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**FINAL EVALUATION OF
CHILD SURVIVAL RESEARCH PROJECTS
IN THAILAND**



**CHILD SURVIVAL ACTION PROGRAM
OF THE
MEDICAL ASSOCIATION OF THAILAND**

**PREPARED BY
THE DEPARTMENT OF EPIDEMIOLOGY
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MAHIDOL UNIVERSITY
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Evaluation of Child Survival Research Projects

Summary

During 1988-1990, American Medical Association (AMA) and the Medical Association of Thailand (MAT) had cooperated in granting research projects in the field of Child Survival to local Thai physicians. The overall goal of every project is to extend the delivery of basic child survival interventions through the private sector and the reduction of infant and child mortality. There are 4 research projects, the first one was conducted in Pitsanuloke province, northern part of Thailand namely "Model development for a health service subsystem to improve child survival through private physicians in two subdistricts in Pitsanuloke province, Thailand" with the objective of improving the coverage of preventive and promotive health services for the under 2 years and the mother through the development of the private health facilities and the coordination with the public system based on primary health care approaches the target population were mother and children in rural and semiurban areas. The second project, namely "The role of private clinics in MCH care at the district level : A model development project in Sakonakorn private health clinics in 5 districts of Sakonakorn province. The target population was rural population, the model used the insurance - type service (100 baht per custom) for MCH services such as basic immunization, family planning, antenatal care and some curative services. The third project was conducted in Suratthani, southern part of Thailand, namely "Strengthening of private medical practitioners in providing immunization and ORT to children in Suratthani : A feasibility study for model development". The objective of this study was to find the feasibility of strengthening the private medical practitioners in providing preventive medical care in relation to improve of child survival, with special emphasis on child immunization and ORT as a model of health care provision and to test the model of collaboration between the private and government sectors. The study site was at muang district and the study population was more urban than rural group.

The fourth project namely "Enhancement of urban private physicians role in child survival and development" with the main objective of providing appropriate child health communication media package through private physician service to the parents of children under 5 years old in order to increase the awareness and improve their health care seeking behaviors. The study site was in Bangkok Metropolis where 13 private clinics served as control and experimental clinic for testing communication media package about child development and health care services comprised of VDO and posters.

From the 4 research project with some different emphasises but the same main objective of testing the model in providing MCH services and education media, the evaluation project for these studies was conducted with the overall objective to study the effectiveness of the Maternal and child health care services provided by private physicians and the health communication media package with special emphasis on appropriate service model and sustainability. The general criteria to study effectiveness in this aspect are :

- Attitudes and satisfaction of the recipients of the MCH services
- Attitudes of the physicians involved in the projects
- Problems and obstacles that arised plus comment and suggestions
- Attitudes of the physicians about health communication media package and feasibility of using in the future:

The data collection methods to serve the stated purposes were as following.

- Survey of all study sites to discuss about study objectives and research design with principle investigator and staffs plus the observing of some private clinics to see the facilities for health care providing.

- Sampling survey of 193 mothers who joined the program in Pitsanuloke and Sakolnakorn and 228 mothers in these 2 provinces who received MCH services from governmental services, to study about attitudes and satisfaction towards the services received and future utilization of that service

- Mailed questionnaires to physicians involved in the projects in Sakolnakorn and Pitsanuloke after the termination of the program asking about reasons for joining, problems in working for the projects, comments about role of private physicians in child survival.

- For the evaluation of communication media package in Bangkok Metropolis posters and VDO tapes were sent to the physicians who owned private clinic based on the listed names by the research group. There were 7 physicians in experimental group, 3 in controls and 6 in others not involved in the program. All the physicians were asked to comment on the VDO and posters in the aspects of content, technique of reproduction, length, and the appropriateness in using the media during the clinic hours.

- Personal interview with the principle investigator, of Suratthani project about problems and reasons for terminating the project.

Results

- From the analysis of data from various sources, the result can be summarized as following.

1) The private clinics involved in the program can be divided into 2 types, one was the small individual own clinic comprised of one doctor and one nurse, the other was private hospital, or polyclinic with larger organization in terms of personnel, budget and complexity of administration. But every type of clinics had necessary facilities for MCH care such as refrigerators and autoclave.

2) Characteristics of the population enrolled in the program in Sakolnakorn and Pitsanuloke comparing with the women in the same areas but received services from government sectors. The majority of the target women aged between 22-31 years, education level were mostly grade 4 except in Sakolnakorn, those who did not joined the program had education more than grade 12 in a higher proportion than women who joined the program, no difference in type of occupation, mostly agriculturiers. There were no different in level of family income between the two groups of women in Pitsanuloke but there were different in Sakolnakorn, the women who joined the program had a little higher income than women who got service from government. In both provinces, the women who received services from private sectors lived nearer to the clinics (about 2 kms) than those who recieved service from government health centers or district hospital. The expense for travelling back and forth from clinics was about 20 bahts each trip and duration less than 30 minutes (for private clinic group)

This corresponded with the reasons for joining the program stated by women in Sakolnakorn that the convenience in travelling in short distance is the most important reason. But in Pitsanuloke the main reasons were wanting to recieve correct advice concerning child care practices and also the convenience in travelling.

3) Satisfaction of the program.

Three elements of services that were commonly provided by the projects in both Pitsanuloke and Sakolnakorn : Immunization of children age 0-2 years by 6 EPI antigens Family Planning services and Antenatal care for mothers were used as the services to be evaluated and compared the satisfaction of these services among the consumers in both government and private sectors. The main criteria to be evaluated are, time spent for each type of services, perception about convenience in recieving service, expense in terms of affordable and appropriateness of the price, quality of services, knowledge

gain about health and diseases, recommendation to relatives for future utilization of the service. The results showed that for every type of the services the target population expressed high satisfaction with the quality of service, the convenience in receiving services and nearly all of them will recommend their friends or relative to that particular services if needed. The time spent for each service was about 15 minutes and more than 90% of them got same information or advice from the physicians concerning that particular topic. It is worthwhile to note that for those women who receive services from government sector also expressed high satisfaction with the service as well.

4) Attitudes of the project's physicians.

All of the physicians joining the projects are those who already work with the government and perform private practice after the office's hours. So that most of the clinics in the studied did not open full day, this is one of the problem stated by them. All of the doctors expressed their interest in the program and mutually agreed that private practitioners can help quite a lot in preventive and health promotion as well as curative services especially in immunization, family planning antenatal services and health education because people are more likely to believe informations given to them by doctors than other person else. The role of private sector in this aspect would be more effective if the socioeconomic of the people is not so poor. The problem arised during the implementation of the program were mainly administrative or logistics problems than the cooperation from the target population. Special emphasis was sited by more than one doctor about problems in getting enough supply of the vaccine in time for immunization, it is recommended that organization such as MAT should act as corresponding agency in this matter.

5) The project in Suratthani had to terminate before the planned schedule, there were 2 main reasons contributed to this, one was about complex administration of the private hospital which is different from individual own clinic and other was problem in supply of vaccine.

6) Communication media package.

Most of the physicians who reviewed the VDO tapes and posters agreed that it is the useful tools for health education although some doctors comment that there might be some problems in management especially in clinic of small size and lack of personnel to run the VDO tape and also many clinic at present did not equip with VDO and television sets. So that poster might be better in this situation.

About the quality of VDO tapes, the contents are good enough, the technique is moderately good but there are some repetitions of the pictures, the length of each tape is rather too long. May accepted that, if the facilities are available these VDO tape are effective communication media with some slight improvement as stated.

Recommendations

In general the evaluation team agreed that private physicians (although many of them are also government officers) can perform effective task in providing preventive and health promotion services relevant to mother and child survival, especially to help in expanding the coverage of the services given by the government sectors with equal quality of the services and satisfaction of the consumers. Small clinics might be better in providing this type of services than polyclinics or private hospitals where administration and management are more complex and running expense is much higher. In order to enhance effectiveness of preventive and health promotion services for mothers and children by private practitioners followings are recommended.

1) The services should provide as a package composed of basic services for mother and child and charge like insurance type, pay only once at the first enrollment to the service, the price of 100-200 baht might be appropriate and affordable.

2) Individual clinics should be encouraged to provide this type of service than private hospital where running expense is higher and low socioeconomic status population where infant and maternal mortality are high, can assess to small clinic than private hospitals.

3) There is a need to set up a system of cooperation between government and private sectors especially in supply of the vaccines and drugs or equipment used in the program. For example in the case of immunization, private clinics can help quite a lot in immunization of the target children especially in urban areas, if the government agencies could supply vaccines to private clinics and the clinic feed back with the list of the immunized child, it will be very helpful for record about vaccine coverage. Agency such as MAT should act as a correspondence in this matter.

4) Sakolnakorn model might be appropriate for semiurban areas in general with population of moderate income. This type of model should be expand in larger scale to other areas besides northeastern.

5) Education media proved to be useful for health education to the mothers public and private doctors also realized this. It is recommended that responsible agency should pay more attention to the tools in communication and a team composed of MCH specialists, health educators and media specialist should work together to produce more effective communication media package, not only to use in the private clinics but municipality health centres and through T.V. broadcast too.

Evaluation Team

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Table 1 Number of mothers who received MCH services from the private sectors and the government sector, by provinces, Sakolnakorn and Pitsanuloke.

Province	Received MCH services from		Total
	Government	Private	
<u>Pitsanuloke</u>	123	77	200
<u>Sakolnakorn</u>	105	116	221
- District Kusumarn	23	18	41
- District Argardamnuay	20	21	41
- District Vanornivas	21	28	49
- District Kantakla	20	20	40
- District Varichapoom	21	29	50

Table 2 Summary result of the target population VS actual clinic attendance of Sakolnakorn project.

District.	Target/ Actual attendance	
	Mothers	Children
Vanornnivas	100/100	150/57
Varichapoom	100/104	150/86
Kusumarn	65/67	100/78
Argardamnuay	100/67	150/54
Kamtakla	65/85	100/85

Table 3 Age and Socioeconomic status of the target population recieved MCH service from Government/ Private sectors.

Categories	Pitsanuloke (n 77)		Sakolnakorn (n=116)	
	Govt.	Private	Govt.	Private
1) Mean age (yrs)	28.1	29.4	27.2	26.9
2) Education				
- No education	1.3	7.3	0.9	0.0
- Grade 1-4	94.7	83.7	56.9	73.3
- Grade 5-12	4.0	7.3	12.9	17.2
- More than Grade 12	0.0	1.7	29.3	9.5
	100.0	100.0	100.0	100.0
3. Occupation				
- Agriculturers	65.9	80.3	54.3	44.0
- Employers	27.6	13.2	6.7	7.8
- Traders	5.7	6.5	20.0	21.5
- Other	0.8	0.0	19.0	26.7
	100.0	100.0	100.0	100.0

Table 3 (Cont.)

Categories	Pitsanuloke (n=77)		Sakolnakorn (n=116)	
	Govt.	Private	Govt.	Private
4) Monthly Income (bahts)				
- 1000 and less	32.2	36.8	54.4	42.2
- 1000-2999	55.3	50.0	23.8	19.0
- 3000-5000	8.2	9.3	17.1	20.7
- More than 5000	3.3	3.9	4.7	18.1
	100.0	100.0	100.0	100.0
5) Adequacy of income				
- Able to save some	16.3	13.2	13.3	31.9
- Enough for day to day basis	78.9	75.0	73.4	62.9
- Not enough & in debt.	4.8	11.8	13.3	5.2
	100.0	100.0	100.0	100.0

Table 4 Sources of informations about CSAP project

Source	Pitsanuloke (n=77)	Sakolnakorn (n=116)
1) Physicians from the project	34.2	51.7
2) Other health personnel (form HC or Hospital)	52.6	19.8
3) Clinic poster	0.0	9.5
4) Neighbors or relatives	13.2	19.0
Total	100.0	100.0

Table 6 Average distance from home to clinics, health centre and district hospital for target population in Sakolnakorn and Pitsanuloke.

Categories	Pitsanuloke (n=77)	Sakolnakorn (n=116)
1) Average distance (km)		
- to clinics	1.66	2.18
- to health centre	2.05	1.57
- to district hospital	9.80	3.28
2) Average Expense for travel to the clinics (baht)	N/A	19.3
3. Duration for travel to clinics (minutes)	19.04	22.17

Table 6 Mode of traveling to receive MCH services.

Type of Traveling	Pitsanuloke (n 77)		Sakolnakorn (n 116)	
	Govt.	Private	Govt.	Private
1) Walking	17.9	21.1	2.9	34.5
2) By bicycle	33.3	52.9	21.0	6.9
3) By motorcycle	30.1	25.0	34.3	34.5
4) By local bus	18.7	0.0	41.8	24.1
	100.0	100.0	100.0	100.0

Table 7 Reasons for joining the program by the mothers in Pitsanuloke and Sakolnakorn.

Reasons	Pitsanuloke (n=77)	Sakolnakorn (n=116)
1) Feeling of confidence and safety to be near doctors	0.0	17.2
2) Expect to receive good service and friendliness	0.0	17.2
3) Expect to receive good advice	65.8	1.7
4) Convenience in receiving service because clinic is closed to home	23.7	55.2
5) Better taking care of individual's health	3.9	6.0
6) Received recommendation	6.6	2.7

Table 8 Comparison of child immunization services given by government/
private sectors by various categories

Categories	Pitsanuloke		Sakolnakorn	
	Govt.	Private	Govt.	Private
1) Time spent in each immunization session (minute)	14.37 (115)	11.14* (76)	21.25 (96)	10.61* (83)
2) Proportion percieved the service as "very convenience"	93.9 (108)	96.1 (73)	85.4 (82)	97.6* (81)
3) Overage expenses spent for each vaccination session (Baht)	40.00 (2)	33.33 (3)	20.71 (7)	N/A -
4) Will recommend relatives/ close friends to the service	100.0 (115)	100.0 (76)	96.8 (92)	97.6 (80)
5) proportion recieved instruction about discases and vaccine from doctors	93.0 (107)	98.7* (75)	94.7 (90)	98.8* (82)

- 1) Numbers in () are there who give information about the topic
- 2) "*" indicate statistical significant defrrrence

Table 9 Comparison of family planning services given by government/
private sectors by various categories

Categories	Pitsanuloke		Sakolnakorn	
	Govt.	Private	Govt.	Private
1) Time spent for receiving family planning service (minute)	11.51 (96)	14.67 (55)	17.07 (76)	N/A -
2) Proportion perceived the service as "very convenience"	92.2 (95)	98.3* (57)	84.6 (66)	N/A -
3) Proportion perceived the quality of service as "very good"	27.2 (28)	51.7* (30)	61.5 (48)	N/A -
4) Average expense spent for each FP service (Baht)	22.80 (44)	21.68 (31)	50.41 (32)	N/A -
5) Proportion expressed that the amount of money paid is worthwhile	93.2 (41)	100.0* (31)	75.0 (24)	N/A -
6) Will recommend relatives or close friend to this service	97.0 (98)	100.0 (57)	88.5 (69)	N/A -
7) Proportion received instruction about FP from doctors	80.4 (82)	94.7** (54)	83.3 (65)	N/A -

Table 10 Comparison of antenatal care service given by government/
private sectors by various categories

Categories	Pitsanuloke		Sakolnakorn	
	Govt.	Private	Govt.	Private
1) Proportion received antenatal care* for the last pregnancy	95.1	67.1	85.7	100.0
2) Average number of ANC received for the last pregnancy	4.7	4.0	5.9	7.5
3) Time spent for each ANC visit (minute)	15.3 (117)	14.8 (52)	12.1 (90)	14.4 (75)
4) Proportion perceived the service as "very convenience"	88.0 (103)	98.1* (51)	92.2 (83)	100.0** (75)
5) Proportion perceived the quality of service as "very good"	29.9 (101)	92.3** (58)	66.7 (73)	98.7** (75)
6) Average expense spent for ANC (Baht)	51.5 (29)	30.0* (7)	30.00 (11)	N/A -
7) Proportion considered the expense is worthwhile	82.8 (24)	100.0* (7)	72.7 (8)	N/A -
8) Will recommend relatives or close friend to this service	92.2 (107)	100.0** (52)	93.3 (84)	100.0** (75)
9) Proportion received instruction about pregnancy & deliveries from doctors	90.6 (106)	98.1* (51)	88.9 (80)	97.3* (73)

Table 11 Perception of target population about other curative services received from private clinics by provinces

Items	Pitsanuloke	Sakolnakorn
1) Proportion received curative services	65.3	48.0
2) Average number of curative services received	5.6	3.7
3) Attitudes		
- The service is very good	53.9	79.3
- Quick and convenience	52.6	84.5
- Service charge is appropriate	97.2	86.2
- knowledge gain about health	56.6	80.2

Table 12 Reasons for recommend friend/ relatives to receive immunization services from government/ private sectors

Reasons	Pitsanuloke		Sakolnakorn	
	Govt.	Private	Govt.	Private
1) Quick and convenience	96.4	78.3	63.0	43.8
2) Received good attention and good service	1.8	14.9	12.0	46.3
3) To protect the child from diseases and make him healthy	1.8	6.8	19.6	6.2
4) economy (less expensive	0.0	0.0	5.4	3.7
Total	100.0 (115)	100.0 (74)	100.0 (92)	100.0 (80)

Table 13 Reasons for recommend friend/ relatives to recieve ANC services from government/ private sectors

Reasons	Pitsanuloke		Sakolnakorn	
	Govt.	Private	Govt.	Private
1) Convenience and close to home	69.1	75.0	46.4	40.0
2) Quick and friendly service	27.1	19.2	35.7	46.7
3) Useful to the baby and	1.9	5.8	11.9	10.7
4) Economy (less expense)	1.9	0.0	6.0	2.6
Total	100.0	100.0	100.0	100.0
	(107)	(52)	(84)	(75)

Table 14 Total number of private clinics contacted and answer the questionnaires (Bangkok project)

Type of clinics	Number contacted	Number answered
Experiment group	7	7
Control group	6	3
Others	10	6
Total	23	16

Table 15 Number of clinics that had television or VOD set

Type of media instrument	number of clinics had the instrument (n=16)
Television	7 (T.V. + VDO = 2)
VDO	2
Tape Recorder	5 (T.V. + Tape recorder = 5)
None of all above	8
All of above	1

Tabel 16 (hysician's idea about communication media

Type of media	Categories	Comments (n=16)
VDO	a) Content	1) Over all content - good (13) - No answer (2) - Too much about theoretical points (1) 2) Other suggestions - should include mental health problems in children - should use other scenario such as doctors talking with child' mother
	b) Technique and length of the VDO film	1) Over all technique - good (10) - moderate (3) - no comment (2) - some repetition of the pictures (2) 2) Legnth - appropriate (6) - Too long (4) suggestion : - use more children 's picture - use cartoon to attract children also - change tonation during questions and answer to attract attention

Type of media	Categories	Comments (n=16)
VIX) (cont.)	c) Appropriate and feasible to use in the clinic	1) Appropriate and useful (6) 2) Appropriate but should be divided into short series about 15-30 min. each. (5) 3) Need to find more equipments of the media 4) Posters might be better (3)

Posters

Suggestions

- should use Thai words for OPV + DFT
 - Poster about growth and development in children 0-2 years contained too much information
 - should use separate poster describe in short but clear language about specific topics of vaccination, nutrition, weight and height by age etc.
-