

A Discussion Paper
on the Implementation of Primary Health Care
in Thailand

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Introduction

In the course of many discussions with project staff and villagers during,

a) visits in Sept/Oct 1976 to

The Lampang Health Development Project (DEIDS)
The Chiang Mai Province Project (SURAPEE)
The Ban Phai District, Khon Kaen Province
The Korat Province Community Health Services
The Khon Kaen University Medical School
The Sung Norn Training Research Center of Mahidol University
School of Public Health

b) a longer visit to the Lampang project in January 1977 and

c) a review and discussion of the preliminary translation of 'Guidelines for the Implementation of Primary Health Care' with staff of the Ministry of Public Health.

it has been possible to identify areas of problems which warrant further technical examination and urgent discussion. The problem areas which have surfaced are discussed elsewhere* and include

1. Selection Methods
2. Communicators
3. Village Health Volunteers
4. Health Committees and
5. Supervision

The following are some observations and suggestions for discussion. They outline an approach to Primary Health Care which I believe would eliminate some of the problems and would strengthen the beginning of implementation of the nation-wide programme.

Some observations and suggestions

One experienced PHC. worker has communicated that with adequate "supply", "supervision" and "village leadership" the programme will succeed.

The framework for village leadership will be discussed first.

Village Level Planning and Management

My opinion is that the success of this (or any other village-oriented) programme depends on the existing skills and climate for 'village level planning' and 'village level management'. Some such skills must exist (or villages would not have survived through the aeons of time). What is required is to draw out these latent skills, strengthen and sophisticate them, and build a planned health programme upon this common foundation which is necessary for all sectors. It is here at the village planning and management level that the often repeated 'integration' must take place.

Village Committee Training

Attention must therefore be specifically directed to the building of organization and general planning and management skills of the village. As Agriculture, Health, Education, Interior etc., are all Ministries who have a stake in such a result, perhaps a joint programme of practical training can be worked out both in an agreed structure for village organization of development activities, and joint content and exercises for learning developing and practicing the appropriate management skills.**

It seems that the Ministry of the Interior Community Development programme has had such a matter as village organization as an important focus of its work. It is likely that they already have much experience in this kind of effort.

* There must be a useful Thai word for such high sounding functions.

** Discussions took place precisely on such joint problems and possible approaches with the Foundations working with the NADC. as well as with the C.D. Regional Centre Staff.

PROVINCES

The ~~Health Committee~~ might consider either arranging for the CD. people to move in to the villages ~~in the CD (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)~~ ahead of the introduction of the Health Programme; or join with them in working out a village committee training programme; or consider a training procedure of their own for village committee building as the pre-requisite foundation for the Health Programme.* The Health Programme itself should be fashioned as a series of practical exercises and as a direct illustration of the general management skills taught to the village committee(s).

The Structure of Village Committees

The Health Committee itself might best be a sub-committee of the village committee (council), consisting of those who have shown themselves to be 'caring' people with some natural organizational ability. They should not necessarily be those who would ordinarily seek a status position or public office but are ready to belong and contribute to an activity (health activity) group. Of course such a group should be responsible to, and report to, the Headman and his committee at regular intervals.

I would suggest that the formation of a health committee should be quickly followed by a planned training programme centred round specific "How to guides" - in this case for example: "How to develop a village health plan"

"How to manage a community health project"

"How to manage committee meetings"

One part of the plan, and a specific project to illustrate and exercise this training, could centre round the need for, the functions, and the methods of selection of 'communicators' and HPVs. My view is that the ^{some method} ~~method~~ previously utilised is a useful tool if used properly and in the correct hands. I would submit that perhaps the method should be in the hands of the committee itself to use if it sees fit. This will involve the members directly and emphasise that it is their selection and so perhaps avoid the kind of misconception regarding whose volunteers they are - as we have described previously. The maps; clustering, and so forth should be placed in the hands of the community also. Perhaps the schoolteacher, the monk, the youth or elder schoolchildren or other person with skills of mapping etc. (whether on the committee or not) should be invited to do this work and be supervised by the committee as one of its early projects. The resulting diagrams etc. should be displayed in the village (copies can be given to the Health Centre). However, the point to be made is that these planning tools are produced by, belong to, and will be utilized by the village itself. It should also be stressed that those who volunteer are formally appointed by the Health Committee and are answerable to them.

* Dr. Soomboon has already suggested a multi-sectoral meeting presumably to discuss matters such as this, "...to integrate multi-sectoral development objectives, efforts, and interventions at the community level through a community oriented approach". In our discussions at the CD. Regional Centre they seemed most interested. I believe too that Mr. Bonyeeam at the Sung Nern Training Centre of Mahidol University Sch. of PH. recently held a workshop on this subject.

Once the communicators are appointed, the committee, which will have planned for their training by the Health personnel, will immediately engage the communicators in tasks related to a village project which has also been planned and timetabled. Training for the communicators should always be task-oriented and timed to serve a specific planned project. Each village project should include in its programme of activity a spelling out of the appropriate skills for which training is required and a proper timetable of events to which the training is properly and immediately related. Training for communicators should be on a one-project (set of activities) at-a-time basis and should be seen as cumulative in the sense that projects are conducted one after another and are satisfactorily completed.

The earliest tasks of the communicators should be in communicating to their clusters, the nature and elements of the village health programme itself and, having introduced the idea of the HPV, they should ask for suggestions and nominations for that function.

Base Line Data

A second range of tasks (which will demonstrate the capacity of the communicator) should be to collect base-line data for the village committee so that the committee can plan appropriately. Until now the responsibility for collecting base-line data has been on the Health Worker. I am told that this is a heavy burden (taking as much as three months of their working time). This data then is sent to and 'belongs' to the Province and National planners. The suggestions here conceive each communicator collecting information from his own small cluster and it is primarily data for himself and his village committee, both of whom will utilize it, but it may be passed on and up for higher level utilization. The village committee plan will directly refer to this detailed cluster-collected data when devising its overall plan.

Village Plans

A village plan should consist of inaugurating and maintaining a collection of discrete projects, appropriately timetabled in relation to the pace and style of village life, and the necessary time it takes to perform the activities related to the technical requirements of the projects. Some activities will be on-going, but at regular intervals such as the organizing of immunization for children at the appropriate age level. The Health Committee will 'campaign' with its communicators to set up such services and then review their functioning on a planned regular basis. They will of course be guided and assisted by the Health Workers regarding the technicalities, supplies etc. leaving the social aspects of organization to the village committee. (For example, in immunization

as required such as the curative and referral work of the HPV. and some will be on-going...

Armed with these guides as ingredients for village plans and project, the villages can respond by choosing what they feel the need for, and are ready to do, and the Health Workers can encourage them to broaden their range of possible activities one by one. The training, supplies, etc. can be planned for by the District/Province according to the conglomerate of village plans. This would be the "Downward support, upward planning" that Dr. Soomboon is seeking. It would give training and planning a diversity according to local needs and conditions, yet have a unified basis. It would be what might be called a "cafeteria" approach rather than the full scale "banquets" with many set courses we are more familiar with. Where the whole process was interlocked in a village-up planning approach, the community and volunteer training content and method would flow naturally from the projects planned, and supervision, would become directed to identifiable tasks and stages of implementation. Supervision would gradually free itself from a tendency to become a somewhat ad hoc line, 'inspection' tour to a truly supportive and educative activity - properly planned in advance. Of course differentiation must be made between technical/medical supervision which is the responsibility of the Health Worker, and the supervision of community and management activity which is the responsibility of the village health committee itself, with the Health Worker in an advisory role.

Conclusion

In summary, the suggestions made here involve the restructuring of the approach to the community rather than addressing the problems listed, one by one. These problems are to be seen as symptoms of a deeper set of problems centred around the crucial matter in P.H.C. of genuinely attempting to create "upward planning downward support" It will be seen that involved is a complex and extensive range of "social preparation" activities. Particularly these preparation require greater efforts in community building for development tasks, including a well thought through programme of health committee establishment and training in planning and project management. It requires a support system involving a whole range of community oriented "How to ... guides" and a radical change of relationships between health officials and communities.*

In one sense it might be argued that we will be exchanging one set of problems for another, but I believe that we will be moving in the right direction for the lasting implementation of Primary Health Care.

* For a discussion of role relationships which are related to our concerns, see: Herbert J. Rubin, Dynamics of Development in Rural Thailand, 1974 and J.A. Niels Mulder Monks Merit and Motivation, 1973