



Developing an integrated campaign to address child helmet use in Vietnam: a case study

Vietnam national
child helmet campaign

Report prepared by
AIP Foundation for
The Atlantic Philanthropies

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The Asia Injury Prevention (AIP) Foundation is a non-profit organization dedicated to preventing road injuries and fatalities in low- and middle-income countries. Founded in 1999, the organization has offices in Asia and Africa where it delivers school-based education, public awareness campaigns, legislative advocacy, and research, monitoring, and evaluation. In 2001, AIP Foundation built the Protec helmet factory, a social enterprise employing the physically disabled. All profits from helmet sales are re-invested in road safety programs.

The Vietnam national child helmet campaign was made possible through generous grants from The Atlantic Philanthropies and others (see page 21).

The Atlantic Philanthropies are dedicated to bringing about lasting changes in the lives of disadvantaged and vulnerable people. Atlantic focuses on four critical social problems: Ageing, Children & Youth, Population Health, and Reconciliation & Human Rights. Programmes funded by Atlantic operate in Australia, Bermuda, Northern Ireland, the Republic of Ireland, South Africa, the United States, and Vietnam.

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Overview

Road crashes are one of the leading causes of death and injury for children in Vietnam.¹ From September 2010 to April 2014, the Asia Injury Prevention (AIP) Foundation, with support from The Atlantic Philanthropies and partners, implemented an integrated campaign to increase the helmet wearing rate of children in three major cities of Vietnam: Hanoi, Danang, and Ho Chi Minh City. AIP Foundation prioritized an evidence-based approach to designing the campaign, which consisted of three components: a wide-scale public awareness campaign, enhanced police enforcement, and partnership and capacity building.

This case study details the process of developing and implementing an integrated campaign and shares some of the lessons learned from this process.



The child helmet use campaign was implemented in Hanoi, Danang, and Ho Chi Minh City in Vietnam.

¹ UNICEF Vietnam, *A Review of Child Injury Prevention in Vietnam, 2010*, http://www.unicef.org/vietnam/resources_13328.html.

The challenge

- Nearly 10 million vehicles were added to Vietnam's roads between 2007 and 2010. Motorcycles make up 95 percent of all registered vehicles in Vietnam.
- Road traffic injury has become a major public health issue in Vietnam, with over 11,000 fatalities reported in 2010. Sixty percent of deaths are among motorcycle users, and 78 percent of these deaths are a result of head injury.
- One year after an amendment in 2010 which explicitly mandated child helmet use for children age six and older, only 18 percent of children in Hanoi, Danang, and Ho Chi Minh City wore helmets on motorcycles.

Rapid economic development in Vietnam has increasingly enabled citizens to purchase motorized vehicles. Nearly 10 million vehicles were added to Vietnam's roads between 2007 and 2010. Of all registered vehicles in Vietnam, 95 percent are motorcycles.² In many cases, motorcycles are the sole vehicle of the Vietnamese household and relied upon for routine activities, including transporting goods, traveling to the market or work, and bringing children to and from school. Unfortunately, this increase in mobility has had a tragic downside. Road traffic injury and fatality has become a major public health issue in Vietnam. Over 11,000 road traffic-related fatalities were reported in 2010, although the World Health Organization estimates that the actual figure is nearly double.^{3,4} Motorcycle users make up approximately 60 percent of Vietnam's road deaths, and 78 percent of these deaths are a result of head injury.⁵

In 2007, the Vietnamese government instituted Resolution 32, which mandated helmet use for all motorcycle drivers and passengers. The law was highly effective at increasing the helmet use rate throughout the country. Almost overnight, helmet use among adult drivers increased from less than 10 percent to over 90 percent in major cities.⁶ This mandatory helmet law is estimated to have prevented 20,609 fatalities and 412,175 serious injuries between 2008 and 2013.⁷



² World Health Organization, "Decade of Action for Road Safety 2011-2020: Saving Millions of Lives," n.d., 2011.

³ World Health Organization, *Global Status Report on Road Safety 2013: Supporting a Decade of Action* (Geneva: World Health Organization, 2013), http://www.who.int/iris/bitstream/10665/78256/1/9789241564564_eng.pdf.

⁴ Anh D. Ngo et al., "Road Traffic Related Mortality in Vietnam: Evidence for Policy from a National Sample Mortality Surveillance System," *BMC Public Health* 12, no. 1 (July 27, 2012): 561, doi:10.1186/1471-2458-12-561.

⁵ Ibid.

⁶ World Health Organization, "Decade of Action for Road Safety 2011-2020: Saving Millions of Lives," n.d., 2011.

⁷ Asian Development Bank, *WHO Global Status Report 2013, National Traffic Safety Committee data sources used for calculations by Truong Bui* (AIP Foundation).



The behavior change seen from implementing Resolution 32 is an internationally recognized public health success story. However, similar changes in behavior were not seen among Vietnamese children, even after an amendment in April 2010 which explicitly mandated helmet use for children age six and older. According to the baseline study conducted before the start of the child helmet campaign in 2010-2011, only 18 percent of primary school aged children in major cities wore a helmet when riding on a motorcycle. This figure ranged from 27 percent in Danang to as low as 9 percent in Hanoi.⁸

In order to address the detrimentally low rate of child helmet use in Vietnam, AIP Foundation and partners (see the partnership matrix on page 17), with the support of The Atlantic Philanthropies, developed and implemented a comprehensive, multi-year child helmet campaign. The Atlantic Philanthropies provided a generous grant towards the campaign on the condition that AIP Foundation could generate additional funding and support from other partners. This emphasis on partnership became a critical component of the campaign, as it encouraged AIP Foundation to build a strong support structure which ultimately contributed to the campaign's long-term sustainability and expansion in Vietnam.

⁸ Vietnam National University, Survey on Public Opinions on Child Helmet Use: "Children also need a helmet." Project (Hanoi, 2011).



Campaign components

The campaign integrated three components which worked together to increase the child helmet wearing rate in Vietnam:

- A comprehensive public awareness campaign
- Enhanced police and school enforcement of the child helmet law
- Partnership and capacity building

These components were implemented throughout three phases of the child helmet campaign, which ran from June 2012 to April 2014 across the targeted cities Hanoi, Danang, and Ho Chi Minh City.

The three phases of the child helmet campaign

PRE CAMPAIGN BASELINE STUDY

September 2010 - March 2011

CAMPAIGN DEVELOPMENT

March 2011 - June 2012



PHASE I

June 2012
- November 2012



PHASE II

December 2012
- May 2013



PHASE III

September 2013
- April 2014





Evidenced-based approach to designing an integrated campaign

Throughout all phases of the campaign, ongoing research, monitoring, and evaluation was conducted. This research-based approach ensured that the campaign was informed and adjusted according to the reality of the road safety environment and addressed the true issues underlying low child helmet wearing rates in Vietnam.

Identifying the problem

During the development period of the campaign, qualitative and quantitative methods were used to understand the reality of the child helmet wearing rates in major cities. Third-party researchers from Vietnam National University conducted an in-depth baseline study to identify the factors that drive these rates including motivations and barriers to wearing a helmet, the road safety environment, and other social factors that affect attitude and behavior. To determine the true child helmet wearing rate, the research team conducted observations at schools in randomly selected districts throughout the three major cities – Hanoi, Danang, and Ho Chi Minh City. At the time of the study, helmet wearing rates

among children were shockingly low – in Hanoi, the rate of helmet use was 9 percent, in Danang it was 27 percent, and in Ho Chi Minh City it was 22 percent.⁹ These rates later served as a comparison for the helmet wearing rates observed at the end of each phase of the campaign, which helped assess the campaign's efficacy in increasing the child helmet wearing rate. In addition to helmet use observations, the research team conducted interviews and focus groups with parents, teachers, school administrators, and students to better understand child helmet use in Vietnam. The key findings from the baseline study were used to develop campaign strategy and design and set targets for success.

The target group

The baseline study revealed that many misunderstandings and myths about child helmets persisted, particularly among parents. For example, despite the reality that crashes can and do occur at any time, many parents believed that it is not necessary to put a helmet on their child if they are only driving a short distance. The study also found that many parents believed child helmets were actually harmful to the child, with 32 percent of parents reporting concern about the possible negative effects of helmets on children. Many parents were afraid that the weight of the helmet could cause spine injury to their child or prevent proper skull growth.¹⁰ In fact, a helmet is proven to reduce the chances of death in a crash by 42 percent, and the chances of brain injury by 69 percent, for both children and adults.¹¹ These findings from the baseline study, among others, demonstrated the need for better communication and education about the importance of child helmet use, especially among parents and adult supervisors.

Further, initial research demonstrated that the school environment significantly affects child helmet use. Schools and teachers can actively encourage students to use helmets as they travel to and from school by implementing helmet use policies. For example, schools that implemented helmets as part of the school uniform or required students to bring their helmets to school every day had significantly higher child helmet wearing rates. However, only parents (and to some extent, the students themselves) can ensure helmet compliance outside of school hours. Primary students were a particularly important demographic to reach, because research showed that the younger the child, the less likely they were to wear a helmet when riding on a motorcycle.¹² Thus, AIP Foundation and partners decided that the campaign should target **primary students, parents, and the school community**.



⁹ Vietnam National University, *Survey on Public Opinions on Child Helmet Use: "Children also need a helmet."* Project (Hanoi, 2011).

¹⁰ Ibid.

¹¹ Bette C Liu et al., "Helmets for Preventing Injury in Motorcycle Riders," in *Cochrane Database of Systematic Reviews*, ed. The Cochrane Collaboration and Bette C Liu (Chichester, UK: John Wiley & Sons, Ltd, 2008), <http://doi.wiley.com/10.1002/14651858.CD004333.pub3>.

¹² Vietnam National University, *Survey on Public Opinions on Child Helmet Use: "Children also need a helmet."* Project (Hanoi, 2011).

Helmet enforcement barriers

The baseline study revealed that the fear of being fined is one of the main reasons adults chose to wear a helmet when driving or riding on a motorcycle. Currently, the adult helmet wearing rate is around 90 percent in major cities.¹³ This high rate is largely attributed to the consistency among police forces at the national, provincial, and district level in issuing fines to helmet law violators. However, before the start of the child helmet campaign, the mandatory child helmet law was rarely enforced by police.¹⁴ Meetings and workshops with police revealed that a lack of human resources and competing financial priorities were a key reason for the lack of enforcement of child helmet use. Other reasons reported included the social difficulty of giving fines to parents when the child helmet law was so unpopular, and children becoming distressed or late if they were fined on the way to school. Realizing how effective police enforcement was in raising the adult helmet wearing rate, AIP Foundation and partners concluded that enhanced police enforcement, alongside better in-school enforcement and policies, would be a necessary and complementary component of the child helmet campaign.



The stakeholders

The perhaps most influential component of the integrated campaign was partnership development and capacity building. During the campaign development phase, long-term sustainability became a high priority for AIP Foundation and other partner organizations. With significant resources channeled towards ensuring that the campaign used well-researched solutions to raise the child helmet wearing rate, it was critical that the campaign components could be continued in the long term. A competent and dedicated network of road safety stakeholders was necessary to harness a diverse range of resources and establish a stable and widespread commitment to child helmet use in Vietnam. At the onset of the project, AIP Foundation and initial partners

brainstormed to identify other relevant organizations and agencies who could share in campaign planning, implementation, and ownership. Financial resources and project priorities were mapped out, and initial partners discussed how to channel additional resources and skills from other partners to strengthen the campaign. By the final phase, the campaign had integrated road safety stakeholders from the local, provincial, and national level of the Vietnamese government, as well as international organizations, NGOs, research institutions, and private sector partners. These partners, through ongoing coordination and capacity building, fuelled the campaign throughout the three phases of implementation, and ultimately secured its continuation in the long term.

¹³ World Health Organization, *Global Status Report on Road Safety 2013*.

¹⁴ Mary Byrne McDonnell, Van Bich Thi Tran, and Nina R McCoy, "Helmet Day! Lessons Learned on Vietnam's Road to Healthy Behavior" (Social Science Research Council, 2010), <http://www.atlanticphilanthropies.org/learning/evaluation-helmet-day-lessons-learned-vietnam%E2%80%99s-road-healthy-behavior>.

The pilot approach

In addition to the baseline study that shaped the foundation of the campaign, AIP Foundation and partners conducted ongoing monitoring, evaluation, and research throughout each of the three phases of the integrated campaign. This centered on a pilot approach, in which each campaign component was implemented on a small scale in one phase, evaluated and adjusted, then scaled up in the following phase. For example, enhanced police enforcement was piloted in select districts of Ho Chi Minh City during phase one, before scaling up to all three target cities in phase two. External evaluators were brought on board to evaluate each campaign component (public awareness campaign, police enforcement, and partnership building) at each phase, and these results were used to improve and grow the integrated campaign in the following phases. This research-based approach ensured that each component of the campaign was informed and adjusted according to the reality of the road safety environment in Vietnam.



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The fluidity and flexibility of the campaign is widely believed among partners to be one of the key reasons behind its success.
– Nuong Nguyen, Director of Programs, AIP Foundation

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Implementing an integrated campaign

A research-driven approach to campaign development and a commitment to sustainability resulted in the formation of the three main components:

- Component one: the public awareness campaign
- Component two: police enforcement
- Component three: partnership and capacity building

Implementing the components together brought about significant achievements, including a substantial increase in the child helmet wearing rate across the target cities. However, these achievements did not come without important lessons. Implementing the integrated campaign was a valuable learning process for AIP Foundation and partners.

Component one: the public awareness campaign

The public awareness campaign (PAC) was a key component of the integrated campaign because of the demonstrated need for better communication and education about child helmet use.

AIP Foundation focused on four key indicators to determine the success of the PAC: campaign exposure, knowledge change, attitude change, and behavior change. Campaign exposure was measured by assessing the extent to which the target groups (namely, parents, students, and members of the school community) saw and recalled the key messages of the PAC materials. For example, the PAC evaluation measured how many parents remembered the campaign message that “Children also need a helmet.” Knowledge change was

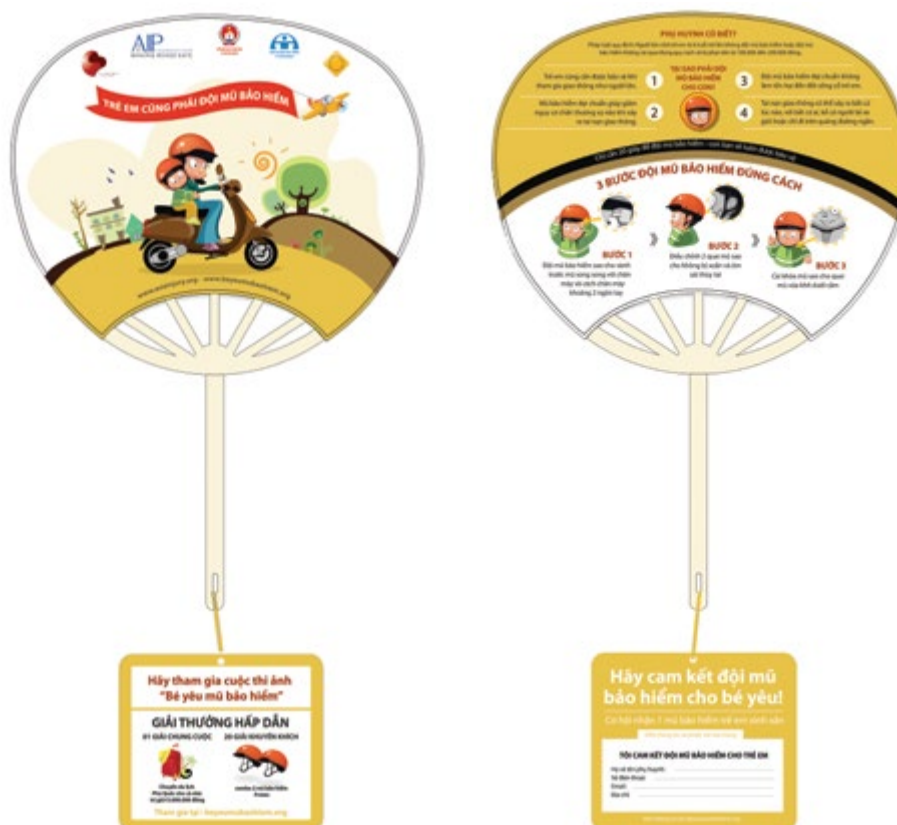
measured by assessing the increase in awareness among parents and adult supervisors about the mandatory child helmet law. Attitude change was measured by assessing the perceived value of child helmets, and behavior change was measured through direct observation of child helmet wearing rates in the target cities (noting that police and school enforcement also played a role in behavior change). Other measurements of success were also used to help AIP Foundation and partners evaluate and adjust the PAC throughout the three phases.

The PAC incorporated a variety of communication activities, including direct communication to the target group, mass media communication, and digital media communication, all focused on promoting child helmet use.

Direct communication activities implemented throughout the campaign included:

- Distribution of educational materials to primary students and parents such as notebooks and hand fans that addressed the child helmet myths uncovered in the baseline study. These materials also provided information about the child helmet law and reminders to wear a helmet.
- Interactive informational sessions at schools for students, parents, and the school community in the target cities.
- Letters to parents asking for their commitment to always put a helmet on their children.
- Audio broadcasts at school gates aired during school dismissal hours to remind students and parents to wear a helmet on a motorcycle.

These direct communication activities served to emphasize the campaign’s key messages to students, teachers, school administrators, and parents. In addition, direct incentives were provided to the target group, such as the provision of free helmets to select students and the distribution of helmet discount vouchers redeemable at high-quality helmet shops, to further encourage child helmet use.



The public awareness campaign addressed common myths surrounding child helmet use:

To develop relevant communications, AIP Foundation identified the most common reasons why children do not wear helmets. The reasons were shortlisted and developed into five "myths" which were tested and approved by the Ministry of Education and Training, the National Traffic Safety Committee, and Department of Police.



Vietnamese law states that all motorcycle drivers and passengers over six years of age must wear a properly fastened helmet.

Did you know?
In accordance with Resolution 34/2010/ND-CP, adults who are driving children over six years of age without properly fastened helmets are subject to a fine of 100.000 to 200.000 VND.
Source: Asia Injury Prevention Foundation (2013)

Why do some parents not insist their children wear helmets?

Myth 1: Road crashes don't happen on short trips, so it's unnecessary to put a helmet on my child.
Fact: Most road crashes happen just a short distance from the driver's home. Close to your home or on short trips, you can have a false sense of security and feel overly confident, and therefore take risks that can cause accidents. Helmets must be worn every time you or your child are on a motorbike. Even low speed crashes can cause serious brain injury.
Source: Hurt, Ouellet, & Thom (1981); Dynamic Research, Inc. (2007)

Myth 2: Helmets for children are too expensive, and I don't know if they are of high quality.
Fact: For around 200.000 VND, you can buy a high quality helmet that will protect your child from serious head injury in a crash. Cheaper, substandard helmets can do more harm than good in the event of a crash. Make sure you buy a certified helmet, so that your child's life is protected.
Source: Protec catalogue; NHTSA (USA); Office of Behavioral Safety Research (2007)

Myth 3: It takes too long to put a helmet on my child.
Fact: It takes under 20 seconds to put a helmet on correctly.
Source: AIP Foundation timed a normal procedure of putting a helmet on. 20 seconds is the average time it takes to put a helmet on a child.

Myth 4: I am an excellent driver, so I will not have an accident.
Fact: Road crashes happen to even the best drivers. You cannot control other people's dangerous behavior. Be prepared; put a helmet on your child's head.
Source: Eby (1995)

Myth 5: Helmets are too heavy and will hurt my child's head and neck.
Fact: A number of scientific studies have shown that there is no link between helmet use and neck injuries in children. In fact, wearing a helmet during a crash decreases the risk of severe injury by 69 percent and the risk of death by 42 percent.
Source: WHO, Viet Nam (2009); Liu, Ivers, Norton, Boufous, Blows, & Lo (2009)

Mass media communication activities made up the bulk of the PAC and included:

- Outdoor media such as large educational billboards erected throughout the three target cities
- Commercial, documentary, and televised talk show airings on local and national television channels
- Community-wide "family days" in public areas where parents, children, and family members could learn about the importance of a helmet in a fun and engaging environment
- Press conferences to attract media attention and generate public awareness
- Facebook, Twitter, and other digital and social media outlets to promote the campaign messages, including a nationwide photo contest on Facebook which attracted significant attention from the online community



A "family day" was organized in Ho Chi Minh City for parents, children, and family members to learn about the importance of helmet use.

The evaluation of the PAC showed positive and encouraging results. Of people surveyed at the end of the third phase of the campaign, 94 percent of respondents across Hanoi, Danang, and Ho Chi Minh City reported having heard about or seen components of the PAC. Among those exposed to the campaign in the three target cities, 88 percent recalled the campaign's key message: "Children also need a helmet." and 99.7 percent knew about the regulation stating that children six and older must wear a helmet on a motorcycle, compared to only 77.7 percent in the baseline study.¹⁵ These figures suggest that the campaign had a wide reach, and brought about a significant change in knowledge. The campaign also had a positive impact on attitude. Among those surveyed in the target cities, 96 percent believed that it is necessary for children to wear a helmet when on a motorcycle, compared to only 87 percent in the baseline. Further, the number of respondents who believe that a helmet is actually harmful for a child reduced from 33 percent in the baseline study to 10 percent by the end of phase three.¹⁶

The PAC benefited significantly from a commitment among partners to an evidence-based approach for campaign development, in which ideas were tested out, adjusted, and then scaled up to reach a wider audience. From this process, AIP Foundation and partners experienced some valuable lessons learned which led to a successful PAC by phase three. Particularly, partners learned that it was important to test out the campaign messages or communication outlets on a small audience to determine whether or not the particular campaign component would be effective in changing knowledge, attitude, and behavior within the larger target group. In developing the list of five common myths among parents regarding child helmet use (see page 12), campaign partners referred back to the baseline study to ensure that the communication messages were rooted in statistical evidence. The developed campaign messages were then tested on a select group of parents and school community members to ensure that the messages were

clear, relevant, and relatable for the target audience. The fact that there was significant change in knowledge, attitude, and behavior within the target audience by the end of phase three, as demonstrated by the evaluation results, suggests that this approach to developing campaign messages is effective.

Another key lesson learned from the implementation of the PAC was the power and cost-effectiveness of digital media in reaching a wide audience. Social media outlets including Facebook, Twitter, and others proved highly complementary in spreading the campaign messages to thousands of parents throughout the target areas and beyond, at minimal cost. For example, the campaign's "Children also need a helmet." Facebook page received more than 34,000 followers, and nearly 10,000 parents signed an online pledge to always put a helmet on their child. In addition, the online photo contest which encouraged students to post pictures of smart or dangerous road user behavior in their own road environments received hundreds of photo submissions. During the campaign's final evaluation phase, many parents interviewed mentioned that they had heard about the child helmet campaign online.¹⁷

Finally, the campaign's strong network of partners significantly contributed to the effectiveness and reach of the PAC. For example, the National Traffic Safety Committee was actively engaged in developing the campaign materials and objectives, the Department of Education and Training helped mobilize the school communities and families to participate in the campaign events, and the C67 Police Department conducted invaluable information sessions in schools as part of the direct communication campaign. This concerted effort from multiple players was the key driver in the PAC's successful and timely implementation. Lessons learned from the partnership development component of the integrated campaign are discussed later (see pages 16 and 17) in the case study.

¹⁵ Tran Hung Minh, *Evaluation of the Effectiveness of the Communication Campaign (Initial Report, Phase 3 Evaluation)*, 2014.

¹⁶ Ibid.

¹⁷ Ibid.

Component two: police enforcement



AIP Foundation collaborated with a variety of governmental departments to implement enhanced police enforcement in the target cities.

Due to the success of police enforcement in raising the adult helmet wearing rate throughout Vietnam, enhanced police enforcement of the mandatory child helmet law was implemented as a key component of the campaign. Despite its proven efficacy in raising the adult helmet wearing rate, implementing the police enforcement component was ultimately challenging. The traffic police departments in Vietnam did not initially possess the will or the resources to enforce child helmet use, despite the mandatory child helmet law enacted in 2010. During phase one of the integrated campaign, AIP Foundation worked closely with national governmental departments, including the National Traffic Safety Committee, and the World Health Organization to roll out an effective police enforcement plan, initially piloted in Ho Chi Minh City. To address the lack of resources, the World Health Organization provided financial support directly to the provincial Traffic Safety Committee to cover the time and resource costs of enforcing child helmet use. Enhanced police enforcement was piloted from September to December 2012 targeting five districts of Ho Chi Minh City. Five police teams (one in each district) set up posts and ran patrols in the target districts to identify and address violations of the child helmet law. Before the start of the campaign, according to the baseline study, the helmet wearing rate for primary school children in Ho Chi Minh City was only 22 percent.¹⁸ Following phase one, which included the roll out of the PAC in all three cities and the police enforcement pilot in Ho Chi Minh City, the child helmet wearing rate in Ho Chi Minh City increased to 50 percent.¹⁹ This increase was significantly more than the increase in Hanoi and Danang, which suggested that police enforcement did indeed enhance the effectiveness of the campaign.²⁰

The significant increase in the child helmet wearing rate in Ho Chi Minh City following the police enforcement

pilot served as strong evidence, not only for AIP Foundation but also for partner organizations such as the National Traffic Safety Committee and the National Traffic Police Department, to scale up police enforcement of the child helmet law in the two other target cities—Danang and Hanoi. In phase two of the campaign, the World Health Organization extended financial support to include Danang and Hanoi Traffic Safety Committees. With this support, police enforcement was effectively rolled out in all three cities, largely due to the partnership strengthened during phase one between AIP Foundation and relevant government partners. The National Traffic Safety Committee was able to provide directives to provincial and local level police forces to ensure that increased enforcement took place.

In Hanoi, enhanced police enforcement was executed in three target districts between April and May 2013; in Danang, five districts were targeted from March to May 2013; and in Ho Chi Minh City, police enforcement was scaled up in three districts from April to May 2013. More than 2,500 violations were accounted for across the three cities during this period. Police enforcement in phase two ran simultaneously with the PAC, so that police enforcement and communication efforts could reinforce each other and better promote lasting behavior change.

Implementing the police enforcement component of the campaign provided valuable insight to campaign partners. Importantly, campaign partners noticed that targeting specific districts had positive spillover effects into other districts. Enhanced police enforcement was conducted in pre-selected areas in the target cities, but the coordination of the police forces at the district and provincial level made it possible for other districts and provinces to learn about and implement the campaign's successful enforcement strategies. The National Traffic Safety Committee and other national government agencies that directly oversee provincial and district level police forces were also actively engaged in the dissemination of strategies and lessons learned through the government network. It was a pleasant surprise for all campaign partners to see stronger police enforcement of the child helmet law executed in districts and provinces outside the campaign's direct reach. Of course, the campaign could have benefited from even more knowledge sharing and dissemination of best practices and lessons learned, so that even more communities and enforcement teams in Vietnam could benefit from the enforcement strategy developed by the campaign.

¹⁸ Vietnam National University, *Survey on Public Opinions on Child Helmet Use: "Children also need a helmet." Project (Hanoi, 2011).*

¹⁹ Vietnam National University, *Child Helmet Use Evaluation (Ho Chi Minh City, Vietnam, 2012).*

²⁰ Ibid.

Component three: partnership and capacity building

“Coordination mechanisms and partnerships between provincial and national levels were not very well established at the beginning [of the campaign]. Initially, our partnership with AIP Foundation was limited to playing a supporting role in the public awareness campaign. However, by phase three, discussions, coordination, and collaboration was much smoother. Together we agreed that the public awareness campaign should come together with stronger police enforcement, so that these components can complement each other and increase the campaign’s impact. By the third phase, the Traffic Safety Committee (TSC) played a larger role in this and coordinated more effectively with partners in other sectors.” – Representative from Provincial TSC, In-depth interview.²¹

The most critical component of the campaign, in terms of long-term impact, was the commitment to building a strong network of road safety partners in Vietnam to support and sustain the child helmet campaign. These partners – which now include multiple government agencies, NGOs, international organizations, research bodies, and private sector organizations – brought a diverse range of resources, skills, and perspectives to the campaign. By the final phase of the campaign, the partnership was committed to continuing the campaign components in the target cities, in addition to expanding the campaign to other provinces in Vietnam. The public awareness campaign and the police enforcement components served to bring about desired behavior change, but the partnership component serves to sustain that behavior change in the long term, which was the ultimate goal of the child helmet project.

Coordinating a complex partnership has been a formative experience for AIP Foundation and has helped shape a new approach to campaigning in Vietnam. In 2010, when AIP Foundation agreed to coordinate the network of road safety stakeholders, the organization had little experience coordinating partnerships on such a multilateral scale, particularly involving the provincial and district levels of government. Inevitably, the partnership component began in a tentative state, as the relationships had not been deeply established or nurtured. At the onset, AIP Foundation identified the National Traffic Safety Committee and the Ministry of Education and Training as primary strategic partners in planning the campaign. These agencies were identified as strong partners because of their involvement in passing the mandatory child helmet law earlier in 2010 and previous collaboration with AIP Foundation on other road safety initiatives. A Memorandum of Understanding was signed by these three parties, and the partners began to brainstorm ways to strengthen the integrated campaign.

During the development phase, a partnership consultant was brought on board to help identify other relevant partners in the road safety arena to engage in the campaign. A steering committee was created in phase one, consisting of the partners who would oversee

and ultimately ensure the roll out of the integrated campaign. The steering committee included the National Traffic Safety Committee (committee chair), the Ministry of Education and Training, the C67 National Traffic Police Department, and AIP Foundation (lead campaign coordinator). To supplement the steering committee, a group of advisors for the campaign was established, consisting of organizations such as the World Health Organization (WHO), Global Road Safety Partnership (GRSP), UNICEF, the Ministry of Transport, the Vietnam Certification Centre (QUACERT), Michelin, Cho Ray Hospital, and others. The group of advisors’ role was to support and advise the steering committee on campaign implementation. AIP Foundation consulted with these partners on all aspects of the campaign throughout the three phases, and relied on them for smooth implementation.



Partners signed Memorandums of Understanding to support the child helmet campaign.

²¹ Vu Song Ha, Tran Hung Minh, and Quach Thu Trang, *Partnership Is a Learning Process: Evaluation Report on Developing Partnership in Project “Vietnam Child’s Helmet Campaign”* (Hanoi, Vietnam: Center for Creative Initiatives in Health and Population (CCIHP), April 2014).

The Atlantic Philanthropies (Atlantic) was a fundamental partner whose financial and technical assistance shaped the integrated campaign and strengthened AIP Foundation's capacity to develop sustainable solutions. They supported AIP Foundation in developing a partnership strategy to recruit additional stakeholders to support the campaign. Ensuring the sustainability of the campaign and its impact through partnership building was a key tenant of Atlantic's grant towards the child helmet campaign. Further, Atlantic provided invaluable technical consultation throughout the four-year process, offering consistent feedback, trouble-shooting, and recommendations for improvement. There was always an open dialogue between Atlantic and the campaign partners, which helped keep the campaign on track towards its goals.

Over the campaign years, both corporate and non-profit organizations came on board to provide complementary services to the campaign to expand its impact and ensure its sustainability. From the private sector, Michelin contributed to mass media efforts and Johnson & Johnson, United Postal Service (UPS), Abbott, Sealed Air, Long Huei, Australia Road Research Board (ARRB), and Unilever improved accessibility to helmets through the *Helmets for Kids* program, a school-based intervention which provides students with high quality helmets and in-depth education on helmet use. Other organizations, including Big C, Sophie Paris, Blah Blah Films, and Protec provided in-kind contributions to support the campaign. Non-profit agencies, including WHO, GRSP, UNICEF, and FIA Foundation, organized capacity building workshops (see below) and provided technical and operational support. Encouragingly, many of these organizations have committed to support child helmet use beyond 2014.

Additional support to the child helmet campaign

Organization	Supporting activities	Contribution over campaign years (2010 - April 2014)
Abbott Laboratories*	School-based helmet donation and education; subsidy for parents' helmet exchange	Financial
Australian Road Research Board (ARRB)*	School-based helmet donation and education	Financial and technical
Big C	Mass media	In-kind
Blah Blah Films	Mass media	In-kind
FIA Foundation*	School-based helmet donation and education; operations; and capacity building	Financial and technical
Global Road Safety Partnership (GRSP)*	Capacity building workshops for policymakers and journalists on child helmet use	Financial and technical
Johnson & Johnson*	School-based helmet donation and education	Financial and technical
Long Huei	School-based helmet donation and education	Financial and in-kind
Michelin	Mass media	Financial
Protec*	Helmet discount vouchers	In-kind
Sealed Air*	School-based helmet donation and education	Financial
Sophie Paris	Helmets for police enforcement	In-kind
UNICEF*	National workshop on public education and child helmet use	Financial and technical
Unilever	School-based helmet donation and education; helmet donation to parents	Financial
The UPS Foundation*	Mass media; school-based helmet donation and education	Financial
World Health Organization	Police enforcement	Financial and technical

*Will continue to support the child helmet campaign beyond 2014.

Capacity building workshops:

To strengthen the campaign and promote its sustainability, capacity building workshops supported by GRSP with financial assistance from Bloomberg Philanthropies were held for provincial and national government agencies to brainstorm effective ways of encouraging child helmet use in their jurisdictions. This capacity building approach created a favorable environment for the overall campaign, and encouraged individual partners to channel their skills towards increasing child helmet use. Furthermore, the workshops provided a platform for knowledge sharing between different localities. All six of the provinces that participated in the policymakers' workshop developed action plans to increase child helmet use. A capacity building workshop also supported the media to better understand the importance of child helmet use, and the impact of road traffic injury in Vietnam. Within six months of participating in the course, journalists had published eighty in-depth feature articles discussing child helmet use. In addition, UNICEF, through the Ministry of Transport, organized a workshop with national government agencies and other campaign partners to brainstorm ways to improve the effectiveness of public education on child helmet use.

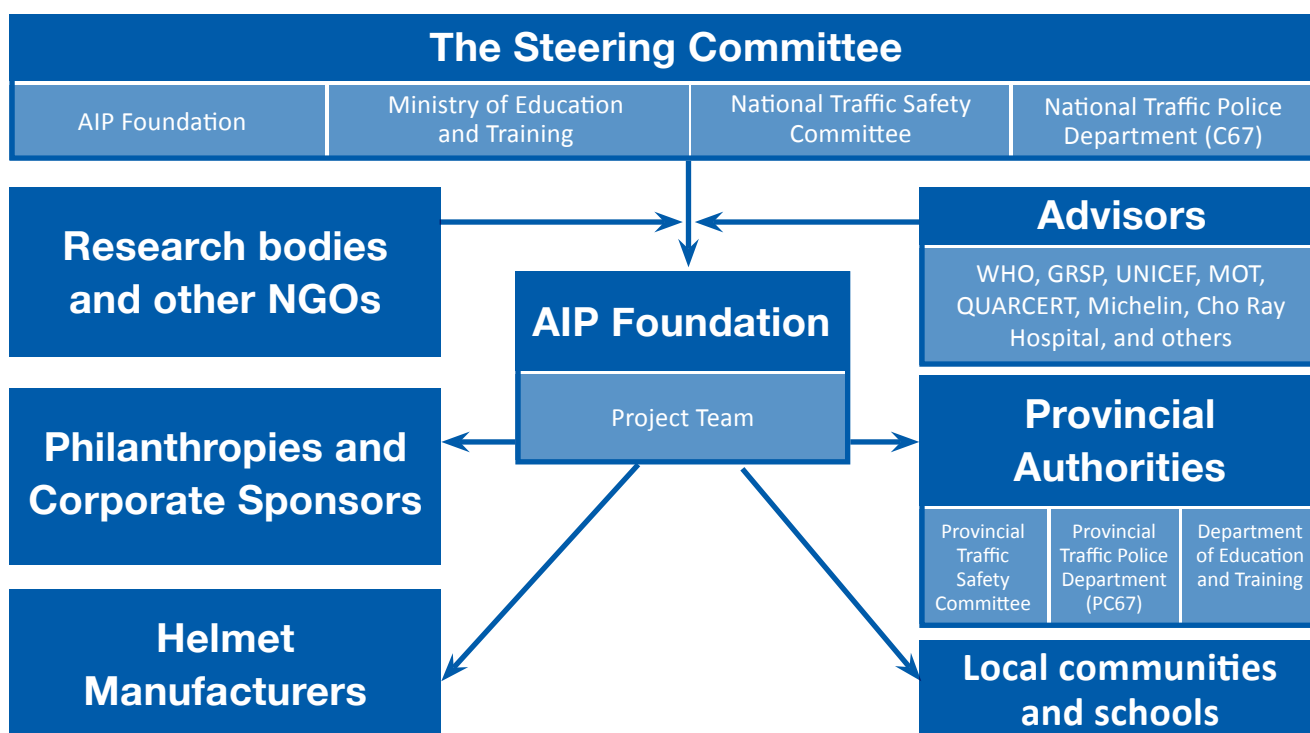
Managing a complex network of partners in support of the child helmet law was by no means effortless. With the many benefits of this network came many challenges. As the lead coordinator of the partnership, AIP Foundation learned many lessons during the three phases of the campaign.

One of the key lessons learned was the need to clearly define roles and responsibilities at the onset of the partnership. In order for partners to work together efficiently, each partner needed to have a clear understanding of their own role, and how that role complements other roles and contributes to the larger goals of the campaign. Towards the beginning, participating organizations were not always clear on their responsibilities. To facilitate understanding among partners, AIP Foundation, towards the end of phase one, developed a formalized partnership matrix, with roles and responsibilities explicitly laid out and agreed upon for each partner. Having such a document in place from the beginning of the campaign would have been beneficial to ensure organizations would participate consistently in the campaign despite changes in staffing or management priorities. By the end of the campaign, partnership coordination had improved immensely, and all campaign partners surveyed either “highly agreed” or “agreed” that all partners understood the purpose and goals of the partnership, and that all partners were committed to the campaign.²²

Through the implementation process of the campaign, AIP Foundation discovered that partnership coordination and effective communication requires a lot of time and energy, and can be much more costly than a project directed and implemented by an individual organization. Frequent communication, whether informally through email and phone calls or formally through a stakeholder meeting, is necessary but very time consuming, especially for the organization serving as the primary coordinator. Additionally, coordinating partnerships from a variety of sectors including international organizations, NGOs, government agencies, media, and the private sector can be a delicate process, as different sectors often have different priorities or opinions. Thus, partnership coordination needed to be handled professionally and diplomatically, and appropriate resources were required to support this time investment. In the future, AIP Foundation would consider bringing in a full-time partnership coordinator to ensure smoother collaboration and mutual understanding between partners.

Despite the challenges that came with coordinating a complex partnership, the campaign benefited tremendously from the involvement of a variety of stakeholders. By bringing in a diverse range of partners, the campaign was able to harness an array of resources and skills that would not have been accessible if a single organization had conducted the campaign. This strong partnership network will help sustain the campaign beyond the duration of the grant from The Atlantic Philanthropies.

Campaign partnership matrix



²² Vu Song Ha, Tran Hung Minh, and Quach Thu Trang, *Partnership Is a Learning Process: Evaluation Report on Developing Partnership in Project “Vietnam Child’s Helmet Campaign”* (Hanoi, Vietnam: Center for Creative Initiatives in Health and Population (CCIHP), April 2014).

A blue-tinted photograph of a group of children wearing helmets, likely for a safety campaign. The children are looking in various directions, some towards the camera. The background shows a metal fence and other children.

Campaign results

Key achievements

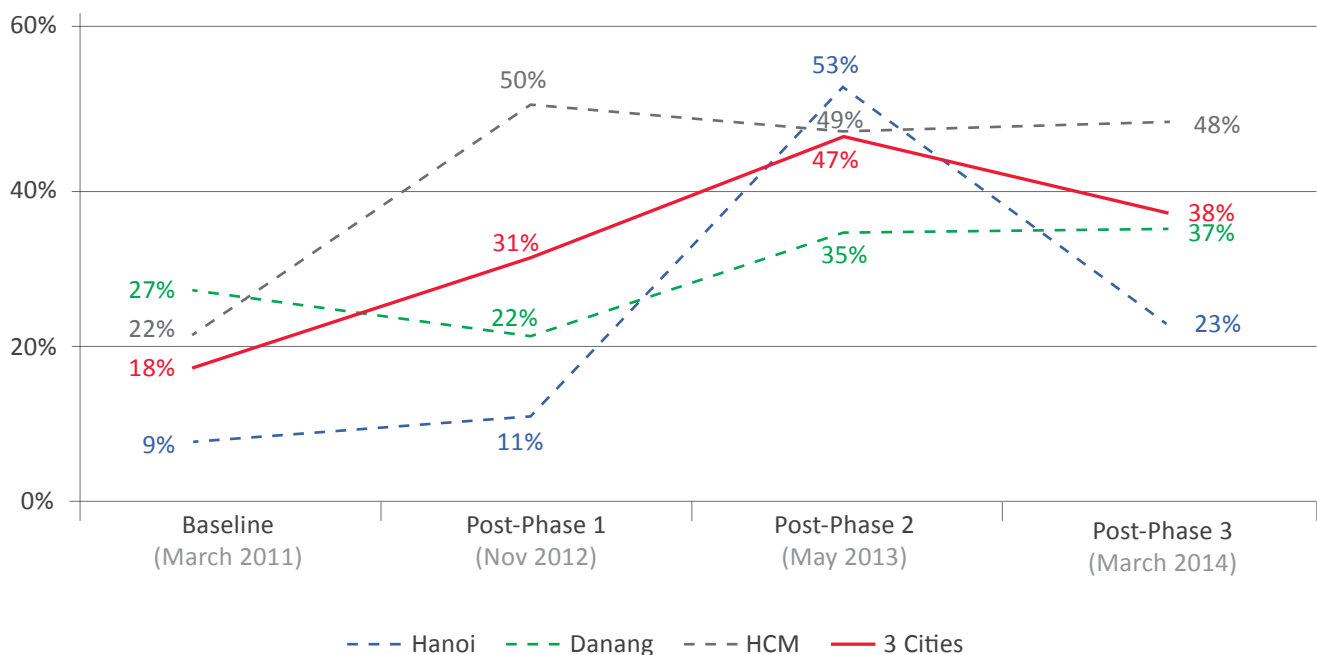
By the end of the third phase of the integrated campaign:

- 94 percent of respondents across Hanoi, Danang, and Ho Chi Minh City reported having heard about or seen components of the public awareness campaign.
- 88 percent recalled the campaign's key message "Children also need a helmet."
- 96 percent of all respondents knew about the regulation stating that children six and older must wear a helmet on a motorcycle, compared to 78 percent before the campaign.
- 96 percent believed that it is necessary for children to wear a helmet when on a motorcycle.
- Only 10 percent of respondents believed that a helmet is actually harmful for a child, compared to 33 percent before the campaign.
- Six provinces developed action plans to increase child helmet use in their jurisdictions.
- Child helmet use increased substantially across target cities from 18 percent in 2011 to 38 percent by the end of the campaign.
- Multiple long-term corporate partnerships were developed to sustain financial support and continue the campaign.
- All campaign partners surveyed either "highly agreed" or "agreed" that all partners understood the purpose and goals of the partnership, and that all partners were committed to the campaign.

Following the three phases of the integrated campaign, the child helmet use rate increased significantly in the three target cities. Ho Chi Minh City experienced the highest increase; child helmet use increased from 22 percent in 2011 to 48 percent at the end of phase three in 2014. In Danang, child helmet use increased from 27 percent in 2011 to 37 percent in 2014, and in Hanoi child helmet use increased from 9 percent in 2011 to 23 percent in 2014.²³ In addition, the integrated campaign brought about significant changes in knowledge and attitude about the importance of putting a helmet on a child. Police enforcement proved to be highly complementary to the public awareness campaign, and the additional enforcement from schools, supported by school boards and the Department of Education and Training, was another effective tool.



Helmet use by city throughout the integrated child helmet campaign^{24, 25, 26}



Due to the strong partnership network that AIP Foundation established, the campaign can be continued in the target cities and replicated in other cities and provinces in 2014 and beyond. This is important, because achieving long-term, widespread behavior change is a slow process. Although coordinating a complex partnership was time-consuming and at times challenging, the campaign benefited significantly from the engagement of a variety of actors. Further, a commitment to consistently monitoring and evaluating each component of the integrated campaign ensured that the campaign reflected the reality of child helmet use in Vietnam. The flexibility and fluidity of the campaign was one of its best assets, and the driving factor behind its achievements.

²³ Tran Hung Minh, *Helmet Observation Survey Report (Final Evaluation - January 2014)*(Hanoi, Vietnam: Center for Creative Initiatives in Health and Population (CCIHP), January 2014).

²⁴ Tran Hung Minh, *Helmet Observation Survey Report (Final Evaluation - April 2014)*.

²⁵ Vietnam National University, *Child Helmet Use Evaluation*, 2012.

²⁶ Tran Hung Minh, *Helmet Observation Survey Report: Phase II Evaluation*, 2013.



Next steps

As a result of the strong network of partners developed throughout the campaign, there is currently a demonstrated interest in continuing the campaign in the long term and extending many of its components to provinces outside of the original target areas. The National Traffic Safety Committee, the lead government agency committed to improving the road traffic environment nationally, has agreed to develop and coordinate a national action plan to effectively enforce the child helmet law in all 63 provinces of Vietnam. This plan is inspired by the successful police enforcement of the integrated campaign in Hanoi, Danang, and Ho Chi Minh City. The national action plan will draw on the resources of many government agencies at the national and local level to establish a concrete date of universal enforcement and a policy of zero tolerance for violators of the child helmet law.

In 2013, many components of the integrated campaign were replicated in three additional provinces of Vietnam: Ha Tinh, Quang Binh, and Dong Nai. In 2014, capacity building workshops for policymakers and journalists will be conducted in six additional provinces in Southern Vietnam, and AIP Foundation will assist provincial government partners in developing action plans for stronger enforcement of the child helmet law. In 2015, these six provinces will also implement components of the child helmet public awareness campaign. In addition, long term partnerships with corporate and non-profit organizations will continue to support other, highly complimentary, child helmet use programs. These are just a few examples of the significant positive spillover effects which resulted from the integrated campaign. With a network of partners committed to increasing child helmet use in Vietnam, AIP Foundation is confident that many aspects of the campaign will be sustained far beyond The Atlantic Philanthropies' grant duration. We have made important strides, but these continued efforts are critical in order to further increase and sustain child helmet use in Vietnam.

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