

WORLD HEALTH
ORGANIZATION

REGIONAL OFFICE FOR
SOUTH EAST ASIA

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Report on a Visit to Thailand
(Project: THA SHS 006)

Preliminary Period
23 September to 22 October 1976

By

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The following is a summary of a report shared and discussed with the WR Thailand and the Ministry of Public Health:

Purpose

Terms of reference have been agreed as follows:

- to develop methods for stimulating rural communities in participation of primary health care schemes.
- to develop methods for encouraging professional health staff in the provincial areas to support primary health care workers.

Timing

Preliminary period, 23 September - 22 October 1976

Second Period 3 January thru' first week February 1977

Third Period April - May 1977.

Preliminary Visits

Visits have been made to :

- (1) The Lampang Health Development Project (DEIDS)
- (2) The Chiang Mai Province Project (SURAPEE)
- (3) Ban Phai District Khon Kaen Province
- (4) The Korat Province Community Health Services
- (5) Khon Kaen University Medical School
- (6) The Sungnden Training - Research Centre (Branch of Mahidol University School of Public Health).

Discussions have taken place with many persons in the project areas and in the Ministry of Public Health in Bangkok. (See appended short list).

Preliminary Impressions

Each of the projects visited have a number of vital "ingrediants" related to a programme of primary health care, along with elements of community participation. Common to all is the concept and utilisation of "communicators" and some kind of Health Volunteers geared to the delivery of service to the villages.

However each one has distinctive features of its own. From my brief visits only "instant" impressions can be expected, but I have characterised the projects somewhat along the following lines:-

- (a) The project in Chiang Mai (SURAPEE) seems to have been the forerunner of the primary health care movement in Thailand. Former leading members of this pioneer service are now associated with the Lampang project - some 100 minutes away by road. I understand that there is no special budget for this

SURAPEE project and the staff allocated to it especially, is small. The communicators, volunteers, and a child nutrition programme can be seen, but there seems to be problems, within the administrative hierarchical structure related to the project. The overall impression is that the project does not come very high in the demonstrated order of priorities in the health services. Its proximity to the large urban centre of Chiang Mai also must rob it of a sense of rural vitality.

(b) The Lampang project is clearly distinguished by the fact of it being an integral part of a sophisticated research programme. The staff is of very high calibre and has a supporting group of international staff completing the team. The team's work is followed closely; a systematic programme of consultation and review is built into the project; and a wide range of documentation is produced.

Outstanding features include: the planning of provincial administration of health "under one roof" integrating the more usually divided curative and preventive services

: the introduction of the "medex" (wechakorn) a paraphysician,
: a built-in system of evaluation depending upon a sophisticated collection of data such as; baseline data to supply health status & indicators - fertility, infant mortality, nutrition, maternal morbidity etc., a community health survey, vital events, clinical and service recording, a survey of nutritional and oral health, and an analysis of Administration, Tasks and Costs etc.
: the collaborative auspices of the project and its funding.

(c) Khon Khaen University Medical School has had a programme (now completed) of training village level health workers. This school has trained 500 such workers with the support of IDRC (Canada). These workers we understand were taught over a two week period (later reduced to one week) "surgery" "giving of intra-venous injections" and "midwifery" etc.

(d) The Ban Phai District project showed us the elaborate sociometry charts which were the result of its workers surveying the area for the most likely and acceptable 'communicators'.

To date they had also trained 8 volunteers in "Home Remedies" and for a while these volunteers gained incentive by the distribution of UNICEF milk. This aspect of the programme I believe is now discontinued.

It struck us that the Province was waiting for firm guidance regarding the future direction of the Primary Health Care which would need to be planned at the Provincial level. We were puzzled at where it was intended that the workers trained by Khon Khaen University fitted into the administrative and service delivery scheme of things.

(e) Korat Province seems to have the widest 'coverage' and also a whole range of 'ingrediants' which give much to think about. Indeed in discussions with the enthusiastic Mr Tirapol, and in a report dated February 1976, it can be seen that much thought has already gone into such matters as: problems related to the relationship of the health personnel to the public; the organization and maintenance of interest of the communicators; various methods of selecting communicators; their training; the establishment of Health Post Volunteers; the role of Tambon doctors and traditional midwives; the training of the staff to initiate such programmes and the problems and processes of replicability throughout the province. An important innovation seen here has been the idea and beginning of organising communicator and worker groups through an Advisory Group of Senior Villagers with the Health Workers playing the role of Technical Advisors.

(f) At Sungnden we were impressed with the dynamism of the Assistant Professor recently placed in charge and particularly interested in the direction he was taking characterised by the planning of a workshop to bring together the whole range of 'development agents' belonging to the various Ministries and Administrations. (Agriculture, Interior Community Development workers and so on.) in order to put the public health worker into a proper and effective context and to begin to work out local methods and programmes of integrated development.

(g) In Bangkok discussion with the authorities at the Ministry have pointed up the following:-

- i) In the next planning period it is expected to train and establish 200,000 communicators and 22,400 health volunteers.
- ii) To begin with 20 Provinces have been selected to launch the Primary Health Care Programme.
- iii) That a group drawn from various Divisions (Rural Health, Planning, Training, Health Education, Nutrition etc.) are designated to carry the programme forward.
- iv) Teams (of 4 ?) are to be constituted to 'orient' the Provinces to the programme.
- v) Various workshops and training efforts are to be undertaken.

Some Generalisations related to suggested activity and recommendations

1) In order to meet the terms of reference, - 'stimulating community participation' 'encouraging support by the professional health staff' - the overall context needs to be spelled out so that these activities become an integral part of the programme.

At present, I have characterised the projects as possessing positive "ingrediants" - this implies that a putting together is required.

It is recommended that I work along with the appropriate personnel in an endeavour to fully document, review, revise, and promote discussion at the Province level of a "Guide to the operationalising of the Primary Health Care Programme in Thailand".

Such a guide should spell out a suggested sequence, process, and estimated time frame, of each step to allow for sufficient 'Germination' of concept into action. The Guide should embrace the first promotion of the whole concept at the village level; the detailing of step by step establishment of village level health committees'; the selection, job description, training of communicators, the emergence of health volunteers, and the structuring of the relationships between health committees, communicators, health volunteers, and the professional health staff and services.

Putting these ingrediants together in a guide, in a way which shows systematic flow of activity and events, we should be able to demonstrate the strength of our activities to date and to identify the discontinuities and gaps which will need to be 'filled in' by further work.

As we spell out the specific activities to be undertaken we can solidify the 'job descriptions' of different personnel - to include not only the technical health tasks to be performed but the social community responsibilities also.

In detailing these tasks we can naturally work back into the training content and timing.

Where possible we should be able to provide narrated 'illustrations' of how the various steps were performed, drawing upon our experience to date. It may be that there is a variety of ways in which each step has been undertaken. If so a selection of illustrations should be offered.

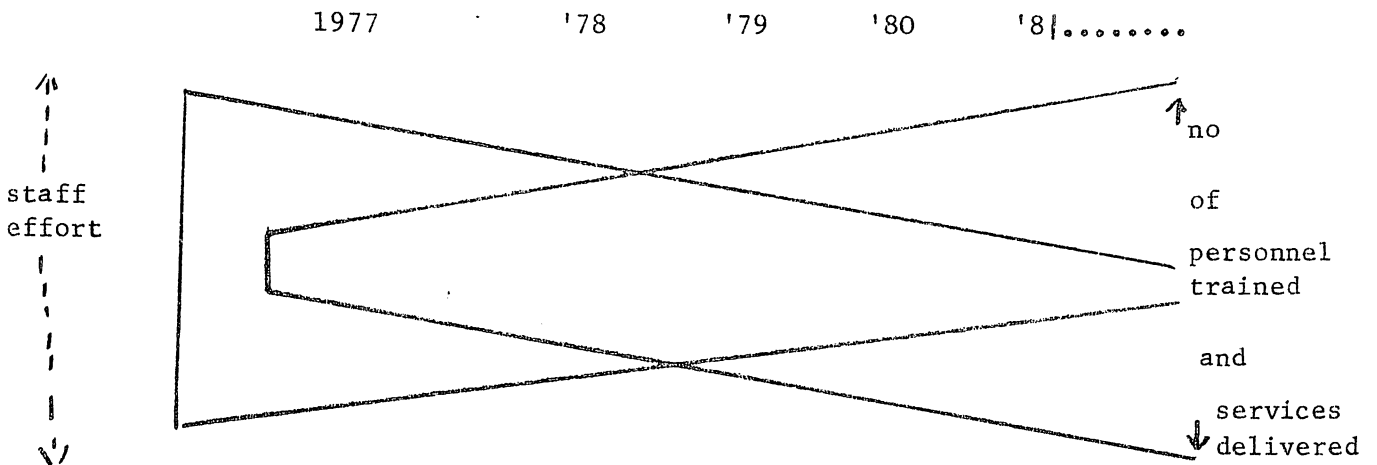
What is to be aimed at is a Guide which firmly thinks though the whole range of activities which a Province is likely to need to turn its attention to provides a foundation for sensible planning which ensures a measure of uniformi

in interpretation of the programme throughout the Provinces; and affords a focus for central monitoring, supervision and inputs; but which at the same time allows flexibility and room for modification, innovation and improvement to meet the differing circumstances in each Province.

The guide should provide the basic material for the Promoting Teams to set the Provinces to work on spelling out their detailed plans of operation; provide the basis for comparison and approval of the plans; and for the teams to work out a sequence of supporting visits throughout the promotion and maintenance phases.

The guide would also afford a opportunity for the different Divisions to undertake an integrating task of an operational kind so leading to further identifying, dovetailing, and detailing the responsibilities of each - establishing team work.

2) It should be firmly recognised that to launch an ambitious nation-wide programme such as this one, a major preparatory effort is required. This means that at the beginning of the plan period, units of staff effort are much greater than the output of units of personnel produced and service delivered, only when the firm foundation has been laid and the implementing teams become thoroughly familiar with and skilled in their activity can output be stepped up to meet the very large target numbers. This can be diagrammatically expressed by two triangles (1) Effort massive at first and tapering off as quality, skill and impetuous is gained, (2) Targets, thin at first but growing as time passes, thus:-



Therefore it is recommended that the programme is launched from Province to Province as soon as long-term teams are armed with the 'Guide' and have been fully prepared. Gradually, Province by Province each will get started and one can plan deliberately to use some of the expertise gained in those Provinces starting early, in transferring skills to those Provinces scheduled later. This will ensure a growing 'cadre' of expertise and experience and so contribute to the speeding up of the process of 'coverage' as one goes along. This phasing of the programme should be worked out by the co-operating Divisions and the implementation teams.

3) It has been noted during my visits to the projects that a great deal of effort and thought has gone into the collection and processing of data and information from the 'bottom-up'. Marked, is the absence of a return flow of information (appropriately digested) from 'top-down'.

Related to this, appears to be an absence of firm mechanisms for a whole range of suitable control of Communicators, Health Volunteers and Health Workers by the community itself. The advisory group of senior villagers and the embryonic health committees are a step in the right direction.

It occurs to me that this aspect of the programme should be given a great deal of attention. One should aim at a simple but effective process of village level planning and monitoring of their own activity. Work on this element would naturally begin to detail the relationship of the professionals to community and voluntary workers, and the incorporating of the activity in their job descriptions. I believe the improvement in downward flows of information for village planning purposes and the establishment of planning processes at this level would be a vitalising mechanism for engaging, but especially stimulating, and maintaining community participation.

Therefore it is recommended that special attention is given to this element of the programme.

4) The approach touched upon above was introduced for discussion especially at the Lampang Project. This resulted in keen interest and response from the project personnel and subsequently Dr Sombon, Project Director (DG Dept of P.H.) has specifically requested that we work on this with the project staff for an intensive period (of 10 days) in January 1977.

It is therefore recommended that the concept of community participation in village health planning with operational and experiential possibilities be worked upon with the project staff.

5) An extension of the village health planning processes to place them into the context of overall village level development needs to be explored and the work at Sungnden Training Centre would seem to offer a venue for such an exploration.

It is therefore recommended that a period be spent with the Sungnden Centre to further this kind of exploration and spell out the implications for the Primary Health Care programme as part of an integrated development activity.

6) Some related but perhaps miscellaneous activities have also been suggested by my visits.

- (1) Experimenting with the idea of a communicators 'picnic' to adjoining villages to promote and spell out practices that the communicators have become familiar with (in the common language and terms of the village communicators and villagers themselves).
- (2) Working on a 'two-way flow' referral system. Again to facilitate continued village interest and commitment as well as improving patient service.
- (3) See whether creative writers, might be stimulated (or prizes offered) for good short stories illustrating the activity of persons involved in the Primary Health Care movement. To be used as illustrative material for the 'Guide'.
- (4) Consider some of the possible community involvement and service relatedness of those in private practice.

In order to carry out this assignment specific dates and appointments will need to be planned starting 3rd January 1976.

Short list of persons with whom discussions took place

Ministry of Public Health

Dr Uthai Chief Rural Health Division

Dr Somwong Chief, Health Education
Dr Prajoab Ass. Health Education
Mr Tirapol Health Education (Morat)

Dr Soomboon Virochtai, Director General
Dr Kittti, Director Training
Dr Amorn Deputy Under Secretary (HMD)

Dr Yonglarb Pbnjawan, Public Health Officer (Lampang)

Dr Prakaht, Provincial Medical Health Officer (Khon Khaen)
Dr Paichit, Assistant Provincial Medical Health Officer (Khon Khaen)

Dr Sombat, Deputy Dean, University Medical School (Khon Khaen)

Dr Anant Menarochi, Banpnai District

Prof. Prasert Bhandhachat, Director, (Social Science Research Centre,
University of Chiang Mai)

Neils Muldar, Researcher (Social Anthropology), 15 Faham Rd, Chiang Mai

Dr Nnat Debmani, Director of P.H. Admin. (Korat)
Dr Pradit, Chief Medical Officer (Korat)
Dr S.Ri, District Health Officer

Asstt. Professor Bonyeeam, Sungnda Training-Research Centre
(Mahidol University, School of Public Health)

LAMPANG PROJECT (DEIDS)

Dr W. Reinke, Asstt Dean, Johns Hopkin University
Dr P. Lowry, University of Hawaii
Mr John Rogosh, University of Hawaii
Dr Puicha Desawadi, Field Director
Dr Chommoon, Director Div of Personnel & Training
Dr Pien, Director Div of Evaluation
P. Marname, P.Hd. Consultant America P.H. Asstt.
Dr Ron Wilson, Chief of Party University of Hawaii

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Hinderlong, P. (Part III)

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Susan Rifkin

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150 Route de Ferney
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"Guide for Community Health Programmes"
Rural Mission of the Phillipines
2215 Pedro Gil
Sta Ana, Manila

Djurfeldt, G. and Lindberg, S.

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Curzon Press, London.

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