

CHAPTER V

PRESENTATION

I presented the overview of my thesis on the topic “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” on May 1, 2001 to the Examination Committee.

The presentation included the three following parts:

1 – Essay: The main content of essay part is as follows:

- The initial steps of SHI implementation,
- Current status of SHI implementation in Vietnam,
- Causes and consequences of low coverage of SHI
- The possible solution to expanding SHI coverage in coming years

2 – Data Exercise: The presentation focuses on the followings:

- Objectives,
- Methodology of data exercise,
- Main findings from my data exercise, and

- The limitations I faced and the lessons that I have learned during carrying out data exercise.

3 – Proposal:

- Objectives
- Methodology and strategy applied in the proposal,
- Intervention steps to achieve the objectives and how to evaluate the project,
- Activity plan and the budget proposed.

After the oral presentation, the Examination Committee Members asked me questions about my thesis and I have tried to answer the question with my best ability and knowledge. The Committee Members have given me valuable advises to improve my study and I have incorporated those suggestions into my thesis.

The slides were prepared on Microsoft PowerPoint program and use for the presentation. The slides are enclosed herewith as follows sequentially as shown to the Examination Committee.

**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, VIETNAM**

Essay

**LOW COVERAGE
OF SCHOOL HEALTH INSURANCE
IN VIETNAM**

INITIAL STEPS

- SHI was introduced in 1995 as a component of VHI, implemented through the joint effort of VHI, MOH, MOE&T
- By the end of 1999, serving the need of 3.4 million children.
- This achievement enabled the Government to respond to two major worries of Vietnam parents:
 - The protection of their families against the adverse consequences of their children's ill health;
 - The creation of conditions and programs in schools that are conducive to health and that help children and their families stay healthy.

CURRENT STATUS OF SHI IN VN

Result of SHI Implementation from 1995-1999

School Year	Number of Insured	Revenue (Mil. Dong)	Revenue located for school clinics (Mil. Dong)	Revenue spent for health care services (Mil. Dong)
1994-1995	650,000	8,330	2,915	4,998
1995-1996	2,264,643	24,241	8,484	14,545
1996-1997	3,335,142	50,737	17,757	30,442
1997-1998	3,460,540	47,963	16,787	28,778
1998-1999	3,396,400	58,993	20,626	35,360

Sources: *VHI Report*

CURRENT STATUS OF SHI IN VN

In the last 5 years, SHI contributed for ensuring the quality of PHC activities for school children through the development of a school health care network.

- + Supporting school health programs
- + Providing first aid / periodic health examination
- + Many families have been protected against the adverse consequences of their children's ill health:

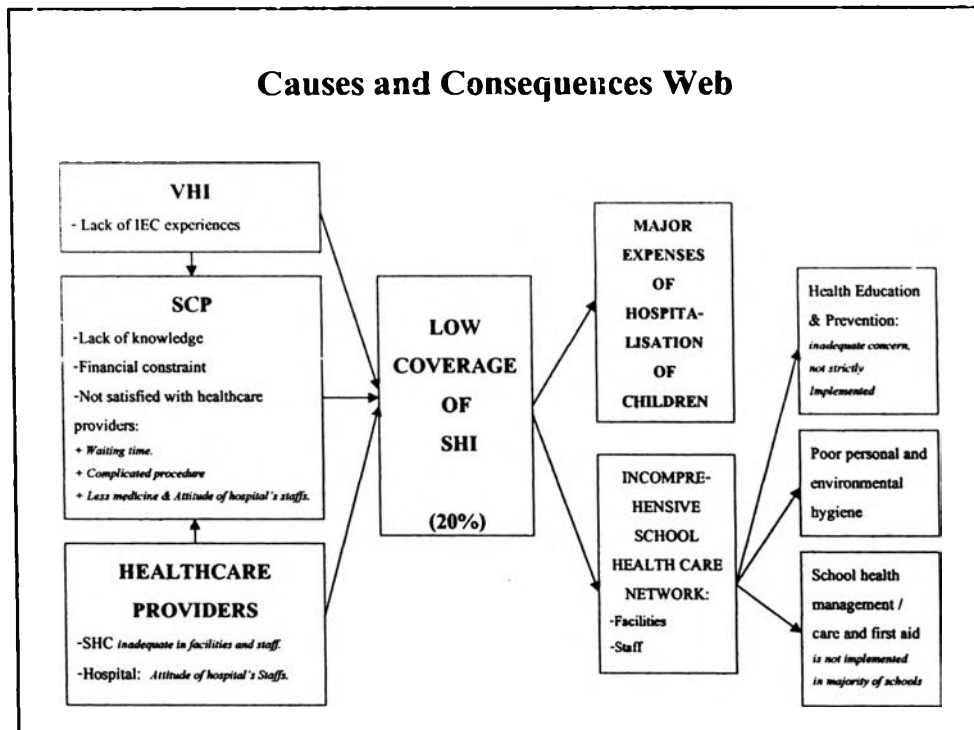
(14 children were paid: 23,224,619 to 205,000,000 VND respectively for one treatment course).

PROBLEM STATEMENT

- To the year 1999 : 3,396,400 enrollees,
- Total schoolchildren of the whole country: 17 millions
- Coverage rate: 20% of eligible population

"The coverage should be at least 40 – 50% of the total eligible population to ensure sufficient subsidy for illness".

(Le Ngoc Trong, 2000).



SOLUTIONS

- Necessary to have an comprehensive solutions:
- Solution chosen:
 - Improving quality of IEC activities to improve the knowledge on SHI for SCP
- Strategy and Technique:
 - Strategy: Education strategy via SCPA approach adopted from Model of Community Organization of Rothman (Rothman & Tropman, 1987).
 - Technique: Group interaction employed from Freire's education empowerment approach (Wallerstein & Sanchez-Merki, 1994).

DATA EXERCISE

OBJECTIVES

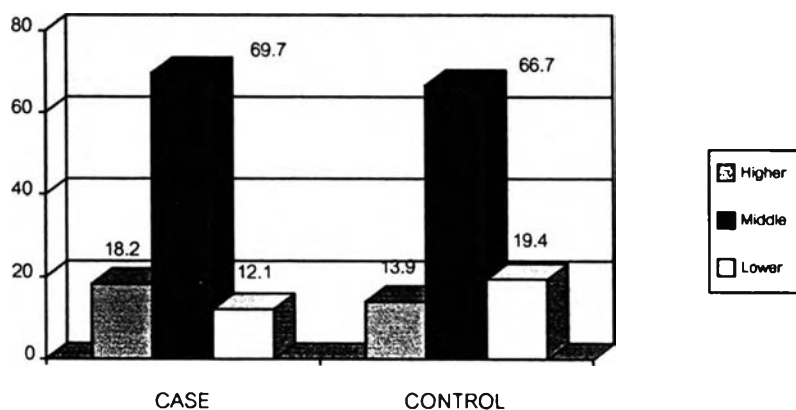
- To test data collection techniques
- To identify:
 - The specific factors related to SHI participation of local SCP
 - Possible solution for expanding SHI coverage

DATA COLLECTION METHOD

- **Methodology:** Case - Control study
- **Instrument for data collection:**
 - Questionnaires
 - Guideline for in-depth interview
- **Study location:** Dong Thai Commune
- **Data collection and analysis:**
 - Data collection: Interview / In-depth interview
 - Analysis: SPSS software was used for analysis

Finding on Economic Status

Economic Status of Schoolchildren's Parents



Findings on SHI Information:

The Number of People Hearing about SHI

Hearing about SHI	Case		Control	
	n	%	n	%
+ Yes	33	100.0	21	58.3
+ Not yet			15	41.7
Total	33	100.0	36	100.0

Findings on SHI Information (Cont.):

The Sources of SHI Information

Hearing about SHI	Case		Control	
	n	%	n	%
+ TV / radio	19	57.6	4	11.1
+ Books / newspapers	1	3.0	0	
+ Leaflets	0		0	
+ Communal broadcast:	5	15.2	0	
+ Parents meeting	31	93.9	16	44.4
+ Sons / daughters	11	33.3	16	44.4
+ Health personnel	0		1	2.8
+ Health insurance staff	2	6.1	0	
+ Friends / relatives	6	18.2	4	11.1
+ Others	1	3.0	1	2.8

Findings on SHI Information (Cont.):

- *Man, early retired, 58 year-old:*

“The officers of district HISB should work with us. The representatives of the SCPA motivate the schoolchildren’s parents easier than schoolteachers do, due to the feeling that caused abnormal behavior of SCP, when the school asks them to pay too much. If we talk with them, they will think we do it for the benefit of schoolchildren”.

Finding on understanding of the main health care activities

SCP Understanding Main Health Care Activities at School

Knowing some main activities of school health	Case		Control	
	n	%	n	%
+ Yes	23	69.7	11	30.6
+ No	2	12.1	7	19.4
+ No answer	6	18.2	18	50.0
Total	33	100.0	36	100.0

The Reason the Control Group Quit Enrollment

The reason control group quit enrollment

The reasons	Control	
	n	%
+ Their child is rarely ill	6	16.7
+ Haven't seen the advantages of SHI yet	31	86.1
+ Paying hospital fee directly is better	0	0
+ Dissatisfied with the quality of health care / services	3	8.3
+ SHI doesn't cover out patient	0	0
+ Have bought other insurance cards	2	5.6
+ Family is too poor to buy	3	8.3
+ Have financial difficulty at beginning of the school year due to paying for many items at the same time	12	33.3
+ Schoolteachers don't suggest it	6	16.7
+ Others	8	22.2

DISCUSSION AND CONCLUSION

The main factor affected SHI participation:

1 - Information:

- + Few in sources
- + Poor in quality
- + Not in time
- + Not effective in manners

2 - SCP are not knowledgeable on SHI & School health activities

3 - Low quality and quantity of health care / facilities at school

LESSONS LEARNED

- Objectives / Methodology should be identified clearly since the beginning
- Over-matching problem in case-control study
- Data collection instrument should be well planned.
- Limitation in human recall
- Training interviewers / Re-interviewing some samples to prevent bias
- Checking data in the field daily
- Timing to carry out survey
- Support from local authorities.

LIMITATIONS AND CONSTRAINTS

- Questionnaire design partly limited the information
- If the results are to be generalized nationwide, the number of subjects should be large enough for the need of a study
- Control group selected in same commune, it may be in effect matching (socioeconomic status, cultural characteristics)
- Time is constraint
- Weather was not favor

Proposal title

**ACTION RESEARCH TO EXPAND
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IN DONG THAI COMMUNE, VIETNAM**

OBJECTIVES

General objective:

The study proposal aims to expand Dong Thai commune SHI participation in coming year by improving the knowledge and understanding on SHI and school health for SCP via SCPA. Further more, 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 in general.

OBJECTIVES (Cont.,)

Specific objectives:

- To provide SCP a comprehensive knowledge and information on SHI, school age diseases, school health care.
- To change the behavior of SCP towards living with SHI is the best ways to protect / and ensure that their children can achieve their full potential in education.
- To increase the SHI participation rate in both PS and LSS in Dong Thai commune.
- To try to apply Community Association model in SHI expanding in VN.

ACTIVITIES:

Pre-intervention:

(1) Project logistics preparation activities:

- Formulating research team with 5 persons.
- Contacting with local authorities and facilities.
- Selecting control group.

(2) - Pre – test:

- Sample size: 251 subjects/group X 2 groups = 502 subjects total.
- Sampling: using systematic sampling technique

Intervention:***(1) Workshop on Improving knowledge on SHI in SCPA:***

- Lecturers and facilitators:
- Participants:
- Duration, location and methodology:
 - + 2 days
 - + Meeting hall of commune or LSS
 - + Face to face education and group discussion

Intervention (Cont.,)***(1) Workshop on Improving knowledge on SHI in SCPA (Cont.)***

- 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 dialogue

Intervention (Cont.,)

(2) Group interaction (cont.):

- The technique employed is group interaction through dialogical problem-posing method.
- + The dialog led by head of sub-association
- + The dialog will touch upon all the following issues:
 - * The learning achievement in learning
 - * Current health status /
 - * School health
 - * SHI implementation, maintenance and further development.

Evaluation and Report Writing

(1) - Posttest:

- The objective of posttest is to identify the gain score.
- The post-test methodology, the data collection method: as the same with what pre-test has done.

(2) Evaluation:

The intervention performed on community (association) basis. The outcome measured on individual basis but the analysis is made on group basis.

Evaluation and Report Writing (Cont.,)

(2) Evaluation (Cont.,):

- The out come indicators:
 - + The percentage of knowledge improving
 - + The percentage of attitude change
 - + The percentage of new participation in 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.

(3) Report writing: Following technical report writing format.

STRATEGY AND METHODOLOGY

Strategy:

Education through Community Association approach

Methodology:

Quasi – Experiment: Untreated Control Group Design, employed from “Applied Health Research Manual” (Anita, et al, 1994).

WORK PLAN

Table 8: Time schedule

N O	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 print material				▬	▬							
8	Disseminating new guideline											▬	
9	Meeting with key informants											▬	
10	Carrying out posttest											▬	
11	Evaluation and report writing												▬

BUDGET

No	Activities	Fund Allocation
1	Per diem	9,625,000 VND
2	Travel cost	6,300,000 VND
3	Equipment & Materials	3,000,000 VND
4	Administration cost	1,892,000 VND
5	Unforeseen	1,900,000 VND
	Total	22,717,000 VND