AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D. C. 20523

BIBLIOGRAPHIC INPUT SHEET

FOR AID USE ONLY
TEMPORARY Batch 43

1. SUBJECT CLASSIFICATION
A. PRIMARY
B. SECONDARY

2. TITLE AND SUBTITLE
DEIDS/Thailand project quarterly report,April-June,1976

3. AUTHOR(S)
(101) APHA

4. DOCUMENT DATE
1976

5. NUMBER OF PAGES
8p.

6. ARC NUMBER
ARC

7. REFERENCE ORGANIZATION NAME AND ADDRESS
APHA

8. SUPPLEMENTARY NOTES *(Sponsoring Organization, Publishers, Availability)*
(Activity summary: Lampang Health Development Project)

9. ABSTRACT

10. CONTROL NUMBER
PN-AAC-766

11. PRICE OF DOCUMENT

12. DESCRIPTORS

13. PROJECT NUMBER

14. CONTRACT NUMBER
CSD-3423 GTS

15. TYPE OF DOCUMENT

AID 590-1 (4-74)

SEVENTH QUARTERLY PROGRESS REPORT

(April 1 to June 30, 1976)

PN-AAC-766
CSD-3425 575

Introduction

During the past quarter, the first group of wechakorn entered and completed the final phase of their one year of training, permitting installation of the last infrastructure component for the first intervention area, Hang Chat District. With the infrastructure for expanded health services in Hang Chat intact and the integrated health delivery system beginning to operate, Project staff intensified preparatory planning for expansion to the second intervention area, E_2, the six southern districts of Lampang Province. With a mandate to cover a population ten times larger than that in Hang Chat, every effort is being made to complete planning and baseline data collection and to begin the extensive training interventions at the earliest time.

Thai/U.S. Inputs

A. Wechakorn Training

1. Final Phase of Preceptorship

The first group of fifteen wechakorn trainees completed their in-hospital clinical training in mid-April and began the final phase of their preceptorships, a one-month rotation through rural health centers. During this period, groups of two or three trainees resided at each of several rural health centers, gaining experience in both curative and preventive care. Part of the period was spent in a Rural Medical and Health Center under the supervision of the resident physician, and the remaining period was spent in a sub-center where preventive care is emphasized. Throughout this rural health phase of the preceptorship, Project staff travelled out to review the trainees' work and to monitor their experience in the rural health center environment.

Several useful observations were made in reference to the rural health center period of wechakorn training:

a. When assigned to the rural health centers where they had more independent responsibility for medical care, wechakorn found

minor gaps in the training modules. Certain types of patient complaints encountered in the health centers had not been included in the appropriate modules. On the whole, however, the clinical performance of the wechakorn was quite satisfactory.

b. The wechakorn experience was varied in the areas of information collection and supervision related to health center management. This was, most likely, the result of variable attention given to these activities in the different centers.

c. Wechakorn trainees with former hospital nursing backgrounds have generally advanced clinical skills most quickly; as expected, however, they were less able to adjust to hardships and limitations encountered in the health center environment than were the former midwives and sanitarians, most of whom had come from the health centers.

2. Final Examinations and Evaluation

After completion of all training activities, three days were set aside for final written and practical examinations in order to evaluate the wechakorn's knowledge and clinical skills. An eminent group of Thai physicians, representating the major medical and health training/education institutions in Thailand, was assembled to participate in the final testing. The group consisted of the following participants:

a. A Professor of Surgery, Faculty of Medicine, Chiengmai University.

b. A Professor of Medicine, Sririraj Faculty of Medicine, Mahidol University.

c. A Professor of Pediatrics, Faculty of Medicine, Chulalongkorn University.

d. A Professor of Medicine, Ramathibodi Faculty of Medicine, Mahidol University.

e. A Professor of Nutrition, Faculty of Public Health, Mahidol University.

f. The Director, Division of Training, Ministry of Public Health.

g. A physician representative of the medical staff, Lampang Provincial Hospital.

The examination schedule was divided into two parts: (1) A written exam on the first day, and (2) a practical exam on the second day. In the practical examination, four patients were randomly selected for each wechakorn trainee to conduct history-taking, physical examination, and to outline an appropriate work-up and treatment. One examiner observed each wechakorn-patient consultation, made his own examination and diagnosis, and judged the wechakorn's performance. Final evaluation of each wechakorn's performance for the whole year of training was broken into several weighted components: classroom performance - 20 percent; preceptorship - 40 percent; final written examination - 10 percent; and final practical examination - 30 percent. All fifteen wechakorn completed their training successfully, and the awarding of diplomas, scheduled for July 2, will be conducted by Dr. Prakorb Tuchinda, Under-Secretary of State, Ministry of Public Health. Seven of the group will be assigned to rural health centers in Hang Chat District, seven will be assigned to the Provincial Hospital, and one assigned to the Midwifery School.

Training of the second wechakorn group is expected to begin in early October, following completion of the assessment of wechakorn field training, final revision of training modules and curriculum review and refinement. Collaborative efforts are also now beginning to exchange experience and improve curricula between various programs in Thailand training intermediate-level clinical care providers.

B. In late April, Dr. Kitti Tayakanond, Director, Division of Training, Ministry of Public Health, travelled to Lampang to discuss the alternative approaches for requesting Civil Service Commission action in developing appropriate wechakorn positions and support. Since the Ministry is currently planning the request for the official status of some 1400 nurse-practitioners to be trained in the next five years, Dr. Kitti recommended coordinated negotiations with the Civil Service Commission.

The ensuing discussions between Project staff and Dr. Kitti indicated that the creation of a new official status for wechakorn may be more complicated than for nurse-practitioners. Nurse-practitioners have more uniform educational

backgrounds and experience, whereas the wechakorn are a more heterogeneous group (nurses, midwifes, sanitarians). Since the Civil Service Commission does not normally award an equal position/salary category to a variety of personnel with diverse educational/training backgrounds, the Ministry may initially seek promotions with salary increases for each individual trained as wechakorn and will, at a later date, discuss new position classifications.

C. The first groups of traditional birth attendants from the E_2 intervention area were selected and began their two-week course of training. A total of seven groups, or 127 TBA's have now completed training.

D. Two groups of service personnel from the E_2 area, comprising 42 people, participated in the Project orientation program during the quarter.

E. In early April, the first meeting of the Ministry of Public Health Executive Committee for the Lampang Health Development Project was held in Lampang. This committee was established at the initiative of the Project Director as a means to continually inform key Ministry officials of Project activities and progress, and to seek their advice and support concerning project plans. The meeting provided an opportunity for the committee members to review Project progress and recent planning since the November First Annual Review.

F. In mid-May, Dr. Pricha Chulavachana, Deputy Minister, Ministry of Public Health, travelled to Lampang for an extended two-day visit to the Project. Dr. Pricha reviewed all aspects in detail and became fully oriented to, and supportive of, the Lampang Project and its objectives.

G. The Planning and Programming Division staff, in cooperation with local health center personnel, began preparations for expansion into the E_2 districts. Concentrating first on Muang District (the largest of the six districts), the process of arranging health service personnel orientation, setting up local coordinating committees, arranging for selection of the community health volunteers (health post volunteers, traditional birth attendants, and health communicators) began in earnest. Training for these groups is expected to commence during the next quarter.

H. Household Listing in all villages of the six E_2 districts began early in this quarter and will be completed in the next quarter. From the household listing the sample for the Community Health Survey and related surveys will be drawn.

I. The Research and Evaluation Division, in an effort to reduce the computer backlog at NIDA, provided data from the Administrative Analysis to a private computer firm on a trial basis. If the data processing by this firm (which has processed MOPH family planning data in the past) is satisfactory, the Project will continue their assistance as needed.

J. A survey of community health volunteers attitudes and performance and a review of reports on their activities, permitted some preliminary observations on their performance, particularly of health post volunteers. These findings included the following:

1. Although there is broad accomplishment by the community health volunteers, their overall performance built up to an initial high level and then began to taper off a bit.

2. This tapering off is attributed to two major factors: (1) the variable and inconsistent supplying of the basic drugs which the HPV's dispense, and (2) the less-than-adequate motivation/supervision provided by local government health workers.

These problems have been taken seriously by Project staff and efforts are now underway to overcome the medical supply/financing/logistics gaps, and to stimulate local health workers to responsibly and effectively fulfill their supervisory responsibilities.

K. In May, Mr. Thomas Myrdahl, a media specialist consultant to the Project concerning communications production in 1975, returned to Lampang as a UHSPH consultant to the LHDP in May. Mr. Myrdahl had recommended in his 1975 report consolidating all Project audio-visual education/communications activities into a single AV support unit; the objective of this consultation was to assist in development of the Project's AV support unit and, at the same time, to assist in the production of some training and educational materials.

A large room at the Lampang Midwifery School has been donated for the AV support unit. It is close to the room most frequently used for training and is easily accessible to all other project units. The room has been modified to accommodate all AV support staff and equipment and gives the unit the capability to produce video-sound tapes, super-8 sound films, slides, overhead projectives, audio tapes, and other AV materials. The unit also will serve as a central repository for all audio-visual materials which the Project may collect or produce. With the assistance of communications specialists from the MOPH's Division of Family Health, the project's audio-visual technicians have begun training in the use and maintenance of equipment in the unit.

Integration of health services is a concept that has come of age, but also is one which has a variety of interpretations. Lampang Project leaders have felt the need for a means to communicate to Thai health professionals the meaning of integration in the Lampang Project, and how these concepts are translated into strategies and innovations. Such an educational undertaking is a logical step in building a receptive foundation for demonstration and replication. At the same time, the Project has generated considerable interest abroad and there has developed an urgent need to orient the increasing numbers of international health visitors with staff time-saving AV materials.

L. In mid-April, Dr. Ronald Wilson (U.S. Chief-of-Party), travelled to Washington, D.C. with Dr. Emmanuel Voulgaropoulos (Project Manager for UHSPH involvement) to discuss with APHA and AID technical aspects concerning the next contracts and budget period.

M. In May, Dr. Somboon Vachrotai, Project Director, travelled to the U.S.A. to attend the UNICEF Executive Board Meeting and to negotiate with AID and APHA for the 1976-1978 Contract and Budget.

N. In early June, Suzanne Plopper, an MPH student at the UHSPH, arrived in Lampang to begin a two-month field training assignment. She is working with the Planning and Programming Division, assisting in further assessment of Project communication needs and in developing specific communication strategies.

.....7

O. In late June, Dr. Pat Lowry began a field assignment with the Project as part of his General Preventive Medicine Residency training at the University of Hawaii. Dr. Lowry is assisting Project staff in developing the Provincial Health Management Information System, and in further refining the role of the Provincial Hospital's Community Medicine Department in the overall integrated health delivery system.

P. Visitors to the Project During the Quarter

1. In April, Mr. Ulf H. Krueger, Chief of the Asia Section, UNICEF Central Headquarters in New York, and Mr. Stagerjut, UNESCO Education Specialist attached to UNICEF Headquarters, accompanied by Mr. Jose Diaz, UNICEF Regional Director for Southeast Asia, visited the Project as part of a review of UNICEF assisted activities.

2. In early May, Mrs. Kay McKlaren, a faculty member in the International Health Program, UHSPH, briefly visited the Project during her work on a MOPH/AID-sponsored seminar on family planning.

3. Dr. Joseph Speidel, Chief of Evaluation and Research for the Bureau of Population and Humanitarian Services, AID/Washington visited the Project on May 10th, a Thai holiday, to observe some field activities in an attempt to assess the utility of the Lampang model for a proposed family planning-health distribution system research project which AID hopes to sponsor in other areas of Thailand.

4. Dr. James Brown, of PPC/AID/Washington, during an extended stay in Bangkok, briefly met with some Project evaluation staff to further clarify PPC's interests in the Project's evaluation activities, and to review his comments and questions concerning the adopted evaluation plan.

5. Dr. Bannerji, WHO Short-Term Consultant from Jawaharlal Nehru University's Social Science Department, visited the Project as part of his assignment to identify research areas in health care delivery.

6. In early June, Mr. Willy Costillo, a Nutrition Project Officer for UNICEF in the Philippines, visited the Project in order to compare the Lampang integration process with the approach to integration of nutrition and food production which is now being tested in the Philippines.

7. In mid-June, a team from the UN Asian Development Institute came to Lampang to engage Project staff in discussions preparatory to developing a training program concerning health integration for a multi-national group of regional government planners who will be coming to Thailand for a seminar concerning integration in the delivery of social services.

8. Dr. Satean Techapaitoon, a new faculty member from the Department of Community Health, Songkhla University Faculty of Medicine, has joined the Project for nine months to gain experience in community health delivery which will be utilized in strengthening the Faculty's teaching field program.

Signed:

Dr. Pricha Desawadi, Field Director

Dr. Ronald G. Wilson, Associate Field Director
and U.S. Chief-of-Party

Dr. Somboon Vachrotai, Project Director