FINAL EVALUATION REPORT

Project -Prevention of Intimate Partner Violence against pregnant and lactating women in Kien Xuong District-Thai Binh province (January 2016 – December 2018)

Submitted to: Institute for Development and Community Health

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This evaluation report has been developed by an independent evaluation team. The analysis presented in this report reflects the views of the authors and may not necessarily represent those of the Institute for Development Community Health (IDCH), its partners or the UN Trust Fund

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List of acronyms

CHS	Commune health station
FGD	Focus group discussion
IDI	In-depth interview
IEC	Information, education, and communication
IPV	Intimate partner violence
MCH	Maternal and Child Health
MOH	Ministry of Health
RHC	Reproductive Health Centre
UNTF	United Nations Trust Fund to End Violence against Women
VHW	Village health worker
VWUM	Village Women's Union member
WHO	World Health Organization

Executive Summary

Background of the project

Intimate partner violence (IPV), a pervasive public health and human rights problem, is a global issue due to its high prevalence, and the numerous acute and chronic mental and physical health conditions associated to it. Studies in the world showed that from 2 to 60% of women reporting to experience violence by husbands during pregnancy, including physical, mental and sexual violence. The rate is higher in developing countries. A study found that 43.8% of women experienced violence during pregnancy, of which 79% suffered from moderate and 21% were severe violence.

In Viet Nam, domestic violence is also a matter of concern. A research in Viet Nam showed that 58% of married women have experienced violence by their husbands. 35.2% of the women are violent during pregnancy, of which 32.2% were mental, 10% were sexual and 3.5% were physical violence. Women who give birth to only girl children are twice as likely to experience violence during pregnancy as women who have a son or are pregnant with a baby son.

Viet Nam has developed a legal system for domestic violence prevention since 2008. The Vietnamese government has issued a regulation for inter-agency cooperation on domestic violence prevention and control. These are legal documents that underlie violence prevention activities in general and IPV in particular.

Sponsored by UNTF, Light coordinates with central and provincial health management agencies to implement the project "*Prevention of violence among relatives for pregnant and lactating women*" in 10 communes of Kien Xuong district, Thai Binh province of Viet Nam.

Thai Binh is a northern province of Viet Nam located about 100 km southeast from the capital city and is one of ten provinces in the Red River Delta with highest number of birth in Viet Nam. Thai Binh expands over 1,546.6 km^2 and is divided into 7 districts with 286 communes, and densely populated with approximately 1,865,400 people, according to the 2015 statistics. Kien Xuong is one district, located to the south east of Thai Binh center. Ten out of its 37 communes were selected as pilot project sites. The average population of each commune in this district was around 6,000 with 130 pregnant in 2015. Antenatal care rate in Kien Xuong was about 99%. Most of its communes are pure rural with mainly agricultural economics and some of the communes are more industry economics. However, this is considered as a district with rather high prevalence of IPV.

The overall goal of this project is "Women, particularly pregnant and lactating women, in Kien Xuong district are better protected and able to respond to Intimate Partner Violence (IPV) by December 2018". Further, project expects to enable target population courageously report cases and access available community-based supporting services.

Project was started in January 2016 and ended in December 2018. The total project value was $US 386,452, with $US 37,000 contribution from Light.

Purpose and objectives of evaluation

The purpose of project-end evaluation is to assess to what extent the expected outcome of the project has been achieved and to explore important factors influencing the project implementation and achievements. The evaluation is also to assess the effectiveness, relevance, efficiency, impact, sustainability and the performance on human rights and gender equality of the project.

Specific objectives of the evaluation: (1) To evaluate the entire project (three years from start to end date), against the effectiveness, relevance, efficiency, sustainability and impact criteria, as well as the cross-cutting gender equality and human rights criteria; (2) To identify key lessons and promising or emerging good practices in the field of ending violence against women and girls, for learning purposes. (3) To assess to what extend the project has achieved the desired outcomes compared to the project framework and baseline data; (4) To understand the strengths and weaknesses of the program in preventing and reducing risk of IPV; (5) To evaluate the progress in screening and counselling pregnant and lactating women as well as any improvements in offering IPV prevention supporting services, and to explore the influencing factors; (6) To assess how and to what extent the program has influenced new and existing policies related to IPV and explore possible approaches for project model integration for scale-up; and (7) To draw and then document all lessons learnt and best practices, and make recommendations to scale.

The findings of the project evaluation will be 1) submitted to the donors, 2) shared in project dissemination workshop with participation of relevant stakeholders and through other online and offline forums and published in some relevant journal, 3) Sharing with health facilities in reproductive health system managed by MCH Department; and 4) documented with other project materials for model replication.

Methodology

The project has targeted 1,241 pregnant and lactating women, 515 husbands and mothers in law, 161 village health workers, 20 communal health officers and 10 communal women's union staff from 10 communes in Kien Xuong district.

The final evaluation has been carried out by an independent consultant group in all 10 project communes of Kien Xuong district, Thai Binh province. The method of collecting qualitative, quantitative and desk study of documents and reports of the project are utilized by the consultant team.

Qualitative information was collected in 4 randomly selected project communes, Thai Binh Reproductive Health Center (RHC), Maternal and Child Health (MCH) Department of the Ministry of Health (MOH) and Light Institute. Four in-depth interviews and 21 focused group discussions were conducted with the officials of the MCH Department, project management staff of Light; leaders and project management and implementation staff of Thai Binh RHC, representatives of provincial Women's Union; communal official, health staff from communal health station (CHS) and chairwoman of the communal Women's Union; village health workers (VHW) and village Women's Union members (VWUM) ; mothers-in-law; husbands; and pregnant and/or lactating women who are the target groups of the project. The focused group discussions and in-depth interviews were conducted by the consultant team.

Quantitative information was collected in all 10 project communes, with 346 interviews out of 360 selected pregnant or lactating women. These women were interviewed with a structured questionnaire by experienced data collectors.

Relevant documents used by the consultant team were provided by Light Institute including project document, monitor and evaluation data, annual and final reports.

Qualitative information which was compiled by researchers after each focused group discussion and in-depth interviews are used in the report. Quantitative data was input using EpiInfor and processed using Stata software.

The team adheres to the principles of ensuring privacy and safety for the women when interviewing them on gender and violence sensitive issues through tool design, selection and training data collectors, interview locations setting and time arrangement and safety backup measures.

The main limitation of the evaluation is that it was conducted only at the project sites, so the results were not compared with the unintended communes and factors that could affect on the changes of the primary and secondary beneficiaries could be from outside of the project and not be controlled in the evaluation. I addition, the evaluation is also limited in its qualitative selection as few informant were selected and they might lack of information or recalled bias when judging the project. The evaluator team was careful to assess and compare information from different sources to overcome the limitations

Key findings of the evaluation

General assessment: Project "Prevention of Intimate Partner Violence against pregnant and lactating women in Kien Xuong District-Thai Binh province" was succeeded in 10 selected communes of the district. All planned project activities have been implemented and the project targets have been achieved. The project reports, monitoring data as well as most of the discussions with the stakeholders showed that 100% of the target women had access to comprehensive services to prevent domestic violence through home visits, service provision at CHS and via hotline. Families and communities and

relevant agencies in the 10 project communes and related agencies of the province are better able to support prevention and response to domestic violence. The project evaluation indicators have met and exceeded the targets set at the beginning of the project. The project also changed the perception and behavior of individuals, communities and society in the project area on gender equality and human rights, especially women's rights.

Relevance, the results and the implementing process and approach of the project are completely in line with prevention and response of IPV against pregnant and lactating women as the goal of the project. However, the project targeted adult women aged 18 and above as primary beneficiaries and therefore did not address the issue of violence against pregnant and lactating girls. Discussing with provincial and communal officials and the Women's Union representatives, some opinions suggested that the young girls should be targeted with the involvement of the local Youth Union and educational institutions.

This project was designed and implemented completely in accordance with the benefits, priorities and policies for pregnant and lactating women. As discussing with the provincial health official and Women's Union representative, the policies and priorities were reflected in legal documents as well as regulation of the health sector, tasks of the Women's Union and local authorities.

The project was designed to match and harmonize among the project goal, specific objectives, the outputs, and especially the activities to reach the beneficiaries through the communication materials and methods that were appropriate and effective with the project goal and expected outcomes.

Efficiency, the group discussions showed that the project was very efficient that it achieved all the outcomes in the duration of less than 3 years due to late starting. The project was successful to integrate with related agencies' activities to save resources.

Overall, the project has achieved its objectives, outputs and activities at its end. In terms of yearly plans, the project progress did not yet reach its yearly target in the first year but accelerated in the last two years. The budget allocated to each outcome and output was also adjusted during implementation.

Through a variety of diverse activities with good coordination between health services and other stakeholders especially the Women's Union network, the project has fully implemented as designed, with some minor adjustment in some activities in accordance with the budget and implementation schedule. The project has effectively transferred the resources into expected results, ensuring the appropriate quantity and quality as designed and is highly appreciated by the stakeholders.

The project encountered initial start-up difficulties, such as a delayed start of the implementation of activities, poor coordination of parties at the beginning on the basis of their assigned tasks. The difficulties were overcome with Light's hard working to coordinate the relevant stakeholders and especially the participation of the government agencies and public health services and information sharing and integration with related parties of common activities.

The evaluation has found that the project has made optimal use of human and financial resources to achieve its goal and outcomes. However, it was argued that a little more investment and workforce in collaboration with health and women's officials and developing and utilizing software to manage the beneficiaries and resources could help the project more successful when dealing with IPV issues as well as expanding project to adolescents and young people as additional beneficiaries and increasing services access.

Effectiveness, the project has made changes in beneficiaries' awareness and behavior on preventing and responding to IPV mainly through the CHS services and home visits conducted by trained VHW and women representatives as well as public speakers broadcasting and leaflets distribution.

The project has achieved its goal of improving the access of pregnant and lactating women to IPV prevention and care services. At the same time, the project helped to raise the awareness of family members and communities and societies in Kien Xuong district, especially at the commune level, to better support and respond to violence.

Monitoring and evaluation framework was designed and used in the project. The recommendations of the baseline assessment were utilized in designing the project activities effectively and were really implemented. The monitoring reports were synthesized and published bi-annually.

The project was designed with an organizational structure of 4 levels from the target beneficiaries; the commune level including the VHW, VWUM and health staff; the provincial level including the Reproductive Health Center (RHC) and the Women's Union; and the central level including the MCH department of the MOH and Light Institute. People participating in the project management and implementation system had appropriate capacity, experience and prestige in accordance with the project's purpose and intervention activities, especially, the approach to beneficiaries through health staff and women members is considered very appropriately.

Impact, the project had a marked effect on behavior in relation to domestic violence against women in general. The project has changed the perception of the women themselves as the target, and also changed the insight of their relatives such as husbands and mothers-in-law.

Changes in knowledge, attitudes and behaviors of pregnant and lactating mothers such as knowing their rights, considering violence as violating law and speaking out and sharing their experience, etc. and improvement of the families' and communities' capacity in preventing violence increased positively as results of project's activities. The communicational interventions have had positive effects as per the project's targets. The targeted women were introduced with services for survivors of IPV. The expertise and commitment of project staff and implementing partners have been a contributing factor to achieve lasting impact.

People in the communities targeted by the project as well as in other communities were able to benefit indirectly from the target population through direct sharing from the targeted women or from mass communication and service delivery with expertise inherited from the project.

Sustainability, there have been some opportunities to maintain the project results that could be through sharing the awareness and experiences of benefited women, husbands and mothers-in-law. In addition, the health care for pregnant and lactating women integrated with IPV services would be maintained by the staff trained through the project.

There is evidence that the benefits of the project continue to be sustained, including the enhanced competencies of health staff at CHS, VHW and women's members, and the well collaborating network inherited of the prevention and response to the domestic violence. In addition, the evidence of sustainability could be observed in the local governance and the Women's Union commitment and the CHS health staff, VHW and women's union willing.

In some focus group discussions, it was indicated that some factors may help maintain the project results, such as MOH makes the legal guidelines of IPV services for national use; the staff involved in IPV services need to be enthusiastic, gender sensitive and active participating; the service organization needs to be stable; the leaders of the governmental agencies and organizations should be responsible and accountable; and appropriate funding and support are needed for IPV related service.

There are several occasions to replicate the project results. At the macro level, the intervention model applied in the pilot project can be replicated elsewhere with further study to develop guidelines and policies then applied nationwide. At the local level, to integrate the benefits from the project then share through the Women's Union system or community activities. The project-compiled handbook on integrated IPV prevention in MCH services can be shared and used in health care settings.

Knowledge generation, the project has contributed to the development of knowledge about gender-based violence prevention. Although there were guidelines and

regulations in the MOH's legal management documents, *a handbook on integration of IPV against pregnant and lactating women in the maternal and child health services* has been developed and tested by the project that has been concretized and effectively applied by the health workers and VWUM in screening, detecting, responding, risk prevention, improving safety for both women and counselors.

Gender equality and human rights

The implementation results of the project have made changes in gender equality and human rights. The equality between men and women in the family has been improved. The situation of distinguishing boys/girls has also changed. Human rights are respected, especially the rights to be protected, physical inviolability, information access, respected for honor and dignity...

Key recommendations

General recommendation: The end line evaluation of the project on IPV prevention in 10 communes of Kien Xuong district, Thai Binh province showed that IPV caused by husbands or mothers-in-law against young pregnant or lactating women is still rather common in the communities, especially in rural areas, and its serious consequences need special attention from agencies, organizations, and communities. Although the MOH has issued guidelines for the health services to discover and prevent violence against women, the implementation and monitoring of regulations requires appropriate resources and methods. This report recommends that the government should mobilize agencies, sectors, and societies to support resources and organize appropriate and effective activities.

Relevance: It is recommended that interventions to prevent domestic violence should include target groups of young and unmarried women as the main beneficiaries. Organizations, health agencies, Women's Union, Youth's Union and schools should be secondary beneficiaries and participate in coordination of project activities.

It is recommended that projects on domestic violence prevention and control should be designed to ensure that the target groups can actively access and use the services of counseling, screening, and responding to violence as well as to strengthen capacity of the communities and local authorities to support the victims of violence.

Efficiency: It is recommended that projects on domestic violence prevention should combine mass communication with training to strengthen the capacity of the primary and secondary beneficiaries and individual and family counseling.

It is recommended the projects should utilize informatics technology such as software and social networks in managing the project target beneficiaries, sharing relevant information, perform mass communication and individual counseling.

Effectiveness: It is recommended that projects to prevent violence against women should use collaborations with institutions and services specialized in the field, since working with women survivors or women at risk of violence requires specific skills and qualifications.

The donors should encourage the use of results-based project management tools such as monitoring and evaluation frameworks to monitor the projects in order to obtain information and have a risk management solution in time and adjust the project to match desired goals and results.

Impact: Recommendation is to government agencies and societies to put domestic violence prevention targets as an indicator to assess their activities and indicate in their periodic reports to the public, and share their experience, good examples, positive changes in domestic violence prevention.

Recommendation is to social and community organizations to integrate, introduce and share domestic violence prevention issues into relevant and related activities.

Sustainability: It is recommended that the MOH should issue and amend national standards and technical guidelines on the detection, screening, management and reporting of integrated IPV in health services for women.

It is recommended that state agencies and donors continue to financially and technically support initiatives to replicate this project model to other areas and communities.

It is recommended that that institutions and organizations working on issues of IPV use experienced staff who have already experienced in working on the issue of IPV in the project to participate in domestic violence prevention and control activities implemented by other agencies.

Knowledge generation: It is recommended that the CHS staff, VHW and VWUM should use the handbook compiled by the project as a guideline when implementing violence prevention services and home visits.

The health professional education institutions should consider to integrate IPV into medical and nursing training programs, using project data and publications as references for training programs.

Gender equality and human rights: It is recommended that the gender-based violence prevention projects or programs should combine with raising awareness and responding to gender equality, especially in families, and human rights issues, especially the right of physical inviolability, sharing information, and being cared for and protected...

1 General information and context

Intimate partner violence (IPV) is a human rights and public health issue that can cause or exacerbate acute and chronic physical and mental health conditions.

Pregnancy and lactating young babies are the most vulnerable periods both physically and mentally of a woman's life. Studies in the world showed that from 2 to 60% of women report having violent caused by their husbands during pregnancy. Of which, physical violence makes 2-20% and mental and sexual violence takes 13-60%. This rate is higher in developing countries. A study in Mexico on 1623 women showed that 43.8% of them had violence during pregnancy, of which 79% were moderate and 21% were severe. Regarding types of violence, nearly 73% suffered from mental violence, 16% suffered from physical violence and 11% suffered from sexual violence.[1]

In Viet Nam, the first national study of domestic violence against women showed that 58% of married women have experienced violence by their husbands[2]. Research by Hanoi Medical University on 1,337 pregnant women in Dong Anh, Hanoi showed that 35.2% of women experience violence during pregnancy. Of which, mental violence is 32.2%, sexual violence is 10% and physical violence is 3.5%. Women who give birth to only girl children are twice as likely to experience violence during pregnancy as ones who have a son or are pregnant of a baby son.[3]

Viet Nam has enacted Law on Domestic Violence Prevention and Control effective from July 1, 2008. The law is also applied to violence caused by family members, including husbands and family relatives. In addition, the Prime Minister has issued regulation on inter-agency coordination on domestic violence prevention and control in the Decision No. 21/2016/QD-TTg dated May 17, 2016. These are legal documents that underlie violence prevention activities in general and violence caused by family members in particular.

in order to reduce the rate and severity of encountering the IPV, not only do women need access to counseling services and skills to avoid violence but related cultural norms to IPV also needs to change. The project *"Prevention of Intimate Partner Violence among Pregnant and Lactating Women"* has been implemented in Kien Xuong district, Thai Binh province, Viet Nam from January 2016 to December 2018. The purpose of this project was to address this gap by providing advice and other necessary services for women to avoid and reduce IPV. In addition, the project also aims to address the cultural norms related to IPV.

[1] Romero-Gutiérrez, G., Cruz-Arvizu, V., Regalado-Cedillo, C., & Ponce-Ponce, d. L. (2011). *Prevalence of violence against pregnant women and associated maternal and neonatal complications in Leon, Mexico.* Midwifery, 27(5), 750-753. doi:10.1016/j.midw.2010.06.015

[2] Tổng cục thống kê. (2010) *Im lặng là chết đấy. Nghiên cứu quốc gia về bạo lực gia đình đối với phụ nữ Việt Nam*

[3] Hanoi Medical University. (2016). *Impact of violence on reproductive health in Tanzania and Vietnam*

2 Project description

2.1 General objectives and specific objectives of the project

The project “Prevention of Intimate Partner Violence among Pregnant and Lactating Women” was funded through the UN Trust Fund to End Violence Against Women (UNTF) and implemented by Light in partnership with the Maternal Child Health (MCH) Department of the MOH and Thai Binh Reproductive Health Centre (RHC), village health workers (VHW) and village women’s union members (VWUM).

The MCH Department is a functional unit of the MOH responsible for state management of health care activities for mothers and children. The department participates in the project with a role of monitoring, connecting and directing the system of maternal and child health care.

Thai Binh RHC is an organization under the Provincial Department of Health, responsible for monitoring reproductive health care in the province. The Center coordinated with the project as supervisory role of project activities, especially providing technical assistance.

Commune health station (CHS) is the lowest level health service facility in the health system. The CHS has staff in charge of pregnancy care and management and children's health. The CHS participated in providing MCH services and integrating IPV prevention in health services.

Village health workers (VHW) play a role of health information, education and communication in the communities, propaganda and mobilization of community to implement health programs.

Village women’s union members (VWUM) are members of the Women's Union, assigned to monitor and support women in the community and organize women's communication activities. In many cases, VWUM’s are also VHW, population collaborators and participate in many activities that have close relationships with women in the community.

The overall project goal was “Women, particularly pregnant and lactating women, in Kien Xuong district are better protected and able to respond to Intimate Partner Violence (IPV) by December 2018”. Further, the project aimed to empower targeted beneficiaries to report cases of IPV and to access available community-based support services. The project was launched in January 2016 and ended in December 2018. The total project budget amounted to $US 386,452, with a $US 37,000 contribution from Light.

To attain these goals, four strategies have been implemented:

(1) Screen and provide IPV counseling to all women who have made antenatal care visits in 10 selected commune health clinics (CHC) in Kien Xuong District, Thai Binh Province;

(2) Establish an IPV hotline for targeted women to call to report incidents of IPV, receive counseling, or obtain necessary referrals to other community-based resources and services including seeking justice if necessary;

(3) Conduct home visits by Village Health Workers (VHWs) and members of the Village Women's Union (VWUM) to work with women's husbands and mothers-in-law to develop non-abusive family relationships for promotion of maternal and child health care.

(4) Organize community-level communication events, including contests and messages/guideline daily broadcasted via the local loudspeaker system to create and promote a supportive environment for IPV prevention.

2.2 Project's specific outcomes, outputs and key activities

The project has two outcomes, along with the main outputs and activities, as follows:

Outcome 1: Pregnant and lactating women in Kien Xuong district have access to comprehensive IPV services

Output 1.1: Healthcare providers in the intervention area have knowledge of different IPV forms and skills on IPV screening and counseling.

Output 1.2: Health staff (other than health care providers) at Thai Binh Center for Reproductive Health who participate in training and refresher training increase their knowledge of IPV, relevant community-based IPV services, and planning and implementing skills for IPV responses.

Output 1.3: VHW and members of village women's unions who participate in training and refresher training in 10 communes increase their knowledge of IPV and home visiting skills to effectively facilitate home visits.

The main activities of this outcome include: (1) Conduct IPV counseling training and refresher training for health care providers/health staffs/VHW, and member of village women union; (2) Develop information, education, and communication (IEC) materials for counseling at selected commune health facilities; (3) Health care providers screen and counsel pregnant and lactating women at selected health facilities.

Outcome 2: Families and communities in Kien Xuong district, and relevant agencies in Thai Binh province have better capacity to support IPV prevention and response

Output 2.1: Pregnant and lactating women who receive IPV counseling at health facilities and from the hotline service increase their knowledge of IPV and know where to seek for support.

Output 2.2: Husbands and mothers-in-law who are involved in the discussion during home visits increase their knowledge of prevention and mitigation of IPV against pregnant and lactating women.

Output 2.3: Relevant agencies at national, Thai Binh Province and Kien Xuong district have better awareness about IPV prevention in general, and particularly in pregnant and lactating women.

The main activities of this outcome include: (1) Conduct a IPV home visit training and a refresher training for VHW and members of the village Women's Union; (2) Revise training curriculum and guidelines included the comments and responses from home visit facilitators, targeted women and their family members; (3) VHW and members of the village Women's Union conduct home visits to facility discussion among targeted women and their family members; (4) Revise training curriculum and guidelines included the comments and responses from home visit facilitators, targeted women and their family members.

2.3 Project's primary and secondary beneficiaries

The targeted primary beneficiaries of the project are pregnant and lactating women in Kien Xuong district, Thai Binh province. Total population of targeted beneficiaries is 1,241 pregnant and lactating women. The secondary beneficiaries are their families including their husbands and mothers in law, together with commune health worker, village health worker and member of village women union; and hotline counsellors. Total population of secondary beneficiaries is 515 husbands and mothers-in-law, 161 VHW, 20 communal health officers and 10 communal women's union staff.

Also, the key partners of the project were MCH Department of MOH, Thai Binh RHC, Provincial Women's Union and the local authorities and health services.

2.4 Project location

Thai Binh is a northern province of Viet Nam located about 100 km southeast from the capital city and is one of ten provinces in the Red River Delta with highest number of birth in Viet Nam. Thai Binh expands over 1,546.6 km^2 and is divided into 7 districts with 286 communes, and densely populated with approximately 1,865,400 people, according to the 2015 statistics. Kien Xuong is one district, located to the south east of Thai Binh center. Ten out of its 37 communes were selected as pilot project sites. The average population of each commune in this district was around 6,000 with 130 pregnant in 2015. Antenatal care rate in Kien Xuong was about 99%. Most of its communes are pure rural with mainly agricultural economics and some of the communes are more industry economics. However, this is considered as a district with rather high prevalence of IPV.

3 Purposes of the evaluation

The purpose of project-end evaluation was to assess to what extent the expected outcomes of the project have been achieved and to explore important factors influencing the project implementation and achievements. The evaluation was also to assess the

effectiveness, relevance, efficiency, impact, sustainability, and performance on human rights and gender equality of the project.

The findings of the project evaluation will be (1) submitted to the donors, (2) shared in project dissemination workshop with participation of relevant stakeholders and through other online and offline forums and published in some relevant journal, (3) Sharing with health facilities in reproductive health system managed by Department of Mother and Child health care; and (4) documented with other project materials for model replication.

4 Evaluation objectives and scope

4.1 Evaluation specific objectives

The final evaluation of the project served 7 specific objectives: (1) To evaluate the entire project (two to three years from start to end date), against the effectiveness, relevance, efficiency, sustainability and impact criteria, as well as the cross-cutting gender equality and human rights criteria (defined below); (2) To identify key lessons and promising or emerging good practices in the field of ending violence against women and girls, for learning purposes (3) To assess to what extend the project has been achieved the desired outcomes compared to the project framework and baseline data. (3) To understand the strengths and weaknesses of the program in preventing and reducing risk of IPV. (5) To evaluate the progress in screening and counselling pregnant and lactating women as well as any improvements in offering IPV prevention supporting services, and to explore the influencing factors. (6) To assess how and to what extent the program has influenced new and existing policies related to IPV and explore possible approaches for project model integration for scale-up. (7) To draw and then document all lessons learnt and best practices, and make recommendations to scale.

4.2 The evaluation team's scope of work

An independent evaluation team was selected by the project through a standard bidding process. The team consisted of 5 members who had post-graduate degree in public health or sociology and experienced in research, assessment and project management.

The team leader held master of public health degree and has been carrying out several studies to develop health policies. He used to work in a reproductive health service and as a lecturer of the maternal and child health care of the public health school. Moreover, he used to work as manager of some development projects of the MOH. The team leader was responsible in general and assign tasks for each team member in evaluation design, tool development, data collecting supervision, data management, and report writing by sections. He formulated the report from sections, review and correct it and then finalized the report. The team leader was also responsible to supervise the team members' activities and represented the team to work with Light and decided on the issues related to the evaluation.

A team member had degree of master of sociology and has conducted several studies in population and development and has knowledge in gender. He has been assigned

to develop the tools for qualitative study, to supervise the qualitative data collection in fieldwork, and to perform some in-depth interviews and facilitate some group discussions and write some sections of the report.

Another team member had master of public health degree, experienced in research design and organizing fieldwork to collect data. He has been assigned to represent the team to work with Light's project coordinator and the representatives of the project partners in Thai Binh to set up plan for fieldwork. He has also been assigned to develop tool for the qualitative data collection and make plan for fieldwork. In addition, he supervised the quantitative data collection and performed some in-depth interviews and group discussions.

A team member had medical doctor degree and specialist in obstetric and genecology with many years experienced in health service providing to women in reproductive health with understanding and practice related to gender. In addition, she used to manage some projects of the MOH and develop communication materials. She has been assigned to develop a part of tool for quantitative data collection, and participate in planning for field work, supervise the qualitative data collection, and write report sections.

The other team member had bachelor degree in sociology and post-graduate degree in public health. She had experience in behavior communication, management of some community development projects and conducting evaluations. She has been assigned to participate in developing tools for quantitative study and write report sections.

The work plan, the main products of the evaluator and the completion timeframe are as follows:

	Deliverables	**Description**	**Timeline**
1	Comprehensive tools and detailed plan for data collection in the field with sample size	Comprehensive tools and detailed plan for data collection in the field with sample size	01/11/2018 – 09/11/2018
2	Evaluation inception report	This will cover what being evaluated, reasons why and how, answering each questions raised in the section 2.2 with proposed methods, data collection and analyses approaches. Also, this report must propose the schedule of tasks, activities and deliveries including evaluation team and responsible lead of each team member for each product/task	07/11/2018 – 09/11/2018
3	Draft evaluation report	A draft report must cover minimum requirements specified in the annex 2 of TOR and will be submitted for review and feedback/comments of	22/01/2019

	Deliverables	Description	Timeline
		Light and project stakeholders to ensure the quality of project evaluation report	
4	Final evaluation report	Comments and feedbacks of stakeholder must be well integrated in the final evaluation report and meet requirements indicated in the annex 2 of TOR. This report will be presented at the dissemination workshop and spread widely among project stakeholders, other interested agencies and in public forums.	15/02/2019
5	Data sets	All data sets in paper and electronic forms in both draw and cleaned status will be handover to Light with no right to keep them in whole or in part under any condition. Any use of data set in part or in whole must obtain the approval of Light	15/02/2019

5 The evaluation questions

To address the specific objectives mentioned, a consultant team has conducted a final assessment to answer questions according to the table below:

Criteria	Issues/questions
1. Relevance	● To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of (the targeted) women and girls? ● To what extent is the project suited to the interests, priorities, and policies of the target groups, recipients and donors? ● Overall assessment on the project design/ the appropriateness of the project's objectives, outputs, indicators and activities.
2. Efficiency	● To what extent was the project efficiently and cost effectively implemented? ● Did the project complete the planned activities and meet or exceed the expected outcomes in accordance with schedule and as cost effective as initially planned? ● How did the various activities transform the available resources into expected project outcomes, regarding quantity, quality and timeliness? ● Was the project able to overcome unforeseen difficulties and deliver project outputs on time and within budget?

Criteria	Issues/questions
	• Could the same or better results have been achieved with the same or fewer inputs/resources by doing things differently? And how?
3. Effectiveness	• To what extent were the intended project goal, outcomes and outputs (project results) achieved and how? • To what extent has the project attained its outcomes and outputs and goal of project document and logical framework. • Assess the extent to which the M&E framework has contributed to the effectiveness of the project, if so, why and how? • How was the quality of internal organizational and managerial structure of the project in relation to the fulfillment of project objectives, including the human resources employed and the overall management of the project's resources? How was the participation of stakeholders (including Project Steering Committee, Project Implementation Team, VHWs, Commune Health worker) during all project phases (including planning, implementation, monitoring and evaluation) promoted? How clear and appropriate were their roles, and the level of coordination among them
4. Impact	• To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)? • What were the positive and negative changes produced by this intervention, directly or indirectly, intentionally or unintentionally? Why did those changes happen? • What was the extent to which the benefits received by target beneficiaries had affected large number of people in the project sites? • Provide most significant change stories.
5. Sustainability	• To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends? • Are the benefits brought by the project likely to continue after the project has been completed and no more donor **funding** is available? (for example, by mainstreaming project activities into the local activities, achieving stakeholders' consensus during project implementation, aligning project activities with national/local policies, self-funding from implementing partners, etc.)? and how? • To what extend are local stakeholders willing and able to take **ownership** of established processes and systems? What are factors that may influence this ownership?

Criteria	Issues/questions
	● What are relevant factors to improve **sustainability** of project outcomes (for instance, capitalization of project best practices and lesson learnt, development and implementation of a sustainability strategy, development of suitable organizational arrangements by local stakeholders, development of policy and regulatory frameworks that support the project objectives). ● Identify opportunities for replication and scaling-up basing on the lessons and experiences in the project.
6. Knowledge generation	● To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners
7. Gender equality and human rights	● To what extent to which human rights based and gender responsive?

6 Evaluation methods

6.1 Description of evaluation design

The end-of-project evaluation collect and analyze data of the intervention group and not compare with the control or any other group. Data was only collected in place and subjects within the project intervention. However, some indicators before and after the project can be compared quantitatively to illustrate the project's success.

In this evaluation, both quantitative and qualitative research were employed. In addition, the consultant team also studied the documents provided by the project.

6.2 Data sources

The source of information for the evaluation of pregnant and lactating women was the target population for the project. In addition, secondary beneficiaries from the project such as mother-in-law, husbands, commune officials, health workers of the commune health stations and villages, and staff members receiving Women's Union in provinces and communes, and the village. In addition, the research team also accessed information from Thai Binh RHC and MCH Department officials, Light's staff as the direct and participatory agency to manage project activities.

The project documents, monitoring data and annual assessment reports were provided by Light.

6.3 Description of data collection and analysis methods

Qualitative and quantitative methods were used to collect information from stakeholders during project implementation.

The qualitative method used in this assessment is focus group discussions and in-depth interviews. Group discussions were applied to almost all subjects with similar roles and tasks, such as commune officials, women union members, primary beneficiaries, mothers-in-law and husbands and health workers. In-depth interviews were conducted with managers who have their own duties such as staff in charge of hotlines, officials of the MOH.

Focus group discussions and in-depth interviews were conducted by the researchers who were experienced in qualitative research using the guidelines which are included in the report under Annex 6. In places where in-depth interviews and group discussions were arranged separate rooms, enough seats for participants and researchers to conduct and record. The recording device was also used after being allowed by the participants of the discussion or in-depth interviews to help the researchers gather sufficient information.

Quantitative method was used to collect information and opinions from pregnant and lactating women. This method used structured questionnaire designed by experts and formatted by a Light's project staff. The questionnaire is also included under the Annex 6. These interviews were conducted separately for each person, in a quite private room, by the collectors who were females, experienced in interviewing with women of sensitive issues.

The qualitative data was analyzed using the coding method. Quantitative data was input to the dataset using EpiInfor and analyzed using Stata software.

6.4 Description of sample selection

Sampling for qualitative and quantitative data collection is done in a different way and depends on the subject of the study.

With quantitative research, all 10 project communes of Kien Xuong district were selected as study sites. The sample size applied in the evaluation was 360 pregnant and lactating women which was as equal as the baseline assessment of the project. In the baseline assessment, the sample size was estimated based on health research sampling by WHO. With the assumption before intervention, the percentage of pregnant and lactating women having sound knowledge on IPV was low at 5% and after project intervention, this rate could increase to 80%. The minimum sample size to compare two percentages with 5-80% with confidence interval of 95% and $p<0.05$, the sample size was calculated as 319 women. It was rounded up to 360 to ensure full sample and to prevent questionnaire skipping.

Based on the sampling frame created by the evaluation team from the lists of women provided by the 10 CHS, the sampled women were selected by systematic random method. The sampled women's names were informed to the CHS then the CHS invited the women to interview according to the time and place assigned by the evaluation team and

Light. During fieldwork, the sampled woman who did not showed up due to any reason was replaced with another close with her in the sample list.

The field work was conducted on Saturdays and Sundays as the evaluation team and Light agreed with the CHS to expected that most of the sampled women would come. For those who did not come, the CHS staff and the VHW tried to reach by phone, if they confirmed that they did not come, the replacement was used. Some people could not come to CHS, the data collectors would come to their home if they agreed and the private room was available for interview. Some women not available at the arranged time, the data collectors made another appointment to return within the weekend. In fact, only 346 out of 360 participants including 133 pregnant, 211 lactating and 2 were both pregnant and lactating women were interviewed. Some women were not approached due to being away from home.

In qualitative research, 4 out of 10 project communes were selected. As project design, 10 communes were comprised of 5 pure rural and 5 more urbanized communes and townships. So, the evaluation team decided to select 2 pure rural and 2 urbanized communes or townships randomly. In addition, representatives of agencies such as the RHC, MCH Department and Light were also contacted for discussion or in-depth interviews at these institutions.

In selected communes, each commune had 5 group discussions including: (1) 1 commune official in charge of cultural and social affairs, 2 commune health workers, 1 representative of commune Women's Union; (2) 2 VHW and 1 VWUM; (3) 5 mothers-in-law; (4) 5 husbands; (5) 5 pregnant and 5 lactating women.

At the RHC, a group discussion was conducted with the RHC leaders, assigned staff to monitor the project, a representative of the Women's Union. Also at the RHC, there was an in-depth interview with a hotline counselor.

In Hanoi (central), the research team conducted 3 in-depth interviews with: (1) A leader of MCH Department; (2) An official of MCH Department in charge of monitoring the project; and (3) A staff of Light's in charge of monitoring the project.

6.5 Ethical issues in research

The evaluation consultant team followed the principles stated in UNEG "Ethical Guidelines for Evaluation"[4]. The evaluators applied safety measures (both physical and psychological) to the respondents and the data collectors to prevent harm. The participants were respected by the evaluators, including the consultants and data collectors so that their individual rights were protected from being violated.

[4] United Nation Evaluation Group. *UNEG Ethical Guidelines for Evaluation*. UNEG, March 2008

The team and Light developed a plan for arranging interviews to be conducted in a private, quiet, private room.

The questionnaires were designed to ensure the agreement of the respondents and their names are not disclosed. (See Annex 6)

The women who were respondents were clearly explained about the purpose of the study and their benefits. The explanation prior to each in-depth interview and group discussion are shown in the Annex 5.

All data collectors who interviewed the women individually were females, experienced in female interviews, trained on collecting sensitive information related to violence against women.

The questionnaire was designed, discussed with Light and the researchers, piloted with the subjects, and corrected appropriately on the culture and did not cause difficulty for the respondents.

Data collecting was held on weekends at the CHS when no or few people arrived except the invited interviewees, which also helped to reduce risks against the respondents.

The data collectors were trained to be able to provide information for the interviewees on how to deal with the risk of violence and seek for support. In case of need, they could consult the CHS staff who were around during the interviews.

The recording tools used in the in-depth interviews and group discussions with the permission of the participants and the recording products were kept carefully and safely. and will be deleted when not in use for the evaluation purposes.

Research results will be shared with the community and related organizations.

6.6 Limitations of the used evaluation method

The study was conducted only at the project sites, so the results were not compared with the unintended communes. Factors that could affect on the changes of the primary and secondary beneficiaries could be from outside of the project and not be controlled in the evaluation, for example, changes of the women's knowledge, attitude and behaviors about IPV could be resulted from mass communication or other intervention programs.

The selection of the key informants for qualitative method could affect on the results of the evaluation. As a few representatives have been chosen for group discussions and in-depth interviews so they might not provide all information to evaluate the project. In addition, the informants might lack of information or have the recalled bias when judging the project could be a limitation. The evaluator team have made efforts to assess and compare information from different sources to overcome the limitations.

7 Evaluation findings

7.1 Relevance

7.1.1 The extent that the project achieved results continue to be relevant to the needs of the women and girls

The project was carried out between 2016 and 2018 and its goal was "Women, particularly pregnant and lactating women, in Kien Xuong district are better protected and able to respond to Intimate Partner Violence (IPV) by December 2018". Two specific outcomes were set including (1) Pregnant and lactating women in Kien Xuong district have access to comprehensive IPV services; and (2) Families and communities in Kien Xuong district, and relevant agencies in Thai Binh province have better capacity to support IPV prevention and response.

The project target beneficiaries were pregnant and lactating mothers, with a total of projected 1241 people. The project monitoring data showed that it was perfectly suited to the needs of women who were the beneficiaries of the project.

In 2016, the project activities started that include training of health staff and village health workers (VHW) and the women's union members (VWUM), although the project was launched later to the projected time. However, training activities were conducted very early beginning with the participation of CHS health staff, VHW and VWUM. Discussion with officials involved in the provincial level and communes disclosed that the participation of VHW and VWUM in the detection of IPV was a very appropriate approach to the women as the target population. Many people in the discussions said that as IPV was a very sensitive issue in society as well as in the family, so it could be best way to discover the victims through health counselling and examination performed by health staff.

The project monitoring report showed that health visits had helped screen out many violent cases that were not normally reported and rarely detected. Family visits by VWUM and VHW were considered as the appropriate approach to targeted women and their family members to response to many cases of IPV in pregnant women and mothers of under 12 month children.

The secondary targeted population as family members including husbands and mothers-in-law who were directly involved in domestic violence against pregnant and lactating women were also considered to be completely appropriate. Group discussions and in-depth interviews with project staff showed that, in the rural context, families often live with some generations, many families had far-away husbands and so that the mothers-in-law could influence and dominates the young women's lives. Therefore, husbands and mothers-in-law were often those who were directly and indirectly involved in IPV against pregnant and lactating women.

The VHW and VWUM involved in the project were easily approaching to the targeted pregnant and lactating women. Discussions with officials of the MOH showed that since at the beginning of the project, health staff are identified as the core people to deliver

benefits to the targeted groups so the project trained health staff with necessary skills to reach the women and their family. The commune officials and women's union representatives, in the discussions, said that in the rural communes the VHW and VWUM were closest to the pregnant and lactating women as they contacted with the women almost every day and they knew very well. It was easy for them to visit the women's home for consultation and screening for IPV and helped the women to solve their problem or referred them to further support. Moreover, some people said that the project was arranged appropriately because the VHW and VWUM were beside the targeted women in the village and could refer them to CHS for health or pregnant checkup and monitoring. Gender sensitivity was also appreciated by many people as it was appropriate to say that women were more likely easily to talk with the same gender to share their very sensitive and privacy issues. In addition, VHW usually involved in vaccination campaign and some other health programs to take care of young children so that they were easily to interact with the lactating mothers.

The health service providing approach was considered very relevant to the targeted women. The VHW and VWUM in the discussions said that when visiting households as a health consultant, it was very easy to reach the women and discover their situation.

However, the project aimed at the pregnant and lactating women in Kien Xuong district, so the girls were neither mentioned nor there were interventions that directly affect this population. Some people in discussions mentioned that there should be direct and indirect interventions for adolescents and pre-marriages and should involve local youth organization when focusing on these groups. Educational institutions such as schools of the management agencies were also potential partners when communicating to young girls on IPV and changing social awareness and improving gender equality.

In summary, the project was evaluated as relevant to the need of the pregnant and lactating women evidenced by the proper approach through the counselling and health care provision with the trained health staff and women's union members. However, the project did not bring benefit to the young girls who are not in the targeted group. Some opinions suggested that the young girls should be added in the target and they should be approached through the local youth associations and the schools.

7.1.2 The extent that the project suited to the interests, priorities, and policies of the target groups, recipients and donors

Priority policies on violence against women are institutionalized in the Law on Gender Equality and the Law on Violence Prevention and Control and guided and regulated in sub-law documents[5]. As discussion with the local officials, prevention of violence against women was a priority of the community and the Women's Union. The target group of the project was pregnant and lactating women, with high rates of domestic violence that lead

[5] Luật số 02/2007/QH12 của Quốc hội : Luật Phòng, chống bạo lực gia đình

to severe consequences, affecting the physical and mental health not only of women but also affected the health of the fetus, the physical and mental health of young children, the happy life of family members, community and society.

The Gender Equality Law passed by the National Assembly on June 29, 2006 defines the principle of gender equality in the areas of social and family life, measures to ensure gender equality, responsibilities of agencies, organizations, families and individuals in implementing gender equality. The goal of gender equality is stated in this Law as *"eliminating gender discrimination, creating equal opportunities for men and women in socio-economic development and human resource development, towards real equality and equality between men and women and establishing and strengthening cooperation and support relationships between men and women in all areas of social life and family."*[6]

The Law on Domestic Violence Prevention and Control was passed by the National Assembly on November 21, 2007. This law provides for prevention of domestic violence, protection and support of domestic violence victims; responsibilities of individuals, families, agencies and organizations in preventing and combating domestic violence and handling violations of the law on domestic violence prevention and control.

Decree No. 08/2009/ND-CP dated February 4, 2009 details and guides the implementation of a number of Articles of the Law on Domestic Violence Prevention and Control on: the State's policies on prevention and control of domestic violence; advice, suggestions and criticisms in the community on prevention of domestic violence; measures to prohibit contact according to the decisions of the presidents of the People's Committees of communes, wards and townships; Domestic violence victim support facility.[7]

Circular No. 16/2009/TT-BYT of September 22, 2009 of the MOH guiding the reception, health care and statistics, reporting to patients who are victims of domestic violence at the grassroots level medical examination and treatment. The Circular guides the reception of patients who are victims of domestic violence, medical care for patients who are victims of domestic violence, statistics and reporting cases of patients who are victims of domestic violence at medical examination and treatment facility.[8]

Discussing with officials of the MOH disclosed that this project was very practical in the context of gender equality needs to be further strengthened in health care, especially for mothers and children, and pregnant women were more concerned. Therefore, when the Light Institute proposed the project, the MOH very welcomed and was ready to participate. The MOH officials had participated from the beginning, from design to site selection, implementation and monitoring, monitoring and evaluation of the project.

[6] Luật số 73/2006/QH11 của Quốc hội : Luật Bình đẳng giới

[7] Nghị định số 08/2009/NĐ-CP của Chính phủ : Quy định chi tiết và hướng dẫn thi hành một số điều của Luật Phòng, chống bạo lực gia đình

[8] Thông tư 16/2009/TT-BYT Hướng dẫn việc tiếp nhận, chăm sóc y tế và thống kê, báo cáo đối với người bệnh là nạn nhân bạo lực gia đình tại cơ sở khám bệnh

The project's goal, outcomes, outputs, and activities were designed and implemented completely in accordance with the strategies, guidelines for approaching and assigning responsibilities of stakeholders as specified in legal system on domestic violence prevention and control. Currently the Ministry of Labor, Invalids and Social Affairs and the Viet Nam Women's Union are running the domestic violence prevention program. Authorities, especially at the grassroots level, are tasked with communication, education and detection, responding to domestic violence. However, at the meantime, no initiatives existed to address IPV in pregnancy or against lactating mothers. Therefore, this project was designed with participation of grassroots stakeholders in accordance with legal regulations.

Discussing with the provincial officials showed that this project was designed in accordance with local priorities. Pregnant and lactating women were paid attention and prioritized in Women's Union activities. The women were easily approached. Almost all pregnant women were involved with the VHW and commune health staff, including vaccination for mothers and their children.

In summary, this project was designed and implemented completely in accordance with the benefits, priorities and policies for pregnant and lactating women. The policies and priorities were reflected in legal documents and policies of the health sector, and the tasks of the Women's Union and local authorities.

7.1.3 Overall assessment on the project design, the appropriateness of the project's objectives, outputs, indicators and activities

The overall design of the project was very relevant and harmonize among outcomes, outputs and indicators. The main outcomes, outputs and activities of the project were presented in the project overview. The project indicators were detailed in the project document and are fully reported in the bi-annual and annual reports and project monitoring data.

In the discussions with the officials involved in the project, the opinions appraised that the project's outcomes were completely consistent with the overall goal. In order to protect the targeted women and make them capable to cope with IPV, they needed access to adequate services and effective support from the government and communities as well as their families. These two outcomes were fully consistent with the provisions of the Law on Prevention and Control of Domestic Violence and guidelines in its sub-legal documents.

The project's baseline assessment report recommended two main strategies for the project, including: (1) violence prevention, aimed at avoiding family conflict, focusing on improving knowledge on laws about gender-based violence and domestic violence and life skills to help spouses understand and respect each other, develop mutual sharing and responsibility; and (2) violence respond, for minor IPV, needed early detection and management by counseling and mediation at home and community, and for severe IPV,

needed early detection, combined with family counseling and mediation and legal actions to protect victims. It is clearly showed that the two outcomes of the project were consistent with the strategies recommended in the baseline assessment.

The first specific outcomes had 3 outputs: (1) “Healthcare providers in the intervention area have knowledge of different IPV forms and skills on IPV screening and counseling”, (2) “Health staff (other than health care providers) at Thai Binh Center for Reproductive Health who participate in training and refresher training increase their knowledge of IPV, relevant community-based IPV services, and planning and implementing skills for IPV responses”, and (3) “VHW and VWUM who participate in training and refresher training in 10 communes increase their knowledge of IPV and home visiting skills to effectively facilitate home visits”. target.

As mentioned in the previous section, CHS health staff, VHW, and VWUM were suitable to reach the project target population due to the nature and occupational advantages, functions and responsibilities in the services of their organization and sensitive to gender issues.

The CHS staff participation was necessary and very appropriate. With the assignment of responsibilities in the health system, the CHS is taking primary health care for the communities. Although people tended to use primary health care services at higher levels, but in rural areas, CHS were still the facilities where people utilized many services, especially pregnancy care and management and community health programs such as expanded program on immunization, malnutrition prevention, family planning, etc.

The participation of health staff of Thai Binh RHC was also consistent with the project objectives. The RHC was a provincial specialized unit with functions and tasks of providing services, monitoring and directing the lower level on reproductive health and MCH services. As its task of supervising and training for lower levels in pregnancy care and management and other reproductive health services, the unit was absolutely necessary to join the project.

Discussion with communes and provincial organizations, some opinions stated that project-trained VHW and VWUM had access to households, counsel on domestic violence and participate in reconciliation very effectively.

Key activities such as training, communication materials development, and screening services provision in the health facilities were also highly appraised as very appropriate. Discussing with CHS health staff showed that they were supplemented with new knowledge and necessary skills through training courses and supervision of the project and these activities helped them a lot in their additional jobs.

For the second specific outcome, 3 outputs to be achieved include: (1) "Pregnant and lactating women who receive IPV counseling at health facilities and from the hotline service increase their knowledge of IPV and know where to seek for support”, (2) ” Husbands and mothers-in-law who are involved in the discussion during home visits

increase their knowledge of prevention and mitigation of IPV against pregnant and lactating women", and (3) "Relevant agencies at national, Thai Binh Province and Kien Xuong district have better awareness about IPV prevention in general, and particularly in pregnant and lactating women"; all of the 3 outputs are suitable to support the achievement of the second specific outcome. Discussions with the commune stakeholders showed that the first and second outputs were very suitable. The pregnant and lactating mothers had opportunities to receive advice from commune health staff and VHW about domestic violence. Data of this survey on targeted women also showed that the rate of receiving counseling services in the commune was very high. Husbands and specially, mothers-in-law actively participated in counseling and communication activities to raise their awareness and they are willing to share their experiences. About the third output, discussions with management agencies showed that they were very active in participating and integrating with the project activities, especially with the Women's Union thanked to new knowledge they had shared through meetings in implementation of project activities.

The main activities included training skills on home visits, compilation and revision of documents and guidance and organization of home visits were highly appraised by the MOH official, RHC and provincial Women's Union representative that they were very effective and appropriate with the project outputs.

According to provincial officials, it was very difficult to assess the effectiveness of the project because of some confounding factors such as the knowledge of violence could be understood in different way that violent incidence could be higher than prior to the project. For example, people used to hide their violence experienced before but now people could share. So, it was difficult to compare violence incidence before and after the intervention. However, the opinion also acknowledged that within such a short period of time, people had changed to share and talk out their case meant that the project have achieved its outcome.

The project had 20 monitoring indicators including 2 overall goal indicators, 4 outcome indicators and 16 output indicators. 18 of them were considered as SMART. The project had fully used and updated data periodically. Based on information from the project monitoring report, these indicators were very relevant and harmonize with other level Indicators to reflect correlation with outcome and goal indicators.

In summary, the project was designed to harmonize among its goal, outcomes, outputs, and activities. Especially, the its approach to beneficiaries through communication methods and materials were relevant with the expected outcomes. The monitoring and evaluation framework was developed and used effectively and corresponding to the goal, outcomes, and outputs.

7.2 Efficiency

7.2.1 The efficiency and cost effectiveness of project implementation

The project annual reports and discussions with stakeholders showed that the project was efficient and highly cost-effectiveness. The project has organized all activities as in design and achieved all outcomes, outputs and activities reflected by the indicators presented in the appendix.

The project duration was 3 years but the actual time for activities was only about 2 years due to long time have reserved for Government approvals and internal setup. The provincial officials disclosed that the project was approved for 3 years but actually it was run in 2 years and but achieved all the outcomes. As described by the project coordinator, the project had three components, the first was to improve people's knowledge of violence; the second was detecting domestic violence to advise; and the third was to reduce violence.

Discussions with managers at all levels showed that the project cost was quite low compared to the health staff, VHW and VWUM's contribution. Although they were not employed by the project, but their time and expertise dedicated were not entitled to significant remuneration. However, the interdisciplinary collaboration on integrating existing activities with their enthusiasm, the project has attracted the participation of many organizations and individuals in health care and communication activities.

Also about the financial issues, the provincial management officials said that the project cost was not enough to cover the costs incurred by the RHC, such as remuneration for supervisors, the cost of gasoline and other transportation expenditures, etc. However, the RHC has also integrated their routine along with project activities. The integration resulted in the effectiveness of the project.

In summary, some opinions acknowledged that the project was highly effective, has achieved the full objectives in short time and with relatively low budget compared to some other health projects and programs that the important factor was coordination and integration with related organization activities to save resources.

7.2.2 The project's achievements against time frame and budget

According to the bi-annual reports and discussion with related parties, the evaluation team realized that overall, the project has completed all designated activities on time and met the target. However, disbursement progress was adjusted throughout the project years and among activities.

Discussing with officials of the MOH and provincial managers revealed that the RHC had participated actively in coordinating with the Light Institute to develop the project. However, since this was a project internationally supported, the Government approval procedure and internal setup had taken rather long time. Therefore, in 2016, there was not

many activities were implemented and the disbursement is rather slow. However, until the end, the project has been in operation for more than 2 years. Most of the first year the project must deal with approval procedures.

In the first year of the project, only a few activities were carried out as the project launched in the third quarter of 2016. The main activities during this year were to open training courses for VHW and VWUM as well as CHS staff, conducted some IPV screening through home visits and pregnant care at the health station and some communication activities. In this year, the project hotline had not been launched. As discussion with the MOH official, the evaluators learnt that the handbook compilation was progressed slower than the plan. The main cause was due to the hired expert was working abroad. However, the annual report showed that most of the activities follow the schedule and are completed before the end of the project except for activities "2.3.3-Organizing competitions among young married men on the role of husband, father and community leader" of the fourth quarter of 2016 that were not implemented as planned and it was transferred to the following year.

The 2016 report showed that, financially, many activities of the project could be implemented in a more cost-effective manner than expected. For example, developing IPV counseling training and guidance for health service providers to facilitate new IPV screening and counseling only required 60 percent of the originally allocated budget; carried out 2 IPV counseling training courses for medical staff to become IPV hotline advisors, spending 70% of the assigned budget; develop consultancy communication materials at selected commune health facilities, spending 49%; training health workers to conduct IPV screening and counseling for pregnant and lactating women at selected health facilities, spending 34%; spending on visiting households is 41% of the allocated budget, etc.

However, some activities were costlier than anticipated such as conducting training courses for VHW and VWUM on family visits skills spending 117% of allocated budget; Implement campaigns to mobilize community and family support for IPV prevention services that use 111% of the allocated budget.

The project monitoring report of 2018 showed that the project has fully achieved the overall goal. The capacity building training courses for VHW and CHS staff has helped them apply in home visits and in IPV screening at the CHS. 100% pregnant and lactating women had information on pregnancy care services, breastfeeding and integrated awareness of IPV. In addition, VHW reached 890 husbands, 700 mothers-in-law and 219 relatives of targeted women to share with them how to create an environment free of violence.

Project outcomes were also assessed as completed in the project reports.

In term of finance, there were some adjustments in original allocation among outcomes. Specifically, in the whole project, the first outcome (Pregnant and lactating women in Kien Xuong district have access to comprehensive IPV services), only 82% of the

expected budget was used and the second outcome (Families and communities in Kien Xuong district, and relevant agencies in Thai Binh province have better capacity to support IPV prevention and response) which used 114% of the planned budget.

The financial report also showed that in the first year, the project used 81%, the second year used 103%, and the third year used 133% of the annual budget allocated according to the original plan of the project.

In short, overall, the project has completed the overall goal, outcomes, outputs and activities at the end. In terms of yearly plans, progress has not yet reached in the first year but accelerated in the last two years. Throughout the project duration, the overall budget has met the overall expenditure although there have been transfer budget between the outcomes and also adjusted in some activities as compared to the original allocation.

7.2.3 Resource transformation into the expected outcomes

The project was evaluated as successful and effectively to converse the available resources through project activities, and to ensure the quality and meet the required quantity and timely. The project had 18 main activities of two outcomes. The main activities of the project over the years are presented in section 2.2.

The annual reports and stakeholders' opinions showed that the project activities have converted resources into desired products and save the cost. Capacity building activities divided into 3 groups: (1) VHW and VWUM to improve the home visit skills, (2) CHS health staff and commune women's union cadre, to improve capacity in screening IPV, and (3) hotline staff in counselling skills. In the first year, the main activity was to prepare for the project. In the second year, the project materials were developed and finalized. In the first year, the project organized some training courses for health staff, VHW and VWUM. The provincial project managers said that the trainees had actively participated in the training activities. The first training phase focused on improving knowledge how to solve problems; the second phase emphasized on household visit skills and reproductive health related content.

Communication activities have well utilized the staff capacity gained from training courses. The communication activities include organizing communication events at the commune level for all target beneficiaries (married men, women, leaders of different sectors). The communication events were developed by the commune health station staff with content and design scenarios and planning and then Light gave suggestions and approved the communication contents and methods. With communication using loudspeakers, in the first year the project hired experts outside to write media articles, then the commune officials read on the broadcasting system. Later, the commune officials wrote themselves based on the original articles on gender equality law with their experiences.

Operation progress was accelerated after the project staff capacity had been fully prepared. The communication campaign was carried out in the second and third years targeted on married men, helping them understand about domestic violence, conducted in 2017-2018, in 10 communes at the same time.

Communication materials developed by the project were also used at the same time. In addition to the communication materials such as leaflets and flipcharts used when visiting households, each commune was given an additional banner at the counseling site. Moreover, stickers with the hotline number were also distributed for the target group to use at home.

Home-based and group counseling were implemented and using tools, instructional forms and reported data. The main activity was organizing VHW and VWUM to visit households with a form to record the information they collected. As described in groups discussions with the VHW and VWUM, the VHW provided counseling to the targeted women who were pregnant or lactating babies on reproductive health issues or nutritional care for their children, then cleverly asked if they suffered from violence of any types and if so, told the women how to get rid of depending on the type and severity of the violence. In some case, when the VWUM knew a case she would share with the VHW and the VHW would visit or refer to the CHS for health check. It was usually difficult for the VHW to explore the IPV information from the violent women at the beginning, but later when the women had been communicated and trusted on the VHW, they would share and discuss their situation with the VHW. Data were recorded by VHW and VWUM and compiled monthly. At the health station, when women came for antenatal care, heath staff will examine whether they had been exposed to violence. When they found out violence, they would develop a safety plan, along with women's union member.

Hotline consulting system was also set up and running. The hotline was a new setup, which was handled by the Thai Binh RHC to receive phone calls and consulted and recorded. If the victims left their phone numbers, they would be monitored and advised, if necessary, the counselor would call the government authorities and women's union representative. Hotline connected with the legal division of the Provincial Women's Union. When one needed legal advice, the hotline would be transferred to the women's union.

The communication and advocacy material development was discussed with local authorities related to gender-based violence prevention. Regarding policy advocacy, Light worked with the MOH and the Ministry of Labor, Invalids and Social Affairs, to develop a set of manuals for screening and counseling against violence in the community. After that, the meeting took the opinions of the departments to produce the draft. After being able to use, it was transferred to the locality so that the provincial and commune representatives could give detailed comments and then return it to the experts to complete and publish. When publishing, the project invited all 6 districts of the province, and 5 communes of each district to the announcement and sharing it.

Monitoring activities were implemented according to the plan, with the coordination of the government authorities and technical service providers. Periodic monitoring activities include 2 groups: the province monitoring communes, the MCH Department and Light monitoring of the province and the communes. The supervisors reviewed logbooks and reports. In most of the monitoring activities, the VHW and CHS health staff were invited. The process of visiting households and screening were also reviewed to see if it was alright and then shared with other people. Supervision helped the VHW recall the lessons they had learned in the last 2 years. VHW were mostly elderly so monitoring was important to help them remember.

Experience sharing activities implemented in the last 2 years of the project. Sharing experiences from 2017-2018 were divided by clusters, every 5 communes visited each other including commune health staff and VHW; they shared lessons learned, logbooks and reports. The visits occurred twice a year until the end of the project so there were 4 rounds of sharing.

Unused funding was used for purchasing loudspeaker or other communication materials for the communes. The activities used partly the unexpended budget of 2016 for the central officials to supervise the province and the communes. The project managers presented the project indicators, measurement and monitoring methods. The province shared the results of monitoring. Then, they want to the communes to hear more information. On that occasion, the commune organized communications in groups of 10-20 people.

Household visits and counseling activities are evaluated very effectively and are a suitable approach for sensitive issues. Discussing at the provincial level, officials said that when health workers and women officers visited the family, they did not mention straight to the issue of violence. This approach is considered a very effective approach.

In summary, through a variety of diverse activities with good coordination between health authorities and other stakeholders especially with the Women's Union, the project has fully implemented the designed and complementary activities, adjusted some activities in accordance with the budget and project implementation schedule and effectively converted resources into expected results, ensure the quantity and be assessed with consistent quality in accordance with the requirements set by the project and highly appreciated by stakeholders.

7.2.4 The difficulties encountered during running the project and solutions to overcome within the allocated resources

Discussion with parties related to project activities showed that the project encountered some initial difficulties such as late start-up, time-consuming approval procedures and low remuneration for involved staff and initial difficulties when

approaching gender-based violence and target populations. However, the final report showed that the project did not encounter any challenges.

In term of late starting, the related partners had actively cooperated to fulfill all required procedures to receive international support project as requirement that usually taking much time. MOH had contributed to push up the approval process by guiding and directing in line of the reproductive health system. The central and provincial officials involved in the project said that since developing the project, Light had cooperated closely and got active assistance from the MCH Department. With the active involvement of the department, Light had overcome all required procedure to get project approved.

Another difficulty lied on the poor cooperation among the stakeholders, especially with the organizations and agencies outside the health system such as the Women's Union and communal authorities at the beginning of the project. The health officials said that as the organizations and agencies usually conducted their tasks within their vertical systems, so that doing jobs belonged to other system was usually less prioritized and needed additional allowance. Moreover, sometimes the staff were not active. In addition, the staff were not skilled on resolving IPV because they had just trained very basic and had not experience at the beginning of the project.

Discussing with provincial officials, inter-sectoral coordination was considered as an effective solution of the project. The RHC in addition to Light had played very important role to connect parties in the province and communes. Moreover, the local government and the Women's Union had a mission to prevent domestic violence and gender equality but they lacked of resources and expertise. The project had organized some workshops and communication activities with participation of the related organizations and agencies to introduce the project, share with them information and motivate them participate in the project activities.

In summary, at the beginning the project encountered some difficulties such as late starting, poor inter-sectorial cooperation with stakeholders, poor skilled and experienced staff. All of them were overcome with Light's active working to mobilize the parties who shared common missions to cooperate in ending IPV through workshops and communication and advocacy.

7.2.5 Potential interventions for better results and saving resources

As mentioned, the project had run with relatively limited funding but with effective integrated human resources of different organizations such as health services, Women's Unions and commune authorities.

The project manager said it could be useful to develop and use a software to monitor the targeted beneficiaries from the beginning of the pregnancy to the end of 12 months of breastfeeding, in case they had violence, they would consider where to get advice, when and how to handle.

Another comment, the project workforces, apart from commune health staff, VHW and VWUM, some should be invited to make greater efficiency such as communal police in coordinating to deal with violence cases, and the Youth Union representatives who have a good role in communicating with young people. Discussing with the hotline counselor knowing that there were some cases of violence, she said that she could not solve the problem because that was not a case of medical issues but the commune police authority. Therefore, it is recommended that the commune police be involved to protect the women when they got violence.

In short, the project is evaluated to achieve optimal results. However, it is argued that only a little more investment and human resources in collaboration with CHS health staff and women's union and the using information technology can help the project be more successful when dealing with IPV issues as well as expanding project impact on adolescents and young people and increasing their access to counseling services.

7.3 Effectiveness

7.3.1 The extent and manner of the project achieving its goal, outcomes and outputs

The project is evaluated to fully achieve its goal, outcome and outputs. The coordination among project partners play crucial role to successfully carry out the activities such as detection, communication, counseling, and responding the IPV cases.

Outcome 1 (*Pregnant and lactating women in Kien Xuong district have access to comprehensive IPV services*)

The management staff in group discussion said that most pregnant women went to the CHS to have pregnancy checkup and monitor. There, the health staff, through medical procedure, would examine and screen against IPV, if any, would advise and resolve the consequences of violence. The pregnant and lactating women group discussions also revealed that they were adequately managed and asked by health officials to see if there was violence.

The project report showed that, after 3 years, there have been 18,109 turns the women received IPV counseling services, of which 12,808 visits to households; 4806 visits at the CHS and 495 calls to the hotlines. The report also confirmed that until the end of 2018, 100% of the targeted women were visited at home by VHW or VWUM.

Interviews with pregnant and lactating mothers showed that nearly 98.55% of women (including pregnant women and nursing mothers of 12 month-child) had received counseling on health care and 01.5% of them received such services at commune health station and 80.65% from VHW. In terms of knowledge of forms of violence, 96.24% of the women listed physical violence, 92.77% mentioned mental violence, 83.82% said economic violence, and 86.42% listed sexual violence; and only 3.47% could not tell what kind of violence.

Regarding access to information on violence prevention, the proportion of women receiving from public loudspeakers (84.35%, the highest), then counseling at CHS (82%), leaflets (77.97%), and home visits (67.54%), and the lowest is from domestic violence prevention clubs / models (4.06%). (See tables in the Annex 9)

Outcome 2 (*Families and communities in Kien Xuong district, and relevant agencies in Thai Binh province have better capacity to support IPV prevention and response)*

Discussing with commune officials, health and women's union managers showed that commune authorities was awareness that violence against women was illegal. Commune officials were aware that this was a matter of government responsibility. Women Union officials said that, through the project, the VWUMs were better-trained and capable of helping women who were the members of the union. The provincial Women's Union had a close connection with the Viet Nam Women's Union that had a network of services to support women with violence. The linkage in the women's network had the potential to help women who were violent from reconciliation to resolve legal issues and help in case of need.

The project managers at the central level said that the project has done very well the communication activities. The monitoring report and surveys of the target audience showed that loudspeakers and leaflets are the most accessible media to the targeted women. In particular, loudspeakers and posters made a significant impact on raising awareness and changing behavior of the community. (See data tables in the Annex 9)

Discussing with pregnant and lactating mothers showed that they felt more secure when talking about domestic violence and they believed that authorities, organizations and even family members would protect them against violence.

Awareness of mothers-in-law also changed. Discussing with the mothers-in-law knowing that, not only did they understand that violence was not good, but they were willing to share and help women they knew if there was violence and shared with them how to avoid violence.

In short, the project has achieved its objectives. The change in awareness and behavior of preventing and responding to violence was mainly through the services at CHS and household visits of trained VHW and VWUM. The media were also accessed as much as broadcasting through public speakers and leaflets.

7.3.2 The extent to which the project achieves its goal, outcomes and outputs

The project monitoring report showed that the outcomes, outputs that the outcome and output indicator targets have all been achieved.

The project has two specific outcomes: (1) Pregnant and lactating women in Kien Xuong district have access to comprehensive IPV services, and (2) Families and communities in Kien Xuong district, and relevant agencies in Thai Binh province have better capacity to support IPV prevention and response. The opinions from the discussions and in-depth interview revealed that the project fully achieved these two outcomes through specific outputs.

The project monitoring and evaluation data and the annual reports showed that by the end of 2018, the project monitoring indicators have met the targets.

Regarding the outcome "Pregnant and lactating women in Kien Xuong district have access to comprehensive IPV services", the final year report showed that the indicator targets of the outcome have been reached or exceeded. For example, 96% of CHS health staff can list at least 3 steps to proactively plan to prevent and minimize IPV at the end of the training, compared to the initial target of 90%. 97% of them know how to screen IPV and IPV counseling effectively, compared to the target of 90%. 100% of health officials at the Thai Binh RHC can list available support sources in the commune, compared to the target of 90%. The survey of the project's target women showed that, among those who received counseling on health care, 90% said they received advice on the prevention of domestic violence. The rate of women accessing to communication on domestic violence prevention and control from CHS is 82.9%.

Regarding the outcome "Families and communities in Kien Xuong district, and relevant agencies in Thai Binh province have better capacity to support IPV prevention and response", the final year report showed that the outcome indicators targets were also met or exceeded. For example, 96% of pregnant and breastfeeding women can recognize different types of IPV, the target was 90%.

In short, the project has achieved the goal of improving the accessibility of pregnant and lactating women with IPV prevention and care services. At the same time, the project has contributed to raise the awareness of family members and communities in Kien Xuong district and agencies, especially at the commune level, to better support and respond to violence.

7.3.3 Contribution of the monitoring and evaluation framework

The project monitoring and evaluation framework has contributed positively and effectively to the project. The reporting data is aggregated annually and used to review for activities adjustments accordingly.

The monitoring and evaluation framework used by the project represents the project goal, outcomes, outputs, activities and evaluation indicators. The project manager has updated the data fully and logically.

Quarterly monitoring activities conducted by Light Institute are fully recorded. The monitoring and evaluation data are systematically presented according to the goal, outcomes, outputs, beneficiaries and each activity. The information includes both quantitative and qualitative data detailing the indicators chosen in the project document.

Technical supervision activities were carried out by the RHC officials and Light's project staff for the commune level. Besides, the MOH also participated in the monitoring for both the provincial and commune levels. Monitoring data is updated and shared, contributing to the project implementation effectively. The project manager said that the monitoring and evaluation framework is very detailed, helping to control the progress of the project and measuring the level of achievement of the project so that the project can be completed each year.

However, project monitoring reports have not been compiled quarterly but instead it is done every two quarters. In the first year, only one monitoring report was provided.

In short, the project monitoring framework was designed and utilized in the project. The recommendations of the baseline assessment were used to design the project activities effectively and really were implemented.

7.3.4 The project's organization structure in relation to the project completion

The project management board is rationally organized, including representatives of concerned agencies and organizations that need to coordinate in management and implementation. Manpower involved in the project has capacity to match the necessary expertise and respond to sensitive issues when approaching the project target beneficiaries.

The project was organized as 4 levels:

- The national project management unit included Light and MCH Department

- The provincial project management unit include the RHC, the Women's Union representative, the district health department;

- The project executives in the commune includes Communal People's Committee, the CHS and Women's Union;

- Project implementers include VHW and VWUM

The MCH Department and Light assigned experienced a doctor in the MCH field and a skilled staff to supervise and monitor the project.

The targeted women in discussion said that that the project managers and staff were very active, working hard for the project, and highly appreciated at the CHS and by VHW. They worked in very close cooperation and effectively.

The coordination of local bodies such as governmental authorities, leading party, and Women's Union were integrated. A provincial management official said that the project had a great impact on the locality. At the commune level, there were representative of the leading party and authorities participating and they see a significant change in the awareness of the people of Kien Xuong district.

The provincial project management unit, including the Project Director who was the Director of the Thai Binh RHC and used to be an experienced official in the health system, was nominated by the province as the director right before the project was set up, design and deployment. Assisting the Director were officials of functional divisions of the RHC. In addition, some staff of the center were sent to train and supervise technical activities for CHS health staff, VHW and VWUM. The staff of the RHC participating in the project were medical professional and have experience with gender-sensitive issues. Project monitoring staff said, the stakeholders had enthusiastically participated. The provincial RHC lead the system in the province, connected Light Institute with the functioning divisions of the province and district; they also handled administrative procedures.

The communal executive team carried out the project activities in the commune to take overall responsibility for social, health, and cultural issues at the grassroots level. Commune officials and women's union participated in many activities on domestic violence prevention and gender equality, which could be integrated with project activities. Commune health staff were those who had professional qualifications and experience in women's health care at the grassroots level, easily access, counsel and screen cases of violence against pregnant and lactating women.

The VHW and VWUM, mainly women, were trained with basic knowledge for health communication and education in the community, had experience in implementing health activities in the community and reputable for pregnant and lactating women.

In summary, the project was designed with an organizational structure of 4 levels from the grassroots through the central. Human resources participating in the project management and implementation had relevant capacity, experience and prestige in accordance with the project intervention activities, especially, access to beneficiaries through VHW and VWUM were considered very appropriate approach.

7.4 Impact

7.4.1 The project's contribution to ending violence against women, gender equality and women's empowerment

The project's activities impacted on the target population and related stakeholders, changing the notion of violence against women, improving gender equality and empowering women. As said by the women's union representative, throughout the project the number of violent cases seemed decreased markedly. The project had helped raise

awareness of women, their husbands and mothers-in-law about violence against women and the rights of women in the family.

Discussions with targeted women knowing that the domestic violence caused by husband or mother-in-law were both reduced, probably because they had changed in their behavior after absorbing the communication messages. Sexual violence was also said to be reduced, for example, one was not forced to have the third child when she had not a son. As before, the old people thought that a couple must have a boy and a girl, now it is not required, girls and boys are treated equally. There were a lot of changes in people's view and thought in a positive and more knowledgeable way sop that violence is reduced.

The project has helped women to improve their understanding and change their behaviors in dealing with violence. The husbands and the commune officials said in the discussions that men were now more knowledgeable; they also knew that violence against women, especially those who were breastfeeding, was a law violation. The women in discussions also said they knew that violence was illegal, but some people still hided their story as they though it could be more severe if the story was disclosed, however, now many people were not silent anymore when they were violent.

A Light's staff, who was directly involved in the project for 3 consecutive years, said that at the beginning, women who were violent did not dare to speak up, but now they were ready to do and to seek outside help.

The project has helped to change the awareness and behavior of husbands and mothers-in-law through mass communication and home VHW and VWUM visits. Commune officials said that before people had many children but now they had fewer so the mothers-in-law could take care better for her daughter-in-law. The mother-in-law in the discussions also noticed that there was a change in thinking attitude, for example, people previously thought that a man had a right to fight his children and wife and no one could interfere. But now ones had to think that legal action could stop it. Project staff said that in the past, most people considered violence as a personal or family matter. But now, when they saw violent action they were ready to speak up and asked for help. Public communication had been considered to make changes. Some mothers-in-law often caused mental violence to their daughters-in-law, but after seeing the drama, they understood the problem and had changes the behavior, said a women’s official in the discussion.

The women’s position was respected and enhanced. A commune official in a discussion said he could recognize that after 2.5 years of project implementation, people understood and shared more about IPV. Previously the husband did not know it was violence, but now they understood. VHW and VWUM said that men were more knowledgeable about gender equality.

Women participated more actively in preventing violence. Commune officials said that before the project launched, they were not easy to invite the women for training, but now they are ready to participate in discussions about their issues. At the beginning of the

project, when approached the couples often hide their violent story. However, in the later training they participated excitedly and interestedly. They recognized the problem in a new way, so it is easier to share.

The activities of the reconciliation committee which had a women's union representative were more effective in helping people to resolve conflicts in the family and reducing violence against women as well as its consequences. In discussion with VWUM, it was more effective to have reconciliation work, with the participation of skilled VWUM of approaching, solving problems and consulting, so reconciling with the husband and wife and family having conflicts and violence was more effective.

Gender equality has been improved in families. VHW and VWUM said that both men and women are working and raise their children so now they are quite equal. Awareness of gender equality and violence has also affected other people such as school students and children. The provincial women's union official said that when surveying some schools by testing questions of violence understanding, the school students were aware of it. That means there was a great impact on the young people such as school children. However, sexual violence was one that people usually hesitate to share with the others.

Men's knowledge and participation in violence prevention has been positively recognized. They participate in communication forums and share positively their understanding of violence. Provincial women's union official said that during a mass communication session, both the head of the CHS and the Communal People's Committee shared their opinions when talking about sexual violence that drawn audience attention. Men talked very well about sexual violence at the commune people's committee forum.

The local government officials' awareness on gender violence has been improved markedly. The MOH official stated that the project had an impact on not only changing people's thinking but also the communal people committee's officials.

In summary, the project has created a marked change in public awareness and behavior towards IPV. The project has changed the perception of the women themselves as the project target, and of their relatives such as husbands and mothers-in-law.

7.4.2 Project interventions that created changes

The project has implemented activities that bring many positive, direct and indirect changes in accessibility to violence prevention services and improved individuals and communities' capacity to cope with IPV. This positive change was also indirectly from the shift of the target population's and related family members' perception. Communication activities such as home visit or health facilities counseling. In addition, the shift was indirectly caused by VHW and VWUM's skill improvement.

The communication with appropriate messages has created changes. Discussion with the husbands showed that the knowledge dissemination and propaganda used in the

project were very appropriate. Thereby they know more things, before they thought it was acceptable to put pressure on their wives, after learning more information they also treated their wives differently. The young mothers said that the communication has introduced domestic violence, how to prevent it, forms of violence, rights and responsibilities of violent people, causes, consequences of violence, ways to handle violence, prohibited acts such as abetting, instigating, inciting violence, ways to preserve family happiness, support sites. Communication was very useful, it helps them to prevent violence and bad behavior, leading to violence, affecting families and society. Survey data showed that more than two thirds of respondents had access to any forms of communication on domestic violence prevention, such as: counseling at commune health stations, home visit and counselling and delivery leaflets, and public loud speakers.

Improved access to health care facilities helped the women consulted effectively. During pregnancy, young mothers often got health check and antenatal care at the health facilities according to their right of benefits. Here, they were counseled on sexual health, child care, pregnancy care, violence prevention, spousal relations for healthy pregnancy.

Communication through competitions also helped change the public awareness and behavior. The project manager said that in the past, most people considered violence as a personal or family issue. But now, when they saw violence they were ready to speak up and help the victim. In the past, the mothers-in-law sometimes caused violence to their daughters-in-law, but when they saw the drama they understood the problem and change their behavior.

The role of project executives also has made a lot of changes. The hotline counselors were highly appreciated by the women's union official, saying that she was very enthusiastic, very knowledgeable about coordinating mothers and different departments very quickly. So, in addition to the target population, the hotline counselor also approached to the targeted women and help them, even they were outside the project communes.

In summary, changes in the pregnant and lactating mother's knowledge, attitudes and behaviors and the families and communities' capacity in violence prevention has increased in a positive way with the active and purposed activities of the project. The communication solutions that the project has implemented have made a positive effect for the project. The services availability, the project staff enthusiasm and capacity directly or indirectly made these changes.

7.4.3 The effects of benefits received by the target beneficiaries on the project sites

Although the evaluation did not collect information from those who do not directly benefit from the project such as other people in the community, people in other districts and communes in the province and no information of direct effects from the target beneficiaries on the community as a whole, however, the stakeholders' opinions revealed that strong impact from the project has made to the whole population in the province.

The project target beneficiaries were pregnant and lactating mothers, and secondary beneficiary groups were husbands and mothers-in-law in the 10 communes of the project. Many other people also benefited directly from the project, for example, many people in the province used the hotline counseling services primary in reproductive health issues. The hotline counselor said that not only women from 10 communes were consulted but also many people have called the hotline for different purposes. During the first year of the hotline (2017), many women used it for advice on violence and health care. In the following year, many people including men, mothers-in-law, and other women in the districts of the province also used many counseling services, mainly health and child rearing and less for violence related advice.

The survey of the women showed that 99% of them were willing to share their knowledge and experience in preventing violence with other people in their community, indicating the ability to influence people in the community.

Discussion with mothers-in-law and husbands showed that they were also willing to share experiences with others in the community as well as their potential influence on the people in the community.

The benefits of mass media were shared among the community. Survey of lactating and pregnant mothers showed that the rate of information approaching from loudspeakers in the commune was quite high (84.35%), potential communication messages to many people in the community. Discussing with commune officials and the project staff showed that banners and other means of communication were also noticed.

In addition, discussion with women's union official said that the results and operational model of the project were also shared and reported in some different forums and localities, there was also potential benefit sharing with the partners. other than the project.

In summary, people in the project community and non-project communities were able to benefit indirectly from the target group, through the sharing activities from the target beneficiaries or indirectly also benefit from the mass communication activities and service provision in the community.

7.4.4 The most significant change stories

The team and Light's project staff collected and shared meaningful change stories.

The first story:

Nga is pregnant with the second child. The appearance of a pregnant woman is about to give birth, but it is quite heavy, but she does not seem tired, on the contrary, a round face with a very nice smile and her eyes look happy. Looking at her now, no one thought that it was more than 3 years ago, when she was pregnant and gave birth to her first child, she had to endure and experience something...

Three years ago, after graduating from university, as smart and agile, she soon found a suitable job in a foreign joint venture company in Thai Binh. Here, she met and fell in love with the young man in the same company. After the wedding, the young family was full of happy laughs... However, when she was pregnant with her first child, the expenses for family increased due to the need to prepare to welcome her first child. Her income decreased because she had to take a lot of rest during the morning sickness and the couple started to conflict. Her husband became irritable; not only did he not care about his pregnant wife but also scolded his wife all day that she did not know how to manage spending. During the months of her pregnancy, she suffered from mental violence from her husband.

After giving birth, things got worse and worse when her husband continued to play "chorus" complaining about her spending, low wages, while she went on maternity leave. Then the husband did not support the housework, indifferent to his wife and baby, and when he returned home from work, he and his wife quarreled. Too tired and stressful, and psychological disorder after birth, she could not resist anymore, then the couple clashed. At first she was only slapped by her husband once or twice, but later on, her husband became more and more fastidious, cursed, scolded, sometimes even holding a chair thrown at her. She fell into a depressed state, but then she thought of her baby so try to endure.

For more than a year, she lived like that, by the end of 2016, when taking her baby for vaccination at the commune health station, she known about the project " Prevention of Intimate Partner Violence against pregnant and lactating women". As advised by medical staff, and heard from many women who were boldly and freely sharing stories of violence, she gradually realized that it was necessary to do something to change for better life. Since then, she has actively participated in training, communication, reading materials to learn about domestic violence, women's rights, etc. Then mobilized by a project officer, she has boldly confided the story of his family. The health workers also came to her family to talk, then her husband also gradually understood, did not say anything, did not beat her anymore. People usually have conflicts so in the life of husband and wife also sometimes disagree, but now she also knows how to handle, every time her husband is angry, she does not speak again and again, or get out elsewhere, so that when her husband calms down or when he is happy, she analyzes to let him understand her.

Now, still in worried life, but her couple returned happy and prepared to welcome their second child. From her own experience, she is ready to share his story and wishes that: Women, if they are subjected to violence, whether physically or mentally, should not be resigned, one must know how to love oneself, must know how to struggle with violence, protect not only for oneself but also for one's children. One must think positively, not so negatively that easy leads to postnatal depression, affecting health and life later.

The second story:

When Lien gave birth to her first daughter, both of her families were very happy because as traditionally people think that the first baby is a daughter would more worthy than other properties such as a buffalo or well cultivated land. Her husband often works far away, but she can stay with her husband's parents so her baby could rely on her grandparents. Her family life just went by as usual ... When she gave birth to her second child, a daughter again! She and her husband started to conflict. First of all, it was still money and economics. They have 2 children but it seems that they have been spending quadrupled! From daily meals to the whole family, to clothes, milk, powder for children, and then to study for the eldest .... In addition, her father-in-law, inherently old and patriarch, boasted about story "other family's children" of the neighborhood who have just given birth to a grandson, and talked about his two granddaughters need her has more birth. She knew the story but did not react. Every day, she is taking care of her family and raising two children.

When her daughter was 12 years old, her husband and family told her to give birth to another child. Although she did not want to, but she still had to follow her husband, otherwise she would be afraid of her husband to have extra lady! So, those days are both pregnant, working, family, children, ... extremely tired. Then when going to an ultrasound exam, knowing that the third child was still a baby girl, her husband was sad to go out and left her for a long time, not going home with a reason to work far away, a lot of work. After that, her husband often drank alcohol, was stimulated by friends, whenever he went home, he was drunk, and all he said was cursing his wife. It is not possible to express all the sadness that her suffered, when her husband's family was careless, her husband went out more often and did not bother to care for his wife and children, she consoled herself because her "destiny" did not bring her a son, and was at "weak position" and then resigned...

In 2017, when she went to the reproductive health examination at the commune health station, she was introduced to the project " Prevention of Intimate Partner Violence against pregnant and lactating women". Advised by health workers, she realized that she did nothing wrong and herself was suffering from violence from her husband and from her family members. After attending the training and communication sessions of the Project, she bravely shared her story. The medical staff involved in the project also met her parents-in-law and her husband for an exchange. After many counseling and communication sessions, her husband and parents-in-law understood that giving birth to a boy or a girl does not depend on the wife alone, that her child is still her child and she needs to raise the children well. Since then, the husband's family no longer has a cold attitude towards her, and has no idea about giving birth to a boy or a girl. Her husband also reduced drinking, did not pay attention to the mocking words of his friends, often went home and cared for his wife's health. Family life is still hard, but Lien is happier. In addition to housework, she also arranges time to participate in activities of the Domestic Violence Prevention Project with the desire to contribute to helping other women who are experiencing problems that she has experienced.

7.5 Sustainability

7.5.1 The ability to maintain the achieved results after project ends

Many of the project's results may be maintained after the project ends such as community behavior changes in seeing the IPV. The capacity of project staff and stakeholders could be continued and transferred to others through working exchanges and learning. The project's communication products and guidelines are considered as good products and have the opportunity to be applied to other places.

The change of community awareness and attitudes on domestic violence and gender roles and equality continue to maintain and share especially in events held regularly. As discussing with the mothers, they said they were willing to share their understanding and experience about IPV. Everyone would also communicate each other, repeat when meeting each other, and usually integrated into the Women's Union monthly activities. The women's union branches knew whether there was violence in their village then reconcile and deal with it. The Universal Unity Festival was organized by the commune or village every year that could be a good chance to talk about violence avoidance. October 20, March 8 annually are the women's days, so the village women's union organizes events to integrate domestic violence issues.

Mothers-in-law are also willing to share their knowledge and experience of violence prevention. Discussing with the mothers-in-law knowing that although the project was no longer extended, what they had learnt and experience in IPV they would share to their relatives, friends, communities and society in the public meetings or ceremonies.

Husbands are also willing to share, but the level seems limited. Discussing with husbands showing that they will also share by talking with each other in the meeting events such as weddings or death anniversary etc. When there is violence, if they are there, they also explain more. Other opinions are more reserved, they know the knowledge of violence between relatives through documents, but naturally they do not share it; when a friend or relative has a related job, then share it. Normally these things they don't say. But when family friends are violent, they will speak out for advice.

In summary, the results obtained from the project have many opportunities to be maintained through the willingness to share the awareness and experience of women, husbands and mothers-in-law and continue to maintain in health services.

7.5.2 The ability to maintain the benefits brought by the project after the project ends and without additional donors

The project benefits in addition to changing the awareness and behavior of the target population, mothers-in-law and husbands with domestic violence, and CHS health staff, VHW and VWUM capacity, coordinating system in the prevention and response to domestic violence in the community that can continue to be maintained.

The CHS staff with improved capacity through the project would continue to take care of violence related issues when taking consultation and performing health examination. Discussing with commune official and CHS staff disclosed that they would still maintain the pregnancy counseling process with advice on issues related to violence. The VHW and VWUM's commitment also showed the ability to maintain the benefits obtained after the project ends. Discussing with VHW and VWUM, they said that they would continue to integrate IPV prevention communication in daily activities such as when inviting people for vaccination... because they thought the interaction would bring benefits to families and communities as people knew the rights and importance of the wife in the family. The related contents would still be promoted and propagated, still integrated in the women's union activities. They affirmed that the prevention of violence against women continues to be maintained through the programs of the government and the women's union.

Benefits from the project are able to maintain in the coordinated activities of the Women's Union. The capabilities and experiences gained by VHW, CHS staff and VWUM continue to be used in many activities of the association. Discussion with provincial women representative showed that as the union's view, the group activities should be maintained as before except that the frequency of once a month in the past, now it could be maintained once a quarter. For example, maintaining the groups of women, men, and mothers-in-law, setting up new age groups such as pre-marriage groups. The pre-marriage group was considered very important by the Women's Union and the Union will focus more on it. There were more than ten topics related to pre-marriage, including domestic violence prevention. The Union had a project to assist women in building a sustainable happy family.

In collaboration with the health sector, the Union would organize communication activities and request trained and experienced health staff to provide counseling services to respond to violence in communication at schools for girls.

Hotlines could continue working. Talking with the MOH official knowing that, the people were familiar with hotline so they might still call. The MCH Department would direct the integration of this task into other activities. However, discussing with provincial official revealed that the operation hotline needs budget, if the RHC was not re-organized, it could maintain the budget for the hotline. However, at present, the province was restructuring its sub-organizations to establish the Center for Disease Control as a unified unit so the ability to maintain may not be possible.

CHS-based counseling services could be preserved. Talking with project staff knowing that the CHS staff and VHW said that they would continue to implement what they had done during the project cycle. The VHW confirmed that even when the project ended, if a woman needed consultation, they were still willing to work because in the project implementation, they got very low allowance, only 100 thousand VND per month but they were enthusiastic, so after the project ends they will still support.

The ability to maintain project benefits could be seen as the issue is concerned by government, local and community agencies. The project final report displayed that this was the first IPV project in Thai Binh province and working on the issues concerned by Viet Nam. The IPV against pregnant and lactating women was one of the health problems that draws attention from health authorities and the community. The project has been run in coordination with the leadership of the MCH Department of the MOH and the health services as well as the Women's Union of Thai Binh province. Therefore, this project model had the opportunity to be replicated in the future in the Women's Union activities, CHS in other districts.

The Handbook of integration of IPV prevention for pregnant and lactating women in MCH services is a product that, according to the project's monitoring report, can continue to be maintained as this manual is integrated in the MCH services as it was introduced to all districts in Thai Binh province and it is believed that the handbook will help advise and screen IPV at grassroots health facilities for further application.

In summary, there is evidence that many of the project benefits can be maintained, including the health staff, VHW and VWUM capacity, the coordination system in IPV prevention and response in the community that are likely to continue. However, the hotlines which worked very effective and efficient is at the risk of stopping as it needs funding. The ability to maintain reflects the opinions and commitments of the commune authorities and Women's Unions and the willingness of health staff, VHW and VWUM to contribute.

7.5.3 Local stakeholders' management and ownership of the processes and systems established by the project

During the operation of the project, there is no new process or system established except the project's management system. The project Implementation at the grassroots level was based on the health services system, the available VHW network, and the Women's Union organization system. As in the project design, its product of is mainly to improve the health worker's capacity and coordinated stakeholders, the Women's Union.

The training and communication materials of the project held by Light which has the right to print and distribute or deploy in communes.

The Handbook of IPV prevention for pregnant and lactating women is a document developed and shared by Light and used throughout in the project, which can continue to

be used in health services in the province. The Handbook is a comprehensive guide that includes information on the severity of domestic violence, the legal foundations of mainstreaming the violence prevention in health services and guiding steps of screening, recording and counseling as well as safety measures and accompanying recording forms for health workers and VHW and VWUM to use.

7.5.4 Relevant factors to improve the sustainability of the project

There are many factors involved to improve the sustainability of the project such as institutionalizing the process into national guidelines; the activeness and enthusiasm of health workers and women; sharing activities of health agencies and women ...

Institutionalization is an important and effective factor to replicate good practices that are built and developed during project implementation. For example, discussing with provincial health officials knowing that the project‘s guidelines could be maintained if it is included or referred to in the National Guidelines, and then the health services would use on a regular basis and legally.

The staff’s activeness and enthusiasm to create trust for people is also essential for sustainability. Discussing with health workers and provincial Women's Union representative showed that a violent woman may not be confident to rely on the staff are familiar with people causing violence (husband). A staff who was sensitive to gender issues could easier reach the violent women.

The stability of the health system organization is also mentioned as a factor that helps the project benefits to be sustainable. Discussing with provincial officials to maintain the hot line showed that this line can be maintained when the organization of the stable agency and leaders are concerned and express their responsibilities, they can arrange the budget to maintain the line and workforce. However, the skepticism posed when this organizational structure was rearranged and the new leaders could not be confirmed to maintain it.

Budget is an always mentioned factor to maintain the project results. Discussion with stakeholders showed that, although the source of the budget may change and with the collaborators, not much fund is needed, but in order to implement some activities, the budget is requested. The agencies and organizations coordinating with the project to carry out activities also have their own budget for additional activities they participate in such as the Women's Union can conduct communication activities on prevention of violence against women with the funding of this organization.

In summary, many opinions showed that many project results can be sustained when the guidelines are institutionalized in management processes; the staff are active and enthusiastic, with gender sensitivity to participate in; the organization is stable in line with the leader’s responsibilities and concerns. In addition, appropriate funding and support is also a factor that help improve the sustainability of the project results.

7.5.5 Opportunities for replication based on lessons and experiences of the project

Domestic violence is concerned by the government, society and community because of its complexity and serious consequences for individuals, families and society, along with the trend of socio-economic development, in which human rights are more and more concerned. The government has issued clear legal institutions, mechanisms and policies aimed at ensuring the enforcement of legal regulations and building a healthy society in which people are protected from the risks of violence. The lessons learned from the project have many opportunities to be replicated within Thai Binh or other province.

The trained staff capacity is also an opportunity for the project to be replicated. The MOH official monitoring the project said that the local staff are very dynamic, creative and enthusiastic in implementing the project. For example, they write and perform plays themselves, easily receptive to people. The project has developed a great Handbook. These may be good opportunities to replicate the project.

Knowledge and competencies obtained from project activities have the opportunity to replicate through activities integrated with community events. Discussing with provincial officials, it is known that 100% of communes with cultural models which is one of the Women's Union's grading criteria. Some communes have a cultural exchange club that people dance every day with many women participating, including many older people. This event showed that gender roles have changed dramatically towards women's equality and participation in more active social activities and an opportunity to replicate the values and lessons learned after 3 years' project implemented in Kien Xuong district.

In short, there are a number of opportunities to replicate the project. At the macro level, pilot expansion of project models elsewhere to develop research into guidelines and policies applied nationwide. At the local level, integrate the benefits from the project shared through the Women's Union system and community activities. The project-compiled manual can be shared in reference and used health facilities.

7.6 Knowledge generation

Through the project's activities, periodic reports provide more information about the situation of IPV in the community in a Northern Delta region of Viet Nam. The project activities have made changes in knowledge and behavior of the targeted women and the communities in IPV that have been negatively associated with the rural communities.

Integrating IPV prevention in health services is an initiative that has been proven successful in this project. As discussion with the provincial official, instead of reaching out to women who suffered or were at risk of violence through Women's Unions as usual, working with them through maternity care were easier to be accepted and more effective when screening, visiting, counseling and assisting women who experience violence. This

initiative could be replicated in cultures and had similar socio-economic conditions as in Viet Nam.

The Handbook on integration of IPV prevention in MCH services that the project has compiled provides information, legal basis and guidelines for screening and intervention to address IPV in the family used in the project. Health and counseling services provided by health staff in conjunction with village women officials, ensuring safety for both women and counselors has been appreciated by users.

Knowledge and skills on counseling and screening on domestic violence equipped for health workers and women in this project are essential tools and have been proven to bring success to the project. Discussing with provincial officials, it was suggested that knowledge about gender equality and especially gender-based violence should be included in education programs, especially adolescent education in high school. Knowledge and skills of counseling on screening and management of issues of violence against women, especially pregnant and lactating women can be standardized and shared in core education programs training health workforce.

In short, the project has contributed to the development of knowledge about gender-based violence prevention. Although there are guidelines and regulations in the state management documents, the products of the project are compiled in the handbook that has been concretized and effectively applied to health workers and staff in screening, detecting, solving and risk prevention, improving safety for both women and counselors.

7.7 Gender equality and human rights

The implementation results of the project have made changes in gender equality and human rights. The equality between men and women in the family has been improved. The situation of distinguishing boys/girls has also changed. Human rights are respected, especially the rights of protected women, including the right to physical inviolability, the right to access information, respect for honor and dignity...

Discussing with women officials showed that the project has changed the perception of the community, that women should be treated equally with men in all family and social relationships. In the family, men tend to share housework with their wives, take more care and pay more attention to their wives. Economic contributions and family spending were also more equal between men and women and women are more involved in family spending.

Discussing with the mothers-in-law showed that men and women were more equal than the previous generation. The pregnant and lactating mothers said that they felt quite comfortable in their families that husband and wife were respecting each other, contributing together to build family and raise children. Husbands in the discussions also expressed the notion that families were happy when the couple was harmonious. Husband and wife tended to share more in family work. Husbands showed willingness to participate in domestic violence prevention.

Human rights has been better met through this project. Discussing with commune officials showed that most of the citizens and the government officials were aware of the physical inviolability of women. Women used to be shy and afraid of sharing information about IPV, now they felt more secure and ready to share and stand up to protect their rights. Discussing with the Women's Union showed that women had organizations to protect their human rights and were protecting more effectively. Women were also aware of the right to care when they were sick, maternity... and indeed they were entitled to that right.

In summary, the project has significantly contributed to changing the status of gender equality and human rights through raising the women's and communities' awareness. Men and women equality in the family and society was improved in the trend that women were more and more able to exercise their rights. The society and the community also changed their perception, seeing that people protected physically and respected for personal rights.

8 Conclusions

The project *"Prevention of Intimate Partner Violence against pregnant and lactating women in Kien Xuong District-Thai Binh province"* is coordinated by the Light Institute in collaboration of a number of organizations in 3 years from 01/2016 to 12/2018 with support resources from UNTF and Light's reciprocal capital is evaluated very successfully. The project has well implemented all its activities as designed and achieved all its objectives. The project results showed that 100% of the target women of the project have access to comprehensive services to prevent domestic violence through family visits, service provision at CHS and communication via hotline. Families and communities and relevant agencies in the 10 project communes and related agencies of the province are better able to support prevention of domestic violence. The project evaluation indicators have met and exceeded the targets set at the beginning of the project. The project also changed the perception and behavior of individuals, communities and society in the area of gender equality and human rights, especially women's rights.

In terms of relevance, the project results and activities are perfectly suitable for the target group of pregnant and lactating women of under 12-month old child. However, girls do not benefit from the project. Some opinions said that adolescent should be intervened with the participation of the Youth Union and high schools to bring benefits for adolescent girls.

The project is entirely in line with the benefits, priorities and policies for pregnant and lactating women expressed in the law, health policies, the missions of the Women's Union and local authorities.

The project design is well-matched between the overall goals, outcomes, outputs and activities of reaching out to beneficiaries directly and indirectly through health and

women sectors' coordination and with capacity building and communication solutions that are evaluated appropriately and effectively against the project objectives.

In terms of efficiency, qualitative assessment showed that this project is highly effective, achieving goals with relatively limited resources. The project has achieved all the objectives and outputs at the end. It has fully implemented the activities designed, supplemented, adjusted some activities in accordance with the allocated budget, implementation schedule and effectively converted the resources into expected results, ensuring the quantity and quality that are highly appreciated by stakeholders.

The project has coped certain difficulties such as late starting, low budget spending for human resource, poor coordination among parties at the beginning. Difficulties were overcome with active coordination of stakeholders who shared common goals and activities.

Although the project has reached the optimal results, it is suggested that if some more sectors such as police, education, and youth are involved and more information technology were utilized for target population management, the project would be more successful when dealing with IPV issues and extending benefits to adolescent and young women.

In terms of effectiveness, the project has achieved its goals with high effectiveness. Service delivery at CHS and home visits have helped all primary target group and secondary beneficiaries to access services. Other forms of communication are also accessed. At the same time, the project has helped families and communities in Kien Xuong district and commune level to better support and prevent violence.

The project has used the monitoring and evaluation framework effectively. The framework has been utilized to update with sufficient information that enabled the managers to timely adjust activities in accordance with progress and effectiveness.

Project organization consists of central, provincial and communal levels that are systematic organized in accordance with their capacity to implement and monitor project activities. All human resources have the capacity, experience and prestige in accordance with the project's performances, especially, the access to the project target beneficiaries through VHW, VWUM and health professionals is very appropriate in term of capacity and gender sensitive.

In terms of impact, the project has created a significant change in awareness and behavior on domestic violence not only for women but also for their husbands and mothers-in-laws. The communication and advisory activities the project has applied have a positive effect on the project success. In addition, the services availability, the staff's enthusiasm and capacity also helped make these changes.

People in the project and other communities are able to benefit indirectly from the target population, through the willingness to share from the target population or indirectly also benefit from communication activities and services providing in the community.

In term of sustainability, the results obtained from the project have good opportunities to be maintained such as the willingness to share the awareness and experience of the target population and secondary benefits and continue to maintain in the health services.

Other benefits continue to be maintained such as the capacity of CHS staff, VHW and VWUM, the coordination network in prevention and response to domestic violence in the community. The capacity continues to be maintained through the commitment of the commune authorities, Women's Union and the health staff, VHW, and VWUM's willingness to serve to care women.

The project results can continue sustained when its guidelines are institutionalized in management processes with the active participation of enthusiastic and positive, gender sensitivity staff, the stability or relevant restructured organization with the responsibilities and concerns of leaders, and financial support.

There are a number of opportunities to replicate projects such as piloting project models elsewhere to develop research into guidelines and policies applicable across the country. In the locality, it can be integrated into women's union activities and community activities. The project-compiled handbook can be shared as reference and used in health facilities.

In term of knowledge generation, the project has contributed to the development of knowledge about gender-based violence prevention. The handbook developed by the project as a tool that can be widely used as reference in the health professional education.

In term of gender equality and human rights

The project has contributed to changing individual and community awareness and responding to gender equality. Women tend to be more respected and have equal rights with men in the family. Human rights, especially of the women are more respected, including the right to physical inviolability, to speech and share, being cared and protection... have been contributed by the project to improve through its intervention activities.

9 Recommendations

- General recommendations

Through the end line evaluation of the project on violence prevention among relatives in 10 communes of Kien Xuong district in Thai Binh province, the domestic violence caused by husband or mother-in-law against pregnant and lactating women has been still common in communities, particularly in rural areas and its serious consequences need special attention from government agencies, organizations, and communities.

Although the legal system clearly stipulates and provides adequate guidance, the implementation and monitoring of regulations requires appropriate resources and methods. The government needs to mobilize agencies, departments, agencies and mass organizations to support resources and organize relevant implementation of effective activities.

- Relevance

It is recommended that interventions to prevent domestic violence should target on young and unmarried women as the main beneficiaries. Organizations, health agencies, Women's Union, Youth Union and education sector should be the secondary beneficiaries and participate in coordination of project activities.

It is recommended that projects on domestic violence prevention and control should be designed according to the objectives of ensuring that target groups are proactive in access and using counseling and screening services to detect and respond to violence and capacity building for the community and grassroots authorities in collaboration to response to domestic violence.

- Efficiency

It is recommended that the projects dealing with domestic violence prevention should combine mass media communication, training and capacity building for the primary and secondary target beneficiaries with individual and group counseling.

It is recommended that the projects should extend utilization of information technology, social networks in managing the project target beneficiaries, sharing relevant information, mass media communication and personal counseling.

- Effectiveness

It is recommended that the projects dealing with violence against women cooperate with health agencies and services, women's organizations when reaching the target population; the project participants need to be trained on professional skills, communication and gender sensitivity when approaching women at risk of violence.

It is recommended that the project management units to use project management tools, monitoring and evaluation frameworks to monitor the projects to obtain information in time and have risk management solution and adjust the project to match goals and desired results.

- impact

It is recommended that the government agencies and mass organizations should put domestic violence prevention indicators into activities and periodic reports of agencies and organizations and share lessons, good examples, and positive changes in the issue of domestic violence prevention and response.

It is recommended that the social and community organizations should integrate, introduce and share domestic violence prevention issues into relevant and related activities.

- Sustainability

It is recommended that the MOH should issue and update national standards and technical guidelines on the detection, screening, management and reporting of domestic violence integrated into health services for women.

It is recommended that the government agencies and donors continue to support budgets and techniques to replicate the project model to other communities.

It is recommended that the agencies and organizations of Thai Binh province should continue to use human resources trained and experienced by the project in domestic violence prevention and control activities implemented by the agencies.

- Knowledge generation

It is recommended that health officials and staff, VHW and VWUM use the handbook that project has developed as a guide when working on domestic violence prevention services and activities.

It is recommended that health professional education institutions to study to bring domestic violence issues into medical and nursing programs, using project products as references for training programs.

- Gender equality and human rights

It is recommended that the gender-based violence prevention projects or programs should combine with raising awareness and responding to gender equality, especially in families, and human rights issues, especially the right of physical inviolability, sharing information and being cared for, protected...

ANNEXES

Annex 1 Terms of References

I. Background and context

1. Overall goals and specific outcomes of the project

Funded by UNTF, LIGHT is leading agency in partnership with Maternal Child Health Department – Ministry of Health, and Thai Binh Provincial Center for Reproductive Health to conduct an innovative project entitled: Prevention of Intimate Partner Violence among Pregnant and Lactating Women.

The overall goal of this project is "Women, particularly pregnant and lactating women, in Kien Xuong district are better protected and able to respond to Intimate Partner Violence (IPV) by December 2018". Further, project expects to enable target population courageously report cases and access available community-based supporting services. Project was started in January 2016 and will be end in December 2018. The total project value is 386,452 $, with 37,000$ contribution from LIGHT.

To attain these goals, four strategies have been implemented:

i. Screen and provide IPV counseling to all women who have made antenatal care visits in 10 selected commune health clinics (CHC) in Kien Xuong District, Thai Binh Province;
ii. Establish an IPV hotline for targeted women to call to report incidents of IPV, receive counseling, or obtain necessary referrals to other community-based resources and services including seeking justice if necessary;
iii. Conduct home visits by village health workers (VHWs) and members of the Village Women's Union (VWUM) to work with women's husbands and mothers-in-law to develop non-abusive family relationships for promotion of maternal and child health care.
iv. Organize the community-level communication events, including contests and messages/guideline daily broadcasted via the local loudspeaker system to create and promote a supportive environment for IPV prevention.

2. Project's specific outcomes with outputs and key activities including:

Outcome 1: Pregnant and lactating women in Kien Xuong district have access to comprehensive IPV services

Output 1.1: Healthcare providers in the intervention area have knowledge of different IPV forms and skills on IPV screening and counseling.

Output 1.2: Health staff (other than health care providers) at Thai Binh Center for Reproductive Health who participate in training and refresher training increase their knowledge of IPV, relevant community-based IPV services, and planning and implementing skills for IPV responses.

Output 1.3: Village health workers and members of village women's unions who participate in training and refresher training in 10 communes increase their knowledge of IPV and home visiting skills to effectively facilitate home visits.

Key activities:

- Conduct IPV counseling training and refresher training for health care providers/health staffs/village health workers, and member of village women union.

- Develop IEC materials for counseling at selected commune health facilities

- Health care providers screen and counsel pregnant and lactating women at selected health facilities

Outcome 2: Families and communities in Kien Xuong district, and relevant agencies in Thai Binh province have better capacity to support IPV prevention and response

Output 2.1: Pregnant and lactating women who receive IPV counseling at health facilities and from the hotline service increase their knowledge of IPV and know where to seek for support.

Output 2.2: Husbands and mothers-in-law who are involved in the discussion during home visits increase their knowledge of prevention and mitigation of IPV against pregnant and lactating women.

Output 2.3: Relevant agencies at national, Thai Binh Province and Kien Xuong district have better awareness about IPV prevention in general, and particularly in pregnant and lactating women

Key Activities

- Conduct a IPV home visit training and a refresher training for village health workers and members of the village Women's Union

- Revise training curriculum and guidelines included the comments and responses from home visit facilitators, targeted women and their family members

- Village health workers and members of the village Women's Union conduct home visits to facility discussion among targeted women and their family members

- Revise training curriculum and guidelines included the comments and responses from home visit facilitators, targeted women and their family members

3. Primary and secondary beneficiaries of the project

The targeted primary beneficiaries of the project are pregnant and lactating women in Kien Xuong district, Thai Binh province. Total population of targeted beneficiaries is 1,241 pregnant and lactating women. The secondary beneficiaries are their families including their husbands and mothers in law, together with commune health worker, village health worker and member of village women union; and hotline counsellors. Total population of secondary beneficiaries is 515 husbands and mothers in law, 161 village health workers, 20 communal health officers and 10 communal women's union staff.

Also, the key partners of the project are Maternal and Child Health Department – Ministry of Health, Thai Binh provincial Center for Reproductive Health, and other stakeholders.

4. Project location

Kien Xuong district, Thai Binh province has been selected for project implementation as it is located in northern Vietnam (about 100 km from the capital, Hanoi), and is one of ten provinces in the Red River Delta with highest number of birth in Vietnam. Thai Binh is over 1,546.6 km2 and divided into 7 districts with 286 communes, and densely populated with approximately 1,865,400 people, according to the 2015 statistics. Ten out

of 37 communes of Kien Xuong were randomly selected as pilot project sites. The average population of each commune in this district was around 6,000 with 130 pregnant in 2015. Antenatal care rate in Kien Xuong was about 99%.

II. - OBJECTIVES AND CRITERIA OF THE EVALUATION

1. Objective of the evaluation

The purpose of project-end evaluation is to assess to what extent the specific objectives/expected outcome of the project have been achieved and to explore important factors influencing the project implementation and achievements. The evaluation is also to assess the effectiveness, relevance, efficiency, impact and sustainability of the project.

The findings of the project evaluation will be 1) submitted to the donors, 2) shared in project dissemination workshop with participation of relevant stakeholders and through other online and offline forums and published in some relevant journal, 3) Sharing with health facilities in reproductive health system managed by Department of Mother and Child health care; and 4) documented with other project materials for model replication

Specific objectives of the end line survey

- To evaluate the entire project (two to three years from start to end date), against the effectiveness, relevance, efficiency, sustainability and impact criteria, as well as the cross-cutting gender equality and human rights criteria (defined below);
- To identify key lessons and promising or emerging good practices in the field of ending violence against women and girls, for learning purposes (this is defined under the knowledge generation criteria below).

To assess to what extend the project has been achieved the desired outcomes compared to the project framework and baseline data.

- To understand the strengths and weaknesses of the program in preventing and reducing risk of IPV.
- To evaluate the progress in screening and counselling pregnant and lactating women as well as any improvements in offering IPV prevention supporting services, and to explore the influencing factors.
- To assess how and to what extent the program has influenced new and existing policies related to IPV and explore possible approaches for project model integration for scale-up.
- To draw and then document all lessons learnt and best practices, and make recommendations to scale.

2. Evaluation criteria and key issues to address

To address the mentioned specific objectives, a consultant team is expected to conduct the end-line evaluation to answer each question based on the following table:

Criteria	Questions/Issues
Relevance	• To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of (the targeted) women and girls? • To what extent is the project suited to the interests, priorities, and policies of the target groups, recipients and donors? • Overall assessment on the project design/ the appropriateness of the project's objectives, outputs, indicators and activities.
Efficiency	• To what extent was the project efficiently and cost effectively implemented? • Did the project complete the planned activities and meet or exceed the expected outcomes in accordance with schedule and as cost effective as initially planned? • How did the various activities transform the available resources into expected project outcomes, regarding quantity, quality and timeliness? • Was the project able to overcome unforeseen difficulties and deliver project outputs on time and within budget? • Could the same or better results have been achieved with the same or fewer inputs/resources by doing things differently? And how?
Effectiveness	• To what extent were the intended project goal, outcomes and outputs (project results) achieved and how? • To what extent has the project attained its outcomes and outputs and goal of project document and logical framework. • Assess the extent to which the M&E framework has contributed to the effectiveness of the project, if so, why and how? • How was the quality of internal organizational and managerial structure of the project in relation to the fulfillment of project objectives, including the human resources employed and the overall management of the project's resources? How was the participation of stakeholders (including Project Steering Committee, Project Implementation Team, VHWs, Commune Health worker) during all project phases (including planning, implementation, monitoring and evaluation) promoted? How clear and appropriate were their roles, and the level of coordination among them
Impact	• To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)? • What were the positive and negative changes produced by this intervention, directly or indirectly, intentionally or unintentionally? Why did those changes happen?

Criteria	Questions/Issues
	• What was the extent to which the benefits received by target beneficiaries had affected large number of people in the project sites? • Provide most significant change stories.
Sustainability	• To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends? • Are the benefits brought by the project likely to continue after the project has been completed and no more donor funding is available? (for example, by mainstreaming project activities into the local activities, achieving stakeholders' consensus during project implementation, aligning project activities with national/local policies, self-funding from implementing partners, etc.)? and how? • To what extend are local stakeholders willing and able to take ownership of established processes and systems? What are factors that may influence this ownership? • What are relevant factors to improve sustainability of project outcomes (for instance, capitalization of project best practices and lesson learnt, development and implementation of a sustainability strategy, development of suitable organizational arrangements by local stakeholders, development of policy and regulatory frameworks that support the project objectives). • Identify opportunities for replication and scaling-up basing on the lessons and experiences in the project.

KNOWLEDGE GENERATION: To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners?

Gender Equality and Human Rights: the evaluation should consider the extent to which human rights based and gender responsive approaches have been incorporated through-out the project and to what extent.

III. - SCOPE OF WORK

The consultant team will:

• Review relevant documents including key documents as follows: project RESULTS AND RESOURCES framework, baseline report, annual reports, training documents, monitoring database, project documentation etc.

• Conduct literature review and with given baseline data to propose survey tools.

• Develop an evaluation proposal which indicates a timeline for the evaluation, particularly methodologies applied (quantitative and qualitative methods) and proposed sample size, data analyzed method and plan, quality control, an estimate of evaluation costs, propose an inception report, logistics, and other related issues upon discussion with project team. The proposal will be developed to address specific questions in the table above.

• Work with the project team along with project partners to reach a consensus on a detailed plan, tools and methodologies, and the report outline of end-line evaluation;

• Provide training for field data collectors if necessary including ethical and gender aspects and covering protocol/guideline to ensure anonymity and confidentiality of interviewees, and reference if necessary; supervise data collection process in the field, applying relevant methods of quality control during the data collection;

• Provide high quality of data analysis performance in both quantitative and qualitative methods, explicitly indicating the gender and ethnicity features to ensure the safety of respondents and the research team during data collection.

Consultant team must consult with at least following documents:

- WHO, "Ethical and safety recommendations for intervention research on violence against women ", (2016)
- http://www.who.int/reproductivehealth/publications/violence/interventi on-research-vaw/en/
- Jewkes, R et al., (2012). Ethical and Safety Recommendations for Research on the Perpetration of Sexual Violence. Sexual Violence Research Initiative. Pretoria, South Africa, Medical Research Council.

• Provide a plan and performance of secured records/data store

• Provide an inception report for review prior to drafting the first report for first round comments. Support LIGHT and project partners to organize a validation workshop to share the initial findings to attain comments/feedbacks on the draft report;

• Complete the final report taking into account the gathered comments and feedbacks from LIGHT and partners and send revised one to the project team for final review;

• Prepare a presentation of the evaluation findings for dissemination workshop.

IV.- EVALUATION METHODOLOGY AND PROCESS

The consultant team will apply both quantitative and qualitative research methodologies using both primary and secondary data sources and data triangulation to increase the evaluation findings' validity. The Consultant is expected to propose his/her methodology for the evaluation which should include, but not limited to: description of the overall evaluation design, data sources to be used, methods of data collection and analysis, sample and sampling design, considering any limitations and how these will be addressed. Data sources existing include: health services records and client satisfaction questionnaires from IPV counseling and screening visits; hotline service records; key informant interview records during project monitoring, etc.

Evaluation Ethics:

The evaluation must be conducted in accordance with the principles outlined in the UNEG 'Ethical Guidelines for Evaluation' The evaluator/s must put in place specific safeguards and protocols to protect the safety (both physical and psychological) of respondents and those collecting the data as well as to prevent harm. This must ensure the rights of the individual are protected and participation in the evaluation does not result in further violation of their rights. The evaluator/s must have a plan in place to:

o Protect the rights of respondents, including privacy and confidentiality;

o Elaborate on how informed consent will be obtained and to ensure that the names of individuals consulted during data collection will not be made public;

o For all children (under 18 years old), the evaluator/s must consider additional risks and need for parental consent;

o The evaluator/s must be trained in collecting sensitive information and specifically data relating to violence against women and select any members of the evaluation team on these issues.

o Data collection tools must be designed in a way that is culturally appropriate and does not create distress for respondents;

o Data collection visits should be organized at the appropriate time and place to minimize risk to respondents;

o The interviewer or data collector must be able to provide information on how individuals in situations of risk can seek support (referrals to organizations that can provided counseling support, etc.)

V. – KEY DELIVERABLES AND TIMEFRAME

The consultant will provide:

	Deliverables	Description	Timeline
1	Comprehensive tools and detailed plan for data collection in the field with sample size	This includes qualitative and quantitative tools	01/11/2018 – 09/11/2018
2	Evaluation inception report	This will cover what being evaluated, reasons why and how, answering each questions raised in the section 2.2 with proposed methods, data collection and analyses approaches. Also, this report must propose the schedule of tasks, activities and deliveries including evaluation team and responsible lead of each team member for each product/task	07/11/2018 – 09/11/201810
3	Draft evaluation report	A draft report must cover minimum requirements specified in the annex 2 of TOR and will be submitted for review and feedback/comments of LIGHT and project stakeholders to ensure the quality of project evaluation report	22/01/2019
4	Final evaluation reports	Comments and feedbacks of stakeholder must be well integrated in the final evaluation report and meet requirements indicated in the annex 2 of TOR. This report will be presented at the dissemination workshop and spread widely among project stakeholders, other interested agencies and in public forums.	15/02/2019
5	Data sets	All data sets in paper and electronic forms in both draw and cleaned status will be handover to LIGHT with no right to keep them in whole or in part under any	15/02/2019

	Deliverables	Description	Timeline
		condition. Any use of data set in part or in whole must obtain the approval of LIGHT	

VI.- DURATION AND TIMELINE.

The evaluation is proposed to be conducted with expectation from the Week I of November till the Week 3 of December, 2018, including time for desk study, interview with LIGHT and implementing partners, field work, validation workshop, and reporting. The timeframe for dissemination workshop will be informed later.

Activity	Expected outcomes
1. Development of and consensus on methodologies and timeframe	A proposal that describes evaluation tools, methodologies, budget, and schedule
2. Desk study	Main findings from review of project documents and reports
3. Tools and data collection protocols developed and refined	A set of questionnaire tools and data collection protocols completed with inputs from comprehensive review, feedbacks/comments from LIGHT and project partners, and results from the field pretest.
4. Inception report	Inception reported finalized with inclusion of comments/feedbacks
5. Training for interviewer	Interviewers equipped with necessary knowledge and skills for data collection
6. Field data collection	All information on project collected
7. Interview with LIGHT & partner staff and related stakeholders	Initial findings on management and implementation of the project, collaboration among LIGHT and implementing partners, etc.
8. Reporting	First draft report and comments from relevant stakeholders Draft policy brief
9. Dissemination of findings	Final report Final policy brief Presentation of findings and recommendations for dissemination workshop

VII. - QUALIFICATIONS, EXPERIENCE AND COMPETENCIES

The Evaluation team is expected to be consisted of at least two consultants who must be responsible for carrying out the end-line evaluation from start to finish under the management and supervision of LIGHT evaluation team. Expected consultant(s) should have the following qualifications to effectively carry out the final evaluation:

- Team leader should have post-graduate degree or higher on public health, social science or relevant areas, excellent knowledge and at least 10 year-experience in conducting external evaluation of GBV/Gender equality project, particularly funded by UN/UNTF, with mixed- methods evaluation experience/skills using

quantitative and qualitative researches/surveys; excellent experience in collecting and analyzing qualitative and quantitative data on IPV.

- Team leader should have evidence approved for the expertise in gender aspect, particularly violence against women and girls, health/reproductive health.
- A strong professional experience in planning, design, management, M&E of development projects is preferred;
- Be able to work with project staff and stakeholders at different levels;
- A strong commitment to delivering timely and high-quality results
- Excellent communication both in writing and speaking English and Vietnamese is mandatory.
- Other Team member(s) should have an university degree or higher with strong track records on five year-experience or more in conducting project evaluation and fieldwork data collection.

VIII. - HOW TO APPLY

Interested candidates are invited to send a complete application package in English by 17:00, October 16th, 2018 via email to thu.dinhthi@lightvietnam.org and cc: yen.nguyenhoang@lightvietnam.org with the subject "Consultancy for final evaluation of IPV project", including:

(1) an updated curriculum vita;

(2) expression of interest letter of not more than 04 pages, outlining how the consultant(s) meets the selection criteria;

(3) a proposal for the evaluation including proposed approaches, outlined time frame, frameworks and detailed methodologies, sample size, logistic, personnel, and others;

(4) two sample reports of end line external, independent project evaluation report done by the consultant(s) on gender-based violence/gender equality or similar topics; and

(5) expected budget for the evaluation (including consultancy fee and other reimbursable costs).

Please note that only short-listed candidates will be contacted for further interview and selection.

Annex 1 (of the TOR): Inception report

The following is the suggested structure of an inception report.

1. Background and Context of Project
2. Description of Project
3. Purpose of evaluation
4. Evaluation Objectives and Scope
5. Final version of Evaluation Questions with evaluation criteria
6. Description of evaluation team, including the brief description of the role and responsibilities of each team member.
7. Evaluation Design and Methodology

a. Description of overall evaluation design [please specify the evaluation is designed from: 1)post-test1 only without comparison group; 2) pre- test and post- test without comparison group; 3) Pre-test and post-test with comparison group; or 4) randomized control trial.]

b. Data sources (access to information and to documents)

c. Description of data collection methods and analysis (including level of precision required for quantitative methods, value scales or coding used for qualitative analysis, level of participation of stakeholders through evaluation process)

d. Description of sampling (area and population to be represented, rationale for selection, mechanics of selection, limitations to sample); reference indicators and benchmarks, where relevant (previous indicators, national statistics, human right treaties, gender statistics, etc.)

e. Limitations of the evaluation methodology proposed

8. Ethical considerations: a) Safety and security (of participants and evaluation team);

and b) Contention strategy and follow up

9. Work plan with the specific timeline and deliverables by evaluation team (up to the submission of finalized report)

10. Annexes

a. Evaluation Matrix

b. Data collection Instruments (e.g.: survey questionnaires; interview and focus group guides, observation checklists, etc.

c. List of documents consulted so far and those that will be consulted

d. List of stakeholders/partners to be consulted (interview, focus group, etc.)

e. Draft outline of final report

Annex 2 (of the TOR): Final Evaluation Report.

The final evaluation report should meet following criteria

1. Clear, precise and professional language
2. Correct terminology and grammar
3. No factual errors
4. Reader friendly
5. Useful graphs and tables (if relevant)
6. Language use in both Vietnamese and English.
7. Logo and acknowledgement: the logo of the UN Trust Fund should be in the final version of the report and LIGHT and MOH. Also, the contribution of the UN Trust Fund should be acknowledged in the report.
8. The evaluation report provides description and evidence of stakeholders' active participation throughout the evaluation process, including primary and secondary beneficiaries.
9. The report is submitted with all the mandatory annexes listed in the structure described below.

Structure of Evaluation Report

1. Title and cover page

- o Name of the project
- o Locations of the evaluation conducted (country, region)
- o Period of the project covered by the evaluation (month/year – month/year)
- o Date of the final evaluation report (month/year)
- o Name and organization of the evaluators
- o Name of the organization(s) the commissioned the evaluation.
- o Logo of LIGHT and of the UN Trust Fund

2. Table of Content

3. List of acronyms and abbreviations

4. Executive summary

- o Brief description of the context and the project being evaluated;
- o Purpose and objectives of evaluation;
- o Intended audience;
- o Short description of methodology, including rationale for choice of methodology, data sources used, date collection & analysis methods, and major limitations;
- o Most important findings with concrete evidence and conclusion; and16
- o Key recommendations.

5. Context of the project

- o Description of critical social, economic, political, geographic and demographic factors within which the project operated.

o An explanation of how social, political, demographic and/or institutional context contributes to the utility and accuracy of the evaluation.

6. Description of the project

o Project duration, project start date and end date

o Description of the specific forms of violence addressed by the project

o Main objectives of the project

o Importance, scope and scale of the project, including geographic coverage.

o Strategy and theory of change (or results chain) of the project with the brief description of project goal, outcomes, outputs and key project activities

o Key assumptions of the project.

o Description of targeted primary and secondary beneficiaries as well as key implementing partners and stakeholders.

o Budget and expenditure of the project.

7. Purpose of the project

o Why the evaluation is being done

o How the results of the evaluation will be used

o What decisions will be taken after the evaluation is completed

o The context of the evaluation is described to provide an understanding of the setting in which the evaluation took place.

8. Evaluation objectives and scope

o A clear explanation of the objectives and scope of the evaluation.

o Key challengers and limits of the evaluation are acknowledged and described.

9. Evaluation Team

o Brief description of evaluation team.

o Brief description of each member's roles and responsibilities in the evaluation.

o Brief description of work plan of evaluation team with the specific timeline and deliverables.17

10. Evaluation Questions

o The original evaluation questions from the evaluation TOR are listed and explained, as well as those that were added during the evaluation (if any)

o A brief explanation of the evaluation criteria used (e.g. relevance, efficiency, effectiveness, sustainability and impact) is provided.

11. Evaluation Methodology

Sub-sections	Inputs by the evaluator(s
Description of evaluation design	*[Please specify if the evaluation was conducted by one of the following designs: 1) post-test only without comparison group; 2) pre-test and post-test without comparison group; or 4) randomized control trial.]*

Sub-sections	Inputs by the evaluator(s
Date sources	
Description of date collection methods and analysis (including level of precision required for quantitative methods, value scales or coding used for qualitative analysis, level of participation of stakeholders through evaluation process, etc.)	[please refer to the evaluation matrix]
Description of sampling • Area and population to be represented. • Rationale for selection • Mechanics of selection limitations to sample. • Reference indicators and benchmarks/baseline, where relevant (previous indicators, national statistics, human rights treaties, gender statistics, etc.)	
Description of ethical consideration in the evaluation • Action taken to ensure the safety of respondents and research team. • Referral to local services or sources of support. • Confidentiality and anonymity protocols. • Protocols for research on children, if required.	
Limitations of the evaluation methodology used	

12. Findings and Analysis per Evaluation Question

The temple below must be used per evaluation question in order to provide direct answer to the question, key findings and analysis, and quantitative and qualitative evidence per evaluation question. Evaluators may add additional paragraphs/sub-sections in narrative format to describe overall findings and analysis if they wish.

Evaluation Criteria	Effectiveness
Evaluation Question 1	To what extent were the intended project goal, outcomes and outputs achieved and how?
Response to the evaluation question with analysis of key findings by the evaluation team	
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	
Conclusions	
Others	

Evaluation Criteria	Effectiveness
Evaluation Question 2	To what extend did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached?
Response to the evaluation question with analysis of key findings by the evaluation team	
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	
Conclusions	
Others	

*** Please repeat the same temple per evaluation question.*

13. Conclusions

The temple below must be used to provide conclusions organized per evaluation criteria, in addition to those for overall. Evaluators may add additional paragraphs/sub-sections in narrative format if they wish.

Evaluation Criteria	Conclusions
Overall	
Effectiveness	
Relevance	
Efficiency	
Sustainability	
Impact	
Knowledge Generation	
Other (if any	

Instruction

- *The logic behind the conclusions and the correction to actual findings are clear.*
- *Simple conclusions that are already well known are avoided.*
- *Substantiated by findings consistent with the methodology and the data collected.*
- *Represent insights into identification and/or solution of important problems or issues.*
- *Focus on issues of significance to the project being evaluated, determined by the evaluation objectives and the key evaluation questions.*

14. Key Recommendations

The temple below must be used to provide recommendations per evaluation criteria. Evaluators may add additional paragraphs/sub-sections in narrative format if they wish

Evaluation Criteria	Recommendations	Relevant Stakeholders (Recommendation made to whom)	Suggested timeline (if relevant)
Overall			
Effectiveness			
Relevance			
Efficiency			
Sustainability			
Impact			
Knowledge Generation			
Others (if any)			

Instruction

- *Realistic and action-oriented, with clear responsibilities and timeframe for implementation if possible.*
- *Firmly based on analysis and conclusions*
- *Relevant to the purpose and the objectives of the evaluation*
- *Formulated in a clear and concise manner.*

Annex 3 (of the TOR): Evaluation Matrix Format

Evaluation Criteria	Evaluation Questions	Indicators	Data Source and Data Collection Method

Annex 4 (of the TOR): Results Monitoring Plan

Please use the project framework information provided

A. Statement of Project Goal, Outcomes and Outputs	**B. Indicators for measuring progress towards, achieving the project goal, outcomes and Outputs**	**C. Data collection methods**	**D. Baseline Data** Please provide actual baseline data per indicator	**E. Timeline of baseline data collection** For each indicator listed in column B, when was BASELINE data collected? Please specify month/year	**F. Endline Data** Please provide actual endline data per indicator	**G. Timeline of endline data collection** For each indicator listed in column B, when was endline data collected? Please specify month/year.
Project Goal:						
Outcome 1:						
Outcome 2:						
Outcome 3:						

Annex 5 (of the TOR): Beneficiary Data sheet

Beneficiary group		The numbers of beneficiaries reached	
		At the project goal level	At the Outcome level
Female domestic workers			
Female migrant workers			
Female political activists/human rights defenders			
Female sex workers			
Female refugees/internally displaced/asylum seekers			
Indigenous women/from ethnic groups			
Lesbian, bisexual, transgender			
Women and girls in general			
Women/girls in disabilities			
Women/girls living with HIV and AIDS			
Women/girls survivors of violence			
Women prisoners			
Others (specify)			
Primary Beneficiary Total			
Civil society organizations (including NGOs)	Number of institutions reached		
	Number of individuals reached		
Community based groups/members	Number of groups reached		
	Number of individuals reached		
Educational professionals (i.e. teachers, educators)			
Faith-based organizations	Number of institutions reached		
	Number of individuals reached		
General public/community at large			
Government officials (i.e. decision makers, policy implementers)			
Health professionals			
Journalists/Media			
Legal officers (i.e. lawyer, prosecutors, judges)			
Men and/or boys			
Parliamentarians			

Private sector employers		
Social/welfare workers		
Uniformed personnel (i.e. police, military, pace-keeping officers)		
Others (specify)		
Secondary Beneficiary Total		

Annex 6 (of the TOR): Additional methodology – related documentation *[such as data collection instruments including questionnaires, interview guide(s), observation protocols, etc.]*

Annex 7 (of the TOR): List of persons and institutions interviewed or consulted and sites visited.

[As appropriate, specification of the names of individuals interviewed should be limited to ensure confidentiality in the report but rather providing the names of institutions or organizations that they represent.]

Annex 8 (of the TOR): List of supporting documents reviewed

Annex 9 (of the TOR): CVs of evaluator(s) who conducted the evaluation

Annex 2: Evaluation Matrix

Evaluation Criteria	Evaluation Questions	Indicators	Data Source and Data collection method
Relevance	• To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of (the targeted) women and girls?	Access to comprehensive IPV services • Healthcare provider at commune, • Thai Binh RHC increase knowledge and skills on IPV • VHW, women's union have knowledge and skills on IPV Family and communities and relevant agencies' capacity to support IPV prevention and response • Pregnant women and lactating women have knowledge and skills on IPV to seek support • Husbands and mothers-in-law increase their knowledge of prevention and mitigation of IPV against pregnant women and lactating women • Relevant agencies at national, Thai Binh Province and Kien Xuong district have better awareness about IPV prevention	Data Source • Pregnant and lactating women • Mothers-in-law • Husbands • CHS staff • RHC staff • Project M&E, annual reports Data collection method • Questionnaire • IDI • FGD • Desk study

Evaluation Criteria	Evaluation Questions	Indicators	Data Source and Data collection method
	• To what extent is the project suited to the interests, priorities, and policies of the target groups, recipients and donors?	The level that the project suited to the interests, priorities, and policies of the target groups, recipients and donors	Data Source • CHS staff • RHC staff • Commune people's committee • Women's union • Pregnant and lactating women • Mothers-in-law • Husband Data collection method • IDI • FGD
	• Overall assessment on the project design/ the appropriateness of the project's objectives, outputs, indicators and activities.	The level that project design is appropriate in term of the project's objectives, outputs, indicators and activities.	Data Source • MCHD officials • CHS staff • RHC staff Data collection method • IDI • FGD

Evaluation Criteria	Evaluation Questions	Indicators	Data Source and Data collection method
Efficiency	• To what extent was the project efficiently and cost effectively implemented?	The level of the project efficiently and cost effectively implemented	Data Source • MCHD officials • CHS staff • RHC staff • Commune people's committee • Women's union • VHWs • Project M&E, annual reports Data collection method • IDI • FGD • Questionnaire • Desk study
	• Did the project complete the planned activities and meet or exceed the expected outcomes in accordance with schedule and as cost effective as initially planned?	Whether the project complete the planned activities and meet or exceed the expected outcomes	Data Source • MCHD officials • RHC staff • Project M&E, annual reports Data collection method • IDI • FGD • Desk study

Evaluation Criteria	Evaluation Questions	Indicators	Data Source and Data collection method
	• How did the various activities transform the available resources into expected project outcomes, regarding quantity, quality and timeliness?	List of the manners that project transform the available resources into expected project outcomes	Data Source • MCHD officials • CHS staff • RHC staff Data collection method • IDI • FGD
	• Was the project able to overcome unforeseen difficulties and deliver project outputs on time and within budget?	Whether the project overcome unforeseen difficulties	Data Source • MCHD officials • CHS staff • RHC staff • Women's union Data collection method • IDI • FGD
	• Could the same or better results have been achieved with the same or fewer inputs/resources by doing things differently? And how?	Whether the project achieve the same or better results	Data Source • MCHD officials • CHS staff • RHC staff Data collection method • IDI • FGD

Evaluation Criteria	Evaluation Questions	Indicators	Data Source and Data collection method
Effectiveness	• To what extent were the intended project goal, outcomes and outputs (project results) achieved and how?	Level that the intended project goal, outcomes and outputs achieved	Data Source • MCHD officials • CHS staff • RHC staff • Project M&E, annual reports Data collection method • IDI • FGD • Desk study
	• To what extent has the project attained its outcomes and outputs and goal of project document and logical framework.	Level that the project attained its outcomes and outputs and goal	Data Source • MCHD officials • CHS staff • RHC staff • Project M&E, annual reports Data collection method • IDI • FGD • Desk study

Evaluation Criteria	Evaluation Questions	Indicators	Data Source and Data collection method
	• Assess the extent to which the M&E framework has contributed to the effectiveness of the project, if so, why and how?	Level that the M&E framework has contributed to the effectiveness of the project; list of the reasons and manners	Data Source • MCHD officials • CHS staff • RHC staff Data collection method • IDI • FGD
	• How was the quality of internal organizational and managerial structure of the project in relation to the fulfillment of project objectives, including the human resources employed and the overall management of the project's resources? How was the participation of stakeholders (including Project Steering Committee, Project Implementation Team, VHWs, Commune Health worker) during all project phases (including planning, implementation, monitoring and evaluation) promoted? How clear and appropriate were their roles, and the level of coordination among them	Level of the quality of internal organizational and managerial structure of the project Level of the participation of stakeholders Level of clearness and appropriateness of the stakeholders' roles and coordination	Data Source • MCHD officials • CHS staff • RHC staff • Commune people's committee • Women's union Data collection method • IDI • FGD

Evaluation Criteria	Evaluation Questions	Indicators	Data Source and Data collection method
Impact	• To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)?	Level that the project contributed to ending violence against women, gender equality	Data Source • MCHD officials • CHS staff • RHC staff • Commune people's committee • Women's union • Pregnant and lactating women • Mothers-in-law • Husband Data collection method • IDI • FGD • Questionnaire

Evaluation Criteria	Evaluation Questions	Indicators	Data Source and Data collection method
	• What were the positive and negative changes produced by this intervention, directly or indirectly, intentionally or unintentionally? Why did those changes happen?	List of the positive and negative changes produced by this intervention Reasons that changes happen	Data Source • MCHD officials • CHS staff • RHC staff • Commune people's committee • Women's union • Pregnant and lactating women • Mothers-in-law • Husband Data collection method • IDI • FGD
	• What was the extent to which the benefits received by target beneficiaries had affected large number of people in the project sites?	Level that the benefits received by target beneficiaries had affected large number of people in the project sites	Data Source • MCHD officials • CHS staff • RHC staff • Commune people's committee • Women's union • VHWs Data collection method • IDI • FGD

Evaluation Criteria	Evaluation Questions	Indicators	Data Source and Data collection method
	• Provide most significant change stories.	Details of significant change stories in successful IPV prevention and solution	Data Source • CHS staff • RHC staff • Commune people's committee • Women's union • Pregnant and lactating women • Mothers-in-law • Husband Data collection method • IDI • FGD

Evaluation Criteria	Evaluation Questions	Indicators	Data Source and Data collection method
Sustainability	• To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?	Level that the achieved results be sustained after this project ends	Data Source • MCHD officials • CHS staff • RHC staff • Commune people's committee • Women's union • Pregnant and lactating women • Mothers-in-law • Husband Data collection method • IDI • FGD • Questionnaire

Evaluation Criteria	Evaluation Questions	Indicators	Data Source and Data collection method
	• Are the benefits brought by the project likely to continue after the project has been completed and no more donor funding is available? (for example, by mainstreaming project activities into the local activities, achieving stakeholders' consensus during project implementation, aligning project activities with national/local policies, self-funding from implementing partners, etc.)? and how?	Whether the project brought benefits likely to continue Manners to continue	Data Source • MCHD officials • CHS staff • RHC staff • Commune people's committee • Women's union • Pregnant and lactating women • Mothers-in-law • Husband Data collection method • IDI • FGD • Questionnaire
	• To what extend are local stakeholders willing and able to take ownership of established processes and systems? What are factors that may influence this ownership?	Level that local stakeholders are willing and able to take ownership of established processes and systems Factors that may influence this ownership	Data Source • MCHD officials • CHS staff • RHC staff • Commune people's committee • Women's union • VHWs Data collection method • IDI • FGD

Evaluation Criteria	Evaluation Questions	Indicators	Data Source and Data collection method
	• What are relevant factors to improve sustainability of project outcomes (for instance, capitalization of project best practices and lesson learnt, development and implementation of a sustainability strategy, development of suitable organizational arrangements by local stakeholders, development of policy and regulatory frameworks that support the project objectives).	Factors to improve sustainability of project outcomes	Data Source • MCHD officials • CHS staff • RHC staff • Women's union Data collection method • IDI • FGD
	• Identify opportunities for replication and scaling-up basing on the lessons and experiences in the project.	Opportunities for replication and scaling-up	Data Source • MCHD officials • CHS staff • RHC staff • Women's union Data collection method • IDI • FGD

Evaluation Criteria	Evaluation Questions	Indicators	Data Source and Data collection method
Knowledge generation	• To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners	Model that project used can be applied Guidelines that project generated can be used	Data Source • MCHD officials • CHS staff • RHC staff • Women's union Data collection method • IDI • FGD
Gender Equality and Human Rights	• To what extent to which human rights based and gender responsive?	Gender issues have been responsive Human right issues that have been addressed	Data Source • MCHD officials • CHS staff • RHC staff • Women's union Data collection method • IDI • FGD

Annex 3: Results Monitoring Plan

A	B	C	D	E	F	G
Statement of Project Goal, Outcomes and Outputs	**Indicators for measuring progress towards, achieving the project goal, outcomes and Outputs**	**Data collection methods**	**Baseline Data**	**Timeline of baseline data collection**	**End line Data**	**Timeline of end line data collection**
Project Goal: Women , particularly pregnant and lactating women, in Kien Xuong district are better protected and able to respond to Intimate Partner Violence (IPV) by December 2018	Indicator 1: # of women who receive IPV counseling at health facilities and through the IPV hotline, and home based services in the past year	Analysis of service provider's records	0	5/2016	506	12/2018
	Indicator 2: # of IPV cases reported to (counsellors/clinics/ hotlines?) by pregnant and lactating women in the past year	Analysis of service provider's records	0		125	
Outcome 1 Pregnant and lactating women in Kien Xuong district have access to quality IPV services	Indicator 1: # of health facilities/clinics providing IPV services in the last 12 months	Analysis of health clinic records - Site visits with structured observation	0			
	Indicator 2: % of household reached by home based IPV counselors in the last 12 months # of calls received for IPV	Analysis of home-based records - Site visits with structured observation - Analysis	0			

A	B	C	D	E	F	G
	counseling in the last 12 months	of hot-line records				
Output 1.1: Health care providers in the intervention area have knowledge of different IPV forms and skills on IPV screening and counseling	% of health care provider training participants in commune health centers who can list at least 3 steps to make an active plan to prevent and mitigate IPV by the end of the training					
	% of health care provider training participants in commune health centers who know how to facilitate IPV screening and IPV counseling effectively by the end of the training					
Output 1.2: The health staff (other than health care providers) at Thai Binh Center for Reproductive Health who participate in training and refresher training increase their knowledge of IPV, relevant community based IPV services, and planning and implementing skills for IPV responses	% of health staff training participants at Thai Binh Center for Reproductive Health who can list the available commune-based support resources by the end of training					
	% of health staff training					

A	B	C	D	E	F	G
	participants at Thai Binh Center for Reproductive Health who know at least three important over-phone counseling skills and can deliver them effectively by the end of training					
Output 1.3: VHW and members of the village women's union who participate in training and refresher training in 10 communes increase their knowledge of IPV and home based visit skills to effectively facilitate home based visits	% of training participants among VHW and members of the village women's union, who can list at least three health consequences of IPV by the end of training					
	% of training participants among VHW and members of the village women's union who can list the steps of effectively facilitating a group discussion during home visits by the end of training					
	Perspective of female service users about the quality, availability and accessibility on the home based counseling services in the past 3 months					

A	B	C	D	E	F	G
Outcome 2: Families and communities in Kien Xuong district, and relevant agencies in Thai Binh province have better capacity to support IPV prevention and response	Indicator 3: Perspectives of service users about the service received in 10 communes in the past 6 months	Mixed method: • Questionnaire • Key informant interviews with randomly selected service users				
	Indicator 4: % of husbands and family members who are supportive of an IPV-free environment for pregnant and lactating women	Structured questionnaire at baseline and end-line with pregnant and lactating women to ask their perception of supports from husbands/family members				
	Indicator 5: Perspectives of relevant agencies at provincial and district levels about action against IPV, including, but not limited to, annual event on IPV prevention, possibility to maintain and scale up the community-based IPV prevention model on pregnant and lactating women	Key informant interviews with relevant agencies to ask about their action against IPV				
Output 2.1: Pregnant and lactating women who	% of pregnant and lactating women service users who are					

A	B	C	D	E	F	G
receive IPV counseling at a health facility and from hotline services have increased knowledge of IPV and know where to seek for support	able to recognize different forms of IPV in the past 3 months					
	% of pregnant and lactating women service users who know where and how to access community-based support resources in the past 3 months					
Output 2.2: Husbands and mothers-in-law who are involved in the discussion during home visits increase their knowledge of prevention and mitigation of IPV against pregnant and lactating women	% of husbands and mothers in-law of participating pregnant and lactating women who can list at least 3 reasons to support women during pregnancy and lactation in the past 3 months					
	% of husbands and mothers-in - law of participating pregnant and lactating women who can list at least 3 ways to support women during pregnancy and lactation in the past 3 months					
	% of husbands and mothers-in-law of participating pregnant and lactating women who can					

A	B	C	D	E	F	G
	list at least 3 ways to create and maintain an IPV- free environment at home in the past 3 months					
Output 2.3: Relevant agencies at national, Thai Binh Province and Kien Xuong district have better awareness about IPV prevention in general, and particularly in pregnant and lactating women	% of workshop participants who have better awareness about IPV prevention in pregnant and lactating women by the end of events					

Annex 4: Beneficiary Data sheet

Beneficiary group	At the project goal level	At the Outcome level
Project goal		
Women/girls survivors of violence		
Female - Young people: age 20-24	23	
Female - Adults: age 25-59	1307	
Primary Beneficiary Other		
Female - Young people: age 20- 24	1397	
Female - Adults: age 25-59	2735	
Outcome 1		
Beneficiaries at the project outcome level		
Beneficiary 1 Health professionals		
Female - Adults: age 25-59		42
Male - Adults: age 25-59		13
Beneficiary 2 Primary Beneficiary Other (Pregnant and lactating women)		
Female - Young people: age 20- 24		1801
Female - Adults: age 25-59		3667
Outcome 2		
Beneficiary 1 Secondary Beneficiary Other (VHW, VWUM)		
Male - Adults: age 25-59		4
Female - Adults: age 25-59		161
Beneficiary 2 Secondary Beneficiary Other (Husb, MiL)		
Male - Young people: age 20-24		128
Male - Adults: age 25-59		835
Female - Adults: age 25- 59		1050
Female - the elderly: age 60 and above		229
Beneficiary 3 Primary Beneficiary Other (Pregnant and lactating women)		
Female - Young people: age 20-24		1801
Female - Adults: age 25-59		3667

Annex 5: Ethnic and safety protocols used during data collection

Introduction to the respondent to interview with a questionnaire
(Developed and utilized in Vietnamese and approximately translated into English)

[SPEAK] My name is [NAME OF INTERVIEWER] We would like to conduct a survey of the public about the project "Prevention of the intimate partner violence against pregnant and lactating women". Your opinions will help us find the implications of reducing the violence of the relatives and the success of the project. Thank you for taking the time for this interview. The interview will take 30-40 minutes. We will start with some questions regarding yourself and your life. All your answers will be kept completely confidential. You can skip the question if you feel uncomfortable to answer, or suggest stopping or ending the interview at any time you want.

Introduction to the in-depth interview and group discussion
(Developed and utilized in Vietnamese and approximately translated into English)

Introduction: (Brief introduction of purpose, requirements, how to proceed)

Hello ladies and gentlemen! I introduce myself, I am [investigator's name], a researcher on health and social issues.

Perhaps you know, violence among family members is an issue that many individuals and social organizations are concerned about due to much influence on women's health and happiness. In the past 3 years, Light, an organization in collaboration with health agencies has implemented the project "Prevention of Intimate Partner Violence against pregnant and lactating women" in 10 communes in the district to improve the knowledge and positive attitude of individuals and societies to reduce violence among family members.

We would like to discuss with you some information to understand the level of success of the project, especially those that reduce the situation of violence between relatives and changes in perceived attitude and attitudes for women and family members.

We will discuss the issues, which are common and expect you to share your ideas. Your opinions are only used for research purposes and are kept confidential. You can leave the conversation whenever you feel uncomfortable to share your ideas.

What questions do you have before we start? (the facilitator answers the question if there)

I will raise the issues and ask for your opinions.

Annex 6: Tools for collecting data
(all of these tools were developed and utilized in Vietnamese language and are presented below)

1. Guidelines for in-depth interview with leader and official of MCH Department

- Xin các anh/chị cho biết khái quát tình hình bạo lực do người thân gây ra ở trên toàn quốc trong thời gian qua? Trong đó, loại hình bạo lực nào là phổ biến?
- Mong các anh/chị cho biết khi nào đối tượng bị bạo lực do người thân gây ra tìm đến các sự giúp đỡ? Và khi đó các anh/chị giúp đối tượng bị bạo lực như thế nào?
- Những khó khăn và thuận lợi chính trong công tác phòng chống bạo lực do người thân gây ra ở nước ta hiện nay?
- Xin anh/chị nêu khái quát các hoạt động của dự án tại huyện Kiến Xương trong thời gian qua? (năm thực hiện, các hoạt động được thực hiện, các nội dung chính…)
- Vai trò, mức độ tham gia của anh/chị trong các hoạt động triển khai dự án như thế nào (từ lúc lập kế hoạch dự án, trong quá trình triển khai dự án bao gồm xây dựng tài liệu tập huấn & điều chỉnh chính sách, trong giám sát và đánh giá dự án…)?
- Các hoạt động cung cấp dịch vụ y tế và tư vấn phòng tránh bạo lực do người thân gây ra cho phụ nữ mang thai và nuôi con bú tại các trạm y tế cơ sở được triển khai như thế nào thời gian qua? Thuận lợi và khó khăn?
- Sự kết nối giữa các đơn vị thực hiện dự án với chính quyền và các ban ngành trong thực hiện phòng chống bạo lực gia đình do người thân gây ra như thế nào? Thuận lợi và khó khăn?
- Theo các anh/chị nhân lực chính tham gia dự án ở địa phương là cán bộ trạm y tế, nhân viên y tế thôn bản, cán bộ phụ nữ đã phù hợp để tiếp cận và tư vấn cho các bà mẹ chưa? Vì sao?
- Theo các anh/chị các tài liệu phát tay, tờ rơi, pano, áp phích, miến dán ghi số hotline, loa phát thanh… của dự án có nội dung phù hợp với các bà mẹ ở huyện Kiến Xương không? Vì sao?
- Theo các anh/chị các tiếp cận của dự án (từ NVYT thôn bản và cán bộ phụ nữ đến nhà tư vấn, tư vấn và sàng lọc ở trạm y tế) đã phù hợp với bà mẹ ở huyện Kiến Xương chưa? Vì sao?
- Theo các anh/chị nội dung các buổi nói chuyện có phù hợp với người dân (mẹ chồng, chồng) ở huyện Kiến Xương không? Vì sao?
- Theo các anh/chị kết quả đạt được của dự án có phù hợp với nhu cầu của Bộ Y tế không?
- Anh/chị đánh giá thế nào về dự án có đạt được mục tiêu như mong đợi không?
- Theo các anh/chị mức độ hiệu quả về phòng chống bạo lực do người thân gây ra mà dự án mang lại như thế nào? Đề nghị nêu cụ thể?
- Theo anh/chị, dự án hoàn thành theo như kế hoạch và đáp ứng hoặc vượt quá các kết quả mong đợi theo đúng tiến độ và hiệu quả chi phí như dự kiến ban đầu không? Vì sao?
- Xin các anh/chị đánh giá mức độ tham gia tập huấn, khả năng tiếp thu và ứng dụng kiến thức tư vấn về phòng tránh bạo lực do người thân gây ra của các nhân viên y tế xã, nhân viên y tế thôn bản và cán bộ phụ nữ thôn trong thời gian qua?
- Xin các anh/chị đánh giá chung về khả năng của cán bộ y tế, cán bộ phụ nữ, nhân viên y tế thôn bản trong thực hiện lồng ghép phòng chống bạo lực do người thân gây ra tại

cơ sở y tế và cộng đồng (đào tạo, kinh nghiệm, tiếp cận tài liệu về phòng chống bạo lực do người thân gây ra)

- Theo các anh/chị các phương pháp tiếp cận bà mẹ của dự án có đem lại hiệu quả không? Và phương án nào đem lại hiệu quả cao nhất (tiếp cận tại nhà, tiếp cận tại trạm y tế, tiếp cận qua các buổi nói chuyện, tiếp cận qua hotline)? Phương án nào còn chưa đạt hiệu quả cao và vì sao?
- Xin các anh/chị đánh giá về mức độ tham gia các buổi nói chuyện hoặc sự hưởng ứng của người dân đối với các hoạt động của dự án trong thời gian qua?
- Xin các anh/chị đánh giá về mức độ tham gia, cũng như sự phối hợp giữa các bên liên quan của Vụ SKSS trong suốt quá trình hoạt động của dự án (từ khi lập kế hoạch dự án, đến triển khai và giám sát)?
- (Nếu trong BQL DA và biết về khung giám sát) Theo các anh/chị khung giám sát của dự án đã đóng góp vào hiệu quả thực hiện dự án như thế nào? Tại sao?
- Dự án đã góp phần vào việc chấm dứt bạo lực đối với phụ nữ, bình đẳng giới và/hoặc trao quyền cho phụ nữ (cả tác động dự kiến và không dự kiến) như thế nào? Nếu có thể xin nêu những điểm sáng hoặc các ví dụ điển hình?
- Những thay đổi (tích cực và tiêu cực được tạo) phòng chống bạo lực do người thân gây ra mà dự án mang lại là gì (thay đổi trong tư duy, suy nghĩ của người dân, thay đổi trong cách ứng xử…)? Xin các anh/chị cung cấp một vài câu chuyện thay đổi có ý nghĩa nhất?
- Theo các anh/chị tình hình bạo lực do người thân gây ra ở huyện Kiến Xương thời gian qua diễn biến như thế nào (có chiều hướng tăng lên, hay giảm đi)?
- Nội dung phòng chống bạo lực do người thân gây ra được dự án phát triển và các bài học trong phòng chống bạo lực do người thân gây ra có được lồng ghép vào các chính sách do Bộ Y tế xây dựng trong thời gian tới không?
- Các lợi ích mà dự án mang lại có khả năng tiếp tục sau khi dự án kết thúc và không có thêm nhà tài trợ nào?
- Theo các anh/chị sau khi kết thúc dự án, các nội dung về phòng chống bạo lực do người thân gây ra có tiếp tục được tuyên truyền và phát huy không?
- Theo các anh/chị sau khi dự án tổng kết và đưa ra mô hình điểm về phòng chống bạo lực do người thân gây ra tại cộng đồng thì cần có chính sách hay hỗ trợ gì để nhân rộng mô hình này trên toàn quốc?

2. Guidelines for in-depth interview for Light's project staff

- Xin anh/chị nêu khái quát các hoạt động của dự án tại huyện Kiến Xương trong thời gian qua? (năm thực hiện, các hoạt động được thực hiện, các nội dung chính…)
- Vai trò, mức độ tham gia của anh/chị trong các hoạt động triển khai dự án như thế nào (từ lúc lập kế hoạch dự án, trong quá trình triển khai dự án bao gồm xây dựng tài liệu tập huấn và điều chỉnh chính sách, trong giám sát và đánh giá dự án…)?
- Các hoạt động cung cấp dịch vụ y tế và tư vấn phòng tránh bạo lực do người thân gây ra cho phụ nữ mang thai và nuôi con bú tại các trạm y tế cơ sở được triển khai như thế nào thời gian qua? Thuận lợi và khó khăn?
- Sự kết nối giữa các đơn vị thực hiện dự án với chính quyền và các ban ngành trong thực hiện phòng chống bạo lực gia đình do người thân gây ra như thế nào? Thuận lợi và khó khăn?

- Theo các anh/chị nhân lực chính tham gia dự án ở địa phương là cán bộ trạm y tế, nhân viên y tế thôn bản, cán bộ phụ nữ đã phù hợp để tiếp cận và tư vấn cho các bà mẹ chưa? Vì sao?
- Theo các anh/chị các tài liệu phát tay, tờ rơi, pano, áp phích, miến dán ghi số hotline, loa phát thanh… của dự án có nội dung phù hợp với các bà mẹ ở huyện Kiến Xương không? Vì sao?
- Theo các anh/chị các tiếp cận của dự án (từ NVYT thôn bản và cán bộ phụ nữ đến nhà tư vấn, tư vấn và sàng lọc ở trạm y tế) đã phù hợp với bà mẹ ở huyện Kiến Xương chưa? Vì sao?
- Theo các anh/chị nội dung các buổi nói chuyện có phù hợp với người dân (mẹ chồng, chồng) ở huyện Kiến Xương không? Vì sao?
- Xin anh/chị đánh giá tổng thể về thiết kế dự án/ sự phù hợp của mục tiêu, các đầu ra, các chỉ số và hoạt động dự án? Đề nghị nêu cụ thể?
- Theo các anh/chị mức độ hiệu quả về phòng chống bạo lực do người thân gây ra mà dự án mang lại như thế nào? Đề nghị nêu cụ thể?
- Theo anh/chị, dự án hoàn thành theo như kế hoạch và đáp ứng hoặc vượt quá các kết quả mong đợi theo đúng tiến độ và hiệu quả chi phí như dự kiến ban đầu không? Vì sao?
- Xin anh/chị đánh giá chi phí hiệu quả của dự án? (kết quả của dự án mang lại có tương ứng với chi phí đã đầu tư)
- Xin anh/chị cho biết dự án có những khó khăn không lường trước được ban đầu không? Nếu có xin nêu cụ thể? Dự án đã vượt qua những khó khăn này như thế nào?
- Xin anh/chị cho biết dự án có thể đạt được những kết quả tốt hơn với đầu tư tương ứng hoặc đạt kết quả tương ứng với đầu tư thấp hơn không? Bằng cách nào và vì sao?
- Xin các anh/chị đánh giá mức độ tham gia tập huấn, khả năng tiếp thu và ứng dụng kiến thức tư vấn về phòng tránh bạo lực do người thân gây ra của các nhân viên y tế xã, nhân viên y tế thôn bản và cán bộ phụ nữ thôn trong thời gian qua?
- Xin các anh/chị đánh giá chung về khả năng của cán bộ y tế, cán bộ phụ nữ, nhân viên y tế thôn bản trong thực hiện lồng ghép phòng chống bạo lực do người thân gây ra tại cơ sở y tế và cộng đồng (đào tạo, kinh nghiệm, tiếp cận tài liệu về phòng chống bạo lực do người thân gây ra)
- Theo các anh/chị các phương pháp tiếp cận bà mẹ của dự án có đem lại hiệu quả không? Và phương án nào đem lại hiệu quả cao nhất (tiếp cận tại nhà, tiếp cận tại trạm y tế, tiếp cận qua các buổi nói chuyện, tiếp cận qua hotline)? Phương án nào còn chưa đạt hiệu quả cao và vì sao?
- Xin các anh/chị đánh giá về mức độ tham gia các buổi nói chuyện hoặc sự hưởng ứng của người dân đối với các hoạt động của dự án trong thời gian qua?
- Xin các anh/chị đánh giá về mức độ tham gia, cũng như sự phối hợp giữa các bên liên quan của Vụ SKSS trong suốt quá trình hoạt động của dự án (từ khi lập kế hoạch dự án, đến triển khai và giám sát)?
- Theo các anh/chị khung giám sát của dự án đã đóng góp vào hiệu quả thực hiện dự án như thế nào? Tại sao?
- Xin anh/chị đánh giá cụ thể về mức độ đạt của các mục tiêu của dự án.

- Dự án đã góp phần vào việc chấm dứt bạo lực đối với phụ nữ, bình đẳng giới và/hoặc trao quyền cho phụ nữ (cả tác động dự kiến và không dự kiến) như thế nào? Nếu có thể xin nêu những điểm sáng hoặc các ví dụ điển hình?
- Những thay đổi (tích cực và tiêu cực được tạo) phòng chống bạo lực do người thân gây ra mà dự án mang lại là gì (thay đổi trong tư duy, suy nghĩ của người dân, thay đổi trong cách ứng xử…)? Xin các anh/chị cung cấp một vài câu chuyện thay đổi có ý nghĩa nhất?
- Theo các anh/chị tình hình bạo lực do người thân gây ra ở huyện Kiến Xương thời gian qua diễn biến như thế nào (có chiều hướng tăng lên, hay giảm đi)?
- Nội dung phòng chống bạo lực do người thân gây ra được dự án phát triển và các bài học trong phòng chống bạo lực do người thân gây ra có được lồng ghép vào các chính sách do Bộ Y tế xây dựng trong thời gian tới không?
- Các lợi ích mà dự án mang lại có khả năng tiếp tục sau khi dự án kết thúc và không có thêm nhà tài trợ nào?
- Theo các anh/chị sau khi kết thúc dự án, các nội dung về phòng chống bạo lực do người thân gây ra có tiếp tục được tuyên truyền và phát huy không?
- Theo các anh/chị sau khi dự án tổng kết và đưa ra mô hình điểm về phòng chống bạo lực do người thân gây ra tại cộng đồng thì cần có chính sách hay hỗ trợ gì để nhân rộng mô hình này trên toàn quốc?

3. Guidelines for in-depth interviews with hotline consultants
- Xin các anh/chị cho biết khái quát tình hình bạo lực do người thân gây ra ở tỉnh trong thời gian qua? Trong đó, loại hình bạo lực nào là phổ biến?
- Mong các anh/chị cho biết khi nào đối tượng bị bạo lực do người thân gây ra tìm đến các sự giúp đỡ? Và khi đó các anh/chị giúp đối tượng bị bạo lực như thế nào?
- Những khó khăn và thuận lợi chính trong công tác phòng chống bạo lực do người thân gây ra tại địa phương?
- Xin anh/chị cho biết khái quát về hoạt động của đường dây nóng trong thời gian qua? Khó khăn và thuận lợi?
- Theo anh/chị hotline có phù hợp với người dân huyện Kiến Xương để tiếp cận và nhận được tư vấn phù hợp không? Tại sao?
- Xin anh/chị đánh giá về hiệu quả đạt được của hotline trong phòng chống bạo lực do người thân gây ra?
- Xin các anh/chị kể một vài câu chuyện điển hình khi đối tượng gọi đến đường dây nóng và được hỗ trợ?
- Khi dự án ngừng hoạt động và không còn kinh phí hỗ trợ, nếu có chị em phụ nữ gọi đến nhờ chị tư vấn/ hỗ trợ về phòng chống bạo lực gia đình chị có sẵn sàng giúp đỡ không?
- Chị có khuyến nghị gì khi triển khai đường dây nóng?

4. Guidelines to discuss group of reproductive health care centers and provincial women
- Xin các anh/chị cho biết khái quát tình hình bạo lực do người thân gây ra ở tỉnh trong thời gian qua? Trong đó, loại hình bạo lực nào là phổ biến?
- Mong các anh/chị cho biết khi nào đối tượng bị bạo lực do người thân gây ra tìm đến các sự giúp đỡ? Và khi đó các anh/chị giúp đối tượng bị bạo lực như thế nào?
- Những khó khăn và thuận lợi chính trong công tác phòng chống bạo lực do người thân gây ra tại địa phương?

- Xin anh/chị nêu khái quát các hoạt động của dự án trên địa bàn tỉnh trong thời gian qua? (năm thực hiện, các hoạt động được thực hiện, các nội dung chính…)
- Vai trò, mức độ tham gia của anh/chị trong triển khai dự án (trong việc xây dựng các tài liệu truyền thông để tư vấn cho người dân…)?
- Các hoạt động cung cấp dịch vụ y tế và tư vấn phòng tránh bạo lực do người thân gây ra cho phụ nữ mang thai và nuôi con bú tại các trạm y tế cơ sở được triển khai như thế nào thời gian qua? Thuận lợi và khó khăn?
- Sự kết nối/phối hợp hoạt động giữa các đơn vị thực hiện với chính quyền và các ban ngành trong thực hiện phòng chống bạo lực gia đình do người thân gây ra ở các tuyến (tỉnh, huyện, xã) như thế nào? Thuận lợi và khó khăn?
- Theo các anh/chị nhân lực chính tham gia dự án ở địa phương là cán bộ trạm y tế, nhân viên y tế thôn bản, cán bộ phụ nữ đã phù hợp để tiếp cận và tư vấn cho các bà mẹ chưa? Vì sao?
- Theo các anh/chị các tài liệu phát tay, tờ rơi, pano, áp phích, miến dán ghi số hotline, loa phát thanh… của dự án có nội dung phù hợp với các bà mẹ ở huyện Kiến Xương không? Vì sao?
- Theo các anh/chị các tiếp cận của dự án (từ NVYT thôn bản và cán bộ phụ nữ đến nhà tư vấn, tư vấn và sàng lọc ở trạm y tế) đã phù hợp với bà mẹ ở huyện Kiến Xương chưa? Vì sao?
- Theo các anh/chị nội dung các buổi nói chuyện có phù hợp với người dân (mẹ chồng, chồng) ở huyện Kiến Xương không? Vì sao?
- Theo các anh/chị kết quả đạt được của dự án có phù hợp với nhu cầu của địa phương không?
- Theo các anh/chị mức độ hiệu quả về phòng chống bạo lực do người thân gây ra mà dự án mang lại như thế nào? Xin anh/chị nêu cụ thể?
- Theo anh/chị, dự án hoàn thành theo như kế hoạch và đáp ứng hoặc vượt quá các kết quả mong đợi theo đúng tiến độ và hiệu quả chi phí như dự kiến ban đầu không? Vì sao?
- Xin anh/chị cho biết dự án có những khó khăn không lường trước được ban đầu không? Nếu có xin nêu cụ thể? Dự án đã vượt qua những khó khăn này như thế nào?
- Xin các anh/chị đánh giá về mức độ tham gia, cũng như sự phối hợp giữa các bên liên quan của Trung tâm SKSS trong suốt quá trình hoạt động của dự án (từ khi lập kế hoạch dự án, đến triển khai và giám sát)?
- Xin các anh/chị đánh giá mức độ tham gia tập huấn, khả năng tiếp thu và ứng dụng kiến thức tư vấn về phòng tránh bạo lực do người thân gây ra của các nhân viên y tế xã, nhân viên y tế thôn bản và cán bộ phụ nữ thôn trong thời gian qua?
- Xin các anh/chị đánh giá chung về khả năng của cán bộ y tế, cán bộ phụ nữ, nhân viên y tế thôn bản trong thực hiện lồng ghép phòng chống bạo lực do người thân gây ra tại cơ sở y tế và cộng đồng (đào tạo, kinh nghiệm, tiếp cận tài liệu về phòng chống bạo lực do người thân gây ra)
- Xin các anh/chị đánh giá về mức độ tham gia các buổi nói chuyện hoặc sự hưởng ứng của người dân đối với các hoạt động của dự án trong thời gian qua?
- Theo các anh/chị các phương pháp tiếp cận bà mẹ của dự án có đem lại hiệu quả không? Và phương án nào đem lại hiệu quả cao nhất (tiếp cận tại nhà, tiếp cận tại trạm y tế,

tiếp cận qua các buổi nói chuyện, tiếp cận qua hotline)? Phương án nào còn chưa đạt hiệu quả cao và vì sao?
- Xin anh/chị đánh giá cụ thể về mức độ đạt của các mục tiêu của dự án.
- Dự án đã góp phần vào việc chấm dứt bạo lực đối với phụ nữ, bình đẳng giới và/hoặc trao quyền cho phụ nữ (cả tác động dự kiến và không dự kiến) như thế nào? Nếu có thể xin nêu những điểm sáng hoặc các ví dụ điển hình?
- Những thay đổi (tích cực và tiêu cực được tạo ra) phòng chống bạo lực do người thân gây ra mà dự án mang lại là gì (thay đổi trong tư duy, suy nghĩ của người dân, thay đổi trong cách ứng xử…)? Xin các anh/chị cung cấp một vài câu chuyện thay đổi có ý nghĩa nhất?
- Theo các anh/chị tình hình bạo lực do người thân gây ra ở huyện Kiến Xương thời gian qua diễn biến như thế nào (có chiều hướng tăng lên, hay giảm đi)?
- Nội dung phòng chống bạo lực do người thân gây ra có được lồng ghép vào các hoạt động khác của chính quyền, đoàn thể thời gian qua không?
- Các lợi ích mà dự án mang lại có khả năng tiếp tục sau khi dự án kết thúc và không có thêm nhà tài trợ nào?
- Theo các anh/chị sau khi kết thúc dự án, các nội dung về phòng chống bạo lực do người thân gây ra có tiếp tục được tuyên truyền và phát huy không?
- Theo các anh/chị có nên tổng kết đưa ra các mô hình điểm về phòng chống bạo lực do người thân gây ra tại xã để có thể áp dụng trên toàn quốc?

5. Guidelines to discuss group of officials, women and commune health staff
- Xin các anh/chị cho biết khái quát tình hình bạo lực do người thân gây ra ở xã trong 3 năm qua? Trong đó, loại hình bạo lực nào là phổ biến?
- Mong các anh/chị cho biết khi nào đối tượng bị bạo lực do người thân gây ra tìm đến các sự giúp đỡ? Và khi đó các anh/chị giúp đối tượng bị bạo lực như thế nào?
- Những khó khăn và thuận lợi chính trong công tác phòng chống bạo lực do người thân gây ra tại địa phương?
- Xin anh/chị nêu khái quát các hoạt động của dự án trên địa bàn xã trong thời gian qua?
- (năm thực hiện, các hoạt động được thực hiện, các nội dung chính…)
- Vai trò, mức độ tham gia của anh/chị trong các buổi nói chuyện, trong việc xây dựng các tài liệu truyền thông để tư vấn cho người dân?
- Các hoạt động cung cấp dịch vụ y tế và tư vấn phòng tránh bạo lực do người thân gây ra cho phụ nữ mang thai và nuôi con bú tại các trạm y tế cơ sở được triển khai như thế nào thời gian qua? Thuận lợi và khó khăn?
- Sự kết nối giữa các đơn vị thực hiện (Chính quyền, trạm y tế, phụ nữ) với chính quyền và các ban ngành trong thực hiện phòng chống bạo lực gia đình do người thân gây ra như thế nào? Thuận lợi và khó khăn?
- Theo các anh/chị nhân lực tham gia dự án ở địa phương là nhân viên y tế thôn bản, cán bộ phụ nữ đã phù hợp để tiếp cận và tư vấn cho các bà mẹ chưa? Vì sao?
- Theo các anh/chị các tài liệu phát tay, tờ rơi, pano, áp phích, miến dán ghi số hotline, loa phát thanh… của dự án có nội dung phù hợp với các bà mẹ ở huyện Kiến Xương không? Vì sao?
- Theo các anh/chị nội dung các buổi nói chuyện có phù hợp với người dân (mẹ chồng, chồng) ở huyện Kiến Xương không? Vì sao?

- Theo các anh/chị mức độ hiệu quả về phòng chống bạo lực do người thân gây ra mà dự án mang lại như thế nào? Đề nghị nêu cụ thể?
- Xin anh/chị cho biết trong quá trình thực hiện dự án có những khó khăn không lường trước được ban đầu không? Nếu có xin nêu cụ thể? Các anh/chị đã vượt qua những khó khăn này như thế nào?
- Xin các anh/chị đánh giá về mức độ tham gia, cũng như sự phối hợp giữa các bên liên quan trong suốt quá trình hoạt động của dự án (từ khi lập kế hoạch dự án, đến triển khai và giám sát)?
- Xin các anh/chị đánh giá mức độ tham gia tập huấn, khả năng tiếp thu và ứng dụng kiến thức tư vấn về phòng tránh bạo lực do người thân gây ra của các nhân viên y tế thôn bản và cán bộ phụ nữ thôn trong thời gian qua?
- Xin các anh/chị đánh giá chung về khả năng của cán bộ y tế, cán bộ phụ nữ, nhân viên y tế thôn bản trong thực hiện lồng ghép phòng chống bạo lực do người thân gây ra tại cơ sở y tế và cộng đồng (đào tạo, kinh nghiệm, tiếp cận tài liệu về phòng chống bạo lực do người thân gây ra)
- Xin các anh/chị đánh giá về mức độ tham gia các buổi nói chuyện hoặc sự hưởng ứng của người dân đối với các hoạt động của dự án trong thời gian qua?
- Theo các anh/chị các phương pháp tiếp cận bà mẹ của dự án có đem lại hiệu quả không? Và phương án nào đem lại hiệu quả cao nhất (tiếp cận tại nhà, tiếp cận tại trạm y tế, tiếp cận qua các buổi nói chuyện, tiếp cận qua hotline)? Phương án nào còn chưa đạt hiệu quả cao và vì sao?
- Dự án đã góp phần vào việc chấm dứt bạo lực đối với phụ nữ, bình đẳng giới và/hoặc trao quyền cho phụ nữ (cả tác động dự kiến và không dự kiến) như thế nào? Nếu có thể xin nêu những điểm sáng hoặc các ví dụ điển hình?
- Những thay đổi (tích cực và tiêu cực được tạo) phòng chống bạo lực do người thân gây ra mà dự án mang lại là gì (thay đổi trong tư duy, suy nghĩ của người dân, thay đổi trong cách ứng xử…)? Xin các anh/chị cung cấp một vài câu chuyện thay đổi có ý nghĩa nhất?
- Theo các anh/chị tình hình bạo lực do người thân gây ra ở xã thời gian qua diễn biến như thế nào (có chiều hướng tăng lên, hay giảm đi)?
- Nội dung phòng chống bạo lực do người thân gây ra có được lồng ghép vào các hoạt động khác của chính quyền, đoàn thể thời gian qua không?
- Các lợi ích mà dự án mang lại có khả năng tiếp tục sau khi dự án kết thúc và không có thêm nhà tài trợ nào?
- Theo các anh/chị sau khi kết thúc dự án, các nội dung về phòng chống bạo lực do người thân gây ra có tiếp tục được tuyên truyền và phát huy không?
- Theo các anh/chị có nên tổng kết đưa ra các mô hình điểm về phòng chống bạo lực do người thân gây ra tại xã để có thể áp dụng trên toàn quốc?

6. Guidelines for group discussion of VHW and women members

- Xin các anh/chị cho biết khái quát tình hình bạo lực do người thân gây ra ở xã trong 3 năm qua? Trong đó, loại hình bạo lực nào là phổ biến?
- Mong các anh/chị cho biết khi nào đối tượng bị bạo lực do người thân gây ra tìm đến các sự giúp đỡ? Và khi đó các anh/chị giúp đối tượng bị bạo lực như thế nào?
- Những khó khăn và thuận lợi chính trong công tác phòng chống bạo lực do người thân gây ra tại địa phương?

- Xin anh/chị nêu khái quát các hoạt động của dự án trên địa bàn xã trong thời gian qua? (năm thực hiện, các hoạt động được thực hiện, các nội dung chính…)
- Vai trò, mức độ tham gia của anh/chị trong các buổi nói chuyện, trong việc xây dựng các tài liệu truyền thông để tư vấn cho người dân?
- Các hoạt động cung cấp dịch vụ y tế và tư vấn phòng tránh bạo lực do người thân gây ra cho phụ nữ mang thai và nuôi con bú tại các trạm y tế cơ sở được triển khai như thế nào thời gian qua? Thuận lợi và khó khăn?
- Sự kết nối giữa các đơn vị thực hiện (Chính quyền, trạm y tế, phụ nữ) với chính quyền và các ban ngành trong thực hiện phòng chống bạo lực gia đình do người thân gây ra như thế nào? Thuận lợi và khó khăn?
- Theo các anh/chị nhân lực chính tham gia dự án ở địa phương là cán bộ trạm y tế, nhân viên y tế thôn bản, cán bộ phụ nữ đã phù hợp để tiếp cận và tư vấn cho các bà mẹ chưa? Vì sao?
- Theo các anh/chị các tài liệu phát tay, tờ rơi, pano, áp phích, miến dán ghi số hotline, loa phát thanh… của dự án có nội dung phù hợp với các bà mẹ ở huyện Kiến Xương không? Vì sao?
- Theo các anh/chị nội dung các buổi nói chuyện có phù hợp với người dân (mẹ chồng, chồng) ở huyện Kiến Xương không? Vì sao?
- Theo các anh/chị mức độ hiệu quả về phòng chống bạo lực do người thân gây ra mà dự án mang lại như thế nào? Đề nghị nêu cụ thể?
- Xin anh/chị cho biết dự án có những khó khăn không lường trước được ban đầu trong quá trình thực hiện dự án không? Nếu có xin nêu cụ thể? Các anh/chị đã vượt qua những khó khăn này như thế nào?
- Xin các anh/chị đánh giá về mức độ tham gia, cũng như sự phối hợp giữa các bên liên quan trong suốt quá trình hoạt động của dự án (từ khi lập kế hoạch dự án, đến triển khai)?
- Xin các anh/chị đánh giá về mức độ tham gia các buổi nói chuyện hoặc sự hưởng ứng của người dân đối với các hoạt động của dự án trong thời gian qua?
- Theo các anh/chị các phương pháp tiếp cận bà mẹ của dự án có đem lại hiệu quả không? Và phương án nào đem lại hiệu quả cao nhất (tiếp cận tại nhà, tiếp cận tại trạm y tế, tiếp cận qua các buổi nói chuyện, tiếp cận qua hotline)? Phương án nào còn chưa đạt hiệu quả cao và vì sao?
- Dự án đã góp phần vào việc chấm dứt bạo lực đối với phụ nữ, bình đẳng giới và/hoặc trao quyền cho phụ nữ (cả tác động dự kiến và không dự kiến) như thế nào? Nếu có thể xin nêu những điểm sáng hoặc các ví dụ điển hình?
- Những thay đổi (tích cực và tiêu cực được tạo) phòng chống bạo lực do người thân gây ra mà dự án mang lại là gì (thay đổi trong tư duy, suy nghĩ của người dân, thay đổi trong cách ứng xử…)? Xin các anh/chị cung cấp một vài câu chuyện thay đổi có ý nghĩa nhất?
- Theo các anh/chị tình hình bạo lực do người thân gây ra ở địa bàn xã thời gian qua diễn biến như thế nào (có chiều hướng tăng lên, hay giảm đi)?
- Nội dung phòng chống bạo lực do người thân gây ra có được lồng ghép vào các hoạt động khác của chính quyền, đoàn thể thời gian qua không?
- Các lợi ích mà dự án mang lại có khả năng tiếp tục sau khi dự án kết thúc và không có thêm nhà tài trợ nào?

- Theo các anh/chị sau khi kết thúc dự án, các nội dung về phòng chống bạo lực do người thân gây ra có tiếp tục được tuyên truyền và phát huy không?

7. Guidelines for group discussion of husbands
- Xin anh cho biết các hành vi được coi là bạo lực với người thân trong gia đình? Phân loại các hành vi bạo lực với người thân? Đối tượng chính thường gây bạo lực với người thân trong gia đình là ai?
- Xin anh cho biết những hậu quả của bạo lực gia đình và phương án phòng tránh bạo lực gia đình?
- Theo các anh bạo lực với người thân có phải hành vi vi phạm pháp luật không? Các hành vi bạo lực với người thân đến mức độ nào thì cần xử lý hành chính, mức độ nào thì cần xử lý hình sự?
- Anh có hay chia sẻ với mẹ, vợ về cách giữ sự hòa thuận trong gia đình không? Mẹ anh hay vợ anh có bao giờ tâm sự với bà chuyện căng thẳng giữa mẹ chồng và con dâu (liên quan tới cãi vã, quản lý nhau về sinh hoạt – nuôi dạy con, quản lý tài chính…)
- Anh có khi nào giúp mẹ, vợ giải quyết các căng thẳng xung đột trong gia đình không?
- Nếu như trong gia đình có sự bất hòa khiến mẹ anh, vợ anh cãi vã hoặc đánh nhau anh sẽ xử trí như thế nào?
- Xin anh cho biết đã từng tham gia các buổi nói chuyện, chia sẻ về bạo lực do người thân gây ra chưa? Nếu có, nội dung các buổi chia sẻ là gì?
- Anh có biết dịch vụ nào về hỗ trợ phòng tránh bạo lực do người thân gây ra tại địa phương không? Và cách tiếp cận các dịch vụ đó?
- Theo anh, nội dung của các buổi nói chuyện, của các tài liệu được phát về phòng tránh bạo lực do người thân gây ra phù hợp chưa? Vì sao? Anh mong muốn được biết thêm nội dung nào?
- Theo các anh, trong 1 năm qua, tình hình bạo lực gia đình (chồng – vợ, mẹ chồng – con dâu) ở địa phương diễn biến như thế nào (tăng lên hay giảm đi)?
- Xin các anh kể cho chúng tôi một số câu chuyện thay đổi có ý nghĩa nhất về phòng chống bạo lực do người thân gây ra?
- Sau khi tham gia các đợt tư vấn, các buổi nói chuyện; nội dung phòng tránh bạo lực do người thân mà dự án cung cấp có làm thay đổi quan niệm, suy nghĩ của anh không?
- Khi dự án này kết thúc, các anh có sẵn sàng tiếp tục chia sẻ những hiểu biết về bạo lực với người thân cho bạn bè hàng xóm không?
- Nội dung các buổi tư vấn, các cuộc nói chuyện có thường được mọi người ở địa phương nhắc đến và truyền tai nhau không?
- Gần đây, nội dung phòng tránh bạo lực do người thân gây ra có được chính quyền, các đoàn thể lồng ghép vào nội dung hoạt động khác tại xã không? Nếu có, hoạt động lồng ghép được tiến hành như thế nào?

8. Guidelines for group discussion of mothers-in-law
- Xin bà/cô cho biết các hành vi được coi là bạo lực với người thân trong gia đình? Phân loại các hành vi bạo lực với người thân? Đối tượng chính thường gây bạo lực với người thân trong gia đình là ai?
- Xin bà/cô cho biết những hậu quả của bạo lực gia đình và phương án phòng tránh bạo lực gia đình?

- Theo các bà/cô bạo lực với người thân có phải hành vi vi phạm pháp luật không? Các hành vi bạo lực với người thân đến mức độ nào thì cần xử lý hành chính, mức độ nào thì cần xử lý hình sự?
- Bà/cô có hay chia sẻ với con trai, con dâu về cách giữ sự hòa thuận trong gia đình không? Con dâu bà có bao giờ tâm sự với bà chuyện căng thẳng giữa hai vợ chồng (liên quan tới cãi vã, quản lý nhau về tài chính, ngoại tình…)
- Bà/cô có khi nào giúp con trai, con dâu giải quyết các căng thẳng xung đột trong gia đình không?
- Nếu như trong gia đình có sự bất hòa khiến con trai, con dâu bà cãi vã hoặc đánh nhau bà sẽ xử trí như thế nào?
- Xin bà/cô cho biết đã từng tham gia các buổi nói chuyện, chia sẻ về bạo lực do người thân gây ra chưa? Nếu có, nội dung các buổi chia sẻ là gì?
- Bà/cô có biết dịch vụ nào về hỗ trợ phòng tránh bạo lực do người thân gây ra tại địa phương không? Và cách tiếp cận các dịch vụ đó.
- Theo bà/cô, nội dung của các buổi nói chuyện, của các tài liệu được phát về phòng tránh bạo lực do người thân gây ra phù hợp chưa? Vì sao? Bà/cô mong muốn được biết thêm nội dung nào?
- Theo các bà/cô, trong 1 năm qua, tình hình bạo lực gia đình (chồng – vợ, mẹ chồng – con dâu) ở địa phương diễn biến như thế nào (tăng lên hay giảm đi)?
- Xin bà/cô cung cấp cho chúng tôi một số câu chuyện thay đổi có ý nghĩa nhất về phòng chống bạo lực do người thân gây ra?
- Sau khi tham gia các đợt tư vấn, các buổi nói chuyện; nội dung phòng tránh bạo lực do người thân mà dự án cung cấp có làm thay đổi quan niệm, suy nghĩ của bà/cô không?
- Khi dự án này kết thúc, bà/cô có sẵn sàng tiếp tục chia sẻ những hiểu biết về bạo lực với người thân cho bạn bè hàng xóm không?
- Nội dung các buổi tư vấn, các cuộc nói chuyện có thường được mọi người ở địa phương nhắc đến và truyền tai nhau không?
- Gần đây, nội dung phòng tránh bạo lực do người thân gây ra có được chính quyền, các đoàn thể lồng ghép vào nội dung hoạt động khác tại xã không? Nếu có, hoạt động lồng ghép được tiến hành như thế nào?

9. Guidelines for discussion of pregnant and lactating women
- Xin chị cho biết các hành vi nào được coi là hành vi bạo lực do người thân gây ra? có mấy loại bạo lực do người thân gây ra? Ai là đối tượng chính gây ra bạo lực?
- Hậu quả chính của bạo hành do người thân gây ra? Nguyên nhân chính gây bạo lực gia đình là gì?
- Theo chị, bạo hành gia đình do người thân gây ra có phải là hành vi vi phạm pháp luật không? Nếu có thì hình thức xử lý là gì? Theo chị, quyền và nghĩa vụ của phụ nữ khi bị người thân bạo hành là gì?
- Theo chị, bạo hành gia đình do người thân gây ra là vấn đề riêng của gia đình hay là vấn đề của xã hội và cộng đồng? Có phải là vấn đề nghiêm trọng hay không? Trách nhiệm thuộc về ai?
- Xin chị cho biết các xử lý bạo lực do người thân gây ra? Bạo lực đến mức độ nào thì cần phải xử lý hành chính, đến mức độ nào thì cần xử lý hình sự?

- Các chị đã bao giờ nghe hoặc chứng kiến phụ nữ bị chồng hay mẹ chồng bạo lực chưa? Chị thấy họ xử lý như thế nào khi bị chồng/mẹ chồng bạo lực?
- Khi bị bạo lực, người ta thường nhờ ai giúp đỡ? Những người được nhờ đã giúp đỡ người bị bạo lực như thế nào? Theo chị, sự hỗ trợ giúp đỡ như vậy có hiệu quả như thế nào?
- Theo kinh nghiệm của các chị thì các cặp vợ chồng trẻ và nuôi con nhỏ có chia sẻ với nhau về kỹ năng sống phòng tránh xung đột vợ chồng không?
- Cũng theo kinh nghiệm của các chị mẹ chồng và con dâu có hay chia sẻ về cách giữ gìn hòa thuận vợ chồng và trong gia đình?
- Từ khi các chị lấy chồng đến nay, chị có thấy địa phương đã bao giờ tổ chức buổi nói chuyện về bình đẳng giới/ phòng chống bạo lực gia đình/ gìn giữ hạnh phúc gia đình cho các bà mẹ chồng và các cặp vợ chồng chưa? Các buổi nói chuyện được tổ chức như thế nào (do ai tổ chức, ai là người chủ trì…)?
- Mẹ chồng, chồng và các chị đã tham dự buổi nói chuyện tập huấn nào về bạo lực gia đình do người thân gây ra không? Ai là người nói chuyện? Nội dung tập trung vào vấn đề gì? Có bổ ích không?
- Phụ nữ ở xã mình khi mang thai thường khám thai ở đâu? Khi khám thai họ có được tư vấn/ hỏi về bạo lực gia đình không? Nội dung tư vấn về phòng chống bạo lực do người thân gây ra gồm những gì?
- Chị biết địa phương có những dịch vụ hỗ trợ nào về phòng chống bạo lực gia đình do người thân gây ra? Xin chị đánh giá mức độ hiệu quả của các dịch vụ này?
- Mẹ chồng, chồng và các chị đã được cung cấp thông tin hiểu biết về phòng chống bạo lực gia đình do người thân gây ra bao giờ chưa? Ai là người cung cấp thông tin cho chị? Họ cung cấp thông tin như thế nào?
- Mẹ chồng, chồng và các chị có được cung cấp tài liệu về phòng chống bạo lực gia đình do chồng gây ra không? Loại tài liệu nào cần thiết và phù hợp nhất với các chị (tờ rơi, áp phích, miếng dán ghi hotline/đường dây nóng gọi điện thoại nhờ giúp đỡ hoặc tư vấn…)?
- Theo các chị, những nội dung tư vấn liên quan đến phòng tránh bạo lực gia đình do dự án cung cấp có phù hợp với chị và gia đình chị không?
- Xin các chị đánh giá mức độ hiệu quả của các buổi nói chuyện, của các buổi tư vấn của dự án đối với cộng đồng?
- Theo các chị, trong 1 năm qua, tình hình bạo lực gia đình (chồng – vợ, mẹ chồng – con dâu) ở địa phương diễn biến như thế nào (tăng lên hay giảm đi)?
- Xin các chị có thể kể cho những câu chuyện thay đổi có ý nghĩa nhất về phòng chống bạo lực giữa những người thân?
- Sau khi tham gia các đợt tư vấn, các buổi nói chuyện; nội dung phòng tránh bạo lực do người thân mà dự án cung cấp có làm thay đổi quan niệm, suy nghĩ của mọi người không?
- Sau khi dự án kết thúc, các chị có sẵn sàng chia sẻ các thông tin mà mình biết liên quan đến bạo lực giữa những người thân với người khác không?
- Nội dung các buổi tư vấn, các cuộc nói chuyện có thường được mọi người ở địa phương nhắc đến và truyền tai nhau không?

- Gần đây, nội dung phòng tránh bạo lực do người thân gây ra có được chính quyền, các đoàn thể lồng ghép vào nội dung hoạt động khác tại xã không? Nếu có, hoạt động lồng ghép được tiến hành như thế nào?

10. The questionnaire for interviewing pregnant and lactating women (applied in Vietnamese language)

BẢNG HỎI KHẢO SÁT ĐÁNH GIÁ KIẾN THỨC, THÁI ĐỘ VÀ THỰC HÀNH (KAP) CỦA PHỤ NỮ CÓ THAI VÀ NUÔI CON DƯỚI 12 THÁNG TUỔI TẠI HUYỆN KIẾN XƯƠNG VỀ BẠO LỰC DO NGƯỜI THÂN GÂY RA

Hướng dẫn
- Trước khi phỏng vấn bảng hỏi này, nhất thiết phải có được cam kết đồng ý của người tham gia - Kiểm tra kĩ để đảm bảo tất cả các thông tin trong từng phần được điền đầy đủ

[NÓI] Tên tôi là [TÊN ĐTV]. Chúng tôi muốn thực hiện một cuộc khảo sát ý kiến của người dân về dự án "Phòng chống bạo lực giữa những người thân cho nhóm PN mang thai và nuôi con dưới 12 tháng tuổi". Những ý kiến đóng góp của chị sẽ giúp chúng tôi tìm ra những tác động làm giảm tình trạng bạo lực giữa những người thân và mức độ thành công của dự án. Cám ơn chị đã giành thời gian cho cuộc phỏng vấn này. Cuộc phỏng vấn sẽ kéo dài từ 30-40 phút. Chúng ta sẽ bắt đầu với một số câu hỏi liên quan đến bản thân chị và cuộc sống của chị. Mọi câu trả lời của chị sẽ được giữ hoàn toàn bí mật. Chị có thể bỏ qua câu hỏi nếu chị cảm thấy không tiện trả lời, hoặc đề nghị ngừng hoặc kết thúc cuộc phỏng vấn tại bất cứ thời điểm nào chị muốn.

I. THÔNG TIN XÁC ĐỊNH ĐỐI TƯỢNG THAM GIA		
	MÃ SỐ CỦA NGƯỜI THAM GIA	__ __ __
com	**TÊN XÃ CỦA NGƯỜI THAM GIA**	
	Trà Giang	[ ] 1 *Thanh Nê* [ ] 6
	Bình Minh	[ ] 2 *Vũ Quý* [ ] 7
	Hoà Bình	[ ] 3 *Bìn Nguyên* [ ] 8
	Bình Định	[ ] 4 *Nam Cao* [ ] 9
	Quang Bình	[ ] 5 *Quang Hưng* [ ] 10
dateint	**NGÀY PHỎNG VẤN**	__ __ / __ __ / 2018
intname	**TÊN ĐIỀU TRA VIÊN**	@_____
intcode	**MÃ ĐIỀU TRA VIÊN**	__ __
process	**KẾT QUẢ ĐIỀU TRA**	
	Hoàn thành	[ ] 1
	Hoàn thành một phần	[ ] 2
	*Khác (ghi rõ)*_____	[ ] 3

PHẦN DÀNH CHO GIÁM SÁT CHẤT LƯỢNG	
supname	**TÊN GIÁM SÁT VIÊN** @_____
supdate	**NGÀY GIÁM SÁT** __ __ / __ __ /2018
entname	**TÊN NHẬP TIN VIÊN** @_____
entdate	**NGÀY NHẬP TIN** __ __ / __ __ / 2018
Ghi chú	@_____
	@_____

II. THÔNG TIN CHUNG VỀ ĐỐI TƯỢNG KHẢO SÁT					
TT	**Câu hỏi**	**Câu trả lời**			
1	**Đối tượng khảo sát**				
	Phụ nữ có thai	[ ] 1			
	Phụ nữ có con dưới 12 tháng tuổi	[ ] 2			
2	**Chị sinh năm nào?** *(ghi năm dương lịch)*	__ __ __ __			
3	**Bố/mẹ chồng, chồng và chị đang theo tôn giáo nào?**	Bố/mẹ chồng	Chồng	Chị	
	Phật giáo	[ ] 1	[ ] 1	[ ] 1	
	Thiên Chúa giáo	[ ] 2	[ ] 2	[ ] 2	
	Tôn giáo khác	[ ] 3	[ ] 3	[ ] 3	
	Không theo tôn giáo	[ ] 4	[ ] 4	[ ] 4	
4	**Trình độ học vấn cao nhất của chồng chị và chị là gì?**	**Chồng**		**Chị**	
	Mù chữ (khôg biết đọc và viết)	[ ] 1		[ ] 1	
	Tiểu học (cấp 1)	[ ] 2		[ ] 2	
	Trung học cơ sở (cấp 2)	[ ] 3		[ ] 3	
	Trung học phổ thông (cấp 3)	[ ] 4		[ ] 4	
	Trung cấp/học nghề	[ ] 5		[ ] 5	
	Cao đẳng/đại học	[ ] 6		[ ] 6	
	Sau đại học	[ ] 7		[ ] 7	
	*Khác (ghi rõ):*_____	[ ] 8		[ ] 8	
5	**Nghề nghiệp chính của chồng chi và chị là gì?**	**Chồng**		**Chị**	
	Nội trợ	[ ] 1		[ ] 1	
	Công chức/viên chức	[ ] 2		[ ] 2	
	Nông nghiệp	[ ] 3		[ ] 3	
	Công nhân	[ ] 4		[ ] 4	
	Buôn bán/tự do	[ ] 5		[ ] 5	
	Thất nghiệp	[ ] 6		[ ] 6	
	*Khác (ghi rõ):*_____	[ ] 7		[ ] 7	
6	**Chị lấy chồng năm nào?** *(ghi năm dương lịch)*	__ __ __ __			
7	**Hiện tại vợ chồng chị đang sống cùng với những ai?**				
	Không	( ) 1			
	Bố mẹ đẻ	( ) 2			
	Bố mẹ chồng	( ) 3	*Chuyển câu 9*		
	Anh chị em chồng	( ) 4			
	Cả bố mẹ chồng và anh chị em chồng	( ) 5	*Chuyển câu 9*		
	*Khác (ghi rõ):*_____	( ) 6			
8	**Nhà bố mẹ chồng có ở cùng thôn với anh chị không?**				
	Không cùng thôn	[ ] 1			

	Cùng thôn	[ ] 2	
9	**Hiện tại, chị có được mấy con?**		
	Chưa có con	[ ] 1 *Chuyển câu 12*	
	1 con	[ ] 2	
	2 con	[ ] 3	
	Trên 3 con	[ ] 4	
10	**Giới tính của con anh chị là gì?**	**Con trai**	**Con gái**
	Con thứ 1	[ ] 1	[ ] 2
	Con thứ 2	[ ] 1	[ ] 2
	Con thứ 3	[ ] 1	[ ] 2
	Con thứ 4	[ ] 1	[ ] 2
11	**Con út/con nhỏ nhất của chị sinh tháng/năm nào?**	__ __ /20 __ __	
12	**Chị đang mang thai tháng thứ mấy?**		
	3 tháng đầu	[ ] 1	
	3 tháng giữa	[ ] 2	
	3 tháng cuối	[ ] 3	
	Không mang thai	[ ] 4	
13	**Gia đình chị có hưởng chính sách hộ nghèo không?** HỘ NGHÈO ĐƯỢC XÃ CÔNG NHẬN		
	Có	[ ] 1	
	Không	[ ] 2	
14	**Chồng chị có thường xuyên uống rượu không?**		
	Có (trên 3 lần/tuần)	[ ] 1	
	Có (từ 1-3 lần/tuần)	[ ] 2	
	Có (dưới 1 lần/tuần)	[ ] 3	
	Không	[ ] 4	
	Không biết	[ ] 5	
15	**Chồng chị có có chơi lô đề/cờ bạc ăn tiền không?**		
	Có	[ ] 1	
	Không	[ ] 2	
	Không biết	[ ] 3	
III. KHẢO SÁT KAP VỀ BẠO LỰCDO NGƯỜI THÂN GÂY RA			
3.1 Kiến thức hiểu biết về bạo lực do người thân gây ra			
16	**Chị biết những loại bạo lực do người thân gây ra nào?**		
	Bạo lực về thể xác	( ) 1	
	Bạo lực về tinh thần	( ) 2	
	Bạo lực về kinh tế	( ) 3	
	Bạo lực tình dục	( ) 4	
	Cả 4 dạng trên	( ) 5	
	Không biết	( ) 6 *Chuyển câu 22*	
	Khác (ghi rõ):_____	( ) 7	
17	**Theo chị, bạo lực gia đình là bạo lực do ai gây ra với ai?**		
	Bạo lực do chồng gây ra đối với vợ	( ) 1	
	Bạo lực do chồng và người nhà chồng gây ra cho vợ	( ) 2	
	Bạo lực do người thân của nhà chồng gây ra cho vợ	( ) 3	
	Không biết/Không trả lời	( ) 4	
	Khác (ghi rõ):_____	( ) 5	
18	**Bạo lực về thể xác gồm những hành vì nào?**		
	Đánh đập (bạt tai, đấm, đá, bóp cổ..)	( ) 1	
	Tra tấn (đốt, tạt axit...)	( ) 2	

	Ngược đãi (giam hãm…)	( ) 3
	Các hành vi khác gây thương tích hoặc tử vong (dùng hung khí..)	( ) 4
	Không biết	( ) 5
	Khác (ghi rõ):_____	( ) 6
19	**Bạo lực về tinh thần gồm những hành vì nào?**	
	Lăng mạ, sỉ nhục, chửi bới	( ) 1
	Thái độ kỳ thị, coi thường	( ) 2
	Đe doạ, hăm doạ	( ) 3
	Cô lập, kiểm soát, xua đuổi, ngăn cấm hoạt động	( ) 4
	Không biết	( ) 5
	Khác (ghi rõ):_____	( ) 6
20	**Bạo lực về kinh tế gồm những hành vì nào?**	
	Cưỡng ép lao động quá sức	( ) 1
	Đóng góp tài chính quá khả năng	( ) 2
	Kiểm soát thu nhập/chi tiêu	( ) 3
	Cưỡng đoạt/huỷ hoại tài sản riêng	( ) 4
	Không biết	( ) 5
	Khác (ghi rõ):_____	( ) 6
21	**Bạo lực về tình dục gồm những hành vì nào?**	
	Cưỡng ép tình dục bằng sức mạnh	( ) 1
	Đe doạ tâm lý để ép vợ quan hệ tình dục	( ) 2
	Tình dục thô bạo gây tổn thương cho vợ	( ) 3
	Ép buộc/từ chối không sử dụng biện pháp tình dục an toàn	( ) 4
	Không biết	( ) 5
	Khác (ghi rõ):_____	( ) 6
22	**Theo chị, bạo lực gia đình gây ra những hậu quả gì?**	
	Vợ (tổn thương tinh thần, sức khoẻ, sẩy thai, tàn tật, vi phạm luật, chết…)	( ) 1
	Chồng (mất uy tín, vi phạm pháp luật, thương tích, chết…)	( ) 2
	Gia đình (tổn thương đến quan hệ vợ chồng, con, người thân, ly hôn...)	( ) 3
	Xã hội (gánh năng kinh tế, sức khoẻ lao động, cộng đồng không an toàn..)	( ) 4
	Không biết	( ) 5
	Khác (ghi rõ):_____	( ) 6
23	**Nguyên nhân chính của bạo lực gia đình?**	
	Nghèo đói	[ ] 1
	Chồng có hành vi sống không lành mạnh (nghiện ma tuý, rượu, cờ bạc)	[ ] 2
	Ngoại tình (vợ /chồng ngoại tình)	[ ] 3
	Vợ/chồng thiếu kỹ năng sống	[ ] 4
	Vợ/chồng thiếu hiểu biết về pháp luật	[ ] 5
	Bất bình đẳng giới (quan niệm chồng là người được quyền bạo hành, vợ phải cam chịu, nhẫn nhục)	[ ] 6
	Không biết	[ ] 7
	Khác (ghi rõ):_____	[ ] 8
24	**Theo chị, bạo lực do người thân gây ra có phải là hành vi vi phạm pháp luật không?**	
	Có	[ ] 1
	Không	[ ] 2 *Chuyển câu 26*
	Tuỳ từng mức độ	[ ] 3

	Không biết	[ ] 4 *Chuyển câu 26*
25	**Theo chị, chồng bạo lực vợ với trường hợp vi phạm pháp luật sẽ bị xử lý như thế nào?**	
	Xử lý hành chính (cảnh cáo, phạt tiền, cấm tiếp xúc với vợ..)	[ ] 1
	Truy cứu trách nhiệm hình sự (từ, án treo...)	[ ] 2
	Không xử lý gì	[ ] 3
	Không biết	[ ] 4
	Khác (ghi rõ):_____	[ ] 5
26	**Theo chị, phụ nữ khi bị người thân gây bạo lực nên làm gì?**	
	Trình báo với cơ quan, tổ chức và người có thẩm quyền	( ) 1
	Yêu cầu cơ quan, tổ chức, người có thẩm quyền bảo vệ	( ) 2
	Yêu cầu cơ quan, tổ chức, người có thẩm quyền có biện pháp ngăn chặn	( ) 3
	Được cung cấp dịch vụ tư vấn, sức khoẻ và pháp luật	( ) 4
	Được bố trí nơi lánh nạn, giữ bí mật nơi tạm lánh nạn	( ) 5
	Không biết	( ) 6
	Khác (ghi rõ):_____	( ) 7
3.2 Thái độ của phụ nữ về bạo lực với người thân trong gia đình		
27	**Theo chị, bạo lực do người thân gây ra là vấn đề riêng của gia đình hay là vấn đề của xã hội và cộng đồng?**	
	Chuyện riêng của gia đình	[ ] 1
	Vấn đề của xã hội, cộng đồng	[ ] 2
	Của cả gia đình và xã hội	[ ] 3
	Không biết	[ ] 4
	Khác (ghi rõ):_____	[ ] 5
28	**Theo chị, bạo lực gia đình do người thân gây ra có phải là vấn đề nghiêm trọng hay không?**	
	Có	[ ] 1
	Không	[ ] 2
	Không biết	[ ] 3
29	**Theo chị, khi người phụ nữ bị chồng bạo lực do người thâ gây ra thì nên làm gì?**	
	Không làm gì	( ) 1
	Khuyên giải riêng với người thân	( ) 2
	Nhờ bố mẹ chồng can thiệp	( ) 3
	Nhờ chính quyền can thiệp	( ) 4
	Không biết	( ) 5
	Khác (ghi rõ):_____	( ) 6
30	**Theo chị, những ai có trách nhiệm phòng chống bạo lực do chồng gây ra?**	
	Vợ	[ ] 1
	Chồng	[ ] 2
	Cả hai vợ chồng	[ ] 3
	Chính quyền	[ ] 4
	Người thân gia đình, hàng xóm	[ ] 5
	Không biết	[ ] 6
	Khác (ghi rõ):_____	[ ] 7
3.3 Hành động và trải nghiệm về phòng chống bạo lực do người thân gây ra		
31	**Từ khi lấy chồng đến nay, chị đã bao giờ bị người thân gây bạo lực chưa?** *(đánh đập, quản lý tài chính, chồng cưỡng ép quan hệ, doạ dẫm, mắng chửi...)*	
	Không	[ ] 1 *Chuyển câu 42*
	Có, chồng gây bạo lực	[ ] 2
	Có. Mẹ chồng gây bạo lực	[ ] 3
	Có, thành viên khác (không phải chồng/mẹ chồng) gây bạo lực	[ ] 4

32	**Từ khi đẻ đứa con gần đây nhất đến nay, chị có bị người thân gây bạo lực không?** CHỈ HỎI ĐỐI VỚI ĐỐI TƯỢNG LÀ PHỤ NỮ ĐANG NUÔI CON BÚ				
	Không	[ ] 1			
	Có, chồng bạo hành	[ ] 2			
	Có. Mẹ chồng bạo hành	[ ] 3			
	Có, thành viên khác (không phải chồng/mẹ chồng) bạo hành	[ ] 4			
33	**Từ khi mang thai lần này, chị có bị người thân gây bạo lực không?** CHỈ HỎI ĐỐI VỚI ĐỐI TƯỢNG LÀ PHỤ NỮ ĐANG MANG THAI				
	Không	[ ] 1			
	Có, chồng gây bạo lực	[ ] 2			
	Có. Mẹ chồng gây bạo lực	[ ] 3			
	Có, thành viên khác (không phải chồng/mẹ chồng) gây bạo lực	[ ] 4			
34	**Chồng chị đã gây bạo lực mấy lần và dạng bạo lực nào?**	***Thể xác***	***Tinh thần***	***Tình duc***	***Kinh tế***
	1 lần	( ) 1	( ) 2	( ) 3	( ) 4
	2 lần	( ) 1	( ) 2	( ) 3	( ) 4
	Trên 3 lần	( ) 1	( ) 2	( ) 3	( ) 4
35	**Mẹ chồng chị đã gây bạo lực mấy lần và dạng bạo lực nào?**	***Thể xác***	***Tinh thần***	***Tình duc***	***Kinh tế***
	1 lần	( ) 1	( ) 2	( ) 3	( ) 4
	2 lần	( ) 1	( ) 2	( ) 3	( ) 4
	Trên 3 lần	( ) 1	( ) 2	( ) 3	( ) 4
36	**Chị xử lý như thế nào khi bị chồng đối xử như vậy là gì?**				
	Trao đổi với chồng	( ) 1	*Chuyển câu 38*		
	Nhờ bố mẹ chồng can thiệp	( ) 2	*Chuyển câu 38*		
	Nhờ họ hàng can thiệp	( ) 3	*Chuyển câu 38*		
	Nhờ chinh quyền can thiệp	( ) 4	*Chuyển câu 38*		
	Lánh nạn khỏi nhà	( ) 5	*Chuyển câu 38*		
	Không làm gì	( ) 6			
	Khác (ghi rõ):_____	( ) 7			
37	**Vì sao chị không làm gì khi bị chồng gây bạo lực như vậy?**				
	Chuyện riêng vợ chồng	( ) 1			
	Chồng có quyền	( ) 2			
	Chồng ngăn cản	( ) 3			
	Gia đình chồng ngăn cản	( ) 4			
	Không biết tổ chức/ai ở địa phương có trách nhiệm	( ) 5			
	Đã nhờ chính quyền nhưng không có sự can thiệp	( ) 6	*Chuyển câu 40*		
	Khác (ghi rõ):_____	( ) 7			
38	**Chị xử lý như thế nào khi bị mẹ chồng gây bạo lực như vậy?**				
	Trao đổi với mẹ chồng	( ) 1	*Chuyển câu 40*		
	Nhờ bố mẹ chồng can thiệp	( ) 2	*Chuyển câu 40*		
	Nhờ họ hàng can thiệp	( ) 3	*Chuyển câu 40*		
	Nhờ chinh quyền can thiệp	( ) 4	*Chuyển câu 40*		
	Lánh nạn khỏi nhà	( ) 5	*Chuyển câu 40*		
	Không làm gì	( ) 6			
	Khác (ghi rõ):_____	( ) 7			
39	**Vì sao chị không làm gì khi bị mẹ chồng gây bạo lực như vậy?**				
	Chuyện riêng của gia đình	( ) 1			

	Mẹ chồng có quyền	( ) 2		
	Mẹ chồng ngăn cản	( ) 3		
	Gia đình chồng ngăn cản	( ) 4		
	Không biết tổ chức/ai ở địa phương có trách nhiệm	( ) 5		
	Đã nhờ chính quyền nhưng không có sự can thiệp	( ) 6		
	Khác (ghi rõ):_____	( ) 7		
40	**Chị đã nhờ ai hỗ trợ, giúp đỡ khi bị người thân gây bạo lực?**			
	Trưởng thôn	( ) 1		
	Công an	( ) 2		
	Cán bộ phụ nữ	( ) 3		
	Nhân viên y tế thôn	( ) 4		
	Đoàn thanh niên	( ) 5		
	Trạm y tế xã	( ) 6		
	Số máy đường dây nóng 1800 9696 86	( ) 7		
	Khác (ghi rõ):_____	( ) 8		
41	**Khi bị bạo hành, chị thấy hiệu quả hỗ trợ từ các tổ chức và cá nhân này như thế nào?**	***Rất hiệu quả***	***Hiệu quả***	***Không hiệu quả***
	Trưởng thôn	[ ] 1	[ ] 2	[ ] 3
	Công an	[ ] 1	[ ] 2	[ ] 3
	Cán bộ phụ nữ	[ ] 1	[ ] 2	[ ] 3
	Nhân viên y tế thôn	[ ] 1	[ ] 2	[ ] 3
	Đoàn thanh niên	[ ] 1	[ ] 2	[ ] 3
	Trạm y tế xã	[ ] 1	[ ] 2	[ ] 3
	Số máy đường dây nóng 1800 9696 86	[ ] 1	[ ] 2	[ ] 3
	Khác (ghi rõ):_____	[ ] 1	[ ] 2	[ ] 3
3.4 Sự tham gia và hỗ trợ của chồng và mẹ chồng trong phòng chống bạo lực do người thân gây ra				
42	**Từ khi lấy chồng, chị và chồng đã bao giờ chia sẻ với nhau về cách phòng tránh xung đột với người thân trong gia đình** *(chồng, mẹ chồng, chị em chồng…)* **không?**			
	Đã ttừng	[ ] 1		
	Chưa bao giờ	[ ] 2		
43	**Từ khi lấy chồng, đã bao giờ chị được mẹ chồng chia sẻ về cách giữ gìn hoà thuận vợ chồng chưa?**			
	Đã ttừng	[ ] 1		
	Chưa bao giờ	[ ] 2		
44	**Đã có lần nào mẹ chồng tham gia giải quyết xung đột của hai vợ chồng chị chưa?**			
	Có	[ ] 1		
	Không	[ ] 2		
45	**Đã có lần nào chồng tham gia giải quyết xung đột của chị với mẹ chồng chị chưa?**			
	Có	[ ] 1		
	Không	[ ] 2		
46	**Theo chị, chồng và mẹ chồng chị có biết bạo lực do người thân gây ra là hành vi vi phạm pháp luật không?**	**Chồng**	**Mẹ chồng**	
	Có	[ ] 1	[ ] 1	
	Không	[ ] 2	[ ] 2	
47	**Theo chị, chồng và mẹ chồng chị có biết được những dạng bạo lực gia đình nào?**	**Chồng**	**Mẹ chồng**	
	Bạo lực về thể xác	( ) 1	( ) 1	
	Bạo lực về tinh thần	( ) 2	( ) 2	
	Bạo lực về kinh tế	( ) 3	( ) 3	

	Bạo lực về tình dục	( ) 4	( ) 4
	Không biết dạng nào	( ) 5	( ) 5
48	**Theo đánh giá của anh chị, tình trạng bạo lực giữa chồng gây ra với vợ trong 1 năm qua ở địa phương thay đổi như thế nào?**		
	Giảm đi	[ ] 1	
	Không thay đổi	[ ] 2	
	Tăng lên	[ ] 3	
49	**Theo đánh giá của anh chị, tình trạng bạo lực giữa mẹ chồng gây ra với con dâu trong 1 năm qua ở địa phương thay đổi như thế nào?**		
	Giảm đi	[ ] 1	
	Không thay đổi	[ ] 2	
	Tăng lên	[ ] 3	
3.5 Sự tham gia của chính quyền địa phương, cơ quan y tế và các tổ chức đoàn thể			
50	**Trong suốt quá trình mang thai và nuôi dưới 12 tháng tuổi ,chị có được tư vấn về CSSKSS hoặc tư vấn về chăm sóc trẻ dưới 12 tháng tuổi không?**		
	Có	[ ] 1	
	Không	[ ] 2	
51	**Ai đã tư vấn cho chị?**		
	Bệnh viện/TT CSSKSS của tỉnh	( ) 1	
	Bệnh viện/TT YT huyện	( ) 2	
	Trạm y tế xã	( ) 3	
	Nhân viên y tế thôn	( ) 4	
	Cán bộ HPN	( ) 5	
	Đường dây nóng 1800 9696 86	( ) 6	
	Khác (ghi rõ):_____	( ) 7	
52	**Chị được tư ván ở đâu hoặc bằng hình thức nao?**		
	Tư vấn tại cơ sở ý tế	( ) 1	
	Tư vấn tại nhà	( ) 2	
	Tư vấn qua đường dây nóng	( ) 3	
	Khác (ghi rõ):_____	( ) 4	
53	**Nội dung tư vấn có đề cập đến bạo lực do người thân gây ra không?**		
	Có	[ ] 1	
	Không	[ ] 2	
54	**Nếu có, nội dung tư vấn về bạo lực do người thân gây ra gồm những nội dung gì?**		
	Phương pháp phòng chống bạo lực do người thân gây ra	( ) 1	
	Lập kế hoạch an toàn	( ) 2	
	Phát tài liệu/tờ rơi về phòng chống bạo lực do người thân gây ra	( ) 3	
	Cách xử trí tình huống khi bị chông bạo lực	( ) 4	
	Giới thiệu các điểm hỗ trợ khi bị bạo lực	( ) 5	
	Khác (ghi rõ):_____	( ) 6	
3.6 Thực trạng về dịch vụ hỗ trợ phòng chống IPV			
55	**Trong 3 năm qua, chị đã được truyền thông, tư vấn về bạo lực do người thân gây ra chưa?**		
	Đã từng	[ ] 1	
	Chưa bao giờ	[ ] 2	
	Không biết/lkhông nhớ	[ ] 3	
56	**Chị kể tên những nơi cung cấp dịch vụ hỗ trợ nào về phòng chống bạo lực do người thân gây ra tại địa phương mà chị biết?**		
	Tư vấn tại Trạm y tế	( ) 1	
	CLB/mô hình phòng chống bạo lực gia đình	( ) 2	

	Điện thoại đường dây nóng 1800 9696 86	( ) 3			
	Tư vấn và thăm hộ gia đình tại nhà	( ) 4			
	Không biết	( ) 5			
	Không có dịch vụ nào hỗ trợ	( ) 6			
	Khác (ghi rõ):_____	( ) 7			
57	**Chị đã tiếp cận, sử dụng dịch vụ truyền thông nào về phòng chống bạo lực do người thân gây ra tại địa phương?**				
	Tư vấn tại Trạm y tế	( ) 1			
	CLB/mô hình phòng chống bạo lực gia đình	( ) 2			
	Điện thoại đường dây nóng 1800 9696 86	( ) 3			
	Tư vấn và thăm hộ gia đình tại nhà	( ) 4			
	Phát tờ rơi	( ) 5			
	Loa phát thanh	( ) 6			
	Phát sổ tay	( ) 7			
	Chưa tiếp cận dịch vụ hỗ trợ nào	( ) 8			
	Khác (ghi rõ):_____	( ) 9			
58	**Chị đánh giá như thế nào về mức độ cần thiết và mức độ phù hợp của nguồn thông tin dưới đây đối với chị?**	**Trạm y tế**	**NV YT thôn**	**CB phụ nữ**	**Hotline**
	Tính cần thiết				
	Rất cần thiết	[ ] 1	[ ] 1	[ ] 1	[ ] 1
	Cần thiết	[ ] 2	[ ] 2	[ ] 2	[ ] 2
	Không cần thiết	[ ] 3	[ ] 3	[ ] 3	[ ] 3
	Tính phù hợp				
	Rất phù hợp	[ ] 1	[ ] 1	[ ] 1	[ ] 1
	Phù hợp	[ ] 2	[ ] 2	[ ] 2	[ ] 2
	Không phù hợp	[ ] 3	[ ] 3	[ ] 3	[ ] 3
59	**Chị đánh giá như thế nào về mức độ cần thiết và mức độ phù hợp của các loại tài liệu dưới đây đối với chị**				
	TÍNH CẦN THIẾT	**Rất cần thiết**	**Cần thiết**	**Không cần thiết**	
	Tờ gấp/tờ rơi	[ ] 1	[ ] 2	[ ] 3	
	Sổ tay	[ ] 1	[ ] 2	[ ] 3	
	Miếng dán ghi hotline	[ ] 1	[ ] 2	[ ] 3	
	Poster (treo nơi công cộng)	[ ] 1	[ ] 2	[ ] 3	
	Áp phích/pano	[ ] 1	[ ] 2	[ ] 3	
	Bộ tranh lật	[ ] 1	[ ] 2	[ ] 3	
	TÍNH PHÙ HỢP	**Rất phù hợp**	**Phù hợp**	**Không phù hợp**	
	Tờ gấp/tờ rơi	[ ] 1	[ ] 2	[ ] 3	
	Sổ tay	[ ] 1	[ ] 2	[ ] 3	
	Miếng dán ghi hotline	[ ] 1	[ ] 2	[ ] 3	
	Poster (treo nơi công cộng)	[ ] 1	[ ] 2	[ ] 3	
	Áp phích/pano	[ ] 1	[ ] 2	[ ] 3	
	Bộ tranh lật	[ ] 1	[ ] 2	[ ] 3	
60	**Khi dự án kết thúc, chị có tiếp tục chia sẻ kiến thức và kinh nghiệm phòng chống bạo lực giữa những người thân với người khác không?**				
	Có	[ ] 1			
	Không	[ ] 2			

Xin cảm ơn sự hợp tác của Chị!

Annex 7: List of consulted individuals and agencies or survey sites

Leader of MCH Department, MOH
Official of MCH Department, MOH
Light project manager
Leaders of Thai Binh reproductive health center
Representative of Thai Binh Women's Union
Project manager of Thai Binh reproductive health center
Consultant of the hotline of Thai Binh Reproductive Health Center

In communes / towns of Tra Giang, Thanh Ne, Hoa Binh, Binh Nguyen, meet:
Vice-chairman of the Communal People's Committee
Head and staff of CHS
Village health worker
Village Women's Union member
Mothers-in-law
Married men (husbands)
Pregnant and lactating women

Annex 8: List of documents

Project documents
Baseline assessment report
Annual report 2016
Report for quarter 1-2 of 2017
Report for quarter 3-4 of 2017
Report for quarter 1-2 of 2018
Final report (end of 2018)
Monitoring and evaluation data (M&E)
Terms of reference for evaluation
Handbook to prevent IPV

Annex 9: Data tables

Table 9-1 Mothers' knowledge of physical violence forms

Forms	Baseline assessment (N=360)		Final evaluation (N=346)	
	n	%	n	%
Beating	341	94,7	332	95,95
Torture	49	13,6	61	17,63
Abuse	53	14,7	39	11,27
Other acts that cause injury or death	33	14,7	122	35,26

Table 9-2 Mothers' knowledge of mental violence forms

Forms	Baseline assessment (N=360)		Final evaluation (N=346)	
	n	%	n	%
Insults, curses	317	88,1	306	88,44
Stigma, disdain	69	19,2	118	34,10
Threaten, intimidate	59	16,4	106	30,64
Isolate, control, banish, prohibit activities	8	2,2	65	18,79

Table 9-3 Mothers' knowledge of economic violence forms

Forms	Baseline assessment (N=360)		Final evaluation (N=346)	
	n	%	n	%
Forced overwork	103	28,6	65	18,79
Financial contribution over capable	71	19,7	59	17,05
Control of income/expenditure	162	45,0	253	73,12
Asset/destroy private property	22	6,1	78	22,54

Table 9-4 Mothers' knowledge of sexual violence forms

Forms	Baseline assessment (N=360)		Final evaluation (N=346)	
	n	%	n	%
Sexual force with power	238	66,1	289	83,53
Psychological threatening to force his wife to have sex	46	12,8	117	33,82
Rude sex to hurt his wife	55	15,3	81	23,41
Forcing / refusing to use safe sex measures	57	15,8	47	13,58

Table 9-5 Mothers' knowledge of the subjects suffered from domestic violence

Subjects suffered from domestic violence	Baseline assessment (N = 360)		Final evaluation (N=346)	
	n	%	n	%
Don't know	28	7,8	4	1,16
Wife	254	70,6	311	89,88
Husband	87	24,2	102	29,48
Family (children)	253	70,3	268	77,46
Society	30	8,3	81	23,41

Table 9-6 The proportion of mothers who consider domestic violence is a violation of law

Answer	Baseline assessment (N = 360)		Final evaluation (N=346)	
	n	%	n	%
Don't know	18	5,0	2	0,58
Yes and depending on the level	335	93,1	342	98,84
No	7	1,9	2	0,58

Table 9-7 The proportion of mothers who know the rights and obligations of women when being violent by their husbands

Answer	Baseline assessment (N = 360)		Final evaluation (N=346)	
	n	%	n	%
Don't know	54	15,0	12	3,47
Report to agencies, organizations and authorized persons	235	65,3	299	86,42
Request agencies, organizations and competent persons to take preventive measures	156	43,3	155	44,80
Providing counseling, health and legal services	24	6,7	145	41,91
Arrangement of refugee places, keeping secrets of temporary shelter	21	5,8	95	27,46

Table 9-8 The proportion of mothers who reported that their husbands and mothers-in-law knew violence was illegal

Answer	Baseline assessment (N = 360)		Final evaluation (N=346)			
			Husband		Mother-in-law	
	n	%	n	%	n	%
Husband and mother-in-law know violence against relatives is illegal	313	86,9	324	93,64	283	81,79

Table 9-9 The proportion of mothers who reported their husbands and mothers-in-law knew about forms of violence

Forms of violence	Baseline assessment (N=360)		Final evaluation (N=346)					
			Husband		Mother-in-law		Both	
	n	%	n	%	n	%	n	%
Physical violence	290	80,7	62	17,92	9	2,60	247	71,39
Mental violence	192	53,3	76	21,9	9	2,60	186	53,76
Economic violence	48	13,3	79	22,83	10	2,89	142	41,04
Sexual violence	46	12,8	91	26,30	11	3,18	124	35,84

Table 9-10 Proportion of mothers violent by husbands during their pregnancy and lactating periods

Answer	Baseline assessment		Final evaluation		P
	n	%	N	%	
No	217	66,9	300	86,71	<0,05
Yes	119	33,1	46	13,29	
Total	336	100,00	346	100,00	

Table 9-11 Percentage of mothers violent by husbands during pregnancy

Answer	Baseline assessment		Final evaluation		P
	n	%	n	%	
No	40	25,5	127	94,07	<0,05
Yes	117	74,5	8	5,93	
Total	157	100,0	135	100,00	

Table 9-12 Mothers' assessment about domestic violence situation changing in the past year

Situation	Mother-in-law-daughter-in-law		Husband and wife	
	n	%	n	%
Decreased	263	76,01	269	77,75
Not changed	77	22,25	64	18,50

Increased	6	1,73	13	3,76
Total	346	100,00	346	100,00

Table 9-13 Percentage of mothers accessing and using communication services to prevent domestic violence

Type of communication service	n	%
Counseling at the commune health station	286	82,90
Club / model of domestic violence prevention	14	4,06
Hotline 1800 9696 86	64	18,55
Home visit and counselling	233	67,54
Leaflet distribution	269	77,97
Public loud speakers	291	84,35
Handbook	81	23,48
Not ever contact the service	7	2,03
Others	15	4,35