

PD-ARR 591



**Trip Report**

# 0-67

**Travelers:** Dr. George Walter,  
IHP Staff Member

**Country Visited:** THAILAND

**Date of Trip:** April 15-18, 1985

**Purpose:** Follow-up of MOPH Trainers  
who attended Jan/Feb 1985  
Refresher Training Skills workshop  
at IHP/Santa Cruz

ALL - DPT 3001 0 00-1111

930 9 641

000548

000104  
S

Program for International Training in Health  
208 North Columbia Street  
The University of North Carolina  
Chapel Hill, North Carolina 27514 USA

**TABLE OF CONTENTS**

**EXECUTIVE SUMMARY..... 1**

**SCHEDULE DURING VISIT.....ii**

**I. PURPOSE OF TRIP.....1**

**II. ACCOMPLISHMENTS.....1**

**III. BACKGROUND.....2**

**IV. DESCRIPTION OF ACTIVITIES.....2**

**V. FINDINGS.....3**

**VI. CONCLUSIONS..... 11**

**VII. RECOMMENDATIONS..... 11**

**APPENDIX A**

**Persons Contacted**

**APPENDIX B**

**General Information**

EXECUTIVE SUMMARY

Dr. George S. Walter, International Health Programs, University of California, San Francisco, visited Bangkok, Thailand, from April 15 - 18, 1985 to meet with trainers from the Family Health Division of the Ministry of Public Health who had been in Santa Cruz for a workshop in facilitation of training in January and February, 1985.

Principal contacts were:

Khun Chusie SUJPLUEN, Chief of Training,  
Supervision and Education  
Section

Khun Piengchai SATTAYUT, Chief of Training Sub-  
Section

Khun Nimnuan THAWISONBOON, Chief of Supervision and  
Evaluation Sub-Section

The third trainer who had attended the Santa Cruz workshop was unable to come to Bangkok from her provincial posting. Several working sessions were devoted to a review of the curriculum developed by the trainers in Santa Cruz and adapting it to the needs of the workshop being planned in Thailand. Aiding in that task was Dr. Lertlak S. Burusphat, voluntary consultant to the Family Health Division.

One morning was devoted to an orientation discussion and needs assessment meeting with two trainers from the Asian Center for Population and Community Development, who will be attending a workshop in Manila in January, 1986. Dr. Walter will be the facilitator at that workshop.

SCHEDULE DURING VISIT

Sunday, April 14 to

Monday April 15 Departure from San Francisco via PA II to Tokyo Narita; LH 641 to Bangkok, arriving at 9:40 PM. To Hotel Vientai.

Tuesday, April 16 Briefing with Mr. Terrence Tiffany and Khun Karoon at USAID; Discussions at Family Health Division, the Technical Support section, and the IEC section.

Wednesday, April 17 Discussion with Khun Tanaporn Praeditwong and Khun Guia Moralee-Yamokgul, trainers at the Asian Center for Population and Community Development. Briefed on PDA, and also did needs assessment for the TOT workshop to be held in Manila in January, 1986. Afternoon working sessions with FHD staff.

Thursday, April 18 Program discussions and review of training plans with Piengchai Sattayut and Nimnuan Thawisomboon, both of whom had attended the Santa Cruz-based TOT workshop in January 1985. Departed on Bangladesh Airlines Flight 073 for Dhaka at 4:45 PM.

I. PURPOSE OF TRIP

1. To meet with the trainers who had participated in the workshop at Santa Cruz.
  
2. To help them adapt the training module they had developed to the needs of the workshop being planned in Thailand.
  
3. To meet with trainers from the Asian Center for Population and Community Development and to conduct a preliminary needs assessment for them in preparation for the workshop to be held in Manila in January, 1986.

II. ACCOMPLISHMENTS

All three of these trip objectives were achieved. Details are presented in the body of the report.

### III. BACKGROUND

INTRAH has been providing technical assistance to the Family Health Division (FHD) of the Ministry of Public Health since the beginning of the PAC II contract. As part of that assistance, three trainers from FHD were sent to Santa Cruz in January, 1985 for a workshop in facilitation of training. The three had as a specific task the development of a training module in needs assessment. There were some philosophical and technical difficulties as they were preparing to use their module for the first time. Since the facilitator from Santa Cruz was to be in Southeast Asia for other consultations, it was logical to arrange that he break his trip in Bangkok to consult with the Training and Supervision section of the Family Health Division.

### IV. DESCRIPTION OF ACTIVITIES

The three days were spent in informal working sessions with the two trainers and the Director of Training and Supervision. A letter from Lynn Knauff, Deputy Director of INTRAH, had raised several questions about the proposed curriculum. It was used as a point of discussion for adaptation and modification of the module.

Orientation visits were paid to several of the other sections of the Family Health Division, and to the Asian

Center for Population and Community Development.  
Information from these visits is included in the "Findings"  
section of the report.

## V. FINDINGS

After lengthy discussions, the group revised the curriculum to be consistent with their perception of the health plans and strategies from local to national levels.

The participants cited numerous ways in which their experience in Santa Cruz had been useful. Their director confirmed that they had exhibited renewed motivation and a fresh approach since returning. A number of the materials and experiences from the workshop had already been put to use. It was possible for the consultant to review with them several of the books they had ordered. Some points, particularly about evaluation, were clarified during the review.

A visit was paid to the Population and Community Development Association (PDA) at the Asian Center. Two of their trainers who will be coming to the Manila workshop were interviewed:

- Khun Tanaporn PRADITWONG

Communication and Information Division Manager

She has a BA and an MA in Economics, and has come into training partly from her own interest, but also because the organization needs her as a training manager.

- **Khun Guia M. MORALES-YAMOKGUL**  
**Senior Training Officer**

She has a BA in Liberal Arts and a Master's degree in Education. She has taught continuously since completing her university education. She has taught at all levels from elementary through university. She is a Filipina married to a Thai, carries dual citizenship, and has lived in Bangkok 11 years.

The discussion resulted in the following recommendations for the training in Manila. The workshop should:

1. Include discussions of the most effective ways to deliver knowledge and change attitudes and practices.
2. Include discussions on how to become more effective trainers--not just logistics managers or coordinators.
3. Explore more effective ways to develop curricula to meet participants' needs.
4. Include discussions on how to train participants to start activities in their own countries.
5. Cover problem-solving techniques.

6. Devote time to team building experiences.
7. Discuss evaluation and follow-up of trainees, needs assessment, pre- and post-testing.
8. Insure time to participate in the development of curriculum.

These were helpful suggestions, coming without having had a great deal of time to think about them. A needs assessment questionnaire will be mailed to the PDA participants somewhat closer to the time of the training so that they can give a more considered response, and so other trainers who will be coming to the workshop can give input.

There are only four trainers in the Training section. The two who weren't interviewed have excellent educational backgrounds but limited experience in training. PDA will probably add two people from one of the other divisions who train with them from time to time.

## VI. CONCLUSIONS

The workshop in Santa Cruz was useful to the Thai participants, and they are applying their new knowledge and skills. The trainers should be capable of using the module they developed for the proposed trainings in needs assessment.

Two of the trainers from PDA gave clear suggestions for the workshop in facilitation of training to be held in Manila in January, 1986. It appears that the training will be useful to their organization.

## VII. RECOMMENDATIONS

The recommendations flow from the purpose of the trip. They are:

1. Continued support to the Training section of the Family Health Division through periodic visits.
2. Encourage a reassessment and modification of the needs assessment training module after its first use.

3. Plan similar kinds of training for additional staff of the FHD, either abroad, or in Bangkok.

4. Proceed with plans for the January training in Manila for staff from PDA. If additional participants are identified, it might be more cost effective to organize the training in Bangkok.

15

APPENDIX A

PERSONS CONTACTED

(listed in alphabetical order by agency)

MINISTRY OF PUBLIC HEALTH

Family Health Division

Khun Patama BHIROMRAT	Chief, IEC Section
Khun Nongnuch BOONYAKIAT	Chief, Technical Support Sub-Section
Dr. Morakot KORNKASEM	Director, Family Health Division
Khun Benjalak (Dang) SANSINGKEO	
Khun Piengchai SATTAYUT	Chief, Training Sub-Section
Khun Chusie SUJPLUEM	Chief of Training, Supervision and Education Section
Khun Nimnuan THAWISOMBOON	Supervision and Evaluation Sub-Section

Population and Community Development Association (PDA)

Khun Piyanuch AMORNCHEWIN	Public Relations and Information Section
Khun Guia M. MORALES-YAMOKGUL	Senior Training Officer
Khun Tanaporn PRADITWONG	Communication and Information Division Manager; Acting Training Manager

Dhurakypundit University

Dr. Lertlak S. BURUSPAT	Vice-President
-------------------------	----------------

USAID

Khun KAROON	Assistant to the Health, Population and Nutrition Officer
Mr. Terrence TIFFANY	Health, Population and Nutrition Officer

1  
9

## APPENDIX B

### General Information

Thailand had a growth rate of approximately 3.3% when it began its family planning program. The growth rate is now down to 1.6% and the goal for the end of 1986 is to be 1.1%. Thailand has a 64% contraceptive use rate. They concentrate on six contraceptive methods: pills, IUD's, condoms, injectables, female sterilization (most often mini-lap) and vasectomy. They are auguring for the two-child norm, which is almost universally accepted, and continue to urge those couples who are now limiting to opt for a permanent method. They do not believe that natural family planning methods are appropriate, nor do they have many requests for them. They will teach them if asked. There is no pressure from the Catholic church here since less than one percent of the population is Christian.

During an extensive interview, Khun Patama Bhiromrat, Chief of the IEC section of the Family Health Division, provided the following information:

The Information, Education and Communication section of the FHD has 5 elements to its program:

- Supply and logistics
- Research and evaluation
- Training
- Information, Education and Communication
- Services

The IEC section has 50 personnel in the central office and they work with the staff in 7,000 clinics. This

gives them about 70,000 people to supervise in terms of IEC activities. They have 100 mobile units, and fill 6,000 radio hours per year. They supervise their workers at the village level through their regional office back-up. They also have a massive printing operation for educational and publicity materials.

When the family planning program first started, 75% of the funds were from outside donors. Now, 75% of the funds come from the Thai government, and only 25% from donors.

Clients get their contraceptive services as follows:

- 80% from the Ministry of Health
- 12% from drugstores
- 8% from private clinics

There are seven medical schools in Thailand--four in Bangkok, and three in the provinces. There is population and family planning theory in the curriculum, but there is very little clinical practice. The same is true in the several nursing schools. The government has recently opened a separate medical school to train physicians for the Armed Forces.

During the entire consultation, only an occasional male was seen, and then often in "figurehead" positions. The question was finally asked, "Where are the men?" The multiple replies were: Thailand is a country where the women have considerable authority. They may not have many technical legal rights accorded by statute, but they are functionally in charge. They control the family money, they make many of the major decisions, they may give consent for their own medical care (including family planning), and do not need their husbands' consent for employment, banking, etc. This permits a much freer approach for family planning activities than in many other countries.

1,

Information About the Population and Community Development  
Association (PDA)

1. PDA was begun as a project in 1974 and registered with the government as PDA in 1977. It is a private, voluntary, non-governmental organization. Its original thrust was community-based family planning services. It now has foci in family planning, primary health care and nutrition, emergency relief, and community development. Its philosophy is that family planning must be integrated into all efforts at development. It is only one part of an intricate complex. They have 600 paid staff, 200 of whom are in Bangkok.

2. PDA is working in 47 of the 73 provinces in Thailand, and in 16,000 of the 48,000 villages. The others are covered by the Government or by other private, voluntary organizations.

3. PDA has 12,000 volunteers who are selected from the villages. They receive one day of training. They are not paid, but for each package of pills that they sell at 5 Bahts (18 cents), they get to keep 1 Baht (3-1/2 cents). They can issue both pills and condoms. In this program the volunteer can issue the first cycle of pills. In the Family Health Division program, the village volunteer can only

12

issue pills beginning with the second cycle. The PDA volunteer has a form with 13 questions to pose to the prospective pill user. If there is even one "yes" response, that person must be referred to the nearest government hospital or clinic. The one-day training includes the use of the questionnaire, some information about the pills and their side-effects, motivation, and keeping of accurate records. At the end of the first one-day training session, volunteers are not given a certificate. They are requested to return for a second day of training after six months of work. At that time they are given a certificate.

4. Pills may be bought anywhere without prescription. When provided by government services, they are free. When provided by PDA volunteers, they cost 5 (18 cents), 7 (25 cents), or 9 (32 cents) Baht, depending upon the brand. Condoms are 1 Baht (3.5 cents) each. For every dozen condoms sold, the volunteer gets to keep 3 Bahts (10-1/2 cents). PDA does not see this as an incentive, rather as barely covering its expenses.

5. PDA has a district supervisor over each 70 distributors. He has to see every one of his supervisees at least once each month, at which time he collects the money and records, and resupplies the volunteer. One of the criteria for selection of this district supervisor is that he or she must have a motorcycle. The PDA does not have money for

providing transportation, but they will give a gasoline allowance to someone who already has his own motorcycle.

6. The Training Division of PDA was begun in 1978. It does in-service and continuing education, up-dating or add-on types of training. They have no organized medical up-dating program. Their programs vary from one day to three weeks in length.

7. The International Training Program began in 1979. There have now been 618 participants from 34 different countries. Courses are tailor-made and vary from two to three weeks in length. They also do training locally in other countries, and provide consultancy services. Their training staff consists of five full-time personnel and one contract person.

8. PDA has an audio-visual section, and they take video cassettes on their field trips. Video is available to them in their training sessions, but they have never used it in a TOT for instant feedback to participants.

9. PDA has a school health program in 250 schools in Bangkok and its suburbs. It is a paid program, and parents are charged 20 Bahts (36 cents) for a stool exam for parasites, and from 50 - 90 Bahts (\$1.80 - 3.15) for a

14

dental exam and care. Health education and parasitology are important elements in the School Health Program.

10. PDA has a vasectomy van that goes around to factories. They use marketing techniques to encourage men to have vasectomies, but do not give incentives per se. They will give price reductions during campaigns, and hold drawings and give door prizes, etc. They have promotional campaigns at intervals. Each year they have a King's Birthday Vasectomy Festival, with booths and games and prizes for everybody. They have also begun having vasectomy festivals on other significant days--this year they had one on the American Independence Day, July Fourth, and everybody who had a vasectomy got a beer and a hot dog. They highly publicize each festival, and use the opportunity to do family planning education. They make news out of the event. In December, at their last festival, they had 50 doctors who donated their time, and they did 1,119 vasectomies in one day. Blitz-type programs seem to be popular in Thailand. A regional governor has become very enthusiastic about family planning and is organizing an IUD festival. He is insisting that all of his subordinates find "volunteers" for IUD insertion, for he plans a campaign and wants to have 10,000 insertions in one day. The FHD is presently gearing up for this blitz.

11. There is a day-care program. Since a fixed residence in Bangkok is a pre-requisite for enrollment in government schools, there are many children who are not eligible. They are cared for by the PDA day-care program.

12. Other programs are in agriculture and marketing, biogas digestion, reforestation and development use of alternative fuels--such as solar or rice husks--development of rainwater collection and storage systems, fish culture, sanitation and latrine buildings, skills development and care in the refugee camps. They also have a Rape Crisis Center. They view rape as a very serious problem in Thailand, and say that there is a great deal of extreme violence associated with it.