AIDGRAM 4.

DEPARTMENT OF STATE

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DATE SENT 5-14-69

FROM - BANGKOK

SUBJECT - Non-Capital Project Paper (PROP) - Rural Health

REFERENCE -

Country: Thailand

Submission Date: May 8, 1969 Original XX

Project Title: Rural Health

U.S. Obligation Span: FY 1966 through FY 1974

Physical Implementation Span: FY 1966 through FY 1974

Gross Life of project financial requirements:

U.S. dollar	$6,153,000
Cooperating Country	$3,067,000 (dollar equivalent of Baht)

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DRAFTED BY	OFFICE	PHONE NO.	DATE	APPROVED BY:
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AID-5-39 (11-65) (Do not type below this line) PRINTED 1-68

PROP
RURAL HEALTH PROJECT
493-11-540-179

I. SUMMARY DESCRIPTION, INCLUDING TABULATION OF PLANNED INPUTS

The purpose of this project is to help strengthen rural health development, especially in the areas of strong insurgent activity (ARD Changwats and other areas of potential or increasing sensitivity). This objective will be achieved through:

1. The provision, expansion, and improvement of badly needed comprehensive rural health services in the form of facilities, supplies, equipment, and a corps of well-trained health workers.

2. Augmenting existing rural health services to meet the threat of insurgency through the Mobile Medical Teams program, basically through agreement with the Accelerated Rural Development Office (ARD).

The Ministry of Public Health (MOPH) has forecast an expenditure of 2,572 million baht ($127.6 million) during the Second Five-Year Plan period, of which 86% will be expended for public health projects in rural areas of the country.

This Project is in support of the above MOPH rural health development effort with particular emphasis in selected areas of strong insurgent activity and areas of increasing sensitivity. This narrower focus by the Royal Thai Government and USOM is necessary to enhance the provision of facilities, trained manpower, and materials necessary to counterinsurgent activities.

The project is supported through USOM: (1) commodity support to all types of health centers in the form of vehicles and drugs and pharmaceuticals; commodity support for training institutions, the environmental health program and selected rural hospitals in sensitive areas; (2) participant training of key personnel, and (3) technical advisory services in selected sensitive areas and in regional training institutions.

Summary of Proposed Costs

FY 66	Technicians	$ 95,000
	Commodities	580,000
	Participants	222,000
		$ 897,000
FY 67	Technicians	$ 248,000*
	Commodities	619,000
	Participants	276,000
		$1,143,000

FY 68	Technicians	$ 419,000*
	Commodities	560,900
	Participants	179,000
	Other Costs	4,000
		$1,162,900
FY 69	Technicians	$ 160,000
	Commodities	390,000
	Participants	120,000
		$ 670,000
FY 70	Technicians	$ 175,000
	Commodities	300,000
	Participants	120,000
		$ 595,000
FY 71	Technicians	$ 175,000
	Commodities	250,000
	Participants	90,000
		$ 515,000
FY 72	Technicians	$ 175,000
	Commodities	200,000
	Participants	90,000
		$ 465,000
FY 73	Technicians	$ 150,000
	Commodities	175,000
	Participants	75,000
		$ 400,000
FY 74	Technicians	$ 125,000
	Commodities	150,000
	Participants	30,000
		$ 305,000

*Includes cost of PASA PIO/T for SAFAsia Medical Technicians under Mobile Medical Team Project.

TOTAL COST - LIFE OF PROJECT $6,153,000

Summary of Proposed Counterpart Budget (Project Account)
Expenditures: (in U.S. dollars)

FY 66	$ 687,167
FY 67	344,917
FY 68	443,780
FY 69	391,421
FY 70	300,000
FY 71	275,000
FY 72	250,000
FY 73	200,000
FY 74	175,000
TOTAL COUNTERPART	$3,067,285

II. SETTING AND ENVIRONMENT

During the last two decades, Thailand has made great strides in modern medicine and public health, notably in medical education and mass control of certain infectious diseases. However, in sharp contrast to the more developed nations of the world, where the leading causes of death and disability are from heart attacks, chronic diseases, old age and accidents, the rural population of Thailand still is subjected to the ravages of infectious diseases, most of which are preventable. There is also a weak, relatively ineffective system for delivery of health services to the majority of the people in rural areas.

In Thailand, parasitism, gastrointestinal diseases and diarrhea account for an estimated 40% of all deaths and 80% of all sickness. More than 96% of villagers in some areas are affected with one or more parasitic diseases.

Endemic goitre, protein-caloric malnutrition, iron deficiency anaemia and vitamin A and riboflavin deficiencies are some of the pressing nutritional problems.

The population growth rate of 3.3% per year one of the highest in the world, limits the country's ability to prevent a critical unbalance between food and mouths. If unchecked, it will result in a deterioration in the level of health and nutrition of the country's children and youth, and a lowered productive base for the human resources necessary for social and economic development.

There is a wide gap between the production of and the demand for doctors, nurses, and other health professionals. The ratio of doctors to population in rural Thailand averages 1 to 23,000 and the ratio of nurses to population is 1 to 2,650.

The development of a permanent health infrastructure has been slow and plagued with difficulties. An urban/rural imbalance of both qualified personnel and available facilities, shortage of available funds, maldistribution of personnel, inadequately trained auxiliary health workers, serious administrative defects, and many other traditional problems have hindered and slowed basic rural health development.

The Department of Health with USOM assistance since 1960 has operated a Village Health and Sanitation project with remarkable success. This project proved that auxiliary health workers, properly trained, motivated and backstopped could have a marked affect on rural health development at the village level. This project concentrated primarily on environmental health and the development of a male multi-purpose health worker.

With this firm foundation for environmental health service established, the stage was set for the expansion of this project into a new program stressing other urgently required rural health services. In 1966, the project was expanded into the present broad-based rural health project.

III. STRATEGY

Thailand, like other LDC's has a high birth rate, with a traditional demographic pattern heavily weighted with infants and young children. The disease pattern also shows a high proportion of nutritional deficiences and gastrointestinal diseases of infants and young children. The major preventable illnesses affecting all ages such as malaria, tuberculosis, and parasitism are in various stages of control.

The Ministry of Public Health and USOM have developed a diversified project to attack these traditional demographic and disease patterns.

The quantitative and qualitative improvement of provincial, district, and village health services through this project is aimed at supporting preventive and curative health for large segments of the rural population.

A sub-project, Mobile Medical Teams (493-11-540-179.1), is designed to provide short-range, high-impact medical services to that portion of the population which is threatened by communist insurgency or influence and not adequately provided with conventional health services.
Another sub-project, the Protein Food Development Project (493-11-540-179.2), focuses on reducing high infant and preschool morbidity and mortality related to malnutrition.

By providing most of the personnel and facilities for implementation of the family health program, the Rural Health Project also supports the Family Health Project (493-11-580-209).

In order to protect the large investment which has been made in the specialized disease campaigns such as those against malaria, yaws, smallpox, tuberculosis, trachoma and leprosy, basic health services must be established in both urban and rural areas, be adequately staffed, and be capable of absorbing specialized campaigns, once the maintenance phase of a particular program is reached. Without such a service at the periphery, resurgence of these diseases in epidemic proportions is possible.

Positive steps must be taken to strengthen the capability of the MOPH in national health planning without which an orderly approach toward achievement of major health objectives such as the integration of health services, better training and utilization of health personnel, the extension of services to remote areas, etc., cannot be readily achieved.

Approximately 80% of the total population live in villages, of this 80% almost 70% are children under the age of 15 and women of children bearing age. The importance of this group cannot be overemphasized. Maternal and child health services and the delivery of a family planning program must be provided in depth through a well established, adequately equipped and competently staffed net work of rural health centers. In fact, a family planning program in Thailand has little chance of succeeding without use of such a health service.

IV. PLANNED TARGETS, RESULTS AND OUTPUTS

On completion of this project in FY 74 and termination of U.S. assistance, the Ministry of Public Health will have demonstrated its concern for the rural population, especially in politically sensitive areas by providing comprehensive health services which respond to village needs.

A well established system of rural health centers, adequately staffed, supervised and adminstered should be available to a large percentage of the rural population.

Available to the people will be expanded health facilities and services, including first aid and simple medical care, a two way referral and follow-up system between the health centers and provincial hospitals, maternal and child health services, family planning services, environmental health development, health education, school health services, nutrition education, and communicable disease control.

Health centers will expand at the rate of 275 per year according to a criteria of one first class health center for every 50,000 population, one secondclass center for every 10,000 people, and one third class center for every 3,000 people.

The project will establish an adequate number of regional training institutions for the training of multi-purpose health workers (Junior Health Workers, Health Midwives) and other auxiliaries according to an established training plan as follows:

In Country Training of Health Auxiliaries
MOPH 1967 - 1974

Category of Worker	1967	1968	1969	1970	1971	1972	1973	1974
Junior Health Worker	400	400	450	450	450	500	500	500
Sanitarian Supervisors	25	50	50	50	50	50	50	50
Health Midwives	300	300	340	380	430	430	430	430
Midwife, Refresher Training	264	300	300	300	300	300	300	300
Dental Hygienists	20	25	25	25	25	25	25	25
Paramedics (ARD)	300	300	-	-	-	-	-	-
Border Patrol Police Medics	204	-	120	-	-	-	-	-

The project will also help to improve 26 provincial and district hospitals in north and northeast Thailand by the provision of medical equipment and conducting a hospital medical, engineering and architectural survey in order to stimulate comprehensive regional medical facility planning within the MOPH.

The project will continue and accelerate the environmental health program by providing by 1974 technical assistance to each village in the project area by providing the following: (1) the establishment of effective village health committees, (2) the training of selected village leaders, (3) the construction of at least one safe source of drinking water, (4) the construction of a safe sanitary privy for every household, (5) improvement of water supply and sewage disposal facilities in village schools, (6) the provision of a continuous health education and follow-up program in all health development villages, and (7) a program to recognize, treat and significantly reduce the incidence of parasitic diseases in the rural population.

By providing participant training and advisory services, this project will help in the expansion of professional and middle level health training at the Faculty of Public Health as follows:

Category	Actual 1964	1966	1968	Target 1969	1970	1971	1972	1973
Public Health Administration (MPH)	28	29	20	25	25	30	30	35
Sanitation (3-year diploma)	35	35	42	50	60	65	70	70
Sanitation (B.Sc.)	16	32	40	40	45	45	50	50
Public Health Nursing (3-year diploma)	44	70	111	110	120	120	125	125
Public Health Nursing (B.Sc.)	-	9	22	25	25	30	30	35
Health Education (B.Sc.)	-	73	40	45	50	50	55	55
Occupational Health	-	-	-	20	20	25	30	35
Nutrition (B.Sc.)	-	35	40	45	50	50	55	55
TOTALS	123	283	295	360	395	415	445	460

Participant training is an important element of this project in preparing Key health personnel to function effectively in planning, direction and evaluation of rural health services. Since 1960, including FY 69, 280 participants have been trained abroad under the Village Health and Sanitation and the Rural Health Project. Participant training will continue during the life of this project, but at a reduced level as the Ministry of Public Health and the School of Public Health, as a result of prior participant training, firm up their own capability to train health personnel in-country. A proposed health manpower study will help to establish the direction such training will go to provide the appropriate "mix" of personnel needed to render balanced health and medical services in Rural Thailand.

V. COURSE OF ACTION

This project is intended to provide a stimulus for an organized cooperative effort involving all of the activities of the MOPH concerned with the delivery of health services.

In general terms the course of action involves the following: (1) assisting the development of Thai capability in the broad field of rural health services, (2) assisting the development of local training programs and training institutions for health workers both professional and auxiliary, (3) providing commodity support to training institutions, health centers, hospitals, disease control units, (4) assisting the RTG in carrying out medical counterinsurgency through high impact mobile medical teams.

AID 1020-24 (10-69)

P

AGENCY FOR INTERNATIONAL DEVELOPMENT (A.I.D.)

PROJECT AUTHORIZATION

A.I.D.
Reference Center
Room 1656 NS

1. PROJECT NUMBER	3. COUNTRY	4. AUTHORIZATION NUMBER
493-11-540-179	Thailand	0011

2. PROJECT TITLE	5. AUTHORIZATION DATE
Rural Health	1/13/70
	6. PROP DATED
	5/14/69

7. LIFE OF PROJECT

a. Number of Years of Funding: 9
Starting FY 19 66; Terminal FY 19 74

b. Estimated Duration of Physical Work
After Last Year of Funding (in Months): 0

8. FUNDING BY FISCAL YEAR (in U.S. $000 or $ equivalent)

	DOLLARS		P.L. 480	LOCAL CURRENCY Exchange Rate: $1 = 20¢, given in US $000's			
				U.S. OWNED		HOST COUNTRY	
	GRANT	LOAN	CCC + FREIGHT	GRANT	LOAN	JOINTLY PROGRAMMED	OTHER
Prior through Actual FY 69	3,872.9					1,867.3	Reg. RTS budget
Operational FY 70	595.0					300.0	
Budget FY 71	515.0					275.0	
B + 1 FY 72	465.0					250.0	
B + 2 FY 73	400.0					200.0	
B + 3 FY 74	305.0					175.0	
All Subsequent FY's							
TOTAL	6,152.9					3,067.3	

9. DESCRIBE SPECIAL FUNDING CONDITIONS OR RECOMMENDATIONS FOR IMPLEMENTATION, AND LIST KINDS AND QUANTITIES OF ANY P.L. 480 COMMODITIES

See attached memorandum to the Assistant Administrator, East Asia.

10. CONDITIONS OF APPROVAL OF PROJECT

No conditions. Issues are addressed in attached memorandum to the Assistant Administrator, East Asia.

(Use continuation sheet if necessary)

11. Approved in substance for the life of the project as described in the PROP, subject to the conditions cited in Block 10 above, and the availability of funds. Detailed planning with cooperating country and drafting of implementation documents is authorized.

This authorization is contingent upon timely completion of the self-help and other conditions listed in the PROP or attached thereto.

This authorization will be reviewed at such time as the objectives, scope and nature of the project and/or the magnitudes and scheduling of any inputs or outputs deviate so significantly from the project as originally authorized as to warrant submission of a new or revised PROP.

A.I.D. APPROVAL	CLEARANCES	DATE
	EA/SEA:GEPierson	
	EA/SEA:JBlack (draft)	
	EA/SEA:WHMeinecke (draft)	
SIGNATURE	EA/TECH:JShafer (draft)	
AA EA:Roderic L. O'Connor (RODERIC L. O'CONNOR) — TITLE; 13 JAN 1970 — DATE	A/CONT	

(See separate PROP), (5) assisting the RTG in improving human nutrition in rural areas by developing a family of inexpensive, readily available high protein foods. (See separate PROP).

An adequate number of regional training centers for the training of auxiliary health workers will be established and or improved. Curriculum for the training of both male and female multi-purpose health workers at these institutions will be improved and expanded.

Rural health facilities, including first class, second class and midwifery centers will be established and staffed as rapidly as possible according to population criteria.

Rural hospitals will be improved and a system of referral and cooperation between the rural health centers and the hospitals will be established.

The Faculty of Public Health will be improved and expanded to cope with the requirements of an increasingly larger group of public health professional personnel of many disciplines who will be required for planning, and supervising rural health development projects.

The creation of a health planning unit at a high level within the MOPH will be encouraged. A health manpower survey will be conducted which should bring into sharper focus the limitations caused by the shortage and maldistribution of doctors and other health personnel in providing adequate health and medical services in rural areas and direct attention to the necessity of training auxiliary health personnel to perform services that could conceivably meet 75-80% of rural health needs.

Selected participant training in the U.S. and third country (is being conducted), based on an inventory of essential needs with priorities for training abroad given to candidates who can substantially contribute to the Government's capability for developing and conducting health and medical programs in rural Thailand.

A small rural health research project will be established to (1) study specific rural health problems and to improve existing techniques and develop new ways for providing rural health services, (2) stimulate greater usage of health services in rural areas (3) increase understanding and interest about health problems of rural people among medical students, nursing students and medical school faculty, and (4) to develop the model for the integration of special disease control projects such as malaria, trachoma, yaws, leprosy and tuberculosis.

In-service training programs, and seminars will be held as required to improve the quality of health workers. Training programs for selected village leaders will be held before villages are selected for intensive health development.