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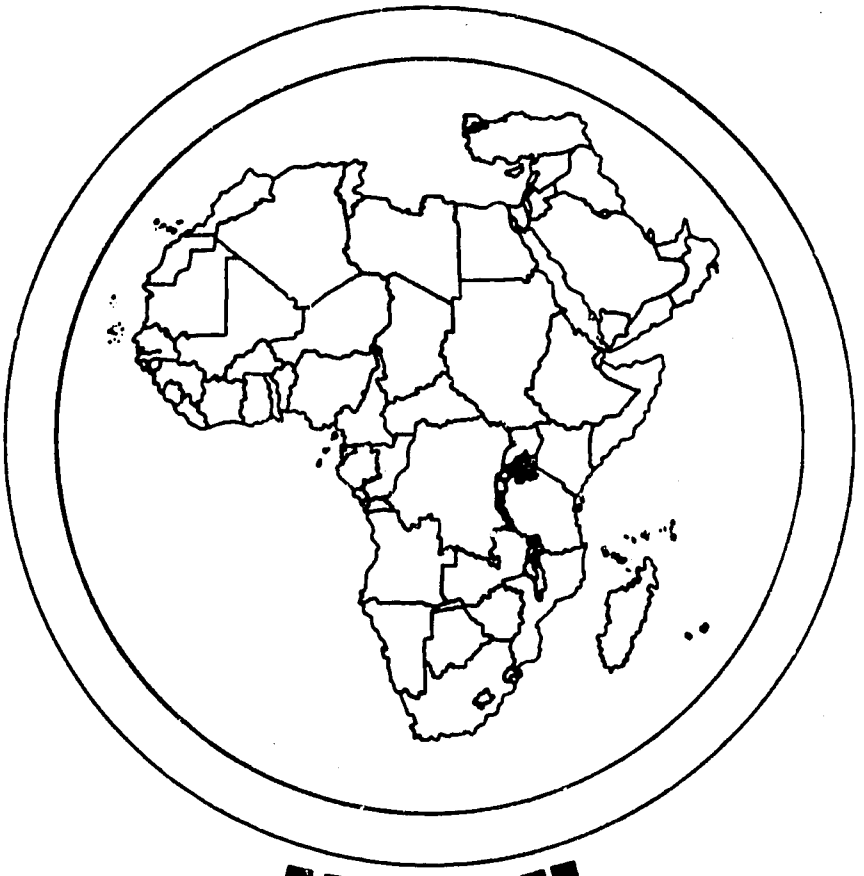


INTRAH

# TRIP REPORT # 0-30

TRAVELERS: Ms. Pauline W. Muhuhu, INTRAH
E/SA Office Director

COUNTRY VISITED: THAILAND

DATE OF TRIP: January 14 - February 9, 1985

PURPOSE: To provide technical assistance to PDA in curriculum development and to make arrangements for African officials' study tours

## TABLE OF CONTENTS

EXECUTIVE SUMMARY ..... i

SCHEDULE ..... ii

I. PURPOSE OF THE VISIT ..... 1

II. ACCOMPLISHMENTS ..... 1

III. BACKGROUND ..... 3

IV. DESCRIPTION OF ACTIVITIES ..... 4

V. FINDINGS ..... 20

VI. CONCLUSIONS ..... 21

V. RECOMMENDATIONS ..... 22

APPENDICES

Appendix A List of Persons Contacted

Appendix B PDA Organizational Chart

Appendix C PDA/INTRAH Training Project Proposal (Draft)

Appendix D PDA/INTRAH Collaborative Project

Appendix E List of African Participants of the PDA Asian Centre Training Programs: 1982-1984

Appendix F PDA Curriculum for Development and Management of Community-Based Family Planning, Health and Development Programs

Appendix G List of DTCP Publications Ordered

Appendix H List of Publications Obtained by Traveler

## ABBREVIATIONS

| | | |
|---|---|---|
| ASIN | - | Association for Strengthening Information for National Family Planning Program. |
| CBES | - | ( -Based Emergency Services (refugee program) |
| CBFPS | - | Community-Based Family Planning Services Program |
| CBIT | - | Community-Based Incentives/Thailand |
| CBIRD | - | Community-Based Integrated Rural Development |
| DTCP | - | Development Training and Communication Planning Program |
| ECA | - | Economic Commission for Africa |
| ESCAP | - | Economic and Social Commission for Asia and the Pacific |
| MOPH | - | Ministry of Public Health |
| TAVS | - | Thailand Association for Voluntary Sterilization |
| VSS | - | Voluntary Surgical Sterilization |

## EXECUTIVE SUMMARY

Ms. Pauline W. Muhuhu, INTRAH ES/A Office Director visited Thailand from January 14 to February 9, 1985 to provide technical assistance to the Population and Community Development Association (PDA) in development of a curriculum for African health/family planning managers and to make arrangements for African officials' observational study tours in July and September 1985. During a one-month stay in Thailand, Ms. Muhuhu worked closely with the PDA/Asian Centre's Training Division and, in particular, with Khun Tanaporn Praditwong, the Community Information Division Manager and Acting Head of the Training Division.

Several visits were made to PDA's community-based services and development activities, both urban and rural. Four other FP/POP non-governmental agencies were visited. These were DTCP, TAVS, ASIN and ESCAP. Discussions were also held with USAID officials and Ministry of Pubic Health personnel in Bangkok and Chiang Mai. As a result, observational sites for the African officials' visits were selected and an INTRAH/PDA training program plan was proposed for the training of African CBD development teams.

Major findings of the visit were:

1) Due to its unchallenged success, Thailand could serve as a case study in community-based services and development for African countries.
2) PDA, a non-governmental organization (NGO) that has played a big role in the country's development progress could serve as a training model.
3) INTRAH has the potential to effectuate coordination between Thailand and several African countries which plan to include community-based family planning and development activities to existing clinic-based services.

Following these findings, recommendations were made for INTRAH to provide technical assistance to the PDA Training Division in order to strengthen its training capability and for INTRAH and PDA to implement the CBD Development Teams training project.

**SCHEDULE**

| | | |
|---|---|---|
| January 14, 1985: | Arrival in Bangkok in the afternoon. | |
| January 15: | Telephone contact with Khun Tanaporn Praditwong at the Asian Centre. Rest. | |
| January 16: | Morning: | Visit to the Asian Centre, Training Division. |
| | Afternoon: | Departure for Khon Kaen Province. Night at Maha Sarakam |
| January 17: | Morning: | Visit to Maha Sarakam Appropriate Technology Centre. |
| | Afternoon: | Visit to Bampai Centre and Community Based-Integrated Rural Development Project. |
| | Evening: | Departure for Bangkok. |
| January 18: | | Asian Centre. Briefing on PDA Youth Program activities. |
| January 19 & 20: | | Rest (weekend). |
| January 21: | Morning: | Visit to Ministry of Public Health (MOPH), IEC Section. |
| | Afternoon: | Visit to Thai Association for Voluntary Sterilization (TAVS). |
| | Evening: | PDA reception - Asian Centre. |
| January 22: | Morning: | Visit to Economic Social Commission for Asia and the Pacific (ESCAP). |
| | Afternoon: | Visit to MOPH, National Family Planning Program. |
| January 23: | Morning: | Visit to Construction Workers Day Care Centre. |
| | Afternoon: | Visit with Mobile Vasectomy Campaign Team. |

| | | |
|---|---|---|
| January 23: | Evening: | UN/PDA reception in honour of Mr. Meechai Viravaidya's nomination for the UN Population Award. |
| January 24: | | Visit with School Health Team (2 schools). |
| January 26 & 27: | | Rest. |
| January 28: | Morning: | Visit to Association for Strengthening Information for National Family Planning Program (ASIN). |
| | Afternoon: | Visit MOPH, Training and Supervision Section. |
| | Evening: | Departure for Chiangmai (Northern Province). |
| January 29: | | Visit with Mobile Injectable Campaign. |
| January 30: | | Visit to MCH Centre and Chiangmai Government Hospital/Chiangmai University, Department of Ob/Gyn. |
| January 31: | Morning: | Visit to PDA Appropriate Technology Centre, Vieng Pa Poab. |
| | Afternoon: | Visit to community development/income generating projects. Visit to government health centre. |
| February 1: | | Visit to YMCA Youth and Development Programs. |
| February 2: | | Rest. |
| February 3: | | Discussion with PDA officials on proposed African CBD Program Managers Project. |
| February 4: | Morning: | Return to Bangkok. Luncheon meeting with Mr. Terrence Tiffany, USAID Health and Population Officer. |
| | Afternoon: | Conclude discussions at PDA. |

| | | |
|---|---|---|
| February 5: | | Rest (sick). |
| February 6: | | INTRAH/PDA project drafting. |
| | | Preliminary discussions on curriculum for CBD Managers Workshop. |
| February 7: | | Consultations with Ms. Lynn Knauff, INTRAH Deputy Director in Bangkok. |
| February 8: | Morning: | Meeting with Khun Tanaporn Praditwong and Ms. Lynn Knauff at the Asian Centre. |
| | Afternoon: | Meeting with Mr. Terrence Tiffany, USAID. |
| | | Meeting with Khun Chusie, Khun Lertlak, Ms. Lynn Knauff and Dr. James Veney. |
| February 9: | | Departure for Manila. |

## I. PURPOSES OF THE VISIT

1. Familiarization with PDA community-based family planning activities.
2. Development of a CBD Program Management curriculum for African health/family planning managers in collaboration with PDA training team.
3. Finalization of arrangements for African officials' observational study tours in July and September 1985.
4. Consultation with Dr. Perla Sanchez, Executive Director of Institute for Maternal and Child Health, Manila, Philippines, on the nurse/physician clinical skills training planned for April/May 1985. This consultation was initially planned to take place in Bangkok but later changed to take place in Manila.

## II. ACCOMPLISHMENTS:

1. Visits were made to several PDA urban and rural community-based programs and discussions were held with PDA staff providing the community-based services and also with the recipients of these services. The experience provided an insight into the magnitude of the work performed by one agency, how these innovative approaches have enhanced development of communities, enabled millions to receive family planning services and, to a certain extent, developed community commitment to control its own population growth.
2. Visits were made to the Ministry of Public Health and non-governmental agencies dealing with population and family planning activities. The NGO's visited included ASIN and TAVS. The manner in which these groups coordinate their activities to complement and supplement each other is impressive.
3. Discussions with 2 trainers and Acting Manager of the Training Division of the Asian Centre provided useful information on the nature of training conducted at the Centre. The role of the trainers seemed limited while their preparation and capability were viewed as inadequate.

4. A review of the international training curriculum for development and management of community-based family planning, health and development programs was done. The curriculum consists of topical outlines under individual module headings (see Appendix F).
5. Records of participants of PDA international courses were reviewed and a list of African participants was obtained (see Appendix E). This list could be useful to INTRAH in its future CBD training activities in Africa.
6. Materials on community-based family planning services were obtained as references (see Appendix H for the list).
7. Sites for observation by the African officials were selected, and detailed plans were drawn up and agreed on by both INTRAH and PDA.
8. Instead of developing a curriculum for an African CBD program managers' workshop, a preliminary project plan that included several activities was prepared by Khun Tanaporn Praditwong and Ms. Muhuhu for review by Ms. Lynn Knauff.
9. A debriefing meeting was held with Mr. Terrence Tiffany, USAID Health and Population Officer, who expressed support for the preliminary plans.
10. A debriefing and consultations with Ms. Lynn Knauff, INTRAH Deputy Director, were conducted during the last 2 days of Ms. Muhuhu's visit. The preliminary plans described in #8 were reviewed, and streamlined in readiness for further discussions with Khun Tanaporn Praditwong.
11. On Ms. Muhuhu's last day in Bangkok, an INTRAH/PDA project plan that provides for strengthening of PDA trainers' capability and training of African CBD development teams was drawn up.
12. Another meeting with Mr. Terrence Tiffany, Ms. Lynn Knauff and Dr. James Veney on the proposed plan was held at USAID.

## III. BACKGROUND INFORMATION

During FY 1984, the last year of PAC I, African countries began to express interest in community-based family planning services that would accelerate and expand provision of family planning services. The need to prepare personnel to direct such programs was also expressed. In 1984 INTRAH assisted the Child Spacing and Family Planning Council of Zimbabwe (CSFPC) in development of a CBD Procedures Manual for community-based distributors who are employees of CSFPC. Additionally, INTRAH explored the possibilities of using CSFPC as a future CBD training site as Zimbabwe is one country that has a national CBD program with several years' experience. CSFPC was not yet ready to embark on training at the international level; therefore INTRAH considered other possibilities.

In November 1984, INTRAH Deputy Director, Ms. Lynn Knauff (who is familiar with the Thai CBD program) visited the Asian Centre of the Population and Community Development Association (PDA) in Bangkok to hold preliminary discussions on the possibility of PDA conducting CBD management courses for INTRAH-sponsored participants from African health and family planning institutions. The Asian Centre was willing and interested in conducting a workshop during CY 1986 (the Centre's calendar for 1985 was full).

INTRAH Deputy Director Ms. Lynn Knauff and Khun Tanaporn Praditwong, Acting Manager, PDA Training Division and Mr. Terrence Tiffany, USAID/Bangkok agreed that Ms. Pauline W. Muhuhu, INTRAH E/SA Office Director would visit Bangkok to familiarize herself with PDA work and assist in arrangements for study tours and curriculum development. Further communication took place between Khun Tanaporn Praditwong and Ms. Pauline Muhuhu to finalize arrangements for the visit.

## IV. ACTIVITIES

### A. The Asian Centre of The Population and Community Development Association (PDA)

The Asian Centre in Bangkok served as Ms. Muhuhu's base during her stay in Bangkok. Office facilities were provided for her use. Training records were made available whenever reference to them was required. The staff of the Training Division provided all the necessary logistical support and one of them accompanied Ms. Muhuhu to all institutions or service sites she visited. The schedule for weeks 2-4 was developed by both Ms. Muhuhu and Khun Tanaporn Praditwong.

On the first day a briefing on the overall functioning of PDA and its relationship with the Ministry of Interior and the Ministry of Public Health and population/family planning non-governmental agencies in Bangkok was conducted by Khun Guia, a senior training officer. PDA activities include:

1. training;
2. voluntary distribution programs;
3. community-based integrated rural development activities, e.g. use of appropriate technology, income-generation activities etc.;
4. community-based incentives project (new project);
5. water resource development;
6. mobile school health;
7. construction worker childrens' day care services;
8. youth counselling programs;
9. mobile vasectomy programs;
10. community-based emergency programs (refugee programs); and
11. clinic based services.

The Training Division has a core staff made up of:

- Khun Tanaporn Praditwong, Acting Manager;
- Khun Guia, Senior Trainer;
- Khun Kanaporn, Trainer;
- Khun Tittaya Metah, Administrative Officer;
- Khun Martha Smith (new member on one-year contract); and
- Khun Napasri, new Senior Trainer (commenced work on February 1, 1985).

It is the responsibility of the trainers to schedule the training activities, give some lectures and accompany participants on observation trips. There is extensive use of guest speakers. The trainers are also assisted by 2 audio-visual staff from the Communication and Information Division.

The Centre has an impressive audio-visual section with modern audio-visual communication hardware and conference halls. There are films on Thai CBD programs.

A series of international training courses for 1985 was reviewed. These are divided into three categories:

a) General courses:

These are two week courses on development and management of community-based family planning, health and development programmes. This course is divided into 20 modules.

b) Intensive courses:

i) Development and management of community-based family planning and development programs. A three-week course, similar to the general course but includes some field work.

ii) Development and management of fertility related income-generation in community-based programs. A three-week course (16 modules).

c) Special courses:

i) A two-week course on monitoring, research and evaluation of community-based programs (14 modules).

ii) Two 2-week participation and observation programs in family planning, health and community development.

iii) A two-week course on contraceptive social marketing (13 modules).

B. Visits to PDA Community-Based Integrated Rural Development Programs and Projects:

1) A visit was made to the Appropriate Technology Centre in Maha Sarakam in Northeast Province (Khon Kaen). The Centre stands on a ten acre piece of land. Staff provide training, technical assistance and support to contraceptive users in the use of a variety of appropriate technologies. The Centre aims at improving the

quality of life of the community it serves through improvement of sanitation and water, use of available sources of energy, and income-generating industries. The program's goal is for the community to eventually become self-reliant. Activities observed at this Centre include:

i) Poultry and pig industries. The Centre breeds, conducts trials on various breeds, and distributes to the community members who wish to participate in the program (and who are contraceptive users). These program participants are given onsite technical assistance in the maintenance aspects of the industry. Volunteers are taught immunization and treatment of the poultry and pigs to enable the villagers to use their own resources instead of depending on PDA staff. In addition, PDA assists the villagers in marketing their produce.

ii) Sanitary improvement activities. This involves the making of toilet seats that are sold to program participants at a lower cost than in the commercial sector. At the time of the visit, the Centre had an order of 700 seats from Maha Sarakam town alone.

Rain water catchment tank making is another activity of the Centre. Trials were being conducted on how to treat the water in these tanks.

iii) Energy conservation activities: These include appropriate technology for pumping water through use of wind mills and production of biogas.
The Centre is a good example of the economical use of small pieces of land. It serves 5000 families in 30 villages.

2) Visit to Bampai Centre and Its Rural Development Programs and Projects (Khon Kaen)

This is a fairly new centre which has some very productive community programs that include water resource development, integrated rural development and community-based incentive projects. Visits were made to several villages,

each participating in one or more of the above projects. Water tanks seem very popular. In this project the community builds one water tank per family. When payment is made, the next family gets a tank built. Villagers expressed satisfaction with the system and the advantages of having water especially during the dry season.

The Community-Based Incentives/Thailand Project (CBIT) is very impressive and demonstrates yet another of PDA's community development projects. This is a 3-year PDA/Columbia University project in which a study on community incentives is being carried out in 9 villages. Three of the villages are control groups while 6 villages serve as experimental groups. Each experimental group is further divided into subgroups of all women (women of reproductive age and a mixed group made up of couples). The purpose of the incentive is to encourage effective family planning practice.

After a contraceptive prevalence survey (CPS) each group was given 50,000 bahts. Every three months, the contraceptive survey is repeated and any change is noted and discussed with the villagers. Each contraceptive method used has a monetary value. With each CPS update the initial amount of money is increased-calculated per new acceptor by method, change from a temporary to a permanent method, and continuation. Each participating member, whether practicing family planning or not, has a share and the shares increase by methods used. The money is for the villagers to make use of for further development of the village, either through individual member development or by the village community as a group.

The villagers are given technical assistance to manage their money. During the first year PDA provided most of the assistance in management of the account and loans to members but now the villagers are capable of handling the account through a village committee. Loans given are used for income-generating activities. The interest rate from this account is 6% less than that of commercial loans. Priorities in loans are given to those practicing family planning.

Interviews were conducted with villagers from one of the experimental groups (mixed). This group had raised its initial 50,000 bahts to 274,000 bahts over a period of 2 years. At the beginning of the project, 36 couples were not practicing family planning. At the time of the visit, only 19 were not. The villagers expressed great satisfaction with the project and supported this with personal testimonies such as "Before the inception of the project, this village was very poor;

now we have money from which villagers can get loans"; "Before we could not afford loans from the banks because we had no sureties, now all the surety we need is being participants of the projects"; and "I could not afford a cow before, now I have one." There was also great project ownership pride expressed by the villagers. In the second year of the project, PDA's findings are that:

- Villagers can manage their affairs with supervision.
- The role of women in development can be improved.
- The contraceptive prevalence rate is 20% highest in the experimental groups, and highest among the mixed subgroup and among those who had not been practicing family planning prior to the project.
- After 2 years, there is a population growth delay in the mixed subgroup village.

3) Discussions with Volunteer Distributors and Their Supervisor - (PDA)

Volunteers in two villages, one in Northern and one in Northeast Provinces described their responsibilities and how they distribute contraceptives and de-worming medications. Their records were inspected and no major problems were reported by any of the volunteers. These are non-paid satisfied users. The supervisor is paid by PDA and is also a satisfied user.

4) Visit to PDA Community Development Programs in Northern Province (Chiang Mai area)

Vieng Pa Poah, the first (PDA) Appropriate Technology Centre is similar to that in Maha Sarakam. In this area a women's weaving project that is a Government/PDA joint program was visited. These women are capable of managing their own weaving industry and seek markets on their own, e.g. making uniform materials for schools and hospitals. This particular village won a provincial award on development. Pottery is another income-generating activity in this village.

5) Discussions On and Visits to PDA Youth Programs (Bangkok)

Discussions were held with Khun Urai Homthawee and her staff both at the Asian Centre and in the field (urban Bangkok). The Youth Program was started in 1980 in Bangkok area and now has 1320 youth volunteers in 3 areas. Youth activities include: youth-generated activities, school health, construction worker children's day care centres (some run by youth volunteers), one-to-one counselling and telephone services. Education and information are also conducted through publications. PDA attributes the success of the youth program to the following:

- activities specifically designed to capture youths' interests;
- youths' commitment to work for the community;
- freedom and support for youths to select their own activities;
- information on population problems as a cause of social problems; and
- use of youths' free time and work in groups.

6) Visit with School Health Teams (PDA)

School health teams at work were observed in 2 schools. This program provides annual check-ups for children at low cost and advice to parents where abnormalities are detected. Teachers view this as a very useful service for the children. The schools visited were in low-income areas and the service is therefore welcomed by parents who cannot afford time and the expense of check-ups in the private sector. Each school retains the child's health record and the parent receives a report and advice after each check-up.

7) Visit to Construction Worker Childrens' Day Care Centre (PDA)

The centres are, in most cases, mobile. As the construction work ends on one site the workers move to the next as do their children. Both men and women work on these sites and the children have no base for school. PDA has therefore established these day care centres which move with the workers. Youths volunteer to assist in these centres. The volunteers interviewed at the Centre expressed the problem of having to mix older children and young ones. There are ten year olds and above who have never been to school before and all are accommodated in the

same class. In the Centre observed, there are children at three levels of learning. One teacher volunteer had to deal with children on each level separately, yet in the same limited space. Nevertheless these children do acquire some knowledge.

8) Visit with the Vasectomy Campaign Team:

This was a very good experience. PDA medical staff, in a very colorful bus that serves as a theatre (2 vasectomies could be performed simultaneously), park on street corners and broadcast the availability of the services. In 2 hours 16 clients had vasectomies and the response seemed very spontaneous. Policemen on patrol were observed walking in, having the vasectomy and continuing with their patrols. Discussions with the doctor revealed that usually the response in such campaigns is quite good and that only a small percentage of complications has been reported. These include haematoma and local infections.

Along with the vasectomy campaigns, there is an education program on parasite control.

Factors That Have Facilitated the Success of PDA Work in Population and Development Seem to be:

- Khun Meechai's innovativeness and ability to get things done;
- Community participation in its own development activities gives rise to a sense of belonging and commitment;
- Use of local people as volunteers;
- Coordination with government and other agencies;
- Trust and reputation that PDA enjoys in the country;
- PDA staff's understanding of PDA goals and commitment to PDA; and
- Staff support/encouragement for innovations.

C. Visit to Ministry of Public Health (MOPH)

In all, four visits were made to various sections of the Family Health Division, MOPH. These are - the National Family Planning Section, IE & C Section, and Training and Supervision Section. Two visits were made to the latter.

In 1970 the Thai Cabinet issued a statement declaring that:

> "The Thai Government has the policy to support voluntary family planning in order to resolve various problems concerned with the very high rate of population growth rate which constitutes an important obstacle to the economic and social development of the nation."

During the 3rd & 4th plan period, i.e. 1972 - 1981, the population growth rate was reduced from 3.2% to 1.9%. The current plan is to further reduce the growth rate to 1.5% by 1986.

The purpose of Ms. Muhuhu's visits to the MOPH was to familiarize herself with the strategies and activities that have contributed to this reduction of the population growth rate and to learn about the Ministry's coordination with other FP/POP and development agencies. In one of the visits, Ms. Muhuhu teamed up with a team of Bangladesh physicians for a briefing on the functions of the National Family Planning Program. Insights (summary follows) were gained on the inception and delivery of family planning services within the public health service infrastructure from 1965 to the present.

Birth of a Population Policy

| Year | Event |
|---|---|
| 1950's | Symptoms of economic and social ills begin to appear. |
| 1959 | World Bank Mission to Thailand mentions rapid population growth in relation to ills. |
| Early 1960's | K.A.P. surveys on birth control and desired family size reveal unmet demand for family planning. |
| 1964 | A pilot project is started to see if couples will accept family planning (Potaram). |
| Mid 1960's | Courses are offered in reproductive biology and demography in the universities. |

| | |
|---|---|
| 1968 | The Ministry of Public Health establishes a Family Welfare Project to provide and monitor hospital-based family planning services (avoids the term "birth control" and "Family Planning"). |
| 1970 | The National Economic Planning Board adopts an official policy which states that the population growth rate must be reduced because rapid population growth slows economic growth. |
| 1971 | A National Family Planning Program is officially established and all Ministry of Public Health clinics become family planning service outlets. |

The following charts graphically illustrate two major developments that made family planning a success in Thailand:

1) The number of family planning service outlets increased at a much faster rate than the population.
2) The number of family planning methods available at rural hospitals increased five-fold.

**Public Health Service Infrastructure and Family Planning Services: 1965 - 80**

| LEVEL | 1965 | 1970 | 1975 | 1980 PRESENT |
|---|---|---|---|---|
| PROVINCIAL HOSPITAL<br>% coverage of quota | 100%(N=83) | 100%(N= 85) | 100%(N= 88) | 100%(N=89) |
| DISTRICT HOSPITAL<br>outlet : total pop.<br>% coverage | 1 : 200,000<br>33%(N=154) | 1 : 150,000<br>44%(N=227) | 1 : 166,000<br>46%(N=254) | 1 : 149,000<br>50%(N=297) |
| TAMBON HEALTH CENTER<br>outlet:total pop.<br>% coverage | 1 : 14,500<br>34%(N=2,119) | 1 : 10,000<br>49%(N=3,358) | 1 : 9,000<br>56%(N=4,676) | 1 : 7,500<br>66%(N=5,862) |
| VILLAGE HEALTH VOLUNTEER<br>% coverage of quota | | | | 8%<br>(N : 38,976) |

Source : Health Planning Division 1983

## Contraceptive Acceptance

A summary of new acceptors served by the national program including the major private providers is presented in the following: (Numbers are in 1,000)

| Year | All Methods | | Pill | | IUD | | Sterilization | | Injectables | |
|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % | N | % |
| 1970 | 225 | 100 | 132 | 59 | 74 | 33 | 19 | 8 | – | – |
| 1971 | 404 | 100 | 295 | 73 | 86 | 21 | 23 | 6 | – | – |
| 1972 | 456 | 100 | 327 | 72 | 90 | 20 | 33 | 7 | 6 | 1 |
| 1973 | 422 | 100 | 269 | 64 | 93 | 22 | 50 | 12 | 10 | 2 |
| 1974 | 494 | 100 | 305 | 62 | 90 | 18 | 80 | 16 | 19 | 4 |
| 1975 | 562 | 100 | 345 | 61 | 75 | 13 | 90 | 16 | 25 | 4 |
| 1976 | 665 | 100 | 377 | 56 | 72 | 11 | 105 | 16 | 73 | 11 |
| 1977 | 829 | 100 | 489 | 59 | 75 | 9 | 126 | 15 | 69 | 8 |
| 1978 | 941 | 100 | 558 | 59 | 78 | 8 | 168 | 18 | 87 | 9 |
| 1979 | 1,121 | 100 | 615 | 59 | 78 | 7 | 174 | 17 | 118 | 11 |
| 1980 | 1,120 | 100 | 654 | 58 | 79 | 7 | 183 | 16 | 150 | 13 |
| 1981 | 1,125 | 100 | 635 | 56 | 80 | 7 | 177 | 16 | 170 | 15 |
| 1982 | 1,116 | 100 | 622 | 56 | 83 | 7 | 166 | 15 | 177 | 16 |
| 1983 | 1,183 | 100 | 598 | 50 | 127 | 11 | 174 | 15 | 206 | 17 |

Source : Research and Evaluation Section, Family Health Division

Note : Acceptors of condom and foam are included in the total after 1974

Extract From "Basic Facts in Family Health Thailand":

Family Health Division, Department of Health, Ministry of Public Health, 1984.

The Thai Family Planning Program benefited every time the Ministry built and staffed a new hospital or health center. In this way the NFPP could concentrate its resources on training and commodities.

The National Family Planning Program is currently promoting a two-child family size norm in order to stabilize population growth. This means approximately 80% of all couples would have to practice family planning by the year 2000.

To support the contraceptive services the National Family Planning Program has two other very active sections-namely the Information, Education and Communication Division, and the Training and Supervision Division.

The IEC Division carried out several activities in its information dissemination role. These include:

- training and follow-up of IEC personnel.
- public education by health officers in 7000 health centers.
- use of volunteers for dissemination of information. Currently the section uses 300,000 village health counselors and 30,000 village health volunteers (one health volunteer for 10 households).
- education through mobile health teams. The section started with 10 units which have grown to 120 by 1985. This is a rather expensive approach but has proven very useful. The teams conduct 5,000 activities per week.
- use of mass media including radio talks and folk songs once a week for 30 minutes by 40 radio stations in the country. Drama programs are contracted to radio drama groups and are broadcast daily in the 40 stations with 25% of radio drama-time being dedicated to family planning.
- extensive use of printed material. 30 materials are produced each year by sub-contractors. These include: pamphlets, training manuals and posters. Thai literacy level is approximately 90% and therefore printed material has a potential for large readership.
- IEC Division runs a "Model Mother" contest in which one of the criteria is first child at 25 years of age.

This section liaises closely with the PDA Communication and Information Division to avoid duplication of materials and to facilitate greater distribution of the materials produced by each agency.

Two visits were made to the Training and Supervision Section. The second visit was made with INTRAH Deputy Director Ms. Lynn Knauff and INTRAH Evaluation Officer Dr. James Veney to discuss MOPH-proposed INTRAH assistance.

During the first visit on January 28, 1985, Ms. Muhuhu met with Khun Tassanee Bamrung, the Educational Materials Specialist and Khun Soodsanguam Thana-Udom, the IUD Training Supervisor.

In addition to other training programs, this section is charged with family planning training and has a training staff of 30. The trainees are followed up by supervisors from this section. IUD insertion trainees are also followed-up through a postcard system. The section had received DTCP-supported consultation and technical assistance through UNFPA funding.

D. Visit to Other Government Health Facilities in Chiang Mai Area.

Three facilities in this area were visited. These include: Department of Ob/Gyn, Faculty of Medicine, Chiang Mai University; MCH Centre; and Health Centre.

1. The Department of Ob/Gyn and the Centre for Family Planning Program (CFFP) was visited on 03/1/85 and discussions were held with Dr. Thawatchai Tansathit, Head, Department of Ob/Gyn and Dr. Suporn Silpisornkosol, an Ob/Gyn Specialist. This department is linked to the Centre for Family Planning and is based in a government hospital. The Family Planning Unit provides education, training, family planning services and conducts research. Its objectives are:

- "To continue the education and training in human reproduction and family planning both undergraduate and post graduate levels."
- "To scrutinize and validate the current contraceptive technology as well as relevant research in family planning."
- "To maintain and offer all means of family planning in order to support the National Family Planning Program."

Present activities of the department include:

- Training and education of medical students, midwives and ob/gyn interns and residents;
- Operational research in family planning; and
- Family planning service delivery to approximately 9,000 - 10,000 acceptors each year with approximately 1,200 tubal sterilizations and 300 vasectomies per year.

The Uganda MOH study team would benefit from discussions with the staff here as this department is similar to the Ob/Gyn department at Makerere University.

2. The Chiang Mai MCH Centre was visited on the same day. This is one of the midwifery training centres supervised by the Training and Supervision Section of the MOPH in Bangkok. By the end of the training, the midwives (apart from midwifery services) are capable of providing oral contraceptives but need additional training for insertion of IUD's. Upon graduation the midwives return to the provinces from which they were recruited.

In addition to midwifery training, the Centre provides general MCH services, dental care, family planning services that include temporary and permanent methods, and refresher training courses for midwives every five years.

3. A brief visit was made to a health centre in Chiang Mai region on 31 January, 1985. The centre serves 5 villages in a sub-district. It has a staff of 3, and 75 volunteers. Services provided through this centre include: curative, preventive, MCH, and deliveries. The family planning methods available are oral contraceptives, IUD's, injectables, and sterilization by visiting doctors from the nearby hospital.

E. <u>Visit with McCormick Mobile Injectable Team: (Chiang Mai)</u>

The team was headed by the Director, Dr. Boonchom Avreevong. In addition to Ms. Muhuhu, there were two Bangladesh visitors from the Contraceptive Social Marketing Sector. This was a very busy mobile clinic whose clients ranged from

young adults (below 25 years) to middle aged women. Unlike other projects observed, this one did not have any development activities integrated into it. There is minimal screening of clients, no age criteria and no follow-up checks. Africa/Asia study tour officials should visit this program but controversial issues should be anticipated.

F. Discussions with Development Training and Communication Planning (DTCP) Staff:

Ms. Muhuhu had previously met with DTCP Director, Dr. Romeo Gecolea, informally. During this visit on 25 January, 1985, discussions were held with both the Director and the Regional Program Officer, Mr. Najib Assifi.

DTCP is a service unit of UNDP, whose goal is to strengthen the capability of the regional governments to make rural projects more effective. DTCP staff are made up of professionals in planning and programming and also specialists in various technical fields. Its priority countries are Bangladesh, Nepal, Laos, Indonesia and China. DTCP currently has 16 projects in 6 countries and is emphasizing the building of institutional communication capability.

A tour of the Training, Communication and Training Materials Units was conducted under the direction of Najib. The set-up is ideal for training and some very impressive training case-studies (rubber plantation project) were reviewed. Ms. Muhuhu's impression of Najib was that he is a very effective trainer. DTCP was identified as an agency for the African team to visit.

G. Visit to Association for Strengthening Information for National Family Planning Program (ASIN)

This association was founded 8 years ago and is funded by FPIA at a level of 30 million bahts per year. ASIN supports voluntary sterilization projects in private clinics and clinic-based activities in private hospitals. The clinics or hospitals have to be registered with ASIN. For every tubal ligation performed in a clinic, ASIN

pays an incentive sum of 200 bahts, and 250 - 300 bahts for vasectomies. The money is paid to the clinic but not to individuals. During this meeting, Ms. Muhuhu met with Khun Chaleo Srisawangpan, the Project Administrator.

## H. Discussions with Thailand Association for Voluntary Sterilization Staff (TAVS)

On 21 January, Ms. Muhuhu visited TAVS which was established in 1975 for the purposes of:

- Providing training and manpower development;
- Strengthening voluntary surgical contraceptive service delivery through financial and educational materials support; and
- Providing IEC support programs.

Some of the scientific activities carried out by TAVS are studies in vasectomy, medical and safety standards, and voluntary surgical contraceptive counselling.

Though surgical contraception seems to be widely accepted in Thailand, TAVS has to deal with rumours, fear of pain, desire for many children, and religious beliefs. In the area of service delivery TAVS expressed need for more specialists, need for VSC counselling, strengthening of IE&C, and adequate funds.

In a discussion on the possibility of the African delegation visiting TAVS, the Executive Director showed enthusiasm and expressed his desire to work with Ugandans in Uganda.

## I. Visit to United Nations Economic and Social Commission for Asia and The Pacific (ESCAP)

A courtesy call was made to the Chief of ESCAP and discussions were held with Mrs. Helen Kolbe, the Chief of the Clearing House and Information Section. Mr. Asif facilitated the meeting and showed a slide presentation on the functions of ESCAP. These functions include clearing information on general demography and fertility in the region, training, publications translations, maintenance of a correspondence network, research, and distribution of literature.

Discussions with Mrs. Helen Kolbe provided information on:

- population policies in the region (Malaysia, China, Thailand, Philippines and India);
- national population commissions (Thailand, Nepal and Philippines); and
- the counterpart of ESCAP in Africa (Economic Commission for Africa in Addis Ababa) - RIRS - with Mr. Okwojo as the representative in Ghana.

This sophisticated Centre obviously deals with a large volume of literature on population activities in the Asia and Pacific region.

## V. FINDINGS:

1. Thailand has advanced a long way and has succeeded in slowing down its population growth rate more than some African countries over the same period. The Thai success could be shared with other countries with the same aspirations. In addition to slowing the population growth rate, the community development activities integrated with family planning activities have enhanced community socio-economic growth and a trend towards community self-reliance.
2. PDA with its innovative approaches to community development and community-based family planning services emerges as a model of the contribution that a non-governmental agency can play in a country's development.

   Additionally, PDA has infrastructures that could offer a variety of learning experiences in community-based health, family planning and development activities. It has many and dedicated workers. PDA is willing to assist African countries that wish to provide community-based services.

   The Asian Centre has a good training facility with modern equipment. The service infrastructures would serve as good training sites as well. The training staff are however depleted and there is extensive use of guest lecturers.

The Acting Manager of the Training Division intends to revise the training modules to strengthen the training programs conducted by the Centre. Lastly, 23 persons from health, nutrition and family planning programs in Africa have participated in various PDA training activities since 1981.

3. There appears to be a close coordination of all the agencies participating in family planning activities in the country. Areas of operation for each agency are defined facilitating large coverage of population with no overlapping. The involvement of the Minister of Interior (local administration) ensures local support for service providers through mobilization of the communities.

## IV. CONCLUSIONS

This visit was useful to the traveler in terms of new insights gained in alternative family planning service delivery systems and beneficial to INTRAH in that possible areas of collaboration with Thai agencies have been identified for future work in Africa.

The findings in this report lead to conclusions that:

1. Thailand is a suitable site for INTRAH to consider as a training model in CBD work for African countries that intend to add community-based services to already existing clinic-based services.
2. PDA's ability to operationalize its innovative ideas could serve as a case study for countries beginning community-based services and development activities. INTRAH should, therefore, tap this sound resource for community-based service manpower development in Africa. Additionally PDA's interest in expanded assistance to African countries planning to train service providers could be incorporated into an INTRAH/PDA project that enables INTRAH to strengthen institutional capability for PDA and, at the same time, assist countries intending to add or expand community-based family planning services to the existing services. Such an opportunity would also create a trans-regional (Asia/Africa) exchange of ideas.

3. Close inter-agency coordination is the key to success in Thailand. Many countries in Africa are in the process of delineating roles for various agencies in their own countries. Such countries could learn from Thailand's experience.

## VII. RECOMMENDATIONS:

Considering the findings in this report, it is recommended that:

1. INTRAH provide assistance to PDA in strengthening of Training Division capabilities through training team skills development activities.
2. INTRAH and PDA implement the CBD Development Teams Project proposed during this visit (see Appendix C).
3. The Africa officials' observational study tour include visits to institutions and sites identified by Ms. Muhuhu during this visit and plans be made for follow-up by INTRAH and PDA (see Appendix D).
4. Where possible and during in-country activities, INTRAH will follow-up the 23 persons who have participated in PDA programs in the past to assess their performance since participation and their suitability as resource persons in future CBD training in Africa.

## LIST OF APPENDICES


| | |
|---|---|
| APPENDIX A: | LIST OF PERSONS CONTACTED |
| APPENDIX B: | PDA ORGANIZATIONAL CHART |
| APPENDIX C: | PDA/INTRAH TRAINING PROJECT PROPOSAL (DRAFT) |
| APPENDIX D: | PDA/INTRAH COLLABORATIVE PROJECT |
| APPENDIX E: | LIST OF AFRICAN PARTICIPANTS OF PDA ASIAN CENTRE TRAINING PROGRAMS: 1982 - 1984 |
| APPENDIX F: | PDA CURRICULUM FOR DEVELOPMENT AND MANAGEMENT OF COMMUNITY-BASED FAMILY PLANNING, HEALTH AND DEVELOPMENT PROGRAMS |
| APPENDIX G: | LIST OF DTCP PUBLICATIONS ORDER |
| *APPENDIX H: | LIST OF PUBLICATIONS OBTAINED BY TRAVELER |


*Publications available from INTRAH Nairobi Library.

## APPENDIX A

### Persons Contacted

**USAID/Bangkok**

Mr. Terrence Tiffany, Chief Population/Health/Nutrition

Ms. Patricia Moser, Population Program Officer

**The Asian Centre of Population & Community Development Association (PDA)**

Mr. Meechai Viravaidya, Chairman
(met at a dinner reception at the Asian Centre)

Mr. Tavatchai Traitongyoo, Acting Director

Ms. Pairojana Sornjitti, Director, Community-Based Appropriate Technology & Development Services Bureau, Rural Population and Health Bureau

Ms. Tanaporn Praditwong, Communication and Information Division Manager and Acting Head of Training Division

Ms. Urai Homthawee, Head, Youth Program

Mr. Ardis Yenprasitti, Unit Head, Water Resource Development

Ms. Guia, Senior Trainer, Training Division

Ms. Martha A. Smith, Temporary Trainer, Training Division

Ms. Tittaya Metah, Administrative Officer, Training Division

Ms. Kanaporn, Trainer, Training Division

Ms. Napasri, Trainer, Training Division

Mr. Wilas Lohitkul, Unit Head, Community-Based Integrated Rural Development

**PDA: Khon Kaen Province**

Mr. Prasong Lertpayub, Head of Water Resource, Bampai Centre

Mr. Boomrod Leeram, Head, Community-Based Integrated Rural Development Centre, Bampai

Mr. Pakoru Sriruenthong, Head, Community-Based Integrated Rural Development Centre, Mahasara Kam

Mr. Praween Payapvipapong, Development and Training Advisor to MOPH, Khon Khaen (a Health Education graduate from UNC)

PDA, Northern Province (Chiang Mai)

Mr. Warawit Pinchai, Head, Community-Based Integrated Development Centre, Vieng Pa Poh

Mr. Promamin Mahawarm, Village Volunteer (distributor)

Mr. Thamrong Sinantha, Village Supervisor

Ministry of Public Health (Family Health Division)

Dr. Morakot Kornkasen, Director (Courtesy call)

Dr. Suvanee Satayapan, Assistant Director

Ms. Chusie Sujpluem, Head, Training, Education and Supervision Section

Mrs. Soodsanguam Thana-Udom, Head, IUD Insertion Training, Training, Education and Supervision Section

Ms. Piyanuch Amornchewin, Acting Head, Public Relations and Information Education (IEC)

Dr. Suwath Singhakovin, MCH Centre, Region 5, Chiang Mai

Mr. Suphamit, Village Health Centre, Waravieng

Dr. Prathan Ninmanhemntir, Director MCH Centre, Chiang Mai

Mc Cormick Hospital, Chiang Mai

Dr. Boonchom Areevong, Director

YMCA Chiang Mai

Mr. Vorakit Kantakalung, Executive Director

Ms. Kannikar Sittisak, Executive Coordinator

Mr. Sinturong Pannavalle, Deputy Executive Director

Ms. Phanomwan Yoodee, Head, Northern Development Information Centre, Community Development and Non-Formal Education Institute

Development Training and Communication Planning (DTCP) Bangkok

Dr. Romeo H. Gecolea, Director

Mr. Najib M. Assifi, Regional Planner/Programmer for Population Training and Communication Program

**Thai Association for Voluntary Sterilization (TAVS) Bangkok**

Mr. Arry Sriburatham, Executive Director

Mr. Somnuk Limtong, Program Officer

**Association for Strengthening Information for National Family Planning Programs (ASIN) Bangkok**

Mr. Chaleo Srisawangpan, Project Administrator

**United Nations Economic and Social Commission for Asia and The Pacific (ESCAP) Bangkok**

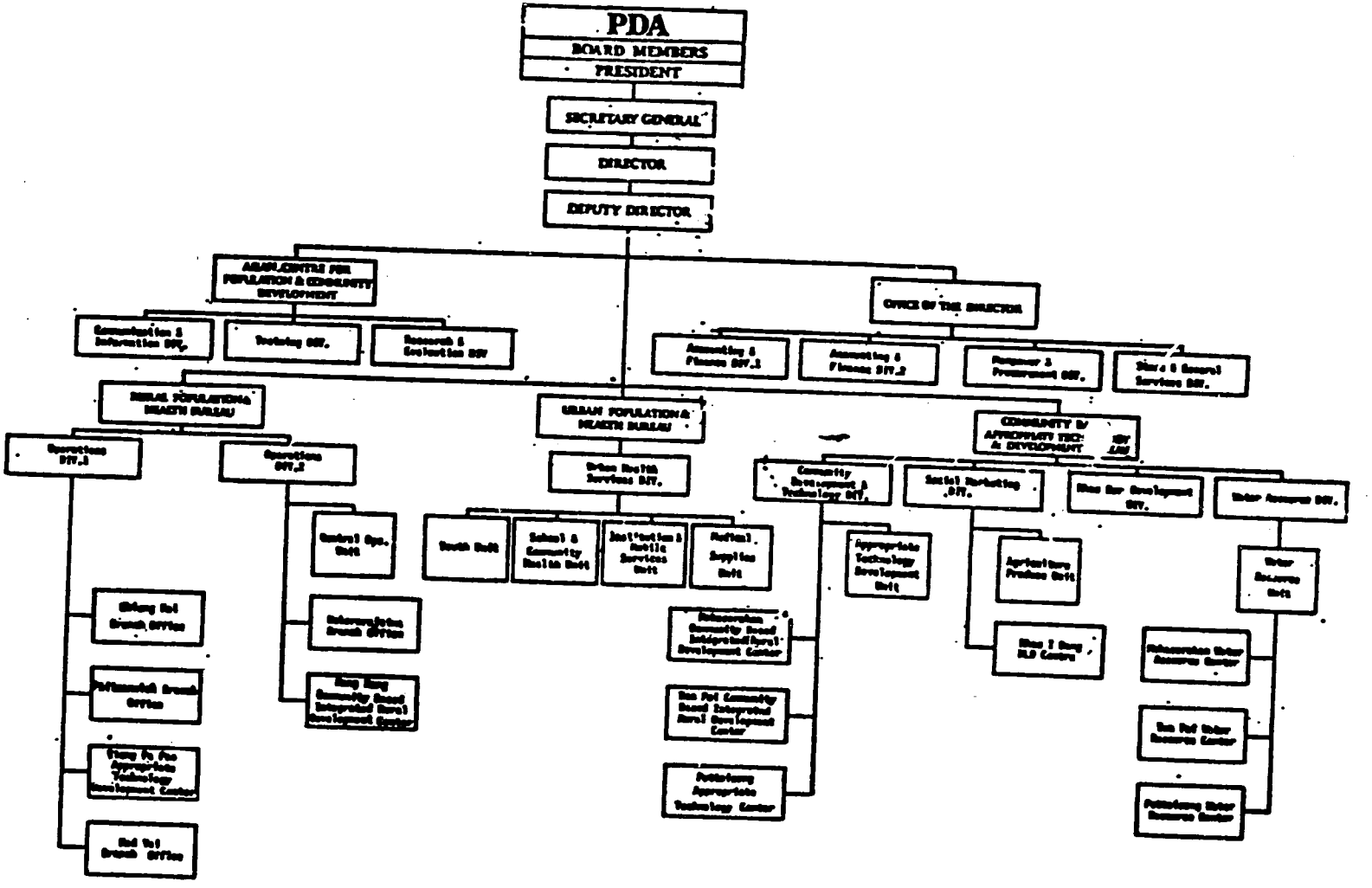
Ms. Helen K. Kolbe, Chief, Clearing House and Information Section

Mr. Asif - Position not indicated.

APPENDIX B

PDA ORGANIZATIONAL CHART

## Organization Structure of The PDA

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## APPENDIX C

## PDA (Thailand)/INTRAH TRAINING PROJECT: CBD TEAM DEVELOPMENT
## MAY 1985 - APRIL 1988

**DRAFT**

I. **GOALS:**

A. To strengthen training capability of the PDA trainers.

B. To prepare 4 CBD development teams from 4 African countries who will assume leadership in development and management of CBD programs in their countries.

II. **OBJECTIVES:**

A. To train the PDA Acting Manager of the Training Division in training program management.

B. To train 4 country teams (4 persons in each team) from 4 African countries for provision of community-based family planning services in development and management of CBD programs.

C. To train 6 PDA training staff in training skills, team building skills, and training program development skills.

D. To orient the PDA Training Division Manager and one other trainer to participating African countries.

E. To perform training needs assessments.

F. To provide in-country follow-up for i) Uganda MOH senior officials and core training team ii) CBD development teams.

G. To provide technical assistance in follow-up and planning for Phase II of the project.

H. To provide a forum for Mr. Meechai Viravaidya to share ideas on how to succeed in CBD family planning services and development with African health and development agencies.

I. To establish a linkage for future collaborative relationships between the Institute of Maternal and Child Health (IMCH) which is predominantly a clinic service delivery training agency and PDA which is a community-based service training agency.

## III. BACKGROUND INFORMATION

Interest has been expressed in African countries in which INTRAH has been working for expansion of family planning services to the community level. In these countries the major service delivery system is clinic-based.

The Population and Community Development Association (PDA) in Bangkok has successfully developed a community-based family planning system that incorporates family planning with some aspects of family health care (parasite control, school health, sanitation, etc.) and community development activities (income-generating, road and water systems, etc.). This community oriented approach which fosters self-reliance appears to be very appropriate to rural agricultural populations which also predominate in a number of African countries.

INTRAH therefore views PDA as a model for African countries or institutions that plan on establishing community-based family planning services.

The PDA trainers have facilitated a series of international courses on:

a) Development and Management of Community-Based Family Planning Health and Development Programs.
b) Development and Management of Fertility Related Income - Generation in Community-Based Programs.
c) Monitoring, Research and Evaluation of Community-Based Programs.
d) Contraceptive Social Marketing.

Since 1979, more than 600 persons from 34 countries have participated in these courses. Of these, 22 are from African countries (Appendix E gives a list and addresses of the African participants). The trainers as a group have not had formal training in training program development skills. The current Acting Training Manager expresses need for building up these skills.

PDA has expressed interest in participating in a training project with INTRAH that enables PDA to develop a training system, ensures closer links with trainees in Africa, and with the assistance of INTRAH, ensures a more meaningful type of training in Africa where definite outcomes of the training will be predetermined, monitored and evaluated with a potential for in-country assistance as the need arises.

## IV. PARTICIPATING COUNTRIES/AGENCIES

These will be those with existing clinic-based family planning services which wish to include a community-based component in their service delivery systems, have resources available to ensure implementation of a CBD component, and are commited to the service. From each country a team of 4 will be selected. These include the director of MCH/FP services, a planner, an implementor and the person responsible for FP training in the country. In addition to the 4 countries' teams, it is also recommended that 2 INTRAH staff (1 from Chapel Hill and 1 from E/SA Office) 1 REDSO/ESA representative, and 1 REDSO/WCA representative participate to form the fifth team. As this project is viewed as complex, costly and of great potential, the inclusion of a fifth team made up of INTRAH and AID representatives is highly recommended. This team would serve as a linkage between PDA and the African participants; serve as facilitators during the workshop; and provide assistance to the participating countries after completion of the training.

V. CBD TEAM DEVELOPMENT WORKPLAN: MAY 1985 - APRIL 1988

| | ACTIVITY | DATES | SITE | PARTICIPANTS | COMMENTS |
|---|---|---|---|---|---|
| 1. | Training Program Management | May 13 - June 24 | MSH Boston | Khun Tanaporn Praditwong | |
| 2. | Integration of Family Planning and Community Development Observation Study Tour I | 1 - 13 July, 1985 (2 weeks) | Bangkok<br>Chiangmai<br>Khonkaen | 10 Uganda MOH officials<br>Executive Director (FPAU - Uganda)<br>Dr. Matovu (CAFS - Kenya) | Participants will identify:<br>a) aspects for application of CBFPS in African FP Programs<br>b) potential resource persons who might assist in development of a plan for CBFPS<br>This is a specially designed study tour. |
| 3. | Family Planning, Health and Community Development participation and Observation II | 16 - 18 Sept. 1985 (2 weeks) | Bangkok and other | 8 Ugandan MOH officials | These will attend the regular PDA observation program. A comparison of the two groups will be made. |
| 4. | Training of Training Team and Population Commission Follow-up | Jan. 6 - 24 | IMCH Manila | 7: PDA trainers | |
| 5. | a) Orientation and Needs Assessment<br>b) Follow-up of Uganda officials | 2 - 22 Feb. 1985 (3 weeks) | Tentatively<br>Uganda<br>Kenya<br>Nigeria | 2: Ms. Tanaporn Praditwong and another PDA trainer | The two will familiarize themselves with African situation and identify CBD training needs, identify and meet with potential candidates for CBD development team workshop, in preparation for curriculum development. Will meet with Ugandan officials who participated in Activities 2 & 3. Will confer with INTRAH ESA office. |

31

| | ACTIVITY | DATES | SITE | PARTICIPANTS | COMMENTS |
|---|---|---|---|---|---|
| 6. | CBD Team Development Workshop - Phase I | 9 - 29 Nov. 1986 (2 weeks) | Bangkok | 16: 3 country teams made up of Head MCH/FP services planner, implementer and trainer.<br>1 Agency Team<br>2 INTRAH<br>2 REDSO<br><br>Tentatively participating countries would be Kenya, Uganda, and Nigeria. | 1. During workshop participants will work in:<br>a) one large group<br>b) country teams<br>c) position teams, e.g.:<br>- MCH/FP service heads from 3 countries<br>- All planners<br>- All implementers<br>- All trainers<br>d) Agency team will play roles of participants and facilitators.<br><br>2. Each country team will develop a plan of action for implementation on return home. |
| 7. | In-Country Follow-Up of Activity 6 Participants | 7 - 27 June 1987 (3 weeks)<br>12 - 25 July 1987 (2 weeks) | Kenya, Uganda and Nigeria | 3: 2 PDA trainers<br>1 INTRAH<br>3: 2 PDA trainers<br>1 INTRAH | There will be 2 PDA follow-up teams.<br><br>1st team will confer with 2nd team before the latter leaves for East Africa. |
| 8. | CBD Follow-Up and Planning for Phase II | 6 - 19 March 1988 (2 weeks) | Nairobi | 12: CBD Team Members from Kenya, Uganda and Nigeria. | Facilitators will be 1 INTRAH and 2 PDA trainers. Khun Mechai Viravaidya will be invited as a Special Guest for part of the workshop. Participants will review and share progress and problems in the implementation of their projects and develop plans for implementation in the next phase. |

NB. A more detailed proposal will be found in Ms. Lynn Knauff and Mr. Ray Baker's Trip Report #0-34 covering the period February 6 - 23, 1985. (See Appendix C for details.)

32

## APPENDIX D

**PROJECT TITLE:** **PDA/INTRAH COLLABORATIVE PROJECT**

**ACTIVITY TITLE:** **Integration of Family Planning and Community Development Observation Study Tour for African Health Officials**

### I. GOAL:

To introduce Ministry of Health/Uganda Family Planning Association of Uganda and Kenya (CAFS) senior managers to a system of urban and rural community-based family planning services that complements clinic-based services and other development sector activities.

### II. OBJECTIVES:

To enable African officials to:

- observe and examine strategies for delivery of community-based family planning services.
- observe and examine roles of the public sector, health sector and other development sectors in implementation of community-based family planning programs.
- identify aspects for application of community-based family planning services in African family planning program.
- identify potential resource persons who might assist in development of a plan for community-based family planning service.

### III. BACKGROUND:

#### Uganda

The Ministry of Health of the Government of Uganda (MOH) is responsible for provision of health services for the majority of the Ugandan population. For over 20 years, the Family Planning Association of Uganda (FPAU), an affiliate of the International Planned Parenthood Federation (IPPF) has been providing family planning services in Uganda. This service has only reached a small percentage of the population. In 1982, the government expressed a need for Uganda to slow down its current population growth rate of 3.2% to 2.6% by 1986. Subsequently, the

MOH issued a statement calling for integration of family planning services into all maternal and child health (MCH) services in the country, both in government and non-governmental institutions. As a step towards facilitation of the integration, INTRAH provided assistance in training of service providers at hospital-based clinics and also assisted in development of a prototype curriculum for implementation in basic and post-basic non-physician health training programs.

For the next 5 years, the MOH plans to accelerate and expand the clinic-based family planning services from hospitals to health centres and MCH centres. At this early stage when Uganda is developing a national family planning program, a need has been identified for the health decision makers to become familiar with non-clinic-based family planning service delivery systems that have been successful.

**Thailand**

The Population and Community Development Association (PDA) in Bangkok has successfully developed community-based family planning programs that incorporate into family planning some aspects of primary health care (parasite control, sanitation etc.) and development activities (income-generation, roads, water supply). This community-oriented approach which fosters self-reliance appears very appropriate to predominantly rural agricultural populations. The ease of access to family planning services afforded by community-based services enhances utilization of the services, hence improving the health, economic and social welfare of the communities served.

Given the success of the PDA program, INTRAH found it appropriate to introduce the senior Ugandan Ministry of Health and Family Planning Association of Uganda officials to this innovative and successful system of community-based service delivery as part of the 3-year INTRAH MOH training program.

## IV. DURATION AND DATES:

The Ugandan and Kenyan officials will visit Thailand in 2 groups. Each visit will be 2 weeks in length.

Group I will participate in a specially structured study tour from July 1 - 13, 1985.

Group II will attend a regular Asian Centre observation activity from September 16 - 28, 1985.

The approximate number of days in Thailand for each group will be 15.

## V. PARTICIPANTS

19 Senior Ministry of Health Officials (MOH), Uganda
1 Family Planning Association Official (FPAU), Uganda
1 Official from the Centre for African Family Studies (CAFS), Kenya

Each team will be accompanied by an INTRAH staff member.

PARTICIPANTS' PARTICULARS

| | POSITION | PROFESSION | RESPONSIBILITIES | COMMENTS |
|---|---|---|---|---|
| 1 | Permanent Secretary (PS) | Administrator | Head of the Ministry of Health | Answerable - Ministry Health. |
| 2. | Director of Medical Services (DMS) | Physician | Head of professional health services in the country - Technical Advisor to the Permanent Secretary and Minister | Responsible to the Minister |
| 3. | Assistant Director of Medical Services - MCH (ADMS/MCH) | Physician | Incharge of all Maternal and child health services<br>Deputizes for DMS in his absence | Responsible to DMS |
| 4. | Assistant Director of Medical Services - Medical (ADMS/M) | Physician | Incharge of curative services in the country | Responsible to DMS |
| 5. | Assistant Director of Medical Services - PH | Physician | Incharge of Preventive services in the country | Responsible to DMS |
| 6. | Assistant Director of Medical Services - Primary Health Care (ADMS/PHC) | Physician | Incharge of National Primary Health Care program | Responsible to DMS |
| 7. | Assistant Director of Medical Services - Planning (ADMS/P) | Health Planner (Non-physician) | Incharge of research and evaluation | Responsible to DMS |
| 8. | Assistant Director of Medical Services - Education (ADMS/E) | Physician | Incharge of all health teaching and training institutions in the country | Responsible to DMS |
| 9. | Assistant Director of Medical Services - Health Education (ADMS/HE) | Health Educator (Non-physician) | National health education programs and material development | Responsible to DMS |
| 10. | Chief Nursing Officer (CNO) | Nurse | Incharge of Nursing services in the country | Responsible to DMS |

| | POSITION | PROFESSION | RESPONSIBILITIES | COMMENTS |
|---|---|---|---|---|
| 11. | FP Training Coordinator | Nurse, Midwife/FP Practitioner and Tutor | FP training program development and management.<br>MOH/USAID FP program coordination.<br>FP/POP interagency liaison. | Responsible to ADMS/MCH |
| 12. | Core Training Team, of 6 | 3 Nurse Midwives/FP Practitioner and Tutor<br>1 Medical Assistant/FP practitioner/tutor<br>1 Health educator<br>1 physician (MCH/FP Specialist) | Training needs assessment curriculum development.<br>Training resources development.<br>Training in FP.<br>Follow-up and monitoring of trainee post training performance.<br>Training impact evaluation.<br>The physician is also MCH/FP coordinator at the National and teaching hospital in Kampala. | Responsible to training coordinator<br>Full time FP training responsiblity except for physician |
| 13. | Chief Health Inspector | Sanitarian | Incharge of environmental health in the country. | |
| 14. | Chief Pharmacist | Pharmacist | Incharge of procurement and distribution of drugs in the country. | Responsible to DMS |
| 15. | Executive Director (Family Planning Association of Uganda - FPAU) | Administrator | Management of FPAU. | Included on the trip because FPAU has played a big role in FP services in the country and will continue to do so. |
| 16. | Medical Director (Centre For African Family Studies (CAFS)) | Physician | Program Officer, Health and Family Planning Specialist in CAFS. | Included on the trip as INTRAH/CAFS collaborative efforts for future CBFP training in Africa |

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37

TENTATIVE PROGRAM SCHEDULE FOR GROUP I

| PROGRAM DAY | DATE/1985 | ACTIVITY | SITE | COMMENTS |
|---|---|---|---|---|
| | June 29 | Arrival | Bangkok | Staying at Windsor Hotel. Will be met by PDA staff at the Airport. |
| | June 30 | Rest | Bangkok | |
| 1 & 2 | July 1 & 2 | Orientation to:<br>1) PDA work in Thailand in general<br>2) PDA rural and urban family planning program<br>3) PDA monitoring system | Asian Centre - Bangkok | Will visit some urban activities. |
| 3 | July 3 | Visit to Ministry of Public Health's<br>a) National Family Planning Program<br>b) Information, Education and Communication Section<br>c) Training and Supervision Section | Bangkok | |
| 4 | July 4 - August 8 | 1. Travel to North Eastern Province<br>2. Visit CB Integrated Centre and one PDA clinic on the way | Khon Kaen<br>- Nakoknrajsrima<br>- Burirum | Night at Mahasarakam |
| 5 | July 5 | Visit Appropriate Technology and Development Centre | Mahasarakam | Night at Mahasarakam |
| 6 | July 6 | Visit Community-Based Integrated Rural Development projects and meet with villagers | Bampai | Leave for Bangkok in afternoon |
| 7 | July 7 | Rest | Bangkok | |

| PROGRAM DAY | DATE/1985 | ACTIVITY | SITE | COMMENTS |
|---|---|---|---|---|
| 8. | July 8 | Visit Development Training and Communication planning centre (DTCP) | Bangkok | Leave for Chiang Mai by Air; Night at Suriwongse Hotel. |
| 9. | July 9 | Visit Government Hospital and MCH Centre | Chiang Mai | |
| 10. | July 10 | Visit and observe Mc Gomick Injectable Mobile Program | Chiang Mai | This date depend on Mobile Clinic schedules |
| 11 | July 11 | Visit PDA and MOPH activities:<br>1) PDA village appropriate technology and community development centre<br>2) CBD program through volunteer system<br>3) Joint PDA/RGT, income-generating project<br>4) MOPH Health Centre | Vieng Pa Pao | Opportunity to meet with distributors, supervisors and villagers. |
| 12. | July 12 | Wrap-up session in hotel in the morning. | Surriwongse | Leave for Bangkok by train. |
| 13. | July 13 | Arrive in Bangkok. Free day.<br>Depart in evening for Entebbe. | | Bon Voyage |

APPENDIX E

LIST OF AFRICAN PARTICIPANTS OF THE PDA ASIAN CENTRE TRAINING PROGRAM 1982 - 1984:

A. Development and Management of Community Based Family Planning Health and Development Programs:

1. Ms Maggie A. Gona — July 1982
Social Welfare Officer
Municipal Council of Mombasa
P.O. Box 90440,
MOMBASA, Kenya.

2. Ms. Freda M. Mudoga — July 1982
Regional Program Officer
The Pathfinder Fund (sub-Sahara Africa)
P.O. Box 48147,
NAIROBI, Kenya.

3. Ms. Rachael O. Balalola — July 1982
Principal
Midwifery School
University College Hospital
IBADAN, Nigeria

4. Ms. Alice O. Adekola — July 1982
Health Care Administrator,
Family Planning Unit
Department of Obs & Gynae,
University College Hospital,
IBADAN, Nigeria.

5. Samuel K. Gathitu — July 1983
Regional Supply Coordinator
IPPF Africa Region,
P.O. Box 30234,
NAIROBI, Kenya.

6. Nimrod A. Mandara MD — July 1983
Program Officer - Medical
IPPF Africa Region
P.O. Box 30234,
NAIROBI, Kenya.

7. Ms. Nguru Kanyua, — October, 1983
Information & Education Officer,
Family Planning Association of Kenya
P.O. Box 30581,
NAIROBI, Kenya.

8. Mr. Abayomi Fajobi — October, 1983
Executive Director,
Planned Parenthood Federation of Nigeria,
PMB 12657,
2 Aminmade Street,
Anthony BHS Stop
Ikorudu Road,
LAGOS, Nigeria

..../

9. Mr. Suglo Sakara Hamidu — February 1984
Regional Coordinator
Planned Parenthood Association of Ghana,
P.O. Box 257,
TAMALE Ghana.

10. Mr. Marc Noor Ahmed Okunnu,
Director of Programmes
PPFN,
2 Akinmade Street,
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11. Mr. Jonathan Njita Mallaba,
Senior Health Educator,
Family Planning Association of Tanzania (UMATI),
P.O. Box 597,
MWANZA, Tanzania.

12. Dr. Ravocatus S. Nyanyi, MD.
Project Coordinator,
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NAIROBI, Kenya.

13. Ms. Eileen Baresford Cole,
Chief Clinical Officer,
PPSL,
P.O. Box 1094,
22 Pultney Street,
FREETOWN, Sierra Leone.

14. Mrs. Scholastica Malekela — October 1984
Senior Nutritionist,
Tanzania Food & Nutrition Centre,
P.O. Box 997,
DAR ES SALAAM, Tanzania.

Resource Development for Family Planning Associations - February 1983:

15. Mrs. Angela W. Gethi,
Executive Director,
Family Planning Association of Kenya,
P.O. Box 30581,
NAIROBI, Kenya.

16. Mr. Enoch Japhet M'rabu,
General Manager,
The Agricultural Finance Corporation,
P.O. Box 30367,
NAIROBI, Kenya.

.../

17. Mr. Leonard E. Ngugi,
Chief Economist,
Ministry of Economic Planning & Development,
P.O. Box 30005,
NAIROBI, Kenya.

18. Mr. Abu King,
Resource Development Officer,
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22 Pultney Street,
FREETOWN, Sierra Leone.

19. Mr. Edmund Thomas Cole,
Executive Secretary,
Planned Parenthood Association of Sierra Leone,
P.O. Box 1094,
FREETOWN, Sierra Leone.

20. Mr. Ibikunle May - Parker,
Deputy Secretary,
Planned Parenthood Association of Sierra Leone,
P.O. Box 30,
FREETOWN, Sierra Leone.

B. Monitoring, Research & Evaluation of Community Based Programs - Nov. 1983:

21. Mr. Jean Karambizi,
Program Officer,
FPIA, Africa Regional Office,
Haile Selassie Avenue, Cooperative House,
NAIROBI, Kenya.

22. Mr. Godfrey Kaduru,
Research/Legal Officer,
Partners for Productivity,
P.O. Box 52800,
NAIROBI, Kenya.

23. Mr. Oyelola O. Oladayo,
Project Coordinator,
Family Planning Project Centre,
Department of OB-GYN and Perenatology,
University of Ife,
Ile-Ife, Nigeria.

APPENDIX F.

## PDA CURRICULUM FOR DEVELOPMENT AND MANAGEMENT OF COMMUNITY BASED FAMILY PLANNING, HEALTH AND DEVELOPMENT PROGRAMS:

### INTRODUCTION:

For the purpose of this report this section has been omitted.

### OBJECTIVES:

To provide training in the development, implementation and management of CB family planning, health and development programs.

To investigate appropriate management techniques that can be utilized for more efficient and effective CB family planning health and development program implementation.

To examine and consider new innovations including demand creation strategies to strengthen/expand existing CB programs and move towards self-sufficiency.

To share and exchange information experiences in CB fertility and development management among developing countries.

### Module I FAMILY PLANNING IN THE 80's:

1. New concepts in family planning.
2. Approaches to control rapid population growth.
3. Family planning organization and administration.
4. Constraints to family planning program.
5. Family planning activities in some Asian/American countries.

   5.1 Thailand.

### Module II. RATIONALE BEHIND CBD AND ITS DIFFERENT APPROACHES.

1. Early development of FP delivery system.
2. Limitations of the clinical systems in isolation.
3. Concept of community based system.
4. Major approaches in community based systems and their differences

   4.1 House hold distribution program.

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4.2 Depot holder program.
4.3 Commercial retail sales program.
4.4 Other experiments.

5. Advantages and disadvantages of each CB approach.
6. Experience gained from CB system.

Module III. CBFPS IN THAILAND:

1. History and development of CBFPS in Thailand.
2. Rationale of CBFPS.
3. Features of CBFPS.
   3.1 Basic thrust of the program.
   3.2 Approaches in Program implementation.
      a) village program.
      b) institution program.
      c) private sector.
4. Financial resource and performance of CBFPS.

   4.1 Source of funds and commodities.
   4.2 Financial performance and financial position.
   4.3 Cost effectiveness.
   4.4 Towards self-sufficiency.
5. Impact and outlook.

Module IV: SOCIAL MARKETING AND COMMERCIAL DISTRIBUTION OF CONTRACEPTIVES:

1. An introduction to social marketing concept and its characteristics.
2. Various steps to design social change strategies.
   2.1 Define social change objectives.
   2.2 Consumer analysis through definition of target group, the needs, perception and attitudes.
3. Determination of marketing program.
   3.1 Types of products.
   3.2 Price structure.
   3.3 Identification of distribution channels and net work.
   3.4 The design of promotional strategies.

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44

4. Social marketing and commercial distribution of contraceptives.

Module V: INTEGRATION OF HEALTH AND FAMILY PLANNING:

1. Objectives of family planning program.
2. Theoretical conceptual inter-relationship between health nutrition and FP.
3. Effects of Nutritional Status on Maternal and infant mortality.
4. Risks involving mother - infants.
5. Effects of non-optimal child bearing on low birth weight.

Module VI: MEDICAL IMPLICATIONS, SUPERVISION AND REFERRAL SYSTEM OF CBD PROGRAM:

1. Introduction.
2. A country profile of health status in Thailand.
3. CB system as an extension of clinical system.
4. Medical implications of CB program.
   4.1 Fertility regulation.
   4.2 Maternal and child health.
   4.3 Parasite control.
   4.4 Other health status.
5. Medical supervision of CB program.
6. Referral system in CB program.
   6.1 Village program.
   6.2 Urban program.
7. Mobile Medical Services.
   7.1 Mobile Vasectomy.
   7.2 Mobile student health services.

Module VII: INCENTIVE, INCOME GENERATION & COMMUNITY DEVELOPMENT:

1. Development of incentives and disincentives.
2. Definitions of incentives and disincentives.
3. Types of incentives and disincentives.

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45

4. Psycho-social implications of incentives.
5. Linking fertility and development activities.

Module VIII: APPROPRIATE TECHNOLOGY & ITS ROLE IN DEVELOPMENT:

1. Definition of Technology and appropriateness.
2. Misconception of Appropriate Technology.
3. Strategies for community participation in appropriate technology.
4. Linkage between appropriate technology and rural development.
5. Cost benefit and long term effectiveness.

Module IX: DESENSITIZATION AND COST RECOVERY:

1. Understanding human nature and the community.
2. Approaching contraception via humour and visibility as opposed to contraception via science.
3. Innovative promotional strategies.
4. Cost recovery through IEC activities.

Module X: HUMAN RESOURCE DEVELOPMENT:

1. Scope of Human Resources.
   1.1 National Level.
   1.2 Community Level.
2. Identification of community needs.
3. Better utilization of resources.
4. Leadership support.
5. Management technology.
6. Self-reliant concepts and scheme.

Module XI: COMMUNITY ASSESSMENT TECHNIQUES:

1. Introduction.
2. Characteristic of rural life and rural people.
3. People's participation.
4. Planning subsystem.

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5. Monitoring and evaluation subsystem.
6. Communication and linkage subsystem.
7. Rewards and incentives subsystem.
8. Training sybsystem.

Module XII: PROGRAM ORGANIZATION AND MANAGEMENT:

1. Organization structure.
2. Principle and scope of management.
3. Line and staff functions and relationships.
4. Centralization vs decentrilization.
5. Coordination, communication and control in management.
6. Leadership in management.
7. Management and organization change.

Module XIII: MONITORING, RESEARCH AND EVALUATION OF CB PROGRAM:

1. Definition of evaluation.
2. Characteristics of program evaluation.
3. Processes of program evaluation.
   3.1 Monitoring.
   3.2 Impact assessment.
4. Tools of program evaluation.
   4.1 Service statistics.
   4.2 Sample surveys.
5. Presentation of results.
7. Utilization of results.

Module XIV: MANAGEMENT INFORMATION SYSTEM FOR CB:

1. Introduction.
2. Definition.
3. Expected benefits.
4. Strategies.
5. Process and operation.
6. MIS for decision making and corrective action.
7. Summary.

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Module XV: FINANCIAL PLANNING, MONITORING & SELF SUFFICIENCY:

1. Understanding the non-profit organization.
   1.1 Importance of financial management.
2. Financial planning and analysis for:
   2.1 Planning and budgeting.
   2.2 Monitoring.
   2.3 Evaluation.
   2.4 Tools.

Module XVI: PROJECT DEVELOPMENT:

1. System planning.
2. Knowing one's own country.
   - institutional framework.
3. Justification of needs.
4. Define goals and objectives.
5. Planning activities.
6. Budgeting.
7. Monitoring, evaluation and reporting.

Module XVII: PROGRAM DESCRIPTION BY PARTICIPANTS:

1. Review experience with incentives and disincentives country.
2. Discussing applicability of experience gained in seminar.
3. Country strategies for rural and urban development linked with incentives.
   3.1 Defining type of incentive.
   3.2 Size of incentives and to whom paid.
   3.3 Individual vs.cooperative approaches.

Module XIX: URBAN AND RURAL FIELD OBSERVATION:

1. Urban Program of PDA.
   1.1 School of Health Program.
   1.2 Drug store.
   1.3 Factories.
   1.4 Mobile vasectomy program.

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2. Thailand's urban FP Program.
   2.1 Ministry of Public Health.
   2.2 Bangkok Metropolitan Health Department.
3. Population Divison, ESCAP.
4. Rural Program.
   A. Government

   4.1 Government midwifery clinic.
   4.2 Maternal Child Health Centre and/or Provincial hospital.

   B. Non-Government
   4.1 Volunteer distributor program of PDA.
   4.2 Health Economic Centre of PDA.
   4.3 Other NGO Mobile program.

4

LIST OF DTCP PUBLICATIONS ORDERED: APPENDIX G

1 Lertlak Bursphat; A Training and Motivation Strategy for Family Planning 1977.

2. John Woods: Making Rural Development More Effective: A systems approach, 1982.

3. James French: A Case Study - Management Information Flows within the Thailand Rubber Development Program, 1978.

4. Jane Bunnag: Needs Appraisal, 1976.

5. Lertlak Bursphat; Some Problems Related to The Training Process, 1977.

6. Muangtong Khammani and Andrew Bertlett: Turning Thoughts Towards Training, 1983.

7. ; A Look at Training Philosophy, 1983.

8. ; The Roles and Responsibilities of Trainers, 1983.

9. Lertlak Burusphat; The Development of a Pelvic Model For Family Planning Motivation, 1976.

10. James French: Guidlines for Developing a Technical Manual, 1982.

11. Muangtong Khammani & Jonathan Cook; A Simple Approach to Training Needs Assessment, 1984.

12. John L. Woods; The Time for New Look at Training for Rural Based Development Projects, 1984.

13. J. Hern & Kumaree Komarakul; Suggested Approach for a Workshop To Plan Training,1979 (revised 1984).

## PUBLICATIONS OBTAINED

APPENDIX H

| Author(s) | Title of Publication | No. of copies |
|---|---|---|
| ESCAP | Population Headlines | 1 |
| | Population Programmes News (Focus on International Conference on Population) | 1 |
| ASIN | The roles of private medical institutes in FP and sterilization in Thailand, 1984 | 1 |
| ASIN | Association for strengthening information on FP Program | 1 |
| ESCAP | Inventory of selected local FP Programme experience in countries of ESCAP Region VOL. V. | 1 |
| ESCAP | Asian - Pacific and Worldwide Documents on Population Topics Vol. 5 No. 11 | 1 |
| | Journal of TAVS Dec. '81 | 1 |
| | Journal of the Thai Association for Voluntary Sterilization Dec. 83 | 1 |
| | Journal of the Thai Association for Voluntary Sterilization Dec. 82 | 1 |
| | Journal of the Thai Association for Voluntary Sterilization Dec. 80 Vol. 11 | 1 |
| National Family "NFPP" Planning Programme (Ministry of Public Health | NORPLANT - Long acting contraceptive capsules manual for clinicians and Health Personnel | 1 |
| Ministry of Public Health | National FP Programme (NFPP) An Overview | 3 |
| " | Population and FP in Thailand | 1 |
| Ministry of Public Health | Basic Facts in Family Health - Thailand | 3 |
| " | The Expanded Sterilization Project | 1 |

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| Author(s) | Title of Publication | No. of copies |
|---|---|---|
| Ministry of Public Health | Overview of Thailand's National FP Program | 1 |
| Ministry of Foreign ffairs | Mechai Nuravaidya, Thailand's Nomination for UN Population Award | 2 |
| United Nations | Clearing House and Information Section, Population Division | 1 |
| U.N. | Regional Population Data Bank | 1 |
| U.N. | Economic & Social Commission for Asia and the Pacific - Population Division | 1 |
| UNFPA | Focal Point for a Comprehensive Population Information Service in the ESCAP Region | 1 |
| U.N. | ESCAP Population Publication | 1 |
| YMCA | Report in Brief on Rural Development Feb. 81 - July '84. | |
| YMCA | Report from the YMCA of Chiangmai in Brief | 1 |
| TANS | Voluntary Sterilization in Thailand | 2 |