

## **CHAPTER III**

### **PROPOSAL**

#### **ACTION RESEARCH**

#### **TO EXPAND SCHOOL HEALTH INSURANCE COVERAGE**

#### **FOR SCHOOLCHILDREN**

#### **BY IMPROVING KNOWLEDGE OF THEIR PARENTS**

#### **VIA SCHOOLCHILDREN'S PARENTS ASSOCIATION**

#### **IN DONG THAI COMMUNE, BA VI DISTRICT, HA TAY PROVINCE,**

#### **VIETNAM**

### **3.1 – Introduction:**

#### **3.1.1 – Background:**

During the transition from a centrally planned to a government – oriented market economy, Vietnam has engaged in health reform. A major aspect of this reform is Vietnam Health Insurance (VHI), a government agency that was established in 1992 to help protect the population against the cost implications of health risk. Recently, the Government publicly acknowledged VHI as an important instrument of poverty reduction, by pledging to contribute to the funding of the premiums of millions of poor citizens.

VHI actively engages other sectors in health development. Due to this circumstance, School Health Insurance (SHI) was introduced in 1995 as a component of VHI but it was implemented through the joint efforts of the VHI, the Ministry of Health (MOH) and the Ministry of Education and Training (MOE&T). By the end of 1999, SHI was serving the needs of about 3.4 million children. This collaborative, intersectional achievement has enabled the Government to respond to two major worries of schoolchildren's parents (SCP) in Vietnam: first, the protection of their families against the adverse consequences of their children's ill health; and second, the creation of conditions and programs in schools that are conducive to health and that help children and their families stay healthy. SHI is a unique and innovative means to support the development and improvement of school health programs. It is being used to advance the implementation of "Health-Promoting Schools", a concept launched by the World Health Organization (WHO, 1999).

### **3.1.2 – Problem statement:**

After 5 years of implementation of SHI, VHI has gained initial encouraging achievements in promoting the quality of health care at school for schoolchildren via the development of a school health care network; in supporting school health programs such as drug addiction control, HIV/AIDs prevention, tobacco control, environmental hygiene and safe water supply in the schools; and in cushioning family budgets for a number of families who have children suffering from serious illness. There were 14 schoolchildren who have been paid several ten million Vietnamese Dong (VND – Vietnam currency, at current price 14,450 VND equivalent to US\$ 1)

for his or her one treatment course. Especially, Nguyen Minh Tuan, a pupil of Bui Thi Xuan USS in HCM City has been paid up to 205,000,000 VND for his hospitalization (VHI report at the 5 year review meeting on SHI implementation, held in Hanoi, 30 August 2000). However, a low coverage rate is still the biggest challenge for VHI. The coverage rate should be 40 – 50% of eligible population to ensure sufficient subsidy of the sick in the scheme (Le Ngoc Trong, 2000). In fact, the coverage rate of SHI nowadays in Vietnam is 20% of eligible population. Although there are some provinces where the coverage rate has been up to more than 50% of eligible population (such as Ho Chi Minh city, Thua Thien Hue, Da Nang and Ninh Thuan provinces), many other places cover under 10% of the eligible population. And Ba Vi district of Ha Tay province in general or Dong Thai commune of Ba Vi district is one of these places.

According to the data available in the Ba Vi District Health Insurance Sub-Branch (HISB), in the school year 2000-2001, Ba Vi district had only 7 /76 schools with 1,603 / 57,207 schoolchildren (2.8%) participating in the SHI scheme (Ba Vi district HISB report, 2000). In Dong Thai commune there were 91 schoolchildren (4.3%) of the communal lower secondary school, from a total of 2,109 schoolchildren of primary school and lower secondary school of the commune participating (survey, 2001).

In theory, the factors that affected the coverage rate of SHI scheme may be from three different aspects including personal / family characteristics, SHI scheme

and health care providers in different levels. Thus, the conceptual framework will include:

**The conceptual framework:**

+ ***Dependent variable:*** Acceptance of purchasing SHI cards.

+ ***Independent variables:*** (independent variables affected dependent variable both directly and indirectly)

- Personal and family characteristics
- SHI scheme
- Health care services

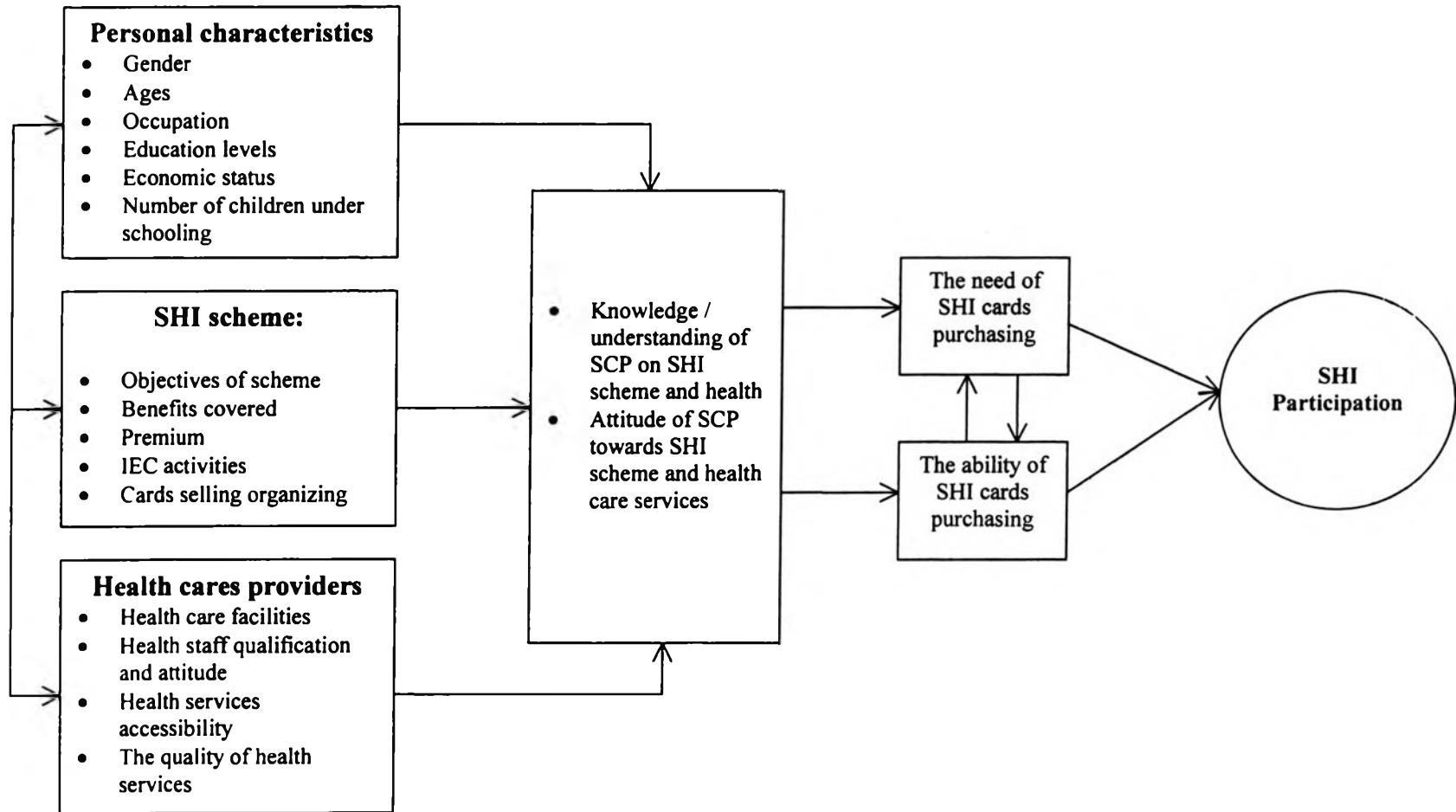
+ ***Confounding variables:***

- Knowledge / understanding
- Attitude / Beliefs

Chart 3 will illustrate this association.

In Dong Thai commune in particular or in Ba Vi district in general, there are several reasons for low SHI participation. But the main reason is schoolchildren's parents (SCP) lack of SHI knowledge due to the weakness of district HISB in information education and communication activities (IEC). The finding of the survey, done by researchers during February 2001 at Dong Thai commune, is as follows: in the SCP who have not participated in SHI scheme, there were only 58.3% who have heard about SHI scheme from different information sources; these demonstrated an different level of understanding. There were 33.3% who responded that they know about the primary objective of SHI and 30.6% know about objective two

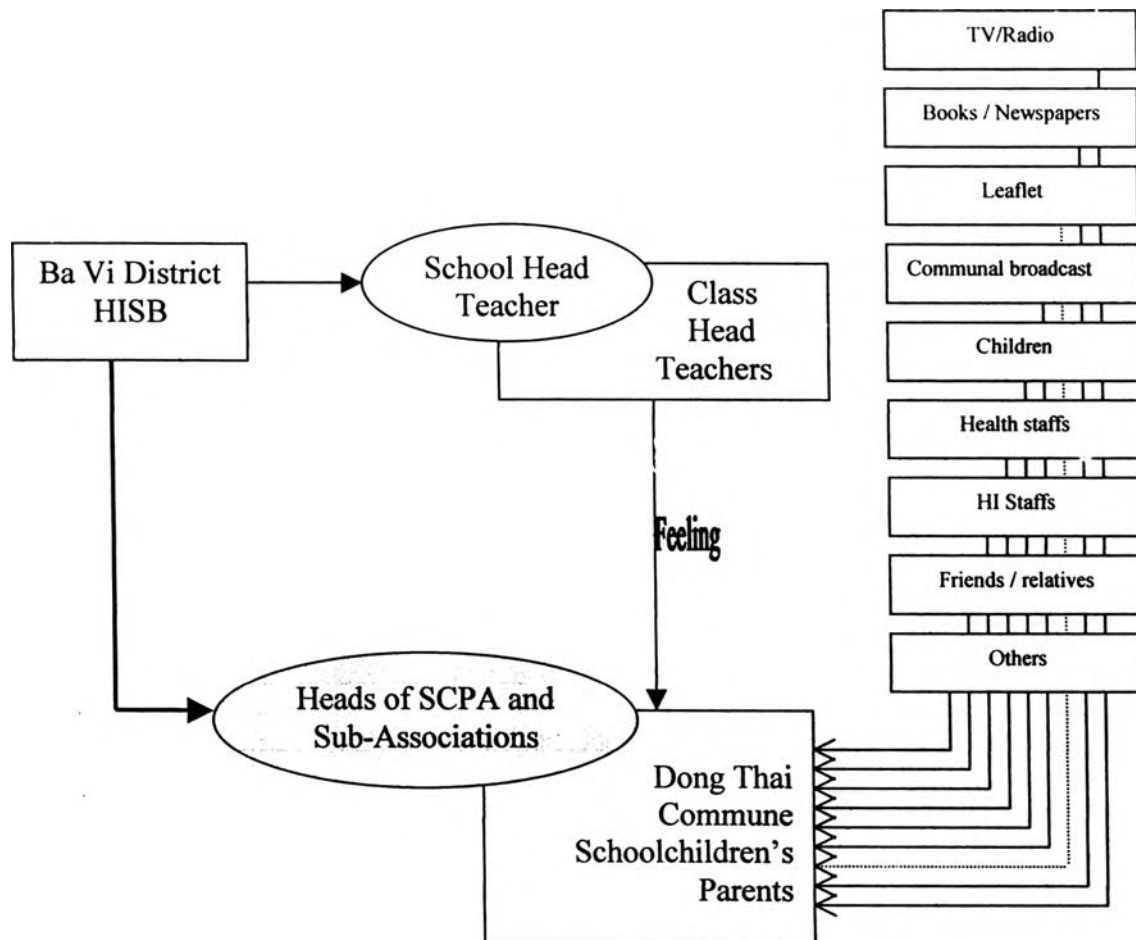
Chart 3: Conceptual framework



of the scheme. Regarding the benefit of the scheme's health care coverage at school, only 19.1% SCP in both groups were enrolled, and the non-enrolled responded that they know. In the other study on the factors affecting SHI enrollment in primary schools of Gia Lam district, Hanoi, it is also suggested that the basic knowledge of SCP on SHI is inadequate. There was 60.3% of SCP who stated that they have never heard about SHI (Le Ngoc Chau, 2000). The inadequate basic knowledge of SCP on SHI, or in other words the lack of IEC experience, is one of the biggest weaknesses of VHI. The lack of IEC experience hampers development of appropriate promotion and public relation materials and methods (WHO, 1993).

Therefore, to expand the SHI coverage rate in Dong Thai commune, it is necessary to develop an appropriate IEC program to improve SCP knowledge on SHI. Although a number of approaches and change strategies have been developed by health education professionals in recent years, the principles and methods loosely referred to as community organization remain a central method of practice (Meredith Minkler, Nina Wallerstein, 1997). In the practice, much of what Hai Phong (Vietnam) does in the area of community organization approach to implement the Rural Health Insurance Scheme could be a good lesson on how community organizations adopt SHI. Hence, a program employed the Typologies Model of Community Organization from Rothmans' (Meredith Minker & Nina Wallerstein, 1977), titled "***Expanding School Health Insurance Coverage for Schoolchildren by Improving Knowledge of Schoolchildren's Parents via Schoolchildren's Parents Association in Dong Thai Commune, Ba Vi District, Ha Tay Province, Vietnam***" would be designed as an experimental study.

Chart 4: **Diagram of information sources and intervention point**



### 3.2 – Rationale:

#### 3.2.1 – The project is a worthwhile endeavor

Although, SHI has been implemented in Vietnam for five years, it can prove to be an effective system, not only to cover the cost of basic curative and hospital services required by schoolchildren, but also the costs of prevention and health promotion activities. It was shown in the case of Ho Chi Minh City that a significant amount of funds could be allocated directly to schools. Using these funds for

addressing acute public health problems, such as helminthiasis among schoolchildren, was investigated. It was shown that the required funds for mass de-worming campaigns could be covered by SHI funds at school levels. As the SHI scheme develops further, it may become a particularly sustainable way of enhancing health prevention and promotion nationwide.

In addition to the health impact of Health-Promoting Schools created through the support of SHI, children may be expected to experience what “social solidarity” means in support of health. Vietnamese schoolchildren will grow up with SHI that protects them from unexpected expenses for hospitalization. Adults who enjoyed this security during their whole childhood and adolescence are not likely to give it up. They will want their children to have the same insurance benefits. Therefore, the rapidly expanding coverage of schoolchildren may gradually foster an insurance culture, and the development of Health-Promoting Schools will foster a value and commitment for health (WHO, 1999).

All of the above-mentioned aspects have been resources encouraging the researchers to investigate the appropriate way of expanding SHI coverage in coming years. And the program on “Expanding School Health Insurance Coverage for Schoolchildren by Improving Knowledge of Schoolchildren’s Parents via Schoolchildren’s Parents Association in Dong Thai Commune, Ba Vi District, Ha Tay Province, Vietnam”, should be considered as one of these investigations.



### **3.2.2 – The relevance and significance of the project**

Vietnam is a developing country with the population of 76,324,754 inhabitants (source: National Census on 1 April 1999), in which 76.5% of the population lives in the countryside. So far, health care for the rural people is of great concern to the Vietnam Government in general as well as to the MOH in particular. The Ministry of Health's 1996 policy statement "The Strategy Orientation for People's Health Care and Protection from Now to the Year 2000 and 2020" places rural health at the center of its policy. To translate the strategy orientation of the MOH into reality, a number of National Health Programs and health projects for the rural people have been formulated and set up. The Rural Health Project, in collaboration with ADB, is one of these projects to which the researcher has been appointed as one of the members of the Project Formulating Board. Since then until now, beside project activities that have been implemented, how to expand voluntary health insurance in general, as well as SHI in particular, to grant the population access to health services in an equitable way (WHO, 2000) is still an objective of the researcher. Therefore, the researcher would like to take advantage of this Training Course to design an experimental study on expanding SHI coverage.

### **3.3.3 – Utilization of the results:**

Teacher – Child – Parents approach is used in various health behavioral change aspects in the world (Hagland et.al., 1996), but it seems not very effective in terms of SHI promotion in many localities in Vietnam. The program on "Expanding

School Health Insurance Coverage for Schoolchildren by Improving Knowledge of Schoolchildren's Parents via Schoolchildren's Parents Association in Dong Thai Commune, Ba Vi District, Ha Tay Province, Vietnam", will be done in one commune only; hopefully it will be successful. SHI can be considered as one social policy. It works best when there is a consensus among the population that mutual support is a good thing. If there is no such consensus, it will be difficult to promote acceptance of the scheme (WHO/ILO 1994). If the program succeeds, it will be an experience not only for other communes in the rural areas of the country, or at least in the districts, to apply in coming years, but also for VHI related planners to take into consideration.

### **3.3 – Objectives:**

#### **3.3.1 - General Objectives:**

The study proposal aims to expand SHI participation in Dong Thai commune in coming year by improving SCP knowledge and understanding of SHI and school health via SCPA. Furthermore, the success of the study will add more experience for Ba Vi district HISB in particular as well as for VHI planners to take into account.

### 3.3.2 - Specific objectives:

- (1) – To provide SCP of Dong Thai commune comprehensive knowledge and information on:
  - SHI scheme including objectives of the scheme, the benefits provided by the scheme, the premium level and the fund location,
  - The information on implementation of SHI in other places / provinces.
  - School age diseases and environmental hygiene.
  - School health activities and the role of SHI in school health promotion.
  
- (2) - To change the behavior of SCP of Dong Thai commune towards living with health insurance as the best way to protect their children and ensure that their children can achieve their full potential in education.
  
- (3) – To increase the SHI participation rate in both PS and LSS in Dong Thai commune.
  
- (4) - To test SCPA Approach; if it is successful, it will be one more approach to consider in expanding the coverage of SHI to be added for Ba Vi district HISB in particular as well as VHI in general.

### 3.4 – Project Description:

#### 3.4.1 – Project location:

The study location that has been chosen is Dong Thai commune – one of 32 communes of Ba Vi district, Ha Tay province. Dong Thai has an area of 812 ha, in which the agriculture area is 583 ha. Currently, the commune has population of 10.167 inhabitants in which males number 4.916 person (48.4%) and females number 5.251 persons (51.6%). Dong Thai is one of the 22 agriculture communes of Ba Vi district. The economic pattern of the commune mainly is agriculture with the average income of 350-kg rice per year per person. The literacy rate of the commune is over 90%.

Dong Thai has one primary school and one lower secondary school. The number of classes and schoolchildren in each grade of both schools (PS and LSC) are as follows:

Table 7: **The number of schoolchildren in Dong Thai commune**

School	Grade	No. of class	No. of children
Primary School	1	7	212
	2	7	250
	3	8	242
	4	7	248
	5	8	278
Lower Secondary School	6	6	251
	7	6	224
	8	5	196
	9	5	208
<b>Total</b>		<b>59</b>	<b>2,109</b>

Source: Commune Health Post, Feb. 2001

The SCPA of Dong Thai commune has 59 sub-associations, with approximately 40 - 50 members in each sub-association, of which 37 sub-associations are of SCP of the communal PS and 22 sub-associations are of SCP of the communal LSS. The SCPA is led by the head of the association and 6 executive members. Each sub-association has one leader, who in this project is called the head of the sub-association. The rate of schoolchildren per parental couple in Dong Thai commune is 1.94. Therefore, it is estimated that there are approximately 1,090 parents included in the study. The parents of 98 schoolchildren who are being educated in district USS and of students in colleges and universities in Hanoi or other cities will be excluded.

There are no health professionals working in both the primary and secondary schools of the commune yet. SHI was started in the lower secondary school of the commune in the school year 2000-2001 with the participation of 91 only pupils (10.35% of total number of communal LSS schoolchildren or 4.1% of the eligible group).

### **3.4.2 – Activities:**

#### **3.4.2.1 – Pre-intervention:**

In this phase, two main activities should be done:

##### ***(1) - Project logistics preparation activities:***

- One research team with 5 persons will be formulated, in which one person will act as the focus point of the team, and the other four colleagues will be selected from the Hanoi Medical University, Ba Vi district HISB, DHC, and from the district Division for Education.

- The contact with the District People Committees (local government), DHC, district Division for Education, the head teachers of PS and LSS, and the head of SCPA of both study and control communes, should be done prior to the project implementation to gain the support from related local authorities and facilities.

- One of the 22 SCPAs from 22 communes in the district, which has similar economic and social characteristics with Dong Thai commune, will be randomly selected to be the control group.

(2) - *Pre – test*: (will be done in both study and control groups)

- **Objective**: To identify SHI participation situation, assess the knowledge, and attitude of SCP of both study and control groups in the SHI scheme for the evaluation of the effectiveness of the project later on.

- **Methodology**: Cross sectional study (study will be carried out on the SCP who are present in the study population at the time the study is carried out – Duong Dinh Thien, 2000).

- **Data collection technique and instrument**: the data collection will be done by a cross sectional survey with a set of questionnaires (the same questionnaires will be used for both pre and post tests). The information, that the survey would collect, includes:

- **Personal characteristics**:  
Gender / age / occupation / education level / economic status / number of children under schooling.
- **Knowledge**:  
+ Understanding about SHI objectives / benefits and premium

level

- + Understanding about SHI cards solving procedure / SHI cards use and the services that will be covered during hospitalization of children.
- + Understanding about school age diseases
- + Understanding about the main health care activities at school.
- + Understanding about the role of SHI scheme in health care activities at school.
- Attitude:
  - + Attitude of SCP towards SHI scheme:
  - + Attitude of SCP towards school age diseases
  - + Attitude of SCP towards school health activities
  - + Attitude of SCP towards the role of SHI in school health activities
  - + Attitude of SCP towards the role of SCPA in expanding the coverage rate of SHI scheme.
- Practice:
  - + Health services utilization,
  - + SCP participation in school health activities
  - + SHI participation and SHI card use
  - + Life insurance participation.



- Test questionnaire: Before the pretest will be carried out, the questionnaires will be tested in both SCPA (communes) with at least 30 subjects with the aim of testing for reliability of the questionnaires.

- Sample size: The sample size will be calculated by the following formula applied from 'Initial and subsequent calculation of sample size for a study using a test of differences in proportions and considering alpha and beta errors' (David L. Katz, 1996):

$$\begin{aligned}
 N &= \frac{(Z_{\alpha} + Z_{\beta})^2 \cdot 2 \cdot \bar{p}(1 - \bar{p})}{(\bar{d})^2} = \frac{(1.96 + 0.84)^2 \cdot 2 \cdot (0.20)(0.80)}{(0.1)^2} \\
 &= \frac{(7.84) \cdot (2) \cdot (0.16)}{0.01} = 251 \\
 &= 251 \text{ subjects per group} \times 2 \text{ groups} = 502 \text{ subjects total.}
 \end{aligned}$$

Variance, expressed as  $\bar{p}(1 - \bar{p})$        $\bar{p} = 0.2$  (the rate of SHI coverage in Vietnam); therefore,  $(1 - \bar{p}) = 0.8$

Data for alpha ( $Z_{\alpha}$ )       $p = 0.05$ ; therefore, 95% confidence desired (two-tailed test)  $Z_{\alpha} = 1.96$

Data for beta ( $Z_{\beta}$ )      20% beta error, therefore, 80% power desired (one-tailed test);  $Z_{\beta} = 0.84$

Difference to be detected ( $\bar{d}$ )      0.1 or larger difference between the success (survival) of the experimental group and that of the control group.

The forecast of the number of the SCP who will probably be absent from the community or not willing to participate in the study is 10% (50 persons). Thus, the sample size will be 552 subjects in both SCPA.

- Sampling: using systematic sampling technique. Based on the list of SCP, with the estimated total number of SCP in Dong Thai commune being 1,090, the sampling interval will be  $276 / 1,090$ . The sampling interval will be four. The first subject may be randomly selected from the list of SCP of grade 1A, from the first subject, the fourth parent in the list will be chosen as the second subject and the selection will continue with one selected for every four parents. The selection will be continued with the list of SCP grade 1B, 1C, and 1D to 9E. However to avoid duplicated selection, one parent may be a member of two or three sub-associations, before selecting the subjects, the research should check the list of all sub-associations, to take out the names of the parents who have once registered in the list before (on this study only). By this way the researchers will select the sample until the number is reaching to a size requirement.

- Data analysis: the researchers will check completed questionnaires. The checked questionnaires will be scored before entering data into the computer. The Statistical Package for Social Science (SPSS) software for Windows will be used as an instrument for data entry and analysis.

#### **3.4.2.2 – Intervention:**

##### **(1) - *Workshop on Improving Perception of SHI in SCPA:***

Because of the heads of SCPA and sub-associations are most influential in many decisions of SCP, it is necessary to increase their awareness and concern in SHI

implementation and expansion. Furthermore, the main objective of the Workshop is to improve the knowledge and understanding on SHI for the heads of SCPA and sub-associations, and train them to be facilitators for group dialog in the second step of the intervention program.

+ Lecturers and facilitators: will be consultant / senior officers and officer from VHI, Ba Vi district HISB, DHC and district Education Division.

+ Participants: 60 persons, including the head of SCPA and the 59 leaders of the sub-association or representatives of the sub-association (in case the leader cannot attend).

+ Duration, location and methodology: the Workshop will be organized to last two days. To be convenient for the participants, the meeting hall of the commune or of the LSS secondary school will be a favorable place for organizing the Workshop. During the Workshop, questions and answers will follow the lectures, and 1-hour 30-minute group discussions will take the second day morning. To facilitate the discussion, all handouts, documents and the circulars, regulations etc., related to SHI will be disseminated to every participant.

+ The main content of the Workshop includes:

- Overview of HI and SHI in Vietnam.

- SHI scheme regulation and implementation
- School age diseases and school health care activities.
- Lessons learned from SHI implementation in Ninh Binh and Thai Nguyen provinces.
- Some main techniques applied in group interaction and dialog

The program of the Workshop is attached (Kindly, see in Annex 1 of this proposal).

(2) - ***Group interaction:***

**Definition:** The term 'group' may be defined in a variety of ways, relating to its function, to the kinds of people who belong to it, to their reasons for joining and whether membership is voluntary or not. Lassiter (1992) suggests 'it is a collection of interacting individuals who have a common purpose or purposes. Each member influences and is in turn influenced by every other member to some extent' (Susan Pike & Diana Forster, 1995)

At present time, Dong Thai commune SCPA has 59 sub-associations. Each sub-association has 40-45 members. The sub-association is formed basically based on the class of the school. In other words, the members of each sub-association are the parents who have children being educated in the same class. The purpose of SCPA is to collaborate with the school to create the best conditions for the children to achieve

their full potential in learning. Thus, with the above definition of 'group', each sub-association of SCPA can be considered as one group.

The main technique of group interaction process in this intervention project is dialogical problem-posing method. Problem posing contains a listening – dialogue – action cycle that enables all participants to engage in continuous reflection and action. Through structured dialogue, group participants listen for the issues contained in their own experiences, discuss common problems, look for the root causes and interconnections among the “problem behind the problem-as-symptom” and devise strategies to transform their reality.

The dialogue of the sub-association will be led by the head of the sub-association who has been trained as a facilitator and with the support of the research team. The dialogue enables all SCP to engage in active dialogue with equality and mutual respect, between sub-association members - head and head of sub-association – members. The dialogue will touch upon all the following issues:

- The learning achievement of the children
- The current health status of children, local diseases and school age diseases from which the children may suffer.
- Uncertainties in every corner of the health care field.
- The financial risk due to hospitalization of children,
- Current situation of health care activities at school

- How to create the best conditions for the children to achieve their full potential in learning, in terms of health.
- How to cushion the family budget against the major expense of hospitalization of children
- How SHI can respond to concerns of SCP
- How to participate, maintain and further develop the Scheme.

**(3) – Disseminate printed materials:**

To improve the knowledge of SCP (as individuals), and to facilitate dialog some the following printed materials will be disseminated to SCP:

- School age disease and prevention.
- School Health Program
- SHI scheme booklet

**(4) - Institutionalization:**

After the project has been carried out for 11 months, the researchers will employ the process of consultation for institutionalization. The institutionalization includes the following 2 activities:

- Disseminate Guidebook for SHI implementation in the new school year.

- 3 hour meeting with the representatives of SCPA. Sub Association, Head Teacher of school, Head Teachers of classes, to review SHI activities in the last 11 months and determine necessary steps to maintain & increase the number of enrollees in the coming year.

(5) - *Posttest*: (will be done in both study and control group)

The objective of the posttest is to identify the gain realized by both groups. The survey methodology, the data collection method: questionnaires, sample size and sampling, and data analysis will be carried out the same way the pre-test was done.

#### **3.4.2.3 - Evaluation and report writing**

(1) – *Evaluation*:

The study is an intervention performed on the basis community value (association) rather than individual values. Thus, the outcome will be measured on individual basics but the analysis is made on group basic. The indicators for measuring outcome include:

- The percentage of knowledge improvement.
- The percentage of attitude change
- The percentage of new participation in the SHI scheme.

Project impact is measured by the difference between the change in outcome measures for the treatment group and that for the comparison group, plus or minus random error. To measure the difference between the change in outcome, the analysis method which applied in this study is the Model for Simple Gain Score Analysis: an analysis of variance using gain score examines the difference, or change, in performance from the pretest to the posttest. The basic assumption is that a treatment effect would lead to more (or less) change in the experimental group than in the control group. The model for the analysis is identical to the elementary ANOVA except that the gain scores (posttest minus pretest) is the dependent variable rather than just posttest alone. Hence, the gain score model looks for differences in mean *change* between the two groups rather than differences in mean *posttest scores*.

## **(2) - Report writing**

The report will follow the following format:

Front matter:	Title Page / Table of Contents / List of Tables / List of Figures
Body of Report	ABSTRACT  INTRODUCTION: Purpose and Scope / Background  EXPERIMENTAL APPROACH: Equipment and  Materials / Procedure.  DISCUSSION OF RESULTS  CONCLUSIONS AND RECOMMENDATIONS



Addenda: Bibliography / Appendices.

The report will be sent to the Ministry of Health, the Sponsor / and Ba Vi district HISB.

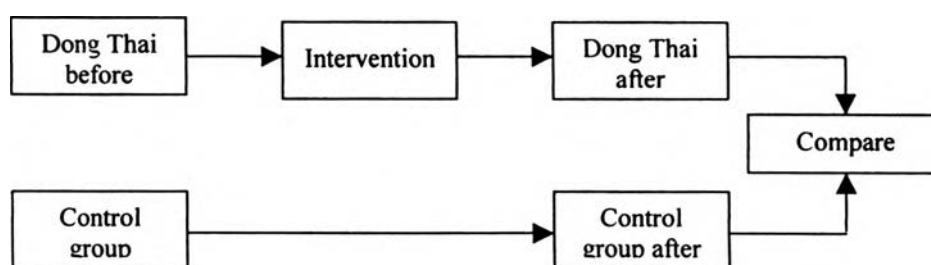
### 3.4.3 – Strategy and methodology:

#### 3.4.3.1 – Strategy:

Through the Schoolchildren’s Parents Association approach to improve knowledge on SHI and school health promoting for the SCP. In addition, through the group interaction, SCP will dialog with each other to come to a consensus. By this strategy, the success and sustainment of the project can be assured.

#### 3.4.3.2 – Methodology:

The Quasi – Experiment: Untreated Control Group Design is to be employed from the “Applied Health Research Manual” (Anita, et al, 1994) with two groups, one of which serves as a control group, in which no intervention takes place. Both groups are observed prospectively, before as well as after the intervention, to test if the intervention has made any difference.



### 3.4.4 – Personnel, equipment, etc

#### (1) *Personnel:*

- + The research team: 5 person: from MOH, Hanoi Medical University, Ba Vi district HISB, DHC and District Division for Education.
- + One Consultant from VHI and one Medical Doctor from the preventive medicine section of DHC will be invited to be lecturers in the Workshop for SCPA's representatives
- + 6 interviewers will be recruited to do interviewing in pretest and posttest (6 persons X 2 weeks/person).
- + 2 IT technician will be recruited to enter data into computers and analyze.

#### (2) *Equipment and Material:*

- + Computers for data analysis and over-head projectors for the Workshop will be rented based on the need.
- + Printed material disseminated in the Workshop and for SCP will be requested from VHI and the School Health Division of the MOE&T.

### 3.5 – Work Plan and Time Schedule: Activity Plan

Time schedule of the project is as follows:

**Table 8: Time schedule**

No	Activities	Month: From July 2001 – June 2002											
		Jul.	Aug.	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
1	Establish research team	■											
2	Contact with local authorities	■											
3	Select control community (SCPA)		■										
4	Carrying out pretest		■										
5	Workshop for SCPA Representatives			■									
6	Group Interaction				■	■	■	■	■	■	■	■	■
7	Disseminating printed material				■	■	■						
8	Disseminating new guideline											■	
9	Meeting with key informants											■	
10	Carrying out posttest											■	■
11	Evaluation and report writing												■

## 3.6 – Budget:

## (1) – Per Diem

No	Activities	Fund allocation
<b><u>Preparation phase</u></b>		
1	- Meeting of researchers for planning project: 5 researchers X 1 day X 50,000 VND/day	250,000 VND
2	- Meeting with local authorities: <i>District People Committee, DHC, DED, District HISB, Head Teachers of PS&amp;LSS, Head of SCPA</i> 7 participants X ½ day X 20,000 VND/ ½ day	140,000 VND
3	- Recruiting interviewers to carry out pretest 6 persons X 6 days X 20,000 VND/day	720,000 VND
4	- Data entry and analysis: 2 persons X 5 days X 50,000 VND / day	500,000 VND
<b><u>Intervention Phase:</u></b>		
5	- Workshop of SCPA's Representatives 60 participants X 2 days X 20,000 VND/day	2,400,000 VND
	- Lecturers 11 lectures X 100,000 VND / lectures	1,100,000 VND
	- Facilitators and organizers for the workshop: 5 persons X 2 days X 50,000 VND/day	500,000 VND
6	- Facilitators supporting group dialogues: 59 time X 25 VND / time	1,475,000 VND
7	- Institutionalization meeting: 62 participants X ½ day X 10,000 VND/½ day	620,000 VND
8	- Recruiting interviewers to carry out posttest 6 persons X 6 days X 20,000 VND/day	720,000 VND
9	- Data entry and analysis: 2 persons X 5 days X 50,000 VND / day	500,000 VND

No	Activities	Fund allocation
<b><u>Evaluation &amp; Report Writing</u></b>		
10	- Evaluation: 5 persons X 2 days X 50,000 VND / day	500,000 VND
11	- Report writing: 2 persons X 2 days X 50,000 VND / day	200,000 VND
Sub-total		9,625,000 VND

(2) – Travel cost

No	Activities	Fund allocation
1	- Meeting with local authorities	450,000 VND
2	- Workshop for SCPA's Representatives	900,000 VND
3	- Supporting group dialogues	2,700,000 VND
4	- Institutionalization meeting	450,000 VND
5	- Travel for researchers during pre and posttest	1,800,000 VND
Sub-total		6,300,000 VND

## (3) – Equipment rental and material:

No	Activities	Fund allocation
1	- Overhead & Slide projectors	600,000 VND
2	- Computers	1,400,000 VND
3	- Documentation	1,000,000 VND
	Sub-total	3,000,000 VND
	Sub-total 1+2+3	18,925,000 VND
	(4) – Administration cost:	1,892,000 VND
	(5) – Unforeseen:	1,900,000 VND
<b>Grand total:</b>		<b>22,717,000 VND</b>
With current price 14,450 VND = USD 1:		1,572 USD.

The fund proposed: from ‘The scientific & technological research fund’ of the Ministry of Health, Vietnam.

### 3.7 – Limitations:

The project may have the following limitations:

+ The group defined in the project is based on the sub-association of SCPA, of those parents who have children under schooling in the same class, therefore, the size

of the group rather large (40-45 members). Although the size of the group is not the key factor but rather availability for face-to-face interaction. Thus larger group may affects some members who have a bearing on the rest of the group.

+ With the characteristic of the people living in the country size of Vietnam is normally timid when expressing their own opinion in the mass audience, it may affect the engage of the association members in group dialogue.

+ Sufficient time is needed to be allowed for the effects to be appeared.

However, if the limitations are considered since the beginning of the study, the limitations can be minimized by some necessary techniques and efforts of the research team.

### **3.8 – Discussion:**

This research project is designed to implement and study in Dong Thai commune where the SCP are willing to participate in the SHI scheme, but the lack of knowledge on SHI and school health was a barrier to them. The success of the study can be applied for other commune in the countryside where area the SCP having the same characteristics with Dong Thai commune. However, it is important to clearly define the SCP's interest, before apply the lesson from the success of this study.

The project has the aim to expand SHI participation in Dong Thai commune. Beyond this aim, the SCPA can multiply the effects of other programs by increasing interpersonal communication about the health issues.

The SCPA can also augment the effects of mass media and can expand the distribution of education products and programs.

The 'Action Research to Expand SHI Coverage for Schoolchildren in Dong Thai Commune' is designed to be on Quasi-Experiment methodology. Quasi-experiment refers to a group of experimental research designs in which study subjects or groups of subjects are not randomly assigned. With the properly designed, controlled and analyzed, the project will provide evidence of program impact that is nearly as strong as randomized experiments and stronger than non-experimental studies.



## Annex 1:

**Table 9: The Program**  
**For the Workshop on Improving Perception on SHI in SCPA**

No.	Time	Content	Lecturers / Facilitators
	<b><u>Day 1</u></b>		
1	8:15 – 8:30	- Opening	Researcher
2	8:30 – 9:15	- Overview HI & SHI in Vietnam	VHI Consultant
3	9:15 – 10:15	- SHI regulation and implementation ( <i>focus on SHI benefits, funding allocation, card buying and use procedures and services will be covered for inpatients.</i> )	District HISB
	10:15 – 10:30	- Tea break	
4	10:30 – 11:30	- School age diseases	DHC / DED
	11:30 – 13:00	- Lunch	
5	13:00 – 14:45	- School health programs: School dental care, Teenage productive health, STD and HIV/AIDS etc	DHC
6	14:45 - 15:30	- School Health care activities	DED
	15:30 – 15:45	- Tea break	
7	15:45 – 16:45	Lessons learned from SHI implementation in Ninh Binh and Thai Nguyen Provinces -	VHI

<b><u>Day 2</u></b>			
8	8:00 – 9:30	- Group-discussion on SHI scheme, school diseases and school health activities	VHI Consultant/ DHSB/ DHC researchers
9	9:30 - 10:10	- Group report (4 groups/ each group 10 minutes)	VHI Consultant/ DHSB/ DHC researchers
	10:10 – 10:30	- Tea break	
10	10:30 – 11:30	- Group interaction / dialog techniques	Researchers
	11:30 – 13:00	- Lunch	
11	13:00 – 15:00	- Role play on group dialog techniques	Researchers
	15:00 – 15:15	- Tea break	
12	15:15 – 16:00	- Discussion on dialog techniques	Researchers
13	16:00 – 16:30	- Summary & Closing	Researchers

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