

1. SUBJECT CLASSIFICATION	A. PRIMARY	TEMPORARY
	B. SECONDARY	

2. TITLE AND SUBTITLE
DEIDS/Thailand project quarterly report, Jan.-March, 1975

3. AUTHOR(S)
(101) APHA

4. DOCUMENT DATE 1975	5. NUMBER OF PAGES 6p.	6. ARC NUMBER ARC
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7. REFERENCE ORGANIZATION NAME AND ADDRESS
APHA

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

9. ABSTRACT

10. CONTROL NUMBER PN-AAB-576	11. PRICE OF DOCUMENT	
	12. DESCRIPTORS	13. PROJECT NUMBER
	14. CONTRACT NUMBER CSD-3423 GTS	
	15. TYPE OF DOCUMENT	

DEIDS/THAILAND PROJECT QUARTERLY REPORT

FOR

JANUARY-MARCH 1975

Introduction

Detailed planning for all project phases--the predominant activity of the last quarter--carried on into the beginning of this quarter. During this quarter the project clearly moved into its operational phase, with training services, and evaluation activities multiplying at an increasing tempo. Substantial progress has been made in all components, and this has been facilitated by the clarification of objectives and plans, the completion of staffing, and procurement of required equipment.

I. Thai/U.S. Inputs

A. After reviewing the results of the December Workshop, the Medical and Health Services Division arranged a working group meeting in Bangkok, composed of ministry-level representatives of the MOPH's MCH, Family Planning, and Nutrition service divisions. The meeting was designed to permit these representatives to review and comment on planned objectives and activities for the Project's three major service areas. It also served to maintain a continual dialogue with interested ministry officials, who will follow project progress as future expansion and replication of DEIDS concepts are considered.

B. At the end of January, a major meeting of provincial hospital and health staff was organized to discuss the roles and training of the various volunteer and official health workers who will deliver integrated services. Discussions were productive and lively, particularly when the topic of medex came up. Lingering doubts and questions about the role, professional relationships, competence, and responsibility of the medex were considered openly; the fact that in the absence of the MD, other health staff frequently take the initiative and responsibility for making a diagnosis and providing treatment made Medex sound less radical. It was concluded that a well-designed and supervised training period - with the hospital MD's having responsibility as training preceptors - would help to assure the production of competent and clinically skilled medex.

C. As an important step in expanding and integrating the provincial hospital's services to the rural community, one hospital MD was assigned to work in the Hang Chat District Health Center. In the month before, the Medical/Health Services staff and the local health staff had publicized his arrival through local village committees and urged people to use the newly-available services.

During this first year, hospital MD's will be rotated to Hang Chat on three-month assignments, giving a large number of hospital-based MD's experience in health center community health care. But more important, the Hang Chat Health Center now provides physician services previously unavailable and decreases the need to travel to the hospital or clinics in Lampang. The number of patients seen at the Hang Chat Health Center has already increased four-fold in the first month.

D. Dental health services are now in the final stages of preparation; the Provincial Hospital has agreed to extend its own dental care unit by providing a dental hygienist to work at the Hang Chat Health Center, and will cooperate with the DEIDS staff in providing supplies and equipment.

E. Medical and Health Services staff spent a major portion of their time during the second quarter helping to review and reorganize village committees. Village health or education committees have been in existence for some time, but have been utilized irregularly. These committees have been systematically reconstituted as village adjunct committees, including still-active members of former committees where appropriate and desirable. They have been given responsibility for several DEIDS-related functions, as follows:

1. In cooperation with DEIDS and local health staff, the committees have chosen the Health Post Volunteer (HPV) candidates who have been (or will be) trained. This is a slight change from the former plan to select all HPV's from the ranks of Communicators; however, involving the village committee in the selection process of HPV is expected to increase their interest in and support for the HPV's work.
2. For the same reasons, the committees have been actively involved in selection of the indigenous midwives from their village areas who will receive refresher training in proper midwifery technique at the Lampang Midwifery School. This is one of the project components designed to bring private-sector practitioners into the system of integrated service delivery. Past experience with training programs for indigenous midwives (largely sponsored by UNICEF - the "granny" midwife programs) in Southeast Asia have mostly produced only marginal results. This may have been due to the advanced age of most of the trainees, perhaps to the specific training methodologies used, and inadequate supervisory follow-up. In Lampang, village committees are encouraged to choose younger midwives, yet who still enjoyed the confidence of villagers. The selection results are promising: the average age of the first group of 24 trainees (including one male) is below fifty. Training begins in mid-April.
3. As village committees have gone through the process of selecting HPV's and indigenous midwives, the DEIDS staff have taken the opportunity to encourage the committees to improve Child Nutrition Centers (CNC) and increase enrollment where they are already operating; for areas without CNC's, the committees have been urged to accelerate their establishment, pointing out their importance and potential benefits to the village.

F. Dr. Sommai, Chief of Surgery in the Provincial Hospital and head of the new Department of Preventive Medicine, traveled to the East West Center in Honolulu as a participant in a Nutrition Education Seminar.

G. Dr. Somboon (Project Director), Dr. Ammuey (Chief, DEIDS Division of Medical/Health Services), and Dr. Wilson of the University of Hawaii staff, traveled to Solo, Indonesia to observe the Dana Sehat health project - a private sector pre-paid health care organization which is part of a larger community

development scheme. The purpose of this trip was to review the Indonesian experience to determine the possible relevance for application in Thailand.

H. In mid-March, the Director of USOM, Mr. Roger Ernst, his wife, and USOM staff members responsible for health, finance, and field operations visited the DEIDS Project to observe project operations and fiscal procedures. The visit seemed profitable for both USOM and DEIDS staff, and a number of useful suggestions emerged, and some lingering administrative complications were eventually resolved.

I. During the second quarter, a variety of training activities were undertaken:

1. Eight more groups of Communicators completed two-day training sessions, bringing the total number trained to 417; of the total, about two-thirds were women, one-third men.
2. The first group of 24 Health Post Volunteers were trained for two weeks during March. About one-third of the group had previously been chosen as Communicators. On completion of training, each HPV is introduced to the local civil and health staff in his area (as are the Communicators), and they are familiarized with the approximately ten Communicators with whom they will each work. The system of credit for HPVs' purchase of the simple government medicines and supplies they will dispense is being set up with the provincial health and hospital staff, and guidance is provided in helping HPV to arrange on appropriate place for seeing patients.
3. Cross-training for existing health and hospital staff began in February with a week of training sessions for senior staff from the provincial and district health offices, and hospital MD's and nursing supervisors - a total of twenty-two trainees.
4. During most of February, Dr. Nopadol and Wannarat of the Personnel Development Division participated in a Workshop arranged by the Health Manpower Development staff (Medex) in Honolulu to prepare and adapt training modules for the Thai medex program. The workshop resulted in the production of one complete module which could be used as a model in preparing the approximately twenty modules included in the medex training program. On their return (from Hawaii), Drs. Nopadol and Wannarat and the Personnel Development staff organized almost half of the hospital physicians to work on other modules; individual modules were assigned to small task groups or individuals. The deadline for completion of draft modules is late April, when the University of Hawaii Medex staff will be traveling to Lampang for a workshop to review and revise the Thai-produced modules and to help adapt and integrate HMDS modules into the DEIDS program. HMDS staff will also assist in orienting the hospital staff who will be responsible for the didactic and preceptor components of medex training. The medex training program will begin June 16.

J. In early January, an Evaluation Board was established to act as a planning/decision-making body responsible for the overall planning and coordination of the evaluation system. Such a board was necessitated by the wide spectrum of evaluation tasks, and the significant number of DEIDS staff, collaborators and consultants performing them, all of which needed to be coordinated and reviewed by representatives of several disciplines. The immediate need for such a board was to bring all evaluation components together into a single Evaluation Plan, as well as to review or modify the individual components. Consequently, the Evaluation Board was founded with six members: a statistician and a sociologist from NIDA, the director and deputy director of the DEIDS Information and Evaluation Division, the Chief of the University of Hawaii resident staff, and a representative of the Ministry of Public Health. Although bringing the group together at one time for meetings was at times difficult, it broadened the inputs into decision making, resulting in a better-conceived Evaluation Plan and a better-coordinated Evaluation System.

K. In mid-March the Evaluation Board completed the overall DEIDS Plan for Evaluation and some of the specific proposals for the Evaluation Components (e.g. Community Health Survey, Nutrition and Health Survey, Administrative Analysis, Cost Analysis, Task Analysis, Vital Events Monitoring, and the Clinical and Service Records Study.

L. Household listings and mapping were completed for both Hang Chat and the Mae Tha Control area as a prerequisite to the Community Survey. The Community Survey Instrument went through several revisions and a field pretest before the final draft was sent to the printer. At the same time, the NIDA data processing staff set up the coding procedures; the Evaluation Division completed the field interviewer instructions and training. All preparations were thus completed for beginning the Hang Chat Community Survey the first week of April.

M. The first group of Health Post Volunteers were given responsibility for collecting and reporting birth and death statistics in their villages as a comparison with the accuracy of civil registration of vital statistics.

N. Three nurses from Chiangmai Medical School were trained to do the interviewing for the Task Analysis component, and were to begin field interviews in early April.

O. For the Division of Administrative Service, the visit of two staff members of the SGV Na-Thalang accounting firm for the purpose of reviewing project financial and procurement procedures was an important event. The visit was very beneficial, and SGV made a number of sound recommendations which have been incorporated into project administrative procedures.

II. Problems Encountered and Anticipated

A. The problems related to delays in obtaining source waivers on project equipment have been resolved and source waivers are now approved on all major items requested.

B. Disbursement of APHA funds to the Project account in Lampang is frequently delayed by the transfer from the Bangkok Bank (the Thai bank affiliated with APHA's bank in Washington, D.C.) to the Siam Commercial Bank used by the DEIDS Project. The funds have, on occasion, been mistakenly transferred to banks other than Siam Commercial, creating even longer delays in receiving the funds. To avoid this problem, the project staff is considering a transfer of the project account to the Bangkok Bank branch in Lampang, which will eliminate the need for any intermediary bank in the transfer process.

C. Another as yet unresolved question concerns the use of SGV for project financial management and auditing services. During the first quarter, APHA asked SGV Na-Thalang Company, a local, respected accounting firm, to provide routine financial management and auditing services. SGV had been highly recommended by USOM financial officers, and was expected to provide needed assistance in helping project staff to establish and maintain appropriate financial management and accounting procedures. Assuming that a source waiver for SGV services would be approved, APHA agreed to have the accounting firm visit the Project in January to review financial/accounting procedures in the early stage of development. The visit was successful - SGV's suggestions and recommendations were sound and of definite benefit to project operations. However, shortly after the SGV visit, Project staff learned that AID/W had not approved APHA's requested source waiver for SGV services and that AID/W charged USOM/Thailand with all auditing responsibilities.

When the USOM Director and his Financial Officer visited the DEIDS Project in March, the question of auditing was discussed. The Financial Officer suggested that AID/W may have misinterpreted the proposed role of SGV; USOM has followed up on this point and recently cabled AID/Washington to clarify roles and to recommend auditing arrangements for the DEIDS Project. However, information about the final outcome of the USOM/AID/APHA discussions concerning financial management and auditing services has not yet been relayed to Project staff.

III. Evaluation Performed and Results

As mentioned above, final preparation for most of the major evaluation components were completed during the second quarter. Field interviews for the Community Health Survey are scheduled to begin April 1, and interviews for Task Analysis and Administrative Analysis will follow during the same month. Coding and processing of the Community Survey questionnaires will be done as the first batches are completed, and preliminary analysis of the raw data should begin during the third quarter.

Conclusion

Although all Project components expanded their activities dramatically and moved clearly into project operations, the second quarter might still be characterized as a period of build-up and final preparation for full implementation of the DEIDS scheme in Hang Chat. Selection and training of volunteer and official health personnel, mobilization of village committees, re-orienting the present health structure, and procurement of equipment and supplies have brought the project to the point of field implementation capability. Once the baseline information have been collected, full field operations will begin. Most of

the policy and administrative questions - both large and small - which appeared repeatedly in the initial project period have been resolved with only a few still lingering on.

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