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## DEIDS/THAILAND PROJECT QUARTERLY REPORT

FOR

APRIL-JUNE 1975

### Introduction

The third quarter of project operations was marked by several highlights: the completion of training for all volunteer groups in Hang Chat /Health Post Volunteers (72), Communicators (652), and Indigenous midwives (44) and establishment of all village-level consumer adjunct committees; completion of Community Survey data collection in Hang Chat District; final preparations for implementation of Wechakorn ("Medex") Training (scheduled to begin July 2). Many of the lingering administrative problems were also resolved during this period, permitting accelerated progress in all project components.

#### I. Thai/U.S. Inputs

A. In April, both public health and hospital staff joined in a series of meetings to further discuss the conceptual and operational details of integrated health services. Considerable attention was given to defining more clearly the roles of the new Volunteer and Wechakorn ("Medex") workers, and their relationships within the integrated health service system.

B. Consumer adjunct committees were established in all villages of Hang Chat District and, as discussed earlier (Quarterly Report - January through March), they played a key role in selecting the villagers to be trained as Health Post Volunteers (HPV), as well as the indigenous midwives who were to be given MCH delivery training.

C. In the third quarter, training of all volunteer worker groups was completed, along with in-service training of provincial hospital/health staff:

- 1) The last groups of HPV's were trained and returned to their villages, bringing the final total in Hang Chat to 72. Each HPV was equipped with a sign to identify his location, a medicine display cabinet, a supply of the government label medicines, and a first aid kit; on completion of training, each HPV was also given a distinguishing tunic, and was formally presented to his/her local village committee. As the HPV's complete training, they are being given an estimate of the number of target group members in their area (woman of child-bearing age and children under 6), and assisted by the Communicators under their supervision, they will survey the village to identify these potential service utilizers.
- 2) A total of 44 traditional midwives underwent two weeks of training at the Lampang Government Midwifery School. There was less than one midwife per village because a number of villages in certain areas utilize the services of the local government midwife, and no indigenous practice of any consequence existed.
- 3) The last groups of Communicators completed their two-day training course, which, together with those trained in earlier months, brought the total to 652.

D. An additional link in the patient referral system was added when the HPV's were provided with modified referral slips and oriented to the referral system. This will be monitored by local health workers and, together with the extended OPD operating at the Hang Chat First Class Health Center, brings together all levels of the health infrastructure in an integrated referral network.

E. During May and June, Dr. Somboon Vachrotai, DEIDS Project Director, traveled to the United States to take part in the UNICEF Executive Board meeting in New York. This gave him an opportunity to discuss DEIDS progress with APHA and AID official in Washington and with relevant faculty members at the School of Public Health, University of Hawaii. These discussions also included preliminary planning for the first Annual Project Review, scheduled for November 3-7, 1975. He was also invited by the Departments of International Health of the Schools of Public Health, Columbia and Tulane Universities, to give lectures on the DEIDS Project/Thailand.

F. Preparations for Wechakorn ("Medex") training were completed in the third quarter, and the opening ceremonies were rescheduled (from June 16) to take place on July 2. The Division of Personnel Development, with the assistance and cooperation of members of the Lampang Provincial Hospital medical staff and University of Hawaii Health Manpower Development Staff, completed development of the teaching/learning modules and outlined the various supplemental training materials that will be needed.

Dr. Michael O'Byrne, HMDS Associate Director for Training, Medex Tom Coles and Educational Specialist Joyce Lyons - all from the University of Hawaii HMDS - collaborated with members of the DEIDS Personnel Development Division in reviewing and revising the training modules as they have been adapted in the Thailand health setting. After the general review workshop, Mr. Tom Coles remained in Lampang to assist in writing Instructor Manuals for each of the modules and to help catalogue the variety of audio-visual materials which supplement teaching presentations.

In keeping with Project leaders' desire to continually inform the professional health community of project progress, representatives of various health training and service institutions were invited to Lampang to review the project in general, but more specifically to review and comment on the final plans for the Wechakorn curriculum. All Thai medical schools and relevant Ministry of Public Health departments were represented. The meeting turned out to be very productive because of the attending members' interest and relevant experience. The discussions helped to determine the number of trainees to be selected for the first Wechakorn class (15), and clarified important questions concerning hospital staff responsibilities in training - particularly during the preceptorship (clinical) phase. In addition, a number of the participants offered to make available for Wechakorn training several educational resources and materials that they have used successfully in the past.

As plans for Wechakorn training and deployment have evolved, the need to modify and adapt the earlier "Medex" concepts has become apparent in order to appropriately accommodate the characteristics of the Thai health and administrative environment. This is a natural process associated with introducing non-indigenous innovations into a new setting, and the outcome should be of interest and benefit to the non-indigenous originators of the concepts as well as to the Thai health professionals responsible for development of the Wechakorn innovation and the concerned Thai policy-makers who will determine its replicability.

The fifteen Wechakorn candidates chosen have the following background:

- 6 Nurses from Lampang Provincial Hospital
- 1 Nurse from the Lampang Midwifery School
- 1 Nurse from the Office of the Chief Medical Officer
- 2 General Health Workers )
- 5 Midwives ) from Hang Chat Health Centers

Of the total, there are two men and thirteen women. The schedule for the Didactic Training is attached.

G. In May, Mr. Tom Myrdahl, a communications specialist from the Development Support Communications Services (DSCS - a United Nations Development Program affiliate), spent two days consulting with project staff in Lampang to determine the best mix of audio-visual equipment to meet the needs of DEIDS. The final choice of a video-tape system was made, based on consideration of education/training needs and desired compatibility with systems used at other training centers which will exchange education/training materials with DEIDS.

H. Students in the Mass Communications Program at Chulalongkorn University came to work in Hang Chat as a field work component of their studies. As part of their work, they collected data concerning village communications channels which is to be used in planning project communications strategies.

I. The Medical and Health Services Division, in cooperation with the other DEIDS divisions and provincial health staff, have begun a tambol-by-tambol orientation program to bring together the local volunteer workers who have been trained (HPV's, Communicators, Traditional Midwives) and the local health workers who will coordinate and monitor their work. This on-the-job orientation was designed to follow up the earlier classroom training to assure that each type of worker understands his/her role, responsibilities, and relations with other workers in the health care network. At the same time, techniques and reporting procedures were reviewed. The orientation served to initiate and coordinate the work of the various volunteer groups who had finished training at different times.

J. Renovation has begun on the building in the Provincial Hospital compound which has been selected for use as the hospital's Department of Community Health. The DEIDS Division of Medical Health Services will also be located there. This follows on the recent Ministry of Public Health approval of this new department for Lampang Provincial Hospital. The Provincial Hospital and Provincial Health laboratory facilities have also been combined into one unit located in the hospital.

K. Two students from the University of Hawaii -- Tom O'Rourke from the School of Medicine and Jerry Wilkinson from the School of Public Health -- arrived in early June to begin two months of field work. The field work is a component of each student's academic training and is also designed to serve some aspect of DEIDS Project activities. Tom O'Rourke is working on a part of the Clinical Records Abstract Study, collecting and analyzing in-patient and out-patient data for Hang Chat residents at various health facilities. Jerry Wilkinson has assisted in planning and establishing standardized testing procedures for Wechakorn trainees, which is the first step in evaluating their backgrounds and performance.

## II. Problems Encountered and Anticipated

A. The delay in procurement of project equipment continues to be a persistent distraction. The equipment ordered for use in Wechakorn training and in field educational activities is most important, and makeshift arrangements with borrowed equipment curtail activity in this project component.

B. Replacement of Hang Chat health center personnel who are leaving their assignments to be trained as Wechakorn workers is an anticipated short-term constraint. Workers from other areas are being brought in to fill the gaps and necessitates an orientation of the replacement personnel to the DEIDS concepts and operations.

## III. Evaluation Performed and Results

A. Community Survey data collection in the Hang Chat experimental area was completed in June. Coding and card punching for this area (E1) will be finished in August and the preliminary output will be available from the NIDA computer center during the fourth quarter. The Community Survey is scheduled to follow in Mae Tah (C1 - Lampang) during the same period.

The Household Listing for the Mae Tah control area (C1 - Lampang) is complete, and the listing for the second control area, Mae Taa (C2 - Lampang), began in mid-June. Demographic data generated by the Hang Chat Household Listing (last quarter) has been utilized by the Medical and Health Services Division to assist in identifying target population groups for volunteer and service personnel in the experimental area. A copy is attached.

B. The Nutrition and Dental Survey was carried out by MD's and technicians of the Ministry of Public Health's Nutrition Division in June, and the data are now being coded and processed. The families surveyed were a sub-sample of the Community Survey sample. Ten families, each including women of child-bearing age and children under age six, in each of fifteen villages of Hang Chat comprised the total sample of 150 families. The Nutrition and Dental Survey will be performed in Mae Tah and Mae Taa during the fourth quarter.

C. The first round of Task Analysis began during the quarter, the data being collected by three nurses from the University of Chiangmai, supervised by the NIDA Collaborator, Prof. Suchin Phongsak, responsible for this study. Each health facility in the experimental and both control areas was visited and the patterns of staff work and facility operations were studied. Preliminary data are now being processed and will be fed back to assist in service modification in the next quarter.

D. Administrative Analysis questionnaires were prepared by a NIDA social science team during June and were scheduled for pre-testing in Chiangmai the first week of July. Different questionnaire forms have been developed for various government personnel, for private sector practitioners, and for consumers. The data collection phase is planned for September, after DEIDS interviewers complete their Community Survey field work.

E. Cost Analysis. Professor Suchin Phongsak of NIDA made several trips to Lampang during the quarter to assess the types of financial data (both Provincial Health Office and DEIDS) available to develop the various cost measures needed for cost analysis (cost per capita, unit service costs, etc.). This data collection process will continue into the next quarter.

F. Clinical and Service Records Study. As one source of morbidity and service utilization data, Dr. Chin O'Soth, Director of the Ministry of Health has begun to examine hospital and health center records in Lampang. Clinical records will be grouped by diagnosis (if made by an MD) and by symptoms (as described by non-MD's) to produce a profile of morbidity for Lampang (for treated cases only). Service records will produce data on utilization patterns during a pre-program base year as related to symptoms, geographic location, etc.

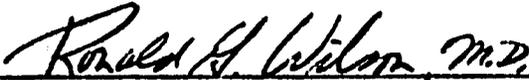
G. Vital Events Monitoring. Use of the Health Post Volunteers to report births and deaths was tested in several areas of Hang Chat during the last two months of the quarter. Preliminary assessment of the results seem satisfactory, and Health Post Volunteers are now being oriented to the reporting system. Local health workers will collate the reports on a monthly basis in each area.

Conclusion

With the first six months of actual implementation operations now past, the senior project staff have begun to assess the level of achievement and appropriateness of timing of project activities. The fourth quarter should produce a wealth of processed data from the initial rounds of the various surveys and studies which will facilitate this assessment and provide baseline data for further project planning. Assembling data for assessment and planning is also being conducted in preparation for the first Annual Review, November 3-7, 1975. It should be emphasized, here again that although most of the problems in the last two quarters have been solved, the strengthening of administrative services of the tri-parties concerned is still highly desirable.

Signed:

  
\_\_\_\_\_  
Dr. Pricha Desawadi, Field Director

  
\_\_\_\_\_  
Dr. Ronald G. Wilson, Associate Field Director  
and U.S. Counterpart

  
\_\_\_\_\_  
Dr. Somboon Vachrotai, Project Director

cc: Dr. Emmanuel Voulgaropoulos (UNSPH)  
Mr. Scott Edmonds (USOM)

- Annexes:
- A. Information-Evaluation Time Schedule
  - B. DEIDS Workshop Report (Medex)
  - C. DSCS Consultant Report
  - D. Wechakorn Training Schedule
  - E. Demographic Data for El (Hang Chat) from Household Listing

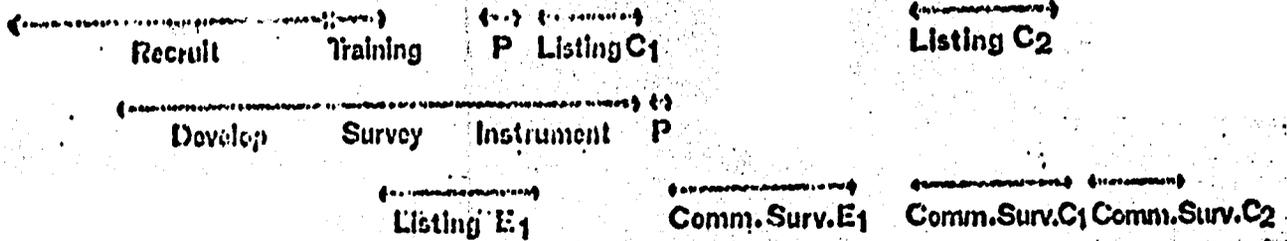
1974

1975

INFORMATION -

G | O | N | D | J | F | M | A | M | J | J | A | S | O

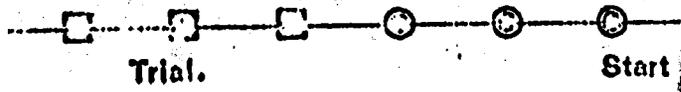
**COMMUNITY SURVEY**



Coding

Computer

**VITAL STATISTICS STUDY**



**CLINICAL AND SERVICE RECORDS ABSTRACT**

**NUTRITION AND HEALTH SURVEY**

**TASK ANALYSIS**

Field Work Analysis

Field

**COST ANALYSIS**

**ADMINISTRATIVE ANALYSIS**

S      P      Data Collection

E<sub>1</sub> = Hang-chat      C<sub>1</sub> =

S = Study Existing System      P =

**EVALUATION TIME SCHEDULE**

1976 Annex A

N	D	J	F	M	A	M	J	J	A	S
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Programming

Reporting Monthly

Work Analysis

Field Work Analysis

Observation

Observation

Mao-tah

C<sub>2</sub>

=

Mao-tea

Pretest Survey Instrument

14/7/75

**DEIDS WORKSHOP REPORT**  
**APRIL - MAY 1975**

**BY: Michael O'Byrne, M.D.**  
**Joyce V. Lyons**

DEIDS Workshop Report  
April-May 1975

The objectives of our trip as stated in an earlier memo were:

1. By the end of the workshop four modules will be completed.
2. By the end of the workshop, the individuals primarily responsible for instructing medex students will have demonstrated their ability to adapt/develop and utilize competency-based curriculum (STEM).

Although they were never formally changed, these objectives in fact were altered in light of the existing circumstances. In concert with the DEIDS training staff we established new objectives. These are "Review and assist in revising and completing all of the modules which have been written in draft form by the hospital physicians".

Assist in the planning and writing of instructor's manuals for each module. Although these objectives were never made explicit they were implied by virtue of our schedules and responsibilities.

### Activities

The activities were divided into morning meetings with the training staff and afternoon meetings. The complete schedule follows:

#### TENTATIVE SCHEDULE OF ACTIVITIES DURING HMDS (MEDEX) STAFF VISIT

### General Meeting Arrangements

Mornings from 9:00 to 10:00 will be devoted to general discussions of concepts, problems, etc. which might need special consideration.

From 10:00 to 12:00 each day, the previous day's module discussions will be reviewed.

Afternoons will be devoted to reviewing and modifying the modules that have been produced in Lampang and comparing and combining their content with those already completed by the HMDS staff.

All morning meetings will be held in the Regional Sanitation Conference Room (across from the University of Hawaii Resident Staff Offices). Afternoon sessions will be held at several locations in the Provincial Hospital.)

Specific Schedule of Module Review (with Staff assignments)

<u>Date</u>	<u>Module</u>	<u>Participants</u>
April 29	General Orientation	All hospital MD's, Medex staff, DEIDS staff
April 30	GU and KUB	Dr. Sumet, Dr. O'Byrne
	Emergency I	Dr. Chauree, Tom Coles
	General Problems	Dr. Veera, Joyce Lyons
May 1	Nutrition	Dr. Sujin, Joyce Lyons
	Emergency III	Dr. Roengsak, Tom Coles
	Abdomen	Dr. Singh, Dr. O'Byrne
May 2	EENT	Dr. Vut, Dr. O'Byrne
	Skin	Dr. Veerachai, Joyce Lyons
	Thorax	Dr. Patchari, Tom Coles
May 6	Emergency II	Dr. Chaileod, Tom Coles
	Family Planning	Dr. Nopadol, Dr. O'Byrne
	Laboratory	Dr. Nopadol, Joyce Lyons
May 8	MCH	Dr. Nopadol, Dr. O'Byrne, Joyce Lyons
	Prevention/Promotion	Dr. Choomnoom, Tom Coles
May 9	Teaching Manuals Final Discussions	All relevant hospital, DEIDS and Medex staff

Tom Coles, Joyce Lyons and I met with individual physicians from Lampang Hospital in the afternoons. The following morning we would report to Drs. Choomnoom, Nopadol and Wannarat what had been discussed and recommended.

The following is a brief summation of the recommendation made by Michael O'Byrne concerning the respective modules reviewed.

GU/KUE (Dr. Sumet, April 30)

1. Rewrite the section on female G.U. system in the anatomy and physiology module, making it more comprehensive. Then have the student review that section. In addition, more detail information can be included in the GU/KUB module itself.
2. Change the sub-objectives to refer to history and physical findings instead of diseases.
3. Clarify whether or not medex will be doing curettage. Include instruction for this procedure only if they are to be doing it.

4. Consolidate the several types of abortion into two or three categories based upon how they are to be managed.

5. Combine "laceration of the cervix" with "foreign body" of the cervix.

Abdomen (Drs. Singh and Senmai, May 1)

After a lengthy discussion regarding the creation of protocols it was my general understanding that Dr. Singh would undertake the task reviewing the protocols from Dr. Essex having to do with abdominal complaints. He would then modify them for Lampang. Abdominal complaints to me is one of the more complex subjects to put into protocol form.

EENT (Dr. Vut, May 2)

1. Dr. Vut should (as he requested to do) review the anatomy and physiology module section on EENT and make suggestions. He was given a copy for his use.

2. In protocol #1: Change dose of ASA to 1 gr/year of age/4-6 hours. Change 5.3 M. Tussis to diphenhydramine (benacryl).

3. Protocol #3: A revised protocol completed by Dr. Vut should be used in place of the original.

4. Protocol #10 (Ear Pain)

"Tonsillar abscess" should replace "neck pain".

Add: FB



NO -----> Refer to MD

Both of these suggestions were made by Dr. Vut.

Family Planning (Dr. Nopadol, May 6)

Dr. Nopadol had completed the module on Family Planning. We discussed it in light of other materials to be used in a larger MCH module. It is my understanding that we agreed upon the following:

1. MCH module would include sections on Pre-natal clinic (O'Byrne), Post-natal clinic (Nopadol), Child Care Clinic (O'Byrne, Normal Newborn Delivery (Nopadol). In addition Family Planning, Nutrition and Diarrhea/Vomiting/Dehydration might be included.

2. Key elements in the postpartum section would include: bleeding, sepsis, generalized debilitation and breast-feeding. This section was to be completed by Dr. Nopadol.

3. The Child Care Section would be completed in Honolulu and mailed as soon as possible. It should include: Growth and Development, Immunization and Nutrition Counseling. It is to be limited to well child care.
4. The other sections of the MCH module are complete or being revised in Lampang.

#### Other Recommendations

See attached memo, Dr. O'Byrne to Dr. Choomnoon and Dr. Nopadol, May 9, 1975, See Appendix I.

#### Review Sessions and General Meetings

Meetings were held each morning to discuss the previous afternoon's work. In addition, several meetings were held during the last two days of our trip. A number of points or agreements came out of these meetings. As we understood them they are as follows:

1. Another conference to plan for the preceptor phase of training should take place in August or September.
2. Tom Coles would stay until the end of May to work on Instructor's Manuals. See Appendix II.
3. Further consideration of adapting the set of protocols devised by Dr. Essex would be postponed for the time being.
4. The video-cassette on MEDEX programs is to be airmailed as soon as possible along with the "slide show".
5. All appropriate slides available through HMDS are to be airmailed to Lampang as soon as possible.
6. The question of selection tests will be looked into by Joyce Lyons. She will forward all appropriate materials to Lampang. In addition she will meet with the MPH student Mr. Wilkinson to discuss his activities in Lampang regarding selection testing. See Appendix III.

The following is a brief summation of the recommendation made by Joyce Lyons concerning the modules reviewed.

Notes: General Problem Module

Participants: Dr. Veera, Dr. Anan, Joyce Lyons

Suggestions: (These have been reported in the May 1, 1975 meeting)

Protocols:

- a. Specific protocol changes were submitted.
- b. Cross indexing of protocols would aid in ease of use.
- c. Treatment section should contain alternative treatment if a therapeutic diagnosis is possible.
- d. Treatment section would be more helpful if the chemical name and two trade names for the drug were listed, as well as dosage and frequency.

Formulary:

- a. The formulary could be coded to note which drugs were available in Hospital (H), Health Center (H.C.) and Sub-Health Center (S.C.)

Follow-up Meeting:

Protocol suggestions A, B, and C were accepted.

Protocol suggestion D was amended. It was considered undesirable to list trade names and only chemical names would be listed.

The question of where to list drug dosage and formulary was considered and the decision was made to continue current procedure on this issue.

Formulary suggestion A was discussed and will be considered again at a later date.

**Notes: Dermatology Module**

**Participants:** Dr. Anan, Joyce Lyons  
(Dr. Verra, the physician who wrote the module was not present)

**Suggestions:****Protocols:**

- a. The protocols should be adapted to follow the format of the protocols in the skin module from Hawaii, i.e., use only one presenting condition for each protocol.
- b. The adapted protocols (excluding swelling) were submitted to Dr. Nopadol.

**Follow-up Meeting:**

All suggestions were discussed with Dr. Nopadol who will make any necessary changes in module.

**Notes: Nutrition Module**

**Participants:** Dr. Sujin, Dr. Choomnoom, Joyce Lyons

**Suggestions:**

**Protocols:**

- a. Specific protocol changes will be submitted to Dr. Nopadol by Dr. Sujin.
- b. Either add dehydration protocol to module or remove skills.

**Format:**

- a. The format of this module has been extended to include a large amount of highly technical information. Suggestion adherence to the established format.
- b. Important to remember to train medex to know only that information which will assist in his treatment of the most common problems.
- c. Most attention should now be given to how to use module to train medex.

### Notes: Laboratory Module

Participants: Dr. Anan, Chief Laboratory Technician, Joyce Lyons, Dr. Wannarat

#### Suggestions:

- a. Question arose as to whether medex should perform W.B.C., differential R.B.C., platelet count, blood grouping and cross match. The issues were discussed with Dr. Nopadol.
- b. Protocols not necessary in laboratory module. Considered better to use protocols only for presenting problems. The problem protocols advise a medex when to use a laboratory procedure.
- c. Add strip test for protein and sugar content in urine.
- d. R.B.C. and W.B.C. in urine not considered necessary procedure.
- e. Concentration method not considered necessary procedure.

#### Follow-up Meeting:

All suggestions were discussed with Dr. Nopadol who will make any necessary changes in module.

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### GENERAL IMPRESSIONS

The involvement of the hospital staff in the production of modules has naturally been a great boost to the production schedule. There is no better way to ensure the assistance of physicians in training and the proper use of medex after training.

#### Problems:

Developing materials using the self instructional format is more complex than the selection of appropriate content. The sequencing of content and the evaluation of student learning are considerations which need some attention. Additional time should also be given to the creation and evaluation of effective learning activities.

#### Future Involvement:

Provide training for the Thai staff in the preparation of more effective programmed text, learning activities and evaluation tools.

Revision of existing modules using the information gained from this training would improve the quality of the curriculum.