

NONCAPITAL PROJECT PAPER (PROP)Family Planning Project
Sub-Activity
(Ministry of Public Health)Background

This PROP is composed of two sub-PROPs describing (1) the activity carried out through the Ministry of Public Health and (2) the activity carried out through the Faculty of Public Health at Mahidol University. The Ministry sub-PROP is submitted upon completion of the objectives of an earlier PROP which covered the preparatory phase (1968-1971) of the Thai National Family Planning Program, and the Faculty sub-PROP is submitted as a result of proposed changes in project inputs. The documents are now combined to form a single project representing the total picture of USOM assistance to the Thai National Family Planning Program. The bulk of assistance under the project is through the Ministry of Public Health and is scheduled to continue through FY 1976. The Faculty of Public Health portion of the project is scheduled to continue through FY 1975.

Since completion of the preparatory, or "tooling-up" period in 1971, family planning has been declared a national policy of the RTG, and a National Family Planning Project has been established within the Ministry of Public Health (MOPH) to implement that policy. The change of name of this project from Family Health to Family Planning reflects this new public policy.

The present Family Planning program builds largely on progress made during the preparatory 1968-1971 period. By the end of 1971, family planning (FP) services were offered to some extent in all 71 provinces of the country through the MOPH infrastructure. In addition, the MOPH had provided minimal basic training in FP services for 430 doctors, 820 nurses, 2,000 male health workers and 3,000 midwives. At present, 627 FP "Service Units" report monthly to the MOPH, including 29 institutions outside the MOPH.

However, with the announcement of a national family planning policy and the establishment of a permanent National Family Planning Project, the Thai FP Program has assumed a new character and momentum. This revised PROP more accurately reflects this transition.

USOM support for the FP program will go primarily to the Ministry of Public Health (MOPH). However, the "project area" will also include governmental and non-governmental institutions outside the MOPH. USOM will provide assistance to such agencies with the approval of the Director of the Family Planning Project.

1/ The original PROPs: (1) Family Health Project (through Ministry of Public Health), No. 493-11-580-209; TOAID A-1045, dated 6/13/69; (2) Faculty of Public Health Project, No. 493-11-580-209.1; TOAID A-4122, dated 10/25/69.

I. The Goal

A. Goal Statement

Thailand's population, third largest in Southeast Asia, is expanding at the rate of over three percent annually. If this rate continues, Thailand's population of about 37 million will double in 20-22 years. The Royal Thai Government (RTG) recognizes the negative effect of this high population growth rate on its national development objectives.

As an initial step toward reducing the high population growth rate the RTG announced a national family planning policy in March 1970 (after a three-year preparatory "Family Health Project," 1968-1970). The aim of the Family Planning (FP) Project established by that policy is to reduce the population growth rate from over 3 percent at present to 2.5 percent by 1976, by making family planning services available through all health facilities.

The RTG Family Planning Program is an essential first step toward resolving Thailand's population growth dilemma; and in fact it must be a continuing program if the growth rate is to be lowered. Essentially, FP programs provide a contraceptive delivery service which enables couples to limit their fertility to a level which they consider desirable. Provision of such services has a significant demographic impact.

A population planning policy seeks to complement the FP program by addressing the broad range of social, economic, and political factors associated with high fertility. Specifically, a population program focuses on those factors which reward or sanction high fertility (or a large family size norm) and seeks to substitute a system of rewards and sanctions which encourage lower fertility. Considerable research is still needed to identify these factors, but they apparently include areas susceptible to government and private sector action, e.g. laws and practices bearing on education, taxation, child labor, land tenure, and job opportunities for women. Obviously, a program touching on so many areas will require a multisector population strategy to coordinate government and private sector efforts.

At present the RTG does have a clear perception of the broad implications of too-rapid population growth. However, this perception has not yet been translated into a coordinated multisector, national population policy or program, save the crucial first step of initiating a national family planning program.

Eventually it will be necessary to make the transition from perception to action. The ultimate goal, then, toward which the FP program is a contributing element, is the establishment

of a comprehensive national population program which would ensure a multisector effort which will result in an optimal population growth rate for Thailand, consistent with national economic development objectives.

B. Goal Measurement

Goal achievement will be indicated primarily by the number and kind of actions known to have a negative impact on population growth taken by RFG planners and administrators in several sectors. These actions would include: (1) increased introduction of population information into mass-media; (2) population awareness courses introduced in (and outside of) the school system; (3) measures to reduce the economic importance of having children, e.g. enforcement of child-labor and school attendance laws; (4) change in, or elimination of, laws bearing on access to and information about contraceptives, e.g. customs duties, advertising and distribution restrictions; (5) programs to provide job-training for women and establishment of a cottage-craft industries to benefit rural women; and (6) changes in tax-lay system to reward (or cease penalizing) small families.

Among the indications such measures were affecting the population growth rate would be increases in per capita income and per capita savings levels, and increased levels of development investment as a proportion of RFG expenditures in social services.

C. Goal Assumptions

Achievement of the forementioned goal is based on the viability of the following assumptions:

1. Family planning service programs can bring about fertility reduction supported by a multi-sector, national population policy.
2. Establishment of a national population policy, and enactment of appropriate legislation/ordinances will be politically feasible by 1980.
3. Research will continue to explore the causal relationships between social, cultural, economic and political factors and reproductive behavior.

II. Project Purpose - (Ministry of Public Health Activity)

A. Statement of Purpose

As explained above, the ultimate goal of this project is to achieve a population growth rate compatible with the economic development goals of Thailand. The purpose of the National Family Planning Project is to contribute to the achievement

of that goal by making FP services available throughout the country and by motivating couples to utilize those services. The specific purpose, as outlined in the Family Planning section of the RTG Third National Economic and Social Development Plan, is to reduce the population growth rate from over 3 percent per annum to 2.5 percent or less by 1976.

B. Conditions Expected at End of the Project

It is expected at the end of the project (1976) that:

- (1) Age-specific fertility of Thai women will be reduced.
- (2) 2.6 million couples will have accepted an effective form of family planning.
- (3) FP services will be regularly available through all RTG health centers and hospitals.
- (4) Thailand's population growth rate will be approximately 2.5 percent per annum or less.

C. Assumptions

- (1) Family Planning programs, administered as an integrated service with general health services, can effect a major impact on the population growth rate.
- (2) Demographic data collection systems will be improved to reflect changes in fertility.
- (3) The RTG will continue to support the Third Five Year Plan objective of reducing the population growth rate.
- (4) External assistance resources will be available through 1976 to RTG and non-government agencies engaged in Population/Family Planning and related activities.

III. Project Outputs

- A. Successful recruitment of 2.6 million couples as effective contraceptors will require a substantial expansion of FP services into areas currently not covered (or inadequately covered) by the FP Program. Consequently, the primary thrust of the FP Program over the 1973-76 period will be to reach new acceptors by establishing, equipping and staffing new FP service facilities; also, improved supervision and management capability sufficient to support the expanded operational program will need to be developed. The specific project outputs toward these objectives are as follows:

OutputsOutput Indicators

- | | |
|---|--|
| <p>1. Selected key personnel from MOPH, Faculty of Public Health, and FP/ Population-related institutions (IFS, FRIC) provided training abroad in population dynamics, FP administration, statistics, reproductive biology, social science research, and I, E, and C techniques.</p> <p>2. In-service training provided to all MOPH health workers engaged in dispensing FP services.</p> <p>3. Increased availability of FP services and acceptors through expansion of fixed and mobile FP facilities.</p> <p>4. Increased use of oral contraceptives.</p> <p>B. <u>Assumptions precedent to above outputs</u></p> <p>1. Qualified candidates will be available for training essential to improved FP services.</p> <p>2. Additional training of personnel is essential to the improvement of FP service.</p> <p>3. Expanded FP service facilities will result in additional FP acceptors.</p> <p>4. NTG budget is available and committed to planned expansion of FP facilities.</p> | <p>1. 1,113 man/months of training abroad provided for key FP/POP personnel by 1976.</p> <p>2. In-service training provided 1,600 health workers by end 1973; 4,000 by 1975.</p> <p>3. Comprehensive FP services offered through 300 1st class MOPH health centers and 50 mobile health units of ARD and Department of Medical Services; limited FP services available at all 3,500 rural health centers; and urban health centers and medical facilities offering family planning services.</p> <p>4. 1.5 million continuing users by 1976.</p> |
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IV. Project Inputs

A. The United States Government (1973-1976)

U.S. inputs will be provided to facilitate the program expansion and management development objectives indicated above. Thus AID commodity assistance will consist primarily of oral contraceptives and medical equipment/supplies for present and future FP service facilities; vehicles for mobile units and program supervisory personnel; and some evaluation equipment to strengthen project management. Training to be provided will emphasize administrative and FP management skills and "population" related disciplines, rather than operations-related training which is generally available in Thailand. Direct hire advisors will work with FP project personnel to identify and help resolve problems consequent to program development and to coordinate the U.S. assistance effort with the RTG and other donors. Consultants will be recruited occasionally to work with special problems identified by the RTG and USOM; assist in the transfer of new FP skills technology; or to help in the design of new project initiatives. Specifically, AID project inputs will be as follows:

Direct Hire Advisors	-	10 man/years
Consultants	-	24 man/months
Participants Training	-	1,115 man/months (\$860,000)
Commodities	-	\$3.5 million
1. Oral Contraceptives	-	(\$2.7 million)
2. Vehicles	-	(\$300,000)
3. Medical equipment & supplies	-	(\$365,000)
4. Equipment & Supplies for Research & Evaluation train- ing aids.	-	(\$ 80,000)
5. Miscellaneous	-	(\$ 55,000)

B. The Royal Thai Government - Budget, 1972-1976

	(\$000's)		
	Regular Budget*	Counterpart	Total
1972	฿10,000	฿2,573	฿12,573
1973	15,000	2,000	17,000
1974	20,311	2,000	22,311
1975	24,626	1,000	25,626
1976	29,231	1,000	30,231

*Does not include indirect attributions of other portions of Ministry Budget.

C. Other Donors 1972-1976 (Estimates)

- UNFFA - \$3 million for fellowships; pilot MCH/FP program, national I.E. & C program (1972-1974).
- Population Council - \$500,000 for fellowships; advisory assistance; research activities; budgetary support; commodities (1975-1976).
- DANIDA (Denmark) - \$400,000 for construction of headquarters building for National FP Project.
- IPPF - Approx. \$600,000 for support for Planned Parenthood Assoc. of Thailand (PPAT); and FP activities of McCormick Hospital, Chiang Mai.

D. Basic Assumptions

1. Goods and services will be provided on a timely basis.
2. The RFG and other donors will continue to support the FP program at levels currently projected.

V. Rationale

A. Family Planning and Economic Development

The purpose of this project -- to reduce the population growth rate to 2.5 percent per annum or less by 1976 -- is also the goal of the National Family Planning Project, as outlined in the RFG Third Five Year Plan (1972-76). Creation of the FP program followed years of analysis, by the RFG and various internal and international agencies, of the population problem as it faced Thailand. In summing up the conclusions of this analysis, the Family Planning Section of the Third Five Year Plan noted the following illustrative effects of rapid population growth on Thailand's economic and social development:

1. Economic Development: The high rate of population growth has led to a highly inefficient age structure (45 percent under 15 years of age) which holds down family savings and government tax revenues. Further, it requires that a large proportion of government expenditures be channelled into meeting social overhead costs rather than developmental investments.
2. Medical and Public Health Services: Despite considerable expansion of health services in recent years, there are still overall shortages of facilities and personnel.

Further expansion of health and medical services, especially to the rural areas, presents a serious financial strain on the government. These demands on RIG resources would be substantial in the context of a static population, but significant new expenditures are required to keep pace with annual population increases of over one million persons.

3. Education: Population growth has outstripped educational development. Despite its success in building many new schools and training many more teachers, a smaller proportion (53 percent) of children ages 7-18 are in school now than in 1960 (56 percent).
4. Social Welfare Costs: Increased needs for housing, drainage, water supply systems, support for aged and cripple, child welfare, education, health and social services have left little funds available to improve the quality of these services.
5. Employment: The economy in recent years has not been able to create enough productive jobs for people (age 15 years and over) entering the labor force. Between 1960 and 1967 the population aged 15-64 increased by 22 percent, but less than half of these additional people were able to find regular employment.
6. Land Resources: With unchecked fertility, the agricultural labor force can more than double in size by the year 2000.

However, the Director-General of the Land Development Department has estimated that only 5 million rai of fertile land (about 5½ percent of the currently farmed area) is now available for new development,^{1/} and this will likely be taken up in less than 5 years. A marked intensification of agriculture and substantial rise in productivity will be necessary, but will require heavy investment of capital resources.

The examples are only illustrative of the wide-ranging effective of population growth. But they serve to identify the Family Planning program, with its goal of lowering the population growth rate, as an essential component of Thailand's national development strategy.

B. Organization

In the main, family planning activities come under the National Family Planning Project of the MOPI. Within the MOPI, the Department of Health and Medical Services supervises and coordinates the 72 Provincial Public Health Offices which are responsible for the administration of the approximately 230 first class health centers and over 3,500 second class and

1/ Five Year Plan, National Family Planning Program, Ministry of Public Health, Thailand, 1972-1976, Annex 2, pg. 5.

midwifery centers. These health centers do family planning as well as general preventive and curative medicine and constitute the main line of attack in the rural areas. The Department of Health and Medical Services also supervises the activities of 24 provincial and several Bangkok hospitals which also engage in family planning work.

The Maternal and Child Health Division, of the same Department, acts as a coordination, administration, training, research and evaluation, and public information secretariat for the project. It has no direct supervisory powers over the health personnel but does train the workers and see to logistics and administration of the family planning efforts. The central office has the direct responsibility to evaluate the project through the analysis of service statistics and the conducting of various operational research projects. Similarly the central office is responsible for the development of a public information program.

There are also family planning activities outside the Ministry of Health including several university and other government hospitals, private institutions, private physicians and a growing commercial importation and sale of contraceptives. The very large clinic at Chulalongkorn Hospital and the urban hospitals and health centers of the Ministry of Interior come into this category.

C. Attitudes of the People

The RHC Family Planning Project is the result of a Thai Government policy supporting voluntary family planning. Thus, the FP project is intended to respond to the family size preferences of individual couples, while also taking steps to expose these couples (through Family Planning information, education, and communication (I.E.C.) activities) to the advantages and benefits of having fewer children. The success of the FP program will therefore depend in good measure on the receptivity of Thai citizens to the concept and practice of family planning. Early surveys indicate that receptivity is good.

The studies conducted to date indicate that Thais are in fact desirous of reducing their fertility, and would practice family planning if effective contraceptives methods were made available to them. Studies carried out in rural Potharam and suburban Bangkok, for example, reported that seven out of ten eligible women wanted no more children. Yet in Potharam in 1964, before the start of family planning services, actual knowledge about and practice of contraception was negligible in spite of the apparent high motivation. In Bangkok in 1968, with a more educated population and ready access to FP clinics in nearby Bangkok, a majority of women knew several methods of contraception, and 41 percent were either sterilized or practicing at the time of interview.

9.

Today, four years after the start of the preparatory Family Health (Family Planning) program, it appears that the FP project is responding to a real perceived need of the people. There were over 400,000 new FP acceptors in 1971: 80 percent were from rural areas; between 50 percent and 60 percent were under 30 years of age; and about 80 percent stated they had never practiced a contraceptive method prior to initial acceptance.

D. Financial Implications

Expansion and improvement of family planning services to the extent outlined in the Family Planning section of the Third Plan will be very costly. Even so, the 5 year budget (see section IV A, above) prepared by the MOFH presently appears adequate to cover the costs of program expansion, (though the budget remains weak in the areas of research and training). The primary problem facing the FP project over the next five years will be whether or not funds are actually allocated at currently budgeted levels. This problem stems partly from the institutional and operational base of the FP program; Family Planning is located within the MOFH, and FP services are offered as part of integrated general health services through MOFH health facilities. Yet, while FP services are integrated, the FP budget is incremental to the MOFH budget. This is unavoidable, and in fact preferable, due to the several cost elements of the FP program-- such as FP workers, FP training, I.E. & C activities -- which do not overlap with general health service costs. But the discrete, incremental nature of the FP budget will make it highly visible to RTG budget reviewers during a period of generally tightening government resources. MOFH success in preserving present budget commitments will depend largely on its ability to counter demands for short-term results with evidence of the program's value as a long-term development investment. This long-range view is current now; but it is not clear how well it will hold up against pressing short-term needs in a context of lagging government revenues.

E. Research and Evaluation

There is in Thailand a good array of research facilities both within and outside of the Family Planning Project. The R & E unit of the FP Project is primarily responsible for collection and analysis of program service statistics, and the Project has developed some liaison with external agencies (universities, the National Research Council, the NEDE, some hospitals) to perform basic research into reproductive biology, social/economic/cultural relationships to fertility, and some program research. Still needed, however, is a continuing program-oriented research

10

activity which would allow continuous field research - feedback - program implementation of findings. USOM is encouraging Family Planning Project officials to adopt such a system, but there is little room in the FP budget to finance this kind of on-going activity. USOM is presently constrained from providing any meaningful assistance in this field because of lack of local currency or convertible dollar resources. It is expected that if local currency resources should become available for USOM family planning assistance activities, USOM should consider applying a portion of these funds toward the establishment of a continuing program-oriented research capability which would be available to the Family Planning Project.

VI. Course of Action

A. Implementation Plan

1. FY 1973 (OYB)

(a) Direct Hire Advisors - 3 \$102,000

(b) Consultants - 6 man/months (2nd and 3rd quarters)
\$30,000

(1) a. Purpose: Assist in project design for Bangkok Municipality FP services.

b. No.: 1 (3 man/months)

c. Source: APHA contract (Centrally funded)

(2) a. Purpose: Assist in IUD-insertion training course for nurse-midwives.

b. No.: 1 (3 man/months)

c. Source: APHA contract and/or University Services Agreement (Centrally funded).

(c) Participants - \$250,000

(1) long-term, U.S.: 18

(2) short-term, U.S.: 7

(3) third country: 30

(4) extensions: 5

- (d) Commodities - \$1,304,000
- (a) Oral contraceptives: \$1,050,000 (4 million cycles)
- (b) Vehicles: \$ 95,000 (25)
- (c) Medical equip. & supplies: \$130,000 (IUD & steri.
equip.-clinic
supplies)
- (d) Text & reference books: \$ 15,000
- (e) Research & evaluation and office equipment: \$14,000

2. FY 1974

- (a) Direct Hire Advisors - 3 \$102,000
- (b) Consultants - 6 man/months (2nd quarter)
\$30,000
- (1) Purpose: Assist in design of national population awareness program.
- (2) Number: 1-2 (6 man/months)
- (3) Source: open
- (c) Participants - \$240,000
- (a) long-term: 20
- (b) short-term: 40
- (d) Commodities - \$1,000,000
- (a) oral contraceptives: \$700,000
- (b) vehicles: \$120,000 (25)
- (c) medical supplies & equip.: \$100,000
- (d) miscellaneous: \$80,000

3. FY 1975

- (a) Direct Hire Advisors - 3 \$110,000
- (b) Consultants - 6 man/months \$33,000
- (1) Purpose: Advise on new methods of contraception (3 man/months);

12

Help develop population awareness materials (3 man/months).

- (2) Number: 2-3
- (3) Source: open
- (c) Participants - \$220,000
 - (1) long-term: 10
 - (2) short-term: 30
- (d) Commodities - \$800,000
 - (a) oral contraceptives: \$400,000
 - (b) medical supplies and equipment: \$60,000
 - (c) vehicles: \$60,000
 - (d) Research and evaluation equipment: \$80,000
 - (e) text books & journals: \$10,000
 - (f) population education materials: \$60,000
 - (g) miscellaneous: \$100,000

4. FY 1976

- (a) Direct Hire Advisors - \$40,000
- (b) Consultants - 6 man/months \$33,000
 - (1) Purpose: Develop plan for U.S. university FP/ population assistance program.
 - (2) Number: 2 (6 man/months)
 - (3) Source: open (possibly University Services Agreement)
- (c) Participants - \$150,000
 - long-term: 7
 - short-term: 20

(d) Commodities	- <u>\$500,000</u>
(a) oral contraceptives:	\$200,000
(b) vehicles:	\$ 50,000
(c) medical supplies & equip.:	\$ 60,000
(d) training materials:	\$ 40,000
(e) miscellaneous:	\$150,000

FAMILY PLANNING PROJECT
(Ministry of Public Health)
Summary Table of Funds (\$000)

	Prior Years	FY 1973	FY 1974	FY 1975	FY 1976
<u>A. U.S. Dollar Contribution</u>					
1. Personal Services					
USOM Direct Hire	161	102	102	110	60
Contract	-	30	30	33	33
2. Participants	539	250	240	220	150
3. Commodities	4,427	1,304	1,000	800	500
Sub-Total	5,127	1,686	1,372	1,163	723
<u>B. Local Currency Funds</u>					
1. Counterpart Fund	193	100	100	50	50
2. RTG Budget	500	750	1,000	1,200	1,450
Sub-Total	693	850	1,100	1,250	1,500
Grand Total	5,820	2,536	2,472	2,413	2,223

NONCAPITAL PROJECT PAPER (PROP)Family Planning Project
Sub-Activity
Faculty of Public HealthI. Introduction

This sub-activity was initiated in FY 1969 and has continued to the present as a part of Project 493-11-580-209. The proposed program was outlined in the original project paper contained in FOAID A-4122 dated October 25, 1968. Implementation through FY 1971 has followed the plan closely. Changes have now been made or are planned, relating primarily to the consultant and participant components, which warrant revision of the PROP.

II. Goal

This sub-project shares the broad long-range objective of the Family Planning project, namely the development of a comprehensive, multi-sector national effort to achieve an optimal population growth rate for Thailand, consistent with national economic and political goals. This is amplified in the revised PROP for that activity under the project title (Family Planning - Ministry of Health). Included in the revision are measures of goal achievement, means of verification, and the assumptions required for achieving goal targets. This information is not repeated here.

III. Statement of Project PurposeA. Purpose

This sub-project is designed to develop in the Faculty of Public Health, Mahidol University, the educational capability required to implement the nation's family planning program and thus help achieve its population-related goals.

The Faculty of Public Health is the principal educational institution in Thailand for university-level training of public health and family planning administrators, nurses, health educators, sanitarians and other types of public health personnel. It is dedicated to rapid and efficient development of skilled manpower and the health infrastructure needed by the Ministry of Public Health and provincial and municipal health departments and hospitals, in order to carry out a nation-wide family planning program.

B. Conditions Expected by End of Project

1. A strong, viable Faculty of Public Health, fully capable of providing the trained personnel needed to meet the growing, and changing, manpower requirements of the nation's health and family planning program over the next five years.
2. Every graduate trained (through a core-course program in population/family planning) in population dynamics, the behavioral sciences, demography, reproductive biology, family planning program administration and family planning methodology, particularly as these apply to Thailand.
3. All 12 departments in the Faculty organized and in possession of their full complements of teaching and research staff.
4. The quality of education upgraded to international standards, insofar as the masters level program is concerned.

NOTE: Above are general statements designed to tie into specific, measurable output indicators below.

C. Basic Assumptions About Achievement of Purpose

1. The Faculty of Public Health will give this activity the required priority.
2. Public health students can be trained and equipped with the necessary skills by the Faculty of Public Health.
3. The RTG will continue to support the Faculty in stressing the training of all students in population-related areas.
4. External assistance resources will be available to the Faculty at least through FY 1975.

IV. Statement of Project Outputs:

A. Outputs

1. Increasing numbers of qualified health and family planning workers produced by the Faculty for service in the national FP/health program.

B. Indicators

1.
 - (a) See table 1. (page 16)
 - (b) Projections of RTG manpower requirements indicate increasing demand for FP/health personnel thru 1976, particularly in the Northeast region of Thailand. (See NERD Study, Vol. 1, pp. VII 6-11).

A. Outputs

2. Revised curricula at both bachelors and masters levels in population/family planning-related areas of study.

3. Faculty teaching capability and methodology improved.

4. Field training of all students at Soong Noen integral component of all FFH curricula by end 1974.

A field training center at Soong Noen, completed and operating a year-round program of training and research.

B. Indicators

2. (a) An integrated core program (3 Courses) in population dynamics for all B.Sc. and diploma curricula.
(b) A major in family health and population problems in the MPH curriculum.

3. (a) Advanced academic training in U.S. provided for 12 doctoral and 44 masters candidates (Table 3).
(b) All Faculty members rotated to Soong Noen Center to gain practical field experience in public health and family planning practice.
(c) Regular distribution of filmstrips, slides, transparencies and mimeo materials by an audio-visual distribution center in the Faculty.

V. Statement of Project InputsA. Inputsi. U.S.

- a. Technical advisory services.
- b. Advanced academic study abroad for selected faculty members.

c. Commodity support.

2. RTG

a. Local support and travel of consultants.

b. International travel costs and salary continuation of participants.

c. Operating budget for the Faculty.

d. Land and Buildings.

e. Counterpart funds for special needs, particularly relating to expansion of field training facilities.

B. Budget (1969-1974)

U.S.

	<u>Months</u>	<u>\$</u>
1. Personnel		
Direct Hire	25	70,000
UNC Contract	11	391,500
APRA or other contract (no cost to mission or RTG if consultantship thru APRA is less than 3 months)	70	115,000
Sub-total		<u>576,500</u>
2. Participants	1,100	733,000
(Academic training abroad for 75 members of the teaching staff completed or in pro- gress by the end of FY 1975).		<u>733,000</u>
Sub-total		<u>733,000</u>
3. Commodities		250,000
Vehicles (14)	97,000	
Scientific & Profes- sional Equipment	60,000	
IRM equipment	31,000	
Books, films, etc.	62,000	
Sub-total		<u>250,000</u>
Total U.S. Contribution		<u>1,559,500</u>

RTG

1. Operating budget	฿71,370,000
2. Land, Construction	7,130,000
3. Counterpart funds	<u>6,916,000</u>
Total	<u>฿85,416,000</u>
Total RTG Contribution	<u>\$ 4,271,000</u>

C. Basic Assumptions About Management of Inputs

1. Both RTG and the U.S. governments will be able to provide the necessary funds, equipment, personnel, etc. at the time and in the quality and quantity needed.
2. The Faculty of Public Health can find in its own ranks or recruit from elsewhere, qualified candidates for study abroad, and will be able to spare them for the required periods of time without curtailing the local training activities.

VI. Rationale

The RTG has adopted a national policy on population and has developed an official family planning program to bring services to the entire country. This program, its justification as an essential component of the nation's development strategy, its organization, financial implications, and research and evaluation components have been thoroughly dealt with in the revised PROP for that project. This sub-project concerns itself with the manpower needs of the total program, and involves meeting these needs through reorientation and upgrading of the educational experience in the seven curricula of the Faculty of Public Health.

Accepting the priority given by the RTG to family planning, in its Third National Development Plan, and its decision to depend on existing cadre of health workers for the implementation of the program rather than the creation of a new category of family planning worker, the Faculty of Public Health is being assisted in preparing its teaching staff, physical facilities, and educational offerings to meet the manpower demands of the national family planning program. This is in complete harmony with Thailand's developmental plan and has no unrealistic financial implications.

The RTG Ministry of Public Health offers family planning services through its traditional administrative structure. Although the Ministry is trying to strengthen and expand the peripheral infrastructure, a shortage of trained health manpower, including social scientists, exists, and weaknesses in administrative management place formidable barriers in the way of progress.

This sub-project, by strengthening the Faculty of Public Health, will improve the management and services of the Ministry of Public Health, by helping provide the over 1,200 professional personnel required during the next five years in the expanding health and family planning program of the KTC. The Ministry of Public Health is currently undergoing a re-organization which will probably result in a re-structuring of clinical health services. Hence, precise manpower needs during the next five years are unclear at this time. The Faculty of Public Health and the MOPH intend to keep projected manpower requirements under continuous joint review. Numbers of students accepted each year into the various curricula of the Faculty will be determined on the basis of this review.

VII. Course of Action

A. Implementation Plan

Assistance to the Faculty of Public Health will be continued along the same broad guidelines spelled out in the 1968 PROP, but with the following modifications:

1. Expansion of the participant training program to make possible advanced academic qualification for approximately 12 doctoral and 44 masters degree candidates before termination of the project. (See Table 2).
2. Provide for future consultant needs of the project on a more modest level than originally planned, eliminating the contract with a single U.S. Institution (UNC), and instead utilizing the APHA/AID basic ordering agreement and the PIO/T instrument to meet the limited consultant requirements. (See Table 1).
3. Place highest priority on the rapid and complete development of the Soong Noen Center as a year-round field laboratory for teaching and research, particularly in the area of family planning.
4. Extend the life of the project to June 30, 1975 to make possible fuller achievement of the faculty development and field training objectives.

More specifically, the following are the key elements of the plan:

- a. Assistance in providing facilities for the production of the qualified personnel required by the KTC for effective population and family health services

throughout the country. This will reduce the need for overseas training of Thai health and population personnel. Annual student admissions and future targets are as follows:

Curriculum	Year Began	Prev. Years	Actual				Projected		
			68-69	69-70	70-71	71-72	72-73	73-74	74-75
Public Health Admin. (MPE)	48-49	406	20	15	17	16	24	30	35
Sanitary Sciences:									
Diploma	52-53	529	39	16	-	-	-	-	-
B.Sc.	58-59	159	39	38	64	71	82	95	110
Public Health Nursing:									
Diploma	54-55	548	111	126	125	131	135	135	135
B.Sc.	66-67	15	22	30	31	37	40	45	45
Health Education (B.Sc.)	65-66	196	95	112	134	123	111	120	125
Occupational Health (B.Sc.)	69-70	-	-	7	31	29	25	30	30
Nutrition (B.Sc.)	66-67	<u>113</u>	<u>57</u>	<u>56</u>	<u>114</u>	<u>112</u>	<u>130</u>	<u>145</u>	<u>160</u>
		<u>1,966</u>	<u>383</u>	<u>400</u>	<u>516</u>	<u>519</u>	<u>547</u>	<u>600</u>	<u>640</u>

- b. Development of new and revised courses in all curricula with particular emphasis on those providing strength in population dynamics, social sciences, demography, family planning program administration, medical care administration, communications, and other fields related to the population problem and the nation's efforts to solve it.
- c. In cooperation with the Department of Health, Ministry of Public Health, development of a joint program of continuing education for the benefit of graduates already on the job in health and family planning programs. In this activity emphasis will be given to the disciplines listed in "B" above, heretofore not stressed in the training of health workers.
- d. A thoroughly revised Master of Public Health curriculum, providing for:
 1. Opportunities for all students to major in specific areas of emphasis of their choice rather than the fixed, pre-determined course of study of the past. Majors will include family health and population planning, medical care administration, hospital administration, infectious diseases, and statistics and research, as well as general public health.

2. Admission of qualified bachelor-level graduates to a two-year MPH curriculum, with continuation of the one-year program for physicians, dentists veterinarians and other professionals.
- e. A teaching staff greatly strengthened in both quality and quantity by virtue of the opportunities for advanced study in the U.S.A. afforded over half of the current staff under the participant training component of this project as detailed in Table 3.
- f. A working arrangement with the Ministry of Public Health and the Bangkok Municipality for rotating selected members of the teaching staff through temporary field assignments to gain experience in public health practice, and simultaneous rotation of service staff from these agencies into the Faculty of Public Health for academic stimulation and teaching.
- g. A rural field laboratory at Soeng Noen, Korat Province, completed, staffed, and operating a year-round program of field training and research, utilized by all curricula of the faculty. The Faculty will concentrate all field training activities in Korat province, including the annual six week program, utilizing Soeng Noen as base headquarters.
- h. A working relationship developed and in operation, providing for full utilization of the resources of the Institute for Population and Social Research, Mahidol University, in:
 - (1) The teaching of population and social science related subjects.
 - (2) Development and testing of models for providing population and family planning services, utilizing the facilities of the Soeng Noen field laboratory.
- i. A center in the faculty for production and distribution of audio-visual teaching aids, completed and in operation.
- j. A reorganized, streamlined internal faculty administration.

B. Narrative Statement

The three major departures from the original PROP involve elimination of the UNC contract, expansion of the participant component, and extension of the sub-project through FY 1975.

1. UNC Contract and Consultant Needs

Nearly two years' experience with the UNC contract for short-term consultant services indicated that though the UNC school of public health administration was very interested in this sister relationship, it was unable to provide the consultants required at the time their services were needed and could most effectively be utilized, in the number committed to in the contract, and for sufficiently long periods of time to maximize the contribution of each consultant. In exploring other alternatives, it was discovered that the basic ordering agreement already in effect between AID and APHA could accomplish all that was envisioned in the contract, and with greater speed and flexibility. Hence the UNC contract was phased out effective March 1, 1972 and future consultant needs will be provided through the APHA, supplemented by FTO/T arrangements in these cases not covered by the BOA, as indicated above.

A. Consultant Needs

1. Background

Comparison of Table 2 outlining total consultant needs of the project and those projected in the 1968 PROP indicates a considerable scaling down in consultant requirements from the 146 man-months envisioned in the 1968 PROP. The Faculty unquestionably places higher priority on teaching staff development through study abroad than on bringing foreign consultants to the Faculty. This does not mean, however, that consultants are not needed in order to achieve project objectives. But it does mean that this input can be scaled down to a level considerably more modest than at first envisioned.

2. Consultant Needs

a. Direct Hire

USCM has provided for 24 man-months direct hire advisory services, covering the period September 1970 through August 1972. Thereafter it is anticipated that the administrative activities of this consultant can be taken over by the Principal Officer for Health and Population Planning, and the technical consultation component made available through the short-term consultant program. The public health nursing

and health education advisors attached to the Family Health Project will continue to assist the Faculty of Public Health on an ad hoc basis as in the past.

B. Short-term

Public Health Nursing: A plan has been worked out by the heads of the departments of the Faculty of Public Health, Mahidol University, to help build the department and its two curricula. This involves four visits by nursing consultants in fiscal years 1973 and 1974 as indicated in table 2.

Administration: Project assistance is required both for the development and upgrading of the department of public health administration and improvement of overall faculty administration through the dean's office. These needs may be met through 3 or 4 short-term consultations of 3-6 months duration. Other consultants requested in this general area include hospital administration, research and evaluation, and field training center development.

Curriculum Planning: The project is placing high priority on a Faculty-wide revision of all curricula, with streamlining, modernization, and recasting to meet the expanding needs of the nation's family planning program. A consultant in this area will be required for at least 12 months.

Behavioral Sciences: A behavioral scientist with teaching and curriculum planning experience at both bachelor and masters levels, is needed to work with the Faculties of Public Health and Social Science in the development of stronger teaching and research activities in the behavioral sciences, particularly as relates to the population problem. The best time for this is the period June-September 1972 and another three month tour one or two years later.

Nutrition: A public health nutritionist to assist the department in curriculum revision, upgrading of teaching methodology, and departmental reorganization. (FY 1973, 3 man-months).

Environmental Sciences: An environmentalist to work with the staff of the departments of sanitary sciences, sanitary engineering, and occupational health to achieve effective coordination if not administrative integration, and focus on curriculum building and introduction of more effective teaching method. (FY 1973, 3 man-months).

C. Participants

Without doubt, the most significant and most productive single input in this project has been the participant training program. Through February 1972 47 full-time faculty members have either completed advanced academic type study abroad under U.S. auspices or are currently completing their degree study. Significant also is the fact that of 34 who have completed their study and returned, only two have resigned or otherwise left the faculty. All the rest are currently actively teaching on the Faculty. 31 masters and 2 doctoral degrees in fields related to public health and population studies have already been earned by faculty under U.S. sponsored fellowships. 11 masters and 3 doctoral candidates are currently completing their studies in the U.S.A.

The Faculty wishes this long-range emphasis on upgrading the quality of teaching staff to continue. The most urgent needs are at the doctoral level to provide academic qualification of the highest caliber to competent younger people, thus making possible earlier assumption of major department responsibilities, as well as strengthening the capability for research and evaluation. This increased emphasis on faculty development has already exceeded the modest projections in the 1968 PROP. It is now estimated that for the entire life of the project, 12 doctoral and 44 masters candidates need to be trained. (Table 3).

C. Extension

Were this project to phase out as scheduled in the original PROP, in June 1973, the needs (as now projected) for development of teaching staff through the participant training program would not be realized. Also technical consultation in newly identified key areas such as curriculum planning, hospital administration, research and evaluation, etc. would not materialize. Hence it does not appear that project goals, as now revised, can be realized unless it is extended by two years.

Drafted by: O/HFP:SEdmonds:va.
1/24/73

Clearances:

AD/P:TFLiercke: TFL date: 2/12/73
AD/P:CRFritz: _____ date: _____
O/HFP:MMShutt: MM date: 2-8-73
DD:FFSimmons: FS date: 2-27-73

Approved: DWH date: 2-27-73
Director

Disapproved: _____ date: _____
Director

TABLE 1

RECIPIENTS OF DIPLOMAS AND DEGREES, FACULTY OF PUBLIC HEALTH
MAHIDOL UNIVERSITY, 1968-1975

	Prior Years	Actual			Estimated				Total
		68-69	69-70	70-71	71-72	72-73	73-74	74-75	
M.P.H.	355	19	15	17	16	24	30	35	511
Health Education (B.Sc.)	112	58	64	70	70	50	55	60	539
Nutrition (B.Sc.)	51	56	45	51	45	65	75	85	473
Occup. Health (B.Sc.)	-	-	7	14	18	12	15	15	81
Public Health Nursing									
Diploma	536	111	128	124	130	135	140	140	1,444
B.Sc.	15	22	30	31	37	40	45	45	265
Sanitary Science									
Diploma	521	39	36	-	-	-	-	-	596
B.Sc.	160	39	38	34	34	45	50	60	460
TOTAL	1,750	344	363	341	350	371	410	440	4,369

TABLE 2

SCHEDULE OF CONSULTANTS
Faculty of Public Health
Mahidol University

<u>Area of Expertise</u>	<u>(Man-Months)</u>				<u>Total</u>
	<u>Prior Years (Including FY 72)</u>	<u>FY 73</u>	<u>FY 74</u>	<u>FY 75</u>	
Health and Family Planning Administration:					
USOM direct-hire	22.0	3.0	-	-	25.0
Short-term consultants in program development	0.5	6.0	6.0	3.0	15.5
Field Training	6.0	-	6.0	-	12.0
Research & Evaluation	-	-	3.0	-	3.0
Hospital administration	-	3.0	-	-	3.0
Curriculum planning*	-	-	12.0	-	12.0
Behavioral Sciences	-	3.0	2.0	-	5.0
Education & Communications	1.0	-	-	-	1.0
Maternal & Child Health	2.0	-	-	-	2.0
Nurse-midwifery & Family Planning	3.0	3.0	6.0	6.0	20.0
Nutrition	-	3.0	-	-	3.0
Population Epidemiology	-	1.0	-	-	1.0
Environmental Sciences	-	3.0	-	-	3.0
TOTAL	<u>34.5</u>	<u>27.0</u>	<u>35.0</u>	<u>9.0</u>	<u>105.5</u>

*This contract service may be provided by another agency.

TABLE 3
SUMMARY OF EXTENDED PARTICIPANT TRAINING PROGRAM
FOR
FACULTY OF PUBLIC HEALTH

	<u>Numbers of Participants</u>				
	<u>Prior</u> <u>Years</u>	<u>FY 73</u>	<u>FY 74</u>	<u>FY 75</u>	<u>Total</u>
<u>Doctoral:</u>					
Health and Family Planning Administration	-	1	1	-	2
Health Education & Communications	1	-	-	-	1
Public Health Nursing	1	-	-	-	1
Environmental Sciences	1	-	1	-	2
Maternal & Child Health	-	1	-	-	1
Nutrition	-	1	-	-	1
Behavioral Sciences	1	-	1	-	2
Demography	-	-	1	-	1
Epidemiology	-	1	-	-	1
	4	4	4	-	12
<u>Masters:</u>					
Health & Family Planning Administration	2	2	1	-	5
Health Education & Communications	6	1	-	1	8
Maternal & Child Health	1	1	1	-	3
Epidemiology	1	1	-	-	2
Demography & Biostatistics	1	1	1	-	3
Nutrition	5	1	-	-	6
Behavioral Sciences	1	-	1	-	2
Parasitology & Microbiology	1	-	1	-	2
Environmental Sciences	2	1	1	-	4
Public Health Nursing	4	2	1	1	8
Library Science	-	1	-	-	1
	24	11	7	2	44
<u>Non-academic:</u>					
Third Country	8	3	3	2	16
	6	4	4	2	16

TABLE 4
FAMILY PLANNING PROJECT
FACULTY OF PUBLIC HEALTH SUB-PROJECT
Table of Funds

(In Thousands of Dollars)

	<u>Prior Years</u> (Project 209.1)	<u>FY 73</u>	<u>FY 74</u>	<u>FY 75</u>	<u>Total</u>
A. U.S. Dollar Contribution					
1. Personal Services					
USOM Direct Hire	65.0	5.0	-	-	70.0
UNC Contract	391.5	-	-	-	391.5
APHA Contract, PIO/T	15.0	50.0	50.0	-	115.0
2. Participants	327.0	149.0	162.0	34.0	672.0
3. Commodities	<u>200.0</u>	<u>40.0</u>	<u>15.0</u>	-	<u>255.0</u>
Sub-Total	998.5	244.0	227.0	34.0	1,503.5
B. Local Currency Funds					
1. Counterpart Fund (Total) <u>198.6</u>					
Project Account	(148.3)	(53.7)	(45.0)	(37.5)	(284.5)
Trust Funds	(50.3)	(5.0)	(3.0)	(3.0)	(61.3)
2. RTG Budget	<u>2,275.0</u>	<u>500.0</u>	<u>550.0</u>	<u>600.0</u>	<u>3,925.0</u>
Sub-Total	<u>2,473.6</u>	<u>558.7</u>	<u>598.0</u>	<u>640.5</u>	<u>4,270.8</u>
Grand-Total	<u>3,472.1</u>	<u>802.7</u>	<u>825.0</u>	<u>674.5</u>	<u>5,774.3</u>

Note: RTG budget is line item budget for Faculty of Public Health, Mahidol University.