

PDAAW-762

NSA-53126



intrah

Trip Report

#0-433

Travelers: Ms. Teresa Mirabito, INTRAH Program Officer
Mrs. Grace Mtawali, INTRAH/ESA Regional Training Officer

Country Visited: THAILAND

Date of Trip: March 27 - April 11, 1987

Purpose: To participate in a study/observation tour of the Asian Centre/PDA and to facilitate the visit for 8 Nigerian participants from Benue and Lagos States.

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

TABLE OF CONTENTS

	<u>PAGE</u>
LIST OF ABBREVIATIONS	
EXECUTIVE SUMMARY	i
SCHEDULE OF ACTIVITIES	ii
I. PURPOSE OF TRIP	1
II. ACCOMPLISHMENTS	1
III. BACKGROUND	2
IV. DESCRIPTION OF ACTIVITIES	3
V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS	11

APPENDICES

- A. Resource Persons
- B. List of Participants
- C.1. Schedule for Family Planning, Health and Community Development Participation and Observation Programme
- C.2. Background Information: Sup Tai Centre
- C.3. Background Information: Community-Based Integrated Rural Development of Nang-Rong
- C.4. Background Information: The Maternal and Child Health Centre Region V, Chiang Mai, Thailand
- D. Asian Centre/PDA Field Trip Schedule
- E. Schedule for Field Visit to Chiang Mai University Faculty of Medicine, OB/Gyn Department
- F. AC/PDA Evaluation Questionnaire
- G. Organization Structure of the PDA

LIST OF ABBREVIATIONS

AC/PDA	Asian Centre for Population and Community Development Association
ASIN	Association for Strengthening Information on National Family Planning Programmes
CB	Community-Based
CBIRD	Community-Based Integrated Rural Development
CBIT	Community-Based Incentives in Thailand
CFR	Contraceptive Prevalence Rate
DTCP	Development Training and Communication Planning
FLE	Family Life Education
IEC	Information, Education, and Communication
LGA	Local Government Area
NGO	Non-Government Organization
PDA	Population and Community Development Association
PPAT	Planned Parenthood Association of Thailand
PPFN	Planned Parenthood Federation of Nigeria
TAC	Technical Advisory Committee
TAVS	Thailand Association for Voluntary Sterilization

EXECUTIVE SUMMARY

INTRAH Program Officer Ms. Teresa Mirabito, and INTRAH/ESA Regional Training Officer Mrs. Grace Mtawali participated in a study/observation tour of the Asian Centre for Population and Community Development Association (AC/PDA) in Bangkok, Thailand, March 27 - April 11, 1987. The major purpose was to facilitate the visit for eight Nigerian participants who represented government and non-government organizations from Benue and Lagos States.

The study/observation visit included classroom activities at the AC/PDA and urban and rural field trips. Participants were able to: observe and explore how family planning is an integral part of community development; learn what factors, inputs and organizational structure are necessary for the continuity and growth of the projects; and study the evaluation process necessary to obtain continual feedback to enhance project development.

The Nigerian participants and INTRAH representatives met to process the information gained throughout the tour and to discuss the feasibility of transfer of technology and practical application to their home-settings. The group also identified strengths and weaknesses of the study/observation program and made appropriate recommendations.

Prior to sponsoring the next study tour, INTRAH should consider conducting a needs assessment for a community-based family planning services program in a country (or state in Nigeria) to assess the readiness and feasibility of initiating a community-based program. The information obtained would be utilized in developing a proposal for a second study/observation tour as appropriate to the Asian Centre/Population and Community Development Association.

SCHEDULE OF ACTIVITIES

- March 27** Mrs. Mtawali and Ms. Mirabito arrived in Bangkok.
- March 29** Met with Nigerian participants.
- March 30** Commencement of study/observation tour at PDA (see complete program schedule, appendix B).
Met with the Nigerian participants.
- March 31** Urban field trip: Ministry of Public Health.
AC/PDA: classroom session.
- April 1** Continued study/observation tour: classroom session. Urban field trip: Planned Parenthood Association of Thailand.
Met with Nigerian participants.
- April 2** Continued study/observation tour: classroom session.
Departed Bangkok for Sup Tai, rural field visit.
- April 3** Rural visit: Nang Rong District.
- April 4** Wrap-up of rural field trip.
Departed for Bangkok.
- April 6** Departed for Chiang Mai.
- April 7** Rural field visit to Chiang Mai University and Maternal and Child Health Center No. 5.
- April 8** Rural field visits to Chiang Mai Christian Clinic Mobile Injectable Program and Sunpatong Community Hospital.
Departed for Bangkok.

April 9 AC/PDA classroom session: Monitoring/Evaluation of CB programs.

Urban field visits: Thai Association for Voluntary Sterilization (TAVS) and Association for Strengthening Information on National Family Planning Programmes (ASIN).

April 10 Urban field trip: Development Training and Communication Planning (DTCP), PDA's Factory Health Program.

April 11 Course summary and evaluation.

Closing ceremony.

I. PURPOSE OF THE VISIT

The purpose of the visit was to accompany eight Nigerian participants on a study/observation tour of family planning health and community development at the Asian Centre/Population and Community Development Association of Thailand; and to explore with the Nigerians strategies for planning, implementing and evaluating non-clinic-based CB family planning and health services as linked with community development.

Objectives outlined by PDA included:

- provision of skill training in development planning implementation, organization, management, delivery and monitoring of community-based family planning and health and development programs;
- observation of appropriate management techniques that can be utilized for more efficient and effective CB family planning, health and development program implementation; and
- to share and exchange information and experiences in CB fertility and development management among developing countries.

II. ACCOMPLISHMENTS

- A. Knowledge objectives as written in the PDA proposal were achieved.
- B. Eight Nigerian participants from Lagos and Benue States and two INTRAH staff were oriented to an innovative CB program which includes community development and health and environmental activities.
- C. The INTRAH team was able to assess strengths and weaknesses of the CB observation/study tour and make recommendations accordingly.

- D. The INTRAH team facilitated the Nigerian participants' processing of information gained in classroom sessions and field visits which resulted in the following:
1. a list of participants' expectations;
 2. documentation of strengths and weaknesses of the observation/study tour; and
 3. tentative plans of action for Benue State MOH and PPFN, and the Mushin and Badagry local government area.
- E. Establishment of rapport between the INTRAH team and the Head of the Training Unit, conducive to further sharing of feedback regarding the process and content of the CB observation/study program.

III. BACKGROUND

This was the second INTRAH-sponsored visit of African nationals to the Asian Centre/Population and Community Development Association under PAC-II. Uganda and Kenya family planning officials participated in a study tour in 1985 with Asian participants from Nepal.

INTRAH has provided development assistance to nine Nigerian states under PAC-II. The strategy employed in six states has included the development of in-service training capabilities within each MOH to provide FP training for clinic-based service providers. The need for alternatively based delivery systems has been recognized, but this system has not yet been developed in Nigeria. Eight Nigerians, representing government and non-government organizations from Lagos and Benue States, were selected to participate in the study/observation tour at AC/PDA in order to explore the feasibility of creating alternative delivery systems within their respective states.

IV. DESCRIPTION OF ACTIVITIES

A. The study/observation tour included classroom sessions and field trips in Bangkok and three rural areas: Sup Tai Village and Nang Rong district in the Northeast and Chiang Mai in the North (See Appendix C). Participants included representatives from Nigerian government and non-government organizations (8); Nepal Contraceptive Retail Sales Program (2); Population Services International, Bangladesh (1); PDA, Thailand (1); and INTRAH (2). (See Appendix B for List of Participants.)

B. Bangkok

1. Asian Centre/PDA

During the initial four days of the tour, PDA staff presented the following:

- introduction to the Family Planning, Health and Community Development Observation Program
- overview of PDA
- overview of family planning in Thailand
- planning, organizing and implementing community-based programs
- information, education and communication
- medical implications, supervision and referral system in CB programs
- Community-Based Incentives in Thailand (CBIT)
- overview of Community-Based Integrated Rural Development (CBIRD) program
- monitoring and evaluation of CB programs

Participants were able to gain comprehensive information regarding the history of PDA, current programs and selected details of planning and contemplation of projects. Main points highlighted included:

- The policy of PDA: projects will be self-sufficient in 2-5 years following implementation.
- PDA strategies for projects/programs focus on community involvement and aim at interventions which have greater chances of succeeding and those which will have a long-term social and economic impact.
- Social-economic development and fertility go hand in hand.
- Vertical family planning programs versus those integrated with health and community development are less likely to succeed.
- PDA capitalizes on cultural and religious beliefs of the target population, particularly when planning IEC campaigns.
- It is possible to train non-health personnel to deliver selected community-based health and family planning services.
- The necessity of providing community-based family planning services in addition to clinic-based family planning services was emphasized.
- Specific selection criteria for CB distributors and supervisors were clearly stated.

2. Field trips in Bangkok

- a. The Ministry of Public Health (MOPH) - Participants were presented with a comprehensive overview of family planning in Thailand and the role of the MOPH. Of particular interest was the role of the MOPH as coordinator of government and NGO family planning activities. All NGOs must seek government approval prior to implementing any new family planning service. Several NGOs are actively providing clinic- or non-clinic-based family planning services in Thailand. Statistics reveal, however, that the MOPH serves a large majority of family planning acceptors while PDA serves approximately 3.5% of all acceptors.

The efforts of the government and non-government organizations and the private sector have resulted in a Contraceptive Prevalence Rate (CPR) of 64.3%, and a current growth rate of 1.5% per annum, down from 3.5% in 1970.

b. Planned Parenthood Association of Thailand (PPAT)

PPAT-sponsored programs include:

- clinic-based family planning services;
- women and development;
- family planning services for refugees in camps; and
- youth program.

Information provided by PPAT staff focused on the youth program, which is training in family life education (FLE).

- Secondary school teachers are trained in FLE in preparation for incorporating FLE into the school curricula and implementing the same.
- PPAT staff conduct out-of-school programs.
- Boy Scouts are trained to train students in vocational schools.
- Young adults are trained to conduct a "hot line" for teens.
- PPAT has developed a handbook for parents designed to guide parents' discussions with their adolescents on family life issues.
- Family planning services for refugees.

c. Thailand Association for Voluntary Sterilization (TAVS)

TAVS was established in 1975 and focuses its work primarily in 20 provinces where the contraceptive prevalence rates are the lowest. Nigerian participants were

particularly interested in the community volunteer education project, specifically the selection criteria for community volunteers. The volunteer:

- must be sterilized and be a satisfied consumer;
- must be of sound character;
- must have "good" education;
- must be accepted by the community;
- must be willing to carry out project assignments; and
- must reside in the community for the duration of the project.

d. Development Training and Communication Planning (DTCP)

Mr. Romeo Gecolea described activities and areas of expertise of DTCP and how DTCP interfaces with PDA. Participants were impressed with the training capacity and resources available through this organization.

3. Rural Field Visits

a. Sup Tai Village

PDA staff and participants traveled to Sup Tai Village where PDA has implemented a CBIRD project. An orientation was given upon arrival at the PDA village headquarters by two PDA staff members. A brief discussion followed regarding the progress of the CBIRD project.

b. Nang Rong

PDA has an office at Nang Rong which administers a CBIRD project. On-site training is conducted for village distributors of oral contraceptives and condoms and for farmers and villagers in agricultural technology and other income-generating schemes. A tour of the facilities demonstrated raising of pigs, ducks, frogs, and selected agricultural products.

A visit to a nearby village coincided with a quarterly visit of parents and children to receive select MCH services and participate in a nutrition program administered by PDA. PDA services include weighing of children, nutrition counselling and administration of protein supplements.

c. Chiang Mai

The family planning clinic at Chiang Mai University Hospital is a teaching facility for medical and nursing students. Highlights of the visit included the viewing of a film demonstrating the insertion of Norplant. Participants were enthusiastic regarding the method and were able to interview Norplant acceptors in the family planning clinic regarding their satisfaction with the method.

C. Meetings with Nigerian Participants

The INTRAH team met with the Nigerian participants to process information obtained during classroom sessions and field visits.

Participants were enthusiastic about the programs developed and implemented by PDA and proceeded to develop preliminary action plans in very broad terms for initiating CB programs in their communities. The action plans are as follows:

1. General/common to all:
 - all Nigerian teams will seek audience with policy makers, e.g. Ministry of LGA and Chieftancy Affairs in order to give verbal briefings that support or clarify their reports.
2. Benue State MOH team plans to:
 - set up a pilot CB project in an LGA to be identified later. Use of existing data on health and family planning services will be used in identifying the LGA for a community based program;

- expand the IEC strategy to specific groups, e.g. mechanical villagers would be given key holders with condoms in collaboration with the Ministry of Education's population education project sponsored by CEDPA.
3. PPFN Benue State plans to:
- introduce refined CB program concepts based on observations using made during PDA study tour using existing projects with emphasis on the monitoring aspect (TBA project of contraceptive delivery), e.g. find an intermediary supervisor.
4. Badagry LGA plans to:
- build a CB program on situational analysis to include a family planning component of health services;
 - begin to train clinic staff and plan to train volunteers in the CB concept;
 - expand V.H.W. training in sanitation to include FP;
 - the Badagry team felt that CBIRD requires government and non-government organizations to work more closely.
5. Mushin LGA plans to:
- integrate FP in Home Economics colleges;
 - work with volunteers and fathers' clubs to promote CB programs while ensuring the separation of CB programs of FP and ORT volunteers.

D. **Summary of Final Meeting with Nigerian Participants**
 Nigerian Participants and INTRAH Team Review of the Observation Program in Community Based Family Planning, Health and Development Projects Organized by AC/PDA From March 30 - April 10, 1987.

1. Strengths

CB Program Strategy/Approach by PDA

- Recognition by participants that non-medical full-time volunteers (given incentives) contribute to a successful CB program.
- Supervision of volunteers and continuous training of volunteers. Most field visits demonstrated how supervision is adhered to in the CB program.
- Adequate information on CB/CBIRD/CBIT was given.
- Demonstration (through discussion at AC/PDA and visits) of the coordination between government and non-government organizations to achieve program impact.
- Capitalization on the Buddhist religious statement "many children bring suffering" to encourage family planning.
- Emphasizing positive aspects to promote family planning methods.
- The use of various combined and innovative avenues for promoting family planning, e.g., use of festivals, stimulating messages on T-shirts, etc.

2. Weaknesses

- Observation program objectives were not explicitly shared with participants by PDA. Briefings for field visits were inconsistent.
- Problems encountered in planning, implementing and evaluating the program were highlighted clearly only at Chiang Mai University by Dr. Swangdic.
- Theoretical information and observations were not processed adequately by the participants to demonstrate all possible applications of lessons learned during the tour. Critique by peers and facilitators would have provided better direction for the participants' CB program implementation plans.

3. Recommendations by Nigerian Participants

- PDA should continue to provide the Observation Program in CB Family Planning, Health and Development with modifications based on each participant group's post-observation program needs.
- AC/PDA should include mini-workshops that would lead to developing action/work plans or other back-home applications of the experiences gained during the Observation Program.
- The learning insights and constraints brought out in the "Pluses and Wishes" session should be typed and distributed to participants for reference.
- The field visit should include meeting with beneficiaries of the CBIRD and the village committees for the purpose of hearing their points of view regarding benefits, problems and how they solve them.
- The computerized data collected by McCormick Christian Clinic (DMPA Service) should be analyzed and appropriate further strategies for DMPA use developed.

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
<p>1. Nigerian participants expected to gain skills in planning, organizing and evaluating CB Family Planning programs from the AC/PDA Observation program so as to apply the skills back home.</p>	<p>1. Participants' expectations were derived from their past training responsibilities.</p>	<p>1. INTRAH should assist the AC/PDA in preparing future similar observation programs based on individual country needs.</p>
<p>2. In order to establish a CB program it is necessary to have multiple systems in place or the capability to establish these systems such as: supervision of workers; training for CB staff and volunteers; medical back-up; commodities supply system; and political will to support such a program.</p>	<p>2. These systems are currently lacking in the Nigerian states represented on this study-observation tour.</p>	<p>2a. For future study/observation tours, INTRAH should conduct a CB program needs assessment prior to selecting candidates. The needs of the countries/states represented should be made known to the PDA to help them design the objectives and activities to meet specific country needs.</p> <p>2b. Observation tours should include at least 3-4 days of participant activities related to application of information to their individual country situations of lessons learned from classroom presentations and field visits.</p>

FINDINGS

CONCLUSIONS

RECOMMENDATIONS

- | FINDINGS | CONCLUSIONS | RECOMMENDATIONS |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>3. All sessions except one were didactic. The DTCP has resource persons experienced in participatory training methodology.</p> | <p>3. DCTP and its resource persons may be a resource for PDA staff unfamiliar with practical adult learning methodology.</p> | <p>3a. INTRAH, before sponsoring additional participants to AC/PDA, should find an appropriate way of strengthening PDA's ability in adult learning methodology, especially during sessions dealing with planning and evaluating a CB program.</p> <p>3b. Collaboration of AC/PDA and DTCP should include development of curricula using adult training methodology.</p> |
| <p>4. The IEC strategy used by PDA in CB projects emphasizes practical approaches to promoting and maintaining change within communities.</p> | <p>4a. An innovative and consistently reviewed IEC strategy is a requirement for sustaining peoples' motivation.</p> <p>4b. The resource persons for the IEC sessions appear to be a potential resource as team members in CB project development</p> | <p>4. When the opportunity arises, AC/PDA's IEC officer participate in providing technical assistance to African CB project development.</p> |

FINDINGS

CONCLUSIONS

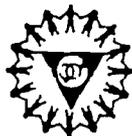
RECOMMENDATIONS

5. The head of the AC/PDA Training Unit was receptive to feedback from the Nigerian participants and INTRAH team. She asked the INTRAH team to give her any further feedback to improve her program. This officer is also a TAC member.

5. Presence of facilitators in a particular participant group and sharing feedback on the training process with the training institution head can contribute to awareness of training methodology.

5. INTRAH should respond to the request for feedback formally or informally.

APPENDIX A
RESOURCE PERSONS



The Asian Centre

FOR POPULATION & COMMUNITY DEVELOPMENT

Chairman : Mechai Viravaidya Director : Tanothai Sookdhis

FAMILY PLANNING, HEALTH AND COMMUNITY DEVELOPMENT PARTICIPATION AND OBSERVATION PROGRAMME

March 30-April 11, 1987

List of Resource Persons

Ms Guia M. Morales Yamokgul
Training Unit Head
Asian Centre for Population &
Community Development (ACPD)
8 Sukhumvit Soi 12
Bangkok 10110

Dr. Napasri Maneewong, Ph.D.
Senior Training Officer
Asian Centre for Population &
Community Development (ACPD)
8 Sukhumvit Soi 12
Bangkok 10110

Dr. Sirikul Isranurug M.D.
Assistant Director
Family Health Division
Ministry of Public Health
Sam Saen Road
Bangkok

Mr. Wilas Techo
Manager
Research and Evaluation Division
The Asian Centre for Population
and Community Development (ACPD)
8 Sukhumvit Soi 12
Bangkok, 10110

Mr. Praween Payapvepapong
Director of Rural Population
and Health Bureau (PDA)
8 Sukhumvit Soi 12
Bangkok 10110

Dr. Aprichart Nirapathpongorn, M.D.
Director
Medical and Nursing Bureau
Population and Community
Development Association (PDA)
8 Sukhumvit Soi 12
Bangkok 10110

Ms. Ladda Jilwatanapattaya
Manager of Training Section
Planned Parenthood Association
of Thailand (PPAT)
Vibhavadee Rangoit Road
Bangkok

Mr. David Hulse
Project Assistant
Community Based Appropriate
Technology and Development
Services (CBATDS)
Population and Community Development
Association (PDA)
8 Sukhumvit Soi 12
Bangkok 10110

Mr. John Baker
Project Assistant
Community Based Appropriate
Technology and Development
Services (CBATDS)
Population and Community Development
Association (PDA)
8 Sukhumvit Soi 12
Bangkok 10110

Mr. Cheep Kachornvongs
Manager
Rural Development For
Conservation Project
Population and Community Development
Association (Sup Tai)
8 Sukhumvit Soi 12
Bangkok 10110

Mr. Suriya Yeekhum
Project Manager
Community Based Appropriate
Technology and Development Services
(CBATDS)
Population and Community Developmen
Association (PDA)
8 Sukhumvit Soi 12
Bangkok 10110

Mr. Boonkit Gogthonluk
Field Manager
CBIRD Nang-Rong Project, PDA
8 Sukhumvit Soi 12
Bangkok 10110

Dr. Kamjad Swaddio, M.D.
Chairman, OB-GYN
Department & Director of the
Centre of the Family Planning
Programme
Faculty of Medicine
Chiang Mai University
Chiang Mai, Thailand

Dr. Chairat Kunaviktikul
Chiang Mai University Hospital
Chiang Mai, Thailand

Dr. Soisaang Setawanit
Director-Mother and Child Hospital
MCH Regional Centre No. 5
Chiang Mai, Thailand

12/1

Dr. Boonchum Ariwongse
Director
Chiang Mai Christian Clinic
Mobile Injectable Program
Chiang Mai, Thailand

Dr. Tawichai Jangtrakoon
Resident Physician
San Patong Community Hospital
San Patong District
Chiang Mai, Thailand

Mr. Tony Bennett
Advisor
Research and Evaluation Section
Family Health Division
Ministry of Public Health
Bangkok 10200

Ms. Rachitta Na Pattalung
Manager
Research and Evaluation Division
Asian Centre For Population and
Community Development (ACPD)
8 Sukhumvit Soi 12
Bangkok 10110

Mr. Sipporn Krishanachinda
Thai Association For Voluntary
Sterilization (TAVS)
101 Moo 3 Prapinklao
Kakorn Chaisri Road Thaling Chan
Bangkok, Thailand

Mr. Aree Sriburathum
Association For Strengthening
Information On National Family
Planning Program (ASIN)
101 Moo 3 Prapinklao
Kakorn Chaisri Road Thaling Chan
Bangkok, Thailand

Mr. Romeo H. Gecolea
UNDP/DTCP
Director
P.O. Box 2-147
19 Phra Atit Road
Bangkok 10200

APPENDIX B
LIST OF PARTICIPANTS

The International Training Programme on
Family Planning, Health and Community Development
Participation and Observation Programme
March 30-April 11, 1987

List of Participants

Nepal/CRS

Mr. Lalit Bahadur Shrestha
Acting Sales Officer
c/o Nepal CRS Company (P) Ltd.
Thamel, P.O. Box 842
Kathmandu

Ms. Basanta Kumar Waiba
Admin./Finance Manager
c/o Nepal CRS Company (P) Ltd.
Thamel, P.O. Box 842
Kathmandu

Nigeria/INTRAH

Ms. Olawunmi Ashiru
Medical Officer of Health
Badagry Local Government
Ajara-Badagry
Lagos State

Mr. Felix Baba Gbillah
Principal
School of Nursing and Midwifery
Makurdi
Benue State

Mr. Andrew Agbo Odah
IEC Manager
Ministry of Health
Makurdi
Benue State

Dr. (Mrs.) Mary Dija Ogebe
Chief Medical Officer
Health Services Management Board
Makurdi
Benue State

List of Participants

Dr. (Mrs.) Adenike Olaniba
Medical Officer
Badagry Local Government
Dept. of Health and Environmental Services
Ajeromi-Ifelodun Area Office
Ajegunle
Lagos State

Dr. (Mrs.) Azeezat Taiwo Olumodeji
Chief Consultant, Medical Officer
of Health
Mushin Local Government
Oliyide St., Mushin
Lagos

Ms. Esther Aneniyagh Onuaguluchi
Manager PPFN Activities
Planned Parenthood Federation of
Nigeria (PPFN)
P.O. Box 581
Makurdi
Benue State

Mrs. Risiquat Idowu Sanyaolu
Senior Nursing Officer
Mushin Local Government
Oliyide St., Mushin
Lagos

Kenya/INTRAH

Mrs. Grace Mtawali
Regional Training Officer
Program for International Training in
Health (INTRAH) Regional Office
P.O. Box 55699
Nairobi

List of Participants

Thailand/PDA

Ms. Waranee Pokapanichwong
Public Relation Officer
PDA 8 Sukhumvit 12
Bangkok 10110

USA/PSI

Mr. Philip Hughes
Country Director
Population Services International
Social Marketing Project
Dhaka
Bangladesh

USA/INTRAH

Ms. Teresa Mirabito
Program Officer
INTRAH
208 N. Columbia St.
Chapel Hill, NC 27514
U.S.A.

APPENDIX C.1

**SCHEDULE FOR FAMILY PLANNING,
HEALTH AND COMMUNITY DEVELOPMENT
PARTICIPATION AND OBSERVATION PROGRAMME**

Family Planning, Health and Community Development
Participation and Observation Programme

March 30-April 11, 1987

PROGRAMME SCHEDULE

1st Week

TIME	Monday March 30	Tuesday March 31	Wednesday April 1	Thursday April 2	Friday April 3	Saturday April 4	Sunday April 5
08:00		URBAN FIELD TRIP			RURAL FIELD TRIP LEAVE FOR NANG- RONG DISTRICT	RURAL FIELD TRIP	
08:30	Pick up from hotel	Pick up from hotel	Pick up from hotel	Pick up from hotel			
09:00- 10:30	Introduction to the course	09:00-12:00 Visit Ministry of Public Health (MOPH)	Information, Edu- cation & Communi- cation in CB Programmes	Community-Based Incentives Thailand (CBIT)	Orientation/ Observation of PDA's Activities at Nang Rong District	Discussion/ Wrap up of the first week activities at the hotel	F R E E
10:30- 11:00	COFFEE BREAK		COFFEE BREAK	COFFEE BREAK			
11:00- 12:00	PDA : An Overview		Cont.	Overview of CBIRD Activities		Leave for Bangkok	
12:00-13.00	L U N C H T I M E						
13:00- 14:15	Family Planning in Thailand: An Overview	Planning, Organizing and Implementing CB Programmes	Medical Implica- tions, Supervi- sion and Referral Systems in CB Programmes	Rural Field Trip Trip to Sup Tai	RURAL FIELD TRIP Observation of CBIRD's activi- ties in the villages. Visit Villages Volun- teer, Govt. Health Distributor Drug Cooperative Store		
14:15- 14:45	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK				
14:45- 17:00	Programme Descrip- tion of Partici- parts	Cont.	URBAN FIELD TRIP 15:00-16:30 Visit Planned Parenthood Asso- ciation of Thailand (PPAT) under the Patronage of	Observe PDA's Acti- vities in Sup Tai (Spend the night at Sup Tai)	18:30 Check in at Korat Hotel	Arrive Bangkok	
16:00			H.R.H. the Princess Mother.				

W

2nd Week

TIME	Monday April 6	Tuesday April 7	Wednesday April 8	Thursday April 9	Friday April 10	Saturday April 11		
08:15	FREE (Public Holiday)	RURAL FIELD TRIP Pick up from hotel	RURAL FIELD TRIP Pick up from hotel	Pick up from hotel Monitoring/ Evaluation of CB programme	URBAN FIELD TRIP Pick up from hotel Visit Development Training and Com- munication Plann- ing (DTCP)	Pick up from hotel Course Summary and Evaluation		
08:30								
09:00-12:00		Visit Chieng Mai University Hospital	Visit Chieng Mai Christian Clinic Mobile Injectable Programme					
10:30-11:00							Coffee Break	Coffee Break
11:00-12:00							Cont.	Cont.
12:00-13:00	LUNCH TIME							
13:00	Pick up hotel	RURAL FIELD TRIP Visit - Maternal and Child Health Centre No. 5	RURAL FIELD TRIP Visit - Sunpatong Community Hospital.	URBAN FIELD TRIP Visit - Thai Associa- tion for Volun- tary Sterili- zation (TAVS) - Association for Strengthening INFORMATION ON NATIONAL FAMILY PLANNING PRO- GRAM (ASIN)	URBAN FIELD TRIP Observation of PDA's Factory Health Programme	FREE		
15:00	Leave for Chieng Mai by plane							
16:30	Check in at Suriwong hotel		16:50 Leave for BKK					

M

APPENDIX C.2

BACKGROUND INFORMATION:
SUP TAI CENTRE

SUP TAI CENTRE

Rural Development for Conservation Project

LOCATION:

The Sup Tai Centre is on 77 rai (about 30.8 acres) of land located in the village of "Sup Tai" which means "Underground Spring" in Pak Chong District of Nakhon Ratchasima Province in lower Northeastern Thailand about 134 kilometres (58.8 miles) from Bangkok.

ADDRESS: Sup Tai Centre
 Sup Tai Village, Klang Dong Sub-district
 Pak Chong District
 Nakhon Ratchasima Province

FEATURES:

The Centre consists of a "Sala" which includes an office and guest rooms, a plant nursery, a canteen and an area for farm training. There are 3 PDA staff members and all of them live at the centre.

HISTORY:

The Centre was established in February 1986 to test PDA's pilot project "The Rural Development for Conservation Project. The project has been jointly undertaken since January 1985 by Wildlife Fund Thailand (WFT) and the Population and Community Development Association (PDA).

In 1983 alone, Khao Yai National Park officials discovered 9,600 hectares of destroyed forests which caused extensive damage to the river system outside the park. There are approximately 40,000 people who live in 130 villages located along the park perimeter, and often extending

within the boundary of Khao Yai. Sup Tai is one of these villages and it was chosen for the pilot project in consultation with officials of the Royal Forest Department (RFD).

The Sup Tai Project is an experimental effort to use the economic incentives of sound development planning as a means to encourage villagers living in environmentally sensitive areas to become more appreciative and supportive to the principles of nature and wildlife conservation.

OBJECTIVE:

The twofold objective of the Sup Tai Project is to generate a village level understanding of the principles of conservation while also improving the quality of life for the villagers living in the target area through a concerted development plan that includes training, credit inputs for income generating activities, and community service projects.

ACTIVITIES OF THE CENTRE:

The main feature of the project is to establish the Environmental Protection Society (EPS) the membership of which is open to all Sup Tai villagers. The EPS offers:

- training programs in agriculture, health, forestry, and conservation issues.
- low interest loans for carrying out environmentally income generating activities in the areas of crop production, animal husbandry, and skills development.

There are community-wide activities which all serve to heighten the villagers' interest in a support the project, which are,

- conservation festivals,
- tree planting campaigns,
- cutting ditches for the village road to prevent erosion

FUTURE ACTIVITIES PLANNED:

A second phase of development and conservation activities is currently being planned for Sup Tai and two additional villages which also adjoin Khao Yai. By utilizing the infrastructure of Sup Tai to serve a larger target group, the project can expand without a large investment of funds. The villagers of Sup Tai will serve as the conservation communicators to the new project participants. New EPS activities will include a Mothers Club & Day Care Center.

APPENDIX C.3

BACKGROUND INFORMATION:
COMMUNITY-BASED INTEGRATED RURAL
DEVELOPMENT OF NANG-RONG

COMMUNITY-BASED INTEGRATED RURAL DEVELOPMENT OF LANG-PONG

(CLIPD - LANG PONG)

THE CLIPD-LANG PONG PROJECT SPONSORED BY THE CANADIAN INTERNATIONAL DEVELOPMENT ASSOCIATION (CIDA) WAS ESTABLISHED IN APRIL 1984. THE PROJECT IS IN LANG PONG DISTRICT LOCATED IN BURIRAM PROVINCE, ONE OF THE POOREST PROVINCES IN NORTHEAST THAILAND, WHICH IN ITSELF IS THE POOREST REGION OF THE COUNTRY. THE AVERAGE ANNUAL INCOME PER FAMILY IS UNDER US\$ 500, WITH ALMOST HALF OF THE POPULATION LIVING IN CONDITIONS OF ABSOLUTE POVERTY AS DEFINED BY THE WORLD BANK AND THE ROYAL THAI GOVERNMENT.

SINCE ITS ESTABLISHMENT IN 1974, PDA HAS CONDUCTED A WIDE RANGE OF POPULATION AND DEVELOPMENT ACTIVITIES THROUGHOUT RURAL THAILAND. THE CLIPD PROJECT IS AN ATTEMPT TO INTEGRATE THOSE VARIOUS ACTIVITIES WHERE PDA HAS PROVEN SKILL AND EXPERIENCE, AND TO CONCENTRATE THEM INTENSIVELY IN 40 ECONOMICALLY DEPRESSED VILLAGES IN LANG PONG DISTRICT.

SELECTED STATISTICS REGARDING LANG PONG DISTRICT ARE AS FOLLOWS:

TOTAL POPULATION	145,170
NUMBER OF SUB-DISTRICTS	19
NUMBER OF SUB-DISTRICT HEALTH CENTERS	15
NUMBER OF PDA FP VOLUNTEERS	201
WHEN CLIPD OPERATIONS BEGAN IN LANG PONG	1974

28

THE CBIFD INTEGRATED FARM AND DEMONSTRATION CENTER IS COMPRISED OF 43 RAI OF LAND SITUATED 7 KM. FROM THE TOWN OF LANG PONG. IT SERVES AS:

1. A DEMONSTRATION CENTER FOR THE CONCEPT OF INTEGRATED FARMING AND VARIOUS APPROPRIATE TECHNOLOGIES.
2. A TRAINING AND TECHNICAL RESOURCE CENTER
3. A STORAGE AND DISTRIBUTION CENTER FOR SUPPLIES AND EQUIPMENT
4. A MARKETING CENTER FOR AGRICULTURAL AND HOME INDUSTRY PRODUCTS
5. A CENTRAL OFFICE FACILITY FOR THE CBIFD PROJECT
6. AN INCOME GENERATING FARM AIMED TOWARD THE EVENTUAL SELF-SUFFICIENCY OF THE CBIFD PROJECT

THE CBIFD FARM AND DEMONSTRATION CENTER SERVES AS THE FOCAL POINT FOR THE MANAGEMENT OF THE CBIFD PROJECT. STAFF LIVE AT THE FARM AND TRAVEL FROM THERE ON THEIR DAILY ROUNDS INTO THE VILLAGES. VILLAGERS COME TO THE FARM FOR CERTAIN TRAINING SESSIONS AND TO CONSULT WITH STAFF AS THE NEED ARISES. THE FARM ALSO SERVES AS THE CENTRAL POINT FOR MANUFACTURING MATERIALS (SUCH AS LATRINE CASINGS AND WELLS) USING VILLAGE LABOR. IT IS ALSO USED AS A PLACE FOR BREEDING OF ANIMAL STOCK (SUCH AS DUCK, GEESE, PIGS, ETC.). SPECIAL EFFORTS ARE MADE TO COOPERATE WITH DISTRICT AGRICULTURAL EXTENSION OFFICERS AND THE PERSONNEL OF LOCAL HEALTH CENTERS, AND ACTIVITIES ARE COORDINATED SO AS NOT TO DUPLICATE ANY GOVERNMENT ACTIVITIES IN LANG PONG.

IMPLEMENTATION OF THE CBIFD PROJECT MAXIMIZES THE UTILIZATION OF EXISTING VILLAGE RESOURCES AND INSTITUTIONS. THE COMMUNITY-BASED VOLUNTEER DISTRIBUTION NETWORK OF PVA'S COMMUNITY-BASED FAMILY PLANNING SERVICES (CBFPS) IS USED AS A POINT OF ENTRY INTO THE TARGET VILLAGES. PROGRAM INPUTS ARE INTRODUCED THROUGH THE CBFPS VOLUNTEERS, WHO ARE RESPECTED VILLAGE LEADERS IN THEIR OWN RIGHT.

ACTIVITIES ENGAGED IN AT HANG BONG CENTER

1. ANIMAL RAISING - WITH A TRIPLE PURPOSE OF INCREASING SUPPLEMENTARY AGRICULTURAL INCOME FROM NON-CROP SOURCES, PROVIDING DRY SEASON EMPLOYMENT OPPORTUNITIES, AND IMPROVING PROTEIN AVAILABILITY IN THE VILLAGES. ANIMALS BEING BRED AT THE CENTER ARE COMMERCIAL AND VILLAGE CHICKENS, DUCKS, PHEASANTS, GEESE, RABBITS AND PIGS. THERE ARE 7 FISHPONDS AND A FISH HATCHERY WHICH ARE STOCKED WITH TILAPIA AND SILVER CARP, AND 3 FROG RAISING PONDS WITH A TOTAL CAPACITY OF 20,000 FROGS. A "BUFFALO BANK" IS BEING STARTED WITH 50 BUFFALOES. THE STAFF HAVE ALSO PLANTED A SPECIAL HIGH PROTEIN GRASS AT THE BUFFALO BANK FOR FEEDING PURPOSES.

2. CROP PRODUCTION - THERE ARE 10 RAI OF LAND AT THE CENTER THAT ARE USED TO RAISE A VARIETY OF CASH AND VEGETABLE CROPS. CASH CROPS ARE BEING RAISED AS A MEANS TO EXPERIMENT WITH FERTILIZERS, INSECTICIDES, WATER REQUIREMENTS, CROP DISEASES, SOIL PREPARATION, CROP YIELDS AND THE MARKET SITUATION. ALL OF THE DATA GATHERED WILL BE SHARED WITH VILLAGERS IN THE TRAINING COURSES THAT ARE OFFERED AT THE CENTER. CROPS CURRENTLY GROWN ARE SOY BEANS, RED MILLET, FIELD CORN, SWEET CORN, MUNG BEANS AND PEANUTS. VEGETABLES CURRENTLY BEING RAISED ARE SPRING ONIONS, CUCUMBERS, KALE, CHINESE CABBAGE, CHILIES, EGGPLANT, WATER-MELON AND BABY CORN. THERE IS A MUSHROOM HOUSE WHERE SEVERAL VARIETIES OF MUSHROOMS WERE SUCCESSFULLY RAISED FROM FUNGUS. VILLAGERS ALSO RECEIVE TRAINING IN MUSHROOM GROWING TECHNIQUES.

3. NURSERY AND FRUIT TREES

SAPOTA, POMELO, MANGO, LIME, LEMON, SUGAR APPLE (ANNONA), SWEET TAMARIND, JACK FRUIT AND COCONUT TREES ARE RAISED ON AN AREA OF ABOUT 3.5 RAI FOR RUDDING AND GRAFTING PURPOSES. THIS TECHNIQUE OF PLANT PROPAGATION IS BEING TAUGHT TO THE VILLAGERS. IN THE NURSERY SEEDLINGS ARE BEING RAISED FOR DISTRIBUTION TO THE VILLAGERS. THESE INCLUDE EUCALYPTUS, SESBANIA, LEUCADIA, MORINGA, KAPOK, SWEET TAMARIND, MANGO AND COCONUTS. MANY PAPAYA TREES HAVE BEEN PLANTED TO HELP PREVENT SOIL EROSION AND TO PROVIDE MULCHING FOR THE SURROUNDING AREA.

4. HOME INDUSTRIES

THE COTTAGE INDUSTRY EMPHASIZES WEAVING SKILLS, MAT PRODUCTION, BAMBOO HANDICRAFTS, PATTERN DESIGN AND COLOR SELECTION, QUALITY CONTROL AND PRODUCTION PLANNING, SILK WORM RAISING, LOOM CONSTRUCTION AND CLOTH WEAVING, COTTON WEAVING, CLOTHES MAKING, FOOD PROCESSING AND PRESERVATION, AND MAKING FISH NETS.

IT HAS BEEN FOUND THAT THE SOIL IN THE LANG PONG REGION IS GOOD FOR THE MANUFACTURE OF BRICKS. THEREFORE BRICK MAKING FACILITIES HAVE BEEN BUILT AT THE CENTER WHERE PEOPLE FROM DIFFERENT VILLAGES CAN LEARN TO MAKE BRICKS FOR THEIR OWN HOUSES OR FOR SALE IN THE MARKET.

5. MATERNAL AND CHILD HEALTH

MOTHERS' CLUBS HAVE BEEN ESTABLISHED IN 10 VILLAGES TO TEACH VILLAGE WOMEN PROCEDURES FOR PRE-AND POST-NATAL CARE. AN EMPHASIS IS PLACED ON BREAST FEEDING, ORAL REHYDRATION THERAPY FOR DIARRHEA PREVENTION, HEIGHT AND WEIGHT MEASUREMENTS FOR YOUNG CHILDREN, AND IMMUNIZATION (COORDINATED WITH LOCAL GOVERNMENT HEALTH SERVICES). THE GUIDELINES THAT ARE FOLLOWED ARE SET BY UNICEF AND WHO.

6. HEALTH, POPULATION AND NUTRITION

A CLFFS STAFF MEMBER IS ASSIGNED FULL-TIME TO CLIFD TO COORDINATE ALL HEALTH-RELATED ACTIVITIES WHICH INCLUDE TRAINING FOR CLFFS VOLUNTEERS, FAMILY PLANNING AND ILC MATERIALS. A SPECIAL EMPHASIS IS PLACED ON MAKING VILLAGERS AWARE OF THE POTENTIAL HEALTH BENEFITS TO BE DERIVED FROM CLIFD ACTIVITIES, E.G. POULTRY RAISERS WILL BE TAUGHT THE VALUE OF EGGS AS A PROTEIN RESOURCE, LATRINE OWNERS WILL BE TAUGHT THE PROPER USE AND MAINTENANCE OF LATRINES TO MINIMIZE PARASITE INFESTATION. CLFFS WILL COOPERATE WITH THE THAI MINISTRY OF PUBLIC HEALTH TO UPGRADE THE STATUS OF THE CLFFS VILLAGE VOLUNTEERS TO BECOME OFFICIAL HEALTH COMMUNICATORS. THIS IS PART OF A NATIONWIDE PROGRAM TO INCREASE KNOWLEDGE OF BASIC HEALTH CARE PRACTICES AT THE VILLAGE LEVEL. THE CLFFS VOLUNTEERS WILL BE TAUGHT TO CONDUCT HEALTH SURVEILLANCE AND WILL BE SUPPLIED WITH SIMPLE HOUSEHOLD DRUGS TO COMBAT COMMON AILMENTS.

7. ENVIRONMENTAL SANITATION

THE CONSTRUCTION OF LATRINES, GIANT WATER JARS AND WATER TANKS WILL BE ENCOURAGED AS PART OF THE PREVENTIVE HEALTH PROGRAM. CLIFD STAFF ALSO ASSISTS VILLAGERS IN IMPROVING THE ENVIRONMENT OF THEIR VILLAGES, INCLUDING ROAD IMPROVEMENTS, FENCE CONSTRUCTION AND GENERAL CLEAN UP.

APPENDIX C.4

BACKGROUND INFORMATION:
THE MATERNAL AND CHILD HEALTH CENTRE
REGION V, CHIANG MAI, THAILAND

BACKGROUND INFORMATION SHEET
THE MATERNAL AND CHILD HEALTH CENTRE REGION V
CHIANG MAI, THAILAND

Mailing address : MCH Centre Region V, Chiang Mai 50000, Thailand

Telephone : (053) 236856

The Centre was founded in 1970 by the Family Health Division, Department of Health, Ministry of Public Health. It is a subdivision of the Family Health Division in Northern Thailand.

The Centre's Policy and Its Role

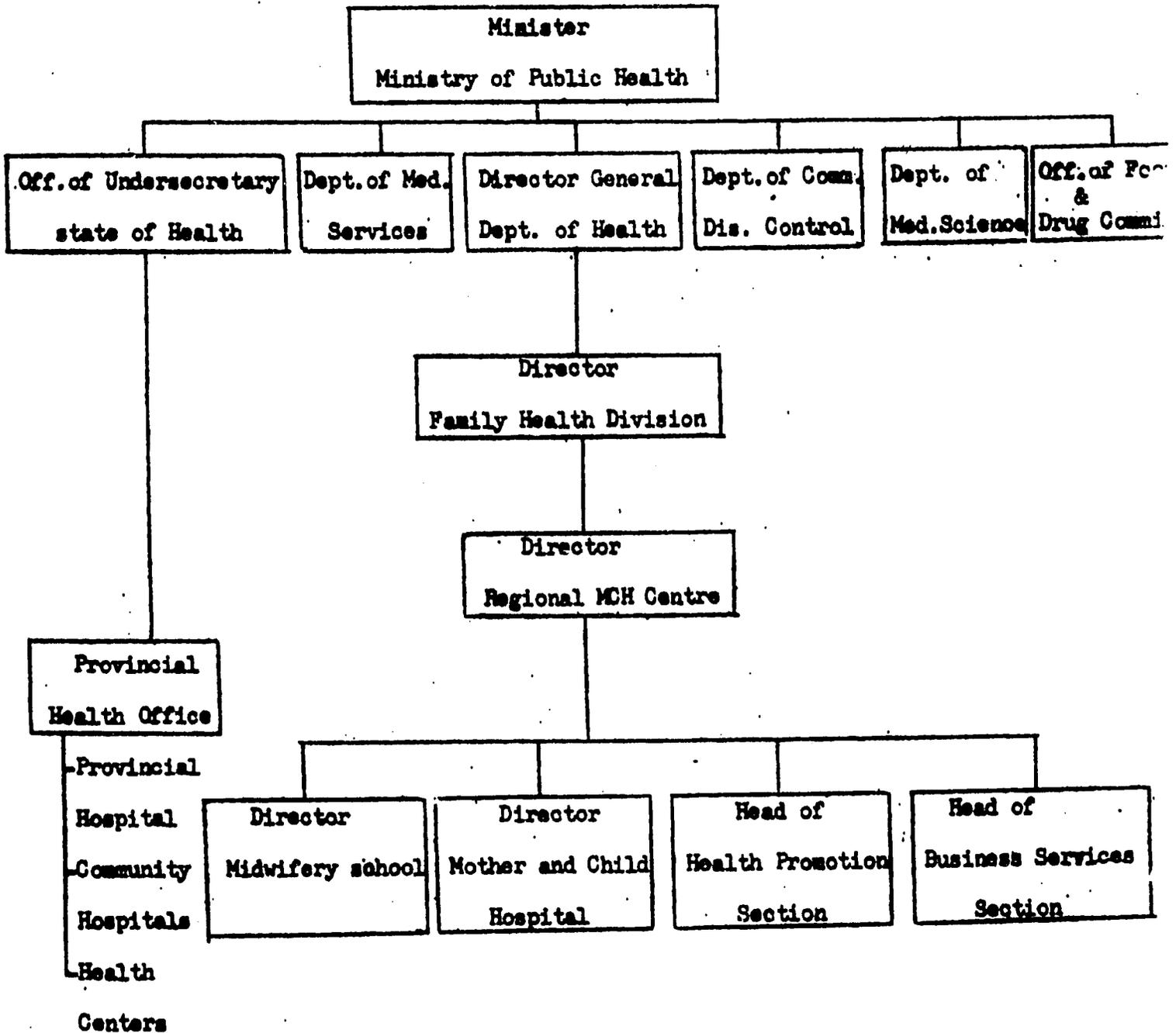
In framing its policy, The Centre follows the guide-lines set by the Ministry of Public Health. It bears responsibility for all MCH & FP activities in 9 provinces in the North namely : Chiang Mai, Chiang Rai, Mae Hongson, Lampang, Lamphoon, Prachinburi, Nan, Phayao, and Utharadit.

The Centre has 4 major roles as follow :

1. A training centre in MCH & FP for various categories of health personnel and community health workers eg. medical doctors, registered nurses, public health midwives, community health workers, border patrol polices etc.
2. Providing consultation, supervision and support all MCH & FP activities to 9 Provincial Health Offices as mentioned above.
3. Providing MCH & FP services through the Mother and Child Hospital with the capacity of 200 beds of Obstetric, Gynecological, and Pediatric Wards.
4. Conducting MCH & FP research in order to solve MCH & FP services problems and promote Mother and Child Health situation in Northern Thailand. For examples : Norplant Study (1980), A Comparative IUD Trial of CuT 380 Ag and ML 375 in Thailand (TFRA 1982 - 1983), A Comparative Trial of Mini IUD_a (TFRA 1983 - 1984), Effects of

Active Immunization against Tetanus Neonatorum (1984 - 1985)

Organization Structure and Governance Pattern



The MCH Centre is responsible directly to the Family Health Division, Department of Health, Ministry of Public Health. The Centre comprises 4 main sections:

1. Midwifery school

The school provides a 2 year training programme for public health midwifery students recruited from various provinces. After graduation they will be posted to health centres or community hospitals of their provinces.

2. Mother and Child Hospital

It is a 200 beds hospital designed to be a training hospital in MCH & FP for health personnel and provide MCH & FP services to all patients of its own and referred cases.

3. Health Promotion Section

This section has fully engaged in public health services. It provides not only supervision, consultation, and support all MCH & FP activities but also various health education programmes to 9 Provincial Health Offices in The North. It also provides homevisiting, school health and social welfare services to the community near by the Centre. This section is responsible for conducting a training programme for graduated public health midwives, registered nurses and various categories of community health workers.

4. Business Services Section.

This section has engaged in various business services of the Center eg., personnel recordings, purchasing, maintenance & supply etc.

APPENDIX D

ASIAN CENTRE/PDA FIELD TRIP SCHEDULE



The Asian Centre

FOR POPULATION & COMMUNITY DEVELOPMENT

Chairman : Mechai Viravaidya Director : Tanothai Sookdhis

The International Training Programme on
Family Planning, Health and Community Development
Participation and Observation Programme
March 30-April 11, 1987

FIELD TRIP SCHEDULE

Tuesday March 31

- 08:30 - Pick up from hotel
- 09:00-12:00 - Visit Ministry of Public Health (MOPH)
- 12:00-13:00 - Lunch
- 13:00 - Return to PDA for afternoon session

Wednesday April 1

- 14:30 - Leave PDA for PPAT
- 15:00-16:30 - Visit Planned Parenthood Association of Thailand (PPAT) under the Patronage of H.R.H. the Princess Mother
- 17:00 - Return to hotel

Thursday April 2

- 13:00 - Leave PDA for rural field trip in Sup Tai
- 16:00 - Visit PDA's Activities in Sup Tai
Spend the night in Sup Tai

FIELD TRIP SCHEDULE

Friday April 3

- 08:00 - Leave Sup Tai for Nang Rong District
- 10:30-12:00 - Orientation/Observation of PDA's activities at Nang Rong District
- 12:00-13:00 - Lunch
- 13:00-17:00 - Observation of CBIRD's activities in the villages, Visit Village Volunteer, Government Health Distributor, Drug Cooperative Store,
- 18:30 - Check in at Korat Hotel

Saturday April 4

- 07:30-08:30 - Breakfast
- 08:30-10:00 - Discussion/Wrap up of the first week activities at the hotel
- 10:30 - Leave for Bangkok
- 12:30-13:30 - Lunch
- 16:00 - Arrive Bangkok
Check in at Impala Hotel

Sunday April 5

- F R E E

Monday April 6

- Morning F R E E
- 13:30 - Pick up from hotel to Don Muang Airport
- 15:00 - Leave for Chiangmai by Flight TH 106
- 16:00 - Arrive Chiang Mai
- 16:30 - Check in at Suriwong Hotel
- Evening F R E E
-

3/1

FIELD TRIP SCHEDULE

Tuesday April 7

- 08:30 - Leave for Chiang Mai University Hospital
- 09:00-12:00 - Visit Chiang Mai University Hospital
- 12:00-13:00 - Lunch
- 13:30-16:00 - Visit Maternal and Child Health Regional Center No.5
- 17:00 - Return to hotel

Wednesday April 8

- 08:00 - Check out from hotel
- Leave for Chiang Mai Christian Clinic
- 08:30-11:00 - Visit Chiang Mai Christian Clinic
Mobile Injectable Programme
- 11:00-12:00 - Lunch
- 13:00-14:30 - Visit Sunpatong Community Hospital, Sunpatong District
- 15:00 - Leave for Chiang Mai Railway Station
- 16:50 - Leave for Bangkok, spend the night on the train

Thursday April 9

- 07:00 - Arrive Bangkok Railway Station
- 07:30 - Check in at Impala Hotel
- 09:30 - Pick up from hotel
- 10:00-12:00 - Morning session at PDA
- 12:00-13:00 - Lunch
- 13:30-16:00 - Visit Thai Association for Voluntary Sterilization (TAVS)
- Association for Strengthening Information on National Family Planning Program (ASIN)
- 17:00 - Return to hotel

FIELD TRIP SCHEDULE

Friday April 10

- | | |
|-------------|----------------------------------------------------------------|
| 08:00 | - Pick up at Hotel |
| 09:00-12:00 | - Visit Development Training and Communication Planning (DTCP) |
| 12:00-13:00 | - Lunch |
| 14:00-16:00 | - Observation of PDA's Factory Health Program |
| 17:00 | - Return to hotel |
-

APPENDIX E

SCHEDULE FOR FIELD VISIT TO CHIANG MAI UNIVERSITY
FACULTY OF MEDICINE
OB/GYN DEPARTMENT

TENTATIVE PROGRAM FOR PARTICIPANTS

FROM

THE ASIAN CENTER

FOR POPULATION & COMMUNITY DEVELOPMENT ASSOCIATION

TUESDAY

7 April 1987

8:30-9:00	: Visit OB - GYN Dept. & Welcome remark Kamjad Swasdio. M.D. Chairman of the OB - GYN Dept. and Director of the C.F.P.P. Faculty of Medicine, Chiang Mai University	Con. Room No. 2 3 rd Floor. Main Hospital Bldg.
9:00-9:30	: Maternity care in Chiang Mai Hosp. Kamjad Swasdio et al.	"
9:30-10:15	: Family Planning Activities of the C.F.P.P. and Chiang Mai Province Chairat Kunaviktikul M.D.	"
10:15-10:30	: Recess	"
10:30-11:30	: Maternity Wards and Family Planning Unit Tour OB - GYN Staffs	-

DEPARTMENT OF
OBSTETRICS & GYNECOLOGY
FACULTY OF MEDICINE
CHIANG MAI UNIVERSITY

Introduction : Faculty of Medicine is 29 years old (1986). The Obstetrics and Gynecology department is one of the total 19 departments of the Faculty of Medicine, Chiang Mai University. Maternity care is belonged to the OB-GYN department but neonatal care is belonged to the Pediatrics department, however, great effort have been put together for the sake of motherhood and childhood.

Bed capacity of the OB-GYN department :

Septic	25	- 13%
Aseptic	38	19%
Toxemia & P.O (Post-op)	35	18%
Gynecology	25	13%
Cancer	27	14%
Private	47	24%
Total OB-GYN Bed Capacity	197	= 16%
Total Hospital Bed Capacity	1224	

THE CENTER FOR FAMILY PLANNING PROGRAM (CFPP)

FACULTY OF MEDICINE

CHIANG MAI UNIVERSITY

1. Family Planning Unit.

The Family Planning Unit of the CFPP, Faculty of Medicine, Chiang Mai University is a civil service and non-profit center for education, training, researches, and family planning services. It is a multi-departmental program of the faculty but mainly inter-related to the Obstetrical and Gynecological department.

2. General Objectives

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

3. Current Activities

3.1 Training and education

3.1.1 Medical students

Family Planning education is one of the course content in medical curriculum. Class lectures and small-group discussions are offered all-year-round, a total of 100-120 medical students attended annually,

3.1.2 Postgraduate training

Four to five residents from OB-GYN department and 36 interns are annually rotated in all aspects of family planning training and practicing. Each resident will spend 3-month-period and approximately 10 days for an intern. The scope of family Planning as well as contraceptive technology are condensed depend upon the level of trainees.

3.1.3 Midwifery students

Sixty midwifery students are divided in small groups for rotation in family planning clinic. Each student will spend approximately 9 hours in clinic sessions and assist in the operating theatre for sterilization.

3.1.4 Human reproduction and family planning

Chiang Mai University offers the elective course in Human Reproduction and Family Planning under the auspices of the Faculty of Humanity and the Family Planning Unit 2 semesters annually, approximately 50 students are enrolled each semester.

3.2 Researches

Under limited resources and facilities, many operational researches in family planning have currently being in progress.

3.3 Services

Approximately 9,000-10,000 acceptors attended the family planning unit annually. There are approximately 1200 tubal sterilizations and 300 Vasectomies per year.

FAMILY PLANNING ACCEPTORS BY METHODS.

1977 - 1985 FAMILY PLANNING UNIT.

FACULTY OF MEDICINE,

CHIANG MAI UNIVERSITY.

METHODS	Annual Acceptors									TOTAL
	1977	1978	1979	1980	1981	1982	1983	1984	1985	
<u>NEW ACCEPTORS</u>										
FEMALE STERILIZATION ⁷	1,141	1,226	1,241	1,409	1,274	1,248	870	1,189	1,034	10,632
VASECTOMY	22	130	207	169	180	184	18	40	51	1,001
IUD	431	634	662	679	582	694	457	510	470	5,119
PILLS	223	308	296	483	555	328	314	335	353	3,195
DMPA	117	110	131	136	103	110	120	419	452	1,698
CONDOM	73	87	44	50	142	185	150	159	163	1,053
MISCELLANEOUS	1,173	2,658	2,013	2,187	838	899	618	830	700	11,916
TOTAL	3,180	5,153	4,594	5,113	3,674	3,648	2,547	3,482	3,223	34,614
<u>OLD ACCEPTORS</u>										
IUD	536	1,189	1,282	1,272	1,301	1,465	1,083	1,211	957	10,296
PILLS	2,085	1,841	1,469	1,271	1,065	949	727	880	857	11,144
DMPA	170	300	354	476	193	197	171	286	393	2,540
CONDOM	435	55	88	57	100	160	125	152	124	1,296
MISCELLANEOUS	108	847	1,386	1,548	1,789	2,212	1,498	2,038	1,980	13,406
TOTAL	3,334	4,232	4,579	4,624	4,448	4,983	3,604	4,567	4,311	38,682

APPENDIX F

AC/PDA EVALUATION QUESTIONNAIRE



The Asian Centre

FOR POPULATION & COMMUNITY DEVELOPMENT

Chairman : Mechai Viravaidya Director : Tanothai Sookdhis

The International Training Programme on
Family Planning, Health & Community Development
Participation and Observation Programme
March 30 - April 11, 1987

EVALUATION

The Asian Centre for Population and Community Development (ACPD) would like to express its pleasure in having your participation in our programme. The sharing of knowledge, technology and experience among the participants, resource persons, and training staff is mutually beneficial. The ACPD also seeks to improve its programmes to meet the present as well as the emerging needs of individuals and organizations to be served in the future. In order to attain this goal, we would like to have your response to the following questionnaire and add whatever you see appropriate in helping us achieve this purpose.

Thank you for your cooperation



The Asian Centre

FOR POPULATION & COMMUNITY DEVELOPMENT

Chairman : Mechai Viravaidya Director : Tanothai Sookdhis

March 30 - April 11, 1987

1. Now that you have completed the Training Course, have your personal expectations or objectives for attending this programme been met?

If "No" please explain

..... Yes

..... No

2. Have the objectives of your organization been met?

..... Yes

..... No

3. After having completed the training course how much do you know of the following subjects. If answer "Poor", please explain

3.1 The Population & Community Development Association (PDA)

.....a. Excellent

..... c. Fair

.....b. Good

..... d. Poor.....

3.2 Family Planning in Thailand: An Overview

.....a. Excellent

..... c. Fair

.....b. Good

..... d. Poor.....

3.3 Planning, Organizing and Implementing CB Programmes

.....a. Excellent

..... c. Fair

.....b. Good

..... d. Poor.....

POPULATION & COMMUNITY DEVELOPMENT ASSOCIATION

8 Sukhumvit 12, Bangkok 10110, Thailand. Tel 2510402-3, 2527349, 2523960-4

Cable : COMBAT BANGKOK Telex : 82603 PDA TH

30



The Asian Centre

FOR POPULATION & COMMUNITY DEVELOPMENT

Chairman : Mechai Viravaidya Director : Tanothai Sookdhis

4.8 Sunpatong Community Hospital.

..... Yes

..... No

4.9 Thai Association for Voluntary Sterilization. (TAVS)

..... Yes

..... No

4.10 Association for Strengthening Information on National Family Planning Programme. (ASIN)

..... Yes

..... No

4.11 Development Training and Communication Planning (DTCP)

..... Yes

..... No

4.12 PDA's Factory Health Programme.

..... Yes

..... No

POPULATION & COMMUNITY DEVELOPMENT ASSOCIATION

8 Sukhumvit 12, Bangkok 10110, Thailand. Tel 2510402-3, 2527349, 2523960-4

Cable : COMBAT BANGKOK Telex : 82603 PDA TH

SV



The Asian Centre

FOR POPULATION & COMMUNITY DEVELOPMENT

Chairman : Mechai Viravaidya Director : Tanothai Sookdhis

5. Based on the knowledge that you acquired from this Programme please describe how it can help you develop a Community-based (CB) programme in your own country.

.....
.....
.....
.....
.....
.....
.....
.....
.....

6. What is your general impression of the Training Programme?

.....
.....
.....
.....
.....
.....

7. What other specific (a) Observations/Comments and (b) Recommendations do you have about the programme? (e.g. schedule, training environment/facilities, programme facilitators/resource personnel, transportation, food arrangement, hotel accommodation, etc.)

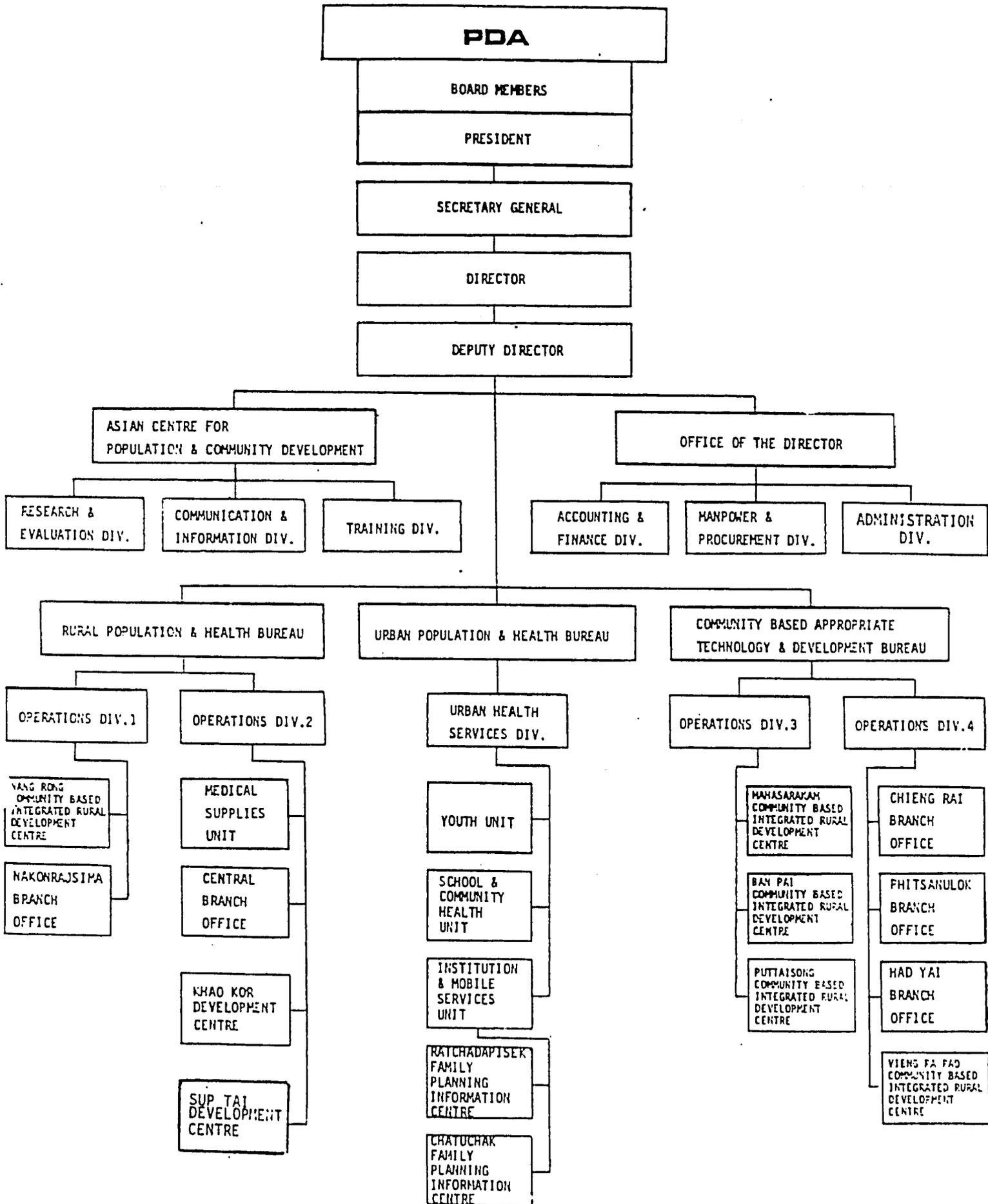
(a) Observations/Comments
.....
.....

APPENDIX G

ORGANIZATION STRUCTURE OF THE PDA

5

Organization Structure of the PDA



RED

February 16, 1987

56