

FINAL REPORT
Period from September 2009- September 2013

ORGANISATION NAME:
HEALTHBRIDGE FOUNDATION OF CANADA
(VIETNAM OFFICE)

GRANT NUMBER:
15838

PURPOSE OF GRANT/PROJECT DESCRIPTION:

To establish comprehensive cancer communication research to increase knowledge and identify practical strategies for enhancing cancer communication and improving prevention and control of cancer in Vietnam

TIME PERIOD COVERED BY THIS REPORT

Start Date: September 2009

End Date: September 2013

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Start Date: September 2009

End Date: September 2013

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PLEASE LIST THE OUTCOMES, ACTIVITIES AND OUTPUTS AS AGREED IN YOUR COMMITMENT LETTER (OR AFTER SUBSEQUENT MODIFICATIONS)

(Please refer to the next page)

AN OVERVIEW OF THE ‘PROMOTING EVIDENCE-BASED COMMUNICATION FOR IMPROVING CANCER CONTROL IN VIETNAM’ PROJECT

Activities	Outputs	Outcomes
<p>Research & Surveys</p> <ul style="list-style-type: none"> ❖ Review and analyze the existing policies and regulations related to cancer prevention and control ❖ Conduct audience and market research to gather information about the problem and the intended audiences and to identify opportunities for change ❖ Develop and pre-test concepts, messages and materials; pilot communication activities ❖ Establish baseline data and provide small grants to researchers 	<p>Research & Surveys</p> <ul style="list-style-type: none"> ❖ Identify policy gaps and provide recommendations for development of new policies ❖ Identify dimensions of the health problem; methods of reaching intended audiences and the barriers that needed to be overcome ❖ Test and refine messages and materials; refine communication activities for full-scale implementation ❖ Baseline data available for evaluation and completed in-depth research studies 	<ul style="list-style-type: none"> ❖ Promoted the use of evidence-based strategies for policy development and programme design for the prevention, early detection, and treatment of cancer
<p>Communication & Education</p> <ul style="list-style-type: none"> ❖ Organize annual national cancer campaign ❖ Work with institutions specializing in mass communication, television networks to develop and implement communication activities at the local level ❖ Develop comprehensive cancer communication programmes 	<p>Communication & Education</p> <ul style="list-style-type: none"> ❖ Hold four national campaigns ❖ Education materials e.g. posters, TV dramas, TV talk shows, articles, storylines, TV reportages ❖ Circulate 3 booklets to disseminate cancer communication to patients and their caregivers, underserved populations, and health care workers 	<ul style="list-style-type: none"> ❖ Increased knowledge, motivation and participation of individuals, health professionals and other stakeholders in cancer control activities
<p>Social Mobilization & Advocacy</p> <ul style="list-style-type: none"> ❖ Establish forums for communication and exchange of information and to facilitate the implementation of cancer control activities at national and local levels ❖ Organize advocacy workshops to disseminate findings and recommendations of research and surveys ❖ Promote linkages between cancer control and other non-communicable diseases (NCD) 	<p>Social Mobilization & Advocacy</p> <ul style="list-style-type: none"> ❖ Hold 4 forums to build strategic partnerships with education, industry, entertainment, and the media ❖ Hold 4 advocacy workshops for 400 national and local policy makers and produce policy briefs to guide their follow-up actions ❖ Fund joint health promotion activities with the participation of NCD groups 	<ul style="list-style-type: none"> ❖ Increased the participation of different stakeholders and enhanced community-level access to information and services
<p>Human Resource Capacity Building</p> <ul style="list-style-type: none"> ❖ Organize strategic communication leadership trainings ❖ Train researchers and epidemiologists ❖ Communication skill-building workshops for primary health care workers 	<p>Human Resource Capacity Building</p> <ul style="list-style-type: none"> ❖ Hold 2 leadership trainings in Ha Noi for 70 local leaders, policy makers and communicators ❖ Trained 40 researcher and epidemiologists on the translation of evidence review into action ❖ Built skills for 100 primary health workers on how to communicate with cancer patients and their families 	<ul style="list-style-type: none"> ❖ Strengthened capacity at national and local levels for planning, implementation, advocacy, and organizing campaigns for healthier lifestyles and behaviors

PROGRESS REPORT

Period from September 2009 to April 2013

Project title: Promoting evidence-based communication for improving cancer control in Vietnam

1. Organization:

Leadership & staffing: The project experienced some turnover of project managers and project officers over its lifetime. However, the handovers were undertaken smoothly and the cancer team at the HealthBridge office in Vietnam (HBV) continued to work with close guidance from the project director (PD) and regular support from the headquarters in Ottawa.

2. Update on outcomes:

❖ *Outcome 1: Promoted the use of evidence-based strategies for policy development and programme design in the prevention, early detection, and treatment of cancer*

Progress towards the first outcome was achieved through the implementation of a series of activities and the generation of outputs that focused on research and surveys. A total of five research studies were conducted by HealthBridge and its collaborative partners:

1. A cancer prevention policy review;
2. An occupational cancer prevention policy review;
3. KAP survey on communication needs on cancer control;
4. A palliative care situation analysis;
5. A study on patterns in patient referrals and delays in seeking care.

The findings of these research studies were used intensively by HealthBridge and its partners to promote the development of relevant programs and policies related to cancer control, as well as to design project interventions and various communication materials.

The project research component also focused on identifying policy gaps and providing recommendations for new policy development. As the government already planned to develop an Alcohol Control Law – a strong policy and legislative tool to reduce the negative impact of this major cancer risk factor – the project team held discussions with representatives of the Department of Legislation (DOL), Ministry of Health (MOH) and supported them to conduct a comprehensive review of current alcohol control-related policies and regulations and international best practices on this issue. A draft report was developed and shared with various stakeholders in March 2013. The information collected through this review was used as an evidence base to support the development of the law.

Identifying an opportunity to include occupational cancers in a future Law on Safety and Labor Hygiene, the project team supported HEMA to organize an advocacy workshop to disseminate the findings of the “Policy review on occupational cancers”. More than 30 people attended the workshop, including representatives from WHO, HEMA, the Medical Management Administration, NCH, and most importantly, the Ministry of Labor- Invalids and Social Affairs which is in charge of preparing this Law. During the workshop, specific policy gaps related to occupational cancers were identified and strong recommendations were made to include occupational cancers in the draft law.

HealthBridge also supported HEMA to conduct the first ever survey on “Situation of occupation cancer registry,” which showed that a proposed occupational cancer registry should be integrated into the existing cancer registry system. This could be done by adding an item on occupation into hospital medical records and the cancer registry form. It would also be necessary to develop a list of occupation-related cancers, of occupations, and of working environments which may allow exposure to carcinogens. A training program and guidelines on how to record occupation information would be required for health care workers.

The project team successfully delivered the findings of its research through different communication channels. Three factsheets based on the findings from the first year research studies (specifically, the ‘unmet needs of cancer patients in palliative care’; ‘occupational cancer prevention’; and ‘community needs for communication in cancer prevention’) were distributed at the 15th Scientific Conference on Cancer Prevention (HCMC, December 2012), the National Seminar on Occupational Cancers (Hanoi, January 2013), the Scientific Conference on Cancer Prevention (Hanoi, April 2013) and in 3 project provinces. The fourth factsheet, which addressed the findings of the “study on patterns of patient referrals and delays in seeking care,” were shared with the National Cancer Hospital for internal advocacy purposes. The findings from the communication needs assessment in Ha Noi, Hue and Ho Chi Minh City were presented at the Scientific Conference on Cancer Prevention, which was hosted by the Nuclear Medicine & Oncology Center at Bach Mai Hospital on 11 April 2013. The findings from the care-seeking delay patterns of patients with breast cancer (BC) and cervical cancer (CC) study were presented at the First National Conference on Sexual & Reproductive Health Research on 18 December 2012. These presentations were highly welcomed by the conference organizers and participants. The study results have also been shared with the Department of Maternal and Child Health, MOH, the Health Program Specialist of UNICEF, and Maries Stopes International (MSI).

❖ **Outcome 2:** *Increased knowledge, motivation and participation of individuals, health professionals and other stakeholders in cancer control activities.*

In order to achieve this outcome, the project team engaged the stakeholders in various programs, and encouraged and supported them to plan and organize relevant activities. HealthBridge’s critical partnerships included different government agencies such as the Ministry of Health’s Department of Legislation, Health Environment Management Administration (HEMA), and the Department of Preventive Medicine. It also worked closely with the Ministry of Education’s Department of Physical Education. At the provincial level, the project team worked with a number of different partners, including the Department of Health, the Centre for Communication and Education of Health, the Centre for Reproductive Health, etc. In addition, the project team extended its cooperation with the Youth Theater and youth volunteers in an outdoor art and dance performance named “ *We go for smoke free world*” on the occasion of efforts to enforce the Law on Tobacco Control and World No Tobacco Day.

The project team also worked closely with the media. It provided updates and promoted media coverage of project activities, results, and issues by organizing a media training workshop and a media contest. By the end of the project, 15 education programs had been broadcasted on Vtv1 and Vtv2, 26 Q&A programs had been shown on O2Tv, 2 talk shows were aired on Vtv1 and O2Tv, and 7 TV reportages and documentaries were published through Vt1, VTV2 and O2TV. At the provincial level, there were 8 reportages and 5 talk shows broadcasted on provincial TV stations.

The motivation and participation of project partners has been particularly successful as a result of HealthBridge's strategy of encouraging and empowering them to develop and undertake their own initiatives. For instance, in Can Tho's work plan, project partners proposed to organize a "Doctors-patients Q & A session" at the Provincial Oncology Hospital. The Can Tho team also organized an exhibition booth to promote the project's activities at the Can Tho Provincial Health Scientific Conference. The Thai Nguyen partners demonstrated their action and creativity by teaching the methodology used in their training activities to members of other projects.

It is important to mention that the project team extended its scope of work by engaging with additional partners such as the Vietnam Steering Committee on Smoking and Health (VINACOSH) with regards to tobacco control, with Marie Stopes International in communication for cervical cancer control, and with UNICEF and MOH to attract their attention to the issue of delays in care-seeking by cervical and breast cancer patients. This engagement will allow some project activities and issues to continue receiving attention long after the project has concluded.

❖ ***Outcome 3: Increased participation of different stakeholders and enhanced accessibility to information and services at the community level***

To achieve this outcome, the project team established a pool of information that included both materials and human resources. The project team designed and developed a package of IEC materials to complement a comprehensive communication plan which used both direct and indirect communication methods. The communication plan was implemented at both national and local levels, using strategically-identified media channels. The team carried out a series of trainings-of-trainers (TOT) and follow-up trainings at the community level for health care workers, community leaders, and Women's Union communicators. Through this activity, the project team created a pool of information resources at the community level. The improved knowledge and skill of health workers at the grassroots level will remain, allowing them to be a source of information for communities into the future.

Intensive communication sessions at the community-level brought positive changes in community knowledge on cancer prevention. There were more than 700 community meetings organized in Thai Nguyen, Can Tho and Dak Lak. The main message "Cancer can be prevented" was widely disseminated and community members, especially women, made important changes in their cancer control practices. For example, many more women are now doing breast self-examinations at home and seeking cervical cancer screening (VIA test) at the commune health centers.

Recognizing the important role of the media in shaping public attitudes and opinions, the project team worked with the media to bring general knowledge about cancer prevention and control to the public both nationally and locally (in the project areas). Through the media contest, reporters were motivated to write articles related to cancer control and about the life of cancer survivors. The trained journalists then produced a number of articles and media products which conveyed important messages about cancer prevention and control to the public.

Moreover, the project team supported the launch of a breast cancer network which runs a website (www.bcnv.org.vn) and established a database about breast cancer.

❖ **Outcome 4:** *Strengthened capacity at national and local levels for planning, implementation, advocacy, and organizing campaigns for healthier lifestyles and behaviors*

With regards to capacity building, the project organized an important training workshop on “*Strategic Health Communication*” in September 2010 with support from the Centre for Community Health Research and Development (CCRD) and the Centre for Communication Program at the Johns Hopkins Bloomberg School of Public Health. Twenty-eight managers and staff from different DOH and organizations attended and provided positive feedback about the valuable knowledge they had received from the workshop.

A training course on cancer registration was conducted in October 2010. It provided an opportunity for 32 participants working on the cancer registry in nine provinces (e.g. Hanoi, Thai Nguyen, Hai Phong, Thanh Hoa, Da Nang, Thua Thien Hue, HCMC, Kien Giang and Can Tho) to share their experiences in cancer registration, data quality control, etc.

During the TOT training, the project team utilized the knowledge and experience in cancer control/prevention and communication skills of experts from the National Cancer Hospital (NCH) and the Faculty of Sciences Behavior and Health Education at the Hanoi School of Public Health (HSPH). By organizing the TOT and follow-up trainings for provincial health managers and health care workers, and by engaging them in discussing, planning and implementing project activities, the project team strengthened the capacity of these frontline health providers.

In partnership with various MOH Departments, including the Department of Preventive Medicine, the Medical Management Administration, the Department of Legislation and the Health Environment Management Agency, HealthBridge often provided technical inputs and other support to improve ministerial planning, research and advocacy skills. In August 2013, HBV supported MOH to organize a workshop to conduct an overall agreement on tobacco-free MOH offices, a strong follow up to the Tobacco Control Law. The project team also worked with a lecturer from HSPH and researchers from the National Research Institute of Health Strategies and Policy to develop a training course for researchers on formulating strong advocacy messages using the project’s research findings and presenting them in easy digested formats.

3. Update on activities:

3.1. Research & Surveys

Completed 5 studies, namely:

1. A cancer prevention policy review;
2. An occupational cancer prevention policy review;
3. KAP survey on communication needs on cancer control;
4. A palliative care situation analysis;
5. A study on patterns in patient referrals and delays in seeking care.

Findings from each study used for program intervention design and advocacy purposes at various workshops/events. These results of these studies have been printed in hard copy and distributed widely among interested partners.

Having identified that advocacy for alcohol control is an important area of cancer control that could also result in positive tobacco control advocacy (the Law on Tobacco Control), HealthBridge decided to give full support to the MOH’s Legislation Department to

draft a proposal for a National Policy on Alcohol Control. This support included assistance with a policy review on reducing the harms of alcohol abuse in Vietnam and international best practices on alcohol control. The Legislation Department has completed the policy review with a strong commitment to act on the findings. The final draft report was shared at a conference in May 2013 and has contributed to the development of outlines of the Law.

HealthBridge collaborated with the MOH's Health Environment Management Agency (HEMA) to promote the inclusion of occupational cancers in the Law on Labor Safety and Hygiene. The first achievement of the partnership was a successful national seminar on occupational cancers held on 15 January 2013 in Hanoi. It was the first national seminar on occupational cancers ever held in Vietnam. In addition to introducing HealthBridge's policy review on occupational cancers in Vietnam, the seminar opened a platform for leaders of provincial Preventive Health Departments, and representatives from various hospitals, health research centers, labor management agencies and chemical control agencies to share their views and valuable recommendations regarding the inclusion of occupational cancers in the Law on Labor Safety and Hygiene.

HealthBridge supported HEMA to conclude the first survey on "Situation of occupation cancer registry." The results of this survey indicated that the occupational cancer registry should not be developed separately, but should rather be integrated into the current cancer registry. This would be done by adding occupational information into medical records (in the hospital where this information is not currently collected) and into cancer registry forms.

HealthBridge presented the key findings of the KAP survey on communication needs for cancer control at the Scientific Conference on Cancer Prevention hosted by the Nuclear Medicine & Oncology Center at Bach Mai Hospital on 11 April 2013 and at the Scientific Conference on Cancer Control hosted by E hospital on May 2013. The project manager's presentation about this report was welcomed by both the conference organizers and participants.

HealthBridge and its partners disseminated the findings of "the study on patient referral and care-seeking delay patterns." With support from HealthBridge, a representative of the National Cancer Hospital (NCH) research team made a successful presentation at the 15th Scientific Conference on Cancer Prevention which was held in Ho Chi Minh City on 5 December 2012. At the conference, the research report generated significant interest among policy makers, hospital leaders and cancer specialists. Several articles in both Vietnamese and English quoted key findings from the study. This is a good example of how research evidence generated by the project has been effectively used in communication.

Findings about the same patterns among patients of breast cancer (BC) and cervical cancer (CC) were intentionally extracted from the study for the First National Conference on Sexual & Reproductive Health Research held on 18 December 2012. At the conference, the project director (PD) gave a presentation about these findings on behalf of the research team.

3.2. Communication & Education

HealthBridge and the National Cancer Hospital conducted a consultation workshop in May 2011 to develop a strategic communication plan for cancer prevention for the period 2011 to 2015. The objective of the workshop was to develop the first comprehensive and evidence-based communication plan for cancer prevention and control which would reflect the objectives of the National Targeted Project on Cancer Control 2011-2015 managed by the NCH. Based on the outcomes of this workshop (identified communication needs of and objectives for cancer prevention for the period 2011-2015, prioritized communication areas

for cancer prevention and suitable communication channels), HealthBridge worked with experts on health communication and cancer control to develop and test relevant health communication messages and other relevant materials, including the communication plan on cancer control in three provinces: Thai Nguyen, Can Tho and Dak Lak.

HealthBridge and its partners organized awareness raising campaigns on cancer control. A number of campaigns were organized on the occasion of annual World Cancer Days and Women's Days:

- a National Campaign on women's cancer prevention held in October 2011 helped to raise the awareness of policy makers, health professionals and the public about how to protect women from cancer risk factor (especially passive smoking);
- a communication campaign held around World Cancer Day in February 2012 was organized with talk shows, printed media and TV spots aired on VTV1, VTV2 and O2Tv;
- a campaign organized on the occasion of World No Tobacco Day in May 2013 included advocacy workshops in three provinces and an outdoor art performance named "*We go for smoke free world*".
- partners in all three provinces also organized Women's Cancer Day 2012 and World Cancer Day 2013 events to attract the attention of provincial policy makers, health workers and public about cancer prevention in general and about women's cancers in particular.

HealthBridge and its partners distributed thousands of research factsheets about community needs for cancer prevention communication, occupational cancer, palliative care and patterns of patient referral and delays in seeking care. At least 10,000 copies of each of these factsheets were distributed to project provinces in Thai Nguyen, Dak Lak and Can Tho to be used in local advocacy activities. They were also distributed to participants at several important national conferences, such as the 15th Scientific Conference on Cancer Prevention (HCMC, December 2012), the National Seminar on Occupational Cancers (Hanoi, January 2013), the Scientific Conference on Cancer Prevention – Bac Mai hospital (Hanoi, April 2013), the Scientific Conference on Cancer Control 10- E hospital (Hanoi, May 2013).

HealthBridge re-printed the booklet on cancer prevention for community: Due to high demand and an obvious need for this useful and handy booklet, 4,000 copies were printed and distributed in the three project provinces.

HealthBridge re-printed the booklet for cancer patients and their care givers (chief editor: Prof. Dr. Nguyen Ba Duc – Former Director of NCH). After reviewing the quality of this booklet, HBV decided to seek approval from the editor-in-chief to re-print 5,000 copies with some editions to the text and layout. Two thousand copies were immediately used by the Bright Future Fund (for cancer patients in Vietnam) and three thousand copies were sent to the provincial partners to share with cancer patients and relatives.

HealthBridge and its partners pre-tested, produced, and distributed an IEC material package that included a handbook on cancer prevention communication for Women's Union communicators, two counseling guideline flipcharts for primary health care workers, and three leaflets on general cancer, breast cancer and cervical cancer for community members. The IEC package was delivered into the hands of the project's target groups, including local trainers, primary health care workers and Women's Union communicators. A large number of hard copy materials were distributed to the provinces in time for their series of trainings. These IEC materials were also provided to patients of the

Breast Cancer Network Vietnam and Sympameals (a voluntary support network for cancer patients).

HealthBridge contracted O2TV to develop and produce a weekly 5-minute Q&A program on common cancers. The program included twenty-six Q&A-style episodes about cancer and cancer prevention, covering a range of different issues such as prevention, detection, treatment, and nutrition for common cancers patients. The program is new and compelling because it is audience-led, short yet informative, and the experts act like MCs. Most of the questions came from the public via email or telephone to the program's hotline.

HealthBridge worked with its partners to produce and broadcast 15 public education programs about common cancers (6 programs on VTV1 and 9 programs on VTV2), one TV drama, and one TV spot on national TV stations. They were also disseminated to three provinces for re-broadcasting, not only on the provincial TV channels but also in various public education events at the provincial level.

HealthBridge and its partners supported provincial TV stations to produce and broadcast TV talk shows and reportages about general cancer prevention, breast cancers and cervical cancers: Good TV programs featuring hot issues about cancer prevention and control were produced in Can Tho, Thai Nguyen, and Dak Lak.

HealthBridge's local partners published articles about cancer prevention in provincial newspapers. As part of the action plan agreed between HealthBridge and the three provinces, each provincial team produced a series of 6 articles (2 investigative, 2 reportages, 2 interviews) about cancer prevention in their respective provinces.

HealthBridge hosted a media contest about cancer prevention and organized a media award ceremony. Following the media training for health journalists in September 2012, HealthBridge launched a media contest for all journalists and media personalities in Vietnam between 21 September 2012 and 8 February 2013 (extended from the earlier deadline of 21 December 2012 to welcome more quality entries for the contest). Various topics in political advocacy and public education for cancer control were covered by the contest participants. After a serious evaluation, seventeen media outputs of two categories were selected: one first prize (a series of three reportages on Can Tho News), three second prizes (two print/online articles in the Vietnamese Women's Newspaper and the Social & Family Newspaper; and one TV reportage from the Thai Nguyen Center of Communication and Education of Health), three third prizes (two print/online articles in the Capital Labor Newspaper and the Labor Daily; and one radio reportage on VOV1), and eight encouragement prizes (six print/online articles, a TV reportage, and a radio reportage). At the award ceremony on 17 April 2013, all awardees were recognized for their contribution to cancer prevention in Vietnam.

HealthBridge supported the dissemination of the Tobacco Control Law and celebrated World No Tobacco Day 2013. As the Tobacco Control Law came into effect on 1 May 2013, the cancer project team wanted to provide comprehensive support to the promotion of the Tobacco Control Law as part of its observation/celebration of World No Tobacco Day 2013. In collaboration with VINACOSH and its provincial partners, HealthBridge organized three workshops in three provinces to update provincial leaders and officials about the law. In Hanoi, HealthBridge organized an art performance which brought freezing and installation arts and a flash mob together. The performance named "*We go for smoke free world*" received hundreds of visitors and its video clip was shared online through VINACOSH's fan page.

HealthBridge supported the establishment and operation of the Breast Cancer Network Vietnam (www.bcnv.org.vn). This website provides information and materials for breast cancer patients, their families and the general public, to raise awareness about breast cancer

and cancer prevention as well as to provide social and psychological support to cancer patients and their family members.

3.3. Social Mobilization & Advocacy

HealthBridge promoted linkages with other Non-Communicable Disease (NCD) programs. A core group of key organizations (Medical Service Administration and General Department of Preventive Medicine from MOH, National Center for Health Education and Communication, WHO, and HealthBridge) was established. The objectives of this group are to share information on and to mobilize resource for NCD prevention and control activities, including cancer. Moreover, HealthBridge joined the Union for Policy Advocacy, an initiative created by Oxfam and the Vietnam Union of Science and Technologies Association (VUSTA) to coordinate partnerships and the efforts of all stakeholders (government, NGOs, private sector, communities and individuals) in policy advocacy.

HealthBridge attended NCD-related workshops/activities. HealthBridge was officially recognized by the Ministry of Health as an organization working on NCD in Vietnam. The cancer team was invited to participate in and provide comments during the consultation workshop for the development of the National Action Plan on NCDs Risk Factor Prevention hosted by the General Department of Preventive Medicine in July 2011 and the dissemination workshop on NCD-related policies hosted by the Medical Services Administration in October 2011 and September 2013.

HealthBridge's cooperation with the General Department of Preventive Medicine led to the development and approval by MOH of 2 guidelines: 1. Manual on encouraging physical activity and good nutrition in primary school; 2. Guideline on assessment, screening and early detection for people with high risk of alcohol abuse at initial medical settings". The General Department of Preventive Medicine plans to pilot-test these two guidelines in Vietnamese primary schools (through their school medical network in collaboration with Ministry of Education and Training) and in initial medical settings, respectively.

HealthBridge engaged three provinces in cancer prevention program: Thai Nguyen, Can Tho and DacLak were selected as the project sites. Cancer risk factor prevention communication, capacity building for local staff on cancer prevention, and strengthening coordination mechanisms for cancer control activities were the main priorities in the sites. Based on the national communication strategy, each province developed its own communication plan on cancer control, including both capacity building and communication and education components.

3.4. Human Resource Capacity Building

HealthBridge hosted a training workshop on "Strategic Health Communication" in September 2010 with support from the Centre for Community Health Research and Development (CCRD) and the Centre for Communication Program of the Johns Hopkins Bloomberg School of Public Health. Twenty-eight managers from different DOH and staff working on cancer prevention received knowledge about the principals of strategic health communication and how to plan for a comprehensive health communication plan.

HealthBridge supported a training course on cancer registration. The training workshop, which was held in October 2010, provided an opportunity for 32 participants who were

working on the cancer registries of 9 provinces (Hanoi, Thai Nguyen, Hai Phong, Thanh Hoa, Da Nang, Thua Thien Hue, HCMC, Kien Giang and Can Tho) to share their experiences with cancer registration, data quality control, etc.

HealthBridge supported a four-day training-of-trainers (TOT) workshop for thirty-three core health care workers from the three project provinces. The workshop was held in Hanoi from 21-24 November 2012. The Faculty of Science – Behavior & Health Education, Hanoi School of Public Health (HSPH) was contracted to coordinate the training contents. The TOT aimed to equip the participants (who were key trainers in their provinces) with updated knowledge about cancer prevention and control in Vietnam, insight into breast cancer and cervical cancer, practical theories and applications of behavior change communication, and the adult-education method.

Following the central TOT, **HealthBridge supported twenty-three provincial trainings for primary health care workers at district, commune and village levels, Women’s Union communicators, cultural officers and village leaders.** These training sessions were conducted in Thai Nguyen, Dak Lak and Can Tho provinces. The central TOT trainees acted as key trainers during the provincial trainings. These provincial trainers helped transfer the (refined) knowledge gained from the central TOT to their local trainees. All three Provincial Departments of Health appreciated these activities as a powerful capacity building exercise, not only for the cancer project but also for other local programs.

HealthBridge organized two exchange trips for key trainers from the three project provinces to enable them to share training experiences, support needs, and recommendations. The provincial trainers highly appreciated these unique opportunities.

HealthBridge conducted a training workshop for journalists and health promotion officers in September 2012. Thirty people including representing ten state news agencies, various provincial media agencies and the health promotion offices of Thai Nguyen, Can Tho and Dak Lak participated. In the workshop, participants received general knowledge about cancer control and gained communications skills in cancer control. Another key result was the establishment of a networks of journalists and health promoters working on cancer topics.

HealthBridge hosted a training workshop on “Policy communication- bridging the gap between research and health policy making” in June 2013. The workshop participants included policy makers and researchers, who conducted an open discussion on the obstacles of using research findings for further policy advocacy and how to bridge the gap between research and policy making. The development of policy brief, press release and research presentation was also a part of the workshop program.

HealthBridge supported the Bright Future Fund to conduct a TOT training on women’s cancers (breast and cervical cancer) for core community health workers of 62 poor districts of Northern Vietnam. The IEC materials that HealthBridge developed were used for these trainings.

3.5. Project Monitoring & Evaluation

M&E of partners in the project provinces: HealthBridge staff made occasional visits to the three provinces to monitor and support the local partners in their activities. It was particularly active in supporting the provincial trainings (one visit to at least one training level in each province).

M&E activities in the project provinces: Operating in a decentralized system, the provincial M&E activities were carried out effectively with the upper level monitoring the lower level partners. The lower the level, the more frequent the M&E trips.

4. Update on key accomplishments and successes during the report period

Successful practice 1: Comprehensive and multi-channel approaches in communication

The project's communication and education plan was developed and implemented using comprehensive and multi-channel approaches to reach different target groups at different levels and to address significant challenges in the behavior change process.

The TV spots, clips, drama and talk shows broadcasted through the national and provincial TV channels aimed to raise public awareness about cancer. The TV communication products were successful in shaping public awareness of the serious nature of cancers, and on the importance of knowing more about cancer control.

The community education sessions were welcomed by the community members, as they are "curious" to know more about cancers and cancer control. With relevant design and capacity preparation, these activities met the needs of community members to know about risk factors, ways to prevent and early detect disease, and care for cancer patients. The community education sessions were highly also appreciated because they provided room for discussion and sharing.

To ensure the effectiveness of the communication activities and continued supportive information services for community members, the project trained a pool of community communicators and developed relevant printed documents that could be used by the communicators and community members. The trained communicators included commune health workers, village health workers, village leaders, and Women's Union members who led the community meetings and provided support to them.

Successful practice 2: Join resources for better results (lesson learned from Dak Lak experience)

In 2012, the HealthBridge project started in Dak Lak province. The local Department of Health realized that the project's components would effectively fill the gaps in the National Program, and decided to implement the HealthBridge project in the same project sites as the National Program. As a result, the public communication and education activities became more effective through the use of standardized communication materials and improved communication capacity of health workers. Training for community communicators also benefited the National Program implementers in other sites, as they were sent to the training courses, and/or provided with training materials from the course.

Successful practice 3: Integrate cancer control communication with other health care programs and services (lesson learned from Can Tho experience)

To better cooperate with other healthcare programs, the Can Tho Department of Health developed initiatives to integrate cancer control communication in other health sector activities being implemented at different levels. The cancer control content was included in the weekly agendas of Patient Councils activities in all faculties of the Thot Not and Phong Dien hospitals. Information was also developed into radio spots and transferred to the patients' rooms through hospital radio systems. The Center for Preventive Medicine also

cooperated with Reproductive Health Faculty to conduct cancer control communication activities during reproductive health care campaigns in non-project communes. These initiatives helped a large number of community members to have access to cancer control information from the project.

Successful practice 4: Involve community leaders in communication about cancer (lesson learned from Can Tho and Dak Lak experience)

Being aware of the importance of social mobilization in cancer control communication, the project team implemented capacity building activities for various community stakeholders, including village leaders and women union members. After being trained, village leaders and Women's Union members in Can Tho actively played a role in supporting the community education sessions by persuading villagers to attend the sessions. More than that, they also played the role of communicators, answering questions from villagers and persuading them to practice relevant behaviors for cancer control.

Successful practice 5: Use of available resources to ensure supportive environment for behavior change (lesson learned from Thai Nguyen experience)

Before the start of the HealthBridge project, the Marie Stopes-supported project "Sisters Love" was being implemented in Thai Nguyen. This project provided skills training for commune health workers, including skills to perform early cervical cancer screening with the VIA test; this in turn enabled project communes to provide this health service. While the HealthBridge project had strong cancer control communication components, it did not include clinical training for health workers or services provision. Considering that communication without support from relevant services might prevent community members from shifting knowledge into behaviors, the DOH decided to selected four of the forty communes that had Sisters Love models and could provide VIA at the commune health center to participate in the HealthBridge project. Community women, after gaining information and knowledge about cervical cancer control, were encouraged to go for a VIA test in the commune health center or at reproductive health campaigns organized in the commune. Women reported being happy because they could easily be tested in the commune and did not have to travel far for it.

Successful practice 6: Evidence-based approach in program and activity design and implementation

In the first year of the project, a KAP survey of the communication needs on cancer control was conducted in Ha Noi, Hue and Ho Chi Minh City. The assessment found that there were large gaps in community knowledge about risk factors, the possibility of effective treatment, and necessary practices for prevention, early detection and treatment. The interventions in public communication and education were designed based on the assessment findings. Communication products/ materials were also developed based on evidence from relevant research findings and trustworthy data sources.

Successful practice 7: Deal with unanticipated changes during the project life

The project team was very responsive to the opportunities/changes that arose during the project's implementation. For example, it decided to support the establishment of the breast cancer network website instead of developing a new cancer website. Another example was the

selection of breast and cervical cancer as the priorities for the provincial campaigns rather than HBV vaccination. The project team also decided to reprint two books on cancer control for community healthcare workers and patients and their families instead of developing new ones.

5. Update on evaluation:

Process evaluation: During the process of implementing the project, the project team requested that the project partners send it minutes of meetings, event materials (pictures, records, press clippings etc), training agenda/handouts, and technical reports/database to prepare the project quarterly and annual progress reports. These materials were used as inputs for the progress report and as evidence of various component activities. Also, with the reporting outputs, the project team was able to assess progress and to make a number of adjustments in a timely manner by responding to realities and unexpected circumstances (details given above).

Outcome evaluation: HealthBridge contracted an outside agency to conduct a post-intervention study and to develop evaluation tools. The team communicated with an independent consultant to prepare a “case study” to showcase the project’s good practices and lesson learned.

Project monitoring was carried out through:

- Meetings/ follow-ups with implementing partners to discuss work plans, progress, and results
- Activity-based site visits to observe and provide technical support to the coordination and implementation of key activities, such as planning workshops, advocacy workshops and communication campaigns/events
- Telephone/emails/official letters

6. Update on sustainability:

As one of very first interventions on cancer control in Vietnam, the project focused on collecting the evidence which can be used not just for the project but also for other interventions in the future. The information gained from the series of research studies forms a valuable database to be used for planning cancer control in Vietnam in the future.

Organization’s commitment: HealthBridge has long been committed and involved in NCDs prevention, including cancer. It has been working on tobacco control, cancer control, and livable cities for many years, and is now more focused on alcohol control and nutrition in Vietnam. It will be actively looking for more opportunities to work with cancer and other NCD related programs.

Capacity improved and good practices shared: Project activities were designed on a needs-based approach and in alignment with the National Cancer Control Program. Therefore, the project’s results will bring synergic effects. For instance, in Thai Nguyen and Can Tho, the communication program on cervical cancer will collaborate with early detection and early treatment activities run by the Provincial DOHs. Moreover, the capacity of the national and local policy makers, health care workers, and health communicators will continue to be increased and maintained even after the project has ended. The good results achieved through this project will be disseminated and multiplied by the provinces themselves.

7. Update on re-granting *(if applicable):*

Not applicable

8. Update on budget:

The final financial report is attached.