

ASEAN人造りプロジェクト
タイ国プライマリー・ヘルス・ケア訓練センター

実施協議調査報告書

昭和59年1月

国際協力事業団
医療協力部

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タイ国プライマリー・ヘルス・ケア訓練センター

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国際協力事業団	
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は し が き

タイ国政府の要請に基づき、ASEAN（東南アジア連合）人造りプロジェクトの一環であるタイ国プライマリー・ヘルス・ケア訓練センタープロジェクトについて技術協力の可能性を調査するため、昭和56年8月に第1次予備調査団を、また同年11月に第2次予備調査団を、更に昭和57年3月に事前調査団をそれぞれ派遣した。

当事業団は、前記第1次、第2次調査、及び事前調査を踏まえ、本プロジェクトを発足させるため昭和57年9月27日より10月5日まで橋本正巳埼玉県立衛生短期大学学長を団長とする実施協議調査団を派遣した。

本実施協議調査団は、タイ国政府が、国家事業として取り組んでいるプライマリー・ヘルス・ケアのための人材養成及び医療サービスに必要な諸事項につき、現地調査を行うとともに、タイ国政府関係機関と協議を行い、討議議事録(R/D)に署名した。これに伴ない、本プロジェクトは、昭和58年10月1日より正式に発足することとなった。本報告書は、同調査団の調査結果をとりまとめたものである。

ここに実施協議調査団員各位並に調査団派遣にご協力を賜わった関係機関の各位に対し、深甚なる謝意を表する次第である。

昭和 59 年 1 月

国際協力事業団
理事 長谷川 正 男

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I 実施協議調査団の構成

団 長 橋 本 正 己 埼玉県立衛生短期大学 学長
団 員 小 泉 明 東京大学 医学部 公衆衛生学教授
団 員 豊 川 裕 之 東京大学 医学部 保健学科助教授
団 員 橋 爪 章 厚生省児童家庭局 母子衛生課主査
団 員 岩 本 渉 文部省大学局医学教育課 企画係長
団 員 杉 山 長 外務省 経済協力局技術協力二課
団 員 近 藤 芳 久 国際協力事業団 医療協力部医療協力課 参事

II 調 査 日 程

期 間： 昭和57年9月27日～10月7日まで

<u>月 日</u>	<u>調 査 内 容</u>
9月27日(月)	TG 625にてバンコック着
〃 28日(火)	10時日本大使館及びJICA事務所表敬。調査日程、対処方針等の打合せ。 13時マヒドン大学公衆衛生学部表敬。R/D内容の協議。 (タイ側出席者： PROF. NATTH BHAMARAPRATI 学長, DR. MALI THAINEVA 顧問, DR. KRASAE CHAIVAWONGSE, ATC 局長, PROF. PRAWASE WASI, DR. DHEBHANOM MUANGMAN, DR. KRISID TONTISIRIN, DR. DUSANEE SUTTA NA-KASETR, DR. GHAWALIT SANTIKIJRUNGRUNG, DR. PIROTE NINGSANONDA, DR. PRICHA DE'SAWADI, ASST. PROF. ROMSAI KLASOON TORN, MISS. PISAMAI CHANDAUIMOL, MR. CHAIRAT PATTANACHAROEN, MISS. SASITHORN SANTIWONGSAKUL, MISS. WARAPORN SRISUPAN, MISS. CHAWEWAN TUNNIVECHAYUNT 他)
9月29日(水)	9時マヒドン大学にてR/D署名交換。 (タイ側出席者： PROF. NATTH BHAMERAVATI 学長, DR. MALI THANEVA 顧問, DR. KRASAE CHANAWONGSE (公衆衛生部), DR. DEBHANOM MUANGMAN (公衆衛生部), MR. ROMSAI KLASOONTOAN (公衆衛生部), MR. SUITIO SUSILA (DTEC), MR. CHAIRAT PATHANACHAROEN (公衆衛生省保健計画部), DR. CHAWALIT SUNTIKIKITRUNG-RUANG (公衆衛生省栄養部), MISS. SUPAWAN SUCHAPONG (公衆衛生省

- 広報部) 日本大使館及び JICA 事務所へ報告。
- 9月30日(木) 10時マヒドン大学公衆衛生学部にて国内訓練及び研究開発プログラムに係る打合せ(タイ側出席者: DR. KRASAE CHANAWONGSE (公衆衛生学部), DR. MALI THAINEVA (公衆衛生学部), DR. KRASID TONTISIRIN (公衆衛生学部), DR. DUSANEE SUTTAPREYASRI (公衆衛生学部), MISS SASITHORN SANTIWONGSAKUL (公衆衛生学部), MISS WARAPORN SRISUPAN (公衆衛生学部), MR. SOMCHAI VIRIPIRCMGOOL (公衆衛生学部), MISS CHAWEWAN TUNNIVECHAYUNT (公衆衛生学部), MR. CHAIRAT PATHANACHAROEN (公衆衛生省, 保健計画課), MR. MATEE CHANSARNPORN (PHC事務所), MR. ONGART SITTHICHARCENCHAI (PHC事務所))。
- 橋本団長 JL464 にて帰国
- 10月1日(金) SALAYA CAMPUS の PHL 建設現場視察。チョンブリ州公衆衛生省地方事務所, チョンブリ病院, 公衆衛生カレッジ等を視察。
- 〃 2日(土) 9時パタヤ市内環境状況視察。パタヤよりバンコックへ向けて移動。
- 〃 3日(日) 調査団員内打合せ。
- 小泉団員 TG740 にて帰国
- 〃 4日(月) マヒドン大学, 公衆衛生学部にて国内訓練及び研究開発プログラムに係る打合せ。(タイ側出席者: DR. KRASE CHANAWONGSE (公衆衛生学部), DR. MALI THAINEVA (PHC顧問), DR. DUSANEE SUTTAPREVASRI (公衆衛生学部), MS. SASITHORN SANTIWONGSAKUL (公衆衛生学部), MS. WARAPORN SRISUPAN (公衆衛生学部), MS. CHAWEWAN TUNNIVECHAYUNT (公衆衛生学部), DR. KRASID TONTISIRIN (医学部), MR. ONGART SITTHICHAROENCHAI (公衆衛生省), MS PISAMAI CHANAVIMOL (公衆衛生省), MR. NOPADOL KLAIKEON (広報部)。
- 〃 5日(火) マヒドン大学, 公衆衛生学部にて国内訓練及び研究開発プログラムに係る打合せ。(タイ側出席者: マヒドン大学, 公衆衛生学部より DR. KRASAE CHANAWONGSE, DR. MALI THAINEVA, DR. DUSANEE SUTTAPREYASRI, MS. SASITHORN SANTIWONGSAKUL, MS. CHAWEWAN TUNNIVECHAYUNT, MR. SOMCHAI VIRIPIROMGOOL)
- 橋爪, 岩本, 杉山団員 KL861 にて帰国。
- 〃 6日(水) マヒドン大学, 公衆衛生学部にて国内訓練及び研究開発プログラムに係る打合せ。(タイ側出席者: マヒドン大学公衆衛生学部より DR. KRASAE CHANAWONGSE, DR. DUSANEE SUTTAPREYASRI, MR. ROMSAI KLASOONTORN,

MS. SASITHORN SANTIWONGSAKUL, MS. WARAPON SRISUPAN,
MS. CHAWEWAN TUNNIVECHAYUNT, MR. SOMCHAI VIRIPIROMGOOL.
公衆衛生省より DR. CHAWALIT SANTIKITRUNGRUANG, MR. ONGART
SITTHICHAROENCHAI, MR. CHAIRAT PATTANACHAROEN。広報部より
MR. NOPADOL KLAIKEON。

10月7日(木) 近藤団員TG600にて帰国。

Ⅲ 総括的事項

橋本正己

今回の実施協議調査団の主要な任務は、1981年8月以降3回の事前調査団によるタイ国側との協議・調査の成果をふまえて、ATC/PHC Project in Thailand の技術協力計画についての Record of Discussions (R/D) の署名であり、併せて無償供与による建築物の基本設計調査の最終報告案の Minutes of Discussions の署名とともに、初年度の技術協力の具体的な実施計画について協議を行うことであった。

当初8月に予定されていた本調査団の派遣が、諸般の事情によって9月末から10月上旬にかけての時期となり、これはタイ国の会計年度の変り目であり、特に今回は9月末に公衆衛生幹部の人事異動が予定されていたため、タイ国側にとってはむりの多い時期で、また調査団としても団長をはじめ滞在可能な期間に制約があったため、全員が全期間滞在して実施協議を行うことができなかった。しかし、タイ国側の積極的な努力によって、R/D の署名をはじめ、本調査団の今回の任務が予定どおり行われたことは、本プロジェクト実施に対するタイ国側の熱意と意欲を示すものであった。R/D の内容については、去る7月 Dr. ナット(マヒドン大学学長)および Dr. パイロット(公衆衛生省の本プロジェクト担当次官補)の来日、その後の最終案に対するタイ国側の意見の事前入手等によって、これまで3回の事前調査団に対してタイ国側から強く要請されてきた費用の問題等についても、比較的スムーズに合意に達し得たことは幸であった。9月27日(月)より10月7日(木)まで11日間(うち2日は移動日)の本調査団の実施協議の経過およびそれらの具体的な内容等については、それぞれの主たる担当メンバーの記述にゆずることとし、ここでは今回の実施協議をふまえて本プロジェクトの実施についての総括的な若干の所見について述べる。

- (1) R/D の署名により、本プロジェクトの技術協力はすでに初年度の実施段階に入ったわけであるが、本プロジェクトのその主題の特質から、タイ国側のマヒドン大学と公衆衛生省のよき連携を根幹として、関係省庁、機関、団体等の有機的な連携がその成否を左右することは明白である。このためには、今回の実施協議に際しても団長より強調したとおり、懸案の National PHC Coordinating Committee の組織と発足が喫緊の課題である。

(2) ASEAN諸国に対する対応は、無償供与による建築の完成までは、PHCに関する各国相互間の情報交換と、今後の本プロジェクトに対する各国の意見聴取等を中心とする比較的短期間のセミナー実施が实际的であろう。

一方、当初からのATC/PHCに加えて、4か所のRTCが建設されることとなったのは、プロジェクトの主旨からみて高く評価されるが、ATCとRTCとの活動におけるプロジェクト全体からみたその位置づけと、相互の組織的、機能的関連については、それぞれの特色を活かしてプロジェクトの総合的効果を発揮するために、前記のNational Committeeにおいて早急に検討する必要があるであろう。

(3) 本プロジェクトの効果的運営に対応すべき日本側の国内委員会の設置は、すでに第1次の事前調査団派遣の頃から、関係者によりその必要が強調され、タイ国側からも再三要請されていたところであるが、漸く1982年9月にその発足をみた。本プロジェクトを円滑に発足させるための当面の切実な課題は、日本側からの専門家の派遣であり、このためにも今回の調査団に文部本省(大学局医学教育課)より、はじめてスタッフの参加を得たことは幸であった。国内委員会については、今後必要に応じて、特に専門家等の人材確保の観点から、新しい委員の追加を積極的に考慮すべきものと考えられる。

(4) 本プロジェクトの技術協力計画は、1982年10月を起点とする5か年の計画であるが、PHCを主題に掲げて、① training of trainers, ② research and development, を主要な内容とするその特質から、マヒドン大学と公衆衛生省の連携はもとより、従来の技術協力プロジェクトでは殆んど経験のない、タテ・ヨコの緊密な連携態勢がプロジェクトの成否を決定する条件である。このような主題の特質と、タイ国の現状にみられる行政の高度のタテワリ制とセクト主義、複雑なその機構等を考えると、初年度の前半(1982年10月~83年3月)の期間は、特に本プロジェクトの始動期として、今後の運営のための態勢づくりと条件整備に最大の努力を集中すべきである。もとよりこれらは主としてタイ国自体の課題ではあるが、日本側もこのような状況の認識を明確にふまえて、有効に対応することが必要である。

(5) 以上のような観点から、すでに始動している初年度前半についての、日本側の対応の最も重要な事項は、専門家等の人材の派遣である。タイ国側からの研修員(カウンターパート)の派遣、日本側からの専門家の派遣については、今回の実施協議においても特に初年度計画について協議がなされた。その結果、前者については、7月来日の前記2名に加えて、3名の研修員のリストが提出されているが、後者については残念ながら特にChief adviser等についてのタイ国側の要請に具体的に答えるには至らなかった。特に急を要するものは、日本側のchief adviserとcoordinatorの人選であるが、この問題については当面は暫定的な対応が止むを得

ないとしても、1983年4月以降の派遣人材の人選を慎重に進めることが重要と考えられる。

- (6) 日本側からの専門家派遣について、R/Dでは若干の専門分野が掲げられているが、特に初年度の前半分については、タイ国側の希望は未だ明確ではなかった。これは本プロジェクトの現段階とタイ国側の現状からみてむりからぬところであり、タイ側の具体的要請を待って人選することは、少なくとも初年度の前半については実際的ではないと考えられる。したがって、本プロジェクトのこれまでに殆んど経験のない特質、タイ国側の現状からみると、当面初年度前半の人材派遣については、できれば公衆衛生活動についてフィールド経験があり、保健問題について巾広い知識と技術（教育および研究調査を含む）を有する比較的若い人材を、短期間で多数派遣することが望ましい。すでに本プロジェクトの3回の事前調査団については、厚生本省より数名の有能な医師の技官が参加しているが、これらの人材を含めて、広く保健所等より適切な人材を求めて短期間派遣し、プロジェクトの当初の段階においてタイ国側のリーダーたちとよき人間関係をつくり、共同して仕事をすることによって実際的な理解を深めることが今後プロジェクトの効果的な展開のために不可欠と考えられる。また、1983年早々に予定されているASEAN-Regional Seminar等の機会に、国内委員会の委員等もぜひこれに参加することが望ましいと考えられる。

IV 初年度の教育訓練実施計画について

小 泉 明

9月30日にMahidol大学のFaculty of Public Healthの会議室で、ATC/PHC事務局側からの初年度実施計画についての説明があった。教育訓練に関する説明で印象に残ったのは、occupation, health, および education を3つの頂点とした三角形による基本概念の説明であった。この3つの頂点は、occupationとhealthの間がsafety, occupationとeducationの間がjusticeそしてhealthとeducationの間がquality of lifeで結ばれており、そこにはdevelopment, prosperity, welfareなどの概念が含まれていなかった。これは教育訓練の基本理念がすぐれて人文科学的であって、社会科学的な要素が表面に出ていないことを示すものでもあった。「人づくり」である以上、上記のことは当然である。しかし、現実の実体的な条件をととのえるという意味で、社会開発や経済開発をも重視する必要があると思った。

V 教育訓練の評価について

ATC/PHCの訓練を受ける人々は、差し当っては県衛生部長、病院長、郡主任衛生医官等の“偉い”人々となっている、問題は、そういう“偉い”人々に対する教育訓練が“草の根”レベ

ルのPHC人づくりにどう反映し、どのように効果をあらわすか、である。

ATC/PHCの受講者は引きつづいてRTC/PHCで教える側に立つ筈である。いや、絶対に立たなければならぬ人々である。そのためには、RTCでの訓練者になるための訓練、すなわち「教え方」の訓練が効果的になされなければならない。訓練者に必要な要件としては、(1)PHCの理念を正しく把握し、あらゆる実践活動の基礎にしておくこと、(2)PHC活動の具体的な内容について人に教えることができるまでの知識をもっていること、(3)教育訓練の技術をもっていることが挙げられる。前述の“偉い”人々は、上記の(2)(PHC活動の内容)については条件を具備しているように思われる。したがって、訓練の重点を(1)と(3)におくのがよいであろう。

いずれにしても、教育訓練は実施しさえすればよいというものではない。その「効果」を判定するための評価が正しくおこなわれなければならない。

VI 研究の評価について

前述の初年度実施計画の中で、ATC/PHC事務局の立場から研究とモデリングについての説明を受けて感じたことは、個々の研究テーマごとに、その計画・実施状況および成果についての評価をおこなうことがぜひ必要ということである。この点については、当日その場で私も発言した。おそらく研究ということに、あまり慣れていない人からの応募もあると考えられ、研究の実施にあたってのきめ細かい助言が不可欠のように思われる。

(1) 国内研修について(初年度計画)

橋 爪 章

タイ側より事前にカリキュラム案として下表が示されているが、細部の変更はあるとしてもおおむね下表の通り実施されるであろうとのことであった。

Tentative Schedule for PHC two Weeks Training Course

Day	A.M. (9 : 00 ~ 12 : 00)	P.M. (1 : 30 ~ 4 : 30)
1st Week	1 Introduction	Leadership
	2 Public Speaking	Introduction to PHC
	3 PHC in Thailand (I)	PHC in Thailand (II)
	4 (Field Study) Future of Rural Community	Rural Economy
	5 (Field Study) Community Services and Basic Needs	Discussion
2st Week	6 Field study Report	Community Development
	7 Social Preparation for Social change and development	Planing and Management for PHC(I)
	8 Planning and Management for PHC(II)	Social Psychology and Social change
	9 Design Planned change in PHC (I)	Design Planned change in PHC (II)
	10 Presentation of Planned change in PHC	Conclusion and Evaluation

研修の時期は、本年度は、11/15～26, 12/13～24, 1/17～28, 2/14～25の5コースを予定しており、また、10/11～15には Consultative meeting 1コースを実施の予定である。

研修の場所は、マヒドン大学サラヤキャンパスが第一選択であるが、第二選択としてバンコク市内の公衆衛生学部も考えているとのことであった。

研修員は、募集方法等具体案は示されなかったが、公衆衛生省が公正な手段で選定することであった。研修員は、各コース30名、県的要職にあるものが参加する予定であるが、彼らは研修終了後は、もとの職務へ戻り、研修成果を地域へフィードバックすることになる。

本研修のための特別講師は各コース(延)20名の予定である。

研修体制の評価は、1983年4月に年度中期評価が、9月には初年度評価がおこなわれる予定であるが、評価の実施主体は、まだ定まっていない。発足予定の Joint Committee が、これにあたることとなるであろう。

(2) 域内研修について(初年度計画)

橋 爪 章

タイ側は具体的な域内研修カリキュラムは準備していなかったが、その構想は概ね以下の通りであることが示された。

時 期： 1983年2月に1週間

場 所： バンコク市内のホテルを会場とするが、1日はフィールド実習(Korat)とする。

研修員： インドネシア、マレーシア、シンガポール、フィリピン各国より2名ずつ、およびタイ側参加者10名(Organizing Committee membersを含む)。

日本からの参加者について、特に希望は示されなかったが、おそらく、域内研修時期にタイ国を訪れている Expertsが対応することとなるであろう。

本研修のための特別講師は(延)10名の予定である。

(3) 研究について

橋 爪 章

初年度は、過去のPHC活動の評価・分析を主体とした包括的なテーマを扱い、特殊なテーマは1984年4月以降から扱うこととなった。初年度研究テーマは以下の18項目である。

- ① PHC活動の現状分析(健康教育)
- ② " (地方病の予防)
- ③ " (母子保健)
- ④ " (予防接種)
- ⑤ " (必須薬品の供給)
- ⑥ " (日常的な病気の治療)
- ⑦ " (栄養改善)
- ⑧ " (安全な給水)

- ⑨ PHCに関する情報の収集と分析
- ⑩ 住民参加の効果的手法
- ⑪ ヘルスボランティアの訓練モジュール
- ⑫ ヘルスボランティアの効果的教育・管理法
- ⑬ PHC用教育資材の開発
- ⑭ タンボトレーナーの知識と教育技法の向上
- ⑮ PHC活動の管理運営
- ⑯ コミュニティレベルにおける適切な患者ケア制度
- ⑰ PHC活動を支援する県及び郡病院の役割
- ⑱ ヘルスボランティア活動の評価

研究の評価は、各テーマごとにおこなわれ、研究報告も半年ごとになされる予定である。

研究体制全般の評価も、なんらかの形でおこなう予定である。当初は第19番目の研究テーマとして、本研究体制全般の評価をおこなう目的のものが加えられていたが、研究評価それ自体は「研究」ではないため、研究テーマリストからは外すこととなった。しかし、Evaluation→Feed backは、PHC活動推進の為の基本であり、研究活動が、ここではPHC活動の大きな柱として位置づけられている以上、研究体制がPHC理念に基づいて運営されることは期待してもよさそうである。

VII 専門家派遣について

岩 本 渉

今回署名されたR/Dによれば、日本から派遣される専門家としては、チーフ・アドバイザー、コーディネーター及び各種分野の専門家の3種が挙げられている。R/D締結前の協議において、ドラフトの表現を若干改める旨の提案を日本側から行ったが、これについては、内容に大きく係わる変更ではないため、タイ側の子承が得られた。

上記の「各種分野の専門家」については、伝染病、環境衛生、視聴覚教育、その他となっている。この内、視聴覚教育については、どのような専門家が求められているか、当初から詳細が不明であり、ハード面についての助言を求めているとの推測がなされていたが、滞在中、非公式にナット学長の意向を確認した所、ソフト面の指導も求めているようであった。この点について、日本側としては、慎重に検討していく必要がある。

ところで、派遣専門家についてどのような役割をタイ側が期待しているのか、従来不明であったため、今回R/D署名後の協議において、この点を質した。

クラセ教授は、日本から派遣される専門家に対して、どの分野においても、タイ側の研究者とともに活動してくれる人で事務的な手続の面でJICA事務所等の間の橋渡しをしてくれる若手の人を期待していると答えた。具体的な活動としては、カリキュラム作成への助言、講演等、多様

なことを期待しているようであった。

この点について、マリ公衆衛生学部長にも同じ問いを発したところ、より限定した役割を期待しているようであり、微妙な食い違いを見せていた。

また、今年度の具体の専門領域については、なお公衆衛生省と協議するとのことであり、統一見解はできていないようであった。

したがって、これからの専門家派遣に当たっては、要請のあった都度、タイ側の意向を十分に調査してから人選を行うことが、今後の協力を円滑に進める上で必要となろう。

VIII 研修員の受入れについて

岩 本 渉

研修員については、R/Dにおいて、日本からの専門家に対応した資質のある者を割り当てることとされている。

しかし、この点についても、タイ側の構想は漠然としていた。また、R/D署名後の協議においても、クラセ教授は、本年度割当ての5人^のうち、既に来日しているナット学長、パイロート公衆衛生省次官補の2人分が消化されていることを知らない有様であった。

これらのことは、技術協力に対するタイ側の慣れ及びタイ国内の支援体制の確立等により、ある程度解消される問題と思うが、今後、両国間の情報交換に更に努力する必要があると考える。

また、団員の何人かの方が指摘されたように、専門家派遣と研修員受入れとを有機的に結合していく工夫も必要であろう。

IX タイ側の予算について

岩 本 渉

本計画に対するタイ側の予算措置について、協議の場で質問したところ、本年度は、マヒドン大学学長室に700パーツが措置されているとのことであった。

ただし、これはマヒドン大学全体の予算規模、公衆衛生省における予算措置等が分からぬため詳しい論評は控えたい。

X R/D及び実施計画の協議内容

杉 山 真

1. はじめに

56年1月の鈴木総理のアセアン訪問の際に提唱された「ASEAN人造りプロジェクト」は、これまで3回の調査団を派遣し、各国のプロジェクト詳細をつめてきた。タイにおいては、地域住民の保健向上を担うプライマリー・ヘルス・ケア要員の訓練センターに対する無償及び技協がとりあげられることになり、今般9月27日から10月5日まで技術協力に関する最終の協議

と R/D 署名のため実施調査チームが派遣された。

2. 在タイ大使館・JICA事務所との打合せ

(1) タイ側の R/D 修正要求

① 第V項(2行目) a part of の削除

わが方としては原案通りで、タイ側を説得することとするが、先方がどうしてもゆずらない場合には、若干の修正案(小官が持参)を提示する。なお、右削除が困難であろう旨は大使館よりタイ側にすでに伝えてあり、口頭で十分説明すれば先方も納得するであろう。また、タイ側は part の語感が、ほんの一部分しか負担しないような意味合いもあり、それに不安を感じているようにも見受けられる。

② ANNEX I - 2 - (2) の追加訂正

A T C と R T C との関連性を明確にするための追加項であり、特に問題はない。

(2) 専門家派遣

① 当初チーフ・アドバイザーとして予定していた専門家が個人的な事情により早期派遣が困難になった。しかし、R/D に署名して専門家を送らないのでは、タイ側の信頼を失うおそれがあるので、短期専門家をつなぎとして早急に派遣することを検討する必要がある。

② ANNEX II - 3 - (3) Audio Visual Aid Education はハード(機器操作)かソフト(教育方法論)かどちらを意味するのかわからないので、先方に具体的内容を確認する。文部省としては、かかる専門家の派遣は困難である旨表明しており、派遣見込みのない者を用意する旨表現するのはよくないが、ハードの専門家であればリクルートも比較的容易であるので、原案通り幅広く解釈できるようにしておくことでさしつかえない。

③ ANNEX II - 4 other 以下を 3 - (4) とする。(原案では Expert が、特定の分野に限定されるようにうけとれるので 3 - (4) とすることにより、間口の広い P H C の派遣分野に幅をもたせる)

④ 当面専門家の候補者としては、百井一郎(元済生会理事)、熊岡夾夫(私立病院長)、深井孝之助(阪大微研教授)等が考えられるが、いずれも早期派遣は困難である。

(3) 研修員受入れ

① 57年度枠は、3名残っているので、先方に研修希望分野等具体的なことを聞く。

② タイ側の要請については、厚生省、文部省としては、前向きに考慮したい。

3. タイ側との R/D 協議

(1) R/D 第V項の「a part of」の削除

① タイ側より a part of という表現は日本側のローカルコスト負担が5~20%程度としか

とれないので、削除してほしい旨の要請があった。

- ② これに対し、日本側より、日本の予算制度上の制限から管理費、光熱費（例として、ガス代、電気代）等、その負担が困難なものもあり、タイ側要請に全部応じられないことを説明の上、R/Dの文言の履行については、日本政府としては、できるだけこれを守ることとしており、もし a part of を削除すると日本政府が約束を破るということになるので文書の表現としては残したい、しかし、日本側はタイ側の要請に、できるだけ多く応えられるよう最善を尽くす旨の説明をしたところ、タイ側もこれを多として了承した。

(2) R/D ANNEX I - 2 - (2) の訂正

RTCの位置づけを明確にしたいとして、タイ側より追加文案がだされ、日本側もこれに同意した。

(3) RTC（地方センター）の活動に対するローカルコスト負担

タイ側よりRTCで行う訓練・研究等についても日本側からローカルコストの援助は得られるかにつき質問があったところ、日本側（在タイ伍藤審記官）よりRTCについては建設コストのみ日本側負担で完成後の運営・管理費は、すべてタイ側負担となることで、すでにタイ側は了承していると指摘し、ATC（中央センター）の活動に直接関連のないRTCの独自の研修・研究の費用は負担しない旨明確にするため the following expenditureの次に、regarding ASEAN training Center for Primary Health Careとの限定語句をそう入することとした。

(4) 専門家の派遣分野のうちA・V Aid Educationの意味

タイ側はハードとソフトの両分野の専門家の派遣を希望している（ナット・マヒドン大学学長）

(5) その他

- ① ANNEX IIの4は 3.(4)とした。
② ANNEX III（機材）は、主要供与機材を例示するにとどめた。

4. 初年度（1982.10～1983.3）の実施計画

(1) 教育・訓練

① 国内トレーニング（詳細 別添1）

明年3月まで6コース（各コース30人、14日間）

内容はPHC全般、場所はマヒドン大学サラヤキャンパス又は同大学バンコクキャンパス。

② 域内トレーニング（費用詳細 別添2）

域内4ヶ国から8名を受入れ、タイからは10名参加（日本からも2名の専門家派遣を希望）。明年2月開催（1週間）予定。

情報交換、フィールド視察が中心となる。

③ 研究（詳細は、別添3）

11分野（18課題）の研究を行う。ただし、モデルの開発は明年度からとする。

④ 専門家、機材、研修員

後日、Aフォームをもって正式要請をする。（なお、機材リストについては、本年3月の事前調査団が了承済み。リスト別添4）

⑤ タイ側予算等

本プロジェクトのためのタイ側予算は、マヒドン大学の general expence 中の Rectors office の項（160万バーツ）にあり、70万バーツ（約1000万円）を確保している由。

また、スタッフは6名（マヒドン大学教授 Dr. Krasse が Director）確保済み。

なお、タイ側国内委員会（Board of Executives）は本年内には発足できる見込み。

⑥ その他

タイ側（マヒドン大学）は、日本との技術協力は、はじめてであり、その具体的手続について、まったく知らなかったため、杉山（及び近藤 JICA 職員）より十分説明するとともに、ローカル・コストの中で日本側が負担できるものと、できないものを先方の積算根拠をたたき台として、はっきりと指摘しておいた。

5. 所見

- (1) 本プロジェクトは、総理提唱の人造り案件であり、必ずしも「技術移転」が、その目的となっていない面もある（タイ側はトレーニング・研究のための日本側による費用負担を希望している）が、従来の技協の枠にとらわれすぎていると、うまくいかないことも起こりうるであろう。
- (2) タイ側は、本プロジェクトに積極的であり、地域住民のニーズにも合致するプロジェクトでもあるので、日本側としても早急に専門家を派遣して、先方の熱意にこたえる必要がある。

資料編

資料

XI - 1. 技術協力プロジェクトの新規案件 (No.29)

タイにおける人造りプロジェクト

57. 10. 7
経 協 技 2

1. 新プロジェクト名

プライマリー・ヘルス・ケア訓練センター

(ASEAN Training Center for Primary Health Care)

2. 協力期間

57年10月1日から5年間

3. 相手国機関

国立マヒドン大学及び公共保健省

(Mahidol University & Ministry of Public Health)

4. 背景及び経緯

- (1) 昭和56年1月、鈴木総理大臣がASEAN 5ヶ国を訪問し ASEAN諸国の国造りを担う人造りに協力することを提案し(経費見込総額1億ドル)各国首脳の賛同を得た。
- (2) 同年3月、第1回 ASEAN人造りプロジェクト準備会議が東京で開催され、協力の大枠について意見交換が行われ、我が方は6月コンタクトミッションを ASEAN 5ヶ国に派遣した。同ミッションとタイ側との協議の結果、本件「プライマリー・ヘルス・ケア」をタイにおける ASEAN 人造りプロジェクトとしてとりあげることを正式に合意した。
- (3) 同年8月、第1次予備調査団を派遣し、要請内容の具体化を図った上で同年10月、第2回 ASEAN 人造りプロジェクト準備会議が、日・ASEAN の事務レベルでジャカルタにおいて開催された結果、ASEAN 人造りプロジェクトの枠組につき各国の間で基本的な合意が成立した。その後、同年12月に第2次予備調査団、57年3月に事前調査団が派遣され、プロジェクトの内容、協力計画につき具体的な検討が行われた他同年5月に我が方無償資金協力により建設されるバンコクの中央センター及び地方の4センターの基本設計調査団が派遣された。
- (4) 同年7月には、タイ側の本プロジェクトの責任者であるナット・マヒドン大学学長及びパイロット公共保健省次官補が来日し、プロジェクトの詳細計画について、さらに協議を行った結果、同年9月、実施協議チームがタイに派遣され、9月29日、日・タイ双方の間で討議議事録の署名が行われ、本プロジェクトが同年10月1日より実施に移される運びとなった。

5. 目的と概要

(1) 目的

世界保健機構（WHO）は「西暦2000年までに全ての人に健康を」を活動目標として設定しているが、健康・保健水準の向上は全世界的課題であり、いわゆる「プライマリー・ヘルス・ケア」の向上は、そのための中心的な要素となる。このプロジェクトは、ASEAN各国にとっても共通の課題であるプライマリー・ヘルス・ケアの向上について、地域住民レベルに直結した指導員・普及員等を訓練・養成し、あわせてモデル地域での実習・調査を通じた改善手法の開発を図るセンターを設立しようとするものである。

(2) 概要

本プロジェクトでは、マヒドン大学サラヤキャンパス（バンコク市郊外）に我が方の無償資金協力により建設される中央センターにおいて、上記プライマリー・ヘルス・ケア（PHC）に関する教育訓練、研究・開発、教材作成を行い、その結果を我が方の無償資金協力で建設する地方の4センター（中央部チョンブリ、南部ナコンシタマラート、東北部コンケン、北部ナコンサワン）に普及させ、50万人のPHCの要員の「人作り」に寄与せんとするものである。

その計画骨子次のとおり。

(i) 教育訓練

次の3つの部門につき実施される。

- (イ) 国内研修： 県郡レベルの病院院長、公衆衛生、農業、教育、地方行政の責任者及び助産婦、衛生士等のPHC要員を対象として年間14コース（各コースは2週間～4週間、対象人数30名）の研修を行う。
- (ロ) 域内研修： ASEAN諸国から各10名の研修員を集め、3カ月間のコースを年1回行う。
- (ハ) 国際セミナー： ASEAN各国、国際機関、日本等から35名の専門家を集め、セミナーを年1回行い、情報交換、研究発表を行う場とする。

(ii) 調査研究

大学・公共保健省等のPHC研究者にそれぞれ専門の分野につき調査を委託し、また、モデル地区を選定し、フィールド活動を行うものである。

(iii) 教材作成

視聴覚プロダクションユニットにおいてスライド教材等を作成するものである。

- (iv) 本プロジェクトの運営指導のため日本からプロジェクトリーダーを始めとする専門家を毎年5名程度派遣し、タイから毎年5名程度の研修員を受入れる。主要な機材については、中央センター及び4つの地方センター建設と合わせ無償資金協力により供与されるが、補完的な機材は、技術協力の枠組の中で供与される。

(v) 協力実施体制

国立マヒドン大学、公共保健省、内務、農林省等より構成される国内運営委員会の指導の

もとにマヒドン大学学長が責任者となって本プロジェクトを実施する。

XI-2 THE RECORD OF DISCUSSIONS BETWEEN THE JAPANESE
IMPLEMENTATION SURVEY TEAM AND THE AUTHORITIES
CONCERNED OF THE GOVERNMENT OF THE KINGDOM OF
THAILAND ON THE JAPANESE TECHNICAL COOPERATION
FOR THE PRIMARY HEALTH CARE TRAINING CENTER
PROJECT

The Japanese Implementation Survey Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Dr. Masami HASHIMOTO, visited Thailand from September 27 to October 5, 1982 for the purpose of working out the details of the technical cooperation program concerning Primary Health Care Training Center Project, the ASEAN Human Resources Development Project in the Kingdom of Thailand.

During its stay in the Kingdom of Thailand, the Team exchanged views and had a series of discussions with the Thai authorities concerned in respect of desirable measures to be taken by both Governments for the successful implementation of the technical cooperation programme for the above-mentioned Project.

As a result of the discussions, the Team and the Thai authorities concerned agree with reference to the Minutes of the Second ASEAN-JAPAN Meeting on the ASEAN Human Resources Development Project, JAKARTA, 6-7 October 1981, to recommend to their respective Governments the matters referred to in the Document hereto.

Bangkok, September 29, 1982

Dr. Masami HASHIMOTO
Head of the Japanese Implementation
Survey Team

Prof. Natth BHAMARAPRAVATI
Project Director,
Rector of Mahidol University

Masami Hashimoto

Dr. Pirote Ningsanonda

for
Dr. Pirote Ningsanonda
Deputy Under-Secretary of State
for Public Health

THE ATTACHED DOCUMENT

I. COOPERATION BETWEEN BOTH GOVERNMENTS

1. The Government of Japan and the Government of the Kingdom of Thailand will cooperate with each other in implementing the Primary Health Care Training Center Project (hereinafter referred to as "the Project"), for the purpose of developing human resources in primary health care, and thus contributing to the success of the health improvement program of all envisaged under the Fifth Five-Year National Health Development Plan. Furthermore, as part of the ASEAN Human Resources Development Project, it is anticipated that the Project will strengthen and accelerate cooperation among ASEAN countries through training and seminar on primary health care for ASEAN countries.
2. The Project will be implemented in accordance with the Master Plan which is given in Annex I.

II. DISPATCH OF JAPANESE EXPERTS

1. In accordance with the laws and regulations in force in Japan, the Government of Japan will take necessary measures through JICA to provide at its own expense services of the Japanese experts as listed in Annex II through the normal procedures under the Technical Cooperation Scheme of Japan.

2. The Japanese experts referred to in 1. above and their families will be granted in the Kingdom of Thailand the privileges, exemptions and benefits in accordance with the Agreement of Technical Cooperation signed on November 5th, 1981 between the Government of Japan and the Government of the Kingdom of Thailand.

III. PROVISION OF MACHINERY AND EQUIPMENT

1. In accordance with the laws and regulations in force in Japan, the Government of Japan will take necessary measures to provide at its own expense such machinery, equipment and other materials (hereinafter referred to as "the Equipment") necessary for the implementation of the Project as listed in Annex III.

The major portion of the Equipment will be provided under the grant aid scheme of the Government of Japan and as supplement, a small portion of the Equipment will be provided through the normal procedures under the Technical Cooperation Scheme of Japan.

2. As for the Equipment to be provided under the Technical Cooperation Scheme of Japan, it will become the property of the Government of Thailand upon being delivered c.i.f. to the Thai authorities concerned at the ports and/or airports of disembarkation, and will be utilized exclusively for the implementation of the Project in consultation with the Japanese experts referred to in Annex II.

IV. TRAINING OF THAI PERSONNEL IN JAPAN

1. In accordance with the laws and regulations in force in Japan, the Government of Japan will take necessary measures through JICA to receive at its own expense the Thai personnel connected with the Project for technical training in Japan through the normal procedure under the Technical Cooperation Scheme of Japan.
2. The Government of the Kingdom of Thailand will take necessary measures to ensure that the knowledge and experience acquired by the Thai personnel from technical training in Japan will be utilized effectively for the implementation of the Project.

V. PROVISION OF SPECIAL MEASURES

In accordance with the laws and regulations in force in Japan, The Government of Japan will take necessary measures through JICA to finance a part of the following expenditures regarding ASEAN Training Center for Primary Health Care (hereinafter referred to as "ATC/PHC") in order to enhance the smooth implementation of the activities under the Project;

- (1) expenditures for making teaching materials,
- (2) travel allowance and stipend for trainees,
- (3) travel allowance of field training for instructors and trainees,
- (4) special instructors' fees,
- (5) materials for training,
- (6) expenditures for research works and model development and
- (7) travel allowance and stipend for participants from the ASEAN countries.

VI. SERVICES OF THAI COUNTERPART PERSONNEL AND ADMINISTRATIVE PERSONNEL

1. In accordance with the laws and regulations in force in the Kingdom of Thailand, the Government of the Kingdom of Thailand will take necessary measures to secure at its own expense necessary services of Thai counterpart personnel and administrative personnel as listed in Annex IV.
2. As to the Thai counterpart personnel, the Government of the Kingdom of Thailand will endeavour to allocate the necessary number of suitably qualified personnel corresponding to each Japanese expert to be dispatched by the Government of Japan as specified in Annex II, for effective and successful implementation of the Project.

VII. MEASURES TO BE TAKEN BY THE GOVERNMENT OF THE KINGDOM OF THAILAND

1. In accordance with the laws and regulations in force in the Kingdom of Thailand, the Government of the Kingdom of Thailand will take necessary measures to provide at its own expense the supply or replacement of machinery, equipment, instrument, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than those provided through JICA under III above.
2. Government of the Kingdom of Thailand will, in accordance with the laws and regulations in force in the Kingdom of Thailand, as for the Equipment to be supplied under the Technical Cooperation Scheme of Japan, take necessary measures to meet:

- (1) Expenses necessary for the transportation within the Kingdom of Thailand as well as for the installation, operation and maintenance thereof;
 - (2) Customs duties, internal taxes and any other charges, imposed in Thailand;
3. In accordance with the laws and regulations in force in the Kingdom of Thailand, the Government of the Kingdom of Thailand will take necessary measures to meet all running expenses necessary for the implementation of the Project.

VIII. ADMINISTRATION OF PROJECT

1. The Project Director, Rector of Mahidol University will bear overall responsibility for the implementation of the Project in collaboration with the Ministry of Public Health.
2. The Japanese Chief Advisor will provide necessary recommendation and advice on technical and administrative matters concerning the implementation of the Project to the Project Director.
3. For the effective and successful implementation of the Project a Joint Committee will be established with the function and composition listed in Annex V.

IX. INTERNATIONAL CHARACTERISTICS OF THE CENTER AS PART OF THE
ASEAN HUMAN RESOURCES DEVELOPMENT PROJECT

(1) While the content of the program is to be decided jointly by JICA and the Primary Health Care Training Center, with due consideration to the development of adequate capacity for such purpose, the Primary Health Care Training Center is to be open to nationals of all ASEAN member countries through regional training programs to be formulated in the future.

The Government of Japan, through JICA, is ready to cooperate in the implementation of such regional programs.

(2) Due consideration will be paid to appropriate linkage of the program level between the Primary Health Care Training Center and the International Center (tentatively named) in Okinawa which is to perform the function of liaison and back-up services to National Centers.

X. CLAIMS AGAINST JAPANESE EXPERTS

The Government of the Kingdom of Thailand undertakes to bear claims, if any arises, against the Japanese experts engaged in the Project resulting from, occurring in the course of, or otherwise connected with the discharge of their official functions in Thailand except for those arising from the willful misconduct or gross negligence of the Japanese experts.

XI. MUTUAL CONSULTATION

There will be mutual consultation between the two Governments on any major issues arising from, or in connection with this Attached Document.

XII. TERM OF COOPERATION

The duration of the technical cooperation for the Project under this Attached Document will be basically five (5) years from 1st of October, 1982. However, there will be a general review by the Joint Committee on the progress of the implementation of the Project during the second year of the cooperation period, in order to assess whether the terms of cooperation should be modified for the successful implementation of the Project.

ANNEX 1 MASTER PLAN

1. Objective of the Project

The Project, as the key strategy for health for all, aims at contributing to the promotion and development of primary health care through manpower development and research on PHC models.

To attain the objective, the Government of the Kingdom of Thailand will establish the ATC/PHC at Salaya Campus of Mahidol University and Regional Training Centers for Primary Health Care (hereinafter referred to as "RTC/PHC") under the ASEAN Human Resources Development Project.

2. The objectives of the Japanese technical cooperation to the ATC/PHC and RTC/PHC are;

(1) ATC/PHC

- a. To provide and conduct national training courses in primary health care for PHC trainers and PHC managers at provincial and district levels.
- b. To conduct research on situation analysis of PHC activities and PHC technical service component: food and nutrition, safe water and sanitation, immunization, maternal and child health, control of endemic diseases, treatment of common illness and injuries, essential drugs, and health education.
- c. To develop PHC models in five areas, four in the rural and one in urban areas.
- d. To provide and conduct international training course and seminar on PHC for participants from ASEAN member countries.

- e. To develop and produce training materials for RTC/PHC, and to disseminate information and experience on PHC to RTC/PHC.

(2) RTC/PHC

- a. To extend the functions of ATC/PHC down to the district, Tambon and Village levels, particularly in the area of training, research and modelling.
- b. To provide and conduct training courses in primary health care for PHC trainers of volunteers, PHC managers and supporters, at the district, tambon, and village levels.
- c. To conduct research on teaching methodology, training modules, PHC management & PHC technical service component taking into account of local conditions.
- d. To collect and disseminate information on PHC.

ANNEX II JAPANESE EXPERTS

1. Chief Advisor
2. Coordinator
3. Experts in the field of
 - (1) Communicable disease control
 - (2) Environment^{al} health
 - (3) Audio visual aid education
 - (4) Others which are mutually agreed upon as necessary

ANNEX III EQUIPMENT LIST

1. Office machine
2. Audio-Visual Equipment
3. Data Processing Equipment
4. Books
5. Others concerning the implementation of the project.

ANNEX IV LIST OF THAI STAFF

1. Project Director
2. Directors of the ATC/PHC and the RTC/PHC
3. Training Coordinator
4. Research Coordinator
5. General Administrative Officer
6. Audio Visual Officer
7. Administrative Staff
 - (1) Administration
 - (2) Accounting
 - (3) Clerical work
8. Other personnel internally agreed upon as necessary

ANNEX V JOINT COMMITTEE

1. Functions

The Joint Committee will meet at least once a year and whenever necessity arises, and work:

- (1) To formulate the annual operational plan of the Project;
- (2) To review the overall progress of the technical cooperation programme set out in this Record of Discussions as well as the achievement of the above-mentioned annual operational plan;
- (3) To review and exchange views on major issues arising from, or in connection with technical cooperation programme.

2. Composition

- (1) Chairman: Rector of Mahidol University
- (2) Co-chairman: Deputy Under-Secretary of State for
Public Health, Ministry of Public Health
- (3) Thai Side:
 - a) Representative of Ministry of Education
 - b) Representative of Ministry of Agriculture & Cooperatives
 - c) Representative of Ministry of Interior
 - d) Representative of Ministry of Foreign Affairs
 - e) Representative of DTEC
 - f) Director of the ATC/PEC
- (4) Japanese Side:
 - a) Chief Advisor
 - b) Resident Representative of Bangkok Office, JICA
 - c) Coordinator

NOTE: Officials of the Embassy of Japan may attend the Joint Committee as observers.

THE COLOMBO PLAN
COUNCIL FOR TECHNICAL CO-OPERATION IN ASIA AND THE PACIFIC
APPLICATION FOR EXPERT

By the Government of THAILAND to the Government of JAPAN
for an expert in TRAINING, PUBLIC HEALTH ADMINISTRATION, COORDINATION

- Notes. - (a) This form has been devised for the general guidance of co-operating countries in order to facilitate the supply of relevant information and data necessary to afford an adequate appreciation of the nature of the technical assistance required. Full and accurate completion of this application form will avoid much reference back and lead to speedier action.
- (b) The requisite number of copies of the Form A I, including a copy for the Colombo Plan Bureau, duly endorsed by the appropriate Foreign Aid Department of the requesting government should be forwarded to the donor government concerned through the appropriate channels.

1. Background Information

This section should show as precisely as possible the general nature of the project for which the expert is required, stating whether it comes within the Government's development programme. It is important to indicate whether the project is a new enterprise or whether it was started previously. In the latter case, any assistance received under other technical co-operation programmes (e.g. under United Nations auspices) should be stated. With regard to industrial enterprises, some impression of the size is important and the output and number of workers to be employed are useful indications. The type of process, make and age of industrial or scientific equipment with which the expert will be concerned should be specified. In the case of academic establishments, it is an advantage to know the number of annual intake of students, their level of attainment, numbers and status of existing staff and details of any research facilities and the level of research being undertaken. (Copies of brochures, annual reports, financial statements, calendars, syllabus of instruction, etc. should be attached where applicable).

The ASEAN Training Centre for Primary Health Care Development (ATC/PHC) is a collaborative project of Mahidol University and the Ministry of Public Health of Thailand with the support of the Government of Japan, 1982-1986. The main purpose of the Project is the cooperative development of human resources of the member countries in the ASEAN region through the promotion and protection of "health for all" by means of primary health care strategy. According to the Fifth Five-Year National Development Plan, primary health care has been accepted as a key approach for health development in Thailand.

This Project which is a new enterprise comprises three major activities : training, research, and model development.

The technical cooperation for this Project has been put into implementation since the Record of Discussion was authorized in September, 1982.

The proposed schedule and details of activities appear in the attached sheet.

2. Specification for the post:*

- (a) post title
- (b) duties for which the expert will be responsible. These should preferably be listed, and it is important to give as much detail as possible
- (c) authority to whom expert will be responsible
- (d) qualification and experience required and approximate age limits
- (e) number of personnel required

Technical expert in : 1) Training
2) Public Health Administration
3) Coordination

See the attached for the terms of reference

Dr. Krasae Chanawongse

See the attached for the terms of reference

1 person in each respective post.

3. In the case of continuous projects, give name and particulars of understudy or counterpart who is to work with the expert

4. Terms and conditions of appointment:

- (a) duration
- (b) actual place of employment, nearest town and post office
- (c) if living accommodation to be provided, state whether furnished or unfurnished, and whether suitable for married man with family:
- (i) daily allowances for food if accommodation only provided
- (ii) daily rate for accommodation and food if neither are provided in kind

1 year each (from December 1982 on)

The ASEAN Training Centre for Primary Health Care Development, Faculty of Public Health, Mahidol University, Rajvithi Road, Bangkok 10400, Thailand

Agreement between the Government of Japan and the Government of Thailand

*It is essential that full particulars should be given. If the space provided is inadequate, particulars should be given on a separate sheet.

<p>4. Terms and conditions of appointment - (Contd.)</p> <p>(d) daily and nightly rates of subsistence payable when away from base on duty</p> <p>(e) are costs of internal travel paid or car provided?</p> <p>(f) what leave arrangements are suggested?</p> <p>(g) extent to which free hospital and medical treatment is to be provided for the expert and his accompanying dependants, if any</p> <p>(h) is expert free from income tax?</p> <p>(i) will personal effects imported on first arrival be cleared free of custom duty?</p> <p>(j) does host government undertake to indemnify expert in respect of damages awarded against him for actions performed in the course of his official duties?</p> <p>(k) approximate date on which the expert is required to arrive in receiving country</p> <p>(l) any other information</p>	<p>By December, 1982</p>
<p>5. Proposals for apportionment of costs of salary and allowance and passages</p>	<p>To be provided entirely by the Government of Japan</p>
<p>6. Previous steps, if any, to fill the post:</p> <p>If any previous attempt has been made to fill the post under the Colombo Plan (including ICA) or from any external source (UN, Specialised Agency or other) please indicate:</p> <p>(a) to whom application was addressed, with date</p> <p>(b) result or present stage of negotiations</p> <p>(c) are other experts working in this area in associated projects or have there been experts working in this field previously? If so, are any reports by these experts available?</p>	
<p>7. Correspondence:</p> <p>Name, postal and telegraphic address of official to whom correspondence regarding this application should be forwarded</p>	<p>and Economic Cooperation</p>

Will B. C.
 International Assoc.
 (Prof. Dr. Natth Bhamarapravati)
 Rector, Mahidol University
 Date: 02.12.1982

John Charnock
 Signed: _____
 on behalf of the Government of _____
 Director of International Economic Cooperation

32 NOV 1982

For use only by Donor Government

Application accepted/rejected/withdrawn _____
 Date: _____ on behalf of the Department of _____

1. The proposed schedule of the ATC/PHC activities

Activities	Oct. 82	April 83	April 84	April 85	April 86
1. National Training *	30 persons x 6 courses (2 week/course)	30 persons x 12 courses (2week/course)	30 persons x 12 courses (30 days/course)	30 persons x 12 courses (30 days/course)	30 persons x 12 courses (30 days/course)
2. International Training	-	-	10 persons x 1 course (90 days)	10 persons x 1 course (90 days)	10 persons x 1 course (90 days)
3. International Seminar **	15 persons x 1 seminar (5 days)	(20 - 25) x 1 (10 days)	(20 - 25) x 1 (10 days)	(20 - 25) x 1 (10 days)	(20 - 25) x 1 (10 days)
4. Research ***	- Documentation Research - Situational Analysis - Field surveys	- 60 research projects on contractual basis (50,000 ₪ each)	- 60 research projects on contractual basis (50,000 ₪ each)	- 60 research projects on contractual basis (50,000 ₪ each)	- 60 research projects on contractual basis (50,000 ₪ each)

<ul style="list-style-type: none"> - Methods and Approaches for effective community participation - Training module - Management and coordination of PHC activities - Supervision and continuing education for volunteer 	<ul style="list-style-type: none"> - Documentation research - Field survey & situational analysis
	<ul style="list-style-type: none"> 5 modelling sites : <ul style="list-style-type: none"> 4 in rural and 1 in urban (700,000 ₪ per site)

5. PHC Model ***
Development

* National Training :

Trainers : Trainers will be drawn from Mahidol University, the Ministry of Public Health, and other universities, ministries and organizations

Trainees : Trainees comprise the following personnel :

- medical, health and non-health personnel at the district and provincial levels
- university staff and students
- personnel involved in PHC activities from the Ministry of Agriculture, Interior, and Education.

Curricula : Curricula will be developed in accordance with needs of the trainees and objectives of each training course. The general objectives of the training programs are as follows :

to generate intersectoral participation for PHC and community development activities

to enable Thai officials, at the provincial and district levels to effectively and efficiently utilize concepts and skills achieved from the training in solving community problems and support PHC activities

to upgrade the living condition of communities by means of self-realization, self-help, and self-determination for own development.

to establish good training programs which are appropriate and applicable for training of health volunteers at district and sub-district levels

In general, curricula comprise orientation of primary health care concepts, 8 essential elements of primary health care, and primary health care management and education. Educational technologies will be utilized in developing teaching and learning methodologies. In particular, self-learning and group process will be encouraged as a means to create own concept and understanding in primary health care which help lead to an appropriate implementation process and method.

** International Seminar :

Participants from the ASEAN member countries including Japan will be invited to attend the seminar. The main purpose is to provide an opportunity to exchange ideas, experiences, and knowledge in addition to mutually help in developing health delivery system through primary health care. It is also expected that the best strategy in carrying out primary health care activities will emerge from this collaboration and coordination

*** Research and Model Development :

The most crucial goal of research is to gather useful information for development of primary health care strategy, implementation and service

technology. As a result of research activities, training programs will be developed for betterment in order to serve the actual needs and environmental surroundings.

The modelling is for the purpose of developing and demonstrating a total integrated PHC approach at the community level. Modelling will also be used for training and field observation. Research results are essential in framing the most suitable and illustrative model. The first-year implementation plan is emphasized in data collection which later on would serve as guidelines for further program development.

2. Specification for the post (expert in training) :

(b) duties for which the expert will be responsible :

- to help develop national and international programs and curricula,
- to give supervision in educational management and modern educational methodologies,
- to devise a training network system within the ASEAN member countries,
- to establish a monitoring system facilitating evaluation of the effectiveness of training program.

(d) qualification and experience required

- Holder of Master's Degree in the field of education or public health with experiences in educational planning, management and technologies
- Involved in health or health related training program development,
- Familiar with the nature of health system and primary health care concept and strategy within the ASEAN countries

2.. Specification for the post (expert in public health administration)

(b) duties for which the expert will be responsible

- to assist in health service administration, development of primary health care training curriculum including application of administrative aspect to primary health care implementation plan;
- to help develop managerial process for the ATC/PHC major activities : training, research, and model development;
- to help strengthen technical preparation of communities and health staffs for primary health care activities;
- to assist in developing networks for primary health care training and development;
- to provide guidelines on management of primary health care research and model development.

(d) qualification and experience required

- Holder of MPH or DPH with extensive experiences in health administration and health development strategy;
- Being familiar with health service system, especially with primary health care concept and management, of the ASEAN countries ;
- Possessing knowledge and skill concerning health or health personnel training, and health related research.

2. Specification for the post (coordinator) :

(b) duties for which the expert will be responsible :

- to serve as liaison officer between the Thai and the Japanese Side,
- to coordinate training programs within the country and particularly the international training and seminar,
- to establish functional collaborative system which covers all ASEAN countries, Mahidol University and the Ministry of Public Health
- to provide guidelines on formalities and protocols.

(d) qualification and experience required

- Holder of B.A./B. Sc. or M.A./M. Sc. in the field of communication
- Having at least 3 years of experiences in international affairs or related activities
- Having good command of English

XI-4 国内国際訓練計画 (タイ側)

Domestic TRAINING PROGRAMME (OCT. 1982-MAR. 1983)

Training course	ATC/PHC 1	ATC/PHC 2	ATC/PHC 3	ATC/PHC 4	ATC/PHC 5	ATC/PHC 6	
Trainers	6	6	6	6	6	6	Total
Trainees	30	30	30	30	30	30	(Baht)
Day	7	14	14	14	14	14	
Expense							
Date	Oct. 1982 11 - 15	Nov. 1982 15 - 26	Dec. 1982 13 - 24	Jan. 1983 17 - 28	Feb. 1983 14 - 25	Mar. 1983 14 - 25	
1. Teaching material							
1.1 Translation	15,000	48,000	48,000	48,000	55,000	56,000	270,000
1.2 Preparing & Printing material	15,000	17,000	17,000	17,000	17,000	17,000	100,000
2. Purchasing Training Material	12,000	12,000	12,000	12,000	12,000	12,000	72,000
3. Daily allowance for trainees	24,000	168,000	168,000	160,000	160,000	168,000	924,000
4. Travel allowance for trainees	45,000	45,000	45,000	45,000	45,000	45,000	270,000
5. Field trip allowance for trainees	4,000	4,000	4,000	4,000	4,000	4,000	24,000
6. Special instructor fee	8,000	8,000	8,000	8,000	8,000	8,000	48,000
7. Travel allowance for field study	6,000	6,000	6,000	6,000	6,000	6,000	36,000
8. Evaluation and Report			100,000			200,000	300,000
	189,000	308,000	408,000	308,000	315,000	516,000	2,044,000

Final draft Oct. 5, 1982

Training Programme Expenditures (Oct.1982 - Mar.1983)

1. Teaching material		
1.1 Translation		
B 200 x 2 kinds x 500 pages		200,000
B 200 x 7 kinds x 50 pages		70,000
1.2 Preparing & Printing Textbook		
B 100 x 5 kinds x 200 copies		100,000
2. Purchasing Training material		
B 400 x 30 persons x 6 courses		72,000
3. Daily allowance for trainees		924,000
(B 400 per 1 day per 1 person)		
4. Travel allowance for trainees		
B 1,500 x 180 persons		270,000
5. Field trip allowance for trainers		
B 200 x 20 persons x 6 courses		24,000
6. Special instructor fee		
B 200 x 2 hours x 20 persons x 6 courses		48,000
7. Travel allowance for field study		
B 6,000 x 6 courses		36,000
8. Evaluation & report making		
B 150 x 2 kinds x 1,000 copies*		<u>300,000</u>
	Total	<u>2,044,000</u>

* Evaluation & Report will be distributed to the following offices.

- Provincial Public Health Office	100	copies
- Director of Technical and Promotion Services	100	copies
- Director of Provincial Hospital	100	copies
- Director of District Hospital	300	copies
- International Organization	100	copies
- ASEAN member countries	100	copies
- School of Public Health	100	copies
- All Division in the Ministry of Public Health	100	copies

Final draft, Oct.5,1982

Estimate of Expenditure for International Seminar

1. Air Fare - Economy Class

1.1 Participants from Indonesia	¥ 15,970 x 2 persons	31,940
1.2 Participants from Malaysia	¥ 7,560 x 2 persons	15,120
1.3 Participants from Singapore	¥ 9,370 x 2 persons	18,740
1.4 Participants from Philippines	¥ 14,330 x 2 persons	<u>28,660</u>
	Sub total	<u>94,460</u>

2. Per Diem Allowance

2.1 Participants from ASEAN countries	¥ 1,000 x 8 persons x 7 days	56,000
2.2 Thai participants (including organizing committee members)	¥ 1,000 x 10 persons x 5 days	<u>50,000</u>
	Sub total	<u>106,000</u>

3. Honorariums

3.1 Executive Officers	¥ 500 x 5 persons x 7 days	17,500
3.2 Clerk	¥ 200 x 1 person x 5 days	1,000
3.3 Typist	¥ 200 x 1 person x 5 days	<u>1,000</u>
	Sub total	<u>19,500</u>

4. Seminar Management

4.1 Preparation of materials for seminar	40 sets x ¥ 500	20,000
4.2 Conference room rental fee	¥ 2,500 x 4 days	10,000
4.3 Transportation BKK - Korat - BKK (one sight - seeing bus ¥ 6,000/day)		6,000
4.4 Report making expense	¥ 150 x 100 sets	15,000
4.5 Special instructors fee	¥ 200 x 2 hours x 10 persons	<u>4,000</u>
	Sub total	<u>55,000</u>
	Grand total	<u>274,960</u>

XI-5 国内国際訓練計画に係る日本側実施計画

ワ 12.45

タイ国マシハツスア了訓練士少一プロジェクト教育訓練計画 (1982.10~1983.3)

回数	第1回	第2回	第3回	第4回	第5回	第6回	同僚エナ-
1. 開催期日	10月25日~11月10日	12月6日~12月17日	1月3日~1月14日	1月17日~1月28日	2月10日~2月21日	2月14日~2月25日	3月28日~3月31日
2. 開催場所	マシハツス大学 Shinj 病院	マシハツス大学 公衆衛生学部	マシハツス大学 公衆衛生学部	マシハツス大学 公衆衛生学部	マシハツス大学 公衆衛生学部	マシハツス大学 公衆衛生学部	マシハツス大学 ホテリ
3. 一 又	PHC 開発に關する 協議	地域開発の知識 マシハツス大学 の技術	左 同	左 同	左 同	左 同	ATC による実施 教育訓練、研究に 関係する等
4. 研修人数	30名	30名	30名	30名	30名	30名	
5. 対象者	公衆衛生省 教育省 農業省 内務省 大学	東北タイ6県 ① Nakornrachasima ② Buriram ③ Sukin ④ Sisaket ⑤ Chaiyapoom ⑥ Udonrachathani	東北タイ6県 5地区 ① Ban Rai ③ Chumpae ④ Rujakiri ⑤ Phasieng ⑥ Nongphue	東北タイ6県 (順別) マハザハラ 県支部 ① Lamping ② Chiangrai ③ Lamphun ④ Mahongsothai ⑤ Phae ⑥ Nan カマコッパ 4 地区 ① arach ② 同V. ③ 同V.	東北タイ6県 南部タイ6県 ① Yala ② Songkla ③ Pattani ④ Pathalang ⑤ Satol ⑥ Nakomsithamm- arach カマコッパ 4 地区 ① 同V. ② 同V.		
							06,000

XI-6 研究プログラム予算計画 (タイ・日本)

Expenditure plan for Research (THAI SIDE)

From Oct. 1982 - Mar. 1983

1. Situation analysis of various PHC activity (8 elements x ¥ 66,000)	528,000	Baht
2. Collection and analysis of previous information on PHC	66,000	
3. Methods and approaches for effective "Community participation"	66,000	
4. Training module for health volunteer	66,000	
5. Effective supervision and provision of continuing education for health volunteer	66,000	
6. Development of educational aids in PHC	66,000	
7. Methods for improvement of knowledge and educational skill of tambon trainers	66,000	
8. Managing and coordinating PHC activities	66,000	
9. Proper referral system for better patient care at community level	66,000	
10. Role of district and provincial hospitals in supporting PHC	66,000	
11. Evaluation of health volunteer performance	66,000	

Total 1,188,000

Final draft

Oct. 5, 1982

Estimated expenditures for each research project

1. Travelling cost	
(4 areas x 2 persons x 3 days x (¥ 600 + ¥ 400 [*]))	24,000
2. Collection of document	
(5 components ^{**} x ¥ 1,000)	5,000
3. Salary of the assistants	
(2 persons x 4 months x ¥ 2,500)	20,000
4. Report making	
(100 sets x ¥ 150)	15,000
5. Technical examination	
(¥ 200 x 5 persons x 2 times)	<u>2,000</u>
Total	<u>66,000</u>

Remark : (¥ 600 + ¥ 400^{*}) are ¥ 600 for bus
¥ 400 for Hotel

5 components^{**} are the components in the primary health care system which the document should be picked up provincial services, districts services, tamba services, volunteer services and people in the communities.

Final draft

Oct.5,1982

XI-7 供与機材要請書

Form A 4.
(1982 Revision)

THE COLOMBO PLAN
COUNCIL FOR TECHNICAL CO-OPERATION IN ASIA AND THE PACIFIC
Equipment for Training or Research Institutes and for Equipment accompanying Experts
APPLICATION

By the Government of.....Thailand.....
from.....the Government of Japan.....
(Country)

- Notes--(a) This Form has been devised for the general guidance of co-operating countries in order to facilitate the supply of relevant information and data necessary to afford an adequate appreciation of the nature of the technical co-operation required. The careful completion of this application form will avoid much reference back and lead to speedier action. Separate forms A 4 should be used for requests for equipment for each individual institute or project.
- (b) The requisite number of copies of the Form A 4, including a copy for the Colombo Plan Bureau, duly endorsed by the appropriate Foreign Aid Department of the requesting Government should be forwarded to the donor Government concerned through the appropriate channels.

1. Background Information

Please describe as concisely as possible the general outlines of the project for which the equipment is required, indicating whether the latter is (a) for use by an expert in the performance of his duties (b) for a training scheme or institution or (c) for a research institution. If either (b) or (c) please say whether the equipment is for the establishment of a new institution or the expansion or re-organisation of an existing one (e.g., by the provision of a new department, &c.). The name and exact location of the institution, its approximate cost and the authority responsible for it should be stated. Where appropriate, details should be given of the availability of any services required for the operation of the equipment. This would include operation by electricity (i.e. type of current, periodicity, voltage and any variations, phases, frequency, etc. and if D.C. is the only current available, please give full details), water reticulation or steam, gas, etc. Details of similar equipment already in use should be given.

The ASEAN Training Centre for Primary Health Care Development (ATC/PHC) is a collaborative project of Mahidol University and the Ministry of Public Health of Thailand with the support of the Government of Japan, 1982-1986. The main purpose of the Project is the cooperative development of human resources of the member countries in the ASEAN region through the promotion and protection of "health for all" by means of primary health care strategy. The three functions of the ATC/PHC are training, research, and model development.

The technical cooperation for this Project has been put into implementation since the Record of Discussion was authorized in September, 1982.

The equipment required is for the establishment and for the first-year operational plan of the ATC/PHC main centre at Salaya, Nakornpathom Province and its regional training centre in Khon Kaen Province. Both Mahidol University and the Ministry of Public Health will be responsible for the project implementation.

2. Description of equipment required

Please give a full description of each item and general specifications where possible. The manufacturer and estimated cost of each item, if known together with details of the proposed end use of item should be given. Where applicable, give details of any special packing or tropic proofing required and indicate whether hand-books or instruction data supplied in English will suffice. If appropriate, please indicate any required priorities or phasing of deliveries and advise whether adequate facilities exist for maintenance and servicing of the type of equipment requested. (If lengthy, detailed lists should be annexed, it would be convenient to have separate annexes for (a) films; (b) books and (c) other equipment.)

The list of equipment required for the ASEAN Training Centre (ATC) and the Regional Training Centre (RTC), including quantity and specification appears in the attached annex I in accordance with the priorities.

3. Has this equipment request already been directed to any other Agency or Colombo Plan country and, if so, to whom was it addressed and with what result?

No

4. Has the list of equipment already been discussed with representatives of the supplying country/ies? If so, please indicate what stage the discussions have reached.

The list of equipment with specification was proposed and then approved by the Third Japanese Preliminary Survey Mission for Primary Health Care in March, 1982.

5. Furnish full particulars in respect of--

- (a) Consignee;
(b) Official to receive documents and enquiries; and
(c) Clearing agent at port of entry.

DTEC

6. Where equipment is required for use by an expert

Please indicate--

- (a) The country or agency from which the expert has been requested or obtained
(b) His duties and length of secondment (a reference to the relative Form A.1 will suffice when the expert is being provided by the country to which the equipment request is addressed)

(c) What use is proposed for the equipment when the export's period of secondment terminates?	
(d) By what date is the equipment required?	
7. Where equipment is required for Training or Research Institutions Please indicate—	See the attached annex II
(a) Nature and standard of training or research to be undertaken	
(b) Total number of students to be accommodated from within the country or from elsewhere in the Region, the qualifications for admission, the duration of courses, and the annual output of trainees	See the attached annex III
(c) Whether there is already a similar institute (s) in existence in the country. If so, please give details.	No
(d) Whether buildings are already available. If not, has construction started and when is it expected to be completed?	The ATC and RTC buildings are not already available. The construction will start in December, 1982 and is expected to be completed in March, 1984.
(e) Whether qualified staff to handle the equipment has been recruited or is proposed to be recruited locally.	Qualified staff to handle the equipment is proposed to be recruited locally
If not, is it proposed—	
(i) to recruit foreigners under aid programmes?	
(ii) to train locally recruited personnel abroad in handling equipment?	Yes.
(the reference numbers of any Forms A. 1 or A. 2 relating to such requests should be quoted.)	
(f) Taking into account the answers to (d) and (e) above, what is the date by which the equipment is required and the date on which training or research work is to commence?	The training and research work is planned to commence from October 1982- March 1983. Therefore the equipment is required as soon as possible for the program implementation.
(g) Whether any assistance in drawing up the Scheme has been obtained from outside experts? [Any specialist reports or Government surveys (e.g. Educational Committee Reports, etc.), bearing on the request should be provided if possible]	Various experts were drawn from other ministries i.e. Agriculture, Education, Interior, and institutions (both governmental and private)
8. Correspondence Name, Postal and Telegraphic Address of official to whom correspondence regarding this application is to be forwarded	Director-General Department of Technical and Economic Cooperation 100 Kasem Road, Bangkok, Thailand.

Signed: Natth Bham
 for Counterpart Agency
 (Prof. Dr. Natth Bhamarapavati)
 Rector, Mahidol University
 Date: 22 11 (1982)

Signed: Pracha Chakravarti
 on behalf of the Government of Thailand
 Director of Division II of External Cooperation
 22 NOV 1982

For use only by Donor Government
 Application accepted/projected/withdrawn
 Date:

List of equipment and machinery
for the ASEAN Training Centre (ATC) and
the Regional Training Centre (RTC)
(October 1982 - March 1983)

List of Equipment (arranged in accordance with its priority)	General Specification	total No.	For	
			ATC	RTC
1. Over head projector		2	1	1
2. Transparency maker	Thermo -Fax (3m)	1	1	-
3. Slide projector	35mm. sinc. sound	2	1	1
4. Synchronized cassette tape recorder		1	1	-
5. Radio cassette tape recorder		2	1	1
6. Photo camera	35 mm. Single lens reflex with normal lens + flash light	1	1	-
7. Screen	50" x 50" 70" x 70"	2	1	1
8. Movie projector	16 mm.	2	1	1
9. Amplifier set	100 watts (comprise of 6 microphones 1 mic. mixer 1 amplifier 2 speakers)	2	1	1
10. Wireless microphone		2	2	-
11. Electric type writer	Dual system, Thai - English	4	2	2
12. Paper copier	Photo - copy machine	1	1	-
13. Paper Duplicator	Ronéo-machine	2	1	1
14. Mini - tape recorder with earphones		2	1	1
15. Calculating machine	16 memories	2	1	1
16. Office car	Sedan, 4 doors with aircondition	2	1	1
17. Microbus	for 15 persons with air condition	3	2	1
18. Portable video cassette recorder (player)		2	1	1
19. T.V. monitor (color) multi system	20"	2	1	1
20. Portable color T.V. camera		1	1	-
21. Tripod & dolly		1	1	-
22. Editing system of video cassette recorder		1	1	-

Items	General Specification	Total No.	For	
			ATC	RTC
23. Special effect generator		1	1	-
24. Movie camera	Synch.Sound Magnetic or optical system	1	1	-
25. Opaque projector		1	1	-
26. Cool water machine		1	1	-
27. Bus	for 45 persons with air condition	1	1	-
28. Jeep	4 wheels drives	1	1	-
29. pick up		1	1	-
30. Motor cycle		2	1	1
31. Books	Texts & journal	600	500	100
32. Micro - computer	Including - CPU with 64 KB RAM - 2 drives of floppy disk double side/double density - 1 unit of CRT, 24 x 80 - 1 unit of serial printer, 150 CPS	1	1	-
33. Big printing machine	Offset type for printing textbooks and for general purpose of printing such as the book of about more than 500 pages	1	1	-
34. Cutter	Big enough for cutting and making big text books	1	1	-
35. Each of assemble and boung, boring and drilling machine for doing the above textbooks		1	1	-
36. Revolving electric fan		2	-	2

Remark : Before the completion of building construction, all the equipment and the machinery for the ATC will be installed or located at the Faculty of Public Health, Mahidol University. Those for the RTC will be located at the Division of Primary Health Care, Ministry of Public Health.

After the completion of construction, the ATC equipment will be installed at Salaya Campus, Nakhonpathom Province, while the RTC equipment will be at Khon Keen Province.

57年度供与機材 (1回目)

品号	品名及び仕様	メーカー名	数量	単価	金額
1.	O.H.P				
	オバーヘッド HR-3000 220V	イルテ	2	107350	214700
	TPシートキット	"	2	14250	28500
	ライオン ロールテープ 19mm	"	2	6650	13300
	ブラシシート 250mm 100"	"	4	3325	13300
	マーカー6冊セット 油性	"	4	855	3420
	" " 水性	"	4	855	3420
	スプレッド 220V-650W	"	4	4270	16880
	フィルム 250用 20"	"	5	1900	9500
	紙棒 " 50"	"	5	3800	19000
2.	トランスパレンシー				
	サネ FAX-45型 220V	住友3M	1	250000	250000
	TPフィルム 174 100"	"	5	13900	69500
	TPフィルム A4 100"	"	5	14500	72500
3.	スライドプロジェクター				
	AS-3000A 220V	イルテ	2	150000	300000
	オトキャリア 横型	"	2	7220	14440
	オトキャリア 縦型	"	2	7220	14440
	トレー 直進	"	10	1425	14250
	トレー 円型	"	10	7850	78500
	エバーシヨナレス	"	2	14400	28800
	携帯ランプ 24V-50W	"	4	1900	7600
	キャリングケース	"	2	11600	23200
4.	スライドコーター				
	801 220V	イルテ	2	93100	186200

番号	品名及び仕様	メーカー名	数量	単 価	金 額
5	ラジオカセットレコーダー				
	CFS-46S	ヤマハ	2	30800	61600
6	カメラ				
	F3 50mm F1.4 1/2	ニコン	1	171950	171950
	スピードライスト SB-12 1/2	"	1	21000	21000
	52mm フィルター	"	1	2090	2090
7	スクリーン				
	HW-2 125x125	ILITE	1	24000	24000
	HS-4 180x180	"	1	43000	43000
8	16mm 映写機				
	16CL-MO 220V	ILITE	1	300700	300700
	手動 220V 24V-250W	"	2	3990	7980
	トキナ 220V 24V-250W	"	2	1045	2090
9	アンプリファイア				
	WA-240 150W	ナショナル	2	94000	188000
	マイクアンプ WM-363 30W 1/2	"	2	23000	46000
	オーディオ ミキサー 410A 150W	"	2	57000	114000
10	ワイドレコーダー				
	WM-200	東亜	2	24800	49600
	アンプ YA 402	"	2	12000	24000
	ユニット 123 ワイドレコーダー WF-06	"	2	118500	237000
	アンプ 15W 150W	"	2	51600	103200
	ワイドレコーダー WF-06	"	2	30800	61600

番号	品名及び仕様	メーカー名	数量	単価	金額
16	ポータブルデッキ (オイル式)				
	ビデオカメラ CR4400	ビクター	2	812500	1625000
	バッテリーパック PBP-1	日立	2	12500	25000
	ACT979-AA-444	ビクター	2	75000	150000
	ビデオテープレコーダ KCS-70	日立	50	6250	312500
18	モニターテレビ				
	CMT-2060	日立	2	225000	450000
19	ビデオカメラ				
	EP-10	日立	1	1025000	1025000
	マイク MC-30B	"	1	26250	26250
	バッテリーパック PB-20A	"	1	181250	181250
	VTRフィルタ 501V850	"	1	25000	25000
	バッテリーパック BC-20B	"	1	187500	187500
20	三脚				
	T-4D	日立	1	168750	168750
21	パーソナルコンピューター				
	CX-1型 <small>トラスティック</small> キヤノン	キヤノン	1	1600000	1600000
	〈プリンター PW-80, MP216 (12+2) PI-520 (24+2)〉				
24	編集機				
	8200E	ビクター	1	1506400	1506400
	<small>4-71036</small> ビデオ編集機 RM88	"	1	625000	625000
	モニターテレビ CMT2060	日立	1	225000	225000

番号	品名及び仕様	メーカー名	数量	単価	金額
26	カッター				
	G-100	ウチダ	1	108500	108500
	替刃	"	2	27000	54000
	受木	"	10	1100	11000
27	製本機				
	T-323 (各2本117 表紙44B5)		1	470000	470000
29	オートフロッター				
	AP-Z600	117-	1	1447500	1447500
	製版機 S-3	"	1	980000	980000
	フロッター-L ^①	"	10	6000	60000
	" " " ^②	"	10	3600	36000
	フロッター-B ^① (100 ^②)	"	10	1800	18000
	現像剤 (4 ^②)	"	5	20000	100000
	トナー (1 ^②)	"	3	20000	60000
	リムバー (500cc)	"	5	1500	7500
	H液 S-3用 (4 ^②)	"	2	14000	28000
	インキ (1kg)	"	5	20000	100000
	フロッター-NA	"	3	10000	30000
	H液 フロッター	"	2	14000	28000
	フロッター-U	"	5	2200	11000
	ハンドフロッター	"	2	14000	28000
	フィルムレーター-フィルム				
	フィルムラケット下野	"	2	8000	16000

57年度供与機材 (2回目)

番号	品名及び仕様	メーカー名	数量	単 価	金 額
	NISSAN CIVILLIAN STANDARD BODY HIGHROOF ED33 ENGINE MODEL: MW40CSFHU with 26-seaters, Air- Conditioner, AM Radio.	日産自動車	2 units	¥3,022,000.-	¥6,044,000
	NISSAN PATROL STATION WAGON F-40 ENGINE MODEL: WC160CFUC with Air-Conditioner, AM Radio, Mud & Snow Tyres, Clock, Fender Mirrors.	日産自動車	2 units	¥1,705,500.-	¥3,411,000
	TOTAL:				¥9,455,000
	ACCESSORIES:				
	STANDARD SPARE TYRE 1 pc./UNIT				
	TOOLS & JACK				

番号	品名及び仕様	メーカー名	数量	単価	金額
4	編集機	ビクター	1式		1,730,000
	モデル 8200E				
	エディテングコントローラー	"	1式		640,000
	モデル RM88				
	ケーブル含む				
	モニターテレビ	日立	1式		230,000
	モデル CMT-2060				
5	スライドプロジェクター	キャビン	2式	192,700	385,400
	ガランドキャビンSP				
	標準付属品一式				
	携帯ケース付				
	特別付属品				
	交換ランプ 10ヶ				
6	オペックプロジェクター	ワチダ	1式		740,000
	教材提示装置 CW-40				
	カラービデオカメラ CV-590				
	70ズアップレンズ PX58S#1				
7	ラジオカセット	ソニー	2台	70,500	141,000
	モデル CFS 88S				
8	スクリーン	INMO			
	モデル HW-2		1式		24,000
	125 x 125 cm				
	モデル HS-4		1式		42,000
	180 x 180 cm				

番号	品名及び仕様	メーカー名	数量	単価	金額
9	16mm映写機	IVモ	1式		308,500
	モテIV 16CL-M0				
	灯泡ランプ 24V 250W		2ヶ	4,100	8,200
	エキサイターランプ 4V 0.75A		2ヶ	1,050	2,100
10	電動タイプライター	ホバッティ	2台	410,000	820,000
	モテIV ET-225				
	下記付属品付				
	エレクトリックリボン		10 ^ヶ ス	8,800	88,000
	リフトオフリボン		4 ^ヶ	2,975	11,900
	タイプスタンド		2台	18,450	36,900
11	オートバイ	ホニダ	2式	131,000	262,000
	モテIV C-50				
	排気量 50cc				
	合計				75,470,000

XI-9 国内訓練計画の要約

ASEAN Training Centre for Primary Health Care Development

Operational Plan for Training

October 1982 - March 1983

The government of Japan has kindly extended its assistance in establishing the ASEAN training Centre for Primary Health Care Development (ATC/PHC) in Thailand in order to develop and strengthen the quality for life of the people which is in accordance with the "Human Resource Development Project". The major function of the ATC/PHC is therefore to provide training for health and health related personnel from the Ministry of Public Health, Ministry of Education, Ministry of Interior, and Ministry of Agriculture. It is expected that the training would provide an opportunity for these categories of personnel to exchange ideas, knowledge, and attitudes concerning health development. In addition it also promotes appropriate ideal, ethics, and personal behavior in carrying out their responsibility which has to deal with primary health care. Intersectoral cooperation and understanding will also be achieved and later on this will help facilitate the overall development plan of the country.

Training Schedule

1st Training Course : Consultative Meeting on Primary Health Care
Development

Date and Venue : October 25 - 29, 1982 at the Microbiology
Building, Siriraj Hospital, Mahidol
University.

Participants : 30 participants from 4 Ministries and
Office of University Affairs

Ministry of Public Health :

- Director, Division of Regional Public Health
- Representative from Division of Training
- Director, Sanitation Division
- Director, Division of General Communicable
Diseases
- Representative from Office of Board for
PHC
- Provincial Chief Medical Officer
- District Hospital Directors
- District Public Health Officers

Ministry of Education :

- Representative from Department of Non -
Formal Education

- Representative from Educational Technique Department

Ministry of Agriculture :

- Representative from Technical Division, Cooperative Promotion Department

Ministry of Interior :

- Director of Technical Services Division
- Representative from Women and Child Development Division

Office of University Affairs :

- Rector, Prince of Songkla University
- Representative from Ramathibodi Hospital
- Representative from Faculty of Medicine, Chiangmai University
- Museum and Reference Head, Mahidol University

2nd Training Course : Technique of Developing Leader for Rural Development

Date and Venue : 6 - 17 December, 1982 at the Faculty of Public Health, Mahidol University

Participants : Thirty provincial personnel from provinces in the north-eastern part of Thailand. These provinces are Nakornrachasima; Burirum, Surin, Sisaket, Chaiyapoom, and Ubolrathani. Participants from each province include

- Provincial Agricultural Officer
- Provincial Educational Supervisor
- Provincial Community Development Officer
- Director, Office of Technical and Health Service Promotion
- Provincial Officer

3rd Training Course : Technique of Developing Leader for Rural Development

Date and Venue : 3 - 14 January, 1983 at Faculty of Public Health, Mahidol University

Participants : Thirty district personnel from 5 districts of Khon Kaen Province. These districts are Ban Pai, Chumpae, Punjakiri, Phuvieng and Nongrue. Participants from each district include

- District Officer
- Director, District Hospital
- District Agricultural Officer
- District Educational Supervisor
- District Community Development Officer
- District Public Health Officer

- 4th Training Course : Technique of Developing Leader for Rural Development
- Date and Venue : 17 - 28 January, 1983 at Faculty of Public Health, Mahidol University
- Participants : Thirty participants are both provincial personnel and district personnel of Mahasarakam Province. Provincial personnel are
- Provincial Agricultural Officer
 - Provincial Educational Supervisor
 - Provincial Community Development Officer
 - Director, Office of Technical and Health Service Promotion
 - Provincial Officer
 - Director, Mahasarakam Hospital
- District personnel come from the following districts-Borabur, Kosumpisai, Chiengyuen, Payakumpisai. Six personnel in each district from the following categories will be invited
- District Officer
 - Director, District Hospital
 - District Agricultural Officer
 - District Educational Supervisor
 - District Community Development Officer
 - District Public Health Officer

5th Training Course : Technique of Developing Leader for Rural Development

Date and Venue : 21 February -- 4 March, 1983 at Faculty of Public Health, Mahidol University

Participants : Thirty provincial personnel from 6 provinces in the northern part of Thailand. These provinces are Lampang, Chiangmai, Lamphoon, Maehongsorn, Prae, and Nan. Categories of personnel are the same as those in the second training course.

6th Training Course : Technique of Developing Leader for Rural Development

Date and Venue : 14 - 25 March, 1983 at Faculty of Public Health, Mahidol University

Participants : Thirty provincial personnel from 6 provinces in the southern part of Thailand. These provinces are Yala, Songkla, Pattani, Pattakung, Satool, and Nakornsrihammarach. Categories of personnel are the same as those in the second training course

XI-10 INFORMATION BULLETIN CONCERNING
THE FIRST INT'L CONSULTATIVE MEETING
FOR ASEAN COUNTRIES

ASEAN Training Centre for Primary Health Care
Development (ATC/PHC)
International Consultation on Primary Health Care
Development Centre. Bangkok, Thailand,
21 - 25 March 1983..

INFORMATION BULLETIN

The ASEAN Training Centre for Primary Health Care Development is a part of the technical support of the Japanese Government extended to 5 ASEAN countries under the Human Resources Development Project. The centre functions under joint auspices of Mahidol University and the Ministry of Public Health. The general objectives of the centre are to develop services research, and models for primary health care in both rural and urban settings, to develop facilities and technologies to meet the training needs of both Thailand and other ASEAN countries target group and finally to share experience and information with a view to promoting the development of primary health care among ASEAN member countries.

The ASEAN Consultative Meeting on Primary Health Care is the first consultation among representatives of ASEAN member countries in order to form a firm base upon which future collaborative programmes can be effectively implemented.

1. Date and Venue of Consultation

The Consultation will be held from 21 - 25 March 1983
at Bangkok Palace Hotel.

Registration of participants will take place at the Conference Hall from 08.00 a.m. on Monday 21 March. The consultation will commence at 09.00 a.m.

2. Purpose of the Consultation

The Consultation is seen as an activity in the process of promoting and supporting the development of the ATC/PHC, to support planning, monitoring and health research and provide required information for policy formulation. It will provide an opportunity for exchanging experiences among ASEAN member countries involved in the development of PHC and contribute relevant information needed, nationally and internationally, for further development in support of the Strategy of Health for All and Primary Health Care.

3. Working Language

The working language of the Consultation will be English.

4. Travel Arrangements and Visas

An entry visa for Thailand is not required. Participants are kindly requested to arrive in Bangkok by Sunday 20 March 1983, and to advise the ATC/PHC in Bangkok of the date, flight number and time of arrival so that arrangements could be made for them to be met at the airport where transportation will be provided to take them to their hotel. This information should be sent as soon as possible by telex or cable as indicated in Item 9.

5. Vaccinations

Participants are kindly requested to check with their local travel agent or airline concerned about health requirements and should be in possession of a valid certificate (s) for whichever vaccinations are required.

6. Hotel Accommodation

The ATC/PHC in Bangkok has reserved accommodation in Bangkok for each participant for the period 20 - 25 March inclusive at Bangkok Palace Hotel.

7. Currency in Thailand

The unit of currency in Thailand is the baht. One US dollar currently equals about 23 baht.

There are no restrictions on the import of other currencies or other forms of money such as travellers' cheques, drafts or letters of credit.

Travellers' cheques may be changed at the hotel or any bank.

8. General Information

By reason of its geographical location and its topography, Thailand has a variety of climates largely dependant on the monsoons and the elevation above sea level. There are no well-defined seasons. In Bangkok, the average annual temperature is 27.7° c and the average annual rainfall is about 1,458.2 mm. The relative annual humidity averages 78.0 per cent.

Lightweight casual clothing is recommended, preferably cotton.

Electric current throughout the country is 220 - 230 volts AC, 50 cycles. Transformers should be brought for equipment of other voltages.

9. Contacting Addresses

ASEAN Training Centre for Primary Health Care Development
Faculty of Public Health,
Mahidol University, Rajvithi Road
Bangkok, Thailand.
Telephone : 2810113

Telex or cable address : PUBHEALTH

ASEAN Training Centre for Primary Health Care Development
International Consultation on Primary Health Care Development Centre (ATE/PHC)
Bangkok, Thailand, 21 - 25 March 1983.

PROPOSED PROGRAMME OF WORK

Monday, 21 March

08.00 - 09.00 Registration at the Conference Room of Bangkok
Palace Hotel

09.00 - 10.00 Opening Ceremony

10.00 - 10.30 Break

10.30 - 10.45 Election of Chairman and Vice - Chairman

10.45 - 11.00 Brief presentation on ATC/PHC activities.

11.00 - 13.00 Brief presentation of Country Reports (10 minutes each)

13.00 - 14.00 Lunch

14.00 - 15.30 Establishment of 3 Working Groups and discussions on:
(i) Training Programme of ATC/PHC to meet Countries Needs
(ii) Research Programme of ATC/PHC to meet Countries Needs
(iii) Strategies and Mechanisms for Technical
Collaboration among ASEAN Countries in ATC/PHC
Program

15.30 - 15.45 Break

15.45 - 17.30 Continuation of Working Group discussions on (i)
(ii) and (iii)

Tuesday, 22 March

08.30 - 10.30 Working Group discussions on :
(iv) Management of the ATC/PHC programme
(v) Activities of the ATC/PHC

10.30 - 10.45 Break

10.45 - 12.30 Continuation of Working Group discussions on (iv)
and (v)

12.30 - 14.00 Lunch
14.00 - 15.30 Plenary Session - presentation and discussion on
(i) to (v)
15.30 - 15.45 Break
15.45 - 17.30 Continuation of plenary session

Wednesday, 23 March

08.00 Departure from Hotel of all three Working Groups for field visit. (The journey will last approximately one hour.)

Group I and II

Each group will visit a district health centre, a sub-centre and a peripheral health unit and also seek the community's views based on a check list and guidelines for field visit.

These two groups will report to the plenary on the role of intermediate level support to peripheral health units and the main issues requiring serious attention for an effective and efficient health care system.

Group III

This group will visit the Public Health College of Cholburi Province. They will review and discuss the role of the College in PHC development. Activities of this College in support of operation and development of health units and mobilization of community participation will also be observed.

This group will report to the plenary on the role of such a College in PHC development in Thailand, both in relation to the national level as well as to health units in the district and the peripheral levels.

This group will be provided with guidelines for the field visit.

Lunch will be taken in a nearby restaurant.

17.00 - 17.30

Approximate time of arrival back at hotel.

Thursday, 24 March

08.30 - 10.30

Working Group Session, Each Working Group will discuss and prepare a report.

10.30 - 10.45

Break

10.45 - 12.30

Plenary Session - presentation and general discussion of report of Working Groups I, II and III.

12.30 - 14.00

Lunch

14.00 - 15.30

Plenary Session - continuation

15.30 - 15.45

Break

15.45 - 17.30

Working Group Session. Each Working Group will discuss and report to the Plenary on:

- (vi) Future Challenges for the ATC/PHC
 - Documentation and information system
 - others

Friday, 25 March

08.30 - 10.30

Plenary session - presentation and discussion on the groups' reports on (vi)

10.30 - 10.45	Break
10.45 - 12.30	Plenary Session - conclusions and recommendations
12.30 - 14.00	Lunch
14.00 - 15.30	Plenary Session - continuation
15.30 - 15.45	Break
15.45 - 17.00	Closing

ASEAN Training Centre for Primary Health Care Development

International Consultation on Primary
Health Care Development Networks (ATC/PHC)
Bangkok, Thailand, 21 - 25 March 1983.

PROPOSED AGENDA

1. Election of Chairman, Vice - Chairman and Rapporteur
2. Adoption of Agenda and attached Programme of Work
3. Introduction of ATC/PHC mechanism to facilitate and promote the Primary Health Care Development - draft consolidated paper
4. Presentation of Country Reports
5. Working Group discussions on country experiences and identified topics (i) to (vi) (see Programme of Work)
6. Conclusions and Recommendations.

Regulation for Application of PHC Research Grant

1. Objective : The PHC research grant of the ASEAN Training Centre for Primary Health Care Development is for the support and promotion of research work quality of personnel of Mahidol University, Ministry of Public Health and other institutions that the research committee considers appropriate.
2. Type of Grant : This grant is of the ASEAN Training Centre for Primary Health Care Development with the support of the Government of Japan.
3. Qualification of Applicant : Applicants must be personnel of Mahidol University, Ministry of Public Health and other institution that the research committee has approved.
4. Details for Research Proposal : Applicants have to include the following details in the research proposal :
 - 4.1 Title of research
 - 4.2 Name and position of principle researcher and associate researcher
 - 4.3 Background and research rationale
 - 4.4 Literature review
 - 4.5 Research objectives
 - 4.6 Material and Method
 - 4.7 Importance and expected benefits
 - 4.8 Place of investigation
 - 4.9 Duration and diagram showing the work schedule
 - 4.10 Budget required
 - 4.11 References
 - 4.12 Biography of principle researcher and associate researcher

5. Application Method : After preparing the research proposal, applicants should submit their proposal directly to their immediate supervisors for approval. Then send 15 copies of research proposal to the ASEAN Training Centre for Primary Health Care Development.
6. Application Period : From December 1, 1982 to January 31, 1983
7. Investigation Duration : It should not be over 12 months except having been specially approved by the research committee
8. Reporting :
1. Submit 15 copies of progress report every 6 months.
2. Submit 15 copies of final report in the form that is acknowledged for publishing in the technical journal
3. For the continuing research project, researcher should report the progress of the work that has already been done together with summary of previous research results.

Suggested research area :-

1. Health education

- 1.1 Educational approaches to modify factors influencing community participation in PHC at tambon and village level
- 1.2 Effective health education innovation in the support of PHC activities
- 1.3 Comparison of different education media for transferring PHC information
- 1.4 Culture, language and value variables in the perception of PHC by village community

2. Food and nutrition

- 2.1 Development and evaluation of production and distribution of local food supplements
- 2.2 Food habits and nutrition education
- 2.3 Improvement of existing well accepted local foods
- 2.4 Management of community nutrition service
- 2.5 Appropriate technology for nutrition surveillance
- 2.6 Food additives and pesticide residue, hazards to health and people
- 2.7 Nutrient fortification at village level

3. Expanded immunization

- 3.1 Motivation technology for high coverage of immunization.
- 3.2 Evaluation of basic immunization
- 3.3 Evaluation of vaccine efficacy under field condition
- 3.4 Innovative delivery of immunization services
- 3.5 Development of special vaccination program for specific endemic diseases

4. Simple treatment of diseases and injuries

- 4.1 Appropriate technology for diagnosis of common illness and injuries at community level
- 4.2 Selection, development and evaluation of the practical treatments of common illnesses by health volunteers
- 4.3 Role of specialists in prevention and treatment of common illnesses through PHC
- 4.4 Improvement of the treatment of snake bites and other poisonous animals and plants
- 4.5 Appropriate treatment of diarrheal diseases by health volunteers
- 4.6 Methods of modification of "human behavior" in controlling of common village diseases.

5. Environmental sanitation

- 5.1 Selection and development of appropriate technology for proper management of waste and excrete (waste-disposed system and latrine system)
- 5.2 Appropriate family food sanitation system
- 5.3 Development of composit sanitation for individual village health assessment
- 5.4 Adequate and safe water supply
 - 5.4.1 Selection and development of appropriate technology in order to provide adequate, clean water supply for the community (storage and purification system)
 - 5.4.2 Daily utilization of water at village level
 - 5.4.3 Appropriate standards of quality of water in village
 - 5.4.4 Appropriate waste and water disposal
- 5.5 Arthropod vectors and rodent control

6. Essential drugs

- 6.1 Provision of essential drugs at community level through " medical cooperative "
- 6.2 Alternative drug service system
- 6.3 List and usage of essential drugs from modern sources
- 6.4 Development of essential drugs from traditional services
- 6.5 Pilot study of community and family garden plot of medicinal plants
- 6.6 Pilot production and distribution of essential drugs at local vs central levels

7. Maternal and child health and family planning (MCH and FP)

- 7.1 Utilization of "risk approach" in MCH and FP services
- 7.2 Utilization and evaluation of the "norms" of growth and development of children in health service at village level
- 7.3 Changing attitudes toward and values of birth control measures among the "hard - care population"
- 7.4 Surveillance of morbidity and mortality of infants at village level
- 7.5 Role of women as health promoters at family and community level
- 7.6 Impact of incentive/disincentive on family planning acceptance
- 7.7 Differential IESC programs effects on acceptance and continuation rate of birth control methods
- 7.8 Operational research on expanding and distribution of family planning service units
- 7.9 Utilization of PHC providers in family planning services
- 7.10 Demographic and health impact of "risk approach" in family planning services
- 7.11 Effects of reducing infant mortality and morbidity on family planning acceptance
- 7.12 Cost-effectiveness of birth control methods
- 7.13 Policy development and intersectoral link

8. Common diseases control at village level

- 8.1 Integrated PHC to general public health services
- 8.2 Selection of appropriate model and technology of common and / or communicable diseases control at village level

9. Policy and managerial research in PHC

- 9.1 Policy development and intersectoral link
- 9.2 Operation research on management of PHC in both urban and rural areas.



**ศูนย์ฝึกอบรมและพัฒนา
การสาธารณสุขมูลฐานอาเซียน**

SEMINAR ON
"ROLE OF TEACHING STAFF OF
HEALTH PERSONNEL PRODUCING INSTITUTIONS
IN PRIMARY HEALTH CARE DEVELOPMENT"
14 - 18 MARCH 1983

MAHIDOL UNIVERSITY, SALAYA CAMPUS

ASEAN TRAINING CENTRE FOR PRIMARY HEALTH CARE DEVELOPMENT
25/25 PHUTTHAMONTHON 4, SALAYA, NAKHON CHAI SI, NAKHON PATHOM 73170 TELEPHONE: 4132931-5

II INTRODUCTION

According to the policy laid in the fifth five-year national plan, the national public health development is mainly based on the implementation of primary health care with particular emphasis on the people participation in developing their own communities. Such an implementation has been growing and expanding rapidly through various change of practical strategy including changes in public health development models, the reconsideration and readjustment of the health officer roles, the training of health volunteers, the promotion of primary health care projects in tumbols and villages levels and the establishment of village drug-cooperative. Because of the aforesaid changes, it is obvious that the institutions which produce various health personnels ought to improve and modify their policies and models in producing the qualified health personnels to provide a decent service in response of the alternation of the public health service system.

In order to give the response to the above action, ATC/PHC which functions under joint auspices of Mahidol University and Ministry of Public Health organized the seminar on the Role of Teaching Staff of Health Personnel Producing Institutions in Primary Health Care Development. The ATC/PHC received great cooperation from various health-concerned institutions all over the country. These include university, Ministry of Public Health, Thai Red Cross Society, the institutions from the Military, the Royal Air Forces, the Royal Navy the Police organization and private institutions. The result obtained from this seminar would be fruitfully useful in disseminating the concept of the role teaching staff of health-personnel producing institutions in primary health care development. It is hoped that this will be the important step towards the ultimate goal of health for all by the year 2000.

Dr. Krasae Chanawongse
Director of ATC/PHC

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Annexes

1. Names and position of the participants
2. Names and position of the Organizing Committee and Advisors.

All academical articles will be found in the book---- " Collection of lecture of the seminar on the Role of Teaching Staff of Health-Personel Producing Institutions in Primary Health Care Development "

Seminar on
" Role of Teaching Staff of Health-Personel Producing Institutions"
in Primary Health Care Development "
Conducted by
ASEAN Training Centre for Primary Health Care Development ATC/PHC

Rationale and Justification

Primary Health Care is the important strategy for reaching the goal of Health for All by the Year 2000. Thailand follows this strategy as the guideline for its own public health development. According to the Fourth and Fifth five-year National Health Development Plans (1977-1981 and 1982-1986), PHC is not only the important policy for public health, but also recognized by various national development agencies as the principle care for the rural development. Concerned agencies such as the Ministry of Interior, the Ministry of Agriculture and Cooperatives and the Ministry of Education give the support on and cooperation with PHC work enormously and firmly.

Moreover, PHC implementation still need the support and improvement, especially on the dissemination of the concept, philosophy, strategy in relation to an innovation of methodology and the appropriate technology for development.

The arrangement of this meeting among teachers and experts from various health-personnels producing institutions is an extremely valuable task as this would be an opportunity for qualified health personels to exchange their ideas, suggestions and recommendations in the PHC issues. Results accumulated from this seminar will definitely be used and implemented for improving and modifying various plans of PHC agencies in the future.

Objectives

The teachers and experts from various health-personel producing institutions will be able

1. To exchange ideas on national PHC development
2. To consider and strengthen their roles in support of PHC development.

Topics of the Seminar

1. Public Health Development in accordance with the fifth Five-Year National Health Development Plan (1982 - 1986)
2. PHC development in Thailand
 - concept /principle
 - implementation / situation
3. PHC development in various health institutions
4. Field visits of PHC development

Procedure

The activities of this seminar are composed of

1. participant participation
2. field visit
3. problem solving
4. group discussion
5. comment

Lecturer

Academic persons from various universities and institutions, administrators, from Ministry of Public Health and other health agencies are invited to give lectures in this seminar.

Periods of the Seminar

The seminar is divided into 2 periods.

Group 1 : Participants of this group attended the first period of seminar during 14-18 March 1983

Group 2 : Participants of this group attended the second period of seminar during 21 - 25 March 1983

Place of the Seminar

Group 1.: at Rajapruk Auditorium, Faculty of Public Health Mahidol University.

Group 2 : at Meeting Room, Building 4, 6th Floor, Faculty of Public Health, Mahidol University.

Participants

There are 30 participants in each group. Members of the group are deans or representatives from various universities in which health personels are produced, directors of nursing colleges, directors of midwifery schools and other representatives from various health institutions.

Expense

This seminar is sponsored by the Japanese Government under Human Resources Development Project. Each participant receives transportation expense (except air ticket), per diem and accommodation expense. All payments conform the official rate.

Seminar Organizers

Mahidol University and Ministry of Public Health are responsible for this seminar under the management of ATC/PHC.

Evaluation

Questionnaire, observation, interview and conclusion of participants are used in the evaluation process.

Expected Outcome

1. To gain the ideas and guidelines for national PHC development.
2. To gain guidelines for promoting the roles of teachers and experts from various health-personel producing institutions in support of PHC.

Agenda of The Seminar on Role of Teaching Staff of Health-
Personel on Producing Institutions in Primary Health Care Development.

Monday 14th March 1983

08.00 - 09.00 a.m.	Registration
09.00 - 09.45 a.m.	Inaugural Ceremony - Inaugural address by Dr. Natth Bhamarapravati
09.45 - 10.00 a.m.	Coffee break
Morning Session	
10.00 - 12.00 a.m.	Concept/Principle of Primary Health Care by Dr. Sumlee Plienbangchang Secretary, National Advisory Board for Disease Prevention and control.
12.00 - 13.00 ..m.	Lunch
13.00 - 14.30 ..m.	Implementation and Situation of Primary Health Care in Thailand by Mr. Ongart Sidhicharoenchai Primary Health Care Division, Ministry of Public Health.
14.30 - 14.45 ..m.	Coffee Break
14.45 - 16.45 p.m.	National Health Development During the Course of the fifth Five-Year National Health Development. by Dr. Uthai Sudsukh Principle Medical Officer, Ministry of Public Health.

Tuesday 15th March 1983

Morning Session

09.00 - 10.00 a.m.

Institutions and Primary Health Care

by Prof. Dr. Prawase Wasi

Vice Rector of Mahidol University

10.00 - 10.15 am.

Coffee Break

10.15 - 12.00 a.m.

Panel Discussion on Primary Health Care

in Various Institutions

Prof. Dr. Prem Buri

Ramathibodi Hospital, Mahidol University

Assoc. Prof. Pichit Sakulbham.

Deputy Dean, Faculty of Public Health

Mahidol University.

Assist. Prof. Jariyawat Kompayak

Faculty of Nursing, Mahidol University

Assoc. Prof. Dusanee Suttapreyasri

Faculty of Public Health, Mahidol Un.

moderator

12.00 - 13.00

Lunch

Afternoon Session

13.00 - 14.30

Panel Discussion on Primary Health Care

in Various Institutions

Dr. Jinda Klaichuovong

Division of Training, Ministry of

Public Health.

Archan Chumpol Polnara

Midwifery Training School, Khon Kaen

Province

Archan Sakorn Tongtawat
Bangkok College of Nursing
Archan Dusadee Sunpradit
Kuakaroon Nursing College
Flight Lieutenant Malee Dittabanjong
Royal Thai Air Force Nursing School.
Police Major Rengjit Teeradeluk
Police Nursing College
Assoc. Prof. Dr. Dusanee Suttapreyasri

14.30 - 15.45 p.m

Coffee Break

15.45 - 16.45 p.m.

Guideline for Field trip

Wednesday 16 March 1983

08.30 - 16.30 pm.

Field Trip to Cholburi

Thursday 17 March 1983

09.00 - 09.30 a.m.

Guideline for Group Discussion

Assoc. Prof. Dr. Dusanee Suttapreyasri

Faculty of Public Health, Mahidol University

9.30 - 16.30 p.m.

Group Discussion on the Role of Teaching

Staff in Health - Personnel Producing

Institutes on Primary Health Care Development.

Friday 18 March 1983

Morning Session

09.00 - 12.00 a.m.

Group Discussion (Continued)

12.00 - 13.00 p.m.

Lunch

13.00 - 14.30 p.m.

Summary of group discussion and open discussion.

14.30 - 14.45 p.m.

Coffee Break

14.45 - 15.30 p.m.

Executive Summary

Closing Remark

Assoc. Prof. Dr. Debhanom Muangman

Dean, Faculty of Public Health, Mahidol University.

Report by Associate Professor Dr. Dusanee Suttapreyasri
Faculty of Public Health, Mahidol University
March 14, 1983

Mr. Vice Rector of Mahidol University,

On behalf of ASEAN Training Centre for Primary Health Care Development, I would like to say that it gives us a great pleasure that you are coming today to preside over the opening ceremony of this seminar on The role of Teaching Staff of Health-Personal Producing Institutions in Primary Health Care Development ."

First of all, I would like to inform you about the historical background of this ASEAN Training Centre for Primary Health Care Development originally, Mahidol University together with other universities were asked by the National Economic and Social Development Board to submit individually a project proposal on the ASEAN Human Resource Development. The Project will finally be supported by the Government of Japan. Mahidol University, and later on submitted a proposal on establishing ASEAN Training Centre for Primary Health Care Development which was finally selected as a national project. It is subsequently named as a joint project between Mahidol University and the Ministry of Public Health. According to the agreement, the Japanese Government will give us about 20 million US dollars as the grant aid for the establishment of primary health care training centres in terms of construction costs and costs of necessary facilities for the ASEAN Training Centre for Primary Health Care Development at Salaya Campus of Mahidol University in Nakorn Pathom Province and for the four Regional Training Centre in Khon Kaen, Choburi, Nakornsawan and Nakornsrithammarach and also in terms of technical assistance by supporting training, research and model development in Primary Health Care.

This seminar has resulted from recommendations of many meetings between Mahidol University and the Ministry of Public Health. It is realized that at the present time the model activities of the Ministry of Public Health are changing and expanding very rapidly in many aspects, in particular, the change of model in primary health care, the adjustment and adaptability of the role and function of health personels including training of village health volunteers and village health communicators, and the establishment of primary health care development projects at tambol and village level, for example, setting up the drug cooperatives.

However, the implementation of primary health care still needs the strong support and improvement in many aspects particularly in the dissemination of primary health care concept, principles and practice with the aim at making good understanding and widely acceptance among health personels and teaching staff of health-personel producing institutions.

Gathering of teaching staff and health experts from various institutions and encouraging them to exchange their ideas and discuss on primary health care development in this occasion is considered to be a very beneficial activity. It is hoped that suggestions and recommendations accumulated from this seminar will be useful and can be implemented by various related agencies in view of the distribution and strengthening of the concept and principle of primary health care.

To this end, ASEAN Training Centre for Primary Health Care Development is organizing a seminar on "The Role of Teaching Staff of Health-Personel Producing Institutions in Primary Health Care Development". We have invited instructors from various Bangkok and Provincial health-personel producing universities, colleges and schools. These institutions are both of governmental. and of non-governmental. According to the plan, we are going to organize 2 seminars on the same topic. This is the first seminar of its kind and it comprises of 34 participants attending the seminar for one week.

After completion of this seminar, we are expected to reach some useful conclusions and recommendations which can be used as the guideline for the primary health care development and also in the promotion of teachers' role in various institutions in support of primary health care development.

On this auspicious occasion, in the presence of distinguished guests, all participants, ladies and gentlemen, I would like to invite Mr. Chairman to give the Opening Address.

Thank you

Opening Remarks of Professor Dr. Nantha Titthasiri

Vice Rector, Mahidol University

March 14, 1983

Director of ASEAN Training Centre in Primary Health Care Development,
Representatives from the Government of Japan, Professors, Participants,
Distinguished Guests, Ladies and Gentlemen

First of all, I would like to thank all of you to attend this seminar. In fact, the Rector of Mahidol University, Professor Dr. Natth Bhamarapravati himself is very much interested in coming to this inauguration ceremony. Unfortunately, he is not free because of the unavoidable official duty in Switzerland. I am therefore coming today on his behalf.

As already mentioned earlier by Associate Professor Dr. Dusanee Suttapreyasri about the background of the ASEAN Training Centre in Primary Health Care Development, two distinguished aspects of the centre can be drawn as follows.

1. ASEAN Training Centre in Primary Health Care Development project is the joint project carried out by an official governmental academic sector ___ namely "university" in collaboration with another official governmental practical sector ___ namely "the Ministry of Public Health". With this connection, it is expected that the ASEAN Training Centre in Primary Health Care Development will be able to bring about various concepts and methods and finally put them into use in solving health problems successfully.

2. ASEAN Training Centre in Primary Health Care Development is a kind of "promoting project" of the Ministry of Public Health particularly in the promotion of Primary Health Care activities. It is also recognized as a Primary Health Care Training Centre of ASEAN countries.

It is realized that only these two governmental authorities _____ namely Mahidol University and Ministry of Public Health _____ without help from other agencies may not be able to proceed the Primary Health Care development effectively. This is due to the fact that only the development of public health alone is not sufficient for Primary Health Care Development. It required the supports from other sources, for example, the Support from the Ministry of Education, the Ministry of Interior and the Ministry of Agriculture and Cooperatives. It is quite clear that cooperation and collaboration from various authorities are required for Primary Health Care development. On this occasion in which all of you who are playing roles of health personel training are gathering together. It is a good opportunity indeed for all of you to take part in this discussion, giving suggestions and recommendations for Primary Health Care development. I sincerely hope that the knowledge and experiences the participants gained from this seminar will be of benefit for them to carry out health-personel training in their institutions in support of Primary Health Care development.

It is known that the Ministry of Public Health has been active in Primary Health Care development long before the appearance of the slogan of World Health Organization, for instance, the continued training of Village Health Communicators and Village Health Volunteers. This can be seen that even the 1983 Slogan of World Health Organization saying "Health for All by the Year 2000, the Countdown has begun" is still conformity with the old slogan of the Ministry of Public Health.

On behalf of Mahidol University and the working - committee, I would like to thank all of you for being attend this seminar. Now, I have the honour to declare open the Seminar on The Role of Teaching-Staff of Health-Personel Producing Institutions in Primary Health Care Development and to wish every participant, teaching staff and everyone who helps organize and implement this seminar every success.

Thank you

Welcome Address by Associate Professor Pichit Sakulbham
Deputy Dean, Faculty of Public Health, Mahidol University
March 14, 1983

Vice Rector, Director of JICA, Prof. Momoi, Directors of Institution,
Distinguished Guest and Participants ,

Because of the absence of the Dean, Associate Professor Debhanom Muangman, being at the World Dean's meeting at Hawaii. I am therefore here on his behalf. I would like to take this opportunity to welcome all of you who are attending this seminar on the Role of Teaching Staff of Health - Personnel Producing Institutions in Primary Health Care Development. I hope that all of you will make use of the time of this period effectively. If there is anything you want, please do not hesitate to tell me. The Faculty of Public Health, Mahidol University willingly supports this seminar to ensure the ultimate objectives of the both the Government of Thailand and the Government of Japan.

Thank you once again for being here and please assured that you are most welcome to our faculty.

Guidelines for Field Visit

By Mr. Metee Chanjaruporn
Office of the Primary Health Care
Committee

Field visit in PHC gives us the opportunity to know the actual health situation, health problems and obstacles of the rural people. The visit is at Cholburi Province. The program would be as follows:

Visit the Provincial Public Health office, the officers will brief on public health and PHC activities in Cholburi Province.

Visit Drug Fund Office at Bansripalo, Tambol Nong-mai-dang, Muang District, Cholburi Province.

Visit Nong-heing Health Centre, Panasnikorn District, Cholburi Province.

The main objective in this visit is to observe the problems encountered in PHC implementation in the mentioned areas on the following aspects.

1. People participation in PHC activities. This people participation is organized in 3 different funds namely :-

1.1 Drug Fund. The purpose of this fund is to provide the essential drugs for use within the villages through the financial donation from the villages themselves. The administrative committee of the Fund is consequencely organized by village health volunteers. From 72 provinces in Thailand, there are approximately 2000 highly effective and qualified Drug Funds.

1.2 Nutrition Fund. The purpose of this fund is to promote nutritional conditions to malnutrition children in rural area. The administrative committee of this fund is organized by housewife groups and village volunteer groups. The fund is operated by a circulation fund.

1.3 Sanitary Loan Fund. The purpose of this fund is provided clean water supply to the villages. The fund is operated by a committee and on a circulation fund basis.

The above three funds are the clear indication of people participation in PHC. The National Economic and Social Development Board indicated that so many village funds like these might create problems in the future. As a consequence, the idea of combining all of village funds was created. A combined village fund is now called as a Village Development Fund. This combination system is presently under processing.

2. The Government Support, The work of Village Health Communicator (VHC), Village Health Volunteer (VHV), and the people all required continuing support in the form of training and financial support. In the training, VHC attended the training course for 5 days and VHV for 15 days. For the financial support, VHV obtained 500 baht as being a rotating expense for buying the essential drug for the villagers. But in practical, it cannot be a circulation fund because VHV dare not correct the drug expense from the villagers. This leads to the new approach to the drug cooperative problem. At present, Ministry of Public Health is giving the support to the village in which the VHC and VHV have been trained and giving a 700 baht as the drug fund on the condition that the drug fund must be already established. In doing so, health officer must have some preparation of the community and also explain to the villagers about the working procedure and the objective of the drug fund.

The referral and the follow-up system of the patient from VHC and VHV to the government health centre service is still a problem. The another problem is that in the community organization, VHC and VHV are not the committee members representing public health. This leads to the ineffective public health development. It is recommended that VHC and VHV would practically be the committee members of the community organization.

The factors that affect the working of VHC and VHV in PHC activities are classified broadly into 3 problem categories.

1. The economic situation of the villagers. Both VHC and VHV are the villagers who must earn for living. Occasionally they do not have sufficient spare time in doing PHC job.

2. The social environmental condition. The environment of the sub-urban and rural area is quite different. This is one of the problems for a VHV to operate PHC activities.

3. The follow-up of the public health officer. If the Tambol public health officer is highly responsible, the VHC and VHV will be very efficient.

Schedule of Field Visit

at

Cholburi Province

March 16, 1983

- | | |
|---------------|---|
| 07.30 - 09.30 | - Leave Faculty of Public Health, Mahidol University for Provincial Public Health at Cholburi Province |
| 09.30 - 09.45 | - Break |
| 09.45 - 10.45 | - Brief report on PHC at Cholburi by Cholburi - Provincial Medical Officer |
| 10.45 - 12.00 | - Visit Drug Fund office at Sripaloo Village and Tambol Health Centre, Tambol Nongmaidaeng, Amphur Muang, Cholburi Province |
| 12.00 - 13.00 | - Lunch at Tuonjai Restaurant |
| 13.00 - 14.00 | - Visit Health Centre at Nongheing, Amphur Panasnikom, Cholburi Province |
| 14.00 - 14.15 | - Break |
| 14.15 - 14.45 | - Brief report on Health Centre in Support of PHC |
| 14.45 - 16.30 | - Visit Drug Fund office at Poothisumpow village and other villages that work on PHC |
| 16.30 - 18.00 | - Leave Cholburi Province for Bangkok |

Brief Report of PHC at Cholburi Province

by Dr. Narongsakdi Angkasuvapala

Cholburi is a highly economic and commercial developed province. Cholburi which is somewhat close to Bangkok is near the sea. It has a beautiful coast line and one of the important places for visiting. The occupation of people is mainly commerce and fishery.

According to Provincial survey of population in June 1982, there were totally 741,773 persons.

Domestic administration of Cholburi Province is divided into districts, tambols and villages. There are 8 districts, 2 sub-districts, 89 tambols and 621 vilages. There are 3 municipals, 16 sanitary areas and the Pataya City.

Public health activities are mainly concerning the promotion of health, the prevention of diseases, curative services, and rehabilitation of patients. There are one provincial hospital, with capacity of 624 beds under the responsibility of Ministry of Public Health, Somdej Hospital at Sriraja under the responsibility of Thai Red Cross Society and Arpakornkiettiwongse under the responsibility of Royal Thai Navy Medical Department. At amphur level, there are 5 amphur hospitals, 88 health centres and 4 midwifery centres.

In addition to the above, there are the numbers of coordinated health agencies namely, Central Region College of Public Health, Zonal Tuberculosis Centre 7, Sanitation Centre Region 2, Cholburi Zonal Leprosy Central Project Zone 2, Regional Nutrition Centre 2, Communicable Disease Control Centre 2, Malaria Zone 1 and Nursing College at Cholburi.

PHC activity of the province has begun since 1977 with the aims of covering all amphurs, except Muang amphur and Banglamoong amphur. At present there are 457 VHVs come from 621 villages equivalent to 73.6% which is higher than the average of Thailand in 1982. Amphur which has VHC working full area are Pantong amphur and Bangbung amphur.

The average ratio of VHVs to VHCs all over the country which equal to 1:98. The area in which the ratio of VHV to VHC is minimum are Srichung amphur being of 1:5. The amphur in which the ratio VHV to VHC is maximum is Photong amphur being of 1:19.

It can be seen that the implementation in this province both in quantity and covering areas is satisfactory -- that is, the ratio is higher than the average of the country. But unfortunately, we are not satisfied with the functions of VHC and VHV. This is probably due to the fact that in this middle area of the country, there are many health services, more convenient transportation, good communication and the people has a high purchasing power of service (including public health activities).

The activities which VHC and VHV are engaged are health education, nutrition, sanitation. In nutrition activities, VHV take good care of children by weighing and giving supplementary food to them. In sanitary activities, they organize training sanitary carpenter in the village and establish circulation fund for construction of rain water tank. In maternal and child health, they give the consultation to villagers about immunization. In communicable disease control, especially cholera control, they set up an alerting point in the village. They keep all drugs for the immediate treatments. In malaria control, they organize training for labourer leaders to work as VHV in finding malaria cases. And they also give a continuing treatment. For the collection of essential drugs, they establish 16 drug funds.

The problems of implementation can be summarized as follows, VHC and VHV have less activities. Good VHV is a small number. Fund raising is difficult because villagers feel untrust. Public health officers of every level lack of good understanding in PHC and lack of social science knowledge. Public health officers require more community medicine.

Introduction to Health Centre
at
Tambol Nongheing, Amphur Panasnikom, Chulaburi Province.

General information

Nongheing Health Center, from the east to the west is about 20 kilometres length and from the north to the south is about 6 kilometres width. There are 10 villages and 2 health centers. The population is 4,912 (male 2,417 and female 2,495). The center responsibility covers 3 schools under responsibility, 1067 students (male 538 and female 529). Three training courses were organized under the centre responsibility VHC and VHV approximately 200 persons were also produced. The VHC and VHV who take responsible in Tambol Nongheing are only 96 persons.

In sanitary activities, there are 337 latrines, 119 wells, 168 rain water tanks, 2 water supply units, 61 pit privies and 1687 water containers.

In family planning, there are 97 old contraceptive-acceptors and 116 new acceptors, 33 cases using vasectomy method obtained from mobile unit of Panasnikorn hospital, 15 cases using condom. There are 988 women at reproductive age, 803 children of 0-5 years old, 736 of 10-14 years old, 1,292 of 15-44 years old, 2,112 of 45-49 years old and 171 of over 60 years old.

VHC work of VHC and VHV in village may be summarized as follows

- VHC and VHV help in promoting nutrition condition and look after the malnutrition persons in the village by providing the place and arranging supplementary feeding program at lunch for pre-school children (0 - 5 years). VHC and VHV measure height and weight of children in the village.

- VHC and VHV provide the clean water for the village by construction rain water tank for each family. (In January, 1982: 16 reservoirs, 3,000 bahts each. In November, 1982: 38 reservoirs, totally 114,000 baht)

- VHC and VHV help in improvement of environmental health and sanitary health. They give the suggestion on how to obtain potable water and water for household use, sewage treatment, garbage disposal including establishing latrine construction cooperative project with the cooperation of and coordination with public health officers at the health center.

- VHC and VHV help in maternal and child health and family planning by giving suggestion, for instance, antenatal examination in pregnant woman, giving immunization to children, suggesting and motivating the villagers on contraception by various methods and collecting male namelist for vasectomy and report to the health center.

- In immunization activity, VHC and VHV work with public health officer. VHC and VHV will inform the villagers about the usefulness of the immunization and also the appointed place, date and time for immunization service.

- VHC and VHV help in a disease control program in the village by immediately reporting health center officer as cases are occurred.

- VHC and VHV help the public health officers in health education. They will make the appointment with the villagers for giving health education in small group by public health center officer.

- VHC and VHV give help in nursing care. They can treat the patients with the minor illness for example, common cold, stomachache and gastritis etc. by using household medicine.

- VHC and VHV will make the distribution of household medicine. They also establish drug cooperative and medical equipment cooperative.

- In addition, VHC and VHV give assistance in public health activities for instance, providing the construction material for improvement of the health center and raising fund for patient resting place etc.

Introduction to Health Center

at

Tambol Nongmaidaeng, Amphur Muang, Cholburi Province

Tambol Nongmaidaeng is one of 18 tambols of Amphur Muang, Cholburi Province. It is about 6 kilometres far from Amphur Muang. Its area is 6.7 square kilometres. Its population is 5,456 inhabitants in totally 837 houses. There are 3 schools under Office of the National Primary Education Commission with approximately 600 students, 3 private schools under Office of Private Education Commission and one college of physical education under the Ministry of Education with approximately 250 students. The people proface Buddhism. The occupation of the people express in percentage are as follows, rice farming 40%, cash crop farming 15%, horticulture 15%, animal raising 8%, trading 10%, labour 10% and others 2%.

In public health, there is one health center in which PHC activities are carried out. There are 2 drug cooperatives.

Topics and Guidelines of Group Discussion

Associate Professor Dr. Dusanee Suttapreyaeri

Group discussion today concerns with all data collected from previous meetings, lectures and discussions in order to search for the common guideline to be used for improving the role of teaching staff in universities and related institutions in which their work are dealing with medical and nursing activities.

Topics for this seminar are :

- Morning session : The Role of Teaching Staff of Health-Personel
Producing Institutions in Supporting Primary
Health Care
- Afternoon session : The Role of Public Health Institutions in Promoting
Primary Health Care, Inside and Outside the Institutions

Three methods for conducting group discussion are used :

1. Brain Storming Approach At first, every member in the group will present the idea. At this step, no discussion on each idea is carried out. All of the individual ideas will be noted and at the end of each day, there will be a discussion on those ideas and finally the common idea is concluded. The process can be repeated several times in order to obtain the best concluded idea.

2. Problem Solving Approach This method is a planning method through problem solving. First of all we have to identify two different situations --- namely a "should be" situation and "present" situation. The "gap" or the difference between the two situations is then determined. The next step is to identify problems which are the main cause of this gap. After all problems being identified, we have to find the best ways to solve those problems by attacking at their roots. In general problems, the individual itself or the group as a whole are considered in this problem-solving technique. This method is rather popular because the previous knowledge and experiences are employed in solving the problem.

3. Creative Thinking Approach This method is rather new for Thailand. The approach is based on the hypothetical action by putting oneself into other shoes and also thinking of oneself out of the system and then observing the system from outside. While being outside of the system, we are trying to identify the problems and finding the argument as much as possible. By this means, it enable us to find a new approach to the problems which is completely different from previous one. This may be called the creative thinking or imagination. Teaching staff should have this creative thinking in order to use it in the institutional development.

On the conclusion in this method we have to compare our ideas with others and try to identify the contradictory argument as much as possible and finally conclude it by condensing it into two or more words or phrases.

In the present time, all of the 3 methods mentioned above are used as principal methods for teaching the rural people in order to make them self-reliance, know how to think by themselves rather than receiving orders all the time.

In this group discussion, all participants are divided into three groups and each group works on the same topic using particular technique in solving problems.

Group 1 : Brain Storming Approach

Group 2 : Problem Solving Approach

Group 3 : Creative Thinking Approach

REPORT OF DISCUSSION GROUP 1

Group members

1. Associate Professor Dr. Piboon Loosunthorn Chairman
2. Flight Lieutenant Malee Dittabanjong Secretary
3. Dr. Vanich Lauhapun
4. Archan Sakorn Tongtawat
5. Archan Prakorb Sukbunsong
6. Archan Chumsri Chumnaphud
7. Archan Chumpel Polnara
8. Archan Nitaya Dumrongvut
9. Assistant Professor Jariyawat Kompayak
10. Archan Dusadee Sanprasert
11. Archan Siriarnan Jutathemee

Results

Topic 1 : The Role of Teaching Staff of Health-Personel Producing
Institution in Supporting Primary Health Care

1. The teachers' role involving production and development of health-personel

- 1.1 In order to reach the goal of Health for All by the Year 2000,
teacher should be informed and understand the concept and practice
in PHC through readings, meetings, training etc. Moreover, teachers
should be able to transfer their knowledge to the students effectively.
- 1.2 Teachers should disseminate their conceptual understanding and
knowledge.

- 1.3 PHC should be arranged in order to search for the strategies for making the teachers in the institutions aware, understand and accept the principle of PHC.
 - 1.4 Convincing the administrators to understand the concept and being cooperative.
 - 1.5 Searching for the best practical approach to reach the goal of Health for All by the Year 2000.
 - 1.6 Practice (8 essential elements)
 - 1.6.1 Making of the curriculum
 - 1.6.2 Arrangement of teaching and learning activities
 - 1.6.2.1 Theory - the content should be concerned with PHC.
 - 1.6.2.2 Practice
 - 1.6.3 Planning and teaching each course, including introducing principles and concepts of PHC at the same time both in theory and practice.
 - 1.7 Evaluating the results obtained from 1.1 to 1.6
2. The teachers' role involving services: teacher should be active in the following aspects.
- 2.1 Giving health service in the health center and the community by supporting the primary health care with a referring system.
 - 2.2 Giving academic service to the society, training the people to be self-reliance to be able to look after their families and communities.
 - 2.2.1 Giving education to the people in all forms with the aim at reaching the goal of Health for All by the Year 2000.
 - 2.2.2 Supporting and promoting PHC activities in all patterns.
 - 2.2.3 Giving assistance and cooperation to health personels, health agencies and institutions.

3. The teachers' role involving research

3.1 Teachers should

3.1.1 carry out the individual research.

3.1.2 carry out the joint-research project with those in other institutions.

3.1.3 give the cooperation in research activities.

3.1.4 implement or publicize their research findings.

3.2 Teachers should follow-up the evaluation of various PHC work for instance health service, village health volunteer program instruction, referring system, people participation, village health volunteer quality.

3.3 Teachers should study the pattern of PHC work.

3.4 Teachers should search for the strategy for doing PHC activities successfully.

3.5 Teachers should find the impact on PHC to people health.

4. The teachers' role involving the development of ethics for conserving and promoting the culture, customs and tradition

4.1 Teachers should build up faith and good attitude to people in order to obtain people participation in society.

4.2 Teachers should be a good modeling in the following aspects

- having good human relations

- having good participation

- being sacrifice and patient

- having high self adaptability in every circumstances including language and style of living

- joining the student activities.

Topic 2 : The Role of Public Health Institutions in Promoting Primary Health Care, Inside and Outside the Institutions

The role of institution

A. Production and development of health personels

1. For current students

- 1.1 Improving the policy and the objective of the curriculum.
- 1.2 Changing teaching methods.
- 1.3 Producing and developing all levels of public health personels.
- 1.4 Emphasizing on real situation.
- 1.5 Supporting and promoting activities concerning with art, culture and good ethics.

2. For the graduates

- 2.1 Developing public health personels.
- 2.2 Supporting the development of public health personels.
- 2.3 Establishing the academic printed material center.
- 2.4 Developing learning and teaching aids.
- 2.5 Promoting the utilization of technology
- 2.6 Motivating and supporting good ethics

Moreover, a center for gathering of PHC documents and distributing them should be established.

B. Health and Academic Services

1. Giving the cooperation to health service agencies or other health agencies.
2. Carrying out the follow-up or cooperative follow-up of the patients from the hospitals to their own home.

3. Improving administrative system of the institutions in order to support the PHC activities.
4. Establishing a center for distributing health knowledge to the rural people.
5. Organizing the meeting between the producer and consumer in order to encourage mutual understanding.

In addition, meeting between institution in order to exchange idea and experience in PHC development should be arranged.

C. Research

1. Looking for the appropriate technology.
2. Comparing teaching and learning methods in supporting of PHC.
3. Evaluating student teaching and learning.
4. The institutions, including Ministry of Public Health should support PHC research.

Moreover, master plan of co-research work of various institutions and Ministry of Public Health on PHC should be set and the PHC research collection centre should be established.

REPORT OF DISCUSSION GROUP 2

Group members

- | | | |
|--------------------------------------|----------------|-----------|
| 1. Professor Dr. Nathee Rukpolamuang | Chairman | |
| 2. Assistant Professor Suda Henry | Vice Chairman | |
| 3. Archan Kulaya | Tantipalachiva | Secretary |
| 4. Archan Rajit | Nikomrat | |
| 5. Archan Tasanee | Tientavorn | |
| 6. Archan Chumsri | Jarernlab | |
| 7. Archan Saiyud | Siripaporn | |
| 8. Archan Dr. Somsri | Suthisri | |
| 9. Archan Orawan | Uthaisen | |

Results

Topic 1 : The Role of Teaching Staff of Health-Personel Producing
Institutions in Supporting Primary Health Care

Problems	Proposed Solution
1. Teachers did not understand clearly about the concept and scope of PHC.	PHC education should be given to teachers in order to make them well equipped and be able to deliver their knowledge both in theoritical and practical aspects to the student effectively. This can be accomplished through : - Organize the meetings or seminars by inviting the experts to give the lecture.

Problems	Proposed Solution
<p>2. Lack of principles and understanding in integrated PHC content into the relevant subject.</p> <p>3. Teachers have less opportunity getting in touch with and also less experience in approaching people and community.</p>	<p>- Practicum in and field visit to places or areas where the Primary Health Care Implementation is successful and effective.</p> <p>At present, the situation seemed to be improved because various subjects in Primary Health Care were included in the curriculum, for instance, nursing, community health and primary treatment etc. In teaching and training students, emphasis should be made on the leadership in public health. As the consequence, student should be both instructor and the public model. Also, the students should be able to teach the people to be self-reliance and understand correct health knowledge.</p> <p>PHC does not only stress on the practice in rural community but also in every community both urban and rural. For instance, in the hospital, PHC may include the sick persons and the healthy persons.</p> <p>Promote the mutual understanding of the objective and close cooperation among teachers in all communities.</p>

Problems	Proposed Solution
<p>4. The students are not capable of applying the knowledge of PHC. This is due to firstly, the PHC plan was announced after the health instruction had been taught and secondly, the technique of teaching and learning is not appropriate.</p>	<p>Teachers should be promoted in gaining experience of actual health activities and should have practical experience.</p> <p>Provide the PHC information to various levels of health personels in order to obtain the correct understanding and practice.</p> <p>Improve teaching and learning techniques in accordance with the adopted public health plan.</p> <p>Improve the teaching and learning techniques with the emphasis on self-problem solving through different means, for instance, discussion and brain-storming.</p>

Additional Comments

1. Improve public health administration in every level in order to meet the need of the people. Forcing the people to observe the regulation is not recommended.

2. In teaching and learning public health personels, teachers should stress upon the knowledge and ethical value. Teachers should also be typical health models to students. All of these should be stressed in the elementary and secondary education levels.

Topic 2 : The Role of Public Health Institutions in Promoting Primary Health Care, Inside and Outside the institutions

Problems	Proposed Solutions
<p><u>Inside Institution</u></p> <ol style="list-style-type: none"> 1. The environment of some health institutions are not good enough for being of public health standard. 2. Lack of cooperation and coordination among staffs. 3. Lack of financial, manpower and equipment supports. 	<ol style="list-style-type: none"> 1. Develop the institutions environment by considering the following aspects : cleaness, neatness and firmliness. 2. Develop health behavior of all levels of public health personels as to be health models. <ol style="list-style-type: none"> 1. Point out the importance of knowledge of and understanding in PHC. 2. Organizing the exhibition, recreation, meeting or seminar dealing with PHC. 3. Promote human relations inside the institution. 4. Support and promote the efficient personels. <ol style="list-style-type: none"> 1. Present the working plan to the administrator well in advance.

Problems	Proposed Solutions
<p><u>Outside Institution</u></p> <ol style="list-style-type: none"> 1. Unclear and uncertain policy of PHC could lead to the confusion in practice. 2. Lack of mutual understanding and cooperation which create the overlapping in practice. 3. Lack of team work. 	<ol style="list-style-type: none"> 1. Set the clear national policy of PHC in order to be easy to practice. 2. Improve the policy to the relevant health agencies for good understanding and easiness for practice. <ol style="list-style-type: none"> 1. Establish a mutual understanding. 2. Plan together. 3. Good public relations. 4. Appoint the responsible staff. <ol style="list-style-type: none"> 1. Create inter-relation among institutions by giving cooperation in staff exchange, equipment lending, and also the academic exchange. 2. Organize inter-institutions meeting. 3. Academic cooperation. 4. Support team work 5. Establish the PHC center between the institutions.