

AGENCY FOR INTERNATIONAL DEVELOPMENT  
WASHINGTON, D. C. 20523  
**BIBLIOGRAPHIC INPUT SHEET**

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*Batch 29*

1. SUBJECT CLASSIFICATION	A. PRIMARY	TEMPORARY
	B. SECONDARY	

2. TITLE AND SUBTITLE  
DEIDS/Thailand project quarterly report, Oct.-Dec. 1975

3. AUTHOR(S)  
(101) APHA

4. DOCUMENT DATE 1976	5. NUMBER OF PAGES 7p.	6. ARC NUMBER ARC
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7. REFERENCE ORGANIZATION NAME AND ADDRESS  
APHA

8. SUPPLEMENTARY NOTES (*Sponsoring Organization, Publishers, Availability*)

9. ABSTRACT

10. CONTROL NUMBER PN-AAB-632	11. PRICE OF DOCUMENT
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12. DESCRIPTORS	13. PROJECT NUMBER CSD-3423-GTS
	14. CONTRACT NUMBER
	15. TYPE OF DOCUMENT

# LAMPANG PROJECT FIFTH QUARTERLY REPORT

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for

October 1 to December 31, 1975

## Introduction

During the fourth quarter, the first full year of project operations came to an end. As a result, one of the major project emphases during the fifth quarter was to review the first year's progress, achievements, and problems. Review of the first year's experiences, assisted by a variety of skilled outside professionals, has provided us with a wealth of insights and recommendations, which, where appropriate, are being incorporated into plans for the project's immediate and long-term future. The insights have been of use in pinpointing crucial project problems and in developing pragmatic solutions.

## Thai/U.S. Inputs

A. A major activity to which much senior project staff time was devoted during the first part of the quarter was, of course, the first Annual Review. Most readers of this quarterly report are familiar with the Annual Review proceedings, but a brief summary would be useful. The review took place during the week of November 3rd to November 8th in Lampang, and was divided into two components: the first was an Administrative Review with only the collaborating agencies - the Ministry of Public Health, Agency for International Development, American Public Health Association, and University of Hawaii School of Public Health - participating. The Administrative Review was designed to review relationships and policies of the various collaborative institutions, to resolve any constraints resulting from the inter-organization relationships, and to review current and projected budgetary needs. The second component of the Annual Review was a Technical Review, largely devoted to scrutinizing the technical structure and content of the various project components. The Technical Review itself was divided into four segments based on the project's four functional areas: Personnel Development (training), Planning & Programming (formerly Medical & Health Services Division), Research and Evaluation, and Administrative Services. Consultants from within Thailand and from abroad participated in each one of the groups to assist in identifying issues, expressing impressions of progress, and raising questions or making recommendations when relevant. Reports of the Annual Review and from the consultants have already been distributed, and a detailed report of the Annual Review outcomes would be redundant here. Summarizing the results of such a meeting is difficult, but there were several points on which most participants agreed:

1. All collaborating agencies reaffirmed that the Lampang Project is a Thai Project and decisions concerning project operations will be made by project staff, assisted when appropriate by members of the participating agencies.
2. In the first year of operations, the Project has made rapid progress by training a large number of people, by assembling a first-rate directing staff and effective leadership, and by laying the foundation for a network of integrated health services utilizing innovative approaches.

3. At the same time, important questions associated with the initial achievements and with future expansion to new intervention areas are evident, and require immediate attention to continue the pace of the first year's achievements. Some examples are:
  - a. A data-processing bottleneck has been recognized, primarily due to computer limitations of the NIDA computer originally thought to be adequate, and this has created an important constraint in rapid data analysis and feedback for Project management.
  - b. A question of whether management and supervision of all the project's components have been unified and coordinated was also raised.

Several changes in terminology which resulted from the Annual Review recommendations should be noted here, since they will be encountered throughout the rest of the report and in subsequent project documents. As it is now apparent that the DEIDS/Thailand Project will be the only DEIDS project developed, instead of one of the four originally planned, it was recommended that the DEIDS/Thailand Project be given another name. This was accepted by Project staff, particularly since "DEIDS" in the Thai language is a rather complicated term. Henceforth, the DEIDS/Thailand Project will be referred to simply as the "Lampang Project" or, more formally, as "Lampang Health Development Project". A second term that has caused some confusion to outside participants is the name formerly given to one of the functional divisions, the Division of Medical & Health Services. Most outsiders have thought that this division was responsible for actually delivering integrated services provided by the Project; in fact, this division is simply the planning and coordinating arm working with the existing provincial health care system that actually provides the services. To avoid confusion in the future, it was recommended and accepted that the name of this division should be changed to the Planning and Programming Division, which more clearly describes its function.

B. In the period immediately following the Annual Review, the Project senior staff assembled to consider the issues and recommendations raised.

1. One recommendation of immediate concern was the suggestion that the project implementation schedule be accelerated. This coincided with a Project staff observation that although approximately one-half of the province's geographical area would be within the implementation areas in the project's first two phases (1974 to 1976 and 1976 to 1978), considerably less than half of the provincial population would be in the geographical areas of implementation. This would, in affect, mean that the majority of Project implementation would have to take place in the last year or two of the Project, creating a potentially excessive burden for project and provincial health staff. Consequently a recommendation to expand the second phase (E<sub>2</sub>) implementation area was considered. The expanded implementation area for the second phase includes not only the five southern districts of the province, but also the largest, Muang District, which includes Lampang town. This would, in affect, double the population to be covered during the E<sub>2</sub> implementation.

2. The Project staff generally agreed that the expansion of the E<sub>2</sub> implementation area was advisable, but this feasibility would be related to several factors:
  - a. Sufficient feedback should have been gained from the experience in the E<sub>1</sub> implementation in Hang Chat to make implementation in the expanded E<sub>2</sub> area more efficient.
  - b. Sufficient support must be stimulated from the Ministry of Public Health for filling out the full complement of health services in the expanded area.
  - c. Sufficient funding will be available from APHA to cover the Project activities of relevance in the expanded implementation area.

The Project staff are now assembling all of the division's budgetary requirements for the next budget period (1976-1978) which will be submitted early in the sixth quarter.

C. In November, the SGV-Na Thalang Management Organization came to Lampang for an extended period to review the first year's financial and management procedures.

D. Concurrent with examination of the results of the Annual Review, Project staff have also been revising and reviewing the Project's coverage and output targets (ref: logical framework). With the experience of the first year of innovations, and with the availability of new data from the various evaluation components, it has become clear that some revision of the coverage and output targets is necessary. Project staff and the Evaluation Board are now carrying out this revision, which should be finished at the beginning of the sixth quarter.

E. In early November, the first group of Wechakorn (Medex) completed the didactic phase of their training, and moved into their preceptorships. The first portion of preceptorship training will be in the hospital, and the latter part will be focussed in the Rural Health Centers. In preparation for continual monitoring of training performances, a Preceptorship Evaluation System has been developed. During early weeks of the preceptorships, evaluation requirements interfered with patient care activities in some busy departments of the provincial hospital, but these were quickly modified in cooperation with hospital staff. A Handbook for Wechakorn Training has also been completed, in Thai.

F. A third group of nineteen service personnel underwent the two-week orientation (Cross Training) in November.

G. The Planning and Programming Division continued contact and coordination with the MOPH Division of Family Health (MCH and Family Planning), Nutrition, Laboratory Services, and Dental Health Services to secure support for current project activities. In anticipation of expansion to the E<sub>2</sub> intervention districts, planning and coordination with the Ministry was carried out to ascertain the level of increased budget and manpower support that can be expected in the next budget period.

H. Collection of field data for Administrative Analysis and coding of the closed-end responses was completed in the fifth quarter. The second round of Task Analysis data collection in all rural health facilities of E<sub>1</sub>, C<sub>1</sub>, and C<sub>2</sub> was also completed.

I. The Evaluation Board expended considerable effort in further developing evaluation indicators and targets as one part of reviewing and updating the original "logical framework" and evaluation plan.

J. In mid-October, the University of Hawaii School of Public Health hired Dr. Jumroon Mikhanorn to fill the third position for the University of Hawaii Resident Staff in Lampang. Dr. Jumroon will be responsible for supporting project evaluation activities, but his broad experience in the area of management in the Ministry of Public Health should be of valuable assistance in many areas of the Project. Dr. Jumroon's background is well-suited to the evaluation tasks at hand. Most of the evaluation methodologies, proposals, and instruments have been developed; it is now important to assure that these evaluation components are carried out effectively, in keeping with the schedule that has been laid out for each evaluation track, and that evaluation data be fed back quickly for management decision-making. Dr. Jumroon should, with his background of the Ministry of Public Health and the National Institute of Development Administration, effectively help to coordinate the various evaluation inputs.

K. Dr. Alan Roth and Ms. Martita Marx, planning/management consultants, from Practical Concepts Incorporated, accompanied by Professors Nit Sammaphan and Chitpong Siamnetr of NIDA (National Institute of Development Administration), traveled to Lampang in December to meet the Project staff and discuss Project needs for certain types of management training, particularly associated with the development of logical frameworks and performance networking. Practical Concepts Incorporated (PCI) has been training trainers from many RTG agencies, and the staff from NIDA were among this group. After meeting with the staff, the PCI and NIDA consultants proposed an outline (attached) for a one-week management seminar for the Project staff. This will be organized and conducted (in Thai) by Professors Nit and Chitpong of NIDA, February 15-21.

L. In October, Dr. Somboon Vachrotai, the Project Director, traveled to Washington to participate in the annual meeting of the Council on International Health. He discussed a number of issues in the area of community health, and also presented a summary of the Lampang Project's key features. On his return trip he also stopped at Schools of Public Health at the Universities of Michigan, Tulane, and Hawaii to also make presentations concerning the activities of the Lampang Project.

M. Dr. Pricha Desawadi, the Project Field Director, also traveled to the United States in November to attend part of the American Public Health Association annual convention, and the World Population Society annual meeting, where he presented a summary of DEIDS Project as part of a symposium on "Alternative Systems for Delivering Family Planning Services".

N. During November, the Malaysian delegates from the Thai-Malaysia Border Conference traveled to Lampang for a briefing and observation tour of project activities.

O. Mr. Arthur Gardiner, Jr., Assistant Administrator for East Asia, AID/Washington, visited the Project briefly during the first week of October. After a briefing by the Project staff, he had the opportunity to observe Wechakorn training activities.

P. Early in October, a group of 22 UNICEF Field Officers from various countries of the region visited the Project for two days to observe primary health care activities and the innovations of the Lampang Project.

#### Problems Encountered and Anticipated

One major problem area that has become increasingly apparent during the past quarter, and which may become more pronounced in the ensuing months, is the data processing bottleneck. The first data outputs (cross tabulation table) for the Community Survey have been produced by the NIDA computer staff, but the output has been much slower than anticipated earlier. This is due, in part to both computer and programmer limitations, and to the quality and completeness of coding. A large quantity of data has now been collected, but unless it can be processed efficiently, the data will not be available for project planning and management decision making. As a result, the Research and Evaluation staff are beginning to seek other computer and programming facilities to supplement the NIDA capacity.

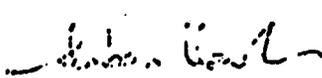
#### Conclusion

The quarter was characterized by intensive review of the first year's progress in order to continue implementation and achievement at the initial rapid pace, to resolve problems and constraints encountered, and to accurately plan and budget for the 1976-1978 implementation period.

Signed:

  
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Dr. Pichna Desawadi, Field Director

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

  
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Dr. Sombon Vachrotai, Project Director

Encl: Project Planning and Management

PROJECT PLANNING AND MANAGEMENT

(tentative Schedule)

Sunday, Feb. 15, 1976

09:00-12:00            Opening and Orientation  
13:30-16:00            Health Policy

Monday, Feb. 16, 1976

09:00-12:00            Management by Objective  
                         Project Planning, Management Process  
13:30-14:30            Log Frame  
14:45-16:00            Workshop

Tuesday, Feb. 17, 1976

09:00-10:00            Log Frame  
10:15-12:00            Workshop  
13:30-14:30            Manageable Interest  
14:45-16:00            Workshop (Complete Log Frame)

Wednesday, Feb. 18, 1976

09:00-12:00            Project Evaluation and Reporting  
13:30-16:00            Networking

Thursday, Feb. 19, 1976

09:00-12:00            Workshop  
13:30-16:00            Resource Allocation Management

Friday, Feb. 20, 1976

09:00-12:00            Leadership  
13:30-16:00            Administrative Communication

Saturday, Feb. 21, 1976

09:00-12:00            Administrative Syndicate  
13:30-16:00            Syndicate

Sunday, Feb. 22, 1976

09:00-12:00            Syndicate (Continue)  
13:30                    Closing

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