Canadian Fund for Local Initiatives End of Project Report:
Preventing child marriage and addressing early pregnancy in Ethnic Minority communities of Son La Province, Vietnam

August 2020 – February 2021

Prepared by: HealthBridge Foundation of Canada in Vietnam
### Project Location
Thuan Chau, Yen Chau Districts, Son La Province, Vietnam

### Project Objectives
Were project objectives achieved as described in Clause 1.03 of the Contribution Agreement?

Yes. All the project objectives were achieved.

At the end of the project, all expected results were completed:

1) **Enhanced knowledge of 54 ethnic minority midwives (EMMs) on adolescent reproductive health and increased skills to work with adolescents in hard-to-reach villages in Son La province:**

   53 EMMs and female village health workers (VHWs) in hard-to-reach villages of Son La province were trained on adolescent reproductive health and related skills to work effectively with adolescents.

   Rather than exclusively training EMMs, the project chose to train EMMs and VHWs. There are two main reasons for this decision. Firstly, from January 1, 2020, according to the Resolution 120/2019/NQ-HDND of the People's Council of Son La province, VHWs, EMMs and part-time staff in the villages no longer receive a monthly allowances (about 600,000-700,000 VND/month). Due to these changes in compensation, many VHWs and EMMs have resigned.

   Secondly, a recent policy in Son La province merged nearby villages into one village, amalgamating 102 villages into 82 villages. This change led directly to many EMMs losing their jobs and led to EMMs resigning to pursue better paid opportunities in big cities.

   In response to this situation, the project encouraged EMMs to return to work and invited a number of female VHWs to take part in home visits with the young couples and group communication events with local adolescents. 53 EMMs and female VHWs have been trained on adolescent reproductive health (ARH). Trainings were conducted by the Son La Center for Disease Control and all trainees obtained above satisfactory results on post-training tests. EMMs actively participated in activities to contribute to reducing the incidence of child marriage and supported married children and adolescent families in their villages.

2) **Enhanced knowledge and skills of 60 adolescents and 18...**
teachers regarding educating young people about ARH and gender equality.

Two and three-day workshops were conducted in September & October 2020. Workshops were organized in two districts, where 60 students of all grades levels from six secondary schools (mainly Thai and H’Mong students, a few are Khang, Kho Mu, Kinh ethnic group) and 18 teachers (as supportive advisors) attended as participants. The participants were learned from and collaborated with the staff from the Provincial Centers for Disease Control, the District Health Center, and the District Education and Training Division.

The primary workshop training instructor was a general practitioner, with more than 18 years of experience in working as a coach, trainer & consultant. He has experience in conducting training courses about sexual and reproductive health, gender equality and facilitation skills for governmental agencies, other NGOs and UN agencies in Vietnam.

Through the workshop, local students and teachers were trained on adolescent reproductive health and gender equality topics. An experiential learning approach was used, and students shared knowledge, skills and experience about conducting communication activities and events on relevant adolescent reproductive health and gender equality topics for peers in schools and in the community. After the training course, students and teachers worked together to develop communication programs suitable to their local areas.

3) All new babies born to from young couples are officially birth registered.

With the support of EMMs, all 63 new babies born from young couples in the project communes were officially registered at birth.

At the beginning of the project, EMMs visited all households with an adolescent to identify the target group. EMMs kept track of young couples preparing to give birth and counseled the new parents about birth registration and other important topics.

During a six-month intervention period, all 63 newborn babies to young couples were officially birth registered.

4) Enhanced knowledge of contraceptive methods, safe
motherhood and nutrition for young children among adolescent couples in 6 project’s communes.

1,151 household visits were conducted in a six-month period by EMMs. 1,402 young couples and adolescents were counseled about birth registration, contraceptive methods, safe motherhood, and food and nutrition for young children, at their homes. EMMs referred 38 adolescents to higher levels of health care services, at the Commune or District level, when they recognized were danger signs during pregnancy.

50 group counseling sessions were conducted between September 2020 and February, 2021, by EMMs in the villages. 522 adolescents attended group counseling. During these sessions, adolescents were provided counseling and education on gender equality, the consequences of early marriage, and adolescent reproductive health.

5) Enhanced knowledge of the consequences of child marriage and early pregnancy, gender equality, and reproductive health, among community adolescents in 6 project’s communes

Six events in schools, six events in the commune and 33 events in the village were conducted by adolescents trained in delivering adolescent reproductive health education. A total of 5,001 adolescents in schools and in communities participated in these events.

In each event, short plays and interactive games were used, as educational tools, to integrate messages about the consequences of child marriage and early pregnancy, gender equality, and reproductive health for adolescents.

6) Enhanced awareness of the consequences of child marriage and knowledge of gender equality for community members, including parents in 6 project’s communes.

Community members, including parents, had the opportunity to participate in educational activities about the consequences of child marriage and improve their knowledge of gender equality while attending events in villages and communes.

In total, 39 events at the village and commune-levels have been conducted, of which 1,085 community members attended. During these events, community members were invited to participate in interactive games led by the adolescent communicators. This lend the
opportunity for parents and other community members to gain improved awareness of and changed attitudes towards child marriage and gender equality.

7) **Lessons learned and best practices have been shared widely.**

In November 2020, HealthBridge Vietnam co-hosted midterm monitoring of project activities with the Son La Center for Disease Control, the 2-District Health Centers and the 2-District Education and Training Divisions.

In December 2020 and January 2021, 24 monitoring visits from the District Health Centers and the District Education and Training Divisions to schools and villages were conducted.

Supervised activities included: household visits with adolescent couples, adolescent group counseling, and events on adolescent reproductive health, gender equality and prevention of child marriage in the communes, schools and villages. Lessons learned and best practices were recorded and were shared.

<table>
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<tr>
<th>Project Activities</th>
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<tr>
<td>- Conduct 2 educational and skill learning training courses for 53 EMMs on adolescent reproductive health and gender equality, where EMMs learned skills to work effectively with adolescents, from 17-18/09/2020 in Thuan Chau and Yen Chau district, Son La province.</td>
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<tr>
<td>- Conduct 2 educational and skill building training courses for 60 adolescents and 18 teachers on adolescent reproductive health, gender equality and facilitation skills from 28-30/09 in Yen Chau district and from 2-4/10/2020 in Thuan Chau district.</td>
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<td>- Identified target groups in 53 villages in September 2020</td>
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<td>- Conducted 6 events to raise awareness about adolescent reproductive health and the consequences of child marriage at the commune level from November 2020 to January 2021</td>
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<td>- Conducted 6 events to raise awareness about adolescent reproductive health and preventing child marriage, in schools from November 2020 to January 2021</td>
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<tr>
<td>- Interventions at community level – 53 EMMs provided counselling on ARH and gender equality to adolescents from September 2020 to February 2021</td>
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<td>- Interventions at community level – 33 events in community led by ARH communicators, in 82 villages from November 2020 to January 2021</td>
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<td>- 24 supervision trips from district to communes and villages</td>
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From November 2020 to January 2021
- Dissemination workshop in province shared project results, best practices and lessons learned in January 2021.

Were all planned activities completed?
All planned activities were completed, except for the last activity: dissemination workshop in province to share project results, best practices and lesson learnt.
In response to the COVID-19 outbreak in Vietnam at the end of January 2021, the Government and the Son La Provincial People's Committee issued the official dispatches requesting to restrict on organizing event. Therefore, the dissemination workshop in Son La city was canceled. HealthBridge Vietnam has reported this information to CFLI. We have also requested to allocate the dissemination workshop budget for printing the communication materials to increase project beneficiaries which has been approved by CFLI.
Please see some selected photos of the project activities in the appendix 2.

Were all planned activities completed on time?
Yes

Did you encounter any significant challenges implementing project activities?
Yes, the COVID-19 pandemic presented challenges towards the end of the project. As a result of the pandemic and associated control measures, we were unable to complete the dissemination workshop, which would have shared project results, best practices, and lessons learned. The Canadian Embassy's visit to the field was also not possible given the complicated development of COVID 19 pandemic.
Our solution was developing the Information Education Communication materials on adolescent reproductive health, prevention of early marriage and early pregnancy. Through these communication materials, we presented lessons learned from the project implementation and incorporated best practices into the content of the materials. This modification was approved by CFLI in advance.

**Project Results**
- The two workshops hosted for EMMs and VHWs (1 day for each workshop in each district) provided 53 EMMs and female VHWs with knowledge on adolescent reproductive health, as well as skills to work effectively with adolescents in the community.
- The three day-workshops (one for each district) trained 60 local adolescents and 18 teachers, 2 staff members from District Health Centers, 2 staff from District Education and Training Divisions, and 1 staff from the CDC (as supportive advisors) to communicate with adolescents, parents, teachers and other community members about ARH and gender equality topics.
- EMMs visited all households with adolescents in their village to identify and target groups of adolescents. All information about adolescents were kept by EMMs in confidentiality, which allowed them to tailor their counselling later.
- Six events were held to raise awareness about the consequences of child marriage and gender equality. They were conducted in 6 communes of 2 districts (one in each commune) for 781 adolescents and 275 community members.
- Six events were held to raise awareness about adolescent reproductive health and prevention of child marriage in 6 schools (one in each commune) of which 2,514 adolescents and 64 community members attended.
- EMMs provided individual counseling for 1,402 adolescents and group counseling for 522 adolescents on adolescent reproductive health at their village.
- 33 small events in hard to reach villages were held and conducted by adolescent communicators to raise awareness about adolescent and reproductive health, of which 1,706 adolescents and 746 community members attended.
- Officials from Department of Health and the Department of Education conducted 5 visits to project’s communes to provide directions, guidance as well as to monitor activities.

**Were all of your planned project results achieved?**

Yes, except for: “The dissemination workshop would be conducted at the province to share project results and lessons learnt. It is expected to have 56 participants including representative from Ministry of Health, Committee for Ethnic Minority Affairs, Provincial and district’s Department of Health and Department of Education, Commune health workers, EMMs, adolescent, teachers and media…”

The reason is: In response to the COVID-19 pandemic, the Provincial People's Committee and CDC Son La issued an official dispatches, of which it was required to cancel large conferences, events and meetings. This Directive was effective from the late afternoon of January 28, 2021 up until the day before the target date of the dissemination workshop.

To mitigate this challenge, HealthBridge Vietnam printed educational communication materials, resulting in 50 flipcharts.
and 7,500 handbooks on adolescent reproductive health being
released and distributed to health staff, education staff, teachers
and adolescents at school and in the community.

| Partners | Were any other partners (local or international) involved in the
delivery of this project? 
Yes |
|----------|------------------------------------------------------------------|
|          | **International partners:** HealthBridge Foundation of Canada
provided oversight management and provided technical support. |
|          | **Local partners:** Following local partners were involved in the
project: |
|          | - CDC Son La |
|          | - Thuan Chau and Yen Chau District Health Centers |
|          | - Thuan Chau and Yen Chau District Education and Training
Divisions |
|          | - Phong Lap, Muong E, Chieng Ngam, Yen Son, Muong
Lum, Chieng Hac Commune Health Stations |
|          | - Phong Lap, Muong E, Chieng Ngam, Yen Son, Muong
Lum, Chieng Hac Junior High Schools |

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<tr>
<th>Beneficiaries</th>
<th>Total # of direct beneficiaries: <strong>17,390</strong></th>
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|               | # of women (18 yrs. +) who directly benefitted from project
activities: **935 women (including 53 EMMs, 14 teachers, health
and education staffs were trained, 868 teachers, community
members and parents attended the events in schools, communes
and villages)** |
|               | # of girls (under 18 yrs.) who directly benefitted from project
activities: **8,246 girls (including 32 adolescents received training, 38 pregnant adolescents who had danger signs during pregnancy were referred to health care services at commune and district levels, 31 new babies born to young couples were registered at birth, 2,550 adolescents attended the in-school events and events in communes and villages, 1,151 adolescents received home counseling, 301 adolescents received group counseling, 1,236 female students received counseling by teachers with flipchart communication materials, 2,907 adolescents in schools and community received handbooks on ARH)** |
|               | # of men (18 yrs. +) who directly benefitted from project
activities: **748 men (including 9 teachers, health and education
staff were trained, 739 teachers, community members and parents attended events in schools, communes and villages)** |
|               | # of boys (under 18 yrs.) who directly benefitted from project
activities: **7,461 boys (including 28 adolescents received training, 32 new babies born to young couples were registered at birth, 2,451 adolescents attended events in schools, communes and** |
villages, 251 adolescents received home counseling, 221 adolescents received group counseling, 1,278 female students received counseling by teachers with flipcharts, 3,200 adolescents in schools and community received handbooks on ARH).

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<th>Gender Equality Results</th>
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<td>Did project activities address the different needs of women and/or girl, and men and/or boys as identified in your gender-based analysis?</td>
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<tr>
<td>Yes</td>
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The project considered the local context, with the primary goal of reducing child marriage being inextricably linked with gender inequality. Girls are more likely (compared to boys) to be married during adolescence. Poor outcomes for women and girls sit at an intersection of a number of factors, including: gender inequality, poverty, rural and isolated geographies, and ethnicity or social status. As a result of being married young, girls are more likely to drop out of school, face economic insecurity, suffer from health problems, and experience sexual violence and abuse. Early childbearing, a consequence of child marriage, is an issue specific to women and adolescent pregnancy is associated with negative health outcomes for both the young mother and their baby. Not only do mothers face a higher risk of complications during pregnancy and birth, but children born to mothers under the age of 20 suffer from increased health risks.

How did women and/or girls, and men and/or boys benefit from the project activities?

The project aimed to tackle gender inequality by building the awareness, knowledge and capacity of adolescent boys and girls, as well as sensitizing community members, including parents and commune and village leaders, to the consequences of child marriage.

Through training EMMs and VHWs, young parents and adolescents mitigated the challenges they faced and young women were supported to have healthy pregnancies. Young people, including males and females, were educated about reproductive health, contraception, and relationships, with the goal of reducing early marriage and child bearing. Adolescent-friendly services improved reproductive health outcomes for
Describe the participation of women and/or girls in project activities? Did you take any measures to facilitate their participation?

Women and girls participated in project activities at two basic levels: school and community. At school, girls led (as adolescent communicators) and participated in interactive activities about ARH, prevention of early marriage, early pregnancy, and gender equality. In community, girls who were out-of-school participated in events in their communes and villages which aimed to enhance knowledge about reproductive health and gender equality and were led by peer educators. In the village, the EMMs conducted counselling groups for adolescent girls. Women and girls also received counselling on reproductive health and gender equality at home, from EMMs and VHWs. Women and girls who were pregnant or who had a newborn baby also received antenatal care and counseling on reproductive health as well as birth registration for their babies from EMMS and VHWs.

The project always supported, encouraged and facilitated women's and girls' participation in activities. For each event in the village, commune or school, survey forms were distributed to 10 representatives of the attendees, to collect feedback about the events and suggestions for future events. When developing communication materials, we sent draft materials to women and girls to receive their feedback and input. Their contribution to the development the materials helped us to ensure the materials were aligned with women and girls' needs and interests, thereby creating the best conditions for women and girls to participate in educational and skill building activities.

COVID-19 impact and results

For projects without COVID-19-specific results, please answer the following:

How was the project impacted by the COVID-19 pandemic? Did the direction of the project change at all in response to COVID-19?

The COVID-19 pandemic mostly affected the project in late January 2021. Increased cases of COVID-19 in Vietnam during January 2021 coincided with the planned date for the project's final workshop. Given public health guidance and regulations, the workshop was canceled.
The project has had to shift from face-to-face activities to developing communication materials via flipcharts and handbooks which disseminate information on reproductive health for the adolescents. This change received approval from CFLI in advance.

### Lessons Learned

Describe any lessons learned through the implementation of this project.

There are some lessons learnt we have been withdrawn through the implementation of this project as below:

**Design an appropriate and highly feasibility project:**
Based on HBV's experience and consultations with the community, we decided to develop an edu-entainment approach & peer-education model. Secondary school students acted as peer educators and conducted health education sessions for their peers in the school and the community. Implementing edu-entertainment is an appropriate approach for secondary students (both males and females). Peer educators play a central role in setting up educational and entertaining communication activities featuring situations techniques, interactive games, knowledge exams and actual practices suitable with the main theme of the event.

Before the each of the events, students and teachers also discussed how to adjust communication styles so they were appropriate for their own villages. They were very proactive with events and the audience was very excited to participate. The trained peer educators are also active in finding adjusting and tailoring events for each audience to increase engagement and relevance (e.g. changing the script for the interactive comedy and games for each particular themes to raise enjoyment in target audiences).

**Choose appropriate communication topics:**

The project employed real-life examples and situations when developing appropriate communication topics and materials. In the project areas, the proportion of pregnant women under the age of 18 years old is high and getting married at ages 14-15 years is common, especially in ethnic minority communities such as Mong, Xinh Mun, La Ha). Therefore, the project focused on communication topics related to preventing early pregnancy and early marriage, such as sexual intercourse decisions, consequences of adolescent marriage and pregnancy and factors influencing the use of contraceptives.

Choosing these relevant topics had a positive impact on the audience; adolescents can now discuss more deeply and put into
practice preventing early pregnancy and using contraceptives with sensitivities around discussing these topic having been reduced.

**Events for adolescents in the community:**
Peer educators organized and conducted communication events in schools, in addition to events in communes, villages and village clusters, with the support of teachers. These events have enhanced knowledge and skills for out-of-school adolescents and community residents. During communication events in the community, issues addressed were influenced greatly by culture, customs and views held by the community, such as the consent to early marriage. These events had an initial impact on changing behavior and attitudes within communities.

**Capacity building for youth leaders:**
The project focuses on building the capacities of youth leaders/peer educators among students in junior high schools, through training activities on adolescent reproductive health, gender equality and facilitation skills. Training included: training events with other schools in the district, training at the schools before each event with supportive supervision from the CDC, the District Health Care Center, the District Education and Training Division and project staff. At the end of the project, there were some significant improvements in the knowledge and skills of youth leaders, including:
Confidence in exchanging and presenting adolescent reproductive health content with peers
Improved knowledge and communication skills related to reproductive health and gender equality.

**Mobilizing the participation of stakeholders:**
HealthBridge built strong partnerships with communities and stakeholders. Garnering buy-in from education and health-sector stakeholders enabled us to take a holistic, whole-community approach which included multiple sectors. This approach enabled us to address an otherwise taboo topic and begin to challenge engrained cultural and gender norms. HealthBridge Vietnam worked closely with stakeholders to gain support. Teachers were eager to support their students. We also had active involvement from young people. Stakeholders all had shared interests in reducing early pregnancy and childbearing among adolescents and promoting continued education for boys and girls.
The success of the model will be extensively reviewed:
The traditional customs related to early marriage remain a major barrier to be addressed and there is evidence that it can be addressed through communications from children to adults in the community. The project has achieved the step of maintaining communication activities at schools with the local budget, and the model is being considered to become adapted with an expanded scope for commune and village events.

Project implementers:
The staffs have implemented this project are capable, experienced, responsible and passionate about community work.

Detailed project guidance from CFLI:
CFLI provides highly detailed and timely project implementation instructions. The managers, coordinators, administrators and accountants are very enthusiastic to support and create the best conditions for the project team to successfully complete all the tasks. CFLI is also quick in approving proposals to facilitate changes to activities for HealthBridge in response to the complicated development of COVID-19.
Appendix 1: The information/education communication materials distributed in project sites

Handbooks on adolescent reproductive health

Student groups read the handbooks on ARH
Appendix 2: Photos of project activities

Training for EMMs on adolescent reproductive health, gender equality and skill-building to work effectively with adolescents.

Training for adolescents and teachers on adolescent reproductive health, gender equality and facilitation skills
Household visit conducted by an ethnic minority midwife (EMM)

Group counseling sessions by EMMs
Commune-level event to raise awareness about adolescent reproductive health and consequences of child marriage

In-school event to raise awareness about adolescent reproductive health and preventing child marriage
Events in community led by ARH communicators