



VIETNAM UNION OF SCIENCE AND TECHNOLOGY ASSOCIATIONS
Research and Training Center for Community Development (RTCCD)

No. 39, Lane 255, Vong Street, Hai Ba Trung, Hanoi, Vietnam
Tel. (04) 6281548/6280350; Fax: (04) 6280200; Email: haithodt@yahoo.com

Demonstration Intervention for Hookworm and Anaemia Project
in Tran Yen and Yen Binh Districts, Yen Bai Province

Preliminary Report

on the results of the first independent
monitoring survey

By

Tran Duc Thach, MSc
Dang Thi Hai Tho, BA
Nguyen Minh Hau, BA
Tran Tuan, MD, PhD

Hanoi, July 2006

ABBREVIATIONS

| | |
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| CHC | Communal Health Centre |
| DoM | Department of Medicine, The University of Melbourne |
| NIMPE | The National Institute of Malariology, Parasitology and Entomology |
| RTCCD | The Research and Training Centre for Community Development |
| VHW | Village health worker |
| WEHI | Walter and Eliza Hall Institute of Medical Research |
| WRA | Women of reproductive age |

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Summary

This evaluation was conducted at the request of the project undertaken by Walter and Eliza Hall Institute of Medical Research (WEHI) in collaboration with the Department of Medicine, The University of Melbourne (DoM) and the National Institute of Malariology, Parasitology and Entomology (NIMPE), Vietnam. The evaluation's objective was to provide information to the WEHI-DoM-NIMPE project team regarding the strengths and weaknesses of their project design and implementation.

The data collection using structured interview for target groups was implemented with 253 women of reproductive age in the two districts Tran Yen and Yen Binh, Yen Bai province.

Based on the findings, the following conclusions have been drawn to inform the WEHI-DoM-NIMPE project team:

1. Compliance with use of iron tablets:
 - 30% of non-pregnant women incompletely complied with use of iron tablets, while 75% of pregnant women had incomplete compliance. The rate of complete compliance in Yen Binh was significantly higher than that in Tran Yen (81% vs. 62%)
 - The compliance was inversely proportional to the duration of time that a women spent travelling to CHC from her house. Compliance was worse among women with a lower level of education, a lack of understanding of anemia and among those who failed to receive any promotional material.
 - The principal reason for incomplete compliance was forgetting to take the treatment (84%).
2. Compliance with use of albendazole
 - Overall, 93% (or failed compliance only 7%) women received and took the first albendazole tablet. In Yen Binh, that percentage was high. However, in Tran Yen, the percentage of women who did not take the treatment was rather high (11% of women not received the albendazole, 5% of women received without taking).
3. Voluntary participation
 - The research team found that women's participation was absolutely voluntary without any force or pressure from local authorities, CHC or family.
4. Project management and operation
 - In all, 15% women did not receive the promotional material (22% of Tran Yen and 5% of Yen Binh). 39% of total women receiving the promotional material did not understand or remember its content or failed to read the material.
 - Provision of iron tablets was mainly through the primary health care system with VHWs. Over 90% of women were informed about distribution of interventions by VHWs. Around 50% received iron tablets and albendazole at the VHW's home, 91% received iron tablets by VHWs directly.

- 89% of women used a bottle for storage of iron tablets. 2% of iron tablets were out of date at the time point of receiving, increasing to 7% at the time point of completing the survey.

The project, conducted in the majority by local staff, achieved satisfactory results. In order to strengthen the effectiveness of the project, the research team would like to give the following recommendations:

1. Stronger project promotion is required in mountainous communes where ethnic people live.
2. More visible promotional material, such as a wall poster, should be used as a stronger reminder tool.
3. The list of WRA and pregnant women should be updated monthly to minimise deficiencies in the quantity of iron tablets provided.
4. It would be best if the provision of iron tablets to pregnant was unified under the project, rather than the competing programs of the project and the national strategy that currently exist.
5. Early payment of an allowance to VHWs is needed to help them do their work better. The VHWs need to be trained more on anemia and hookworm.
6. At every village, the time and place for distribution of iron tablets should be fixed to facilitate their collection.
7. Some comments for the next survey:
 - a) Several questions in different sections will be adjusted or added to complete the questionnaire.
 - b) Ethnic interpreters who were trained on the content of the questionnaire are needed in spite of the availability of interpreters who are local staff/people. There are only two villages of ethnic people (Khe Ron and Dong Ruong) so the budget to achieve this item is not significant.
 - c) It is necessary to do a midterm evaluation survey in October this year. This survey was conducted more than 1 month after the introduction of the project, with insufficient time having elapsed to identify major issues or concerns. The midterm survey will help the project make reasonable adjustments for the next period. Moreover, the monitoring survey is an opportunity to improve knowledge about the project and anemia in the villages where the monitoring survey would be conducted. This may improve compliance.