

PDAAS-757  
MM-43568



# intrahealth

## Trip Report

# 0-152

**Travelers:** Dr. James Lea, Director  
Ms. Lynn Knauff, Deputy Director

**Country Visited:** THAILAND

**Date of Trip:** September 23-28, 1985

**Purpose:** Project Review and Program Planning  
with the Asian Centre/Population  
and Community Development Association  
and with the Ministry of Public  
Health.

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

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## EXECUTIVE SUMMARY

INTRAH Director James Lea and Deputy Director Lynn Knauff visited Bangkok, Thailand September 23 - 28, 1985, for purposes of review and program planning with the Asian Centre/Population and Community Development Association and with the Ministry of Public Health.

Discussions with the Asian Centre focused upon the Centre's agreement to send technical assistance staff to selected African countries to help develop Community-Based Distribution training and service capabilities; and upon staff development for the Centre's trainers. Lea and Knauff also attended two sessions of the CBD course to which INTRAH was sponsoring Ugandan participants.

Discussions with the Training/Supervision/Education Section of the MOPH Family Health Division advanced the preparation for the FHD's Training Needs Assessment Training of Trainers course, to be held in November, 1985. The national annual convention of Thai public health nurses and the meeting's proposed Family Life Education theme were discussed as well, and the Mahidol University Public Health Nursing Department will submit a sponsorship proposal to INTRAH.

## SCHEDULE

- September 21: Departed RDU airport at 7 a.m.
- September 22: Arrived Bangkok at 12:15 a.m.
- September 23: Briefing with Khun Karoon at USAID. Meetings at PDA and attendance during morning portion of course.
- September 24: Lunch with T/S/E staff of FHD/MOPH and Linda Andrews.
- September 25: Meeting with Dr. Gecolea at DTCP. Meeting with T/S/E staff of FHD/MOPH, Linda Andrews, and Dr. Prapha Limprasoot, Mahidol's PHN Department Director.
- September 26: Meeting with Dr. Somsak at MOPH.
- September 27: Debriefing with Khun Karoon at USAID. Meetings at PDA, attendance during last day of PDA course, and discussions with Ugandan participants.
- September 28: Departed Bangkok for Manila at 10:50 a.m.

## **I. PURPOSE**

The purposes of the visit were to:

1. Attend the Asian Centre/PDA CBD course to which INTRAH sponsored a seven-member Ugandan team.
2. Meet with Asian Centre trainers to discuss and decide on a training plan for FY 1986, and review as much as is known about training needs to be addressed in the TOT workshop for Asian Centre trainers to be held in Manila, January 6 - 24, 1986.
3. Meet with MOPH officials and visit DTCP.

## **II. ACCOMPLISHMENTS**

1. Dr. Lea and Ms. Knauff attended the PDA course on Monday morning, September 23, and the full day on Friday, September 27 (which included participants' reaction to and assessment of the two-week experience).

2. Ms. Knauff and Dr. Lea discussed the FY 1986 INTRAH-PDA workplan with Khun Tanaporn and Khun Tanothai, emphasizing the Africa-based needs assessment scheduled for February 1986. The TOT workshop in Manila will be attended by 6 trainers from Asian Centre and is expected to emphasize needs assessment and team-building in anticipation of the Africa trip. Other skill-building needs more immediately related to PDA-sponsored courses were also specified.

3. Dr. Lea and Ms. Knauff met with Dr. Somsak, formerly Deputy Director General of the Department of Health/MOPH and now the Director General of Medical Services, and met Dr. Morakot, Director of the Family Health Division (FHD). Discussions were held with staff of the Training/Supervision/Education Section of FHD with which Ms. Linda Andrews (a former IHPS-sponsored consultant in

Nigeria) is now affiliated as an intern sponsored by the University of Michigan. Dr. Prapha joined one of the discussions during which INTRAH support of a Nurses' Conference on FLE was discussed.

4. In a meeting with Dr. Romi Gecolea, Director of DTCP, Lea and Knauff learned of a Low-Cost Visual Materials Production course to be offered by DTCP in Nov./Dec. 1985.

5. A briefing and debriefing were held with Khun Karoon, USAID (Mr. Tiffany was on home leave), during which the Thai candidates for the NFP TOT workshop were discussed as well as reviews of INTRAH-sponsored activities and prospects with PDA and FHD/MOPH.

### III. BACKGROUND

This was the seventh INTRAH visit to Bangkok since the initiation of the PAC II contract in October 1984. Reports of the visits were made as follows:

07: Knauff, Needs assessment, Nov. 19-23, 1984  
030: Muhuhu, Program planning, Jan. 14-Feb. 9, 1985  
033: Knauff and Baker, Project development, Feb. 8-16, 1985  
034: Veney, Project development (evaluation) Feb. 8-16, 1985  
067: Walter, Participant follow-up, April 15-18, 1985  
054: Knauff, Project development, May 5-12, 1985  
0157: Muhuhu, Report on Ugandan Study Tour hosted by PDA,  
June 29-July 15, 1985

These visits were made to provide project planning and technical assistance to Asian Centre of PDA and/or the Training/Supervision/Education Section of the Family Health Division of the Ministry of Public Health. INTRAH assistance has been directed toward the following objectives:

1. Strengthening the training capacity of the Asian Centre's training staff.
2. Building the capability of the FHD to train provincial-level staff in how to conduct training needs assessments, and to evaluate training effects and impact.
3. Establishing links between PDA and African institutions/organizations that intend to introduce community-based distribution of contraceptives (as an activity complementary to clinic-based distribution).
4. Establishing links between INTRAH and regional and international institutions: DTCP, FPIA, UNFPA, and Population Council.
5. Identifying Thai resources that might be applied to in-country, regional and inter-regional training activities of INTRAH.

Since November 1984 INTRAH has negotiated a sub-contract with PDA for training African CBD management teams and orientation of two Ugandan delegations to CBD within a rural development context. INTRAH has sponsored one Asian Centre training staff member to an Management Sciences for Health-conducted course and will sponsor 6 training staff to a TOT workshop in Manila in January 1986.

Two staff of the T/S/E Section of the FHD/MOPH, along with a field-staff trainer, were given advanced TOT training in Santa Cruz conducted by the Institute for Health Policy Studies, an INTRAH sub-contractor. Two of the three were followed-up by the courses's trainer, Dr. George Walter, in Bangkok. The Chief of the T/S/E Section and a staff member of the Research and Evaluation Section were trained in Chapel Hill for 10 weeks during the summer of 1985 in order to develop their skills as a team to plan and conduct training evaluation.

Technical assistance to Asian Centre was given by Miss Pauline Muhuhu whose recommendations resulted in subtle but important changes that were made in PDA's September 1985 course. Asian Centre's training staff's skills as trainers will be upgraded in January 1986.

Continuing technical assistance has been provided to the T/S/E Section of FHD in the rationale for and design of a training needs assessment TOT course and subsequent decentralized workshops, and training evaluation. This has yielded greater clarity about the purposes and potential of decentralization of training, training needs assessments and their relation to service plans, and the value of evaluation.

Cordial relationships have been established with DTCP which have yielded opportunities for the Ugandan teams to learn from DTCP's extensive field experience, and the potential opportunity for the Asian Centre training staff to co-train with DTCP trainers as a means to obtain hands-on experience in a variety of settings with seasoned trainers.

Although FPIA, UNFPA and Population Council have no collaborative work with INTRAH in the Asia region, contact has been maintained to insure that if an opportunity arises, it can be acted on.

#### IV. ACTIVITIES

##### Asian Centre/PDA

The INTRAH team -- and Thai citizens -- learned on Monday morning, September 23 that Khun Mechai had been appointed Deputy Minister of Industry (see Appendix D). Later that day, Lea and Knauff met with Khun Mechai who stated that his commitment to family planning and to PDA remained paramount, no matter where he "sat during the day." He indicated that he could be of even greater service to family planning through his new appointment since he would

be working with the Ministry's network in Thailand and with industrial leaders in the country, the region and throughout the world. He suggested that INTRAH might sponsor observation tours for industrial leaders from Asian and African governmental and private sector entities. He offered to issue invitations and host visits and to make PDA urban and field sites available for inspection, observation and persuasion of the importance of family planning to economic well-being and growth. Later in the week it was learned that Khun Tanothai (the Asian Centre director) would become Khun Mechai's secretary in the Ministry. Therefore - - as also mentioned in Trip Report #054 -- the changing scene at PDA and Asian Centre needs to be closely monitored with respect to personnel shifts and potential organizational fragility during the next three months.

Knauff and Lea attended the September 23 morning session and the Friday September 27 session with the Ugandans and participants from Bangladesh and Nepal. From September 24 until September 26 participants were on field visits in the northeast.

As had been noted in Miss Muhuhu's trip report 0-157, Asian Centre's training approach has the following characteristics: use of presentations by resource persons (who have not been provided with participants' specific questions or areas of interest) with question/answer format to encourage group participation; seating is formal in U-shaped, banquet-style arrangement; participants use microphone (on/off switch) to speak; at one end of the room are a fibreglass board, projection equipment and the speaker/presenter; and short written evaluation forms are distributed, filled-out and collected after each session, but no mention is made of findings at a subsequent or the final session.

Features that have been added/modified as a result of INTRAH's technical assistance input are: use of an extensive participant reaction form which details both

content and process reactions to the training event; presentation of the training schedule on the first day with inquiry about how it fits participants' expectations and what needs to be added or deleted to meet participants' learning objectives; daily and weekly reviews with verbal feedback and time to ask for additional information; specific mention of the per diem and what it is expected to cover; more carefully focused field site visits that permit participants to have enough time to observe, question and reflect on the facility being inspected; and addition of special interest site visits (or re-visits), according to the stated preference of individual participants.

Lea and Knauff observed no use of contemporary training techniques and several instances where sound training principles were violated, not deliberately but because the trainers were unaware of both process and effect. There is, therefore, sound justification for TOT training for the Asian Centre training staff not only to introduce them to techniques that will make them more effective trainers but also to change Asian Centre's current approach to one that acknowledges the skills/background/experience and responsibilities of participants. In addition to the TOT, the staff will need a period of apprenticeship and practice under the guidance of skilled trainers. This possibility was discussed with Dr. Gecolea of DTCP.

During the verbal evaluation session, all participants were positive about their experience. Thoughtful responses were made to a volley of evaluation questions (another training design problem) asked by the trainer, and some problem-solving was done by the group that could increase the effectiveness of future courses (add an optional week to work in the field alongside a PDA, MOPH or other manager/provider in order to gain greater understanding, insight and/or skill).

Asian Centre's facilities, logistical arrangements and access are unquestionably good and the PDA and MOPH field

programs offer unique opportunities to observe successful approaches to family planning service delivery. If Asian Centre's Training Division is to become more than a guided tour service, the training staff -- with strong support and reinforcement from PDA and Asian Centre leadership -- needs to learn and apply contemporary and effective training designs and skills in their courses so that the Bangkok-based (classroom) portion of the course is as strong and relevant as the field portion, and the two (classroom and field) are well-integrated, mutually reinforcing and complementary. We discussed the possibility of two types of course offerings: one an orientation to CBD resembling the current course and another which is knowledge and skill-oriented. The latter would require training staff to be highly proficient in training needs assessments, training design, curriculum design, training methods and skills, and training evaluation.

In discussions with Khun Tanothai and Khun Tanaporn about their expectations of the TOT course in Manila the following were listed as priority topics:

- team building (for themselves and how to train others in team-building)
- training techniques, specifically, small group work, simulation and role play
- curriculum design and development
- needs assessment
- evaluation

They were both concerned about the planned Africa visit of Asian Centre trainers. We identified three purposes:

1. orientation to the family planning program and problems in each country.
2. needs assessment for CBD team training in each country.

3. identification of the institutions to be involved in CBD and the readiness of each to launch a CBD program.

We agreed that 50% of each country site visit would be devoted to field visits. Concern was expressed by Khun Tanothai and Khun Tanaporn about whether financial resources would be committed to CBD by the countries whose teams would be trained at PDA. We agreed that a clear resource commitment had to be made before the teams were nominated. Currently, the countries under consideration for site visits and CBD management team development are: Kenya, Uganda and Nigeria (one state). Site visits by Asian Centre trainers to those countries would be made in the company of Pauline Muhuhu or Grace Mtawali (in the case's of Uganda and Kenya) and Grace Mtawali or James Herrington in the case of Nigeria.

**Training/Supervision/Education (T/S/E) Section of the Family Health Division (FHD) of Public Health (MOPH)**

During this visit revised versions of the proposal and curriculum (see Appendix E) for the Training Needs Assessment TOT and other workshops were reviewed. The first workshop will be held from November 4-15 in Chonburi Province for 22 participants from the FHD. Khun Yupha Poonkum (who attended the Chapel Hill summer course sequence) will be the evaluation resource/trainer. Although this series is starting later than planned, the delay has permitted greater clarity and more specificity about the purpose of the workshops.

Ms. Linda Andrews has been posted to the T/S/E Section. She is a University of Michigan-sponsored intern who worked with INTRAH/IHPS in Nigeria (Imo state). She is expected to help with the supervisory functions of the Section and on curriculum design. Since most of the field-level personnel

with whom she will work are not fluent in English, she will obtain Thai language instruction as soon as she obtains accommodations.

INTRAH was asked to consider support of per diem travel and other expenses associated with the annual convention of Public Health Nurses in December/January. The focus will be on the nurse's role in family life education (FLE) and is expected to draw 150 public health nurses (PHN's). The topic was chosen as a response to observed opportunities for PHN's to counsel and educate on FLE topics, and to a major theme of the MOPH during the forthcoming 6th Development Plan which is adolescent sexuality and teenage pregnancy (this was corroborated by Dr. Somsak). The INTRAH team attempted to emphasize the need to look into existing Thai FLE materials, pre-service and in-service training curricula, research findings from Thailand, and evidence of support for PHN's to play a more active role. The need for a steering committee was discussed as was the necessity for submission of a proposal and budget (about \$133 per person) to INTRAH. Dr. Prapha joined the group during the discussion since she is the chairperson of the Public Health Nurses Association.

We will send Linda Andrews FLE materials for her reference.

#### DTCP

Lea and Knauff met with Dr. Romi Gecolea, Director. He observed that the Ugandan participants of the PDA course had twice visited DTCP and seemed most interested in the DTCP approaches to communications training. We learned of an upcoming Low-Cost Visual Material Production course that will be conducted by DTCP in November/December 1985 and asked that two places be reserved for INTRAH participants.

Dr. Gecolea seemed receptive to the idea of Asian Centre trainers being apprenticed to and assigned as co-

trainers with DTCP trainers, especially in Thailand. He said he would discuss the matter with his staff, and the INTRAH team promised to discuss it with Asian Centre officials. If the idea can be implemented, DTCP will gain by having a larger training personpower pool, and Asian Centre trainers will obtain valuable experience.

#### USAID/Bangkok

Khun Karoon had not received INTRAH's telexed response to USAID/Thailand's nominations for the NFP TOT course in Manila. (Upon return to the U.S. it was learned the telex had never been sent). However, he said he understood that non-physicians were the focus of INTRAH's training assistance and would attempt to forward another nurse/midwife nomination.

We were asked about financing the travel of international participants: there is difficulty now with Department of Technical and Economic Cooperation support of international travel. Dr. Lea explained that slots for Asian participants were currently over-subscribed and it would be preferable if USAID could use the new centrally-funded management training contract or other sources.

We were also asked about INTRAH sponsorship of participants for adolescent fertility management workshops in the U.S. We asked whether an in-country workshop and/or conference might not be preferable. He will discuss the idea with Mr. Tiffany who was to return on October 1.

#### V. FINDINGS AND RECOMMENDATIONS

1. At least five Asian Centre training staff should be given TOT training in Manila January 6-24, 1986; however, the strength of commitment by PDA and Asian Centre leadership to improvement of training conducted by Asian Centre will determine the extent to which new

skills and perceptions will be welcomed and applied. The commitment should be tested before: 1) the February trip of Asian Centre staff to Africa; 2) any training relationship with DTCP is established; and 3) any additional investment in training by Asian Centre is made by INTRAH.

2. Staff changes within PDA and Asian Centre should be monitored and assessed to determine their probable effect on training commitment and capability.
3. A proposal and budget from the Public Health Nurses' Association are awaited and should be carefully examined for feasibility and focus.
4. INTRAH should query selected African USAID missions about possible candidates for the DTCP-conducted course in Low-Cost Visual Materials Production as a follow-on to the Mauritius Visual Communications workshop.
5. If USAID expresses interest, INTRAH should consider co-sponsorship of an AFM conference or workshop in Thailand but with enough lead-time to provide an adequate level of technical assistance during the planning phase.
6. If Asian Centre commitment to training improvement is clear, INTRAH and DTCP should collaborate on apprenticeship/co-training opportunities for Asian Centre trainers.
7. Planning should proceed for the Asian Centre trainers to make site visits in Africa. Information needs to be obtained from Kenya, Uganda and Nigeria USAID missions about plans for CBD components in the family planning program.



## PDA and Asian Centre

Khun Mechai Viravaidya	President and Director, PDA.
Khun Tavatchai Traitongyoo	Deputy Director, PDA
Khun Tanothai Sookdhis	Director, Asian Centre
Khun Tanaporn Praditwong	Acting Manager of Training, Asian Centre
Khun Guiya M. Morales Yamokgul	Training Officer
Khun Tittaya Densubsin	Jr. Training Officer
Khun Kanaporn Phatihatakorn	Jr. Training Officer
Khun Napasri Maneewong	Training Officer

## Ugandan Team attending PDA course

Mr. John Male-Mukasa	Team Leader, ADMS/Planning and Evaluation, MOH
Dr. George William Olwit	ADMS/Training
Dr. Frederick Mujabi	ADMS/Medical
Mr. Vasco de-Gama Wangola	Chief Health Inspector
Ms. Judith Kaija	Health Educator and CTT member
Ms Lydia Muranga	Sr. Nursing Officer, FPAU
Mr. Dan Parma Busulwa	Nurse-tutor and CTT member

## ATTEMPTED CONTACTS

### UNFPA

Mr. Jay Parsons	Out of the country
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### FPIA

Ms. Mary McGovern	Out of the country
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APPENDIX B

Course and Field  
Trip Schedule



# The Asian Centre

FOR POPULATION & COMMUNITY DEVELOPMENT  
Chairman: Mechai Viravaldya Director: Tanothai Soekdhis

The International Training Programme on  
Family Planning, Health & Community Development  
Participation and Observation Programme  
September 16-28, 1985

DATE	Morning Session		Afternoon Session	
Mon 16	Introduction to the Course	PDA : An Overview	Rational Behind CBD and Its Different Approaches	CBFPS in Thailand
Tues 17	Visit the Ministry of Public Health Office		Programme Description By Participants	Leave for Chiang-Mai Province
Wed	Visit Chiang Mai University Medical Centre		Visit Maternal & Child Health Centre	Sight Seeing
Thurs 19	Visit PDA Appropriate Technology Development Centre / PDA CB Volunteer Distributor / MOPH Sub-District Health Centre Chiang Rai Province			
Fri 20	Observation of Chiang Mai Christian Clinic . Injectable Programme		Leisure	Leave for Bangkok
Sat 21	Arrive Bangkok		FREE	
Sun 22	FREE			
Mon 23	Visit the Development Training and Communication Planning Office		Role & Activities of NGOs in FP, Health & Development	Wrap-up Session on 1st week activities
Tues 24	Participants Special Interest		Leave for Burirum Province	
Wed 25	Orientation on CBIRD Activities Nang Rong /Visit District Hospital		Observe CBIRD Activities in the Village	
Thurs 26	Observe MOPH Activities at the Provincial Level			Leave for Bangkok
Fri 27	Monitoring & Evaluation of CB Programmes	CB Incentives Thailand	Communication & Promotion of FP Health & Community Devt.	Wrap-up Session on 2nd week Activities
Sat 28	Course Summary & Evaluation		FREE	



**The Asian Centre**  
FOR POPULATION & COMMUNITY DEVELOPMENT  
Chairman: Mechai Viravaldya    Director: Tanonthai Soekdhis

**The International Training Programme on  
Family Planning Health & Community Development  
Participation and Observation Programme  
September 16-28, 1985**

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**Field Trip Schedule**

**Tuesday 17, 1985**

- |               |   |   |
|---------------|---|---|
| 07:00         | - | Check out from hotel  |
| 08:00         | - | Pick up from hotel  |
| 09:00 - 12:00 | - | Visit MOPH, Orientation on the National FP Program and Training of Health Personnel |
| 12:30 - 13:30 | - | Lunch   |
| 14:00 - 16:00 | - | Programme Description by Participants (PDA)   |
| 16:00         | - | Leave for Don Muang Airport   |
| 18:45         | - | Depart Bangkok for Chiang Mai   |
| 19:40         | - | Arrive Chiang Mai   |
| 20:15         | - | Check in at Suriwong hotel  |

**Wednesday 18, 1985**

- |               |   |   |
|---------------|---|---|
| 09:30 - 11:30 | - | Visit and Observe Activities of University of Chiang Mai Medical Centre |
| 12:00 - 13:00 | - | Lunch   |
| 13:30 - 15:00 | - | Visit Maternal + Child Health Centre                                    |
| 15:00 - 17:00 | - | Sight seeing  |
| 19:00 - 21:00 | - | Reception Dinner  |

Thursday 19, 1985

- 08:30 - Depart for Chieng Rai Province
- 10:00 - 11:30 - Orientation on PDA Activities at the  
Appropriate Technology Development Centre
- 11:30 - 12:30 - Lunch
- 13:00 - 15:00 - Visit PDA CB Volunteer Distributor  
Visit MOPH Sub-District Health Centre  
Visit Village cooperative store
- 15:00 - Leave for Chieng Mai Province

Friday 20, 1985

- 07:00 - Check out from hotel
- 08:15 - Leave hotel for Chieng Mai Christian Clinic  
(C.C.C.)
- 08:30 - 12:00 - Orientation on Mobile Injectable Programme  
of Chieng Mai Christian Clinic
- 12:30 - 13:30 - Lunch
- 13:30 - 16:00 - Leisure
- 16:00 - Depart hotel for railway station
- 16:50 - Depart for Bangkok, Spend the night on the  
train.

Saturday 21, 1985

- 07:00 - Arrive Bangkok Central Railway Station
- 08:00 - Check in at Windsor Hotel

Sunday 22, 1985

- FREE

Monday 23, 1985

- 08:00 - Pick up from hotel
- 09:00 - 11:00 - Visit the Devt. Training & Communication Planning Office
- 12:00 - 13:00 - Lunch
- 13:00 - 17:00 - Session at PDA, Refer to Program Schedule

Tuesday 24, 1985

- 07:00 - Check out from hotel
- 08:00 - Pick up from hotel
- 09:00 - 12:00 - Participants Special Interest
- 12:00 - 13:00 - Lunch
- 13:00 - Leave for Burirum Province
- 18:00 - Check in at Chao Phaya hotel, Korat Province

Wednesday 25, 1985

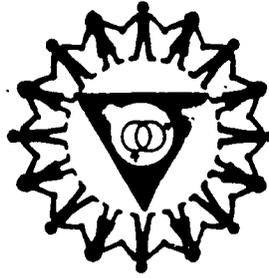
- 07:00 - Check out of hotel
- 08:00 - Leave for Nang Rong District, Burirum Province
- 09:00 - 10:30 - Visit Nang Rong District Hospital
- 10:45 - 12:00 - Orientation on CBIRD Activities at Nang Rong Centre
- 12:00 - 13:00 - Lunch
- 13:30 - 16:00 - Observe CBIRD Activities in the village  
Observe Mother's Club Activities. Primary Health Care Program
- 17:30 - Check in at Thai Hotel, Burirum Province.

Thursday 26, 1985

- 08:00 - Check out of hotel
- 09:00 - Leave for MOPH Provincial Branch in Burirum Province
- 09:20 - 12:00 - Orientation of MOPH Centre and Observe Activities at the provincial level
- 12:00 - 13:00 - Lunch
- 13:00 - Leave for Bangkok
- 18:30 - Arrive Bangkok  
Check in at Windsor Hotel

Friday 27, and Saturday 28, 1985

- Sessions at PDA. Refer to Program Schedule.
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**สมาคมพัฒนาประชากรและชุมชน**  
**POPULATION & COMMUNITY DEVELOPMENT ASSOCIATION**

The Population and Community Development Association (PDA) was formally set up in October 1977 as a registered, tax-exempt, non-profit, private organization engaged in service delivery in family planning, parasite control, sanitation, primary health care, emergency relief programme and community development at the village level and some selected urban communities. PDA acquired its firm foundation from the well-established Community-Based Family Planning Services (CBFPS) which started in May 1974.

A multi-disciplinary board of directors governs the association with over 600 staff members and over 12,000 volunteers working in 16,200 villagers through the following four bureaus:

- 1) Rural Population and Health Bureau (RHB)
  - Consists of 2 divisions: Operations Divisions I and II
  - Operations Divisions I and II implement the Village Programme (established in 1974), the Integrated Family Planning and Parasite Control Programme (1976) and the Family Planning, Health and Hygiene Programme (1977)
  - Operations Divisions I and II has provided family planning, health, sanitation, nutrition, medical information to rural school teachers, commercial and industrial firms, state enterprises, cooperatives and military organization.

2) Urban Population and Health Bureau:

- Operates through its Urban Health Services Division comprising four units: Institution and Mobile Services, Youth, School and Community Health and Medical Supplies.
- The Institution and Mobile Service Unit implements family planning programmes through existing organizations which have medical infrastructure to provide family planning services for their members. Among the institutional programmes implemented are Teacher Programme, Industrial Family Planning Service Project, Family Planning Services for Low-Income Government Housing Residents and Taxi Driver Cooperative. Mobile Sterilization clinics provide services in places where there is a mass gathering of people.
- Youth Unit provides counselling, adolescence education and family planning information to the youth who are trained to become motivators and disseminators of family planning information.
- The School and Community Health Unit provides general physical examination, dental service, parasite control service and health education to school children in some 250 schools in Bangkok and suburbs.
- The Medical Supplies Unit is in charge of pills and condoms marketing as well as the marketing of Family Planning promotional materials.

### 3) The Asian Centre for Population and Community Development

- .Comprises three divisions namely: Communication and Information, Research and Evaluation and Training.
- The Communication and Information Division is the centre of internal and external information and communication of PDA. It provides information service on population, health , nutrition and development activities. In addition, it promotes PDA activities and public relations.
- The Research and Evaluation Division conducts programme feasibility studies, monitors and evaluates community-based programmes.
- The Training Division (established in mid-1978) aims to facilitate the transfer of experience in population management and development activities among developing countries by providing a series of International Training Programme on Development, Management and Expansion of Community-Based Family Planning, Health and Development Programmes.

Since 1979 (up to March 1985) the Centre has trained over 600 participants from thirty-four developing countries. The Centre has also provided technical assistance to develop community-based programmes in Sri Lanka and has acted as a conduit for PDA staff experts to assist programmes in Bangladesh, Egypt, Nepal and Pakistan.

### 4) The Community-Based Appropriate Technology and Development Services (CBATDS)

- CBATDS (established in December 1978) serves as a specialist staff function and social marketing arm of PDA. It comprises four divisions namely: Community Development and Technology, Social Marketing, Khao Khor Development and Water Resource.
- Technical, marketing as well as financial assistance have been made available through CBATDS in order to promote appropriate technology activities to bring about an improvement in the quality of life of the rural people.
- The types of services made available through CBATDS are in the following areas:
  - Sanitation, water resource and home industry development
  - Health, population and nutrition
  - Better marketing of farm produce
  - Agriculture and integrated farming
  - Utilization of renewable energies
  - Animal husbandry and related activities and
  - Cooperatives
- CBATDS focuses on building up capabilities at the grassroots level through fertility and development management. Its activities are designed to assess and meet local needs utilizing local materials as well as human resources.

The PDA operates on the principle that community involvement plays a vital role in bringing about success and long lasting effects of any socio-economic development efforts. With proper motivation and making resources available to them the people themselves will actively participate in an endeavor to improve the quality of human life, giving rise to a community built on community participation and self-reliance.

# Chirayu becomes minister, Mechai, Anant are deputies

THE GUESSING game is over. Here is the final word on the new Cabinet members in charge of industry ministry: Dr Chirayu Isarangkun Na Ayuthya will become the new industry minister while well-known family planning expert Mechai Viravaidya and Progressive MP from Chacherngsao Anant Chaisaeng will be the two deputies.

"The appointments, which have been approved, represent the injection of new blood into the industry ministry," commented a knowledgeable source who said the petroleum affairs will continue to come under Sulce Mahasarakana, minister attached to the Prime Minister's Office.

Although Sulce had earlier been tipped to assume the ministership at the industry so that he could handle the country's energy policy directly, the minister is considered to be a close adviser to Prime Minister Prem Tinsulanonda in other areas as well. Sulce has therefore asked to remain at the current post in which he also offers advice to the premier on other economic issues as well as coordination with other political

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and business groups. Sources said that Premier Prem had decided to promote Dr Chirayu from deputy industry minister to become full minister because of his record of integrity and achievements. He is also well-versed in the sugar issue which has been a large and will assume a more serious magnitude in the next few weeks with the new sugar milling season set to begin in November. The prime minister has told Chirayu that he is seriously concerned about the sugar problem especially in view of the various entangled issues that have defied

• Continued Page 2



CHIRAYU

MECHAI

ANANT

5/6

Latest Edition of Proposal and Design for Needs Assessment Workshops.

The Pilot Project of Workshop on Service Plan Development  
and  
Training Needs Assessment Model

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Rationale        The USAID evaluation team evaluation the Family Planning program in Thailand conducted in mid-1984 presented recommendations and suggestions. The recommendation on training was that many provinces are not able to assess their own training needs based on their service plan and personnel in Thus, training preparation, training evaluation and impact evaluation may not be appropriate, because each province has its own training needs and own ability to provide the training program in its province. The provinces may conduct their own training program or else request the training center to train their staff <sup>of training</sup> for IUD Insertion.

After the evaluation of The Family Planning Program in Thailand, USAID sent a specialist to the Training Supervision and Evaluation Section of the Family Health Division to be the consultant and advisor to solve the problem in relation to training. In consider of the targets to reduce the annual growth rate to 1.5% in 1986 and 1.1% at the end of 1991, the "hard to reach group" should be emphasized and effort should be applied in order to reach the target. The Family Health Division then agreed to conduct train program for the FHD training and supervisory staff and the provincial staff that are responsible for training in a "Workshop on Service Plan Development and Training Needs Assessment" this workshop will be based on the service plan and personnel level which are different in each province. If the provincial staff can assess their own training needs the training in each province will be more appropriate in terms of their own needs, cost benefit and economic health. Thus the training program will be more effective and efficient.

The four provinces Uttaradit, Roi-et, Rayong and Narathiwat are selected as the pilot provinces in the hope that the model of training in these pilot provinces will be studied and applied to other provinces.

Objectives After this pilot project of the workshops,

1. The FHD staff will be able to :
  - 1.1 Develop the service plan
  - 1.2 Develop the person power
  - 1.3 Assess the training needs
 } in relation to the policy and strategy at each of 5 levels.
- 1.4 Evaluate the Follow-up and Impact Evaluation.
- 1.5 Develop & conduct the training needs assessment curriculum for the provincial level staff.
2. The provincial staff will be able to :
  - 2.1 Develop the provincial service plan in relation to the policy and strategy at each of 5 levels.
  - 2.2 Assess the training needs in relation to the service plan and personnel.
  - 2.3 Prepare and manage training in the provinces in relation to the Service plan and personnel.
  - 2.4 Conduct the follow-up and impact assessment.

The process of the Workshop The steps of the process are :

Step 1 Three staff from FHD were sent to attend the workshop on Training Needs Assessment and Training Evaluation (TOT) at Santa Cruz, USA during January and February. The objective of the training was enable them to conduct the training needs assessment for The FHD staff and the provincial staff based on the service plan, personnel, training evaluation and other technics of Training of the trainer.

Step 2 The participants from step 1 will conduct and be the trainers for the "Workshop on Service plan Development and Training Need Assessment". The 22 participants who are the staff of various sections, the trainers and supervisors from FHD will attend this workshop. It will be held in Cholburi Province during 4 - 15 November 1985.

Step 3 The 22 participants from step 2 will conduct and be the trainers for the workshop on Training need assessment at the provincial level. The participants from 4 selected provinces Uttraradit, Roi-et, Rayong and Narathiwat will be selected to attend this workshop. The emphasis will be on the training needs assessment as related to the provincial service plan, so that the participants will be able to assess their own training needs in order to conduct and manage the provincial training program properly. The 4 workshops will be held at each selected province during January-February 1986.

Step 4 The participants that attend the workshops in step 3 will implement the training need assessment in their own province in order to prepare for various training activities in the province such as refresher training, on the job training in special fields etc. during March-April 1986.

Step 5 Evaluation of step 4 and the project during July-August 1986.

Step 6 Conclusion of the project for the appropriate model in Training needs assessment during November 1986.

Duration of the project November 1985 - November 1986 (Step 2-6)

Participants

Step 2 22 FHD staff from MCH centers and various sections in the center level.

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Step 3 12 training staff from Uttaradit  
 12 training staff from Roi-et  
 12 training staff from Rayong  
 12 training staff from Naratiwat

Responsible unit Training Supervision and Education Section FHD and the 4  
 selected provinces.

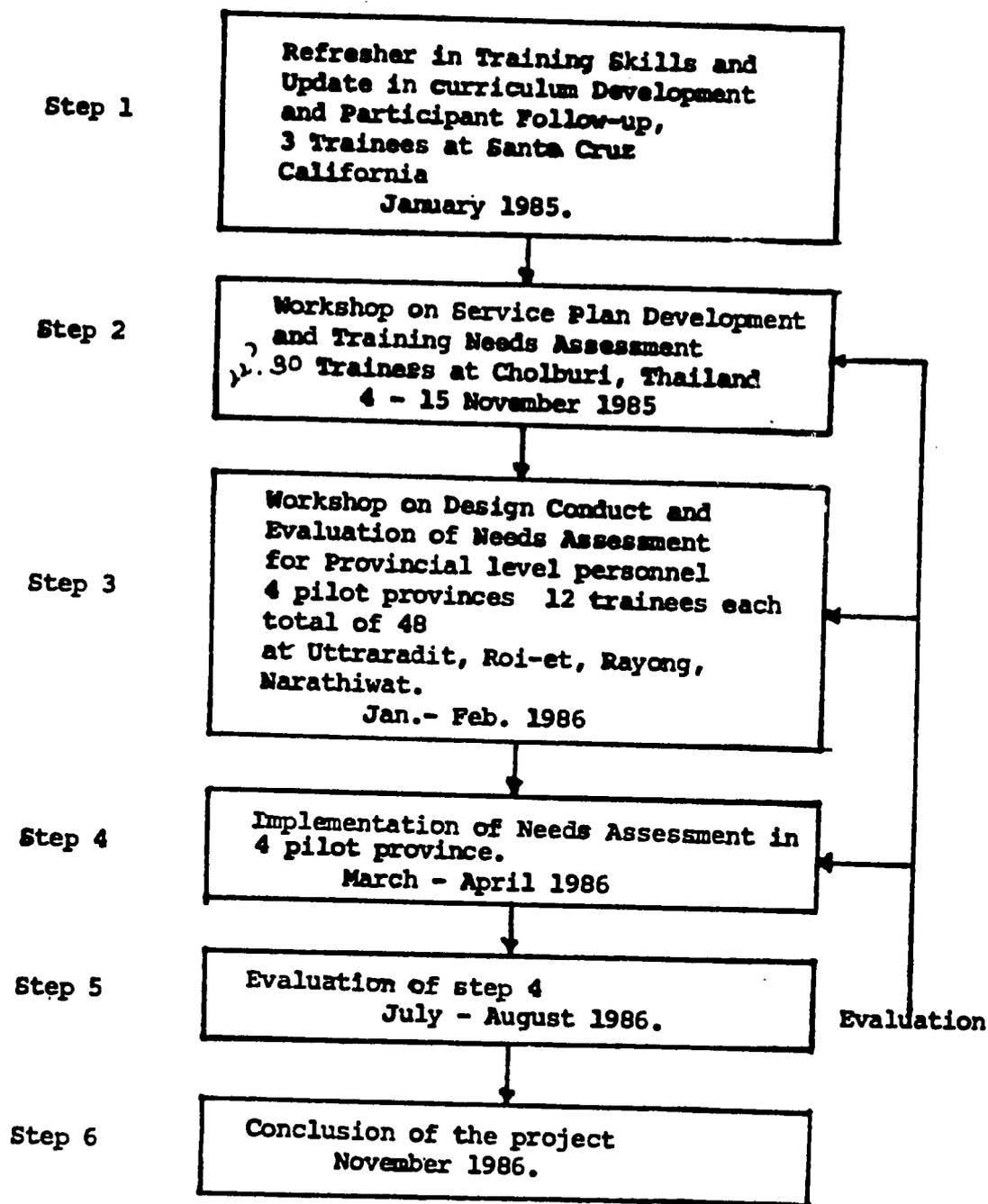
Financial Support USAID grant fund and FHD budget.

Evaluation Pre-Post test and follow-up evaluation.

Expected out come

1. Development of the curriculum for the workshops on training needs assessment for the provincial level.
2. The FHD staff will conduct and train the provincial staff in Training Needs Assessment.
3. The development of Training Needs Assessment model for the provincial level.
4. The evaluation of Training Needs Assessment at the 4 selected provinces in order to apply the appropriate model for other provinces in the country.
5. The training evaluation and the training impact evaluation methods.

Training Needs Assessment Model



Workshop on Service Plan Development

and

Training Needs Assessment Model

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General Objective

Workshop A. The trainees are able to conduct workshop B. on "Needs Assessment for Provincial Level Personnel, and to evaluate the implementation of Needs Assessment Model in 4 pilot provinces.

Workshop B. The trainees are able to implement the Needs Assessment Model in their provinces.

Specific Objectives :

Workshop A. After completion of the workshop, the trainees will be able to

1. Explain the Overview of family planning program as related to the 6th Five-Year NESD (1987-1991) Plan.
2. Revise the manpower development plan as related to the service plan.
3. Explain the Principle and demonstrate the method of adult Education.
4. Describe the training process.
5. Identify the training management principle.
6. Explain the principle and the process of training needs assessment.
7. Select the appropriate training needs assessment method according to the situation.
8. Develop the instrument to assess the training needs.
9. Pre test and Implement the developed training needs assessment instrument.
10. Analyse the data from the implementation of the training needs assessment instrument.

11. Interpret and report the results of data analysis base on the service plan.
12. Explain the principle and the process of follow-up evaluation.
13. Design instrument for follow-up evaluation.
14. Pre test of follow-up evaluation instrument.
15. Interpret and report the results of follow-up evaluation instrument.
16. Explain the roles and tasks of facilitators.
17. Develop the need assessment workshop curriculum for provincial level personnel.
18. Plan the implementation of needs assessment workshop for provincial level personnel.

Workshop B. After completion of the workshop the trainees will be able to.

1. Describe the overview of family planning program as related to the 6th Five-Year NESD (1987-1991) Plan.
2. Explain the principle of manpower development.
3. Describe the manpower development plan as related to the service plan of the province.
4. Explain the manpower development plan for training provincial health personnel as related to the service plan.
5. Develop the instrument to assess the health manpower and training needs of the province.
6. Pre test and Implement the developed instruments to the selected field practice.
7. Analyse the data from the Implementation of the instruments.
8. Interpret and report the results of data Analysis from the field practice.
9. Explain the principle and the process of follow-up evaluation.

10. Design the instruments for follow-up evaluation.
11. Pre test of follow-up evaluation instrument to the selected field practice.
12. Interpret and report the results of follow-up evaluation instrument from the field practice.
13. Explain and write the implementation plan for Needs Assessment in the province.
14. Explain and write the implementation plan for Follow-up Evaluation of needs assessment.

Training duration : 12 days for Workshop A and 12 days for Workshop B.

Content of Workshop A. 2 weeks (84 hours)

	hours
1. Objectives of the Workshop	4
2. Policy and Strategy in Health Promotion Program (The 6th Five-Year plan)	1
3. Manpower development Concerning	5
- Service Plan	
- Target	
- Strategy	
4. Adult Education	3
5. Review Training Process	14
6. Review Training Management	14
7. Training Needs Assessment (TNA) in general	34
- Definition and Objective	
- Methods of TNA	
8. Two Main Methods in T N A	34
- Problem Analysis Method	
- Competency Model	

	hours
9. Selection of Methods of T N A	3½
- Principle of Selection	
- Appropriate Methods	
10. Principle of Developing T N A Instruments	2
11. The Samples of T N A Instruments	1½
12. Developing Tools for T N A	7
- Assessing	
- Implementing	
- Analysing	
13. Pretesting and Implementing the Instrument	7
14. Data Analysis of T N A	7
15. Follow-up Evaluation	3
16. Impact Evaluation	3
17. Pre testing of Follow-up Evaluation Instrument	7
18. Interpreting and Preparing to Report the Result of T N A Data analysis	3
19. Interpreting and Preparing to Report the Result of Follow-up Evaluation Instrument	3
20. The Role of Facilitator	1
21. Presentation of the Results of Data Analysis in T N A	1
22. Presentation of the Results of Follow-up Evaluation Instrument	1
23. Development of T N A Workshop Curriculum for Provincial Level Personnel	4
24. Discussion on the Curriculum for T N A Workshop	3½
25. Planning of the Workshop for Provincial Level Personnel	3
26. Pre-post test	2
27. Biodata	2
28. Opening and Closing Session	½

Outcome :

Workshop A.

1. The Revision of Manpower Development Manual as related to the service plan.
2. The Needs Assessment Workshop Curriculum for Provincial Level Personnel and the implementation plan.
3. The Follow-up Evaluation Instrument and the implementation plan.

Workshop B.

1. The Preparation of Implementation plan for Needs Assessment at the provincial level.
2. The Implementation for the Needs Assessment of 4 selected provinces and development of provincial training plan.
3. The Preparation Implementation plan for Follow-up Evaluation.
4. The Implementation for Follow-up Evaluation of 4 selected provinces.

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