

**BASIC DESIGN STUDY REPORT  
ON  
THE ESTABLISHMENT PROJECT  
OF  
PRIMARY HEALTH CARE TRAINING CENTERS  
IN  
THE KINGDOM OF THAILAND**

**OCTOBER 1982**

**JAPAN INTERNATIONAL COOPERATION AGENCY**

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P R E F A C E

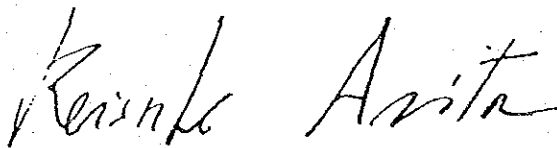
In response to the request of the Government of the Kingdom of Thailand, the Government of Japan decided to conduct a survey on the Primary Health Care Training Centre Project and entrusted the survey to the Japan International Cooperation Agency. The J.I.C.A. sent to Thailand a survey team headed by Dr. Saburo NISHI, Chief, Division of Health Administration, Department of Public Health, National Institute of Public Health, from May 23 to June 19, 1982.

The team had discussions with the officials concerned of the Government of Thailand and conducted a field survey (in Bangkok, Khon Kaen, Nakorn Sawan, Nakorn Shithammarat, Cholburi). After the team returned to Japan, further studies were made and the present report has been prepared.

I hope that this report will serve for the development of the Project and contribute to the promotion of friendly relations between our two countries.

I wish to express my deep appreciation to the officials concerned of the Government of the Kingdom of Thailand for their close cooperation extended to the team.

October, 1982

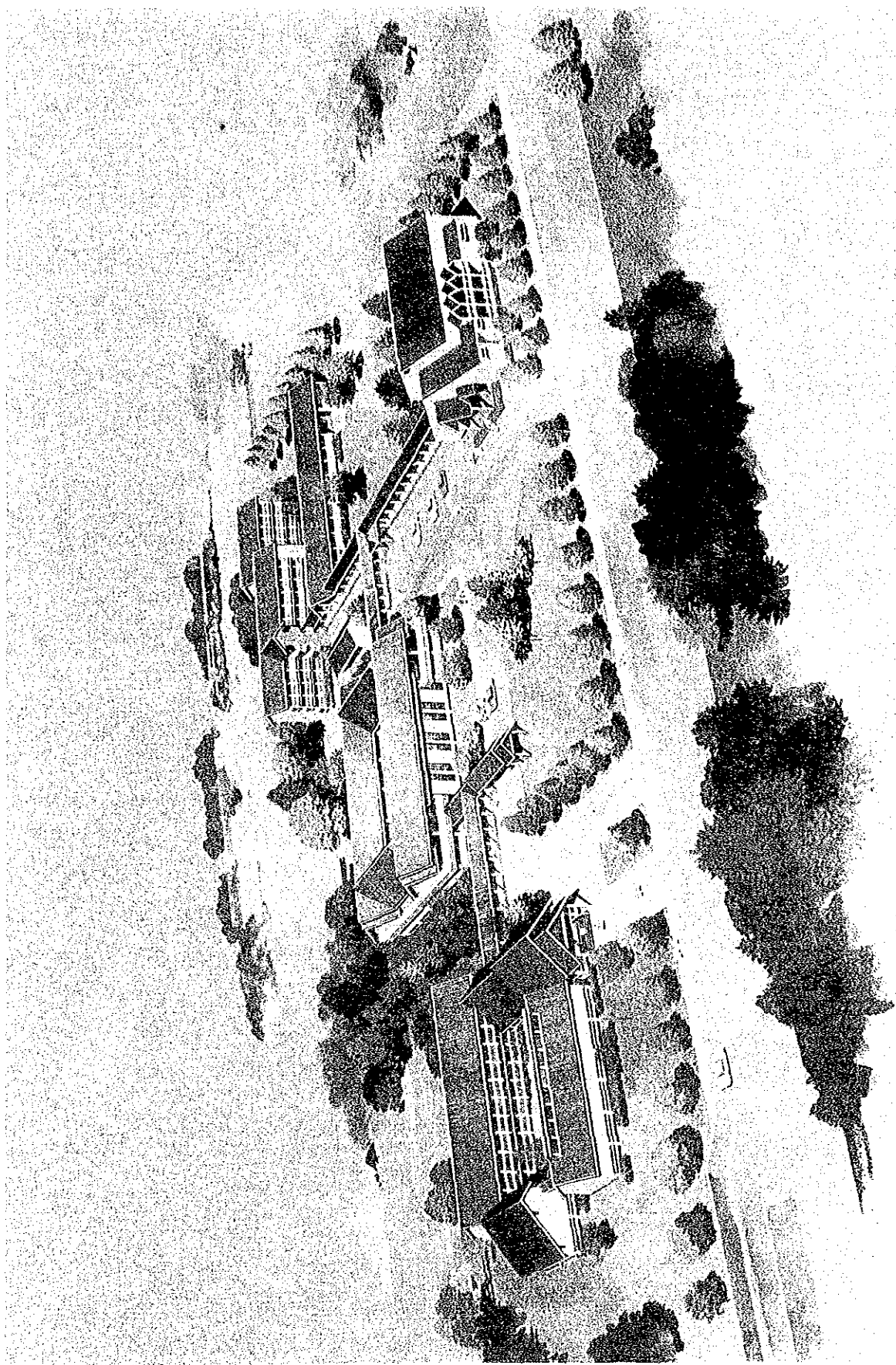


Keisuke Arita

President

Japan International Cooperation Agency

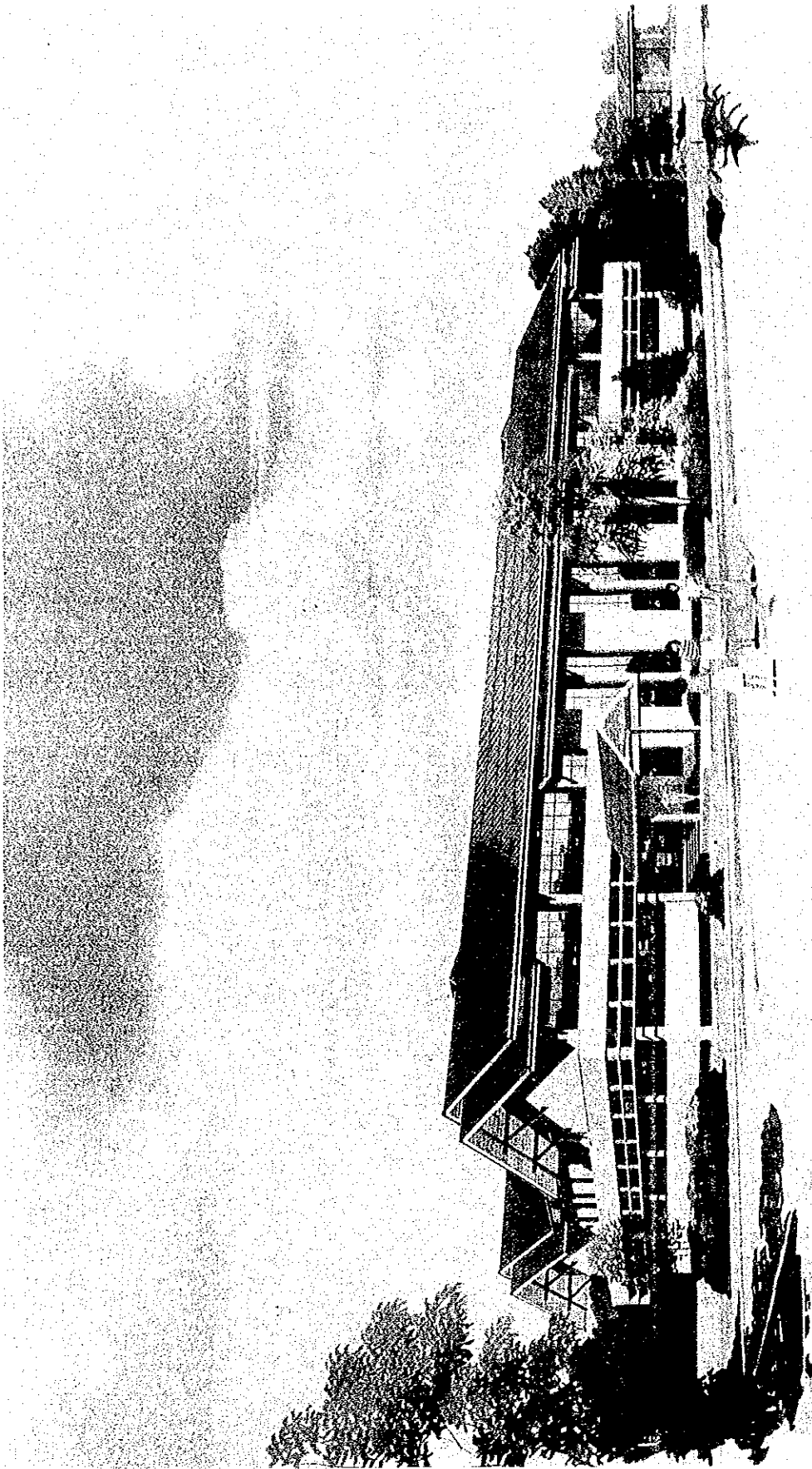




1. ATC/PHC

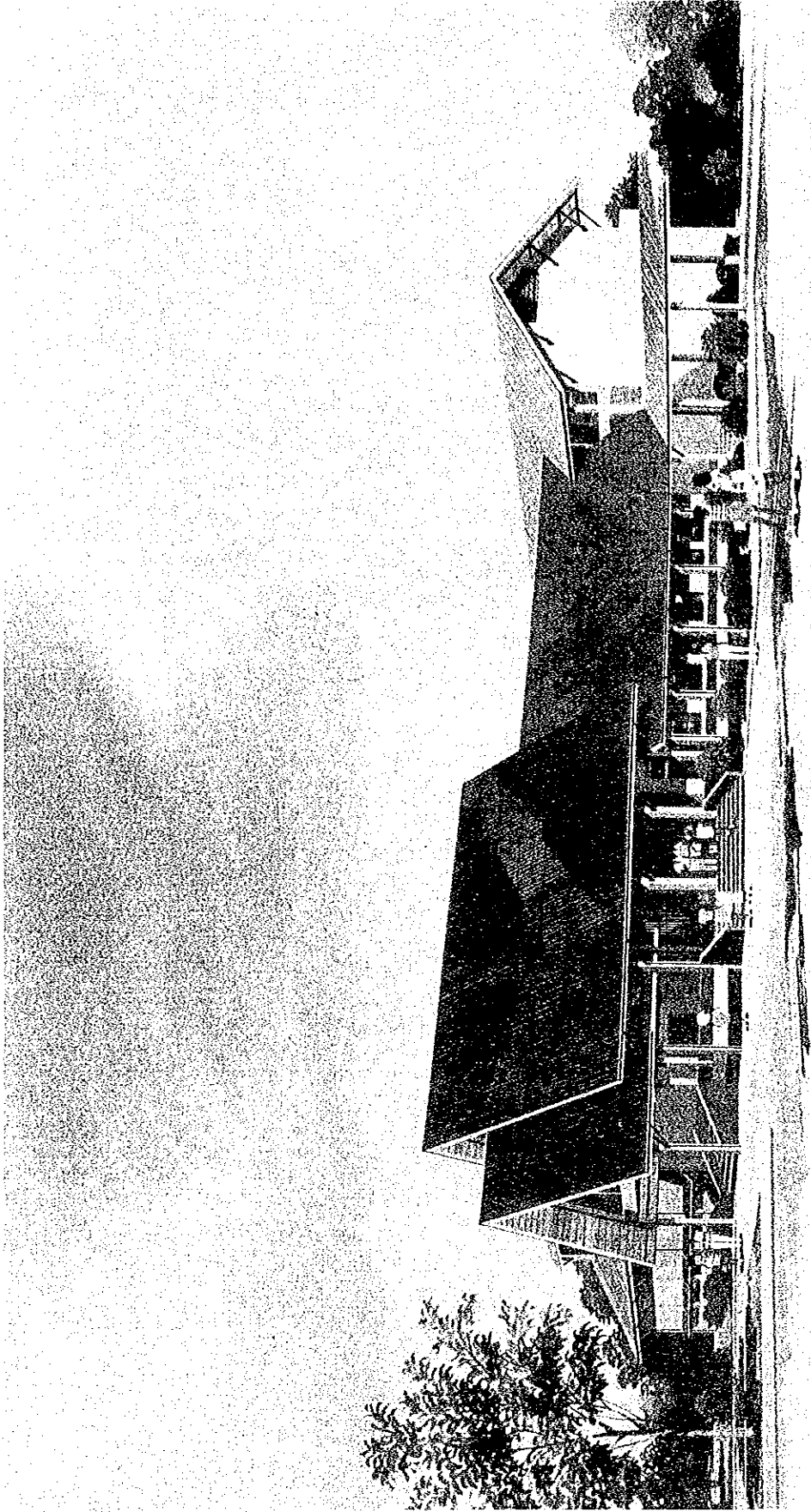






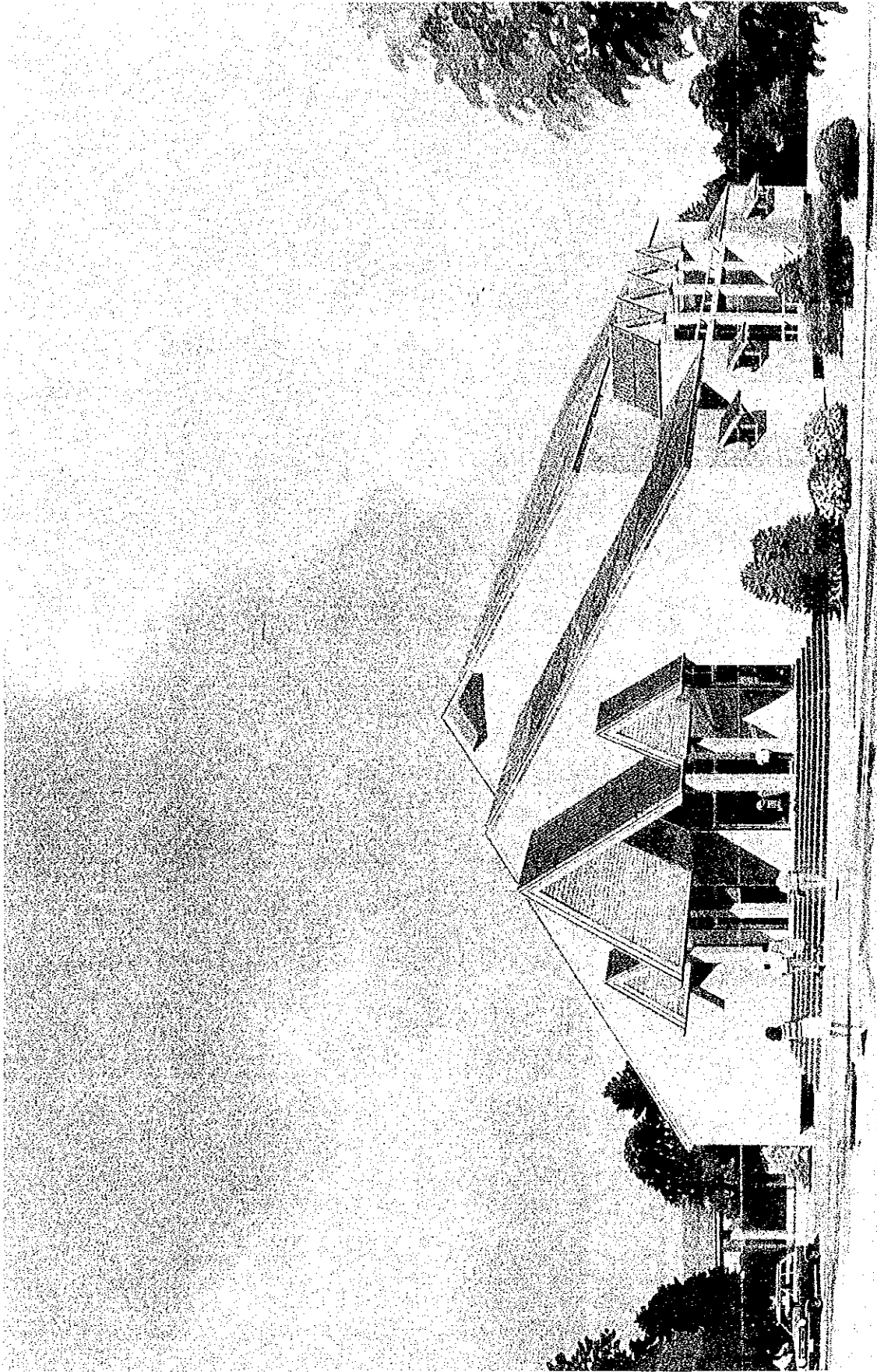
2. ATC/PHC Main Building





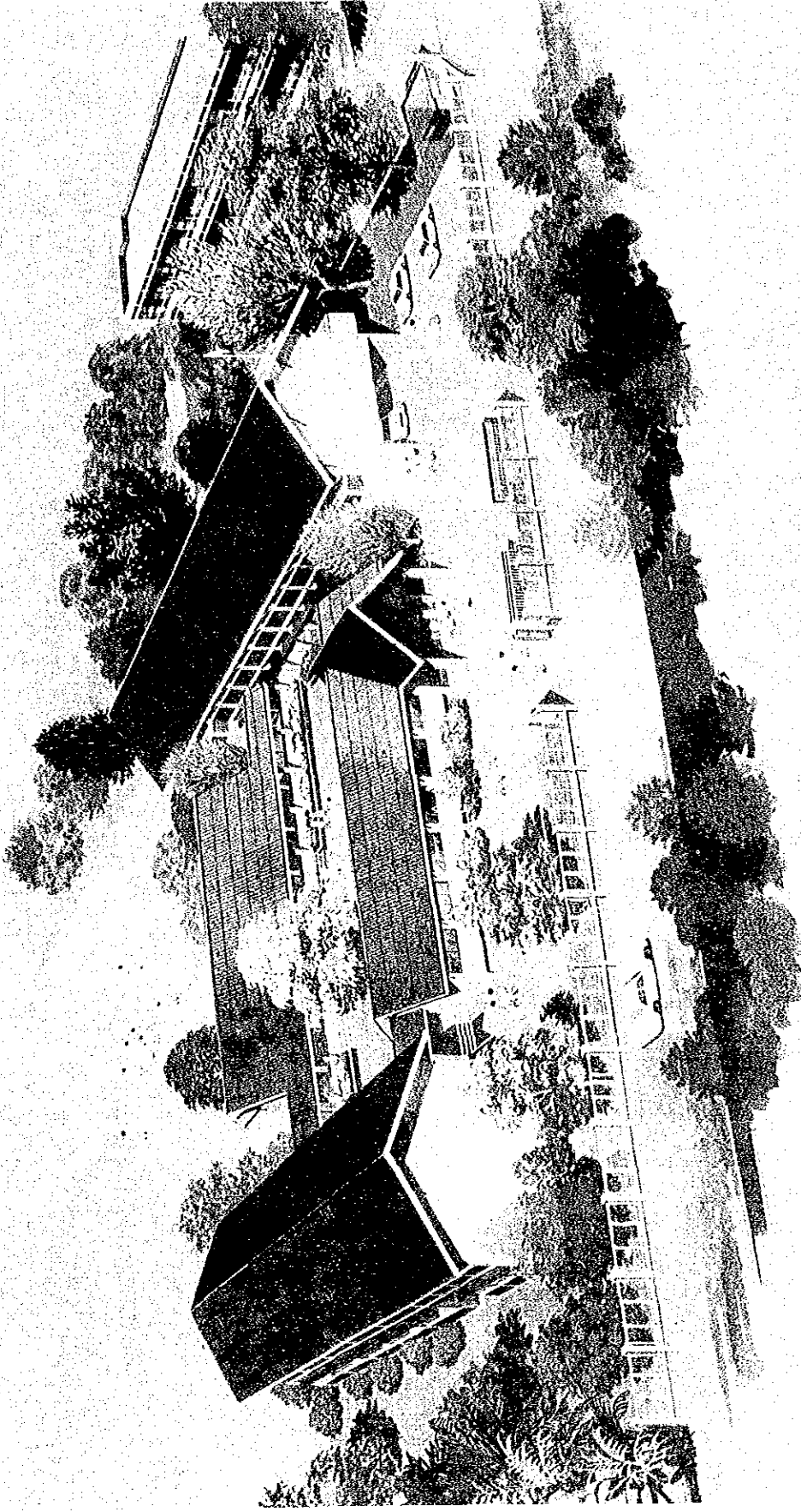
5. ATC/PHC Training Building





4. ATC/PHC Auditorium

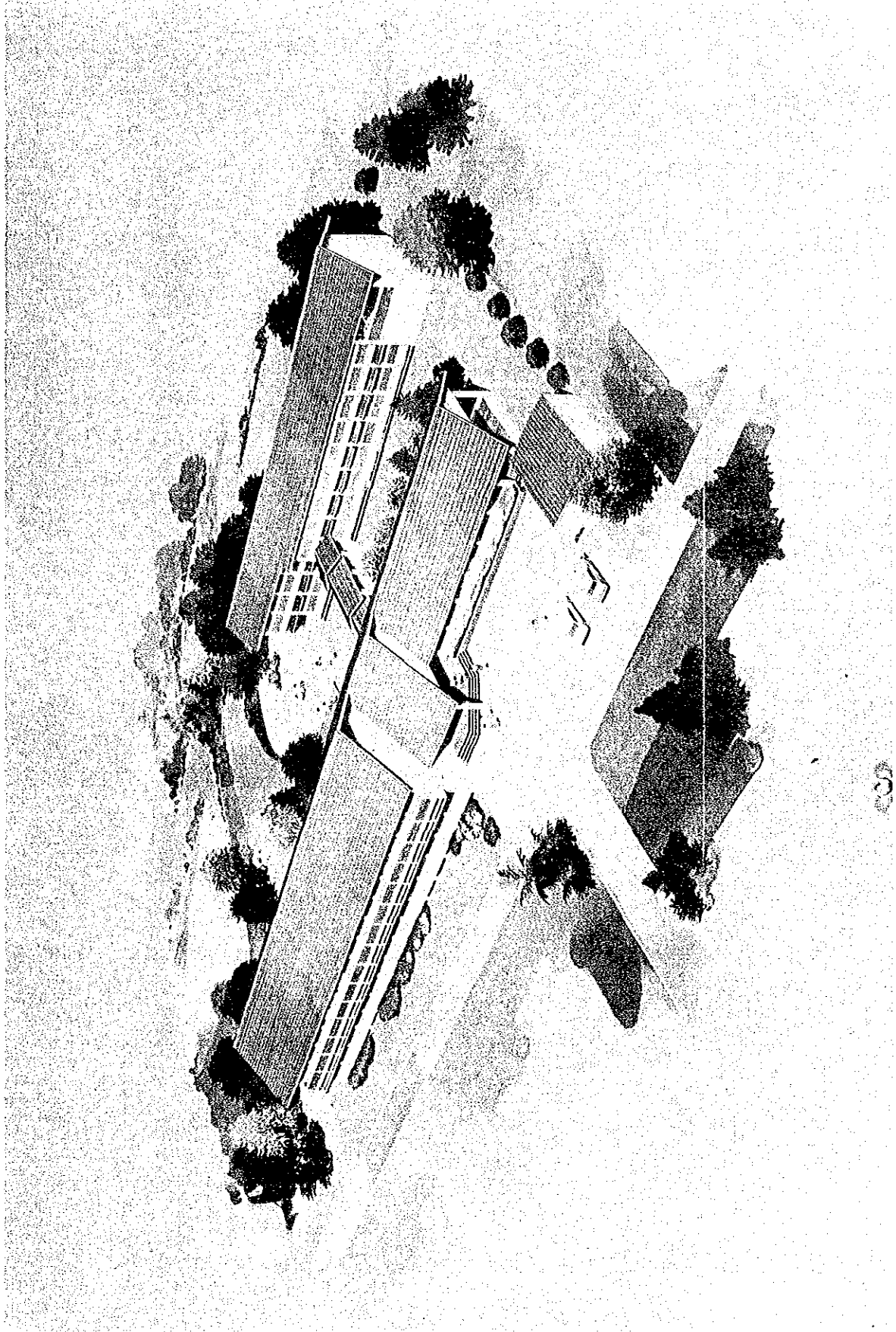




5. Northeast RTC/PHC

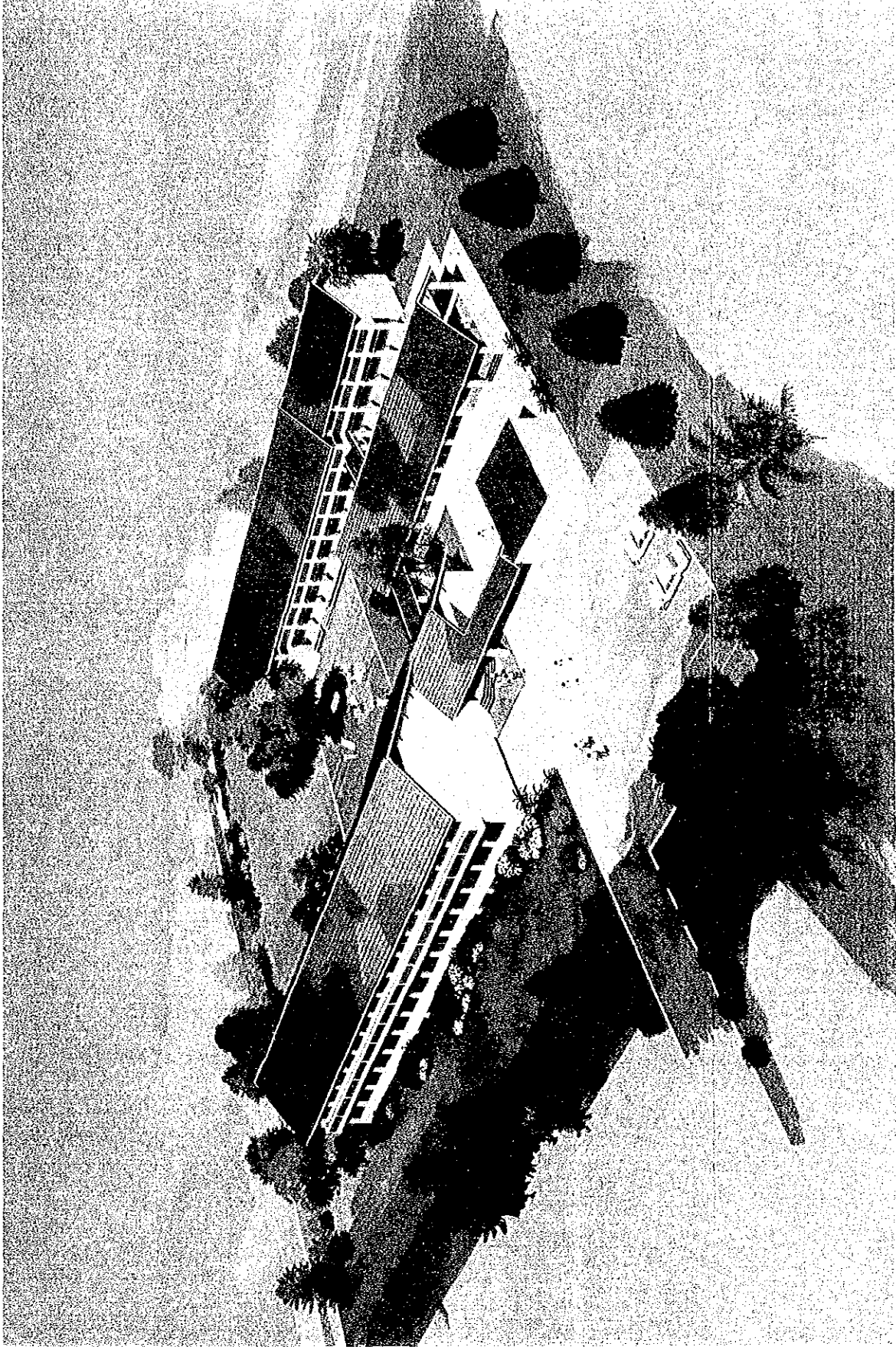






6. North RTC/PHC





7. South & Central RTC/PHC



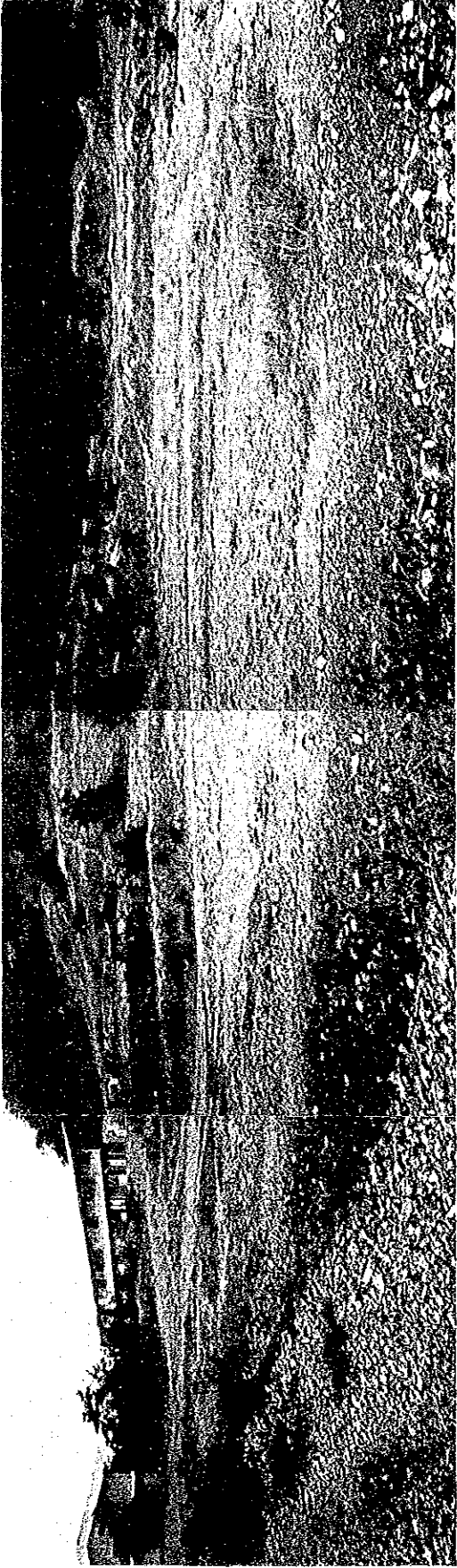


1. ATC/PHC Site



2. Khon Kaen Northeast RIC/PHC Site





3. Nakorn Sawan North RTC/PHC Site



4. Nakorn Shithamarat South RTC/PHC Site







5. Cholburi Central RTC/PHC Site



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## SUMMARY



## SUMMARY

During the year of 1979, the then Prime Minister of Japan, late Mr. Masayoshi Ohira disclosed a "cooperation scheme for Human Resources Development" as one of the course of Japanese aid for developing countries at UNCTAD (United Nations Conference for Trade and Development) held in Manila, the Philippines and at the Tokyo Summit Conference. In January 1981, under this conception, Prime Minister Zenko Suzuki proposed to cooperate with ASEAN countries for the "Human Resources Development Project" during his visit to five ASEAN countries.

In response to this proposal, the government of each ASEAN countries has held discussions with the government of Japan. The government of Thailand has decided to bring up the Primary Health Care Training Center Project (hereinafter referred to as PHC Training Center Project) as "ASEAN Human Resources Development Project". Following the studies by two preliminary study teams, a preparatory study team was dispatched for this project (including officers in charge of Grant Aid Cooperation) in March 1982 to discuss concrete details of Japanese technical cooperation. It has been the request of the government of Thailand that the Japanese government provides technical cooperation as well as facilities for training to be constructed under the grant aid. In order to establish the most suitable basic design for the implementation of this cooperation, basic design study team was dispatched to Thailand for the period from May 23rd, 1982 to June 19th, 1982.

Present medical care situation in Thailand is not necessarily in satisfactory condition carrying various difficult problems such as (1) shortage of medical experts such as doctors or nurses, (2) shortage of medical facilities such as hospitals or public health stations or (3) imbalance of medical services between metropolitan area and rural area. Especially, majority of medical services in rural area where almost 80% of the total population dwells is in the form of traditional care and by drug-store medicine.

Strenuous effort has been exerted by the government of Thailand to improve its Public Health situation by establishing National Health Development Plan which is now at the Fifth stage (1982-1986). However, as a developing country, it would be difficult to solve many problems which require urgent solution such as bringing up enough doctors and nurses and installation of new public health facilities.

The government of Thailand in full recognition of this circumstances has decided to improve and promote its public health service system as well as public health protection system on the premise of participation of people which is called Primary Health Care (PHC) System. Aims of the PHC System are to maintain and improve health of people by voluntarily participation of people and popularizing PHC information among the regional area.

Implementation of the PHC System has been planned by the government of Thailand in the form of assigning Village Health Volunteers (VHV) and Village Health Communicators (VHC) at each village, and through the VHVs and VHCs health and sanitary notion and medical information are planned to be popularized among the people as well as distribution of primary medicine and nutritious food to the people. In order to materialize the plan, the training of VHVs and VHCs was considered urgent need and the plan to train 46,400 of VHV and 464,000 of VHC have already been under implementation through "the Fourth National Health Development Plan" (1977-1981) and "The Fifth National Development Plan" (1982-1986).

The aim of this project is the establishment of training centers in which the training of personnel being engaged in PHC activity including the training of VHVs and VHCs will be operated as well as the research and development of PHC. The centers consist of ASEAN Training Center for PHC (ATC/PHC in short) and four Regional Training Centers for PHC (RTC/PHC in short), the former is planned for the research and development of PHC and the training of staff who will be engaged in training on the provincial level as well as the training of specialists from other ASEAN



countries, and the latter are for the training of District and Tambol (Village) level PHC personnel who will directly engage in the training of VIVs and VHCs.

Scheduled site for ATC/PHC is at Mahidol University, Saraya Campus in suburb of Bangkok (Nakorn Pathom). Required floor area of the facilities is estimated at approximately 7,000 square meters to construct a main building (administration building), a training building an auditorium and a dormitory equipped with training equipment including audio/visual instruments and equipment for teaching material production.

Sites for RTC/PHC is scheduled at Khon Kaen, Nakorn Sawan, Nakorn Shithammarat and Cholburi, each consisting of a training/administration building and a dormitory in the floor area of 2,000 square meters and equipped with training equipment including audio/visual instruments.

In consideration of various restrictions of the grant aid system of Japan, it would be adequate to carry out this project in two separate phases. Time required for construction is estimated at 14 months for each phase.

To maintain and improve public health is vital theme for most of the developing countries, but it is obvious that training of specialists engaged in medical field and improvement of medical facilities will require enormous time and expense. Thailand as well is unable to materialize this theme in a short period of time. In this sense, it would be sensible that Thailand promotes the PHC activity of which objective is to materialize healthy life of the people through the promotion of health knowledge and the improvement of living circumstances in the rural area, thus significance of Japanese cooperation for this training project is justified. Furthermore, since the public health situation which Thailand is now facing is common to the other ASEAN countries, experiences in the implementation of the PHC system in Thailand would be worthwhile to study for them.

In view of the aforementioned, it is considered adequate that this project will be adapted as "ASEAN Human Resources Development Project".

Although Japanese technical cooperation is schemed after completion of facilities of this project, adequate preparation by the Thai Government is desired to be done since much expense and human resources are necessary for maintenance, administration and operation. Furthermore, the objective of PHC will not be attained by the activities being confined only in the field of medical care and public health, but it should be developed with the cooperation of many relative sectors such as agriculture, education, improvement of living circumstances and agricultural development. Thus, a system should be established so that these various sectors will enable to support the PHC activities. It is wished that the government of Thailand will exert efforts for urgent establishment of a inter-sectoral structure with the Ministry of Public Health and Mahidol University who are in charge of implementation of this project as a core of the structure.

## Chapter 1 INTRODUCTION



## Chapter 1 INTRODUCTION

In its willingness to accept Prime Minister Suzuki's proposal for the Human Resources Development Project to ASEAN countries, the Government of Thailand requested grant aid cooperation for its Primary Health Care Training Center Project to the Government of Japan.

This Training Center Project is aimed at raising the efficiency and enriching the contents of manpower training programs for the primary health care (hereinafter referred to as PHC) project which is now under way as a national project.

The request had been carefully studied by the Government of Japan and preliminary study teams were dispatched three times in August and November of last year, and March of this year to form a link in the chain of technical cooperation for the Project. Study was carried out by exchanging views with Thai counterparts from Mahidol University and the Ministry of Public Health and as result, the significance of this project has been confirmed, collating this with the actual conditions in the field of public health in Thailand. At the same time, the appropriateness of the Project as an ASEAN Human Resources Development Project is recognized from the fact that the problem is confined not only to Thailand but is common to all ASEAN countries.

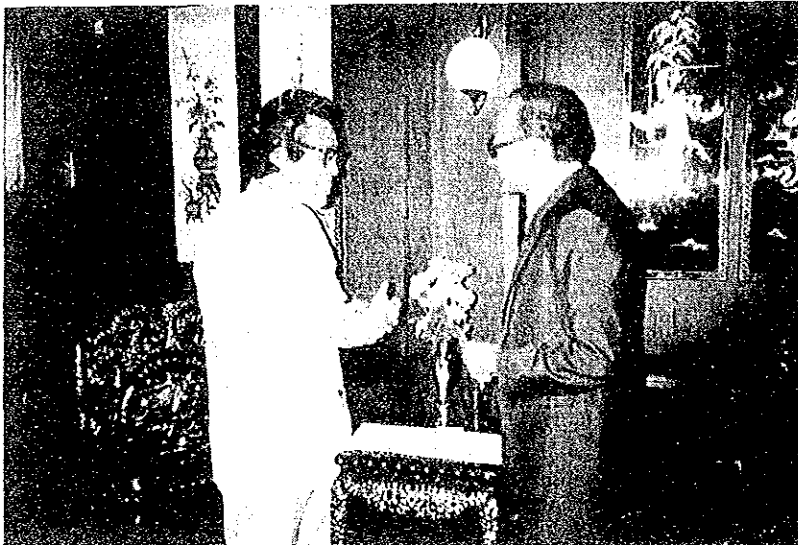
In this project, ASEAN Training Center for PHC (ATC/PHC in short) and Regional Training Centers for PHC (RTC/PHC in short) in the four Regions are planned to be established.

Personnel related to grant aid cooperation participated in the Third Preliminary Study Mission, whose main purpose was technical cooperation, in order to carry out prior study on this basic design study. Hearings were made on requested content and efforts were extended to grasp the outline of the facilities and equipment.

Based upon the results of the prior studies and from the overall background, the Japan International Cooperation Agency (hereinafter referred to as JICA) formed a team to conduct a basic design study for grant aid cooperation. The team led by Dr. Saburo Nishi (Division Chief of Health Administration, Dept. of Public Health, National Institute of Public Health) visited Thailand for 28 days from May 23 to June 19, for

consultations with the people concerned. They finally reached basic agreement as to what facilities and which equipment should be supplied. The minutes were signed on June 4 in Bangkok between Dr. Nishi, the team leader from Japan, and Prof. Dr. Natth, the Rector of Mahidol University from Thailand.

This report was compiled after careful analysis and study based on the aforesaid basic agreement as a basic design giving concrete details for the Project. The study team organization, Thailand counterparts and contents of the Minutes are shown in the Appendices.



## Chapter 2 BACKGROUND TO THE PROJECT





## Chapter 2 BACKGROUND TO THE PROJECT

### 2-1 Public Health Situation in Thailand

Like other developing countries Thailand suffers from major public health problems including undesirable environmental hygiene, wide-spreading of infectious diseases, inferior nutritive conditions and a rapid population growth as well as a high infant mortality rate, etc. Acute infectious diseases are the major remaining problems being wide-spread except for parts of city areas. Some scholars say that diarrhea is the most important subject to be tackled as first priority.

Under such circumstances, medical service is not provided satisfactorily. The main problems are summarized in three points as follows:

- a) lack of manpower (doctors and nurses, etc.) in the medical field,
- b) insufficient facilities such as hospitals, health centers, etc. and
- c) a wide gap between the Metropolitan and rural areas.

(see Note 1). The next Table indicates the actual conditions shown by figures.

Table 2-1 Comparison of Numbers of Doctors/Nurses and  
Facilities between Japan and Thailand

(Statistics for Thailand, given here are for 1977 but with  
(\*), from 1976. Data for Japan is from 1978)

Item	Thailand	Japan	Comparison
Number of doctors	5,789 persons	142,984 persons	
population/one doctor	7,586 "	806 "	about 9.4 times
Number of nurses	15,231 "	458,362 "	
population/one nurse	2,883 "	251 "	about 11.5 times
Number of hospitals	295 (*)	8,580	
population/one hospital	148,867 (*)"	13,423 "	about 11.1 times
Number of beds	65,474 beds	1,232,779 beds	
population/one bed	671 persons	93 persons	about 7.2 times

(Note 1 From the thesis of Mr. Masao Watanabe, Table 2-1 and 2-2 are also from the thesis, See [sho-hoo] Jul. - Aug. edition, the Japanese Chamber of Commerce and Industry in Bangkok.)

If a comparison is made on a nation to nation basis, both manpower and facilities in Thailand are roughly one tenth those of Japan. Then, when Table 2-1 data is studied putting a focus on the gap existing between the Metropolitan and rural areas, the comparisons are as follows;

Table 2-2 Comparison between Metropolitan and Rural Area

Item	Metropolitan area (Bangkok)	Rural area
Population/doctor	1,621 persons	30,863 persons
Above data compared with Japan	about 2 times	about 38 times
Population /bed	150 persons	900 persons
Above data compared with Japan	about 1.6 times	about 9.7 times

According to this data, both the manpower and facilities in Bangkok, the capital city, are half those of what we have in Japan. However, in the rural areas the proportion is much smaller. It is a fact that 70 to 75 percent of the total population have no chance to get medical care other than buying drugs themselves.

Therefore, the biggest problem of health care in Thailand is in the rural areas where about 80 per cent of the population is found. Medical service should be extended to those areas.

Regarding medical manpower training, there are annually about 500 new doctors graduating from the 7 national universities. Even though, Thailand still suffers from lack of doctors because of qualified doctors going overseas, and those that remain tend to stay in Bangkok. Nurses are trained in 4 year nursing colleges (17 colleges) or in university faculties of nursing (3 schools). In 1977, about 1,500 new nurses were trained. However, if compared to the more than one million population growth rate a year, this still is not a sufficient increase. At the moment, in Mahasarakham, a northeast province, a 4 year nursing college (Mahasarakham Nursing College) is being constructed under a Japanese grant aid cooperation. When it is completed, about 150 nurses are expected to graduate annually.

In respect to the administrative structure, doctors and nurses are dispatched from the Ministry of Public Health (hereinafter referred to as MPH) to the Provincial Health Office (PHO) and to the District Health Office (DHO). However, administratively the PHOs and DHOs belong to the provinces which means that they are under the administration of the Governors who are under the Ministry of Interior. See Fig. 2-1 in the next page.

## 2-2 PHC Development and Policies in Thailand

Thailand is said to be a country developed in the field of PHC. This results from the fact that the administrative structure took the initiative in establishing a medical supply system trying to cope with the scarcity of manpower as well as that of facilities. Of course, it is only recently that PHC has been clearly recognized as a concept which is differentiated from the developed countries' long-established medical systems.

The Primary Health Care of Thailand was initiated from a pilot project in the Sarapee District of Chiangmai Province in 1969. This project was an attempt to have the village people take part in the medical delivery system by organizing Village Health Posts (the present Village Health Volunteers, VHV's for short) and Village Health Communicators (VHC's) as a means to solve the problem of the low utilization rate of Health Centers.

The project succeeded. After this pilot project, similar projects were implemented a few times, and the usefulness of PHC became more definite. Community participation is the core concept and the method of PHC. According to the concept, each community should try to protect the health of their members by their own thinking, money and effort, and with the materials able to be obtained by themselves. The role of the Government is to offer necessary assistance to those people. The effectiveness of this method was confirmed.

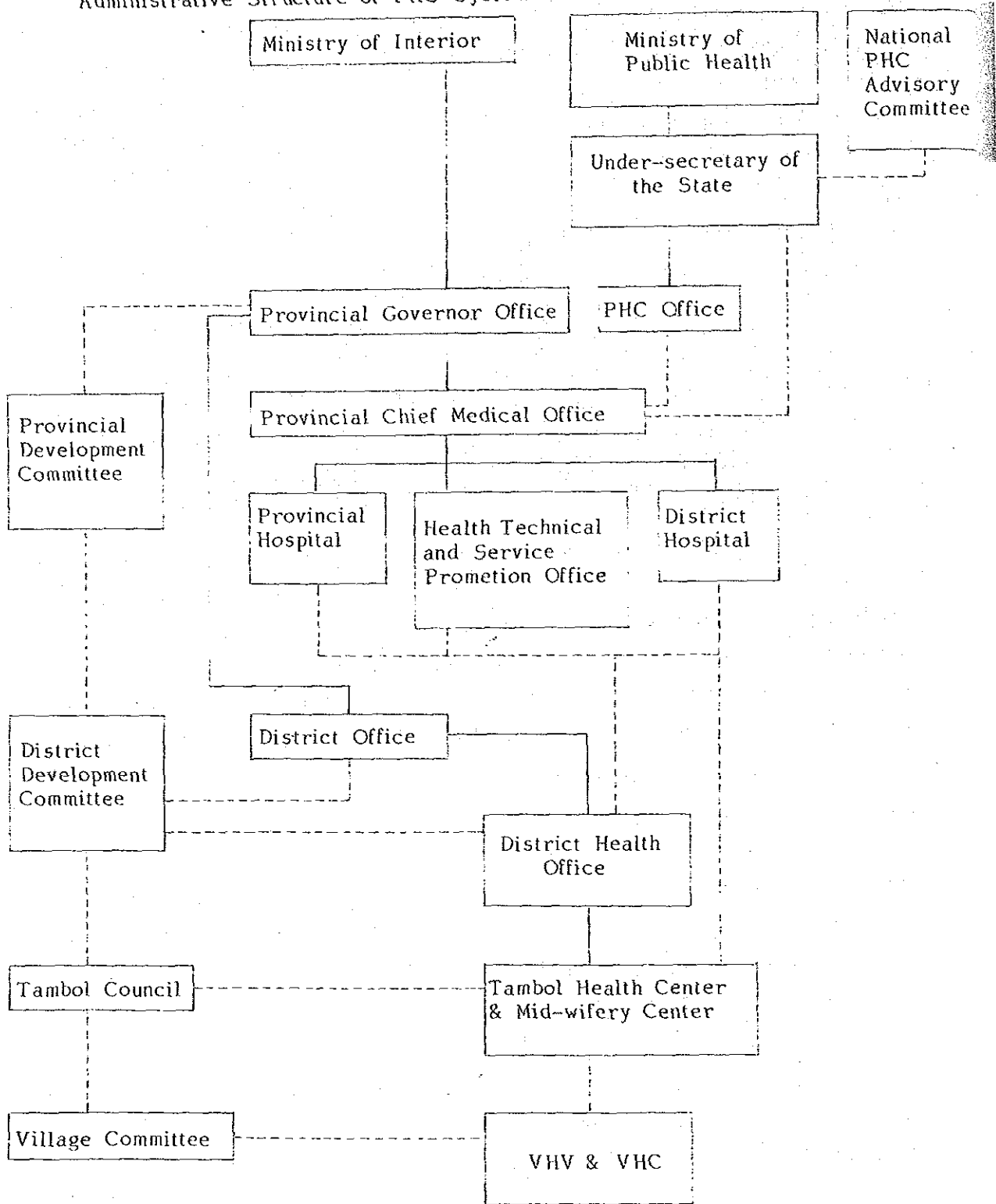
The PHC Plan (was called a Primary Medical Care at the drafting stage) which developed from the above mentioned experience was set forth as a national project in the Fourth National Health Development Plan from Fiscal 1977. During the 5 years of the Plan, it was planned to train

VHVs	22,400 persons
VHCs	224,000 persons

covering 50% of the entire population and this goal was achieved.

Fig. 2-1

Administrative Structure of PHC System in Thailand.



----- Line of supervision and support  
 ———— Line of Command

In September 1978, a PHC International Conference was held by WHO and UNICEF at Alma-Ata in the Soviet Union. There, an Alma-Ata Declaration was adopted. Since then, PHC movements arose on a global basis, and has also set a definite pattern to aid towards developing countries.

In Thailand, in March 1979, by cabinet decision PHC was taken up as a government policy. In September of the same year, under the same theme of the Alma-Ata slogan "Health for All by the Year 2000", a national conference was held and determined eleven elements concerning the structure of PHC.

At the same time, in this conference, it was pointed out that the health promotion in villages is not the subject merely in the health field, but also has close relationship with other sectors such as education, agriculture, administration and community development, etc. So it can not be developed independently. And the necessity to harmonize with other sectors as a part of a community development project was strongly emphasized in the conference.

In the Fifth Five-Year National Health Development Plan acting from Fiscal 1982 it is clearly stated that PHC is the key strategy to tackle various problems existing in the field of public health in Thailand. The policy direction was characterized in such a way that most of the items targeted were related to PHC. Moreover, the greater part of efforts are to be extended to villages so that construction of large hospitals, etc. will be of lesser importance. Instead, the priority is given to the expansion of facilities in districts and below.

VHV, VHC training, to cover the remaining 50% of the area is planned as follows;

VHV	24,000 persons
VHC	240,000 persons

In such a manner derived from its actual situation, medical care in Thailand had made a turn in the direction of PHC. However, the full establishment of this system is a great undertaking of the nation and will require a long period of time.

### 2-3 VHVs, VHCs and Their Training

It is necessary to know about VHVs and VHCs which constitute the foundation of PHC in order to understand this project. VHVs and VHCs together are called Primary Health Workers and they are organized volunteers. They will be carefully selected by a rational method and will be appointed by the Village Committee.

One VHC will be in charge of 8 to 15 households and VHV, taking care of the same number of households, will act as a core person of the Health Workers in the village. There will be on average nine VHCs and one VHV in one village.

VHCs will maintain knowledge to prevent illness and to promote health, and will transfer them to every house. VHCs also convey informations on childbirth, illness and nutritive conditions of each family, etc. to VHVs and plays a role as communicator. Sometimes, VHCs persuade and accompany those patients, who do not want to go, to the hospital.

VHVs are trained to treat minor injuries and illnesses, and entrusted with drugs and nutritive foods.

VHVs, VHCs are not paid, but when they get sick, they are eligible for free medical treatment.

VHVs and VHCs will be supported and supervised by Junior sanitarians and Midwives of the Tambol Health Center. The organization of supervision and support for VHVs and VHCs is as shown in Fig. 2-2.

The training of VHCs and VHVs takes the process as shown by Fig. 2-3. Numbers indicated in the Figure are those of the Fourth National Health Development Plan which succeeded in covering about 50% of the total area. At present, the Fifth Plan is underway, and 50% of the remaining area is to be covered under this plan.

The training was made with the aid of textbooks, TV videos, movies, slides and over-head projectors. Places indicated in the same Figure give the training sites at each level. Those facilities are not those for training purpose, so they are inconvenient and will not meet for the future necessities.

Fig. 2 - 2

Organization of Supervision and Support for VHV & VHC

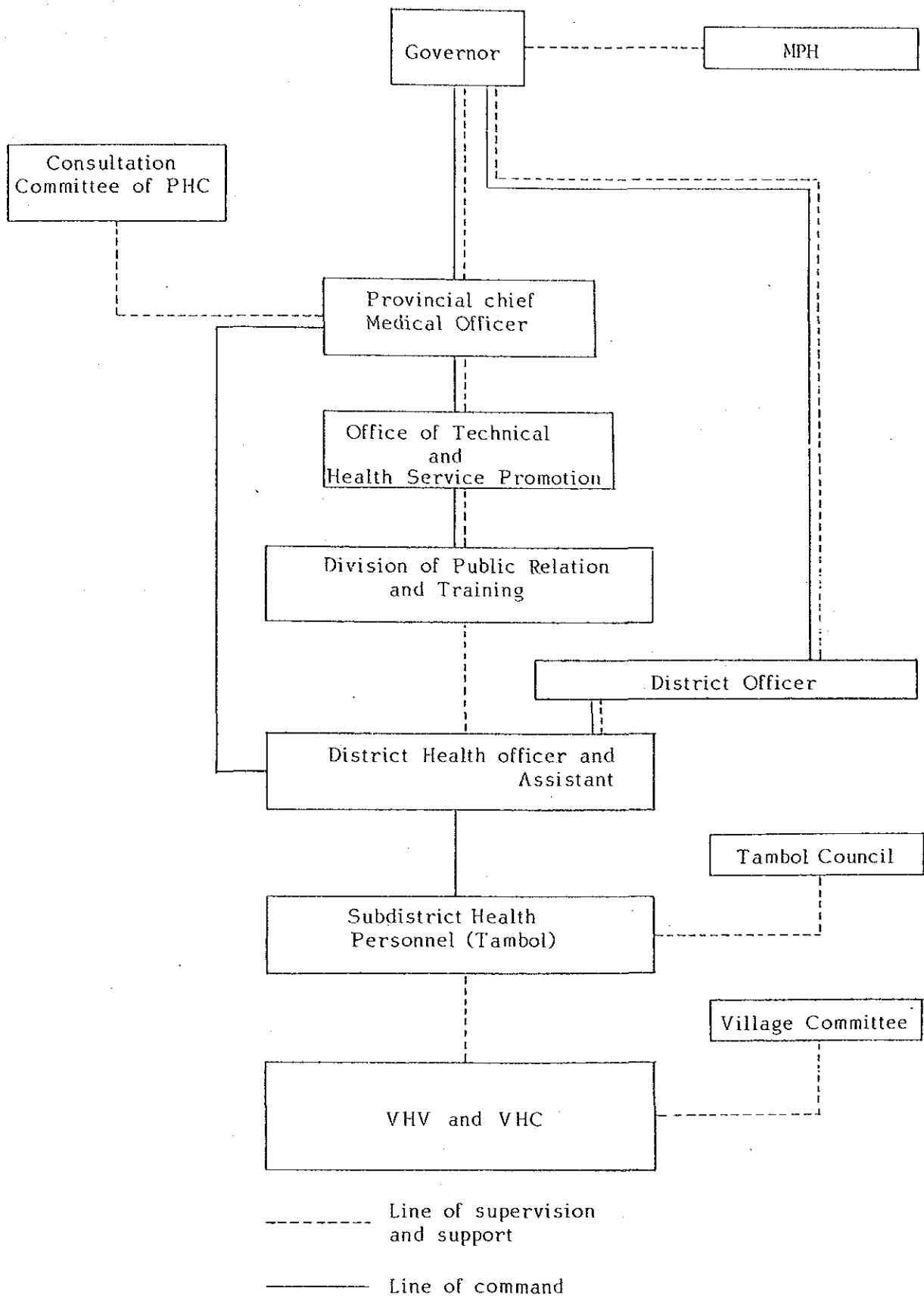
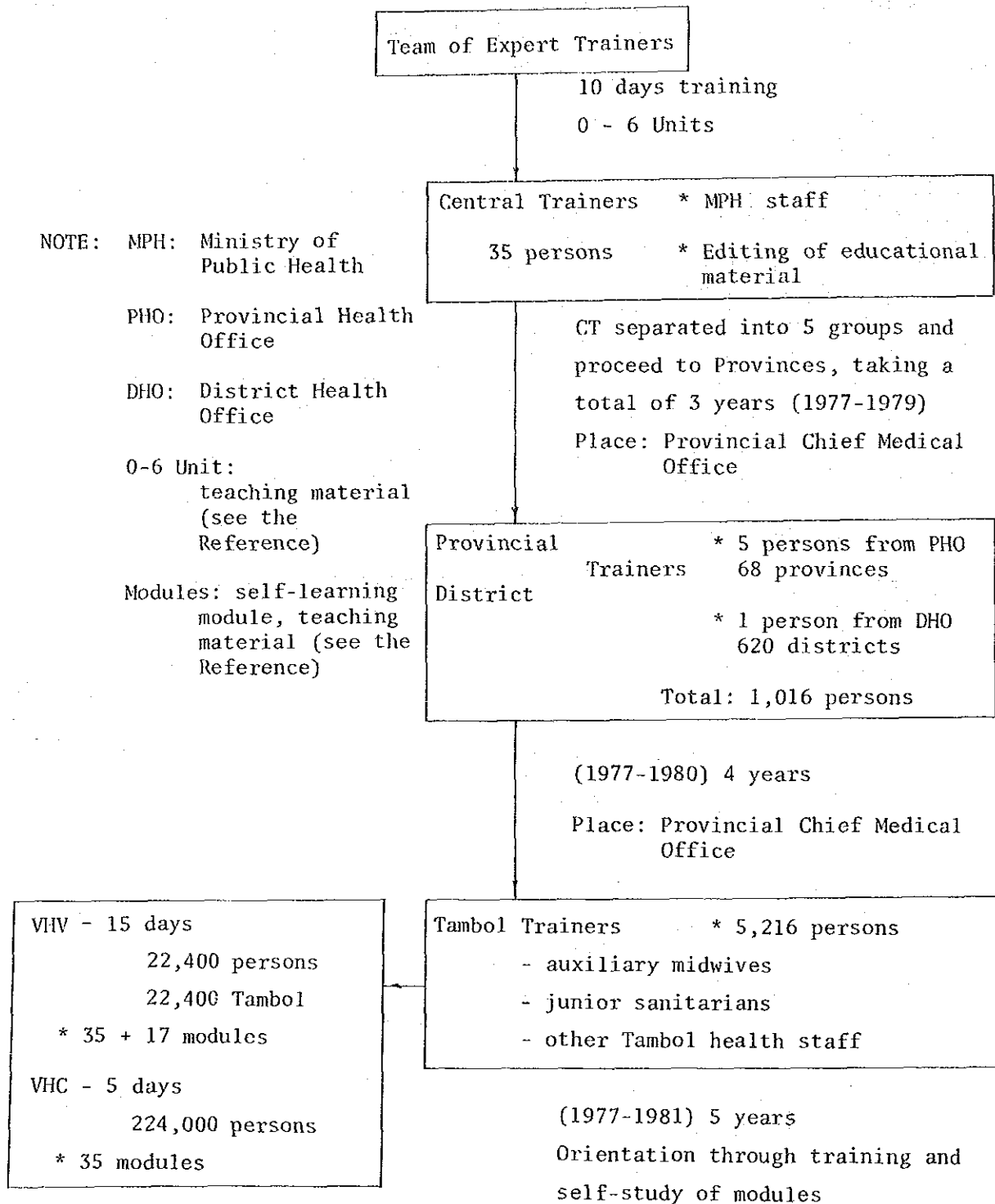


Fig. 2-3 VHV, VHC Training





## **Chapter 3 PURPOSE AND CONTENTS OF THE PROJECT**



## Chapter 3 PURPOSE AND CONTENTS OF THE PROJECT

### 3-1 Purpose of the Project

As described in Chapter 2, the Government of Thailand had set forth a policy that PHC would be the major strategy to solve the problems existing in the field of public health. In consequence, VHV and VHC training program is now being conducted by the Ministry of Public Health.

This project, as its major task, aims at the up-grading of the training efficiency and the expansion of the said program by establishing facilities for this special use and enriching their contents through research and development. Furthermore, it extends efforts in PHC promotion activities giving trainings to government officers in other sectors as well as to elite groups on the District level and below in order to popularize PHC concepts and reflect them to the related administrations. Also, seeking for PHC promotion, it enlarges its activities in a wider range conducting trainings for PHC specialists from ASEAN countries as well.

For this purpose, Mahidol University together with the Ministry of Public Health will establish ATC/PHC and four RTC/PHCs and harmonizing each other will practice their respective activities. Contents of their activities and necessary facilities are described in the followings.

### 3-2 ATC/PHC

#### 3-2-1 Activity

ATC as a core center to back up the development of PHC activities is planned to function as follows:

##### (1) Research and Model Development

To conduct researches on PHC elements and Tambol model development activities. However, these are carried out on consignment basis, therefore, the function of this center remains in the management, i.e. drawing up plans for research and development, selection of consignors, supervision, guidance and evaluation, etc. Expected number of researches will be annually 60 for the time being and 5 model developments which will be carried out for a few years consecutively.

The research topics should be suggested from those PHC peripheral Workers related with their implementation problems for the reasons of operationalization of the research results in improving the existing models.

(2) Training

1) Targets to be trained

a) Provincial level trainers:

Personnels in provinces will be trained up to the lecturer level to engage themselves in the provincial level trainings. Some district level personnels will be included.

Next 3 groups are planned to be the targets;

- PHC specialists
- specialists in the medical field but not in PHC area
- experts/officials who are engaged in education or agriculture and officers of the Ministry of Interior

b) Government officers:

Those are officers from other sectors, of both central and provincial levels. Some officers in the district level are included in this target. This training is meant as an enlightenment education trying to reflect PHC to the related administrations and to get inter-sectoral cooperation.

c) Special groups

Staff of universities, students of universities and colleges who are expected to be engaged in the PHC related or other official duties in the future

d) PHC specialists from overseas

2) Courses

a) PHC eight-element course: domestic seminars for this course will be held eight times annually. Regarding contents of PHC eight-elements, see Appendix XI.

b) PHC management course: domestic seminars for this course will be held twice annually. Subjects centre upon management methods



Sometimes, however, this training will be provided as a re-training programme to the group of a).

d) Training periods are put together in the next Fig.

Fig. 3-2-1 The Training Schedule of ATC/PHC

Month	1	2	3	4	5	6	7	8	9	10	11	12
Classification												
12 Domestic Seminars (2 courses at a time)												
International Training International Seminar												
Short-term Training												

(3) PHC Related Meeting

Nation-wide as well as central level meetings will be held to promote PHC activity. Also, ASEAN level conferences will be assembled.

(4) Production of Teaching Materials and Their Distribution

The training center will become a production center for training materials and other materials related to PHC, such as printed materials, slides and VTR tapes.

(5) Direct Enlightenment to the People

The facilities will be made full use for direct educational activities to the public.

3-2-2 Organization and Staff Arrangement

Fig. 3-2-2 shows the organization and staff arrangement for ATC/PHC suggested by Thailand. However, as a result of the study and the consultation with peoples concerned, Fig. 3-2-3 was drawn up, as a more appropriate staff arrangement which is considered to be a minimum staff requirements in the starting period of the project and is also possible to be realized from the financial point of view.

Fig. 3-2-2 Organization and Personnel Arrangement of ATC/PHC  
 (proposed by Thailand side) Total: 70 person

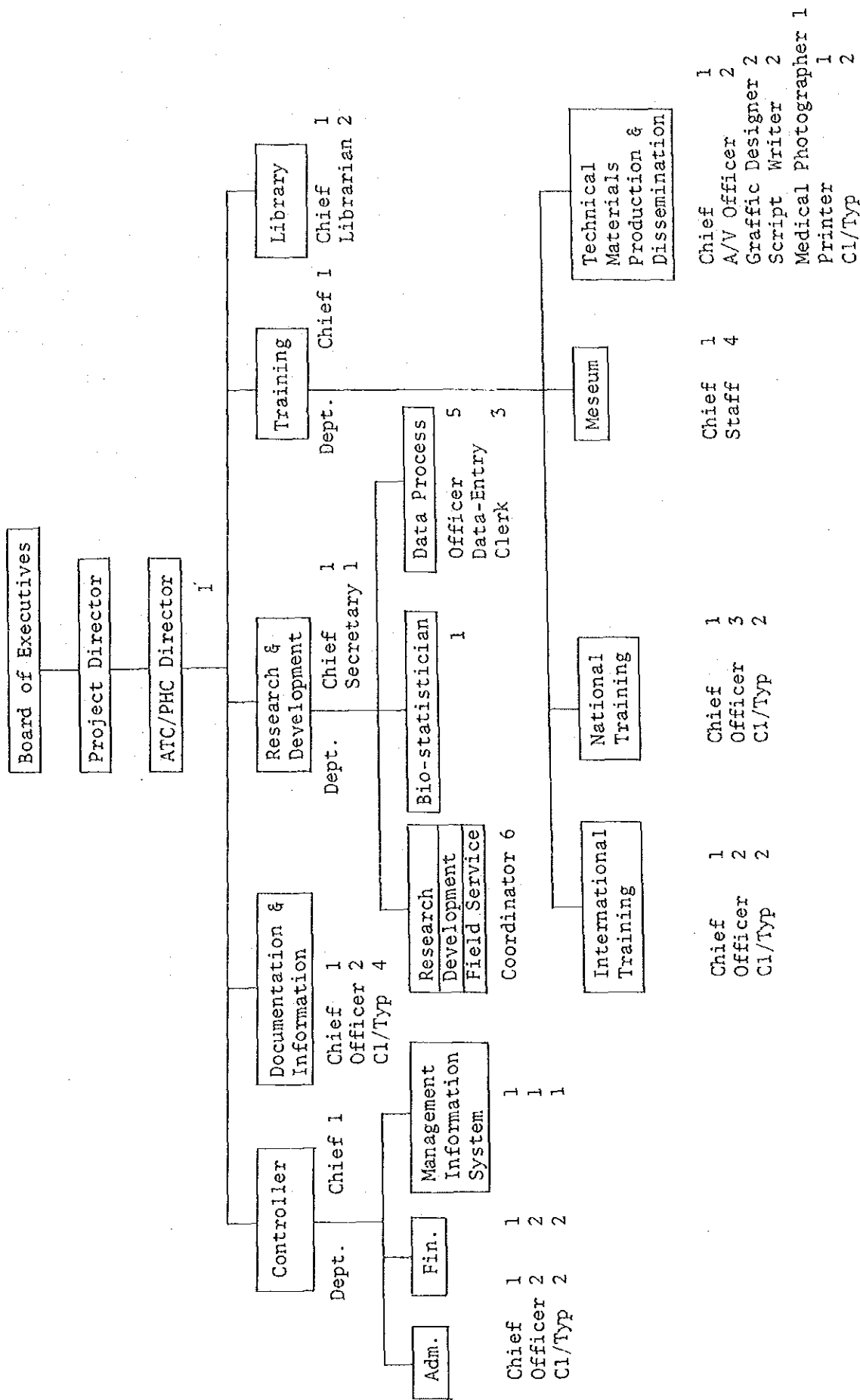
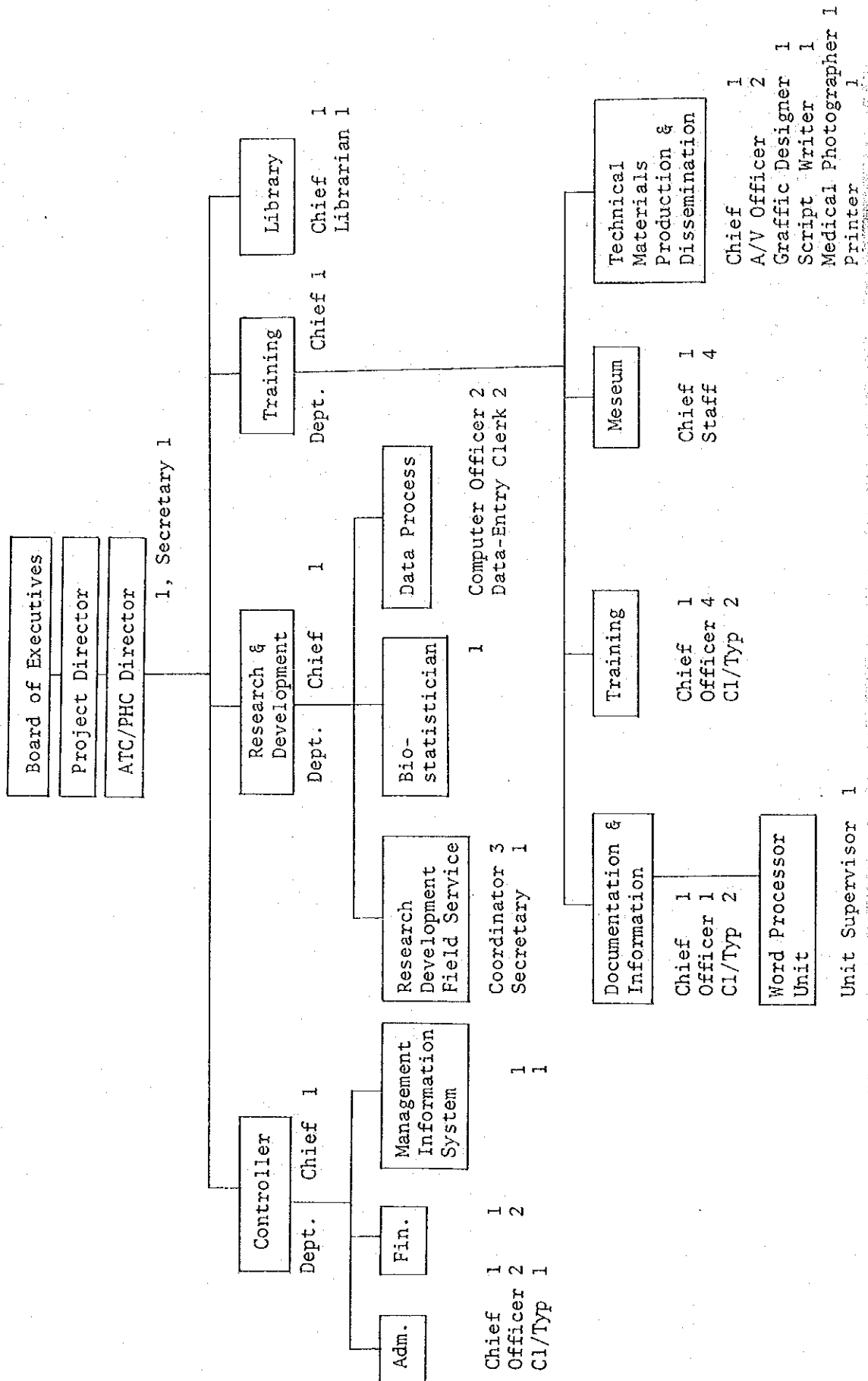


Fig. 3-2-3 Organization and Personnel Arrangement of ATC/PHC  
 (as a result of the study) Total: 51 person





3-2-3 Required Contents of the Facility

		Number of Person(s) and Requirement		
(1)	ATC Director			
	a) Director's office		1	
	b) Secretary's room		1	
(2)	ASEAN conference room		30	
				Used for important conferences and as a reception and a lounge for lecturers
(3)	Controller			
	a) Office	D/C	1	(See note)
		Section chiefs	Officers	Others
	Adm.	1	2	1
	Accountant	1	2	1
	Management Information	-	1	1
	Total	2	5	3
	b) Filing room			
(4)	Research/Development Department			
	1) Office	D/C	1	
	2) Filing room	Research Coordinator	1	
		Development "	1	
		Field Service "	1	
	Total		3	
				plus 1 secretary
	3) Bio-statistician's room		1	
				will also be used as a filing data room
	4) Data processing office	Computer officer	2	
		Data entry clerk	2	
	Computer machine room	6.000 x 6.000 <sup>m</sup>		

Note; "Others" indicates Clerk and Typist

D/C : Department Chief

(5) Training Department

1) Officer	D/C	1
	Section chief	1
	Officers	4
	Others	2

2) Filing room

3) Teaching Material Production/Dissemination Section

a) Office and workshop & attached dark room and storage	Section chief	1
	Staff for A/V	2
	Graphic Designer	1
	Script Writer	1
	Photographer	1
	Others	1

Work space for each profession is necessary.

b) A/V production studio  
A/V studio

A/V teaching aid production

The scale of the studio is about the same as the ordinary ones in the educational facilities in Japan; also used for photographic studio.

Control room

A control room for the above mentioned; also used as preparation room as well as equipment storage.

Anteroom/storage

Storage is for miscellaneous equipments

c) Printing Workshop with  
Small office  
Small storage

Off-set press machine, photocopy machine, etc.

d) Storage

for printed materials, textbook, etc.

4) Documentation and Information

a) Documentations/ information office	Section Chief	1
	Officer	1
	Others	2



The rest of the space is used for the PHC theme of the year and the exhibits will be renewed every year.

Extension of the exhibition space should be considered.

b) Exhibition yard

A village house will be built to show the actual situation of village life. This yard will make up for the narrowness of the exhibition room.

c) Workshop & storage

Production of exhibits and their storage

d) Staff room

Chief	1
Staff	4

8) Lecture/conference room

for 120 persons

To be used as lecture room for irregular short-term training and for medium scale conference

(6) Library

10,000 books, closed system

Reading room for 25 persons

Office for chief librarian and a staff and a work space are necessary.

(7) Visiting Staff rooms

Small rooms of about 18 m<sup>2</sup>

at least 5 rooms are necessary

The rooms are for foreign and also for domestic researchers, experts and lecturers. The duration of stay will vary from long term to short term based on the individual needs.

(8) Meeting rooms for staffs

Meeting room for all department staffs in order to execute their daily works  
min. 30 persons x 3 rooms

- (9) Multi-purpose Hall
- A big space situated near the entrance of main building which is ordinalily used as a lobby, but also is used for;
- exhibition such as;
    - official bulletin, research results, etc.
  - reception and orientation
  - unexpected gatherings and small meetings
- (10) Joint use Storage
- Storage jointly used by all departments for documents and miscellaneous articles
- (11) Auditorium
- 1) Auditorium and Stage
 

400 seats

Large conferences, large lectures can be done. Slide film projection and 16 m/m movies are available.
  - 2) Rest and prepare
 

To be used as a rest room for lecturers and as a preparation room for large scale conference
  - 3) Stage Storages
 

for furniture and fittings of the stage
  - 4) Office
 

for conference organizers
  - 5) Lobby
- (12) Dormitory
- mainly for provincial level specialist and government officers
- 1) Bed rooms
 

twin bed rooms (51 rooms)

Total 102 persons
  - 2) Keeper's office
 

An office and a keeper's restroom
  - 3) Dining room, kitchen
 

Sometimes it requires to assemble all the guests staying.
  - 4) Lounge

- 5) Service rooms                      laundry, linen room, cleaning equipment storage, service yard and store room for miscellaneous articles, etc.
- (13) Janitor's room
- (14) Garage                              Scale will be decided by the Japanese side.
- (15) Common spaces                    corridor, connecting corridor, toilets, stair-cases, entrance, etc.

### 3-2-4 Required Equipment

#### (1) Equipment for training

Those are equipment mainly used for trainings, but partially also used for research/developments and conferences.

- over-head projector
- movie projector
- slide film projector
- color TV video system
- microphone and speaker system
- sound recording equipments
- micro film producer and leader

#### (2) Audio Visual teaching material production equipment

Those are A/V related equipment necessary to produce teaching materials used for the trainings conducted not only in ATC but also in RTCs and even others. Those are installed in A/V production studio and workshop of teaching material production section.

- photographic equipment necessary to shoot, develop and enlarge photographs as well as microphotographs.
- TV video equipment necessary for teaching material production

#### (3) Data processing equipments

Those will be used for research and development works.

- mini micro-computer ; one set

(4) Printing and photocopy equipment

Printing and photocopy equipment necessary to make textbooks for training, R/D reports, handouts for conference, etc.

- offset printing and bookbinding equipment
- photocopy equipment
- mimeographic equipment
- word processor

(5) Vehicles

For training and research and development, and their fieldworks, and the distribution of materials.

3-3 RTC/PHC

3-3-1 Activity

RTCs as operational bases for PHC in the rural area will be planned to execute the following activities.

(1) Research and Development

RTCs become the bases for the field works of researches on PHC elements and model Tambol development activities made by ATC. And since each region has their own particular natures, some researches have to be done based on their respective circumstances. In consequence, RTC will also carry out of its own researches on local problems.

(2) Training

The targets to be trained on the district level and below are as listed in Table 3-3-1. However, the total number of trainees is so great that all can not be handled only by RTC. There is a probability that as a reality the area which RTC covers may be restricted from the operational efficiency. Also, there still remains some other questions such as from which target of which level should the training be started. At the same time, progress and evaluation of the VHV/VHC training program now being promoted by MOPH must be taken into account. Considering such matters, long-term training programs will be prepared.

However, the training programs prepared in MPH for the initial period after the completion of facilities are as below:

- 1) District and Tambol level government officials will be given training of PHC management course. The trainees are those covered under No. 1 - 8 and No. 10 - 13 of Table 3-3-1. 100 trainee being divided into three classes will be given a two-week training in one training session. Annually four sessions of such training will be opened. Subjects are of PHC management, shown on the Table 3-3-2.
- 2) Village council members as well as PHC committee members will be given PHC course. The trainees are those covered under No. 14 of Table 3-3-1. 100 trainee being divided into three classes will be given one week training in one session, holding eight sessions annually.  
Subjects are shown on the Table 3-3-2.
- 3) Field-work training of the ATC courses will be given in RTC. There will be six sessions annually with each session for 15 people. The training expenses are borne by ATC. Field-work training for ASEAN course will also be carried out.
- 4) Although details of training programs are not yet decided, there is additional plan for re-training courses of a few days duration.

Fig. 3-3-1 The Training Schedule of RTC/PHC

Training \ Month	1	2	3	4	5	6	7	8	9	10	11	12
For government officers, 2 weeks		---			---			---			---	
For Tambol leaders, 1 week	-		-	-		-	-		-	-		-
Fieldwork training of ATC, few days	-		-		-		-		-		-	
Short term re-training, few days			-	undecided			-					



(3) Regional Information Center

This center will play a role of relaying PHC related information and material from ATC to Province Level and below. On the contrary, it will relay the Province Level information up to the ATC Level as well.

Table 3-3-1 Persons Required to be Trained in District,  
Tambol and Village Levels

(a) District Level	Number of Persons	Training Period	Total Number of the Targets
Both government officers and leaders	total 13	2 weeks	total 7,800
No. 1 District officer	1		600
No. 2 Deputy district officers	2		1,200
No. 3 CD officer	1		600
No. 4 Agriculture officer	1		600
No. 5 Co-operative officer	1		600
No. 6 Education officers	2		1,200
No. 7 Health officers	2		1,200
No. 8 Officers or people of District Development Committee members	2		1,200
No. 9 Provincial Council member representing the district	1		600
(b) Tambol Level			
Government officers	total 5	2 weeks	total 30,000
No. 10 Health officers	2		12,000
Junior Sanitarian	(1)		
Midwife	(1)		
No. 11 CD officer	1		6,000
No. 12 Agriculture officer	1		6,000
No. 13 Teacher	1		6,000
Village leaders	total 12	1 week	total 72,000
No. 14 Members of Village council and PHC Committee	12		72,000
(c) Village Level			
	total 20	1 week	1,040,000
No. 15 Village Development Committee	9		468,000
No. 16 Village Health Volunteer	1		52,000
No. 17 Village Health Communicators	10		520,000
Grand Total			1,149,800

Table 3-3-2

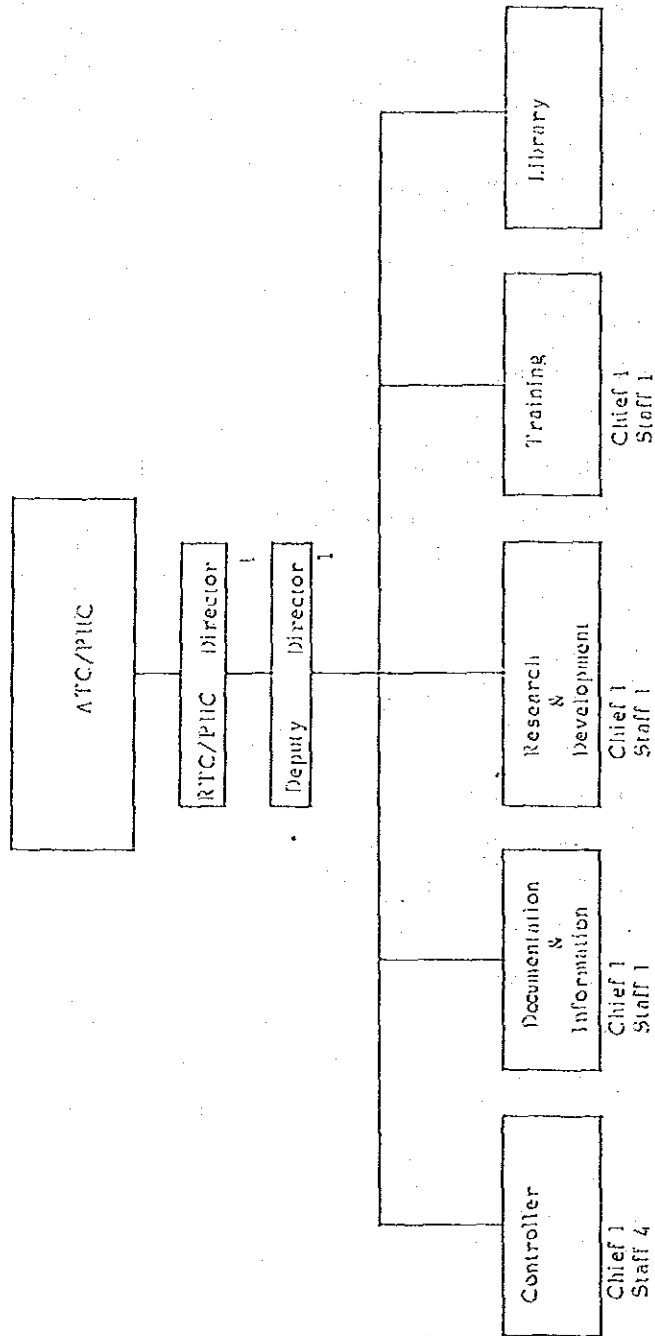
Training Subject for the Targets of District Level and below

Targets Subjects	District Level	Tambol Level		Village Level
		Government Officers	Village Leaders	
1. Nature of Rural Community	L	L	-	-
2. Basic Needs	L/G	L/G	G	G
3. Basic Community Services	L/G	L/G	L/G	L/G
4. Community Development				
5. Social Preparation for Development	L/G	L/G	-	-
6. PHC concept and Philosophy	L	L	L	L
7. PHC Strategies and Implementation	L/G	L/G	L/G	L/G
8. PHC Plan and Management	L/G	L/G	L/G	L/G
9. Planning (Village investigation/synthesis and analysis in relation to BCS/PHC)	F	F	-	-
10. Planning (Problem identification and priority Setting)	G	G	G	G
11. Planning (Program/ Project Formulation)	G	G	G	G
12. Program (administration and management)	L/G	L/G	L/G	L/G
13. Field Observation	G	G	G	G
Period of Training	2 weeks	2 weeks	1 week	1 week

L=Lecture  
G=Group Discussion  
F=Field Work

### 3-3-2 Organization and Personnel Plan

As the result of study on a plan of organization and personnel made by Thai authorities, the survey team concluded that the plan is appropriate for RTC/PHC. Therefore, it is strongly expected that the plan will be realized at the beginning of the project.



### 3-3-3 Required Contents of the Facilities

		Number of person(s) and requirement
(1) Controller		
1) Director's office		1
2) Office	Deputy Director	1
	Section Chief	1
	Staff	4
3) Filing room		
(2) Documentation and Information		
Section office	Section Chief	1
	Staff	1
	- Storage space	
	- Working space for copying	
	- Small meetings space	
(3) Research and Development		
Section office	Section Chief	1
	Staff	1
	- Storage space	
	- Small meeting space	
(4) Training		
Section office	Section Chief	1
	Staff	1
	- Storage space	
	- Small meeting space	
(5) Library	To be used as a information space and also to be used as a conference room and a seminar room.	
(6) Rooms for training		
1) lecture rooms	2 rooms, one for 35 persons and the other for 70 persons	
2) seminar room	for 25 persons (to be used as a small conference room)	
3) demonstration room	for 50 persons	

- 4) A/V equipment room To be located next to a lecture room
- (7) Domitory
- |              |                                |          |
|--------------|--------------------------------|----------|
| 1) bed rooms | A type twin room x 6 rooms     | total 12 |
|              | B type for 6 persons x 7 rooms | total 42 |
|              | Total                          | 54 beds  |
- 2) cafeteria and kitchen Sometimes all the people under training will be gathered here.
- 3) laundry and attached linen - Service yard is necessary.
- 4) shower rooms and toilets - common use.
- (8) Jointly used portion corridor, staircases, caretaker, guard, car park, etc.

#### 3-3-4 Required Equipment

##### (1) Equipment for training

Those are equipment mainly used for trainings, however, partially also for research/developments and conferences.

- over-head projector
- movie projector
- slide film projector
- color TV video system
- microphone and speaker system
- sound recording equipment

##### (2) Audio visual teaching material production equipments

Those are equipments used to produce simple A/V teaching materials for training.

- photographic camera
- sets of video TV camera

(3) Printing and photocopy equipment

To make prints for trainings, research/developments and conferences, etc.

- photocopy equipment
- mimeographic equipment

(4) Vehicles

For training and research and development, and their fieldworks, and the distribution of materials.

