

INTEGRATION POPULATION AND GENDER INTO DEVELOPMENT PLANNING IN HEALTH CARE

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Outline

- Chapter 1: The theory of the relationship between population-development and Healthcare, integrating population, gender and healthcare development planning
- Chapter 2 : healthcare development planning methods with the integration of population and gender
 1. Step 1: integrating population, gender and planning
 - integrating population, gender and Medicine condition analysis
 - integrating population, gender and development target building
 - integrating population, gender and target, method and data foundations
 - integrating population, gender and policy formulation, project and investment building, budget consumption estimation for Healthcare development
 2. Step 2. integrating population, gender and plan and project implementation
 3. Step 3. integrating population, gender and plan and project monitoring
 4. Step 4. integrating population, gender and plan and project assessment

Chapter I

Theory basis of Relationship of Population- Development and Health care sector- Health care policy.

The vitality of integration of Population, Gender into Planning development in Health care sector.

Course objectives

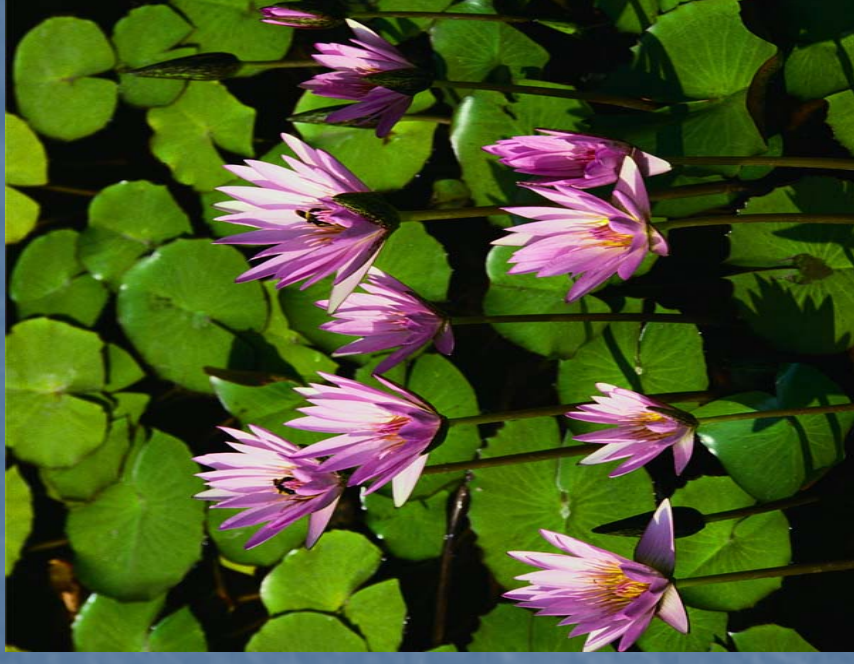
1. Understand health definition
2. Analyze the factors that determine healthcare result
3. Analyze the relationship between population-development and Healthcare services and the necessity of integrating population-development and Healthcare services development planning
4. Be aware of equality in healthcare services and the indexes to reflect that equality and determination of government role in ensuring equality in access to healthcare services

Course objectives

5. . Understand the extension of framework of Development Planning to enhance the social equality of health care policy and Sustainable development.
 - Vulnerable groups need supports.
 - Health care output need to be taken into account.
 - Requirements of Planning in terms of ensuring equality of Health care.

Health

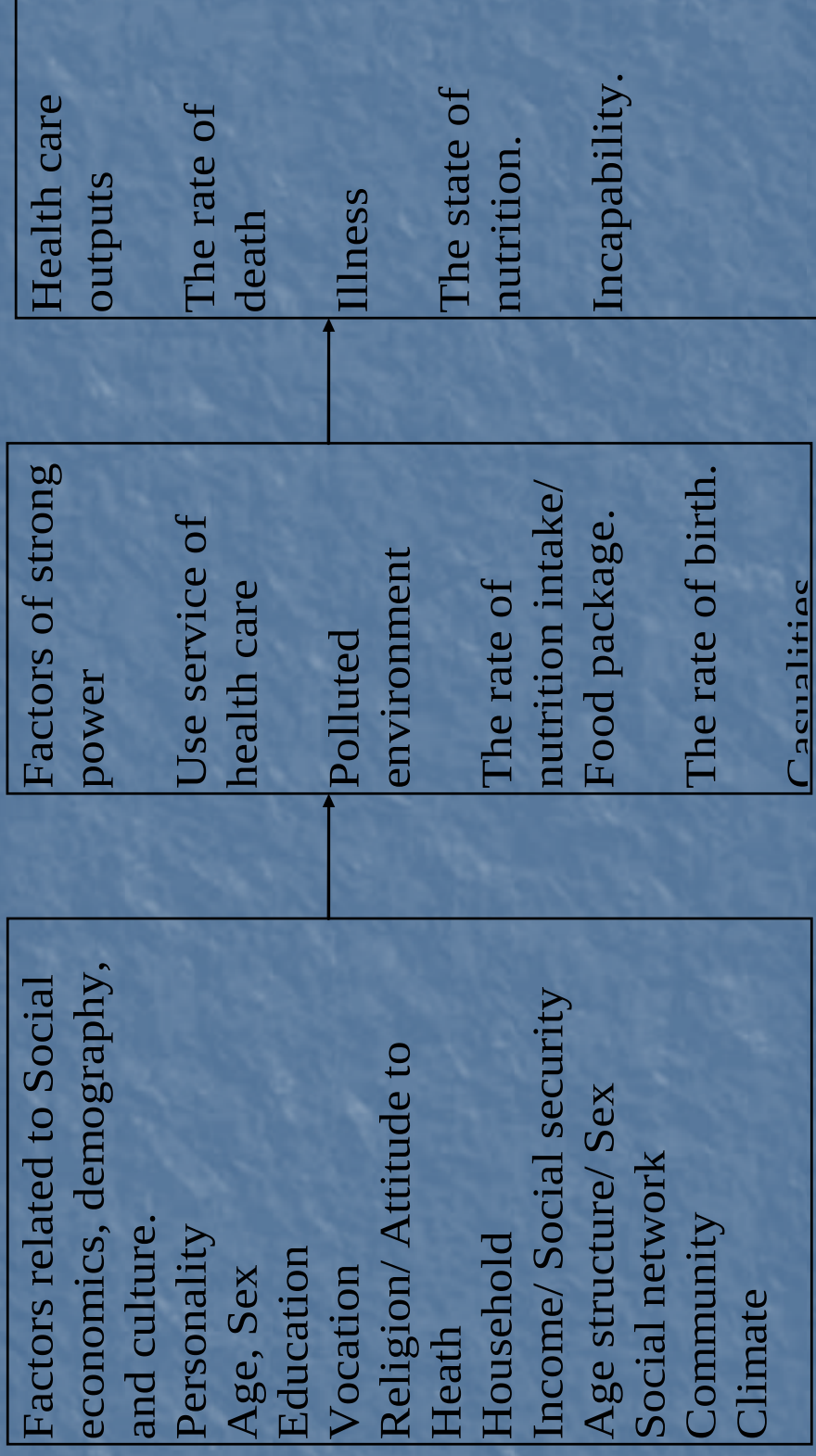
- **" Health is a comfortable state of physical, spiritual and social well beings, not only diseases and injuries"**



Healthcare

- Food: food security and hygiene
- Clothes
- Accommodations
- Transportation
- Employment
- Living conditions
- Healthcare
- Medical examine and treatment

Factors that influences health



Healthcare result

- **Death:** average life expectancy by gender
- **Disease condition:** the rate of illness, the number of sick leave
- **Nutrition condition:** malnutrition; obesity rate
- **Abnormality condition**

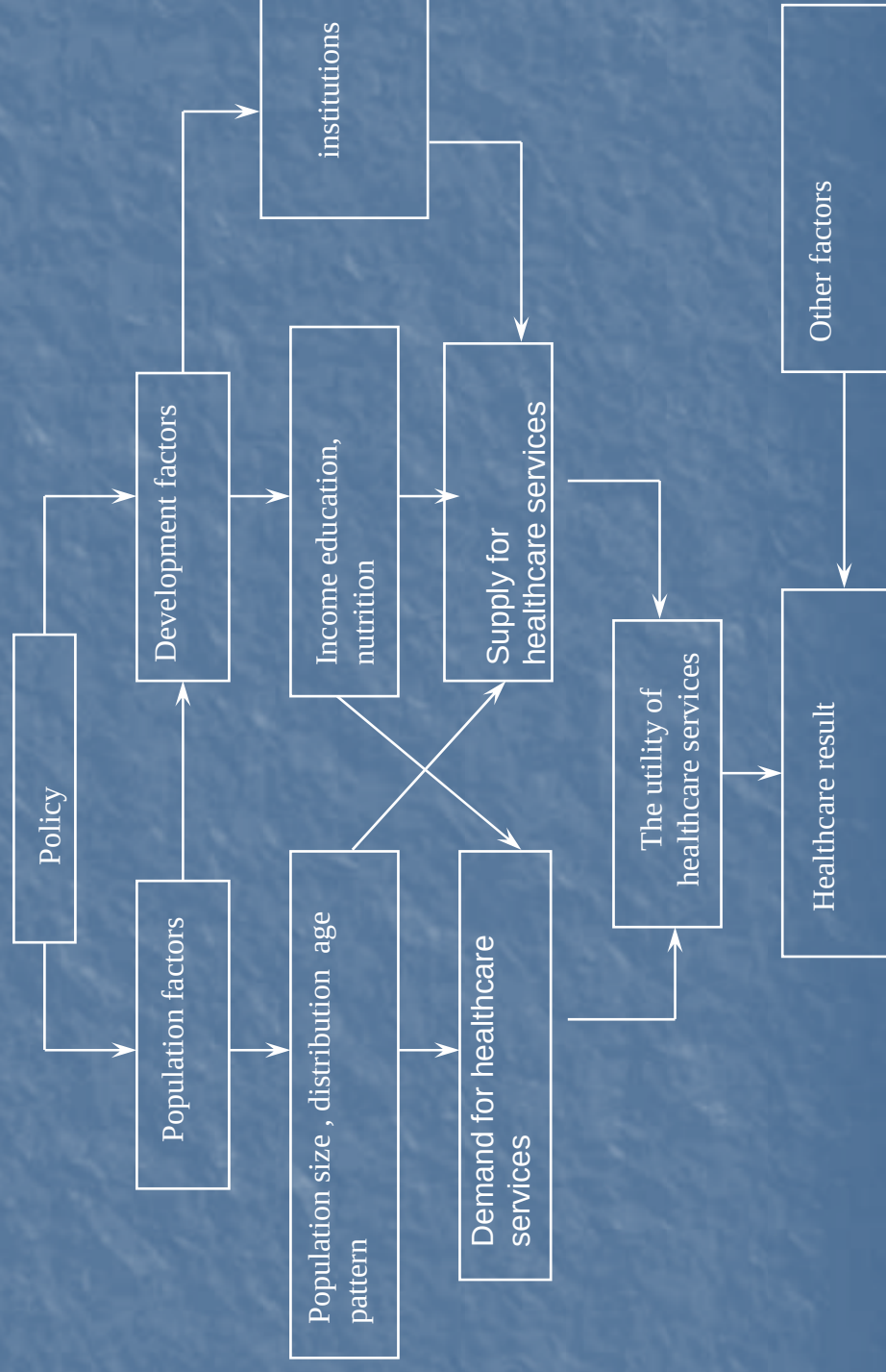
Factors that influences health and healthcare

- Direct factors:
 - + the availability and usage of healthcare services (sickroom, health examine and treatment)
 - + environmental living condition
 - + malnutrition and food ration
 - +childbearing
 - + injuries and accidents

Indirect factors

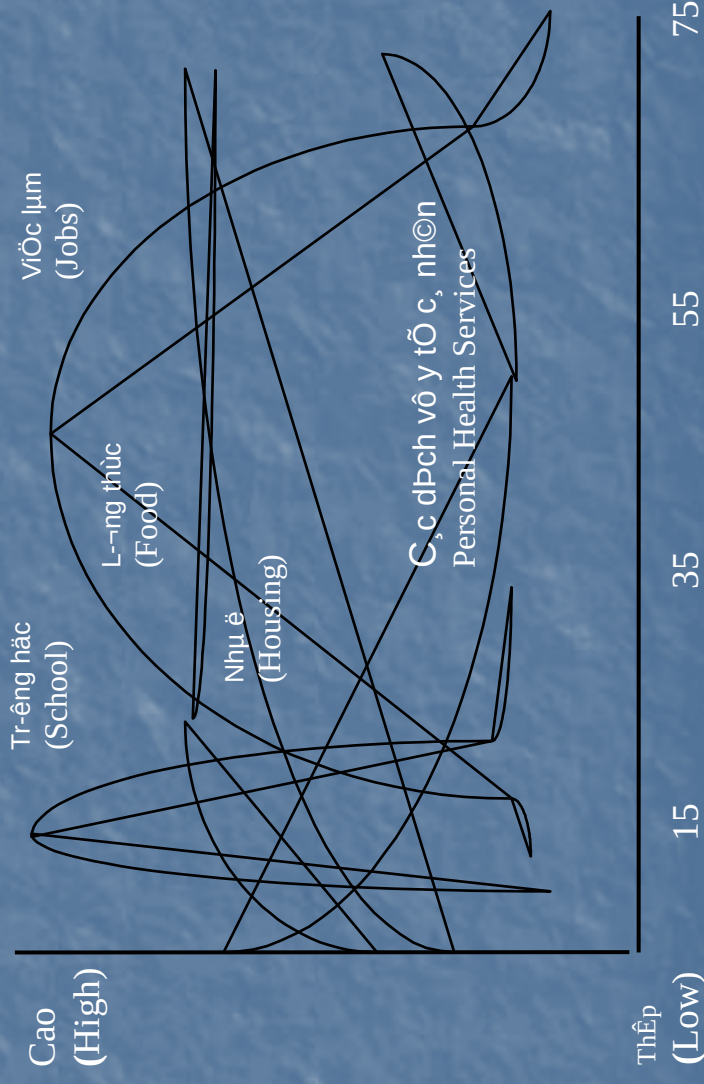
- Individual : age, gender, people occupation, education, religion
- Households: population size, age pattern, gender; living standard, education of householders and social network
- community: population size, distribution; transportation network and terrain; market-prices; salary and social structure; the availability of and accessibility to healthcare services
- Policies

The relationship between direct factors and healthcare usage



- The relationship between population-development and healthcare supply and demand is indispensable objectively so the interrelationship and cause-effect relationship between population-development and healthcare should be examined, estimated and considered in development planning

The relationship between age and demand for individual social services



Personal demand
for services is
varied according
to age



Development
planning for social
service supply
from social service
demand

2. The necessity of integrating population, gender and healthcare development planning

1. From the relationship between population-development and healthcare
2. From the specific demand for the integration of population-development and healthcare in particular areas and nations

**The definition of population-development
and healthcare and development planning**

*is the careful examine of the
relationship between population and
development during the planning*

- Finalize the index, individual (Who? Male – Female) Add (Location?) The State?(good, bad, serious?)

- Direct factors / Indirect factors impacting on individual issues in specific locations in the aim of appropriate and effective solution



The objectives of integrating population- development and healthcare development planning

- Work out the methods of attracting, distributing and using resources for efficient and equal healthcare development and sustained economic growth

The sustained development indexes in Medical and Healthcare

- The improvement in people's health conditions
- Gap reduction of health results and condition in varied regions.

What is equality in health care services?

No avoidable differences in health result and accessibility to and usage of healthcare service in quantity and quality

The solution to equality in healthcare services

- Solve key fundamental causes of inequality, reduce the consequences of inequality
- Raise people's awareness of disease prevention
- Create favorable conditions for equal access to basic healthcare services

Government roles

- Create favorable conditions for equal access to basic national healthcare services
- financially support for healthcare payment
- Provide free healthcare services for selected subjects

Government roles

- Raise people's awareness
- Launch policies to organize, monitor and evaluate healthcare services
- Formulate policies for healthcare services development

Development planning for equality in healthcare services

the organized activities to attract and
emphasize the government roles to reduce
the gaps among people and regions in
access to and usage of basic healthcare
services

- **Conventional** healthcare services Development planning →
- **Emphasize on average**
=> no gaps among groups
- “distract” government roles

- Development planning for equality in healthcare services
- **Bridge the gaps among regions and groups**
- **Approach multi government roles**

The demand for planning in healthcare services equality

- Reduce the differences in benefits from basic healthcare services
- **Reduce the vulnerable population size**

The legal base for planning to ensure equality in healthcare services

- Constitution 1992 article 39 about Medical
- Law of individual record protection
- Resolution 37/cp dated 20/6/1996 about national population, nutrition and healthcare strategies

The indexes for the planning of equality in Medical and Healthcare

- Health results
- Healthcare usage
- Access to Healthcare services
- The quality of Healthcare services
- Factors that influence health from other social-economic fields

The demand for The indexes of social equality in Medical and Healthcare

- Show The input and output of Medical and Healthcare
- Be the common and popular indexes for planning and statistics
- Be Easy for calculating and collecting data
- Be able to obtain spatial and time comparison
- Can be changed by government if necessary

PAR index (Population Attributable Risk)

The nature of PAR is a gap (vital change needed) to enhance favourable conditions for community as other who get the most favourable conditions.

PAR formulation

PAR : *Population Attributable Risk*

I: the average value of general indexes
Ia: the value of the most preferential regions (local groups)

$$PAR = \frac{|I - Ia|}{I}$$

The vulnerable groups

Determine by:

- Income or property
- people (specifically minority people)
- Age (especially children, old people)
- Education
- Regions (urban – rural, remoted)
- employment (e.g. occupation, working fields).
- Subjects of social policies (state contributors, etc)

The noticeable health results in planning

- The avoidable differences and the remarkable improvements in 5-10 year projects
- The weaknesses of the vulnerable groups
- The inefficiency of difference reduction methods

The planning methods based on the output

- E.g. integrating population, gender and children healthcare development planning



the demand for planning for
equality in children
healthcare is to reduce the
differences in healthcare
results and the benefit from
healthcare services in
medium-term period



Planning for equality in children healthcare

*aim at fulfilling the targets of
equality in children healthcare in
medium-term period*

the indexes reflecting the health condition of children under 5 years

- 1. Mortality rate
 - Mortality rate of children under 1 year
 - Mortality rate of children under 5 years

2. Diseases of children under 5 years

- + the rate of diarrhoea suffer from and death
- + the rate of bacterial disease suffer from and death
- + the rate of sufferer from and death of 6 diseases in compulsory vaccination : diphtheria, whooping-cough, tetanus, paralysis, tuberculosis and measles

3. Malnutrition in children under 5 years

- Malnutrition is one indicator of children's physical development in the future
- *Indicators*
 - + *weight for age malnutrition*
 - + *height for age malnutrition*
 - + *weight for height malnutrition*
 - + *lightweight infant (weight below 2.500 gram)*

4. The disease conditions of children

- Eyesight diseases
- Dumb and deaf
- Physical abnormality
- Mental abnormality (perception, intelligence, etc).
- Epilepsy
- Orange-affected people

Collecting data

- 1. Data on Population (the fact and estimating) in terms of sex, age groups, income groups, minorities all over country and provinces:*
 - Children below 1 year and 0-4 years.
 - Woman in birth giving age.
- 2. Data on Medical and health care for children all over the country.*
- 3. Absolute data of children below 5 years die in specific stages measured into groups of male, female, age, locations*

Collecting data (con't)

- *Absolute data of children below 1 year die in specific stages measured into groups of reasons to death.*
- *The number of women giving birth are taken care by Medical staff (pregnant check, giving birth in local medical center...).*

Collecting data

- Absolute data of children below 5 years having not enough nutrition.
- The death causing of illness of children below 5 years.
- Facilitates for medical center, especially in commune.
- Health care service for mother and child (extensional vaccinated injection, Reproduction health care...).

Data system on Medical service

- The number of quantity and size of hospitalities / checkroom managed by different level
- - Beds/10000 people.
- Medical staff (doctors, assistant...)
- The rate of medical center with doctors
- The rate of medical center with assistant...
- The rate of household with purified water.
- The rate of household with clean toilet.

Data on Medical finance

- The rate of finance invested in Medical service.
- The rate of investment in Basic infrastructure for Medical.
- Expenses for individuals in Medical service.
 - Data should reflect the specific application for each province, location and groups (age, sex, income)

Collecting data (con't)

- Human resource in medical service at all level
- Medical finance.
- Development and the rate of insurance participating, including children

3. *Other data:*

- Total income and expenses of household in terms of health care service
- The employment of household, especially female workers

Collecting data (con't)

- Living standard (housing, usage of electricity, purified water, environment sanitation ...).
- Ensuring the quantity of calo, nutrition,...
- Infrastructure development in rural area (road, transportation...).

Development data on Population – Gender for Integration.

- Statistic data system (annual, quarter, monthly,).
- Data system from surveys research... Topic on Population and housing, medical and living standards...
- Data system is the result of measurements, estimation...
- Other data system

Chapter II

The methods of Integrating Population, Gender in Development planning in Health care service

*Eg: Ensuring quality in health care for
children through decrease the gap of service
quality of health care for below 5 year children
between areas*

Objective:

Understanding the methods of
Integrating Population, Gender into
Development Planning in Health care
in obtaining the equality in this field.

Integrating Population, Gender into framework of Development in Medical

- Step1: Planning
 - Circumstance analysis
 - Finalize the aims/ target
 - Build policy and solution.
 - Set up program/projects.
 - Investment program setting/ Budget planning.
- Step 2: Implementing schedule.
- Step 3: Monitoring
- Step 4: Evaluation the output.

I. Integration Population, Gender into the each circumstance.

Objectives

- Understand requirements of analysis circumstance related to Population and Gender integration.
- Understand the methods of integration.
- Explore the potential issues in this topic.

Requirements in integration of Population and Gender into circumstance analysis:

- Define and analyze the mutual relationships between Population- Development, Gender (Economy, Society and Environment) – Child Health care
- Define clearly who is that person (Male, female ? Minority group) in ? Location
- Define the gap of health care results of Child Health care (which index has the biggest gap? Which location and group has the most vulnerable issues)
- Define direct and indirect impacts on Child health care result
- => Basics of setting out the target and solution in each period to meet that target.

Steps of analysis of circumstance analysis

- 1. Define the needed results of Medical and Health care
- 2. Define the index of results
 - Describe the change of index reflecting the result of health care (10 years, 5 years ago before setting the target and plan)
- 3. Analysis and compare the results
 - Compare among locations, provinces and groups of people.

=> Conclusion : location, area, people group has the lowest result of health care with the biggest gap.

Steps in circumstance analysis (con't)

- 4. Analysis of the result of monitoring the time-> Define the law of movement, progress of index
- 5. Define and analyze index of cause and factors impacting on the gap of health care result
 - Direct factors:
 - Indirect factors:
 - Subjective factors:
 - Objective factors:

Steps (con't)

- 6. Define and analyze index of crossing-sector factors impacting on the health care result.
- 7. Define group (male, female, ethnic minority, age...)? location? The serious level.
- 8. Inform the community about the issue
- 9. Use of data to account the number of impacted people.
- 10. Define the remains of issues, the group needing support. Favorably select.

Step 1. Define issues need analyzing :

**Example: The state of health care of
children below 5 years**

Step 2: Define the index evaluating the state of health care for children

- Example:
 - The rate of children below 1 year.
 - The rate of children below 5 years.
 - The rate of newly born children below 2500 gr
 - The rate of children without enough nutrition ranged into age groups
 - The rate of children without enough nutrition ranged into height of age groups
 - The rate of children without enough nutrition ranged into height group

Example: Index of state of Child health care ranged into locations

Area	Newly born children below 2500 gr (1997)	Children below 1 year old (1997)	The rate of children below 5 years with inadequate nutrition (2000)		The rate of children below 5 years with inadequate nutrition	The rate of death of children below 5 years (1991)	
	1	2	3	4		5	
A							
North East	8.18	44.9	37.6	42.3			82
North West	8.18	44.9	37.6	42.3			82
Hong river	2.62	26.5	31.6	32.7			44
North of the Middle	5.53	37.0	40.1	43.1			51
South of the Middle	16.47	40.6	35.1	36.0			46
Tay Nguyen	12.96	64.4	40.9	45.5			108
West of the Middle	5.90	23.6	26.7	27.0			48
Cuu Long river	8.97	35.5	30.0	33.9			69
Vietnam	7.97	36.7	33.8	36.5			62
PAR	0,671	0,357	0,210	0,260			0,290

**Example: The rate of distribution of children
in age group: 0-4 years ranged into disease
group and locations (%)**

	Urban	Rural	Poor rural
1. Infected disease	7,1	22,7	33,9
2. Uninfected disease	2,6	3,8	2,7
3. Incapacities	0,6	0,8	0,6

Step 3. Analysis and comparison

- Simple matrix to evaluate: PAR
 - Comparisons among locations
 - Comparisons among different groups

Example: Comparison of PAR of the average rate of death of children below 5 years whole country with favourable location (Hong river)

$$\text{PAR (children <5yrs)} = \frac{|62 - 44|}{62} = 0,290$$

PAR = 0,290 reflecting the gap of the risk is 1.29 times higher than other provinces

Example: Comparison of PAR of the average rate of death of children below 5 years whole country with the most unfavourable location (Tay Nguyen)

$$\text{PAR (Children <5 years)} = \frac{[108 - 62]}{108} = 0,426$$

PAR = 0,426 reflecting the gap of the risk of this location is 1.426 times higher than other provinces

Example: Comparison of PAR of the average rate of death of children below 5 years in Tay Nguyen and Hong river

$$\text{PAR (The rate of death < 5 yrs)} = \frac{|108 - 44|}{108} = 0,592$$

PAR = 0,592 reflecting the gap of the risk of Tay Nguyen is 1.592 times higher than Hong river.

Step 4. Evaluate the rate of achievement of index

- => The gap increase? decrease?

Selective issues

- The result of Medical sector.
- Condition of Medical sector:
 - Infrastructure
 - Human resource in Medical sector.
 - Finance

* Needed-support group, high risk group,
demanding group (widespreading)

Step 5. Reason and impacting factors

- Requirements:
- + Define the impacting factors (the biggest impact)
- + Approaching needed to be considered in the relationship of mutual and crossing sectors.
- + Take the group of high risk into account , location with high risk, disease

Step 5. Reasons and impacts (con't)

1. Direct factors.

- Differences in birth giving.
- The gap of Medical and Health care service among locations
- The gap of accessing Medical and Health care service among locations
- The gap of Medical and Health care service :
Medical equipments

Human resource in this sector

Example : Reasons and factors impacting health care in children below 5 years (con't)

The average number of children and rate of child death in tém of mother's age

The number of living children	The rate of death compared with living children
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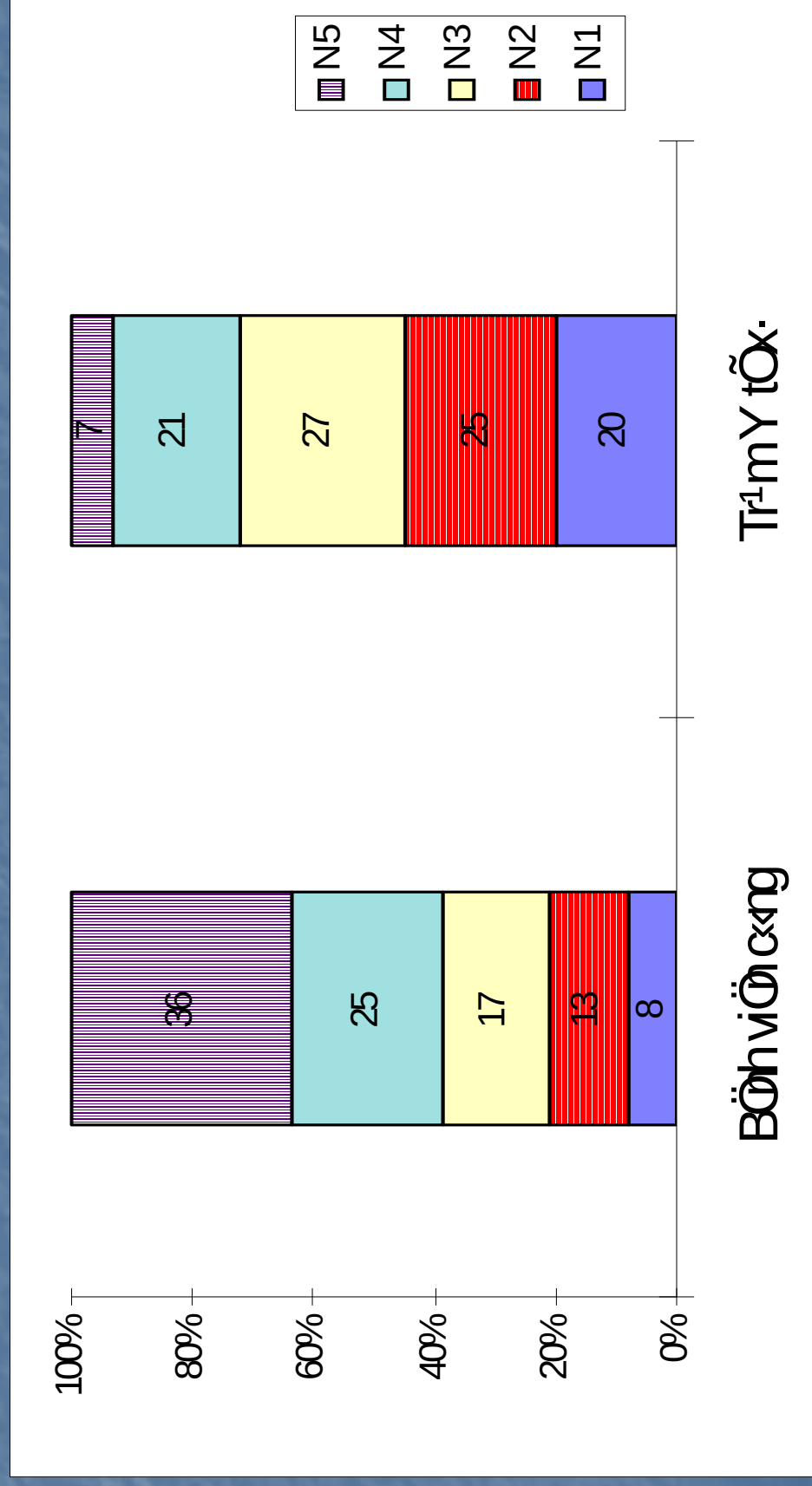
1,815	0,062
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General

Including: mother's age

15 - 19	0,029
20 - 24	0,048
25 - 29	0,035
30 - 34	0,051
35 - 39	0,063
40 - 44	0,072
45 - 49	0,080

Example : Hospital selection or medical center in terms of income.



The rate of medical center with electricity, purified water and sanitation place

	Electricity	Pure water	Sanitation place
Locations	99,5	96,6	98,5
TDMN	100,0	100,0	90,6
Hong rivè	100,0	100,0	100,0
North of the Middle	100,0	100,0	100,0
South of the Middle	100,0	100,0	100,0
Tay Nguyen	75,4	65,3	100,0
South East	100,0	82,9	94,5
Cuu Long river	100,0	96,6	100,0

Example: Gap of ensuring medical human resource among locations in 2001

	% commune with doctor	% xã commune with nurse	% district with medical staff.
Whole country	56.1	87.7	77.4
TDMN	34.3	83.7	87.8
Hong River	74.4	91.4	65.8
North of the Middle	45.1	83.8	82.4
South of the Middle	51.1	86.1	86.6
Tay Nguyen	47.8	77.2	89.0
South East	82.3	95.2	40.4
Cuu Long river	68.9	94.7	80.2

Step 5. Reasons (con't)

- Direct reasons (con't)
 - + The state of nutrition (ranged into locations, social groups)
 - + Sanitation, environment (Housing, Sanitation place, Pure water... ranged into locations, social groups)
 - + Rate of birth (the number ,)

Step 5. Reasons (con't)

■ Indirect

- + Living standard , income (expense of food and medical service), + The rate of using health insurance, the rate of housing with pure water, sanitation place...
- + Education level of household, of mother
- + Custom

Step 5. Reasons (con't)

- Political factors
- + Distribution of finance
- + Setting of Medical system in terms of administration units.
- + Favorable policy to attract medical staff to remote and poor areas.