry errors.

- Before being interviewed, participants were explained clearly about the study purposes and had the right to refuse or to participate in the interview if they wished to do so.

3. Project Evaluation Design

Purpose of Project Evaluation:

The purpose of this evaluation was to assess the level of achievement of the project's objectives from a short-term perspective. This evaluation was based on reviewing the achievement of the project's expected outcomes described using the indicators outlined in section 11.3 of the project proposal.

Evaluation Questions

Outcome 1: Improved awareness of target population of the health consequence of smoking and passive smoking

"Did the project improve the awareness of the target population of the health consequences of smoking and of passive smoking?"

The indicators used to measure the achievement of this outcome were:

- change in correct understanding of the harmful effects of smoking among the target population
- change in correct understanding of the harmful effects of passive smoking among the target population

Outcome 2: Increased public support for smoke-free policy implementation

"Did the project improve the level of support among the target population for smoke-free policy implementation?"

The indicators used to measure the achievement of this outcome were:

- change in disagreement to smoking in public places among the target population
- change in favoring a smoking ban in public places among the target population

Outcome 3: Increased public and media attention to TC

"Did the media become more active in tobacco control during and after the project implementation?" and "Has the public become more interested in the issues related to tobacco control?"

The indicators used to measure the achievement of this outcome were:

- the level of media involvement in the campaign
- media coverage of tobacco control issue during the project

- the level of information exchanged about the harmful effects of smoking between the target groups and others

Outcome 5: Effective, evidence-based, culturally-specific media products developed for use in tobacco control in Viet Nam

"How many (types) media products were produced?" and "Which actions/steps were taken to ensure that the products met the quality expectations (evidence-based, applicability, culture appropriateness?"

The indicators used to measure the achievement of this outcome were:

- the number and types of media products produced by the project and the quality insurance process

Outcome 6: Getting the facts on the impact of different approaches in changing public awareness and behaviors.

"Did additional community-based programs make an added value to the impact of project in changing the KAP of target population?"

The additional community based activities conducted in Thai Binh were expected to bring additional value, reflected in a wider extent of change in knowledge and behaviors among the target population as compared to the study sites where the media campaign was the only intervention used. However, due to some interventions conducted just before the baseline survey was conducted in Thai Binh, the measured change may not reflect the real situation.

Outcome 7: Developed positive behaviors among smokers and non-smokers in the intervention areas

"Was the project able to make a change in % of positive behaviors in smokers (not to smoke in vicinity of others) in a short term perspective?" and "Was the project able to make a change in % of positive behaviors in non-smokers (ask the smokers not to smoke in the vicinity of themselves) in a short term perspective?"

The indicators used to measure the achievement of this outcome were:

- increase in % of smokers claiming not to smoke inside the houses/in vicinity of others
- increase of % of women in KAP survey claiming confidence in their ability to convince smoking family members not to smoke inside the house

Outcome 8: Reduction of public exposure (particularly of women and children) to secondhand smoke in intervention area

"Was there a decrease in the % of exposure among women to second hand smoke in post-intervention survey as compared to the baseline?"

The indicators used measure the achievement of this outcome were:

- change of % of women in KAP surveys claiming exposure to smoking at home during last 24 hours

Outcome 9: Improved VPHA's capacity and capability in tobacco control
"How was VPHA involved in project implementation and other TC activities?" and "How has the position and credibility of VPHA changed?"

Evaluators:
The surveys were conducted by two epidemiologists of the Department of Epidemiology, at the Hanoi School of Public Health with the participation of local partners in data collection process
The evaluation report was prepared by the project team. The findings from the surveys and the information on the process evaluation collected during the project implementation were combined.

Findings, Conclusions & Recommendations

Related to Obective 1:

1) **Improved awareness of target population of the health consequence of smoking and passive smoking**

- Overall, 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. These proportions in Thai Binh were 58% and 68% respectively.
- The proportion of male participants able to mention two or more passive-smoking related diseases increased from 44% in 2005 to 66.5% in 2007. In Thai Binh from 51% to 65%.
- The proportion of male participants able to mention two or more smoking related consequences in pregnant women increased from 16% in 2005 to 47% in 2007. These proportions in Thai Binh were 22% and 47% respectively.
- In the baseline survey (2005), 75% of male participants knew that smoking causes respiratory diseases and 34% knew that it causes lung cancer. These proportions increased to 80% and 58% in the post-intervention survey in (2007). In Thai Binh, in 2005 these proportions were 85% and 41% as compared to 83 and 57% in 2007. The significant increase was observed only about lung cancer
- In the baseline survey, 72% of male participants knew that passive smoking causes respiratory diseases and 34% knew that it cause lung cancer. These rates

increased to 77.6% and 47.2% in the post intervention survey (2007). Respective proportions in Thai Binh were 83% and 41% (2005) as compared to 97% and 46% (in 2007).

- The proportion of female participants in three provinces been 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 have been increased to 84% and 48.6% respectively in the 2007 post-intervention study. The respective rates in Thai Binh were 84% and 46% (in 2005) as compared to 85% and 56% (in 2007).

Related to Objective 2:

2) **Increased public support for smoke-free policy implementation**

The absolute majority of smoking males participating in surveys agreed that everyone should be protected from the exposure to tobacco smoke (92.8% in 2005 and 95.1% in 2007, $p<0.05$). The observed results in Thai Binh were 91% and 95%. The proportions in females agreeing on the same points were 96.9% and 98.4% respectively in all three provinces ($p<0.01$) and 98 and 99% in Thai Binh (statistically not significant diference) .

3) Increased public's and media's attention on TC

The mass media involvement in media campaign was described in the project activities under the **strategy 2** above. Beside these, the results from 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). . These observationa were made from a surveillance of 65 printing and on-line newspapers.

The impact of project on the interest of media to TC issues was not easy to evaluate objectively as there were many other factors that may have stronger impact on this: other programs, political environment, lobbying of tobacco industry…so it is difficult to conclude that the change observed was related to tne project.

The immediate impact of campaign was observed in Thai Binh where many mass organizations had involved in tobacco control

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

a. The media products of this project are listed in the project activities description.

b. The messages given by this project were based on the result of a survey designed and implemented under the supervision of Australian and Viet Namese communication experts in order to collect necessary information for producing media products and designing media campaign.
c. The media products were designed and produced with the participation of a prestigious communication company (International Mass Media co-operation Centre) and used good documentations of Australian Communication Programs which were tested in community and adjusted before using.

d. To ensure the cultural appropriateness, all actors and actresses were Viet Namese, the scenes were filmed in typical spaces of Viet Nam and when it was broadcasted in the South, local dialect was adopted.

However, to gain objective assessment about necessary particularity of an effective media product, it is necessary to have a specifically designed study which is beyond the scope of this project.

<u>Related to Objective 3:</u>

5) **Getting the facts on the impact of different approaches in changing the target group's awareness and behaviors.**

Choosing Thai Binh to implement community-based activities in addition to communication activities as in other locations provided a chance to access the impacts of community based activities on the outputs by comparing the pre-post changes of Thai Binh to that in other areas.

Despite the fact that right before the start of project, some communication activities of another project in Thai Binh had just finished, the results of baseline survey showed that many knowledge indicators of Thai Binh were much higher than other areas. This difference has potential risk for reducing desired level of changes in Thai Binh. However, assessment changes on knowledge and behaviors showed clearer changes among men in Thai Binh than in other provinces.

6) Increased positive behaviors among smokers and non-smokers

In Thai Binh province , the proportion of men who declared that had not smo ked inside their homes within the past week increased from1% to 11% over the project's lifetime. There was no difference among two investigations in other areas.

In Thai Binh, the proportion of men who declared that they had not smoked in front of their wives in the past week increased from 11% to 18%. The degree of change in other provinces was not clear.

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In Thai Binh, proportion of men who declared that they had not smoked in front of

their colleagues in the past week increased from 16% to 29%. The degree of change in other provinces was not clear.

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In both surveys, the proportion of men who declared that never smokes in front of children always higher than the proportion that declared never smokes in front of other women in their family and in front of female colleagues.

The proportion of women who reported having interaction with their 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% at 2005 to 35% at 2007. This proportion in Thai Binh were 38.5% and 65%.

There was no changes 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 stop smoking increased up 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 sho interacted with colleagues sho 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.

As the campaign was conducted mainly through central and provincial television and radio , except for Thai Binh province, where there was additional local campaign conducted. The change observed in Ben Tre province, where there was none of tobacco control communications conducted before the project could be an evidence that the project has affected to the target groups of the whole country.

7) Reduced public exposure to secondhand smoke in the intervention area.

The two surveys demonstrated that the proportion of women living with smokers in the three months before survey declined slightly (68% in 2005 and 65% in 2007; $p<0.01$). The proportion of women living in families that included at least one smoker and children (under the age of 16) saying that their children inhaled the smoke in the previous three months declined from 68% in 2005 to 48% in 2007. The number of women reporting that their family members inhaled SHS everywhere and at anytime 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 down to 3.6 days/week in 2007); at work (from 2.2 days/week down to 1.27 days/week in 2007) and in public places (from 1.6 days/week in 2005 down 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 reduced 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's 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 abilitiy 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 interdisciplinarily, and coordinating local tobacco control activities.

9) Expeted outcome 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.

Conclusions:

This project demonstrated that even in societies and cultures where smoking in public is widely socially acceptable, advances can be made in both raising awareness of the harmful effects of secondhand smoke and increasing public support for smoke-free spaces.

Recommendations:

7. The knowledge and positive behavior changes of the target group should be strengthened and maintained. The funding is needed to develop and conduct the media campaign targeting different groups on regular basis
8. The development of messages and media products of Tobacco Control media campaigns should be evidence based. The media campaigns should use effectively every possible communication channels to approach whole target groups**. As** women have limited time available to expose to mass media, it is important to investigate more suitable approaches for this target group.
9. The Government should support Tobacco control communication programs by reducing advertising costs of these programs in state-owned media channels.

10. The media products produced by this project should be further improved and used. The experience of developing this media campaign should be shared with the other anti-smoking communication projects in the future.
11. The government should take immediate and strict measures to ban smoking in public places to protect and meet the expectations of public
12. The Viet Nam Public Health Association should be given more favorable conditions to further participate in Tobacco Control activities in order to strengthen their knowledge and experience gained from the project.