

# Final Evaluation of the Project VIE022 "Promoting the rights of poor and disadvantaged older people in Vietnam"

2014

For Vietnam Women's Union

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## ABSTRACT

VIE022 project "Promoting the rights of poor and disadvantaged OP in Vietnam" was implemented from 2009 to 2014 in four provinces in the North Central including Thanh Hoa, Nghe An, Ha Tinh and Quang Binh with the support of Atlantic Philanthropies (AP). Vietnam Women's Union (VWU) played a role as governing unit and a unit that directly implemented the project. Vietnam Association of the Elderly (VAE) and Center for Ageing Support and Community Development (CASCD) were partners that had responsibility for implementing activities in Thanh Hoa and Nghe An. The HelpAge International (HAI) plays a role as technical assistance for the project.

The purpose of the project is to improve the life quality for the poor and disadvantaged OP in Vietnam. The specific objectives of the project are: i) To improve capacity for 320 Intergenerational Self-help Clubs (ISHCs), partners and local authorities to implement the coordinated programs/projects in order to integrate OP issues into policies and programs/projects; ii) To promote approach to community-based self-help, and to do advocacy to alleviate poverty, improve OP's health and enhance their voice and their communities; iii) To provide data on OP and specific information on the impact of the programs/projects and policies related to OP in order to improve efficiency of policies' impact. To achieve the proposed objectives, the project focused on implementing 6 activities groups: i) capacity building ; ii) poverty alleviation; iii) health care; iv) advocacy; v) community support ; vi) rights and benefits. These activities were carried out principally through ISHC model.

Final assessment of project was fulfilled to evaluate the results of the project in accordance with the proposed objectives and to consider the strengths, weaknesses and lessons learned during implementation. Then recommendations would be proposed, and evidence would be provided for policy makers to develop policies and programs in order to promote and enhance the role of OP in the future.

VWU selected Institute of Social and Medical Studies (ISMS) as independent unit to conduct a final evaluation of Project VIE022 with 3 specific goals: 1) Evaluation of the project results achieved under the "Framework for tracking/monitoring & evaluation", and review of: *i)* capacity building for project partners from the central level to commune level (VWU, VAE, clubs, etc.); *ii)* The impact of ISHC model to life improvement of OP (livelihoods, health, empowerment), to integration of OP's issues into policies and programs/projects; *iii)* The update and use of database for dissemination, advocacy and implement of in-depth studies about OP; *iv)* Setting up and maintaining the activities in network in order to develop policies and programs/projects to meet the needs and rights of OP; 2) Evaluation of the effectiveness, sustainability of "ISHC model". Recognizing the advantages and difficulties during implementation (human resources, finance, etc.); participation and contribution of local authorities, community leaders and policy makers; the ability to combine the model's activities with the national program; 3) Provision of lessons learned and recommendations for the maintenance and replication of project results. The Assessment was conducted in 16 communes of eight districts in for project provinces including Thanh Hoa, Nghe An, Ha Tinh and Quang Binh during the period from December 2013 to January 2014.

The data collected in the Assessment included: (i) secondary data through the review of available literature; (ii) primary data through surveys conducted in the field. In the field, the quantitative information was collected through personal interviews according to pre-designed questionnaire and the qualitative information was collected through in-depth interviews or group discussions.

A quantitative study was conducted on two groups: i) community group including members or non-members of ISHCs; ii) Executive Board members of ISHC. Total sample quantitative research in 4 provinces was 966 OP (who are 646 members of ISHC and 320 non-members of ISHC). Quantitative questionnaire for OP was divided into 8 sections including: a) Personal information and households information; b) Occupation, income and other assistance for OP in daily life; c) Access to the project activities; d) Health status and access to health care services; e) Knowledge of OP about prevention from non-communicable diseases; f) Understanding of the rights of OP; g) Satisfaction with the activities of the club (only for club members).

A qualitative study was conducted to collect qualitative information that contributed to illustrations and confirms for the results of quantitative study. The research team conducted eight focus group discussions, 45 in-depth interviews with target groups at central, provincial and district levels. At the commune level, the research team used qualitative data from in-depth study "The sustainability of the ISHC model: Findings from qualitative survey results" which was also conducted by ISMS and VWU. The contents of qualitative study focused on: i) the effectiveness of the project to the VWU as well as to partner agencies to improve staff capacity and organizational capacity; ii) the participation and contribution of all agencies, organizations and local authorities in maintaining the sustainability of the model and in advocacy for policies related to OP at the local. The identification from the beneficiaries of the project was used from the in-depth study "The sustainability of the ISHC model: Findings from qualitative survey results".

Through the evaluation, the project obtained the following achievements:

### **The results obtained under the "project framework for tracking/monitoring & evaluation"**

Twenty-eight of the 36 indicators, which measures six medium-term results (outcome), gained proposed objectives in the Framework for tracking/monitoring and evaluation. In which, all indicators under Outcome 1, which is improved clubs' capacity for developing, implementing and maintaining the intervention programs/projects to meet the needs of poor and disadvantaged OP, and Outcome 2, which is the livelihood activities for poor and disadvantaged OP, their families and their communities, not only were achieved but also surpassed the proposed target.

Besides, three indicators were not achieved under the framework for tracking/monitoring: 80% of the club members got health insurance cards, 80% of the club's OP got health examination every 6 months, 50% of the club members said that their health condition was improved more than last year. Five indicators were not evaluated due to lack of information.

### **The specific results of the project's impact**

#### **1. Capacity building for project partners from central to commune levels**

- **Central level:** The project contributed to change the perceptions of the project partners on the issue of OP, their needs and their role, and to improve the capacity of staff who directly involved in the project as well as vertical system of project partners such as VWU, VAE, and the Red Cross.
- **Provincial/district level:** The training activities and monitoring support of the project enhanced the capacity of the project staff at provincial/district level in managing, organizing and directing activities. The project not only trained project staff about the knowledge and skills to carry out activities but also helped them feel more confident, how to plan and to contribute advice to the authorities.
- **Commune level:** MB of club was not only received comprehensive knowledge related to the club as the planning and management of the club, but also improved their skills of negotiation and mobilization from local resources. Most MB members in the intervention communes

responded that they felt very confident to manage and the clubs' operation at present as well as later when the project ended.

## 2. Impact of the "Intergenerational Self-help Club "

- **Improved economic conditions of club members and their families:** Results of the final assessment indicates that the project activities, which supported to generate income, such as loan for production, training, technical support, helped club members to improve their economic conditions and economic contribution to their households. Among the members, who were supported to get loans, 75.6% said their income increased from 30% or more and 98.9% had contribution to their households' economy.
- **Strengthened community support activities:** In addition to improve their own lives, club members participated in the club as well as in community activities with higher rate than non-club members, especially, in activities that supported community as 'Environmental Cleaning', 'Supporting people with difficult circumstances'. In addition to personal participation in community activities, approximately 50% of the club members participated in self-help groups at local.
- **Strengthened the health care of club members:**
  - **Increased the access to health services by members of the club:** The comparative results between the intervention group (club member) and control group (non-club members) showed that the percentage of club members who had access to the communication activities and health counseling was significantly higher than those who are non-club members. Specifically, the proportion of people receiving direct health counseling and percentage of participation in the health communication in the intervention group were respectively 76.5% and 86.5%, while these rates in the control group were respectively 38.8% and only 38.1%. Similarly, the percentage of a periodic health examination at least 1 time in the past year in the control group was half of that in the intervention group (35.3% versus 75.7%). Among the group who received periodic health examinations within the past 12 months, in the intervention group the percentage of OP, who had at least 2 times of health examination, was higher than that in the control group (92.2% versus 80.5%). Hence, the club members not only received regular health examinations but also had higher frequency of the periodic medical examination than OP who are not club members.
  - **Improved the health status of club members:** Only about 50% of OP who participated in the assessment said that their health were normal, good, or very good. However, when comparing to the results of self-assessment on their current health status compared with one year ago between the intervention and control groups, it was big difference. The percentage of club members, who had better health than last year, was many times higher than the OP who was non-club members (26.3% versus 5.9%).
  - **Advanced knowledge on prevention of common non-communicable diseases:** OP in the intervention group had more general knowledge about symptoms or prevention from some non-communicable diseases such as hypertension, cerebral vascular accident/stroke, depression, osteoarthritis and diabetes than OP in the control group. For example, the proportion of OP in the intervention group, who knew to prevent from hypertension, was 91.9%, while that in the control group was much lower (only 74.6%); or in the two groups, the proportion of OP, who knew at least one prevention method to treat diabetes, respectively were 76.6% and 93.6%.
  - **Enhanced understanding of the rights of OP:** The results of comparison showed that the proportion of club members, who knew about the rights of OP, in the intervention group was

higher than that in the control group. For example, the percentage of OP in the intervention group knowing about the right to a periodic health examination almost doubled than that in the control group (85% versus 47.8%). It was similar to the remaining rights. The club members knew averagely about 10 rights or services, that was significantly higher than those who were non-club members knowing about 7 rights or services.

- **Strengthened the capacity of local authorities and community-based organizations in developing programs/projects for the OP and the ability to bind to the State programs/projects:** The perceptions of the local authorities and organizations, department of OP were changed; the ability and contribution of OP were recognized in the community. From this perception change, the activities of OP also received the support of local leaders/authorities through policy priorities and budget support, health care for OP held by commune health centers.
- **Developed and used database systems of economic, social, demographic features and health status of OP:** The project successfully developed a relatively comprehensive and reliable database of OP in Vietnam through the Vietnam Aging Survey in 2011 conducted in 12 provinces. This data was updated and shared on project's website and used by project partners, organizations and individuals as a basis for implementing the thematic depth research, as well as an evidence to develop plans and proposals for funding and advocacy.

### 3. Sustainability of ISHC

- **Sustainable policies:** The project successfully advocated the introduction of a ISHC model as one target in the National Action Plan on Aging in Vietnam for the period 2012-2020, which is *'in 2015 at least 1,500 clubs will be founded across the country; at least 15% of communes, wards and townships will have ISHCs or other models that care and promote the role of OP; and in 2020 at least 5,000 clubs will be founded in at least 50% of the communes'*. The quota of well-established ISHC was shown in the action plan at the provincial and district levels. The club's activities combined very closely with all levels of government, unions to contribute to improve the sustainability of ISHCs and the ability to connect ISHC with departments and other local unions.
- **Sustainability of Human Resource:** From the central to grassroots, the capacity of MB of clubs was evaluated if they were capable of management and maintenance. The results of interviews with club's MB through self-assessment forms showed that 95% of MB members answering confidently/very confidently that they could manage the club after the project ended.
- **Organizational Sustainability:** Organization of Club's MB was considered consistent with the role and activities of the club and can be maintained. Vertical system of project partners also contributed to enhance the sustainability of the organization of the club model.
- **Financial sustainability:** the sustainability of the club activities after the project finished was assessed; the project partners from the central to grassroots levels agreed that the club had enough funding to maintain the activities. In addition to initial funding from project, all current club had other fundraising activities such as interest income from lending funds, fund from club members, membership fees, calling for support from enterprises, mass organizations and local authorities for the Charity Social Fund of Golden Heart, .

### 4. The lessons learned

- **Capacity building** - project not only chose appropriate staff but also focused on capacity building, including training and technical support after training through support and monitoring activities.

- **Policy advocacy** – the experiences showed that conferences and seminars on issues of OP with the participation of policy makers, representatives of ministries and mass media agencies should be organized.
- **Model replication** – the experiences from project showed that to replicate the model, the model need to be improved further for the operational content, while operating costs should be reduced.