## REPORT OF DISCUSSION GROUP 3

Group members

| | | | |
|---|---|---|---|
| 1. | Dr. Prakit | Chivaprasert | Chairman |
| 2. | Archan Nipa | Tosparin | Secretary |
| 3. | Archan Kunying Udom | Supatri | |
| 4. | Archan Chalam | Puangchan | |
| 5. | Archan Kanya | Chunarom | |
| 6. | Archan Panan | Bunlong | |
| 7. | Dr. Jinda | Klaichuivong | |
| 8. | Assistant Professor Sujin | Vichitkan | |
| 9. | Associate Professor Dr. Orathai | Sukdisawat | |

Results

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

The group revised, considered and analyzed the Role of Teaching Staff of Health-Personel Producing Institutions in supporting PHC in various aspects by using creative thinking method.

First Process In this process, it involved brain storming to gather problems of teachers' role that affecting the PHC development.
The problems include :

1. The objectives of Primary Health Care
2. The level of teachers' knowledge on PHC

3. The teaching potentiality of teachers

4. Teachers awareness of the need of people and community

5. The modeling personality of teachers to the public

6. Problems of teachers role, especially in the following aspects :-

   - attitude
   - concept of PHC
   - self evaluation
   - the readiness of the teachers both in the institution and the field training
   - PHC experience
   - the cooperation between teachers and the institutions, the producer and the trainee, and the institution and the administration center
   - numbers of teachers and teacher work load
   - planning of manpower, equipment and working place
   - follow-up and evaluation

7. Miscellaneous :

   - the low credibility of the people to the students.
   - public value of the curative activities higher than of the protection and the promotion activities.
   - unspecific goal and lack of planning together.
   - unrealization of the change and dynamic of the community

Second process : In this process, it involved the arrangement of the problems listed that appeared in the first process.

Problems : Teachers and PHC activities

Conclusion : Problems of teachers and Primary Health Care activities may be classified into 3 main aspects as follows :

1. Knowledge aspects
   - concept of PHC
   - strategy of PHC
   - implementation of PHC

   Ideas of teachers - teachers have not clear concepts, strategies and implementation.

   Ideas of others - teachers know well about concepts, strategies and implementation but cannot apply their knowledge into practice in the community.

2. Attitude aspects

   Ideas of teachers - it is found that the attitude of teachers toward PHC is either favorable and unfavorable. The difference between the two ideas cannot be determined.

   Ideas of others - it is concluded that teachers who involve with PHC will have favorable attitude. In contrast, teachers who do not involve with PHC would have unfavorable attitude.

3. Practice aspects

   3.1 Support and cooperation

   Ideas of teachers - It is found that some teachers group give support and cooperation whereas some teacher groups reject the idea.

   Ideas of others - It is found that teachers give less support and cooperation in practice.

3.2 Experience and skill

Ideas of teachers - most of teachers lack of experience and skill.

Ideas of others - the same as above.

3.3 Application and suitable techniques

Ideas of teachers - teachers cannot apply suitable techniques to the community.

Ideas of others - the same as above.

Third process : Group considered and analyzed different problems and concluded that teachers are not qualified to be expert in PHC. It is therefore rather clear that the quality of teachers is the main problem which is needed to be improved urgently in knowledge, attitude and practice.

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

First Process : The group rearranged the topic and considered different aspects as follows :

1. Guidelines of the administration inside institution

1.1 Educational system : It is concluded that the system inside institution has an effect on the encouragement. It is concluded that this system include :

- Philosophy of institution
- Educational curriculum
- Provision of the teaching and learning through :
  - experience
  - place
  - advisor

- The support
    - direct support
    - for education
- Research
- Service
    - direct service
    - for education
- Conservation of the art and culture

1.2 Service system : The following aspects have been discussed :

- Rule and regulation
- Manpower
- Equipment
- Budget

The group concluded that the improvement and development in various factors should be accomplished as follows.

| | |
|---|---|
| Rule and regulation | - it is not practical to PHC, it should be improved urgently. |
| Manpower | - knowledge, attitude and practice of the administrators, teachers and other health officers should be improved and developed.<br>- the entrance examination system for students should be modified by giving the community to be participated in the examination. The already enrolled students, they should follow the idea of PHC in health behavior in order to form health habit and be able to teach the community. |

| | |
|---|---|
| Equipment/book | - Equipment/book should be improved and get support. The practical mannual and evalutation mannual for PHC should be published. Community resources should be informed. |
| Budget | - PHC plan and project should be set in advance. |

2. Guidelines for co-administration with other institutions. The following aspects should be improved :

- The academic coordination and cooperation among health institutions should be promoted.
- Ministry of Public Health should set the clear policy on places or areas for student training.
- A cooperation center should be established in order to promoted the cooperation of 4 ministries which involve PHC.
- Cooperative planing among health personel producers, users and institutions other than health institutions should be arranged.

Final Summary of Group Discussion

As the result from the group discussion on personel training institute in support of PHC, it was concluded that teachers should involve themselves in the following aspects : namely the production and development of health personels, health services, health research, culture preservation and ethics promotion. Teachers themselves should know very well on knowledge, attitude and practice of PHC so as to be able to deliver lectures effectively and also being good models to students. Teachers should be encouraged to gain

more experience community primary health care both in rural and urban areas. Teachers should seek ways to improve and develop teaching and learning techniques with particularly aiming at making health personels to be community leaders in PHC. Moreover, teachers should be typical models of the people and also teach them to be self-supporters and have good understanding on PHC.

Health personel training institutes should promote development of PHC both inside and outside of institutes through the following procedures: setting the clear policy on PHC, cooperating and planning both the training and education system -for instance - teaching, learning, research and services in PHC and the administration system in order to facilitate the mutual utilization of all national resources.

The cooperative center should be established so as to promote the cooperation both inside the center and among the personel users. All the province levels, the office of the province might be employed as the cooperation center of the four principle ministries which involved the community development work. The ASEAN Training Center for Primary Health Care Development should play role in training activities and should be another cooperative center.

Report by Archan Prakorb Sukbunsong
Leader of the participants
March 18,1983

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On behalf of all participants , firstly I would like to thank the Dean, Deputy Dean, Associate Professor Dr. Dusanee Suttapreyasri and all members of the working committee for the provision of facitities for example, seminar room, equipments, document and so on. In particular, our health have been will taken care of because we have been served good food and refreshments.

Lastly, all of ua good understanding of Primary health care and we are hoping to implement the knowledge and experiences gained in this seminar in Primary Health Care development in our country.

Once again, I would like to thank all of you.

Closing Address by Associate Professor Dr. Debhanom Muangman
Dean, Faculty of Public Health, Mahidol University
March 18, 1983

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I am very pleased that all of you have been spending all of your time in this faculty. In the future, if the Faculty of Public Health or ASEAN Training Centre in Primary Health care Development would have an opportunity to give services to all of you again, please be assured that all of you are most welcome. However, if there is anything imperfect during this seminar, please accept my apology.

Talking about Primary Health Care, someone suggests that the name should be changed to other appropriate name. I personally think that if such change will lead to the close cooperation and collaboration among four ministries, I would strongly recommend to do so. But nevertheless, it would be a very difficult task to set " a new appropriate name " because the " health care " is a directly responsible job of Ministry of Public Health. For this reason, I think it rather difficult to change the name as one suggested.

Primary Health Care at present is a controversial issue being discussed all over the world. Many countries are trying their practice in Primary Health Care with the aims to achieve Health for all by the year 2000. In the meeting at Hawaii, there was a discussion on the meaning of " Good Health " in terms of "how good" the health "should be ". In some conclusion, it referred as "Good health meant good condition" for both "physical" and "mental", and "as good as posible for particular country ".

For Thailand, I personally think that "the promotion of good health for all " means "the ways to improve the health of the people leading to decreasing in illness, deaths and disability, and we can see these results in our life time " If it is possible all of us would physically and mentally be very happy.

In Primary Health Care Development, I myself think that, the promotion of people participation is very important but not simple and rather complicated. But if everybody starts working now with constant efforts and continuity aiming at the same mutual goal. I am confident that the job can be done and all of us will get the required accomplishment which would be of great benefit to the nation and its people.

In the conclusion, I hope that all of you will cooperate each other and try to get this commitment done in the future.

On this particular occasion, I would like to wish all of you every success and to declare close the seminar.

Thank you

ANNEX 1

## Names and Position of Oganizing Committee and Advisors

| | Name | Position/office | |
|---|---|---|---|
| 1. | Advisor | | |
| 1. | Professor Dr. Natth Bhamarapravati | Rector of Mahidol University<br>Director of ATC/PHC Product | |
| 2. | Dr. Pirote Ningsanonda | Deputy Permanent Secretary for Public Health, Co-Director of ATC/PHC Project | |
| 3. | Professor Dr. Prawase Wasi | Vice Rector of Mahidol University | |
| 4. | Professor (Emeratus) Dr. Mali Thaineua | Senior Consultant of ATC/PHC | |
| 5. | Associate Professor. Dr. Debhanom Muangman | Dean of Faculty of Public Health, Mahidol University | |
| | Organizing Commitee | | |
| 1. | Dr. Krasae Chanawongse | Director of ATC/PHC | Chairman |
| 2. | Associate Professor Dr. Dusanee Suttapreyasri | | Member |
| 3. | Dr. Damrong Boonyoen | | Member |
| 4. | Dr. Pricha Desawasdi | | Member |
| 5. | Associate Professor Rumpai Suksawadi | | Member |
| 6. | Assistant Professor Boonyong Kiewkanka | | Member |

Working Committee

| | | |
|---|---|---|
| 1. | Mr. Chairat Patanacharoen | Ministry of Public Health |
| 2. | Mr. Ongart Sidhicharoenchai | Ministry of Public Health |
| 3. | Mr. Methee Chancharuporn | Ministry of Public Health |
| 4. | Mr. Nopadol Klaykiew | ATC/PHC |
| 5. | Ms. Waraporn Srisupan | ATC/PHC |
| 6. | Ms. Wilaiwan Wachirasaroje | ATC/PHC |
| 7. | Ms. Jintana Aunhachoke | ATC/PHC |
| 8. | Ms. Ratchadaporn Siriluk | ATC/PHC |
| 9. | Ms. La-oong Aiemloan | ATC/PHC |
| 10. | Mr. Likit Liewtanakorn | ATC/PHC |

Editor : Ms. Waraporn Srisupan

Assistance editor : Ms. Wilaiwan Wachirasaroje

ANNEX II

## Names and Position of Participants and Observers

| Name | Position/office |
|---|---|
| **Participants** | |
| **Ministry of Public Health** | |
| 1. Dr. Vanich Lauhapan | Director, North-eastern Regional College of Public Health, Khon-Kaen |
| 2. Dr. Prakit Chivaprasert | Acting Director, Central Regional-Center of Public Health, Cholburi |
| 3. Dr. Somsri Suthisri | Director, School for Dental Auxiliaries, Cholburi |
| 4. Miss Sakorn tongtawat | Director,Bangkok College of Nursing |
| 5. Mrs. Chalam Puangchan | Director, Phuttha Chinaraj College of Nursing, Pitsanulok |
| 6. Miss Rajit Nikomrat | Director, Sawanpracharak College of Nursing, Nakorn Sawan |
| 7. Mrs. Prakorb Sukbunsong | Director, Subbhasidthiprasong College of Nursing, Ubon ratchathani |
| 8. Mrs. Panan Bunlong | Director, Lampang College of Nursing Lampang |
| 9. Miss Chumsri Jareunlab | Director, Surat Thani College of Nursing, Surat Thani. |
| 10. Miss Chumsri Chumnanpud | Director,Ratchaburi College of Nursing, ratchaburi |
| 11. Mrs. Kanya Chunarom | Director, Uttaradit College of Nursing Uttaradit. |

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|---|---|---|
| 12. | Mrs. Tasanee Tientavorn | Director, Chai Nat College of Nursing, Chai Nat |
| 13. | Miss Chumpol Polnara | Director, Midwifery Training School, Khon Kaen |
| 14. | Mrs. Valai Siritam | Director, Midwifery Training School, Chiengmai |
| 15. | Miss Nitaya Dumrongvut | Director, Chest Hospital College of Nursing |
| 16. | Dr. Arin Swarachorn | Director, Health Training Division |
| 17. | Mrs. Paka Sirtachan | Director, Nursing College Affair Division |
| 18. | Miss Saiyud Siripaporn | Director, Phra Phutthabat College of Nursing Phra Phutthabat |

Ministry of University Affairs

| | | |
|---|---|---|
| 1. | Associate Professor Dr. Piboon Loosunthorn | Department of Preventive and Social Medicine Faculty of Medicine, Chulalongkorn U. |
| 2. | Associate Professor Dr. Orathai Sukdisawat | Department of Medicine, Faculty of Medicine, Ramathibodi Hospital |
| 3. | Professor Dr. Nathee Rukpolamuang | Deputy Dean, Faculty of Medicine, Siriraj Hospital |
| 4. | Assistant Professor Jariyawat Kompayak | Department of Public Health Nursing, Faculty of Nursing. |
| 5. | Assistant Professor Sujin Vichitkan | Head Department of Nursing, Ramathibodi Hospital |
| 6. | Assistant Professor Suda Henry | Department of Public Health Nursing, Faculty of Public Health, Mahidol U. |

Royal Thai Air Force

| | |
|---|---|
| 1. Flight Lieutenant Malee Dittabanjong | Royal Thai Air Force Nursing School |

Police Department

| | |
|---|---|
| 1. Plòice Colonel Pranee Tonprasert | Head of Educational Sub Division Police Nursing College. |
| 2. Police Major Rengjit Teeradeluk | Training Sub Division, Police Nursing College. |

Bangkok Metropolitan Administration

| | |
|---|---|
| 1. Archan Dusadee Sunprasert | Vice Director, Kuakaroon Nursing College |

Thai Red Cross Society

| | |
|---|---|
| 1. Archan Kunying Uoom Supatri | Director,Thai Red Cross College of Nursing |
| 2. Archan Orawan Uthaisen | Thai Red cross College of Nursing |

Private Institution

| | |
|---|---|
| 1. Archan Siriarnan Jutathemee | Dean,Faculty of Nursing, Hua-Chiew Hospital |
| 2. Archan Nipa Tosparin | Dean, Mc. Comic Nursing Faculty, Payab. College. |

## Discussion Group 1

Group members.

1. Assoc. Prof. Dr. Piboon Loosunthorn
2. Flight Lieutenant Malee Dittabanjong
3. Dr. Vanich Lauhapan
4. Miss Sakorn Tongtawat
5. Mrs. Prakob Sukbunsong
6. Miss Chumsri Chumnanpud
7. Miss Chumpol Polnara
8. Miss Nitaya Damrongvut
9. Asst. Prof. Jariyawat Kompayak
10. Miss Dusadee Sunprasert
11. Miss Siriarnan Jutathemee

Topic 1 The Role of Teaching staff of Health - Personel Producing Institutions in PHC.

Approach of the Group

1. Expected roles of teaching staff
2. Guideline for institutes in supporting role of teaching staff.

| Expected roles of teaching staff | Guidelines for institutes in supporting role of teaching staff. |
|---|---|
| 1. Teachers should comprehend the meaning and importance of PHC,and also agree to follow and implement all disciplines of PHC. | 1. Institutes should support the development of personels in order to gain more right knowledge, attitude and practice in PHC through financial and training supports. |
| 2. Teachers should have more opportunities to participate with the administrators, students and related persons in planning all teaching and learning programs. To assure the realization and responsibility of all teachers in PHC, the established plan should be well informed among teaching staff. | 2. Institutes should encourage the cooperation and collaboration in planning and improving curriculum both in theory and practice. |
| 3. Teachers should participate in the process of setting role, scope and responsibility of teachers and students in community practice. | 3. Institutes should have a definite policy in setting scope and responsibility of teachers and students in community practice. |
| 4. Teachers should be able to implement, communicate, cooperate all PHC practice with related health personels both in Governmental agencies and community organizations. | 4. Institutes should provide good cooperation among related PHC agencies. |
| 5. Teachers should play role in evaluation, follow-up, research,problem-solving supporting and improvement of PHC plan in order to make it up date and make it suitable for the community involvement | 5. Institutes should fully support all research activities |

| | Expected roles of teaching staff | Guidelines for institutes in supporting role of teaching staff. |
|---|---|---|
| 6. all | Teachers should be able to dissiminate PHC activities to teachers, students, related agencies and public concerned | 6. Institutes should promote public relations. |

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

Ways to promote PHC development

1. Inside the institute
2. Outside the institute by giving cooperation.

PHC development inside the institute.

1. Developing the curriculum of the integrated teaching and learning type in all subjects so as to promote the implementation of PHC

2. Organizing the seminar on the role of teaching staff participation in PHC for faculty and departmental teaching staff at least once a year and also establishing good attitude in community services.

3. Emphasizing the importance of PHC in the occasion of teachers and student orientation.

4. Allocating the budget of - public relations,
- PHC activities
- etc.

5. Supporting research work with particular emphasis on the PHC teaching and learning development.

6. Formulating the clearly definite policy in promoting every teaching staff who is responsible for PHC.

7. Establishing the cooperative PHC centres both inside and outside institutes.

PHC development outside the institute

1. Giving the cooperation and collaboration with other related health agencies both in PHC principle and practice.

2. Organizing the seminars and academic services with other institutes. Giving leave permission to the teaching staff to join the seminar outside the institute.

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## Report of Discussion Group 2

Group Members

1. Prof.Dr. Natee Rukpolamuang
2. Asst. Prof. Suda Henry
3. Miss Kullaya Tantipalachiva
4. Miss Rajit Nikomrat
5. Mrs. Tasanee Tientavorn
6. Miss Chumsri Jareunlab
7. Miss Saiyud Siripaporn
8. Dr. Somsri Suthisri
9. Miss Orawan Uthaisen

Topic 1 : The Role of Teaching Staff of Health - Personel Producing Institutions in PHC.

Teacher : is the one who teaches both theory and practice, gives services, does research and promotes arts and culture.

Public Health -Personel Producing institutes : is the government or private organization which produces personels for working in public health in community and various health agencies.

PHC : (scope) activities which are practiced in villages, tambols or communities.

Teachers 's role in PHC

1. Teachers should developed themselves in the field of PHC.

2. Teachers should be responsible for producing personels who are knowledgeble, having good attitude and skilful in support with PHC.

3. Teachers should provide academic services in PHC to various agencies or communities.

4. Teachers should conduct research and give the cooperation in doing PHC research (including follow-up and evaluation) for example,

- PHC service models
- students' knowledge, attitude and practice implementation
- etc.

5. Teachers should give cooperation, collaboration and support to PHC work in order to reach the national health target goal.

How can the institute support the role of teaching staff ?

The institute must promote, support and develop teaching staff in order to make them capable to work to the required role effectively.

Topic 2 The Role of Public Health Instutions in Promoting PHC, Inside and Outside the Institutions. Ways for promoting PHC inside the institute and with other institutes.

Inside the institutes

1. Formulate the definite policy and direction in PHC

2. Develop health personels to be able to work on PHC effectively

3. Develop curriculum in accordance with the PHC policy and direction

4. Provide necessary resources to teachers for promoting and supporting PHC implementation, for example,

- equipment
- books
- budget
- transportation
- etc.

5. Provide/establish imformation resources of PHC and of other related disciplines.

6. Encourage the atmosphere motivation and support in order to create knowledge, skill and good attitude of PHC through.

- meeting, training
- exhibition
- organization of specific working committee.
- etc.

7. Develop working system in the institute in order to facilitate the personel in working for PHC.

Outside the institute

1. The institute should provide academic services

2. The institute should cooperate and collaborate in policy making,planning and implementation process with various health agencies, for-example, the personel production and the supporting resources.

3. The institute should be able to use outside resource especially the community, for the benefit of PHC as much as possible

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## Group Discussion 3

Group Members

1. Dr. Prakit Chivaprasert
2. Ms. Nipa Tosparin
3. Kunying Udom Supatri
4. Mrs. Chalam Puangchan
5. Mrs. Kanya Chunarom
6. Mrs. Panan Bunlong
7. Dr. Chinda Klaychuewong
8. Asst. Prof. Sujin Vichitkan
9. Assoc. Prof. Orathai Sukdisawat

Topic 1 : The Role of Teaching Staff of Health - Personel Producing Institutions in PHC.

Definition of " teacher "

Teacher is the person who can play role of

1. an administrator
2. an instructor
3. a supervisor

1. Administrator Role

1.1 A teacher is an academic person whose work is dealing with educational administration, institutional administration and general administration.

1.2 A teacher is responsible for planning and monitoring all activities and gearing them toward the ultimate objectives of the institute.

2. Instructor Role

2.1 A teacher is the one who teaches both in theory and practice.

2.2 A teacher is a knowledgeble person both in academic and administrative affairs

2.3 A teacher is the one who gives instruction and planning both in theory and practice.

2.4 A teacher should be able to transfer attitude,ethics and culture.

2.5 A teacher should be able conduct the research.

3. Supervisor Role

3.1 A teacher is the one who teaches all follow-up the teaching and learning result of students.

3.2 A teacher is the one who can give assistance and suggestion, coordinate and follow-up the practical results of students.

3.3 A teacher should be able to teach students leading to the development of individual skill and problem-solving techniques.

Definition of " health - personel producing institutes "

They should be the institutes which produce health personel. These may be governmental or private institutes such as Ministry of Public Health, Ministry of Education, Ministry of University Affairs, Ministry of Defense, Ministry of Interior.

| Institute Composite | Role of Educational Institute |
|---|---|
| - building and offices<br>- personels<br>- role and responsibility<br>- budget and equipment<br>- structure of organization | 1. Giving response to social need<br>2. Being the society leader<br>3. Providing the alertness of social conscience. |

Topic 1

- Role of teaching staff in support of PHC

1. A teacher should be able to evaluate and solve community problems particular health problems.
2. A teacher should be able to capable to teach PHC to persons concerned
3. A teacher should be able to cooperate with various agencies.
4. A teacher should know all the resources in order to support PHC work.
5. A teacher should be able to motivate people to realize the importance of quality of life.
6. A teacher should be able to be a community leader.
7. A teacher should work in the community and cooperate with people within it.
8. A teacher should have the opportunity to work in the community at least 6 months or one year.
9. A teacher should accept the ideas and behaviors of community leader, the staff and students in order to gain the acceptance from those mentioned in return.
10. A teacher should improve oneself all the time in order to maintain the social status as a knowledgable person.

Guidelines for the institute in supporting the role of teaching staff

1. Formulating the definite policy by rotating teachers to practice in community at least 1-3 months in every 2 years.
2. Promoting and educating teachers on how to have participation in PHC work.
3. Promoting personels motivation and morale.
4. Supporting and promoting the attitute change in PHC.

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

Inside the Institute

1. Formulating the policy in accordance with the fifth five-year PHC plan.
2. Analyzing and developing the curriculum and establishing it as a community curriculum.
3. Planning the educational system corresponding to the given policy.
4. Developing organizations that relate to PHC.
5. Searching for resources for supporting the PHC activities, for example, accomodation, place of seminar etc.
6. Conducting PHC researches.
7. Giving interdisciplinary cooperation.
8. Disseminating PHC information to other institutes.
9. Encouraging and promoting motivation and morale of personels.
10. Supporting and promoting attitude change in PHC.

Outside the Institute

1. Giving the cooperation with others in PHC activities.
2. Giving the intersectoral cooperation.
3. Giving the interdisciplenary cooperation.
4. Giving the international cooperation.
5. Giving the cooperation in or conducting PHC research works.

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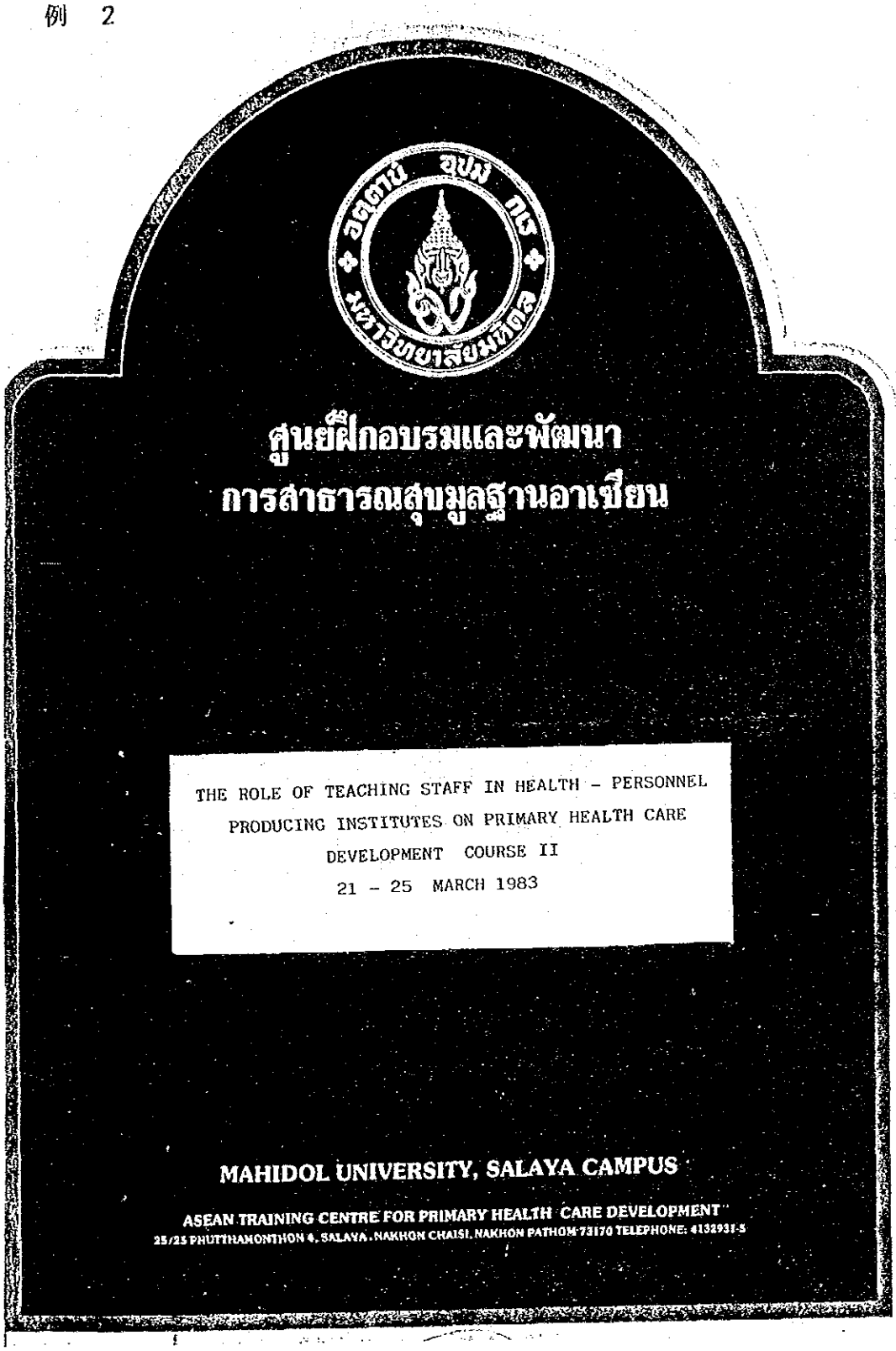
ศูนย์ฝึกอบรมและพัฒนา
การสาธารณสุขมูลฐานอาเซียน
THE ROLE OF TEACHING STAFF IN HEALTH - PERSONNEL
PRODUCING INSTITUTES ON PRIMARY HEALTH CARE
DEVELOPMENT COURSE II
21 - 25 MARCH 1983
MAHIDOL UNIVERSITY, SALAYA CAMPUS
ASEAN TRAINING CENTRE FOR PRIMARY HEALTH CARE DEVELOPMENT
25/25 PHUTTHAMONTHON 4, SALAYA, NAKHON CHAISI, NAKHON PATHOM 73170 TELEPHONE: 4132931-5

Proceeding of the Seminar / Workshop

on

The Role of Teaching Staff in Health-Personnel Producing Institutes

on Primary Health Care Development

COURSE II

21 - 25 March 1983

at the Faculty of Public Health, Mahidol University

Conducted by

ASEAN Training Centre for Primary Health Care Development

Mahidol University - Ministry of Public Health

TABLE OF CONTENT

## I. INTRODUCTION

Primary health care is a new approach for health development which is thought to be the key strategy to achieve the global goal of " Health for All by the Year 2000. " Thailand has adopted the " Health for All " policy and incorporated the Primary Health Care Project during the course of the 4th Five-Year National Economic and Social Development Plan (1977 - 1981 ). As for the 5th Five-Year Plan which commenced in 1982, primary health care concept is not only recognized and emphasized by the health sector but also by other related sectors which are actively involving in rural development i.e. the Ministry of Interior, Ministry of Agriculture and Cooperatives and Ministry of Education. The four participating sectors are known to be effectively communicating and participating in primary health care and rural development.

However, active promotion of primary health care concept still needs to be made particularly in the areas of concept clarification, principle of primary health care and actual implementation of the strategy which is based upon people participation and intersectoral collaboration. Health and non - health personnel should be further reorientated to fully comprehend and appreciate the concept so that they will actively participate in searching for new approaches and appropriate technologies for primary health care development.

The Seminar /Workshop arranged for the teaching staff of health - personnel producing institutes is thought to be an effective means for reorientating the instructors in health oriented institutions to have an indepth understanding of primary health care concept and the means for successfully applying the concept within the community and with the people.

It is believed that through this seminar, The teaching and training programs in relation to primary health care at the health related training institutions will be improved. The recommendations gained from the trainees will slso serve as feedback for the Primary Health Care Project.

## II SUMMARY OF THE SEMINAR / WORKSHOP COMPONENTS

1. Objectives of the seminar /workshop :

1.1 to provide an opportunity for the teaching staff of the institutes responsible for health manpower training and development to exchange their knowledge and attitude in primary health care development and share their views in the overall rural development;

1.2 to arrive at a group consensus on the role of the teaching staff in primary health care development.

2. Content of the seminar / workshop :

2.1 health Development Plan within the 5$^{th}$ Five-Year National Economic and Social Development Plan ;

2.2 development of primary health care in Thailand:

2.2.1 concept and principle of PHC ;

2.2.2 current situation and implementation plan;

2.3 teaching and learning experiences in PHC in health related training institutes;

2.4 field study on PHC development at the district and village levels.

3. Method of the meeting

The seminar / workshop is based upon experience - based, problem - oriented sessions presented by resource persons and the participants themselves.

Group discussions and workshop are frequently conducted in the process of identifying the role of the teaching staff in primary health care development. Field study on village - based PHC projects is also arranged for the participants in order that they have updated knowledge in current PHC development.

4. Teaching staff

The teaching staff comprise resource persons from Mahidol University, Ministry of Public Health and other related institutions.

5. Duration of the seminar/workshop

There are 2 meetings in March 1983:

Group 1 : 14-19 March 1983

Group 2 : 21-25 March 1983

6. Place

Group 1 : Rajapruke Auditorium, Faculty of Public Health, Mahidol University

Group 2 : Conference Room, 6th Floor, Building No. 4, Faculty of Public Health, Mahidol University

7. Participants

Each group conprises 30 participants. They are from the institutions which are responsible for health manpower training and development. The Dean, Director of Nursing College, Director of Public Health College and teaching staff of relevant training institutions represent in the seminar/ workshop.

8. Budget

The seminar / workshop is funded by the Government of Japan under human resources development project. The cost of travel, per diem and lodging at the usual government rate has been provided to the participants.

9. Responsible agency

The ASEAN Training Centre for Primary Health Care Development which is under joint auspices of Mahidol University and the Ministry of Public Health.

10. Evaluation

Evaluation of the seminar / workshop is conducted through questionaire and observation. The quality of group reports is also taken into consideration.

11. Expected outcome :

11.1 The teaching staff of the University and training institutions responsible for health manpower production will have adequate knowledge in PHC concept and development and are capable of dissemminating them to their students.

11.2 The participants will formulate a guideline on the role of instructors in PHC development which will be helpful for further enhancing teacher participation in PHC project.

## III INAUGURAL SESSION

1. Dr. Krasae Chanawongse, the Director of ASEAN Training Centre for Primary Health Care Development expressed his gratitude on behalf of the Centre to Prof. Dr. Natth Bhamarapravati, Rector of Mahidol University who presided as the Chairman of the Inaugural Session. Dr. Krasae Chanawongse informed the meeting about the ASEAN Training Centre for Primary Health Care Project which was funded by the Government of Japan under the ASEAN Human Resources Development Project. The financial assistance of roughly 400 million Baht will be utilized for construction of the main Centre of Salaya District of Nakhonpathom province and the 4 regional centres at Khon Kaen, Nakhonswarn, Nakhonsrithammaraj and Cholburi provinces. In addition, the Government of Japan will provide technical support in terms of training, research and development in implementation of the project.

Dr. Krasae also reported to the Chairman that the necessity for conducting a seminar/workshop for teaching staff of the University and training institutions responsible for health manpower production and development was felt by Mahidol University and Ministry of Public Health. Such meeting will lead to effective reorientation of PHC concept and approaches among those who will be responsible for training health personnel at their own institutions. Report and recommendations to be derived from the seminar/workshop will serve as guiding principles for further upgrading the participation of teachers in primary health care development.

Finally, Prof. Dr. Natth Bhamarapravati was requested to give his inaugural address to the meeting.

2. Prof. Dr. Natth Bhamarapravati expressed his thanks to distinguished guests and participants. He emphasized the importance of human resources development and the role of teachers in socializing the students. Prof. Dr. Natth also referred to the commitment of the country toward the attainment of WHO global goal of " Health for All by the Year 2000," This goal is really a challenge for all participating sectors. The following issues were particularly emphasized :

- health is the responsibility of all, not just limited to doctors or large hospitals ;
- current health care delivery system needs to be developed, new models need to be tested through systematic health service research ;
- health manpower planning and development needs to be reorientated to meet with new approaches in health development and to be in line with innovative health service delivery system ;
- the administrative and managerial process in support of primary health care needs to be strengthened.

Prof. Dr. Natth informed the participants that the ATC/PHC will attempt to serve as focal point and collaborative centre for primary health care development whereby the University, training institutions, Ministries, Departments and other public and private sectors will be mobilized to participate in primary health care development in an effort to achieve the goal of " Health for All by the Year 2000," He finally expressed his hope that the seminar/workshop will provide valuable recommendations in relation to the role of teachers in PHC development.

Prof. Dr. Natth finally declared open the seminar/workshop and wished all the participants a successful and rewarding deliberation.

IV ADOPTION OF THE AGENDA

The following agenda was adopted by the meeting :

March 21, 1983

| | |
|---|---|
| 08.00 - 09.00 | Registration |
| 09.00 - 09.45 | Inauguration Ceremony |
| 09.45 - 10.00 | Break |
| Morning session | |
| 10.00 - 12.00 | Concept and Principle of Primary Health Care<br>by Dr. Samlee Plianbangchang<br>Director of the Advisory Board for Diseases Prevention and Control |
| Afternoon sessions | |
| 13.00 - 14.30 | Situational Analysis and Current Activities of the National Primary Health Care Project<br>by Mr. Ong-art Sidhicharoenchai<br>Office of Primary health Care |
| 14.30 - 14.45 | Break |
| 14.45 - 16.45 | Health Development Plan Within the National Economic and Social Development Plan<br>by Dr. Pirote Ningsanonda<br>Deputy Permanent Secretary for Public Health |

March 22, 1983

| | |
|---|---|
| Morning sessions | |
| 09.00 - 10.00 | The Role of training Institutions in Primary Health Care Development |

| | |
|---|---|
| | by Prof. Dr. Prapont Piyaratn<br>Advisor to National Social Development<br>Project, NESDB |
| 10.00 - 10.15 | Break |
| 10.15 - 12.00 | Panel Discussion on Primary Health Care Concept as Viewed by the University and Training Institutions<br>by Prof. Dr. Kawi Tangsubutre<br>Assoc. Prof. Dr. Sasatri Sawakhon<br>Assoc. Prof. Dr. Boonyong Pongsprot<br>Ms. Tipawan Romanarak<br>Assoc. Dr. Dusanee Sudhipriyasri<br>Moderator |
| Afternoon sessions<br>13.00 - 14.30 | Panel Discussion (cont.)<br>by Mr. Sudhep Songchan<br>Ms. Wipan Wathanacheep<br>Ms. Chinda Tirapan<br>Dr. Ms. Srisam-ang Kaewvichit<br>Ms. La-or Matayakom<br>Ms. Salinee Swatelekh<br>Assoc. Dr. Dusanee Sudhipriyasri :<br>Moderator |
| 14.30 - 14.45 | Break |
| 14.45 - 16.45 | Briefing on field study at Chonburi Province<br>by Mr. Maetee Chancharuporn<br>Office of Primary Health care |

March 23, 1983

| | |
|---|---|
| 08.30 - 16.30 | Field study in Chonburi Province |

March 24 , 1983

| | |
|---|---|
| 09.00 - 09.30 | Briefing on Group Assignment |
| 09.30 - 16.30 | Group Discussion on the Role of Teaching Staff on Primary Health Care Development |

March 25, 1983

Morning session

| | |
|---|---|
| 09.00 - 12.00 | Group Discussion (cont.) |

Afternoon Sessions

| | |
|---|---|
| 13.00 - 14.30 | Group reports and General Discussion |
| 14.30 - 14.45 | Break |
| 14.45 - 15.30 | Summary of the Meeting and Closing |

## V SUMMARY OF THE MEETING

1. Orientation on primary health care concept and approaches.

Dr. Samlee Plianbangchang and Mr. Ong-art Sidhicharoenchai briefed the participants on the concept and practice of primary health care in Thailand with particular reference to WHO global goal of " Health for All by the Year 2000, " the official commitment in support of primary health care, the past activities and current development at the provincial, district and village levels. Dr. Pirote Ningsanonda, the Deputy Permanent Secretary of Public Health drew the attention of the participatns towards the new concepts of development which emphasized area-based approach, bottom-up approach, basic needs approach and community self reliance. The participants were also briefed about the 5th Five-Year National Health Development Plan which utilizes primary health care as the key strategy for health development. The profile of the 5th Five-Year National Economic and Social Development Plan was also reviewed and discussed by the participants and resource persons.

2. Experience - based presentations on primary health care concept and practice in the University and relevant training institutions

The session was introduced by Dr. Prapont Piyaratn, Advisor to the National Social Development Project of the NESDB. Dr. Prapont presented a conceptual framework which illustrated the linkage between the Ministry and the University / training institutions and their nutually supportive role in primary health care development. He emphasized the role of the teaching staff in orientating and socializing the students to acquire the knowledge and attitude which are conducive to primary health care development.

Following his presentation, the participants who represent different Universities and training institutions participated in a panel discussion which comprised a panel members and Assoc. Prof. Dusanee Sudhipriyasri served as moderator. The discussions were based upon personal and group experiences in arranging teaching / learning programs in support of primary health care project. The participants and resource persons had a good chance to exchange experiences, views and future prospects for primary health care development.

3. Field study in Chonburi province

3.1 Briefing on field study program

Mr. Maetee Chanruchaporn briefed the participants on the objectives and approaches in undergoing field study on primary health care development. He emphasized 3 problem areas to be taken into consideration during the field study :

3.1.1 People participation in village-based primary health care activities particularly in establishing and managing drug cooperatives, revolving fund for production of supplementary food for children and fund for village sanitation project;

3.1.2 Support provideed by the health sector to village health volunteers and communicators ;

3.1.3 Role of community organizations in primary health care development.

The participants make a one-day visit to Chonburi province - a provin located at the Eastern coast with a population of 741,773. They attended a briefing on health development activities with particular reference to primary health care at the Provincial Public Health Office. Visits were also made to health centres and village drug cooperatives at the Tambon and village levels :

- Nong Maidaeng health centre and drug cooperative
- Nong-Hiang health centre and drug cooperative

During the visit, the importance of social preparation as a base for primary health care project was emphasized. The "social know how" on the part of health personnel who work as catalysts in the community was thought to be inadequate and need to be further strengthened.

4. Group discussion and reports

Assoc. Prof. Dr. Dusanee Sudhipriyasri presented the guideline for group discussion which addressed to 2 following topics :

- the role of teaching staff in PHC development
- the approach of the University and Training Institutions in individually and collectively supporting PHC development

The importance of brain - storming, problem - solving approach and innovative thinking was particularly emphasized as appropriate approaches for group discussion.

1. REPORT OF GROUP I

(A) The role of teaching staff in PHC development and the support which should be given by their institution

| The role of teaching staff | Support needed from their institution |
|---|---|
| 1. understand the concept and importance of PHC and willing to participate | 1. support staff development in PHC through provision of training grant and opportunity for staff |
| 2. actively participate in formulating teaching /learning plan in PHC through cooperation with PHC administrators and students | 2. support curriculum development activities for staff, students and representatives from PHC Division |
| 3. identify and indicate role, responsibility and scope of activity of teacher/student within the community | 3. issue a clear policy indicating the responsibility of the University and its teaching staff/students toward the community |
| 4. coordinate with public and private sectors in support of PHC activities | 4.support intersectoral collaboration |

| | |
|---|---|
| 5. evaluate, follow-up, research into the area of PHC development | 5. support research and evaluation activities of the staff |
| 6. actively participate in PHC information dissemination | 6. support PHC publicity |

(3) The approach of the University or Training institution in individually and collectively support PHC development

1. Within one's Own institution :

1.1 integrate PHC as a component in relevant training curricula in order to facilitate PHC development ;

1.2 arrange departmental seminars on PHC or PHC related subject at least once a year during which the concept of "serving the community " should be emphasized ;

1.3 incorporate PHC concept in the orientation program for new staff/students ;

1.4 allocate budget for PHC publicity and activities in the community ;

1.5 support PHC research and development activities;

1.6 provide policy support for the teaching staff to actively participate in PHC development ;

1.7 establish a collaborative unit/centre for coordinating PHC activities within and outside the institution.

2. With other institutions

2.1 coordinate and cooperate with other concerned institutions both in principle and in practice ;

2.2 arrange intersectoral seminar and provide technical services in collaboration with other related institutions.

II REPORT OF GROUP II

(A) The role of teaching staff in PHC development and the support which should be given by their institution

1. The role of teaching staff ;

1.1 self development in the area of PHC ;

1.2 train and socialize the students so that they have adequate knowledge, skill and positive attitude toward PHC development;

1.3 provide technical support in the area of PHC to the community or concerned institutions ;

1.4 collaborate and conduct PHC research and evaluation particularly in the following areas ;

- model development
- PHC KAP survey

1.5 support the activities of the PHC project

2. The role of the institution :

2.1 accept the role of the teaching staff in PHC development;

2.2 support staff development activities in order that they could actively participate in PHC development.

(B) The approach of the University or Training Institution in individually and collectively support PHC development

1. Within one's own institution :

1.1 formulate a clear policy and guideline for institutional participation in PHC project ;

1.2 strengthen staff development activity in support of PHC ;

1.3 develop curriculum in accordance with the PHC policy of the institution ;

1.4 provide adequate resources in terms of budget, supplies, equipment and transportation for the staff who will be participating in PHC activities ;

1.5 maintain updated data and information in PHC ;

1.6 create an academic atmosphere conducive to PHC development i.e.training, seminar/workshop, PHC exhibition, etc;

1.7 reorientate the administrative mechanism to be in support of PHC concept and activities.

2. With other institutions :

2.1 provide technical exchange service;

2.2 collaborate policy, plan and actual implementation of PHC activities ;

2.3 mobilize resources particularly those within the community for use in PHC development.

III REPORT OF GROUP III

(A) The role of teaching staff in PHC development and the support which should be given by their institution

1. The role of teaching staff :

1.1 capable of analysing and solving community health problems ;

1.2 capable of teaching and transferring PHC concept and technology;

1.3 collaborate efficiently with other concerned institutions;

1.4 identify and mobilize available resources both within and outside the institution to support PHC activities.

1.5 motivate the people to enhance their quality of life through active participation;

1.6 serve as opinion leader in the community and cooperate effectively with the people ;

1.7 self development through continuing education.

2. The role of the institution :

2.1 develop new policy in support of community development i.e. allow the teaching staff to take turn for service within. The community at least 1 -3 months every 2 years ;

2.2 promote staff development in the area of PHC

2.3 promote moral and motivation among teaching staff ;

2.4 develop positive attitude among the teaching staff om PHC development.

(B) The approach of the University or Training Institution in individually and collectively support PHC development

1. Within one 's own institution :

1.1 formulate policy in support of PHC and the 5th five-year health development plan ;

1.2 analyse and develop training curriculum which is community-oriented ;

1.3 formulate educational plan which is in line with PHC policy ;

1.4 reorientate the administrative mechanism to be in support of PHC concept;

1.5 identify and provide necessary resources to support PHC activities

1.6 conduct PHC research and evaluation;

1.7 promote interdisciplinary cooperation;

1.8 serve as reference centre for PHC information dissemination;

1.9 promote positive attitude among the staff in PHC development

2. With other institutions:

2.1 assist in PHC training programs;

2.2 promote intersectoral, interdisciplinary and international collaborations in PHC development and information exchange;

3.3 cooperate in PHC research activities.

5. SUMMARY AND CLOSING

Assoc. Prof. Dr. Dusanee Sudhipriyasri presented the result of the meeting to Prof. Dr.Natth Bhamarapravati, Chairman of the closing session. The reports of the 3 groups were integrated and concluded as follows:

5.1 The role of teaching staff in PHC development

5.1.1. maintain adequate knowledge and positive attitude toward PHC as the key strategy for development

5.1.2 maintain adequate knowledge and skill in teaching and learning ;

5.1.3 maintain adequate knowledge and skill in the area of planning, management, coordination, evaluation and public information ;

5.1.4 knowledgeable and skillful in conducting PHC research and in applying research findings for PHC development ;

5.1.5 serve as opinion leader in the community and capable of motivating the people to take steps in an effort to attain better quality of life.

5.2 Role of the institutions :

5.2.1 formulate a clear policy and guideline in support of PHC project ;

5.2.2 set hypothesis for research and mobilize resources for PHC research and development ;

5.2.3 promote intrasectoral and intersectoral collaborations, both for the public and private sectors ;

5.2.4 reorientate the administrative system to be more flexible and thus allow adequate opportunity for the teaching staff for self development and active participation in planning and actual inplementation of PHC activities at the community level ;

### 5.2.5 PHC data collection, analysis and information dissemination.

At closing, Prof. Dr. Natth Bhamarapravati delivered his closing remarks informing the participants of the willingness of the ATC/PHC in further collaborating with them in their institutions, particularly in the area of perspective study and retrospective study. He emphasized the role of the nurse in PHC development and the need of the Centre for continuing collaboration with the officials who work at the community level.

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ANNEX 1

Advisory Committee

| | | |
|---|---|---|
| 1. | Prof. Dr. Natth Bhamarapravati | Rector of Mahidol University |
| 2. | Dr. Pirote Ningsanonda | Deputy Permanent Secretary for Public Health |
| 3. | Prof. Dr. Pravase Wasi | Vice-Rector, Mahidol University |
| 4. | Prof. Dr. Mali Thainuea | Advisor to ATC/PHC |
| 5. | Assoc. Prof. Dr. Dhebanom Muangman | Dean of the Faculty of Public Health, Mahidol University |

Organizing Committee

| | | |
|---|---|---|
| 1. | Dr. Krasae Chanawongse | Director of ATC/PHC Chairman |
| 2. | Assoc. Prof. Dr. Dusanee Sudhipriyasri | member |
| 3. | Dr. Damrong Boonyoen | member |
| 4. | Dr. Pricha Deeswadi | member |
| 5. | Assoc. Prof. Ms.Rampai Sukswad Na Ayudhya | member |
| 6. | Assist.Prof. Boonyong Kiewkankha | member |

Supporting Staff

| | | |
|---|---|---|
| 1. | Mr.Chairat Patanacharoen | Ministry of Public Health |
| 2. | Mr. Ong-art Sidhicharoenchai | " |
| 3. | Mr. Maetee Chancharuporn | " |
| 4. | Mr. Nopadon Klaikeaw | ATC/PHC |
| 5. | Ms. Waraporn Srisupan | " |
| 6. | Ms. Wilaiwan Vajirasaroj | " |
| 7. | Ms.Chintana Unhachoke | " |
| 8. | Ms.Ratchadaporn Siriluk | " |
| 9. | Ms. La-ong Iam-ont | " |
| 10. | Mr. Likit Liewtanakorn | " |

ANNEX II

## List of participants

### Ministry of Public Health

| | | |
|---|---|---|
| 1. | Mr. Suthep Songchan | Northern Public Health College, Pitsanuloke province |
| 2. | Ms. Chongchit Patarachon | Southern Public Health College, Yala |
| 3. | Ms. Wanwimon Tirakapong | Director of College of Dental Hygiene, Khon Kaen |
| 4. | Ms. Suthida Sukmongkol | Nursing College, Nakhonrajsima |
| 5. | Ms. Wipan Watanacheep | Nursing College, Chantaburi |
| 6. | Ms. Pachongsuk - Poonbampen | Director of Nursing College, Songkhla |
| 7. | Ms. Rachanee Sinason | Nursing College, Saraburi |
| 8. | Ms. Somsri Saengcham | Director of Nursing College, Chonburi |
| 9. | Ms. Lamiad Aksomwong | Director of Nursing College, Narathiwas |
| 10. | Ms. Supa Yooyoen | Nursing College, Surin |
| 11. | Ms. Lakhana Buranatanit | Nursing College, Udonthani |
| 12. | Ms. Tipawan Pipatyothapong | Nursing College, Mahasarakham |
| 13. | Ms. Chavarath Pinichpong | Director of Midwifery School , Vajira |
| 14. | Ms. Suchin Noradechanon | Director of Midwifery School, Rajburi |
| 15. | Ms. Chinda Tirapan | Director of Midwifery School, Yala |
| 16. | Ms. Kalaya Chavanit | Health Training Division |
| 17. | Ms. Mani Saowaros | Director of Nursing College, Nakhon-Srithammaraj |
| 18. | Ms. Nipa Poontanya | Nursing College, Payao |

UNIVERSITIES

| | | |
|---|---|---|
| 1. | Prof. Dr. Kawi Tangsubutr | School of Medicine, Khon Kaen University |
| 2. | Assist. Prof. Ms. Pensri Chunchai | Nursing College, Khon Kaen University |
| 3. | Assist. Prof. Dr. Panthip Sanguanchua | School of Medicine, Songkhla University |
| 4. | Ms. Tipawan Romanarak | Nursing College, Songkhla University |
| 5. | Assoc. Prof. dr. Sadsatree Sawakhon | School of Public Health, Khon Kaen Universtiy |
| 6. | Assoc. Prof. Dr. Boonyong Pongprot | School of Medicine, Chiangmai University |
| 7. | Assist. Prof. Ms. Somchit Patikorn | Nursing College, Chiangmai University |
| 8. | Assist. Prof. Ms. Somkid Raksasaj | Faculty of Education, Chulalongkorn University |
| 9. | Assist. Prof. Ms. Noparath Palapiboon | Nursing College, Bangsaen |

MILITARY

| | | |
|---|---|---|
| 1. | Colonel Dr. Srisam-ang Kaewvichit | School of Medicine Phra Mongkutktao Bangkok |
| 2. | Lieutenant-colonel Asnee Saowaparb | Director of Military Nursing College |
| 3. | Captain Thaworn Butrasoamta | Military Nursing College |

NAVY

| | | |
|---|---|---|
| 1. | Commander La-or Matayakom | Director of Nursing College, Phra Pinklao |

Private Sector

| | | |
|---|---|---|
| 1. | Ms. Salinee Swaitlakh | Director of Nursing College, Mission Hospital. |

Observers

| | | |
|---|---|---|
| 1. | Ms. Pranorm Othaganon | Faculty of Education, Chulalongkorn Univ- |
| 2. | Ms. Prayadsri Tuanvichit | Nursing College, Mission Hospital |
| 3. | Ms. Kanitha Siripokh | Iam La-or Vocational College |
| 4. | Ms. Areeratn Liangswangwongs | Iam La-or Vocational College |
| 5. | Ms. Kanchana Sap-ajin | Iam La-or Vocational College |
| 6. | Ms. Noparatn Noobanyang | Navy Nursing College |

XI – 11

*1st. period work plan*
*(oct. 82 - march 84)*

# Regional Training Center
# for
# Primary Health Care Development

Ministry of Public Health
Thailand
september 1982

# REGIONAL TRAINING CENTERS

# FOR

# PRIMARY HEALTH CARE DEVELOPMENT

THE MINISTRY OF PUBLIC HEALTH

AUGUST 1982

Regional Training Center

For

Primary Health Care Development

.....

Background

The ASEAN Training Center for PHC Development Project will be another important progressive step for improvement of the living status of the ASEAN rural community. It is a five-year project (1982-1986) supported by the Government of Japan in term of grant in aid and technical cooperation. The main purpose of the program is not only to concentrate on the training activities, but also to stress the strategic development activities, which are research for model development and modelling process.

According to the principle of Primary Health Care, community participation is the core concept of all activities. Full community participation will exist after community acceptation of problems, self identification of the causal factors, self analysis of the information, self planning and testing of the innovative procedure. Therefore, in the training program, every effort should be put forth towards community understanding of the above mentioned activities. Research and modelling activities concerning people in the community should also be emphasized. The ATC at Saleya is suitable for international and national conceptual orientation and training. The Regional Training Center for PHC Development will be responsive to practical experiences, field studies, modelling and research on PHC management.

Four RTC$_s$ will be built up at the rural provinces. One for each region are as:-

RTC at Khon-Kaen is responsible for PHC activities in 16 provinces of Northeastern region

RTC at Chonburi is responsible for PHC activities in 24 provinces of Central region.

RTC at Nakornsawan is responsible for PHC activities in 17 provinces of Northern region.

RTC at Nakorn-Srithamarat is responsible for PHC activities in 14 provinces of Southern region.

The first RTC at Khon-Kaen will be constructed in 1983 and the other three RTCswill be constructed in 1984.

Objectives.

1) To extend the functions of ATC (Salaya) down to the district, tambon and village levels particularly in the areas of field training, research and modelling.
2) To provide and conduct training courses in primary health care for PHC trainers of volunteers, PHC managers and supporters at district, tambon and village level.
3) To conduct research and models for primary health care in local area.
4) To collect and disseminate information on primary health care
5) To act as a focal point of all regional PHC activities in the view of coordination and technical office.

Activities

The RTCs as a part of the PHC system will comprise 3 major activities.

1. Orientation and Training

The RTCs are responsible for orientation and training programs for administrators, technical officers, implementers and village community health workers from district level down to the community level. Another part is to arrange field training program for ATC field training courses. Orientation and Training will follow the following framwork.

a) Training contents
   - to clearify the PHC concept and the activities.
   - to introduce and encourage multisectoral collaboration concept.
   - to establish intersectoral planning and management ability within the scope of primary health care.
   - to create consciousness and willingness to work for the communi community.

b) Target groups

1. Above district level: those in the ATC/PHC training program.
2. District level: the District Development Committee and District PHC Committee members (app.13 persons for one district):
   - District officer (1)
   - Deputy district officers(2)
   - CD officer (1)
   - Agriculture officer (1)
   - Co-operative officer (1)
   - Education officer (2)
   - Health officer (2)
   - District representative in Provincial Council (1)
   - Other related delegation from DDC
3. Tambon level: 5 governmental officers (2 health officers, 1 CD officer, 1 Agriculture officer and 1 Teacher) and 12 Elite group (Tambon chief, Village chiefs and the Village sages) per each tambon.
4. Village level: Approximately 20 villagers (9 village development members, 1 VHV and 10 VHCs) per each village.

c) Course duration

The training courses for district and tambon officers will be 2 weeks for each course, for tambon and village elite group the courses will be 1 week.

d) Curriculum outline

Details in table 1.

Table 1 Curriculum subject and training method.

| Subjects.. | District Level (1) | Tambol Level | | Village Level (4) | Remark |
|---|---|---|---|---|---|
| | | Gov's Offices (2) | Elite Group (3) | | |
| 1. Nature of Rural Community | L | L | - | - | L = Lecture |
| 2. Basic Needs | L/G | L/G | G | G | G = Group Disc |
| 3. Basic Community Services | L/G | L/G | L/G | L/G | F = Field work |
| 4. Community Development | | | | | |
| 5. Social Preparation for Development | L/G | L/G | - | - | |
| 6. PHC concept and Philosophy | L | L | L | L | |
| 7. PHC Strategies and Implementation | L/G | L/G | L/G | L/G | |
| 8. PHC Plan and Management | L/G | L/G | L/G | L/G | |
| 9. Planning (Village investigation/synthesis and analysis in relation to BCS/PHC) | F | F | - | - | |
| 10. Planning (Problem identification and Priority Setting) | G | G | G | G | |
| 11 Planning (Program/Project Formulation) | G | G | G | G | |
| 12. Program (administration and management) | L/G | L/G | L/G | L/G | |
| 13. Field Observation | G | G | G | G | |
| Period of Training | 2 weeks | 2 weeks | 1week | 1week | |

e) Teaching staffs and lecteurers

The core teaching staffs will be the existing central and Provincial PHC trainers who work near the RTCs. Lecturers and Resource Persons will be invited from the nearby university, Public Health College, Nursing College, Provincial officers and from other related sections.

2. Research and Model Development

a) Research

RTCs will have two responsible area for researches.

1) RTCs will act as the operational bases for field works of those researches on PHC elements made by ATC, the research and development section staffs will act as the field coordinator for the ATC researches and will contribute in the research designation step for implementable purpose on the respective circumstances.

2) RTCs will act as the core center for local PHC researches. 10 PHC researches for each RTC will be carried out each year using the district hospitals and the district health office as the operational bases, researchers from the existing health staffs of the Ministry of Public Health will be encouraged and supported directly by the RTCs. The research projects will cover the following areas:

1. Situation analysis of the PHC activities.
2. Collection and analysis of research information of PHC activities.
3. Methods and approaches for effective community participation in PHC.
4. Training module for health volunteers.
5. Effective supervision and provision of continuing education for health volunteers.
6. Evaluation of education aids in PHC.
7. Methods of improvement of knowledge and educational skill of district and tambon trainers.
8. Managing and coordinating of PHC activities.

9. Proper referral system for better patient care at community level.
10. Role of district and provincial hospitals in supporting PHC.
11. Evaluation of health volunteers performance in PHC.

Special concerned research topics will be those related with community organization, community financing, continuing training for PHC and multisectoral collaboration strengthening programs. At the begining, a training course on research methodology will be essential for the peripheral health staffs. This can be carried out as one of the training lessons in all of the training programs of RTCs.

b) Model Development

RTCs will be responsible for 4 modelling sites in rural areas, while the urban modelling site will be managed by the ATC. Consultative meeting on planning, monitoring and evaluation of the models will be organized with staffs from ATC and related sectors. The results of the PHC situation analysis and other PHC researches will be fully operationalized in the implementation of the model development activities. The characteristices of the tambon chosen in the program should be the following:-

1. Consisting of at least 10 villages with an average of 1,000 - 1,500 household.
2. Having no previous intensive primary health care program or similar activities.
3. Located not so for from the RTCs.

The activities in the model tambon should be facing toward the objectives of organizing a community self reliance system on the 8 PHC elements with a complete, approoriate community organization on services, referral system, information system, monitoring and evaluation system, with the tambon health office acting as a center for intersector collaboration

activities, documantation, information and technical supports. Only 1 Tambon will be implemented in 1983 and the other 3 tambons will begin in 1984. The model tambon will also be used as a training site for field experience which is a part of the training program content of the A TC and RTCs.

Work Plan

| Activities \ Month | Oct.82 - Mar. 83 | | | | | | Apr. 83 - Mar. 84 | | | | | | | | | | | | Remark |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May. | Jun. | Jul. | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | |
| 1. Training* | | | | | | | | | | | | | | | | | | | |
| 1.1 PHC management courses for District and Tambon officers. | | | XX | | XX | | | XX | | | XX | | | XX | | | XX | | |
| 1.2 PHC courses for elite groups at ambon and village level. | | | | | | | XX | | XX | XX | | XX | XX | | XX | XX | | XX | |
| 1.3 Field Work Training for ATC courses | | XX | | XX | | XX | | XX | | XX | | XX | | XX | | XX | | XX | |
| 2. Research | | | | | | | | | | | | | | | | | | | |
| 2.1 Local PHC researches | | | | | | | | | | | | | | | | | | | |
| - preparation (submission of proposal and approval) | X | XX | XX | | | | | | | | | | | | | | | | |
| - research implementation | | | | XX | XX | XX | XX | XX | XX | XX | XX | XX | XX | XX | XX | XX | XX | XX | |
| 2.2 Coordinating ATC researches | XX | XX | XX | XX | XX | XX | XX | XX | XX | XX | XX | XX | XX | XX | XX | XX | XX | XX | |
| 3. Model Development | | | | | | | | | | | | | | | | | | | |
| 3.1 Area Selection | | XX | | | | | | | | | | | | | | | | | |
| 3.2 Preliminary Survey | | X | XX | XX | | | | | | | | | | | | | | | |
| 3.3 Planning Phase | | | | | XX | XX | | | | | | | | | | | | | |
| 3.4 Operation | | | | | | | XX | XX | XX | XX | XX | XX | XX | XX | XX | XX | XX | XX | |

* Training : The RTC will conduct 12 regional training courses each year. The first six month, only 2 PHC management courses for district and tambon officers will be arranged.

Evaluation

Internal and external evaluation will be used for evaluation of the whole program. Internal evaluation will base on the reports of each activities of the RTCs/pHC, close monitoring and internal checking will edit the information for its validity and accuracy. External evaluation will concentrate on the impacts of all the activities both to the health delivery system and the community. For the training activities, the evaluation methodology using will be both formative and summative evaluation.

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Health Planning Division
No.8/T.67/C.67
27 September 1982

XI— 12

วารสาร
# โรงพยาบาลชลบุรี
CHOLBURI HOSPITAL JOURNAL

## STATISTICAL REPORT
1979-1981

ปีที่ ฉบับที่ เดือน

# CHONBURI

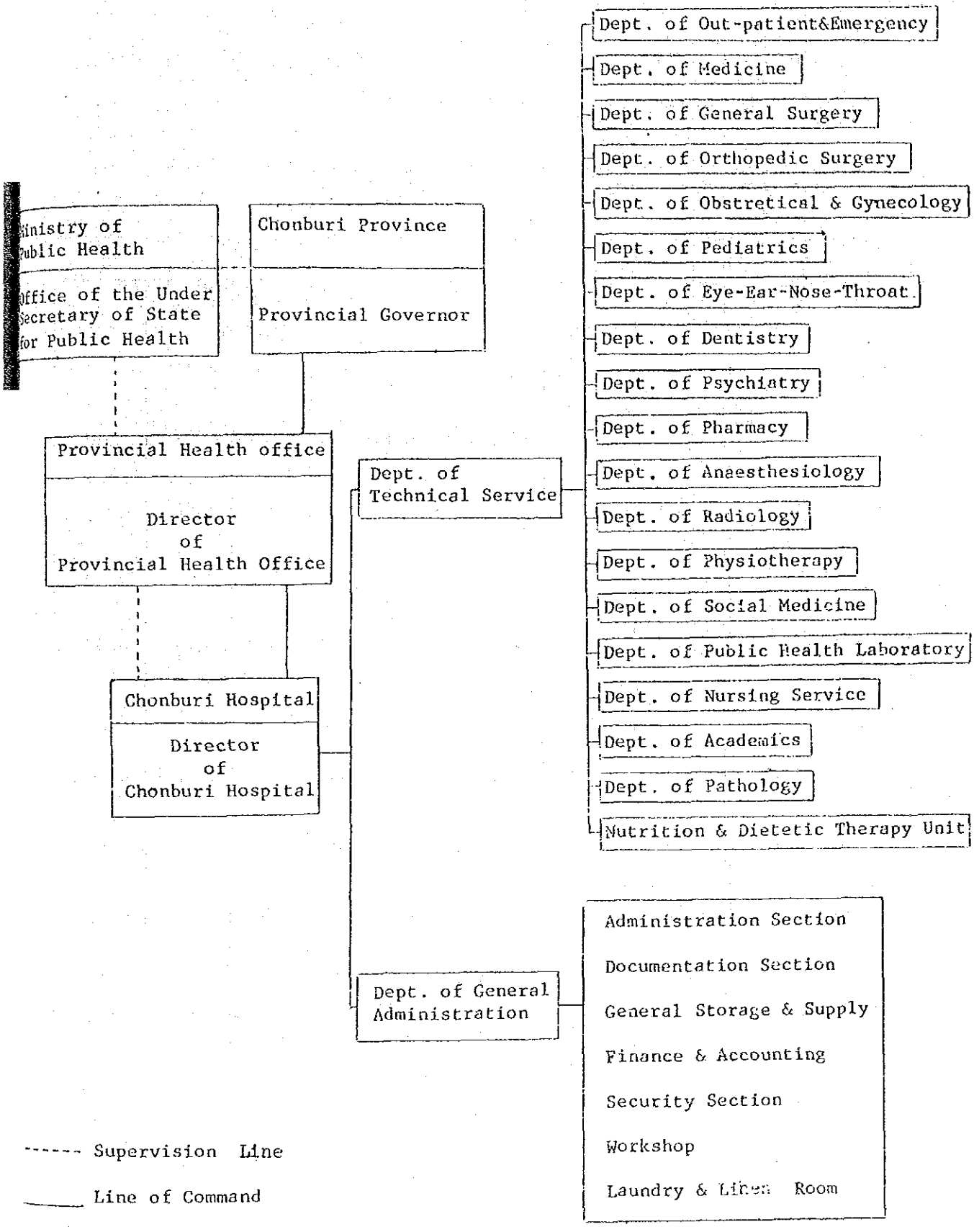
# HOSPITAL

# STATISTICS

Reported by

Medical Statistics Section
Department of Academics
Tel. 282008,282786:- 128

## Organization Chart of Chonburi Hospital



## Chonburi Hospital

Statistics and works in Chonburi Hospital by the Fiscal Year 1979-1981 can be summarized and exemplified as follows :-

1. No. of Out-patients and In-patients registered.

| Department | Out-patient | | | | In-patient | | | |
|---|---|---|---|---|---|---|---|---|
| | 1979 | 1980 | 1981 | % | 1979 | 1980 | 1981 | % |
| Medicine | 34,445 | 36,381 | 38,500 | 28.15 | 9,936 | 10,251 | 8,583 | 24.55 |
| Surgery | 16,737 | 20,418 | 19,991 | 14.62 | 6,696 | 5,396 | 6,825 | 19.52 |
| Pediatrics | 16,709 | 19.874 | 17,415 | 12.73 | 2,879 | 5,620 | 3,971 | 11.36 |
| Obstretics | 14,201 | 14,558 | 14,163 | 10.35 | 10,542 | 8,379 | 10,031 | 28.69 |
| Gynecology | 8,512 | 10,166 | 10,137 | 7.41 | 1,553 | 1,655 | 1,745 | 4.99 |
| Orthopedics | 4,500 | 6,158 | 7,709 | 5.64 | 680 | 1,611 | 1,542 | 4.41 |
| Opthalmology | 6,760 | 6,877 | 8,644 | 6.36 | 500 | 751 | 1,015 | 2.90 |
| Ear-Nose-Throat | 5,320 | 7,871 | 8,510 | 6.22 | 620 | 777 | 927 | 2.65 |
| Psychiatry | 799 | 1,688 | 1,948 | 1.42 | 62 | 186 | 261 | 0.75 |
| Dentistry | 5,721 | 7,432 | 9,766 | 7.14 | 8 | 15 | 60 | 0.17 |
| Total | 113,704 | 131,423 | 136,783 | 100 | 33,476 | 34,641 | 34,960 | 100 |

| Comparative Statistics | 1979 | 1980 | 1981 |
|---|---|---|---|
| Number of Out - patients | 113,705 | 131,423 | 136,783 |
| daily average | 311 | 360 | 375 |
| Number of In - patients | 33,476 | 34,641 | 34,960 |
| admission per day | 92 | 95 | 96 |
| total hospital days | 171,757 | 189,614 | 209,812 |
| daily average of In - patients | 471 | 519 | 575 |
| average length of stay per patient | 5.13 | 5.48 | 6.00 |
| hospital beds | 679 | 592 | 624 |
| occupansy rate | 69.30 | 87.75 | 92.00 |
| Number of Operation Rooms | 7 | 7 | 7 |
| Major Surgery | 4,885 | 5,621 | 6,196 |
| Minor Surgery | 1,601 | 1,620 | 1,735 |
| Family Planning | | | |
| Normal Labour | 3,990 | 4,053 | 3,843 |
| Abnormal Labour | 655 | 895 | 1,022 |
| New Born | 4,499 | 4,959 | 4,856 |
| Tubal Resection | 1,463 | 1,384 | 1,399 |
| Vasectomy | 70 | 36 | 28 |

2. Prevalence of the top ten disease encountered during the year No. of the In - patients was listed in the order of frequency, by the Fiscal Year 1979 - 1980 - 1981.

| Disease / No.of In-patients | 1979 | 1980 | 1981 | % |
|---|---|---|---|---|
| 1.Malaria | 4,030 | 2,292 | 2,899 | 8.95 |
| 2.Car accidents | 2,135 | 2,466 | 1,838 | 6.25 |
| 3.Pyrexia of Unknown Origin | 1,884 | 1,446 | 967 | 4.17 |
| 4.Diarrhoea | 1,164 | 1,180 | 939 | 3.18 |
| 5.Abdominal Pain | 943 | 677 | 780 | 2.33 |
| 6.Respiratory Infection | 581 | 634 | 756 | 1.91 |
| 7.Abortion | 584 | 633 | 687 | 1.85 |
| 8.Peptic Ulcer | 443 | 464 | 568 | 1.43 |
| 9.Appendicitis | 495 | 379 | 522 | 1.35 |
| 10.Pulmonary Tuberculosis | 363 | 489 | 423 | 1.24 |
| 11.Other | 20,854 | 23,981 | 24,581 | 67.34 |
| Total | 33,476 | 34,641 | 34,960 | 100 |

3. Number of Beds

| | | | |
|---|---|---|---|
| Psychiatry ward | 10 | Private ward | 72 |
| Surgery ward | 140 | Ear - Nose - Throat ward | 38 |
| Medicine ward | 99 | Priest ward | 30 |
| Obs-Gynecology ward | 95 | Rehabilitation ward | 20 |
| Pediatrics ward | 112 | I.C,U. ward | 8 |

| Diagnostic X-ray | 1979 | 1980 | 1981 |
|---|---|---|---|
| without instrumentation | 15,039 | 17,470 | 19,749 |
| with instrumentation | 1,360 | 1,514 | 1,538 |
| **Laboratory investigation** | | | |
| Blood examination | 176,822 | 115,122 | 119,941 |
| Stool examination | 38,724 | 5,590 | 9,426 |
| Urinary examination | 20,124 | 49,525 | 36,469 |
| Miscellaneous examination | 51,555 | 38,954 | 43,477 |
| Total | 287,225 | 250,191 | 209,313 |
| **Blood Bank** | | | |
| Blood grouping | 5,547 | 7,990 | 14,936 |
| Cross matching | 4,450 | 4,235 | 5,961 |
| Total amount of blood (Cross matched (cc) | 1,592,000 | 1,993,850 | 2,501,500 |
| **Dispensing** | | | |
| Out-patients | 175,237 | 194,628 | 196,368 |
| In-patients | 237,942 | 269,382 | 220,460 |
| **Free medical service** (for low income group) | | | |
| Out-patient (cases) | 20,281 | 21,152 | 20,551 |
| Total amount (Bahts) | 623,740 | 679,449 | 691,443 |
| In-patient (cases) | 19,821 | 16,169 | 16,063 |
| Total amount (Bahts) | 6,620,705 | 7,212,249 | 9,163,978 |

9. Besides providing the health care service to the people in Chonburi, the hospital has also extended other activities in many fields as

9.1 train and educate students in the school for registered nurses

9.2 hold weekly medical conferences and other in-service training for doctors,nurses and other hospital employees of Chonburi hospital

9.3 Chonburi hospital is one of the local research centers for family planning

9.4 Chonburi hospital is also a regional blood bank.

9.5 Cooperate with Department of Medical Science in establishing regional laboratory service for eastern provincial hospitals.

9.6 A Local Red-cross Centre of Chonburi Province.

9.7 Set up a mobile medical unit providing health care in remote area in Chonburi province under Provincial Chief Medical Officer.

9.8 Set up a mobile medical team working in cooperation with a visiting team from Chonburi Governor's unit,providing health care along with other affairs from the Governor's unit for the people in many areas in Chonburi province.

9.9 A teaching hospital for interns from Medical Council.

9.10 A central radio station of Princess Mother's Volunteer Doctors Unit ( Radio service ) in Chonburi Province.

9.11 Cooperate with Princess Mother's Volunteer Doctors Unit in setting up a radio doctor hospital at Amphur Nong Yai,Chonburi Province. This hospital offers both medical treatment and community medicine.

9.12 Training anaesthesist nurse with respect to the curriculum of anaesthesist nurse training project,Office of the Secretary to the Minister,Ministry of Public Health.

9.13 Offering residency training program in general surgery.

9.14 Provide free medical care to low income peple.

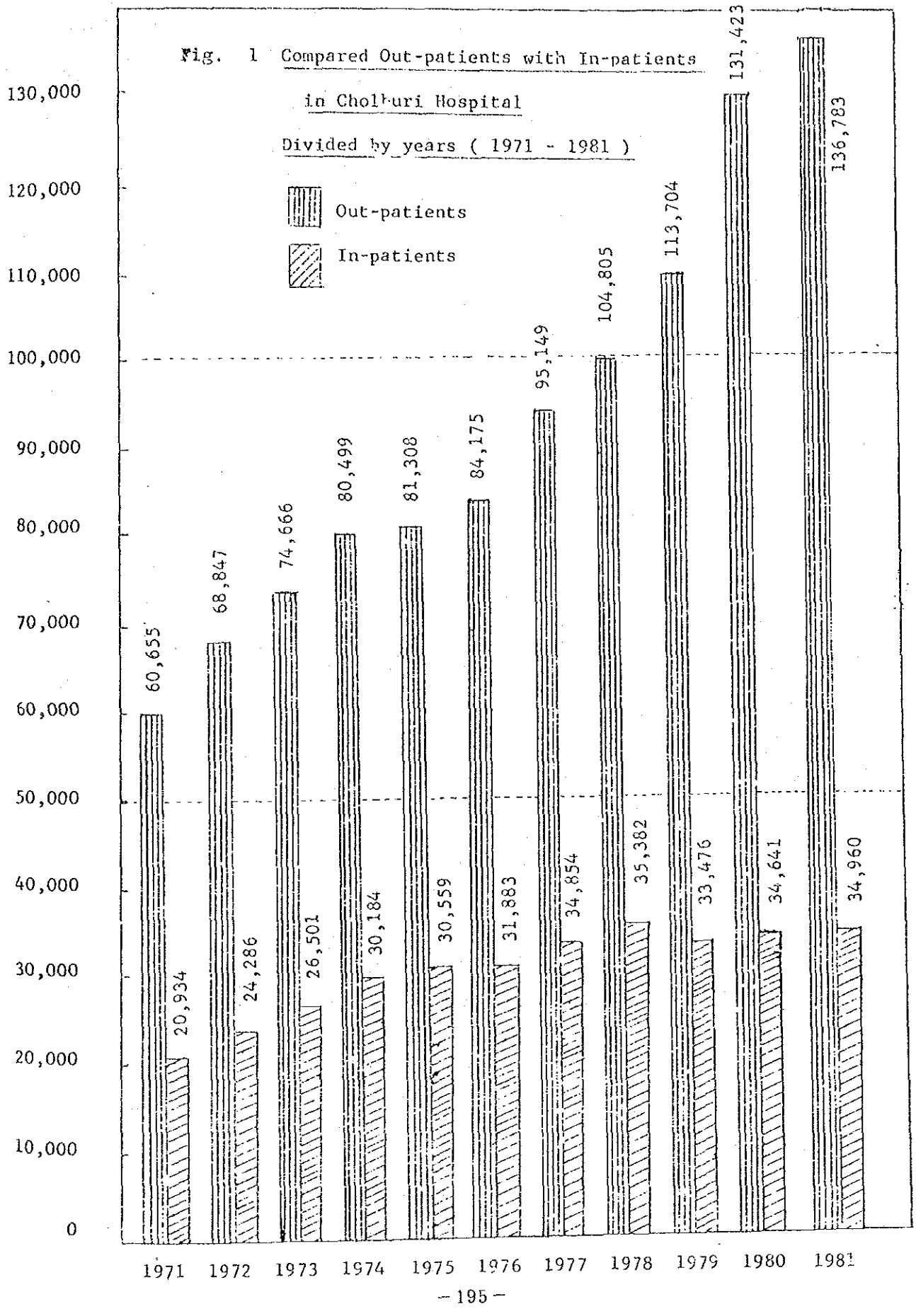


Fig. 1 Compared Out-patients with In-patients
in Cholburi Hospital
Divided by years ( 1971 - 1981 )
Out-patients
In-patients
130,000
120,000
110,000
100,000
90,000
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
60,655
20,934
68,847
24,286
74,666
26,501
80,499
30,184
81,308
30,559
84,175
31,883
95,149
34,854
104,805
35,382
113,704
33,476
131,423
34,641
136,783
34,960
1971
1972
1973
1974
1975
1976
1977
1978
1979
1980
1981

Fig 2 Compared Out-patients in each department of Chonburi Hospital by the Fiscal Year 1979 - 1980 - 1981.

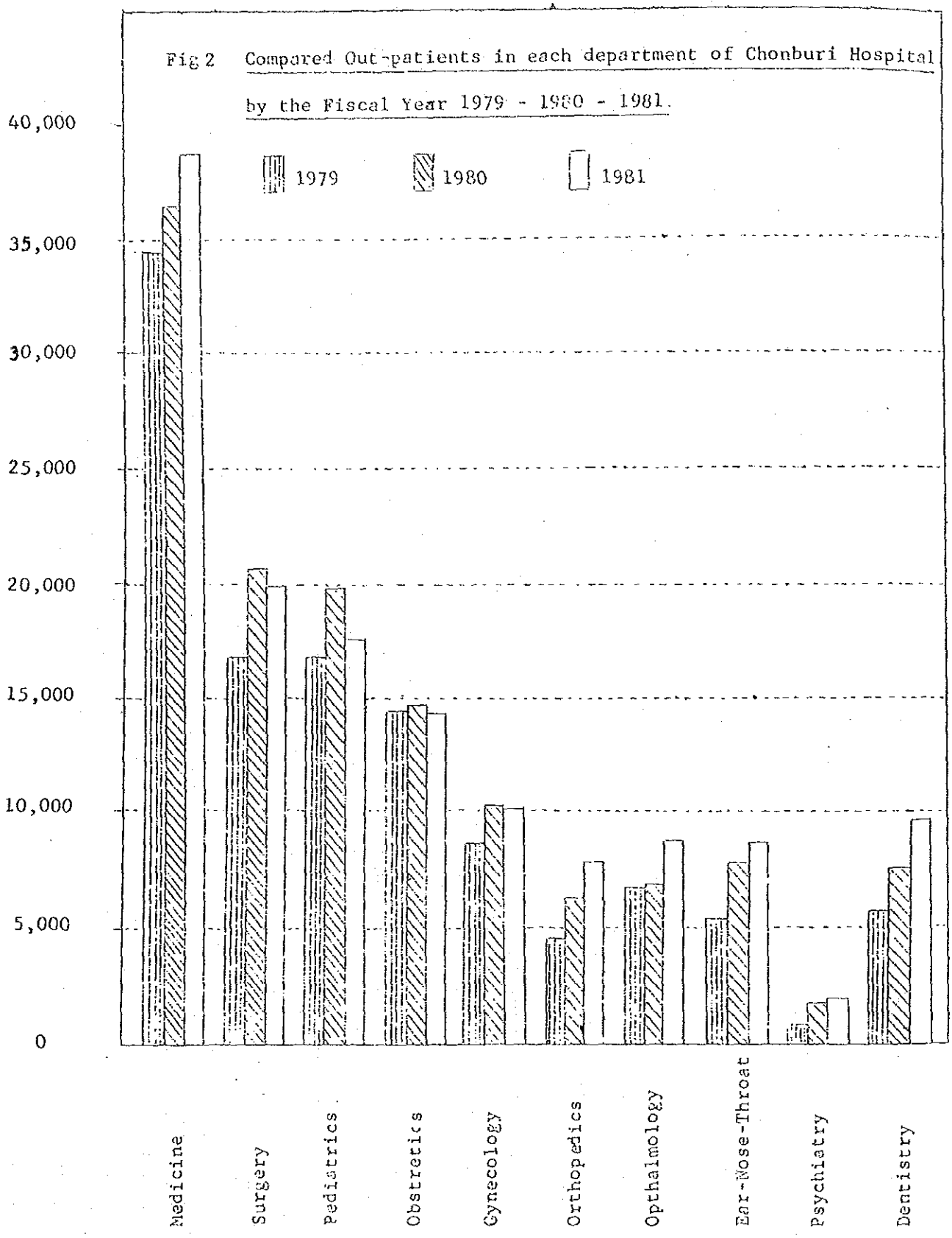


Fig 3 Entire Cost; Objects-of-expenditure classification;

Chonburi Hospital; Fiscal Year 1981

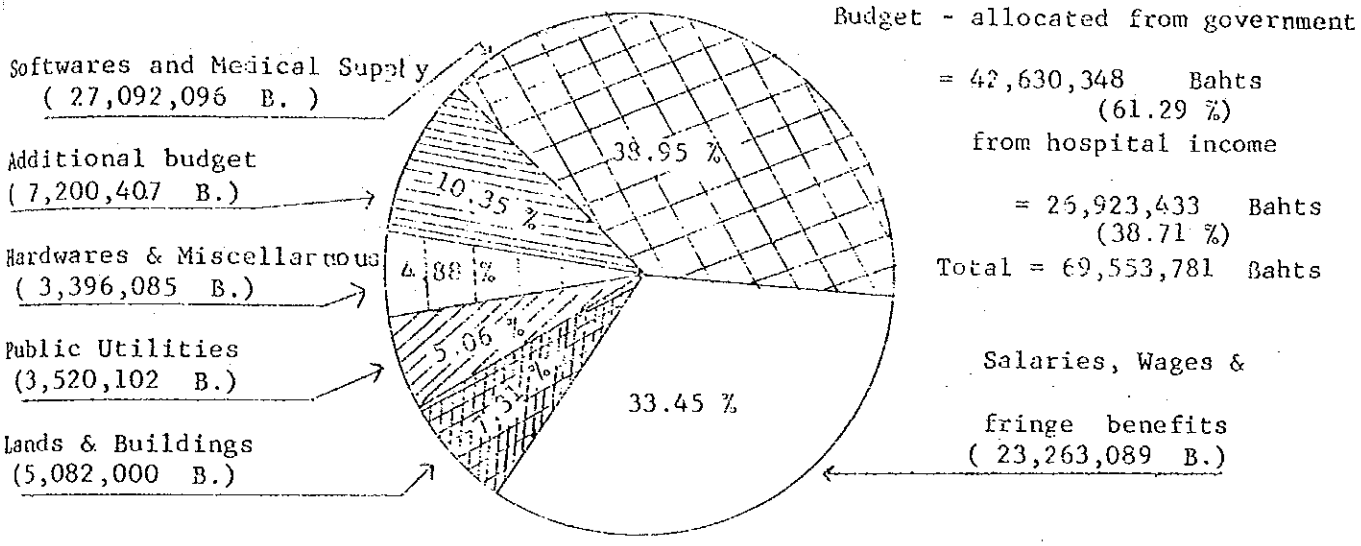
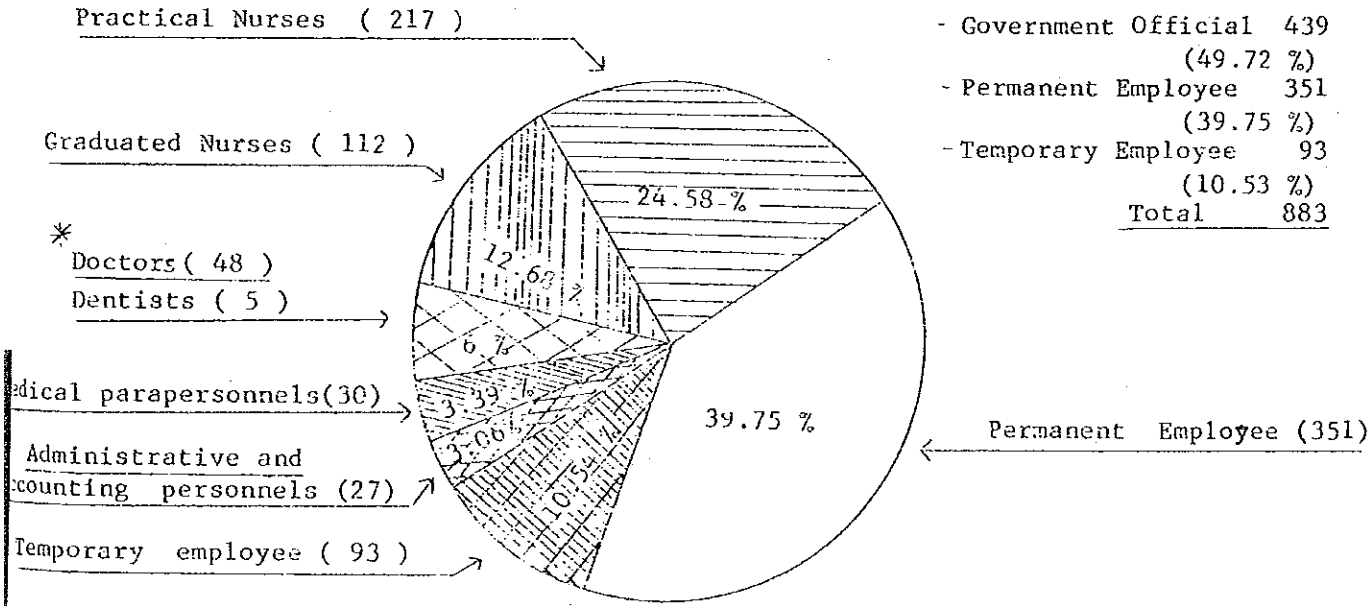



Fig 4 Manpower ; Chonburi Hospital ; Fiscal Year 1981



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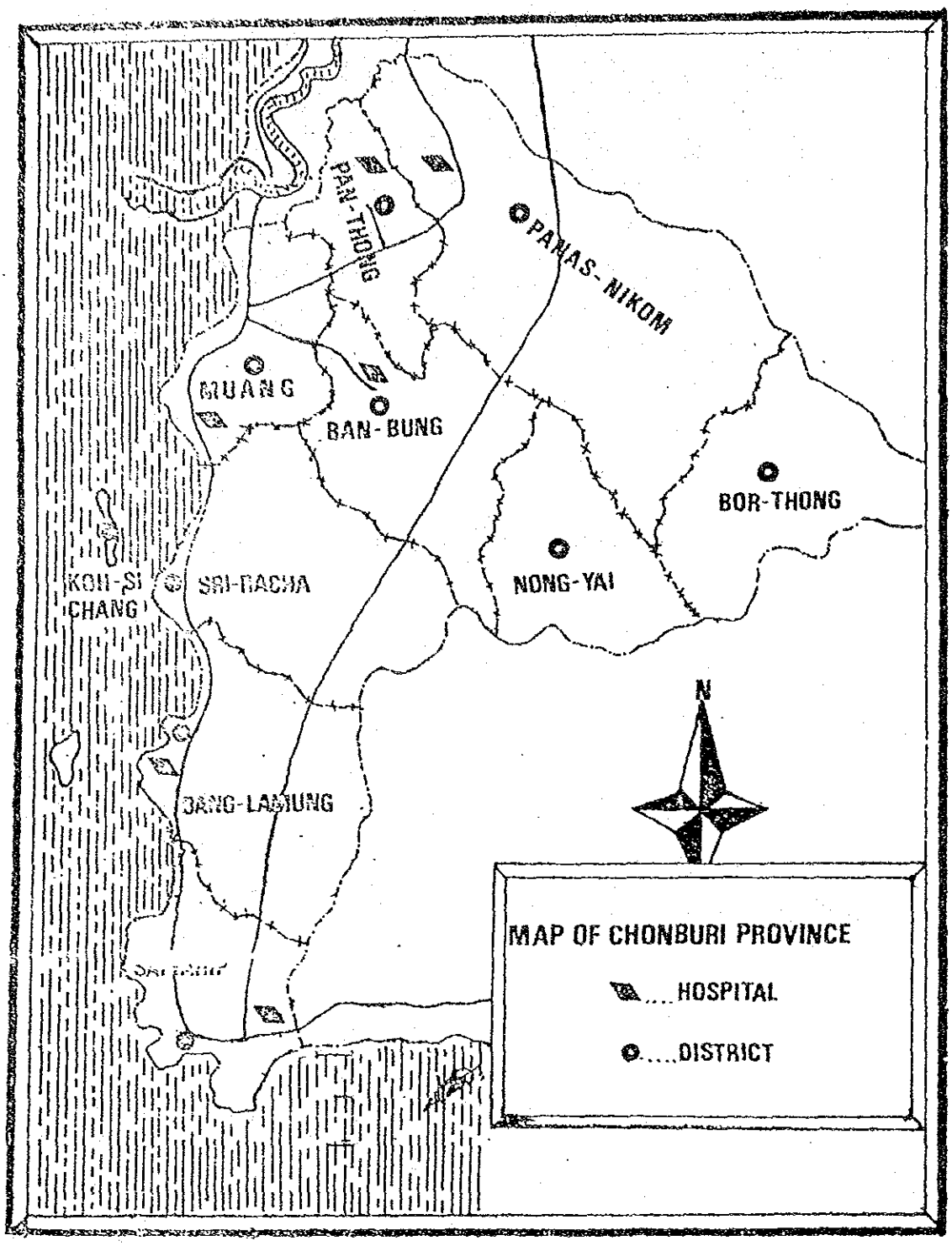
# PRIMARY HEALTH CARE IN CHONBURI

PROVINCIAL HEALTH OFFICE,

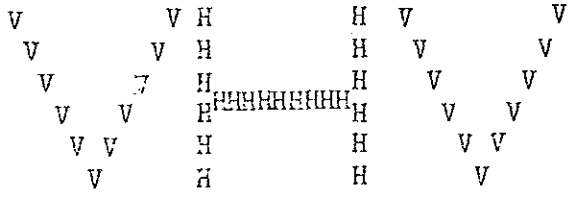
CHONBURI THAILAND.

JANUARY 1981.


PAN-THONG
PANAS-NIKOM
MUANG
BAN-BUNG
BOR-THONG
KOH-SI CHANG
SRI-RACHA
NONG-YAI
N
MAP OF CHONBURI PROVINCE
....HOSPITAL
....DISTRICT

# TABLE OF CONTENTS





## PRIMARY HEALTH CARE IN CHONBURI

Any project concerning the people of a community that is not approved by the people and in the planning and realization of which the people do not participate in some way, may not properly achieve its target and odjective.

Primary health care is a public health approach to the integration of health promotion, disease prevention, medical care and rehabilitation through community involvement and cooperation of the government sector for the achievement of local health objectives. The achievenment of that objective calls for the use of resources mostly from the local area and for applying an appropriate technology which would easily fit in to the dailylife, culture, tradition and society of the local population.

### BACK GROUND

Chonburi provincial health office started a primary health care program in 1977 A.D. It was one of the first twenty provinces which began primary health care program in 1977 A.D. in accordance with the health volunteer plan (village health communicator/village health volunteer) relevant to the national Health Policy of the Fourth National Economic and Social - Development Plan (1977 - 1981 A.D.)

### OBJECTIVES

Chonburi provincial health office set a goal of delivery primary health care to every village in each tambol. The is to be achieved with the aid of public health volunteers (village - health communicator/village health volunteer). By the end of the

Fourth Five-Year Plan (in 1981 A.D.), Chonburi province will have a total of 4375 public health volunteers ( 3980 village health communucators and 395 village health volunteers).

There is a private sector, the Community Based Family Planning Program, Population Development Association, which is running primary health care program in Bang-Lamung and Muang districts, Chonburi province. The emphasis of this private sector is on family planning.

STRATEGIES

In order to meet the objectives of the program, the major operational strategies are scheduled as follows :

1. Training

1.1 The instructors of the provincial level receive 5 days of training. These instructors will in turn train the instructors of the tambol level. There are now 5 provincial level instructors in Cholburi.

1.2 The instructors of the tambol level receive 6 days of training. These instructors are junior health workers and midwives who will select and train the village health communicators and village health volunteers. There are now 170 tambol level instructors in Chonburi; 22 of them were trained in 1977, 74 persons in 1978 and 74 persons in 1979.

2. Duration of training

2.1 Village health communicators receive 5 days of training from the tambol level instructors.

2.2 Village health volunteers receive 15 days. of training from the tambol level instructors. The village health volunteers are selected by the village health communicators.

3. Supervision and Support

3.1 Provincial supervisors are to review the program of every district at least 4 times a year.

3.2 District supervisors are to review local health personnel 4-6 times a year and advise and/or assist VHC/VHV.

3.3 Tambol supervisors or local health staffs are to visit VHC/VHV in every village in their area of responsibility at least once a month.

PROBLEMS AND CONSTRAINTS

1. Some of the provincial level instructors have no skill in training, which has result in partial unfulfillment of the tambol level training program.

2. Some of the tambol level instructors have no skill in training and are short of knowledge. However, from supervision and follow-up, the public health volunteers have been able to understand and fulfill their proper role.

3. Some of the local health staffs do not follow up or else have irregular follow up, which cause under - utilization of public health volunteers.

4. Some of the village health volunteers are not accepted by the majority of the people in the village because they are selected by the village health communicators and not by the people them selves.

5. Sometimes the people decide to choose other services than that the village health volunteers depending on various factors including communications, the village health volunteers' skill and ability and the scope of services to be rendered by the village health volunteers.

6. Since the village health volunteers receive no money from their work, they have no budget for purchasing drug supplies ro to ensure their continued services.

7. Sometimes the village health volunteers''house is near the local drug store. The people may then decide not to use his services and to request advice directly from the drug store's assistants, who may not be qualified and may be interested in selling the drugs.

8. The village health volunteer has no referral form to send the patient to the hospital.

9. The staff of some hospitals do not understand the right of the village health volunteers' identification card, which entitles him to free medical care.

PUBLIC HEALTH VOLUNTEERS : OWN COMMENTS ON THEIR ROLE

1. They feel proud because they can help their neighbours.

2. They feel satisfaction in the role of VHC/VHV. though it is not a difficult role to play.

3. They can approach their neighbours and give them advise about health practice.

4. They are able to give the neighbours better health information.

5. They have gained knowledge about basic medical care and are able to apply its use in their families.

6. They receive free and convenient services from the staff of the hospitals of the Ministry of Public Health.

7. They want more refresher courses.

THE AUTHOR'S COMMENTS

1. The selection of the village health volunteers, usually are selected by the village health communicators and may not be accepted by the people in the community.

2. Public health volunteers will be good information distributors of public health services if the local health staff gives them the suitable advice and information. So that the public health services such as medical care services at health center, immunization programs, well baby clinic, environmental health programs, health - education and referral systems can run with efficiency and effectiveness.

RECOMMENDATIONS

1. The selection of the village health volunteers shoud be selected by the people in the community so that they will be more accepted by the people.

2. The local health staff should visit the public health volunteers and supervise their work at least once a month.

3. The local health staff should hold conferences with the public health volunteers at least 4 times a year.

4. The village health volunteers should be able to charge a

small fee for their services in order to be able to maintain those services.

5. The public health volunteers (VHC/VHV) should be under the control of some sector of the community, for instance a community committee or a community council.

## CONCLUSIONS

Chonburi province has been running a primary health care program since 1977. The training program for tambol level instructors was completed in February 1979. Those instructors are now seeking public health volunteers (VHC/VHV) and it is expected that by the end of the Fourth Five-Year Plan (in 1981 A.D.) the primary health care program of Chonburi province will be fully operational.

In primary health care services, Chonburi provincial health office should put emphasis on supervision and coordination of volunteers and the solving of problems and constraints of the program, so as to ensure that the primary health care program of the province conforms in every detail with the policies of the Ministry of Public Health.

Chonburi Provincial Health Office

Chonburi , Thailand.

January , 1981.

# PRIMARY HEALTH CARE PROGRAM OF CHONBURI PROVINCE

## I977 - I98I A.D.

| District | No.of tambol | No.of village | No.of H.C. | No.of trained instructors | | | | Expected No.of VHC. | | | | | Expected No.of VHV. | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | I977 | I978 | I979 | I980 | I977 | I978 | I979 | I980 | I98I | I977 | I978 | I979 | I980 | I98I |
| Panas - Nikom | 2I | I96 | I7 | 2 | 3I | 7 | - | 5I | 376 | 420 | 42I | 380 | 7 | 43 | 50 | 42 | 38 |
| Panthong | II | 74 | I0 | 4 | I2 | 5 | - | 40 | 240 | 260 | 90 | I20 | 5 | 24 | 24 | 9 | I2 |
| Ban - Bung | 7 | 44 | I0 | 6 | I0 | 9 | - | II7 | I00 | I20 | II0 | - | I0 | I0 | I2 | II | - |
| Muang | I8 | I22 | I6 | 7 | II | 3I | - | 60 | 330 | 330 | 290 | 200 | 6 | 33 | 33 | 29 | 20 |
| Bang - Lamung | 8 | 66 | II | 4 | I | 20 | - | 42 | I70 | I20 | I60 | I30 | 4 | I7 | I2 | I6 | I3 |
| Sri - Racha | 7 | 39 | I0 | 8 | I3 | 5 | - | 66 | 80 | 80 | 60 | 60 | I0 | 8 | 8 | 6 | 6 |
| Sattahip | 4 | 22 | 4 | 3 | 3 | 6 | - | 74 | - | 70 | - | - | 4 | 4 | 7 | - | - |
| Nong - Yai | 3 | I4 | 6 | 3 | 6 | 4 | - | 50 | 50 | 50 | - | - | 4 | 5 | 5 | - | - |
| Koh - Sichang | I | 6 | I | - | 3 | 2 | - | - | - | - | - | 20 | - | - | - | - | 2 |
| Bor - Thong | 3 | I5 | 5 | 3 | 4 | 3 | - | - | I24 | I30 | 9 | - | - | 7 | 5 | I | - |
| Total | 83 | 598 | 90 | 40 | 94 | 90 | - | 500 | I470 | I580 | II40 | 9I0 | 50 | I5I | I56 | II4 | 9I |

Primary Health Care in Chon Buri

Activities that have been implemented (1977-1981 A.D.)

| District | No. of Tambon | No.of Village | No. of H.C. | No.of VHV. and VHC. | | | | | | | | | | Total | | No.Of Trained instructors | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 1977 | | 1978 | | 1979 | | 1980 | | 1981 | | | | | | | | |
| | | | | VHV | VHC | VHV | VHC | VHV | VHC | VHV | VHC | VHV | VHC | VHV. | VHC. | 1977 | 1978 | 1979 | 1980 | Total |
| 1. PANAS-NIKOM | 21 | 196 | 17 | 9 | 51 | 33 | 189 | 20 | 120 | 21 | 147 | 29 | 290 | 112 | 803 | 2 | 31 | 7 | - | 40 |
| 2. PANTHONG | 11 | 74 | 10 | 5 | 40 | 20 | 108 | 11 | 66 | 5 | 82 | 12 | 132 | 53 | 428 | 4 | 12 | 5 | - | 21 |
| 3. BAN- BUNG | 7 | 44 | 10 | 10 | 117 | 11 | 86 | 8 | 92 | 7 | 194 | 6 | 62 | 42 | 551 | 6 | 10 | 9 | - | 25 |
| 4. MUANG | 18 | 122 | 16 | 7 | 60 | - | - | - | - | - | - | - | - | 7 | 60 | 7 | 11 | 31 | - | 49 |
| 5. BANG-LAMUNG | 8 | 66 | 11 | 8 | 42 | - | - | - | - | - | - | - | - | 8 | 42 | 4 | 1 | 20 | - | 25 |
| 6. SRI-RACHA | 7 | 39 | 10 | 5 | 66 | 13 | 238 | 15 | 131 | - | - | 4 | 56 | 37 | 491 | 8 | 13 | 5 | - | 26 |
| 7. SATTAHIP | 4 | 22 | 4 | 4 | 75 | - | - | 2 | 26 | - | - | 3 | 30 | 9 | 131 | 3 | 3 | 6 | - | 12 |
| 8. NONG-YAI | 3 | 14 | 6 | 4 | 50 | 6 | 46 | 2 | 12 | 3 | 40 | - | - | 15 | 148 | 3 | 6 | 4 | - | 13 |
| 9. KOH -SICHANG | 1 | 6 | 1 | - | - | - | - | 3 | 12 | - | - | - | - | 3 | 12 | - | 3 | - | - | 3 |
| 10. BOR THONG | 3 | 15 | 5 | - | - | 5 | 108 | 5 | 101 | 4 | 72 | 3 | 37 | 17 | 318 | 3 | 4 | 3 | - | 10 |
| Grand Total | 83 | 598 | 90 | 52 | 501 | 88 | 775 | 66 | 566 | 40 | 535 | 57 | 607 | 303 | 2984 | 40 | 94 | 90 | - | 224 |

ANNEX 3.

## Functions of VHC/VHV

1. To correct the wrong information about public health services.
2. To give correct information about public health services.
3. To advise the people about public health services.
4. To ensure public health coordination.
5. To bring relief to the people in the community.
6. To set an example for the community.

- - - - - - - -

ANNEX 4

## Training curriculum of village health volunteer

1. Public health problems and team work.
2. Utilization of the government's facilities and how to use the remedies.
3. First aid.
4. Prevention and communicable disease control.
5. Sanitation.
6. Agriculture.
7. personal hygiene and family health promotion.
8. Medical care.

- - - - - - - - - - - - - -

ANNEX 5

## Training curriculum of village health communicator

1. Public health problems and team work.
2. Utilization of the goverment's facilities and how to use the remedies.
3. First aid.
4. Prevention and communicable disease control.
5. sanitation.
6. Agriculture.
7. Personal hygiene and family health promotion.

**********

Chonburi provincial health office

Chonburi , Thailand.

January, 1981.

ANNEX 6.

## Training corriculum of the tambol level instructor

1. Primary health care program.

   1.1. Primary health care program and roles of the instructor.

   1.2 Procedure.

   1.3 Roles of public health volunteer (VHC/MHV).

   1.4 How to select the public health volunteer.

   1.5 Guidelines for adminstration, support, incentive and evaluation.

   1.6 Guidelines for training of public health volunteer.

2. Training Policies.

   2.1 How to persuade.

   2.2 Training and model of training.

   2.3 Job analysis and criteria for training.

   2.4 Objective setting and how to evaluate during training.

   2.5 Setting activities for learning and planning for teaching.

   2.6 Strategies in training.

   2.7 Training support and eveluation when training course is finished.

##########

Chonburi provincial health office,

Chonburi, Thailand.

January, 1981.

ANNEX 7

The public health volunteers' own comments on their role

(The result from supervision and follow up by public health staff)

1. They feel proud because they can help their neighbours.
2. They feel satisfaction in the role of public health volunteer though it is not a difficult role to play.
3. They can approach their neighbours and give them advice about health practise.
4. They are able to give the neighbours better health information.
5. They have gained knowledg about basic medical care and are able to apply its use in their families.
6. They receive free and convenient services from the staff of the hospitals of the Ministry of Public Health.
7. They want more refresher courses.

&&&&&& &&&&&&&&&&&&&&&&

Chonburi provincial health office,

Chonburi, Thailand.

April , 1979.

ACKNOWLEDGEMENT

This information was carried out with the assistance of many public health staff workers who were involved in the program. Chonburi provincial health office would like to thank Mr.Sopon Utitam, Training chief, Miss boosaba Sawuanprasit, health staff, Dr.vinai viriyagidja, Panas-Nikom distric hospital director and Miss Karen Klabacha, American Peace Corps volunteer who made this paper possible.

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M.D.,MPH & TM.,Dr.PH.
(Tulane) U.S.A.
Director, the office of Technical
Promotion and Health Services,
Chonburi provincial health office.
April, 1979.

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# PUBLIC HEALTH IN CHON BURI

PROVINCIAL HEALTH OFFICE,
CHON BURI, THAILAND.
October, 1981.

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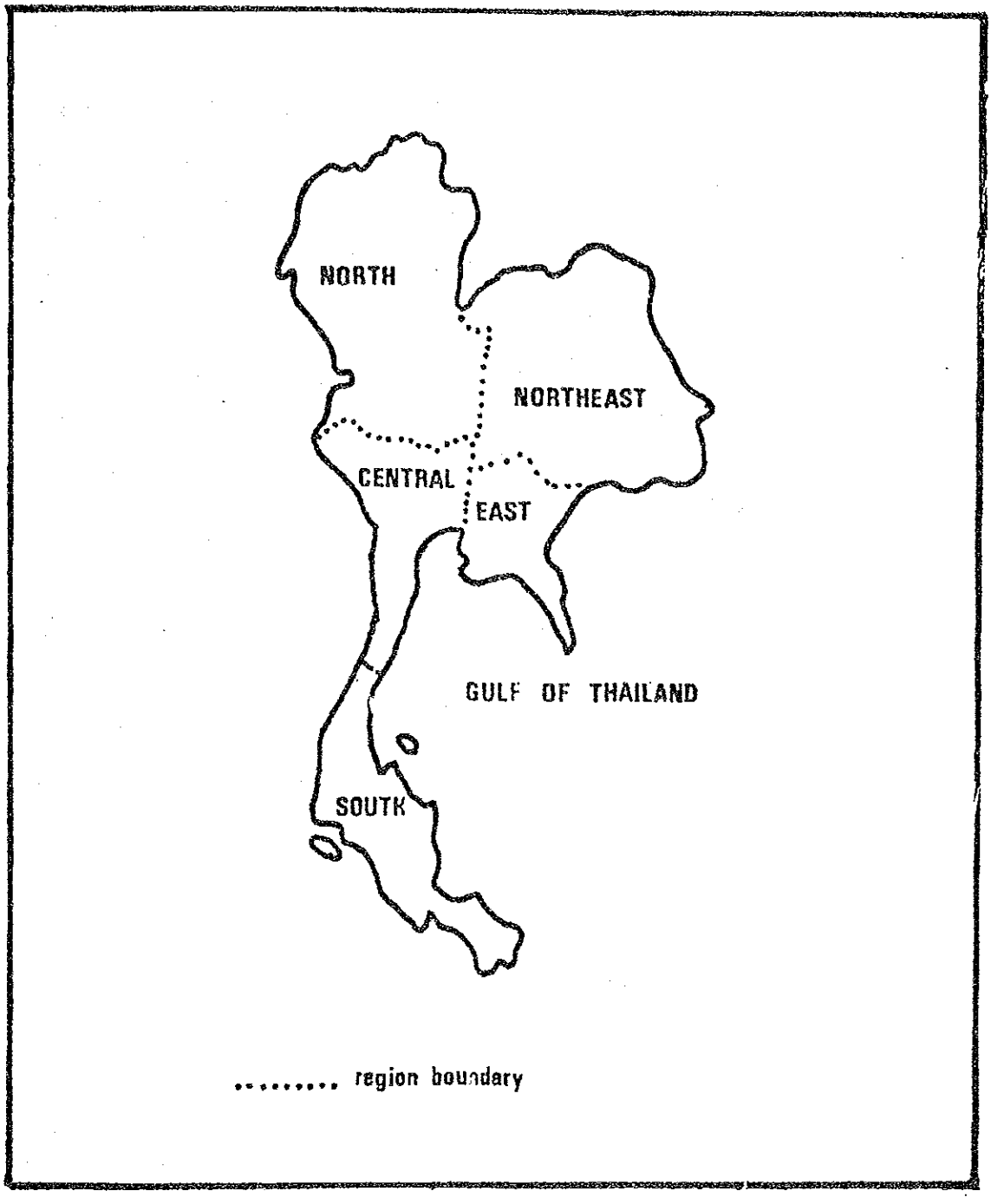
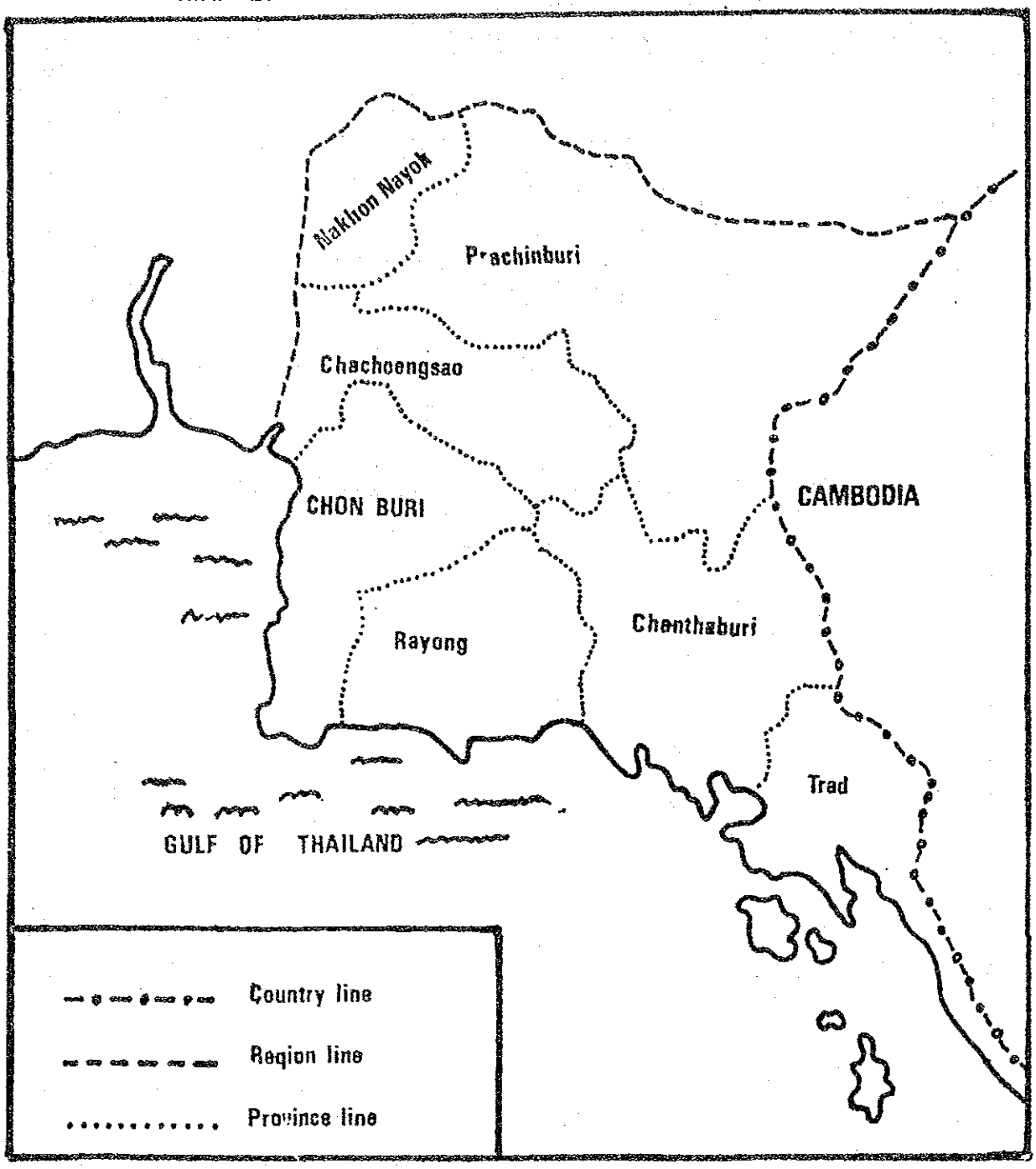
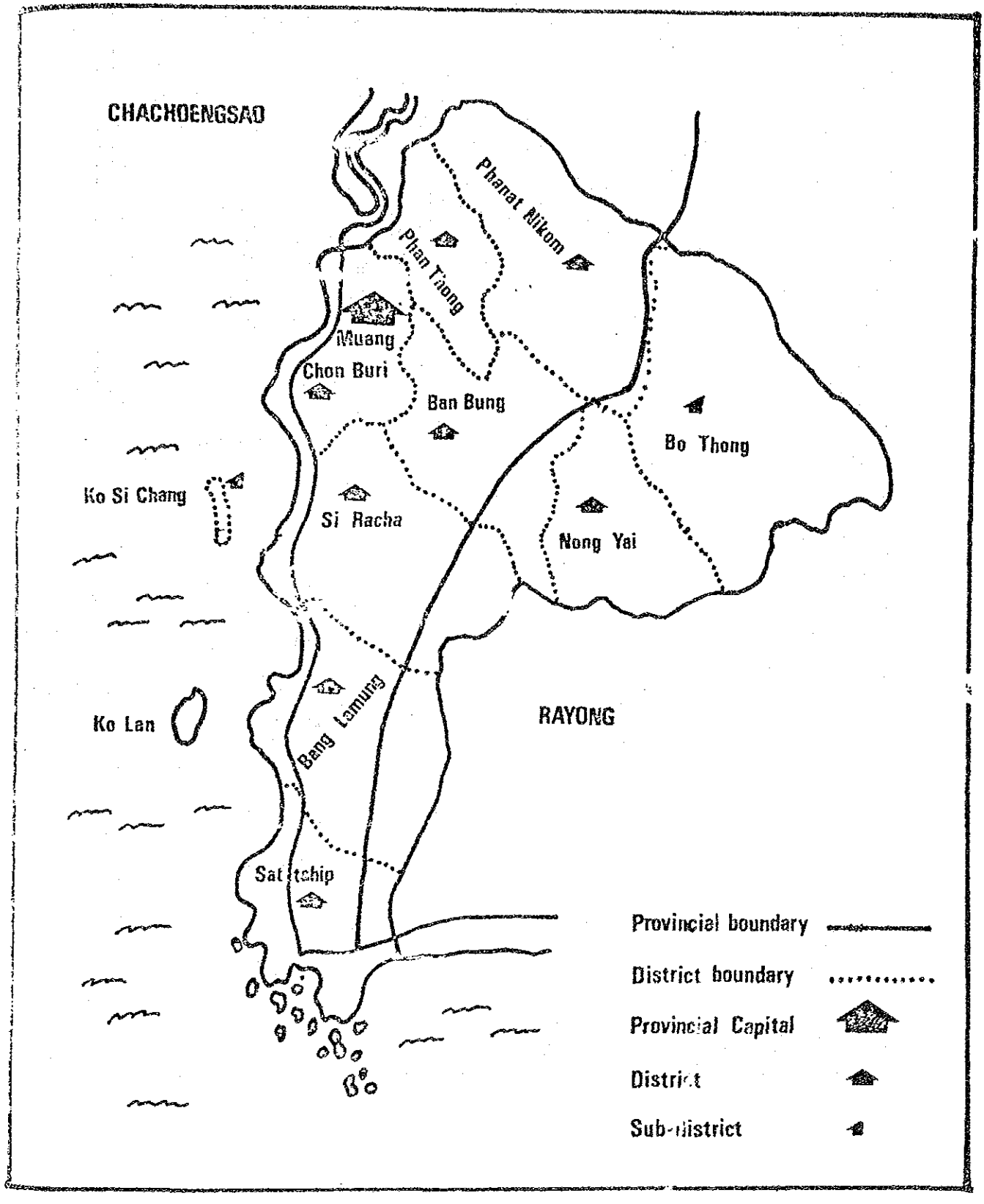
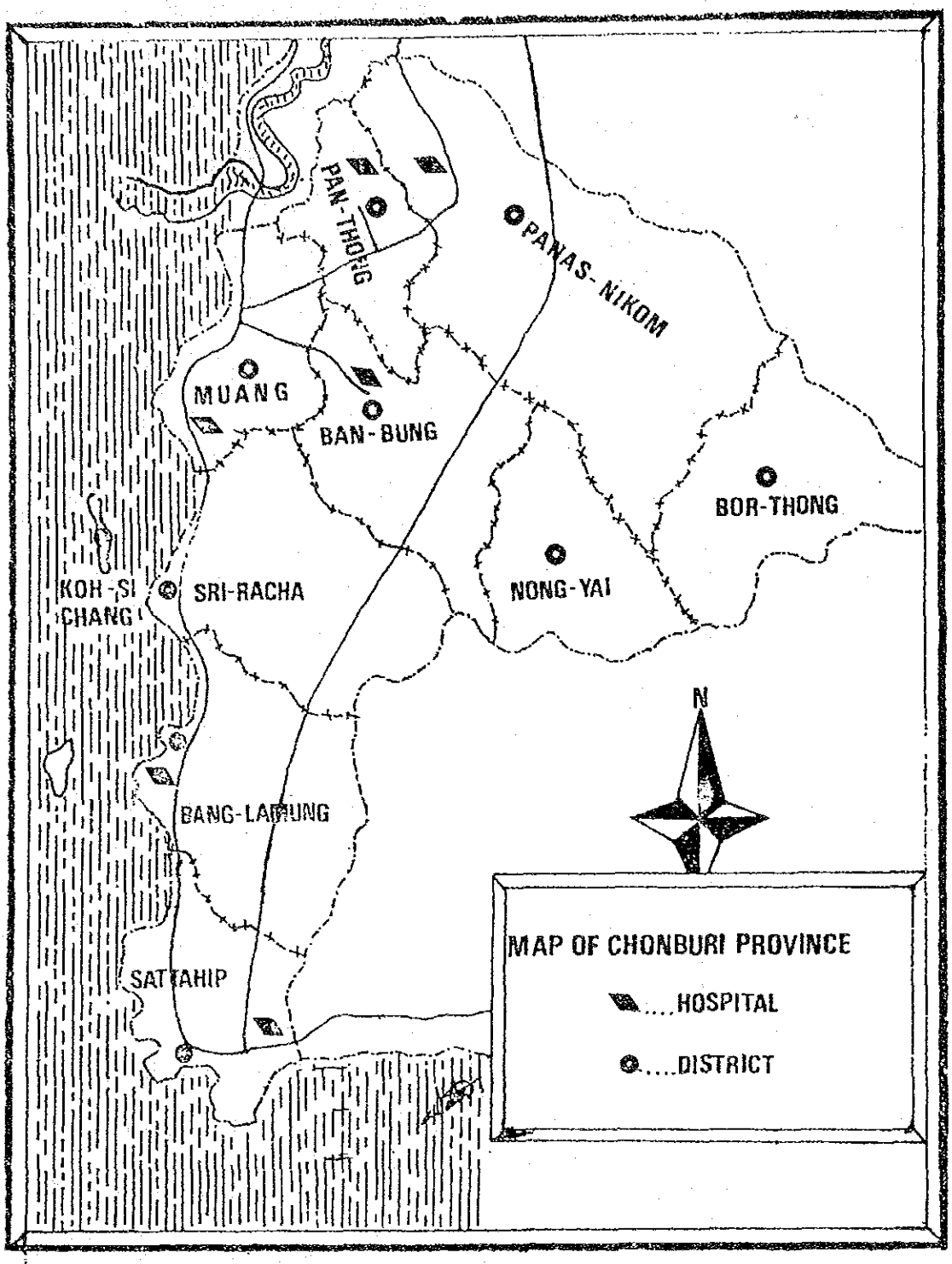


MAP 2. THE EASTERN REGION OF THAILAND



MAP 3. DISTRICTS AND SUB-DISTRIGTS OF CHON BURI PROVINCE




PAN-THONG
PANAS-NIKOM
MUANG
BAN-BUNG
BOR-THONG
KOH-SI CHANG
SRI-RACHA
NONG-YAI
N
BANG-LAMUNG
SATTAHIP
MAP OF CHONBURI PROVINCE
....HOSPITAL
....DISTRICT

# INFORMATION

## General Information About Chon Buri

### 1. Geography and Climate

Chon Buri is a province which located in the East Coast of the country. It is 80 kilometers far from Bangkok, the capital of Thailand. The area is about 4,500 square kilometers elongated in shape. It is about 100 kilometers from north to south along the coast. The widest area is about 60 kilometers and divided into three zones viz. coastal zone, middle zone and mountainous zone. The climate is vary based on the zone; humid and windy in the coastal and the middle zones, more rain in the mountainous zone.

### 2. People, Culture and Occupation

The people of Chon Buri are a typical type of all provinces in the East Coast. They are also divided by the zones; the coastal and the middle zones are a native of Chon Buri, the mountainous zone is an immigrant mostly from the North - Eastern part of the country. The occupation is fishing is the coastal zone; farming in the middle and the mountainous zones. The main crops are sugar cane and cassava which small and big factories for crops are built. Many people from the middle zone are temporarily moving out to the coastal and the mountainous zones for business.

### 3. Education

An educational system is 6-3-3 (elementary, middle and high schools). The compulsory education between 6 - 14 years of age is up to grade 6. Number of school and students are as follows:

Classification of schools in Chonburi Province

| Classification of schools | Number of school | Number of student |
|---|---|---|
| Kindergarten | 77 | 14,110 |
| Elementary school | 416 | 108,684 |
| Middle school | 51 | 22,374 |
| High school | 16 | 6,836 |
| College | 5 | 4,635 |
| University | 1 | 3,812 |
| Vocational school | 8 | 4,501 |
| Adalt school | 15 | 3,926 |

Report from Chonburi Provincial Educational Office

September, 1981

4. Government

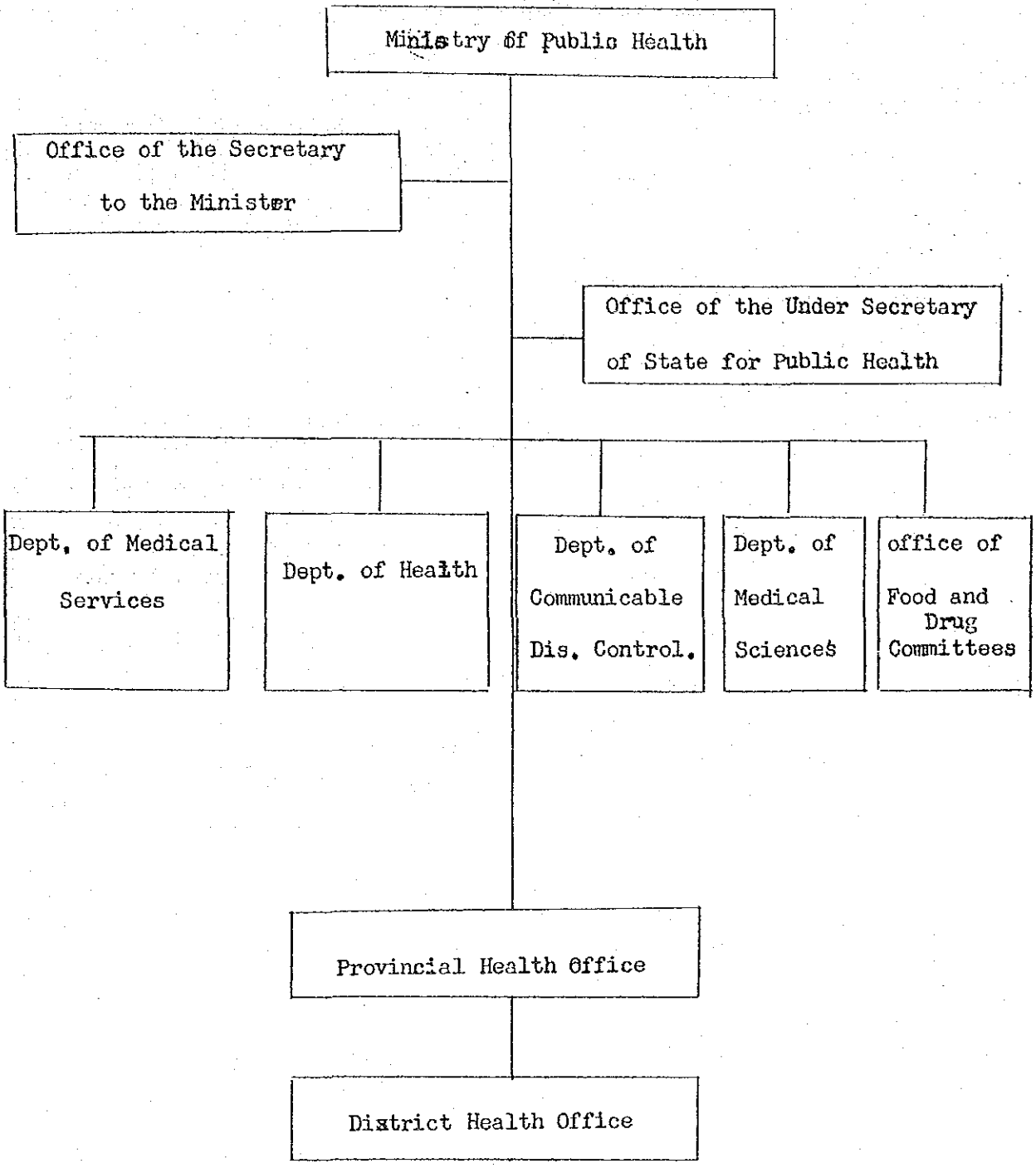
The hierarchy of Chon Buri administration consists of 8 districts, 2 sub-districts, 89 tambons and 635 villages. The total population is about 0.708 million. Tambon and village chieves are elected among villagers; district and sub-district chieves are appointed by the central government;

At village level of Sri Racha district, there is a new model of administration called Village Council; each council consists of appointed and selected members. A village chief is appointed as a chairman; the principal and the deputy chief are ex officio members; the other members are selected among 15 - 40 families by the village chief.

## Public Healt in Chon Buri

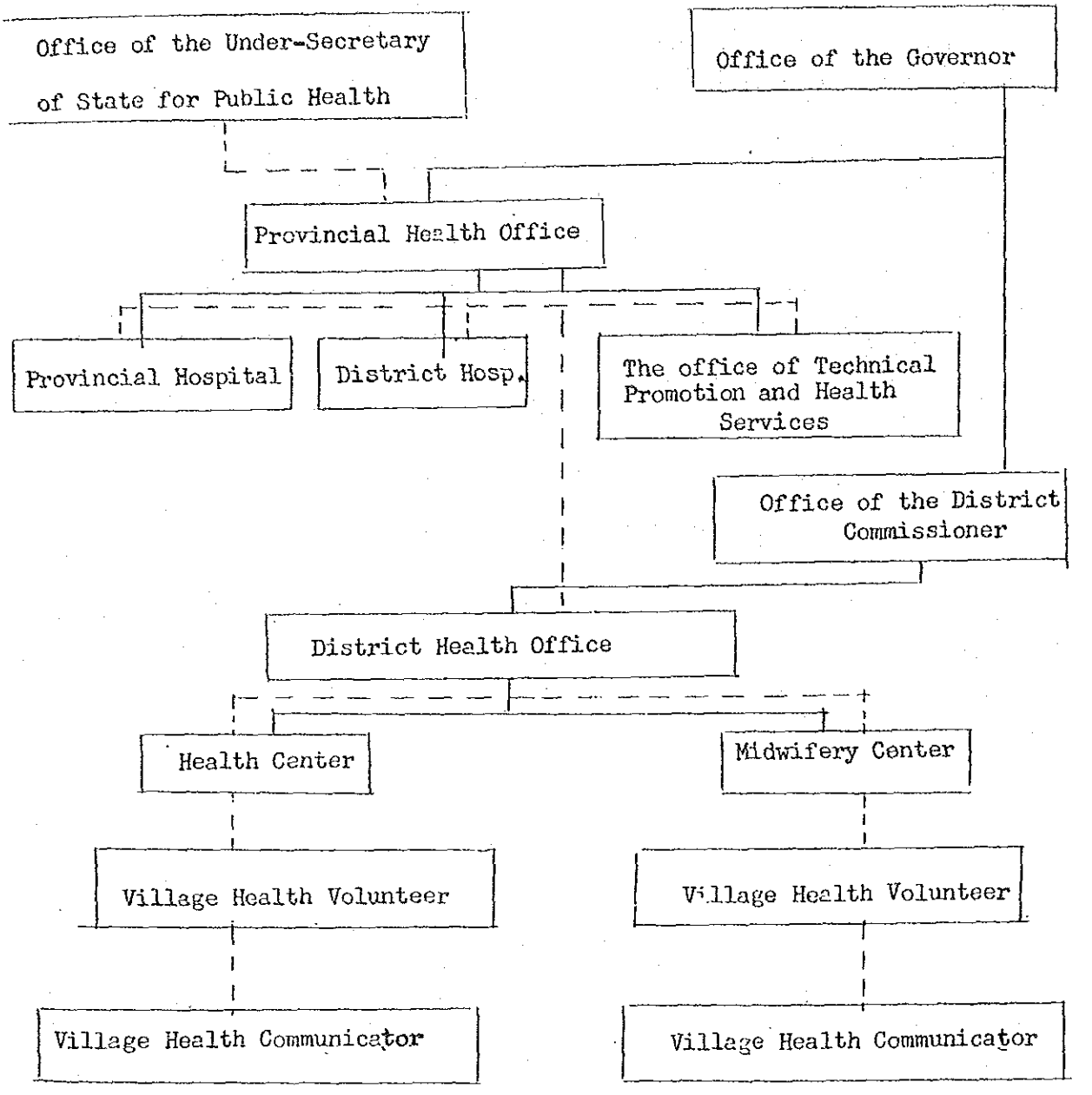
In Chon Buri, there are many organizations render health services to communities; the provincial health office is a government sector that takes responsibility in this field. The health structure and health facilities are described as follows :-

## Organization Chart of the Ministry of Public Health



ORGANIZATION CHART OF THE PROVINCIAL ADMINISTRATION

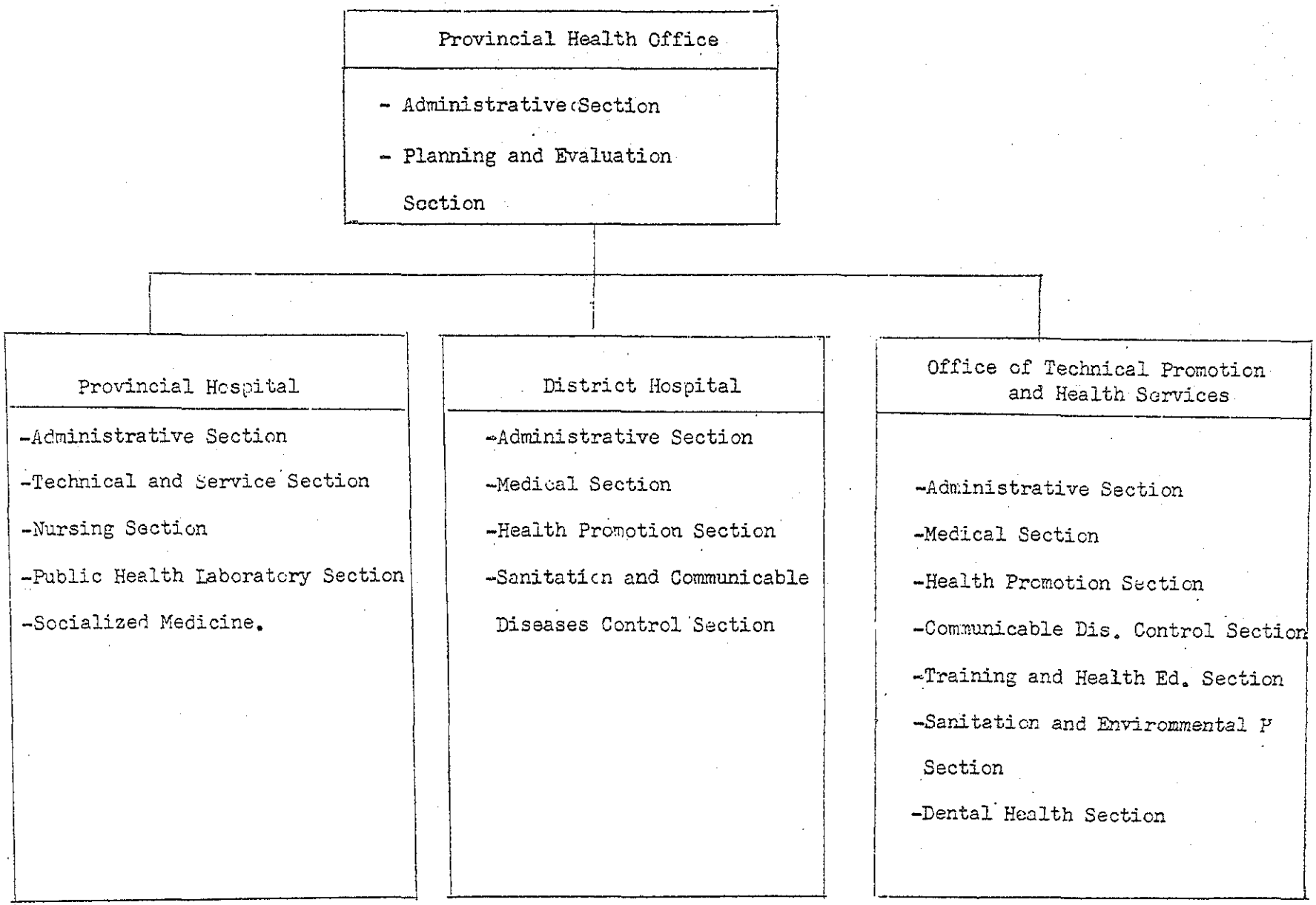
OF THE THAI MINISTRY OF PUBLIC HEALTH




———— Line of Administrative Control

---------- Line of Supervisory Control

Organization Chart of Provincial Health Office



Health Facilities

1. Facilities run by Provincial Health Office :

| | |
|---|---|
| 1 | Office of Technical Promotion and Health Services. |
| 1 | Provincial Hospital. |
| 5 | District Hospitals. |
| 10 | District Health Offices. |
| 82 | Health Centers. |
| 9 | Midwifery Centers. |
| 303 | Village Health Volunteers. |
| 2984 | Village Health Communicators |

N.B. * = Private sectors which organized by the Provincial Health Office.

2. Facilities run by Regional Centers

2.1 Chon Buri Health Training Center (Central Region)

-Central Region College of Public Health, Chon Buri. (24 months)

-School for District Health Officer. (10 week course)

-Dental school for Auxiliary. (24 month course)

2.2 Nursing College (4 Year Course)

2.3 T.B. Control Center, Region VII.

2.4 Leprosy Control Center, Region II.

2.5 V.D. Control Center, Region II.

2.6 Nutrition Center, Region II.

2.7 Sanitation Center, Region II.

2.8 Helminth - Borne Disease Control Center, Region II,

2.9 Malaria Control Sub center I, Sri Racha.

3. Facilities run by other organizations.

3.1 Red Cross Hospital (Somdej Memorial Hospital) at Sri Racha district - 360 beds.

3.2 Naval Hospital (Arbhakorn - Kiatwongs Hospital) at Sattahip district - 300 beds.

3.3 Health Units and Health Center in Municipalities.

3.4 Community - Based Family Planning Services, Population and Community development Association.

4. Private Sectors

| | | | |
|---|---|---|---|
| 4.1 | Clinics | = | 72 |
| 4.2 | Indigeneous Doctor Clinics | = | 12 |
| 4.3 | Dental Clinics | = | 23 |
| 4.4 | Maternity Clinics | = | 18 |
| 4.5 | Modern - stybe Drug Stores | = | 260 |
| 4.6 | Old - Style Drug Stores | = | 172 |

Health Personnel (1981)

| Personnel Categories | Total | Goverment | Private |
|---|---|---|---|
| 1. Physician | 112 | 84 | 25 |
| M.D. : Population | 1:6,400 | | |
| 2. Dentist | 30 | 20 | 10 |
| Dentist:Population | 1:23,894 | | |
| 3. Dental Auxiliary | 16 | 16 | - |
| Dental Auxiliary:Population | 1:44,802 | | |
| 4. Nurse | 382 | 354 | - |
| Nurse;Population | 1:1,876 | | |
| 5. Midwife | 133 | 113 | 20 |
| Midwife:population | 1:5,389 | | |
| 6. Nurse Aid | 319 | 319 | - |
| Nurse Aid : population | 1:2,247 | | |
| 7. Sanitarian(Junior Health Worker) | 162 | 162 | - |
| Sanitarian : Population | 1:4,424 | | |

Indigeneous Midwife = 279

Tam Bon Doctor = 89

Village Health Communicator = 2984

Village Health Volunteer = 303

Ten Basic Health Services

1. M.C.H. and Family Planning.
2. Communicable Diseases Control.
3. Medical Care.
4. Environmental Health and Sanitation.
5. Nutrition Promotion.
6. School Health.
7. Health Education.
8. Public Health Laboratory Services.
9. Vital and Health Statistics, Record and Report
10. Promotion and sale of Simple Government Drugs.

---

Some Data on Population and Vital Statistics, Chon Buri

| Statistics \ Year | 1977 | 1978 | 1979 | 1980 | 1981 |
|---|---|---|---|---|---|
| Mid - Year Population | 0.67 M | 0.68 M | 0.71 M | 0.71 M | 0.73 M |
| Population increase | 0.02 M | 0.01 M | 0.03 M | 0.01 M | 0.01 M |
| Natural Growth Rate / 1,000 Population | 2.13 | 2.0 | 1.98 | 1.39 | 1.32 |
| Live-Births | 18,627 | 18,356 | 18,398 | 18,351 | 17,825 |
| Deaths | 4,305 | 4,675 | 4,422 | 4,472 | 4,540 |
| Maternal Deaths | N.A. | 5 | N.A. | 6 | 7 |
| Infant Deaths | 274 | 289 | 237 | 229 | 327 |
| Crude Birth Rate / 1,000 Population | 27.6 | 26.7 | 26.1 | 25.56 | 18.17 |
| Crude Death Rate / 1,000 Population | 6.3 | 6.7 | 6.3 | 6.23 | 6.21 |
| Maternal Mortality Rate / 1,000 Live Births | N.A. | 2.7 | N.A. | 3.27 | 3.93 |
| Infant Mortality Rate / 1,000 Live Births | 14.7 | 15.7 | 12.9 | 12.48 | 18.35 |

*
N.B. 1. Annual Growth Rate = 4 % (Birth-Death+Inmigration-Outmigration

2. Natural Growth Rate = 2.7 % (Live Births - Deaths)

3. Net In-migration rate = 1.3 %

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From Chonburi Health Planing and Evaluation Section, [illegible]

September, 1981.

## Health and Health Related Problems in Chonburi

1. Nutrition :

   - Protein Calories Malnutrition, Infantile Diarrhoea, Dental Caries.

2. Environment :

   - Dengue Haemorrhagic Fever, Hook worm, Gastro - enteritis, Dysentery, Malaria, Hepatitis, Cholera, Dog Bite.

3. Communicable Diseases :

   - Leprosy, Gonorrhea, Pulmonary Tuberculosis, Tetanus Neonaterum, Whooping cough, Bronaho pneumonia, Diphtheria.

4. Family Health :

   - Abortion, Delivery with complication.

5. Stress :

   - Anxiety neurosis, Gastro Duodenal Ulcer, Alcoholism.

6. Accident :

   -Traffic accidents (Wound and Fractures)

   -Home accidents (Wound, fractures)

   -Occupational accidents - Industrial, Agriculture Violence.

7. Others :

   - Upper Respiratory Tract Infections.

   - Boils and Ulcers.

Constraints

1. Insufficient coverage of eligable population and under utilization of existing health centers and midwifery centers.
2. Management information system is not well organized
3. Limitation of appropriate resources (Man, Money, Material and Technology)
4. Imbalance of budget allocation between curative and preventive
5. Malutilization and under utilization of health personnel.
6. Low education background on a certain job.

Future Plans

1. Improvement of basic Health Activities; Immunization, M.C.H. and Family planning, Nutrition Promotion and Environmental Health will be included.
2. Improvement of management information system.
3. Improvement of Personnel management; training of health personnel at all levels : the areas of attitude, affective domain, conceptual skill, technical skill and human skill will be included.
4. In order to reach "Health for All by the Year 2000, Primary Health Care Approach is being implemented.

---

Chonburi Provincial Health Office.

September 1981

# ANNEX

Annex 1.

Health Facilities ;

District and Subdistrict Distributions

| District | Hosp. | H.C. | M.C. | C.N.C. | Total |
|---|---|---|---|---|---|
| Muang | 1 (610 beds) | 15 | 1 | 2 | 19 |
| Pan Thong | 1 (16 beds) | 9 | 1 | 4 | 15 |
| Panasnikom | 1 (60 beds) | 15 | 2 | 7 | 25 |
| Ban Bung | 1 (10 beds) | 9 | 1 | 3 | 14 |
| Sri Racha | 1(Red Cross 360 beds) | 10 | - | 3 | 14 |
| Bang Lamung | 1 (30 beds) | 10 | 1 | 1 | 13 |
| Sattahip | 1 (10 beds)<br>1 (Naval Hosp. 300 beds) | 2 | 2 | - | 6 |
| Bo: Tong (Subdistrict) | - | 6 | - | - | 6 |
| Koh sichang (Subdistrict) | - | 1 | - | - | 1 |
| Nong Yai | - | 5 | 1 | 3 | 9 |
| Total | 8 | 82 | 9 | 23 | 122 |

N.B. Hosp. = Hospital

H.C. = Health Center

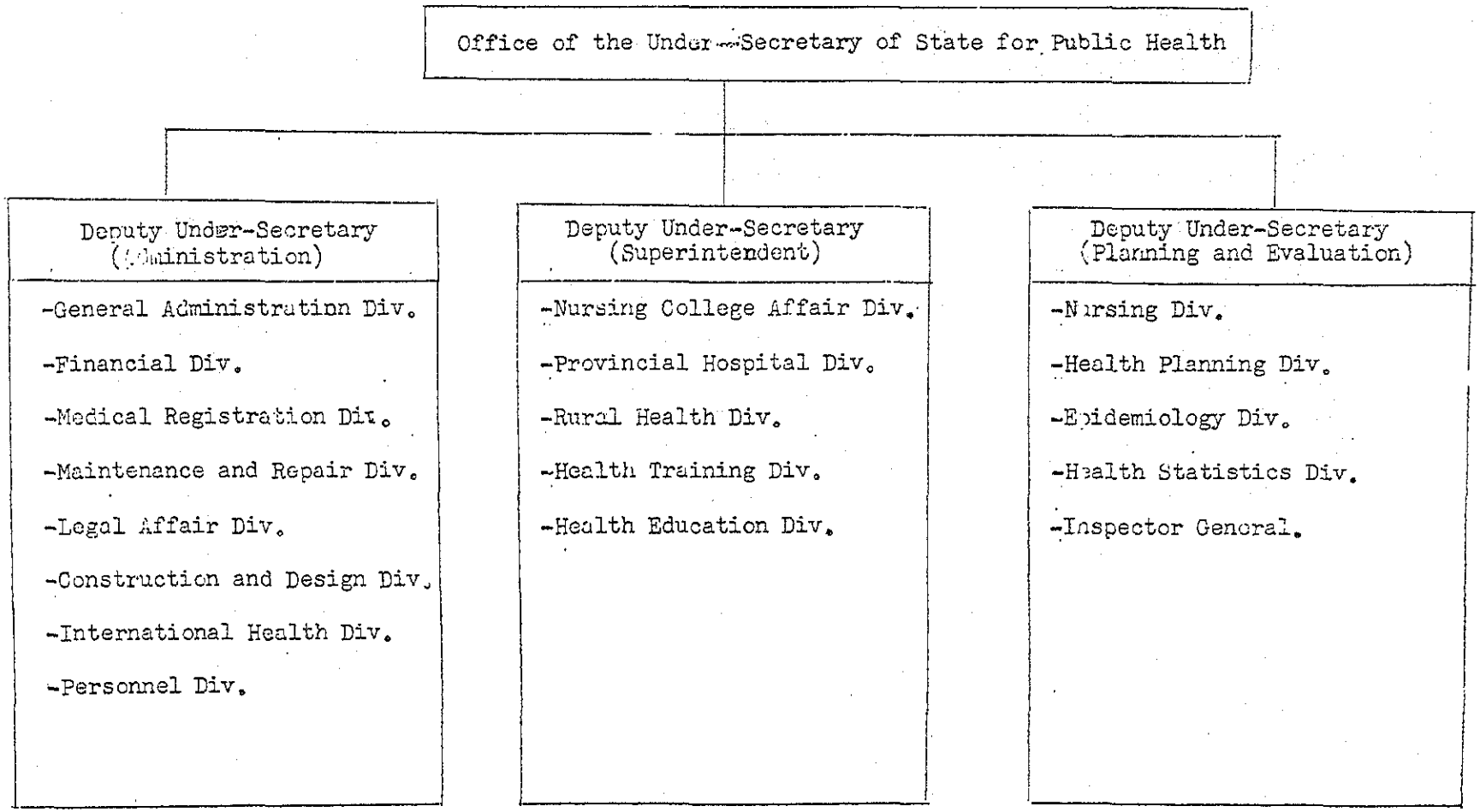
M.C. = Midwifery Center

C.N.C. = Child Nutrition Center

* = One H.C. in town Municipality is included.

## Organization Chart of the Office of the Under - Secretary of The State for Public Health

(Annex 2)



Annex 3

## Divisions in Departments

| 17 Divisions<br>Dept. of Medical Services | 11 Divisions<br>Dept. of Health | 12 Divisions<br>Dept. of Communicable Diseases Control |
|---|---|---|
| -Office of the Secretary | -Office of The Secretary | -Office of the Secretary |
| -Financial Div. | -Financial Div. | -Financial Div. |
| -Personnel Div. | -Personnel Div. | -Personnel Div. |
| -Technical Div. | -Dental Health Div. | -V.D. Control Div. |
| -Mental Health Div. | -Rural Water Supply Div. | -Malaria Eradication Div. |
| -Children's Hospital | -Nutrition Div. | -General C.D.C. Div. |
| -Thanyarak Hospital | -Sanitation Div. | -Filariasis Control Div. |
| -Prasart Neurological Hospital and Institute | -Family Health Div. | -Leprosy Control Div. |
| -Mental Defficiency Hospital | -School Health Div. | -T.B. Control Div. |
| -Lerd Sin Hospital | -Environmental Health Div. | -Bamrasnaradura I.D. Hospital |
| -Buddhist Monk's Hospital | -Occupational Health Div. | -Leprosy Hospital |
| -Somdej Chaophraya Hospital | | -Chest Hospital |
| -Rajwitee Hospital | | |
| -Institute ofPathology | | |
| -National Cancer Institute | | |
| -Institute of Dermatology | | |
| -Srithanya Hospital | | |

## Divisions in Departments

| 10 Divisions | 8 Divisions |
|---|---|
| -Dept. of Medical Sciences | Office of Food and Drug Committees |
| -Office of the Secretary | -Office of the Secretary |
| -Entomology Div. | -Public Relation and Advertisement Control Div. |
| -National Health Laboratory | -Cosmetic Control Div. |
| -Radiation Protection Service Div. | -Drugs Control Div. |
| -Clinical Pathology Div. | -Psychotromic Substance Control Div. |
| -Toxicology Div. | -Food & Beverage Control Div. |
| -Drug Analysis Div. | -Technical Div. |
| -Food & Beverage Analysis Div. | -Inspector Div. |
| -Medical Research Div. | |
| -Virus Research Institute | |

Annex 4

Population : District and Subdistrict Distribution.

| District | no.of Tambons | No.of Villages | Population |
|---|---|---|---|
| Muang | 15 | 122 | 120,837 |
| Pan Thong | 11 | 74 | 38,433 |
| Panas Nikom | 20 | 180 | 111,016 |
| Ban Bung | 7 | 44 | 78,422 |
| Sri Racha | 6 | 50 | 85,543 |
| Bang Lamung | 8 | 59 | 44,343 |
| Sattahip | 4 | 29 | 85,639 |
| Nong Yai | 3 | 24 | 17,495 |
| Bor Thong (Subdistrict) | 4 | 26 | 25,668 |
| Koh Sichang (Subdistrict) | 1 | 6 | 2,926 |
| Muang Municipality | 3 | 10 | 50,094 |
| Panas Nikom Municipality | 1 | 10 | 13,669 |
| Sri Racha Municipality | 1 | 1 | 21,948 |
| Pattaya city | 5 | 10 | 35,416 |
| Total | 89 | 635 | 731,249 |