

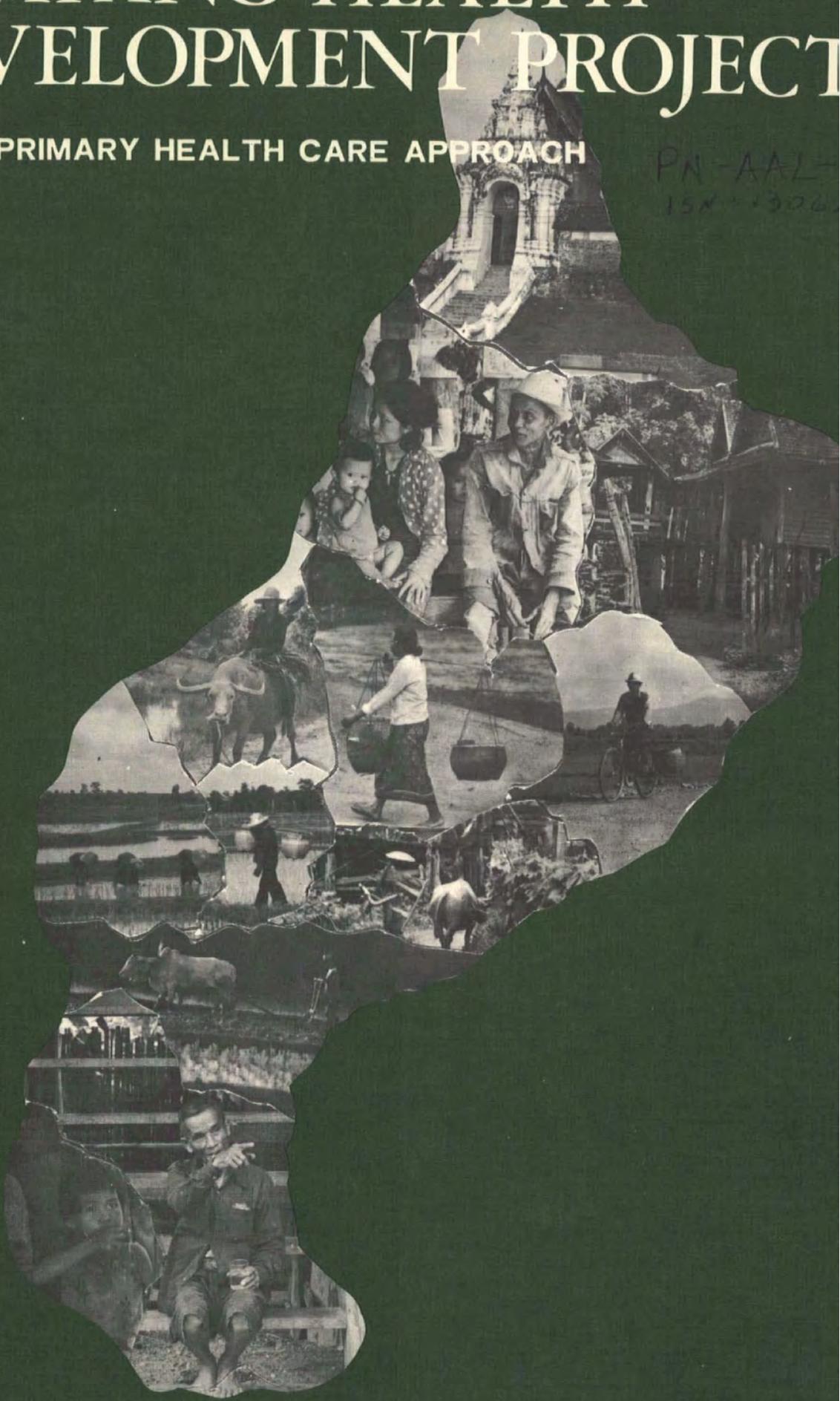
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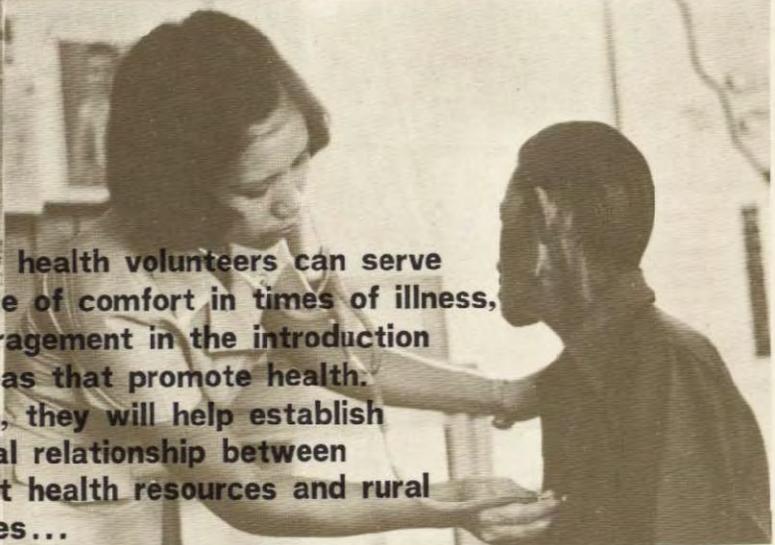
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MPANG HEALTH DEVELOPMENT PROJECT

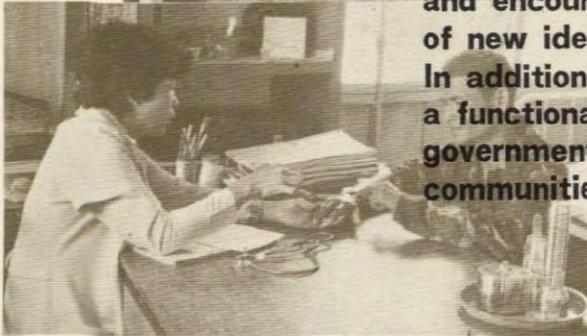
A THAI PRIMARY HEALTH CARE APPROACH

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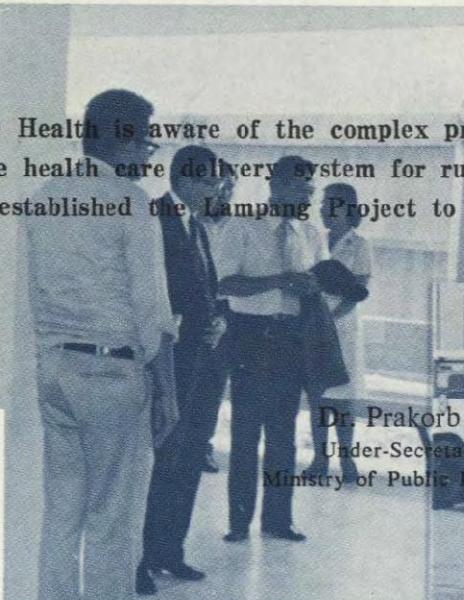


... community health volunteers can serve as a source of comfort in times of illness, and encouragement in the introduction of new ideas that promote health. In addition, they will help establish a functional relationship between government health resources and rural communities...





... the Ministry of Public Health is aware of the complex problems involved in developing an adequate health care delivery system for rural Thailand.
... in 1974, the Ministry established the Lampang Project to test a new model of rural health care.

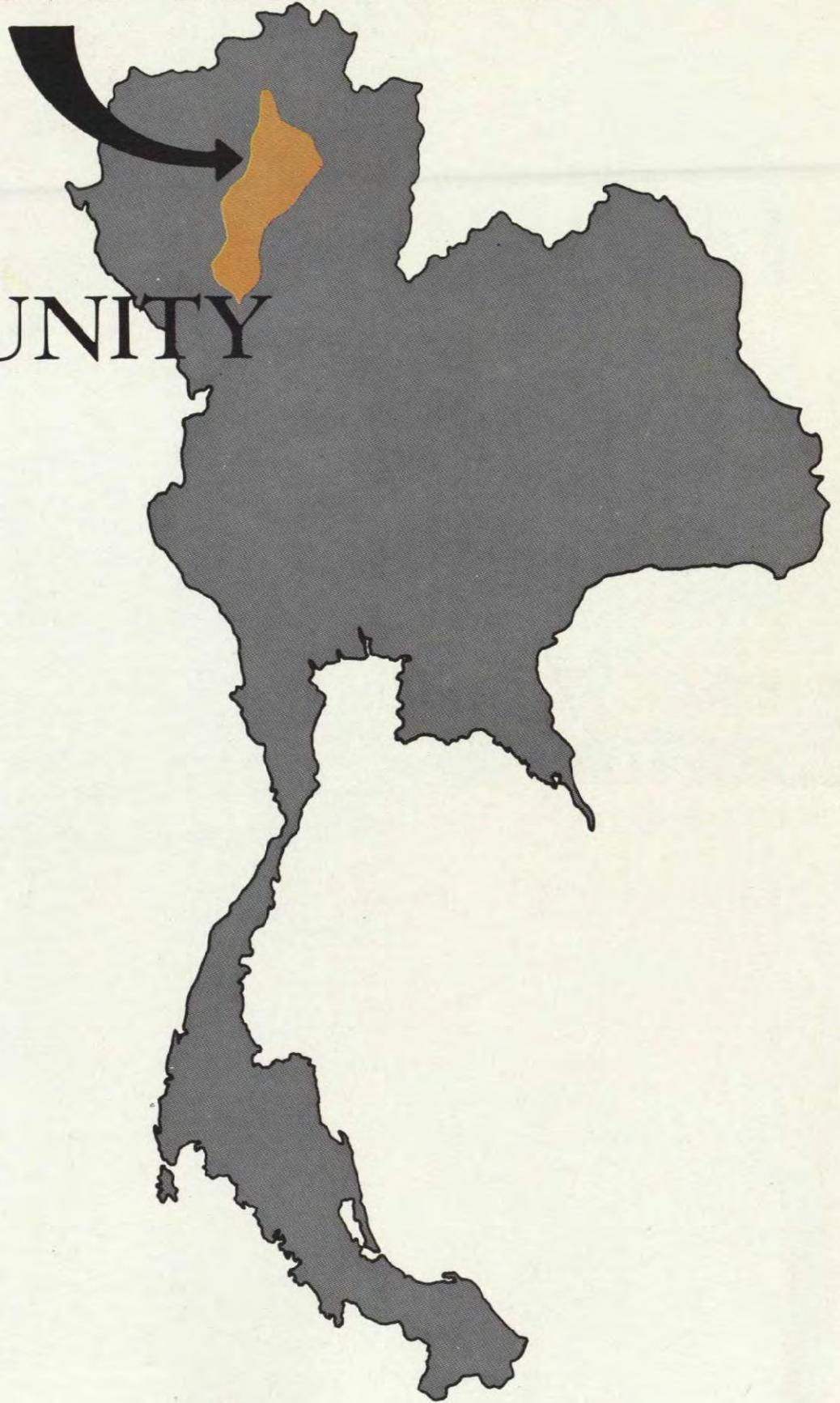


Dr. Prakorb Tuchinda
Under-Secretary of State
Ministry of Public Health, Thailand.



LAMPANG PROVINCE

A
THAI
RURAL
COMMUNITY



... situated directly in the center of Thailand's Northern Region.

... an area of rolling hills and fertile valleys, devoted primarily to the cultivation of rice, with lumbering, mining, and a number of small-scale industries.

... eventually represents Thailand's rural community.





Thailand's Rural Community: Area Background for Lampang

The province of Lampang is situated almost directly in the center of Thailand's Northern Region. It is an area of rolling hills and fertile valleys, devoted primarily to the cultivation of rice, with lumbering, mining, and a number of small-scale industries gradually taking on a more prominent role in its economic life. If one should happen to visit Lampang late in June, he would find most of its six-hundred and fifty thousand inhabitants busily engaged in the fields, planting the new rice crop. A month earlier, these fields were bare, parched by the intense heat of the dry season which covers Thailand from February to May. By June, however, the cool moisture laden monsoon winds have begun to arrive from the Indian Ocean and Andaman Sea, carrying the rainfall on which the farmers depend for a successful year. In a few weeks the countryside will be a lush verdant green as the young rice stalks rise above the ground. As the monsoon season proceeds, the daily rains oscillate between a fine gentle mist and a torrential downpour. This, however, has little effect on the villagers, as they don their conical straw hats and continue with their

daily activities. Most people continue to work in the fields, but some also engage in other enterprises. The rains fill the canals, and riding through the countryside one can see women along the banks, with their arched nets, trying to trap the many varieties of fish which abound in these waterways. In the evening some of the men may try their luck, hoping to catch frogs, crabs, snakes, and other edible creatures, which will supplement their diet of rice and vegetables.

Although the monsoon season is a time of great activity, villagers still take time to enjoy life. In the evening, after a long day in the fields, people gather at the homes of their friends to chat, laugh, and relax. For children, the rainy season is a time of great joy, for the rivers which until recently were merely tiny rivulets, are now swollen; and one can see dozens of youngsters splashing about, naked, in the swift brown water. Lampang, like other provinces throughout Thailand, is primarily rural. Nevertheless, it is by no means a homogeneous community. There are more than five hundred villages (dispersed throughout the twelve districts, and seventy-five

sub-districts), from Mae Prik and Thern Districts in the South, to Wang Neua District in the North; and there is a great range in the relative wealth of these communities. Some villages appear quite prosperous. They have electricity, paved roads, extensive irrigation systems that allow for multiple cropping, and beautifully constructed teak wood homes. Others, however, are at the other extreme of the economic spectrum. They have few of the resources and amenities, mentioned above, and remain isolated from the remainder of the province.

WHEN VILLAGERS BECOME ILL...

... SEEK HELP FROM FRIENDS AND RELATIVES
... GO TO SOME OF THE INDIGENOUS
VILLAGE PRACTITIONERS



The herbalist



The magical or spritual healers



The injectionist



The traditional midwife

AND ... GO TO THE LOCAL DRUG SELLER

SELF-HELP PATTERN OF RURAL LIFE:

Thailand is a predominately Buddhist society, with more than ninety-five percent of its people following the teachings of Lord Buddha. Buddhism emphasizes that each individual, alone, is responsible for his fate, or condition in life. Thus if one follows a meritorious path he will be rewarded in future reincarnations by a higher level of existence. This philosophy permeates the daily activities of village life. Since antiquity villagers have had to rely on their own ingenuity and close personal association with their neighbors for assistance. This pattern of self-help is apparent in their approach to agricultural activities, with friends and relatives helping one another plow the fields, transplant the young rice stalks, and harvest the golden paddy. Construction of homes, irrigation canals, and repairs at the nearby temple are all undertaken by local villagers. Outsiders are not expected to help with these projects, and assistance is not sought. This approach to life continues when villagers become ill. At first, they may seek help from friends and relatives, or they may go to a number of other trusted people in their community—traditional healers

or specialized practitioners who provide a wide range of services for people in need. There are numerous types of indigenous village practitioners. Some of the most common are:

- (a) The Herbalist
- (b) The Magical or Spiritual Healers
- (c) The Injectionist
- (d) The Traditional Midwife
- (e) The Local Drug Seller

The herbalist has a wide range of herbal medications for a variety of common ailments, maintaining a long tradition of herbal practice that originated in India and China. Some have undergone extensive periods of formal education and their credibility is beyond doubt in the community. Those who have undergone formal training are issued licenses by the Thai Ministry of Public Health (MOPH).

Spirit doctors, magical healers, or incantationists use occult methods, casting out spirits through incantations and “blowing ceremonies”. Such practitioners have had great success with patients whose ailments are primarily psychogenic.

Injectionists, are a more recent

arrival in the village, and are distinguished from other types of traditional practitioners by providing injections of antibiotics and other modern medicines. While the vast majority have never received any formal training, many have gained their experiences in health centers, hospitals, and other modern medical facilities, or while they were military medical corpsmen. Injectionists are very popular because they are local people who are willing to make home visits, and they provide the most effective modern medicines.

Traditional birth attendants, or “granny midwives”, assist in deliveries and perform the rituals associated with childbirth. They are usually elderly women who serve their friends when the occasion arises, or they may establish a regular practice if they enjoy a good reputation.

Many communities also have a **local drug seller** who has a limited range of pharmaceuticals, and who offers medical advice, or even gives injections.

Although villagers have several health care alternatives, including traditional health services, modern health services at government

health facilities, and the local drugstore or large pharmacies located in town, the fact remains that there are still large gaps and many problems in the overall delivery of adequate health services to the rural population. For the most part, the type of care that is available is curative,

and there is little emphasis on preventive/promotive health services. This results because villagers tend to be concerned with health needs only when they are ill. There does not seem to be any association between health, environmental conditions, and daily lifestyle. Most health problems

can be prevented or easily treated locally. A substantial proportion of the cases treated at the overcrowded provincial hospitals are minor ailments, which can be treated at some facility closer to the villager's home and at a fraction of the cost.

... a substantial proportion of the cases treated at the overcrowded provincial hospitals are minor ailments ...



...he uses occult methods, casting out spirits
through incantations and "blowing ceremonies..."



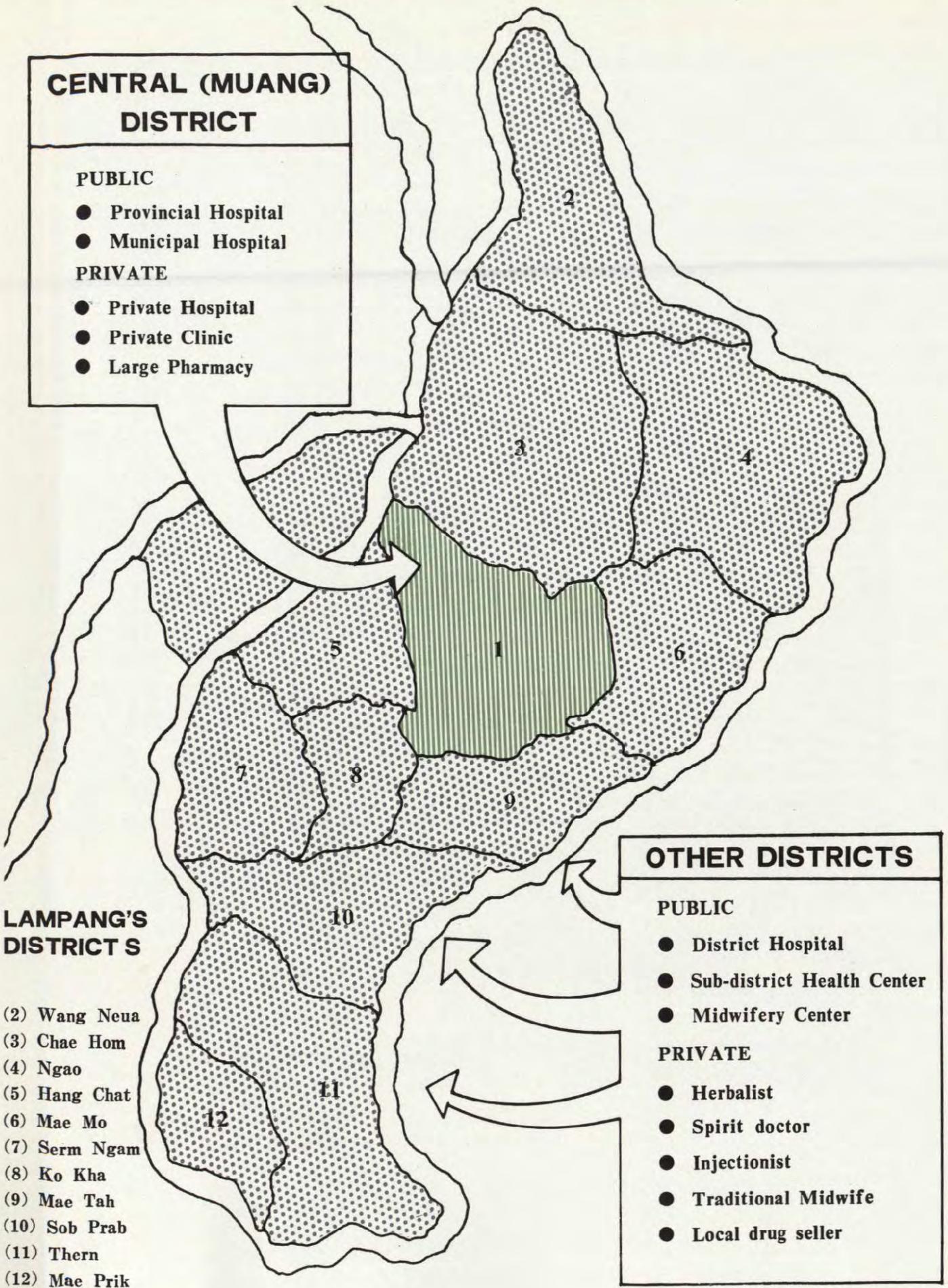
CENTRAL (MUANG) DISTRICT

PUBLIC

- Provincial Hospital
- Municipal Hospital

PRIVATE

- Private Hospital
- Private Clinic
- Large Pharmacy



LAMPANG'S DISTRICT S

- (2) Wang Neua
- (3) Chae Hom
- (4) Ngao
- (5) Hang Chat
- (6) Mae Mo
- (7) Serm Ngam
- (8) Ko Kha
- (9) Mae Tah
- (10) Sob Prab
- (11) Thern
- (12) Mae Prik

OTHER DISTRICTS

PUBLIC

- District Hospital
- Sub-district Health Center
- Midwifery Center

PRIVATE

- Herbalist
- Spirit doctor
- Injectionist
- Traditional Midwife
- Local drug seller

HEALTH FACILITIES AND PROBLEMS

As in many communities throughout Asia, Thai villagers suffer primarily from infectious and communicable diseases, poor nutrition, and high fertility. These three problem areas, in particular, cause the greatest drain on the resources and vitality of the community. Unfortunately, most villagers accept these burdens as a normal state of life, unaware that their condition could be greatly improved if they merely pooled their community's resources and organized themselves with a practical strategy to attack and prevent these problems.

During the first half of this century, the Royal Thai Government has concentrated its efforts on establishing a system of high-quality, hospital-based, western oriented medical care as part of its overall plan to develop the nation economically and socially. Consequently, when a villager becomes ill, he has the choice of several types of modern health care facilities and providers, in addition to the traditional ones. He may select a hospital, private or government, located primarily in the provincial capital. Villagers usually consider the care and the doctors, at these facilities to be of the highest quality, and will often travel great distances to take

advantage of these services. But hospitals are crowded, requiring a long wait, and they are not readily accessible to the patient.

At the Lampang Provincial Hospital approximately three hundred fifty to five hundred patients attend the Out-Patient Department every morning.

Another problem with visiting the hospital is that the villager often finds himself in an unfamiliar or uncomfortable situation. Many health care providers have an urban orientation and do not properly communicate with their rural patients. At times, health workers display a condescending attitude while addressing villagers, causing the latter to feel ill at ease. To avoid some of these unpleasant experiences, many villagers go directly to private physician clinics located in town. These doctors usually work at the provincial hospital, but provide private health care before and after official working hours. Thus while their services are considered to be of excellent quality, villagers must still spend a great deal of time and money travelling from their village into town to receive this care.

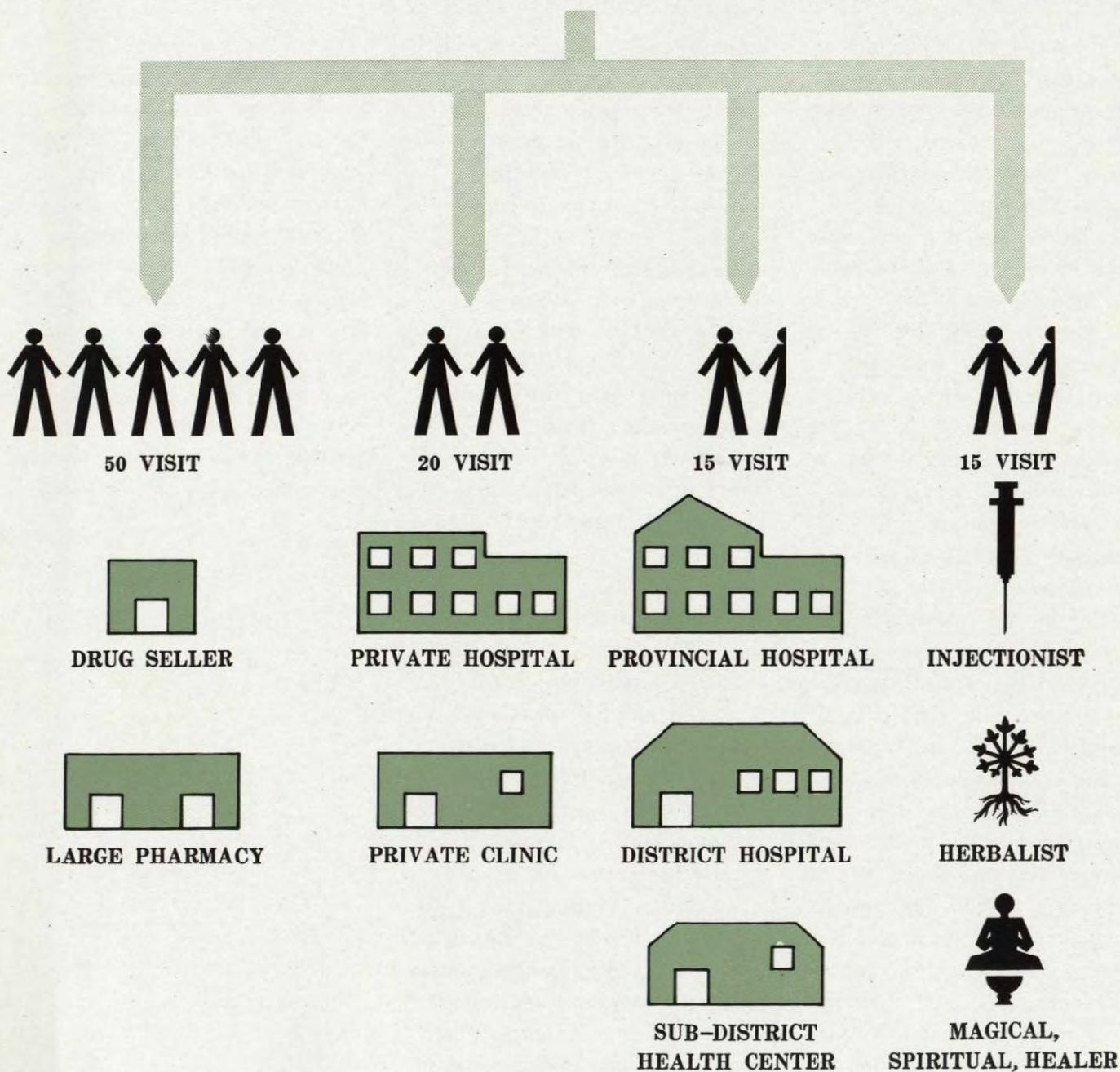
In order to bring basic health facilities closer to the rural

villagers, the Royal Thai Government has also established a network of district hospitals and rural health centers, dispersed throughout the nation. These facilities, although nearer to the villagers' homes, are staffed by health personnel (usually only a midwife and a sanitarian) who have limited medical knowledge and clinical experience. Consequently, these health facilities are seldom utilized and villagers often bypass them to seek help directly in the overcrowded provincial hospital.

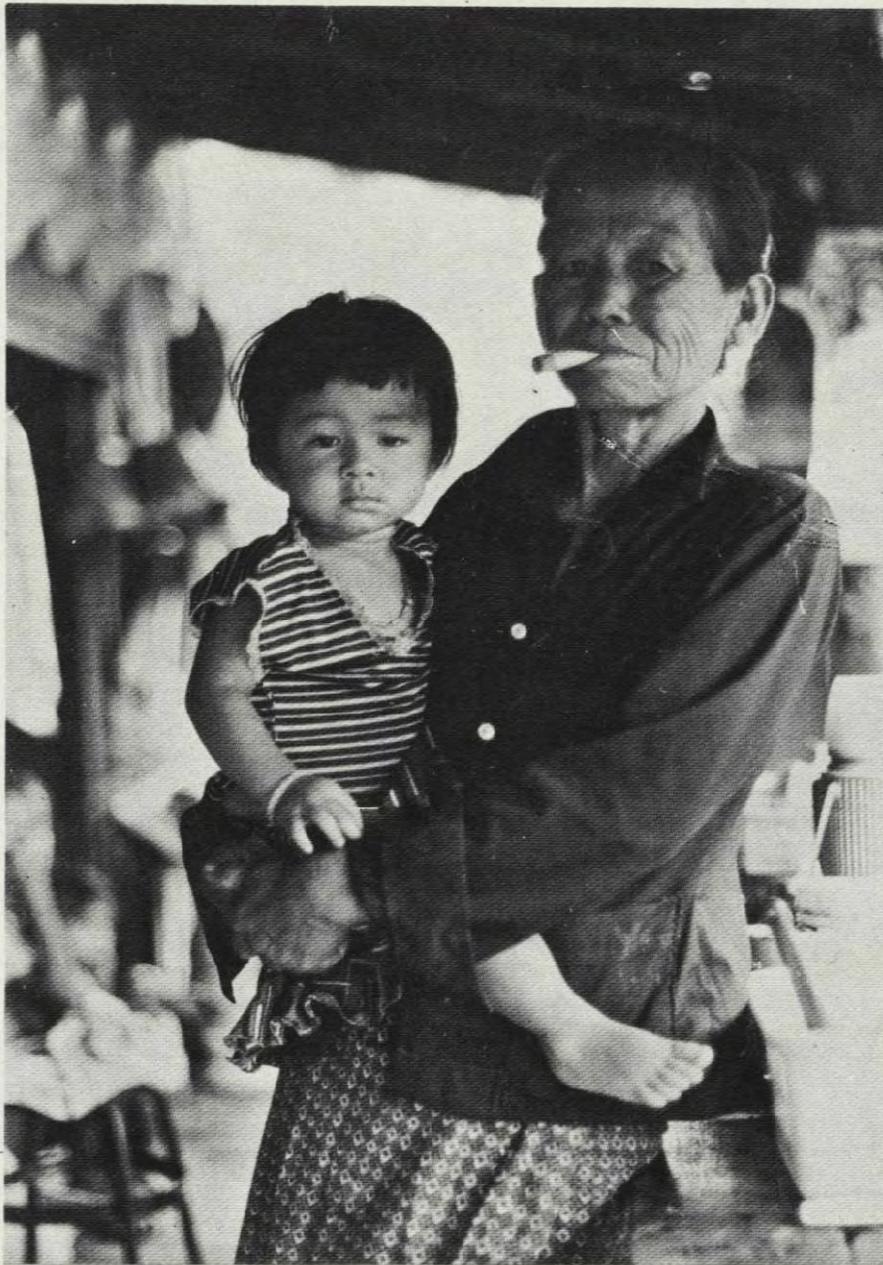
THE CURRENT UTILIZATION PATTERN OF HEALTH FACILITIES



FOR EVERY 100 VILLAGERS WHO BECOME ILL



Based on the National Survey (1970)
and Lampang Community Health Survey (1976)



...she has the choice of several types of modern health care facilities and providers, in addition to the traditional ones...

A PRIMARY HEALTH CARE APPROACH IN THAILAND: THE LAMPANG HEALTH DEVELOPMENT PROJECT

I. Evolution and Concept

Although the term *Primary Health Care* has recently become a fashionable international health expression, the basic concept is not new to Thailand. In 1960, the Ministry of Public Health mobilized its resources, and launched a successful nation-wide sanitation campaign. The "Village Health and Sanitation Project" was originally designed to reduce the high incidence of water and filth-borne infectious diseases. But the program accomplished more than merely constructing hundreds of thousands of latrines and sanitary wells throughout the nation. It helped stimulate community participation with the establishment of Village Sanitation Committees. Using local resources and initiative these committees set forth to attack the environmental sanitation problems in their community. It was also the first time many villagers had ever worked alongside government employees, and this cooperation laid the foundation for many of the community development projects which have subsequently been undertaken to improve conditions in the rural areas. Thailand's Ministry of Public Health has also successfully trained

traditional or "granny midwives" to use aseptic techniques to reduce the incidence of neonatal, perinatal, and maternal mortality. The Saraphi Project introduced the use of Village Health Volunteers. But many of these programs were of short duration, or limited in scope. In 1974 the Ministry of Public Health inaugurated the Lampang Health Development Project, a major undertaking to develop and test an innovative low-cost integrated government health care delivery system, which if successful could be replicated throughout the Kingdom. The Lampang Project is basically an effort to introduce changes and modify the existing provincial health care system, building on past experiences and tradition. The Lampang Project has been designed to confront the problems and inadequacies which have been briefly mentioned. They can be summarized as the following:

(a) **Limitation and Maldistribution of Resources: Manpower and Facilities**— One major shortcoming is that the current health care delivery system does not reach and serve the majority of rural inhabitants. Very few clinically trained

health workers are found below the district level in rural Thailand. In addition, only half of the nation's districts have a hospital, and less than half of the sub-districts have a health center.

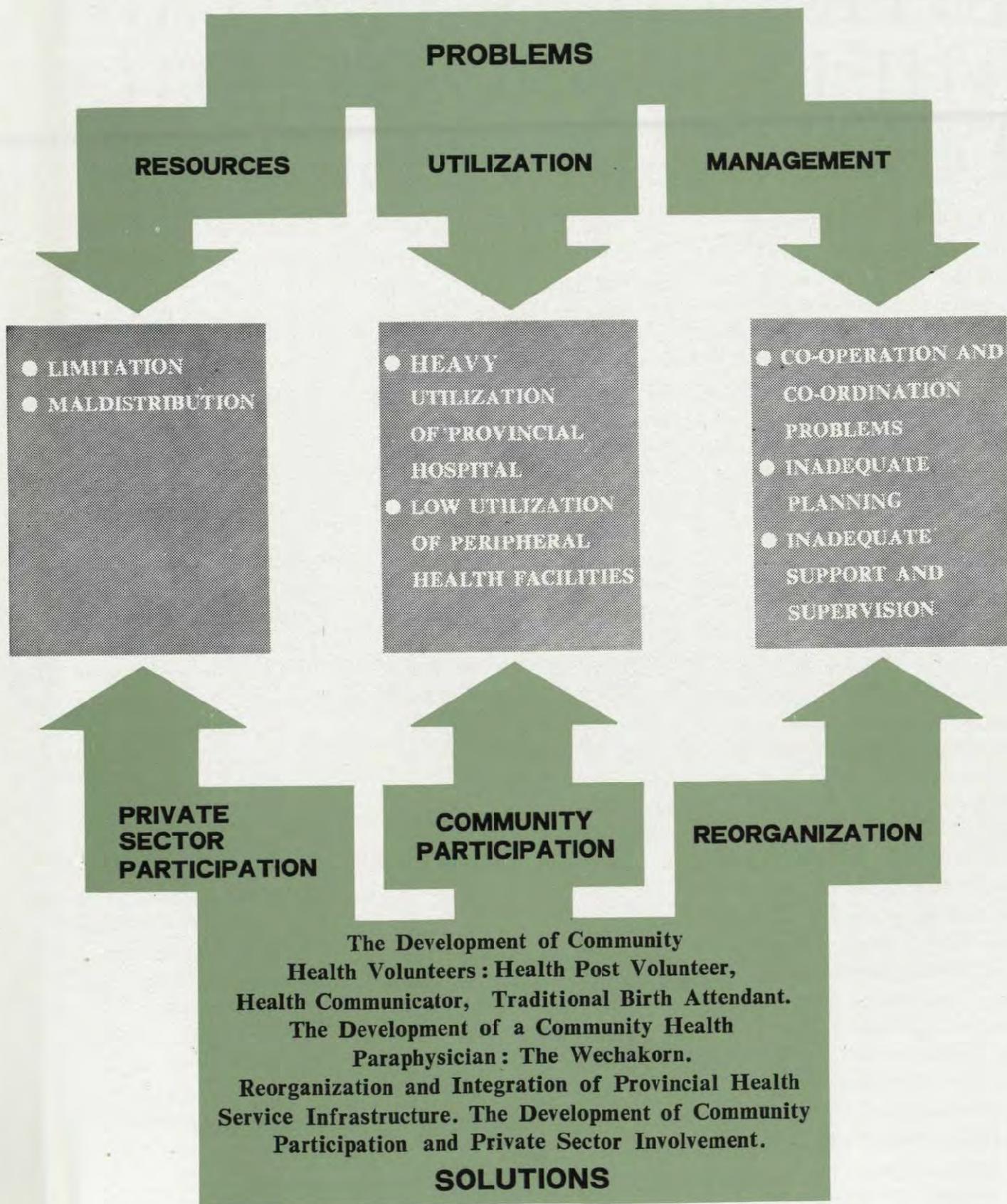
(b) **Utilization Patterns:** There is heavy utilization of provincial hospitals and low utilization of peripheral health facilities. The hospitals are crowded, which is in sharp contrast to many rural health centers. This phenomenon may result because peripheral health workers lack adequate medical care experience and thus have limited credibility with rural villagers.

(c) **Problems of Managing a Government Health Care System**— There are a number of management problems found in the government health care system. The major ones are:

- (1) Inadequate cooperation and coordination between the curative hospital services and the preventive/promotive rural health center services.
- (2) Inadequate planning of health activities and

LAMPANG PROJECT

ONE ANSWER TO THE PROBLEMS



inadequate assessment of peripheral health personnel performance.

- (3) Inadequate support and supervision of peripheral health workers.

II. Goal and Strategies of the Lampang Health Development Project

The overall objective of the Lampang Project is to expand health care coverage to at least two-thirds of the rural target population--women of child-bearing ages and pre-school children--during the five year lifetime of the project within resources available. To accomplish this goal, the Lampang Project has developed a series of innovative strategies:

- (A) Development of Community Health Volunteers
- (B) Involvement and cooperation of the community and private sector
- (C) Training and deployment of Wechakorn paraprofessionals
- (D) Reorganization and integration of the provincial health service infrastructure

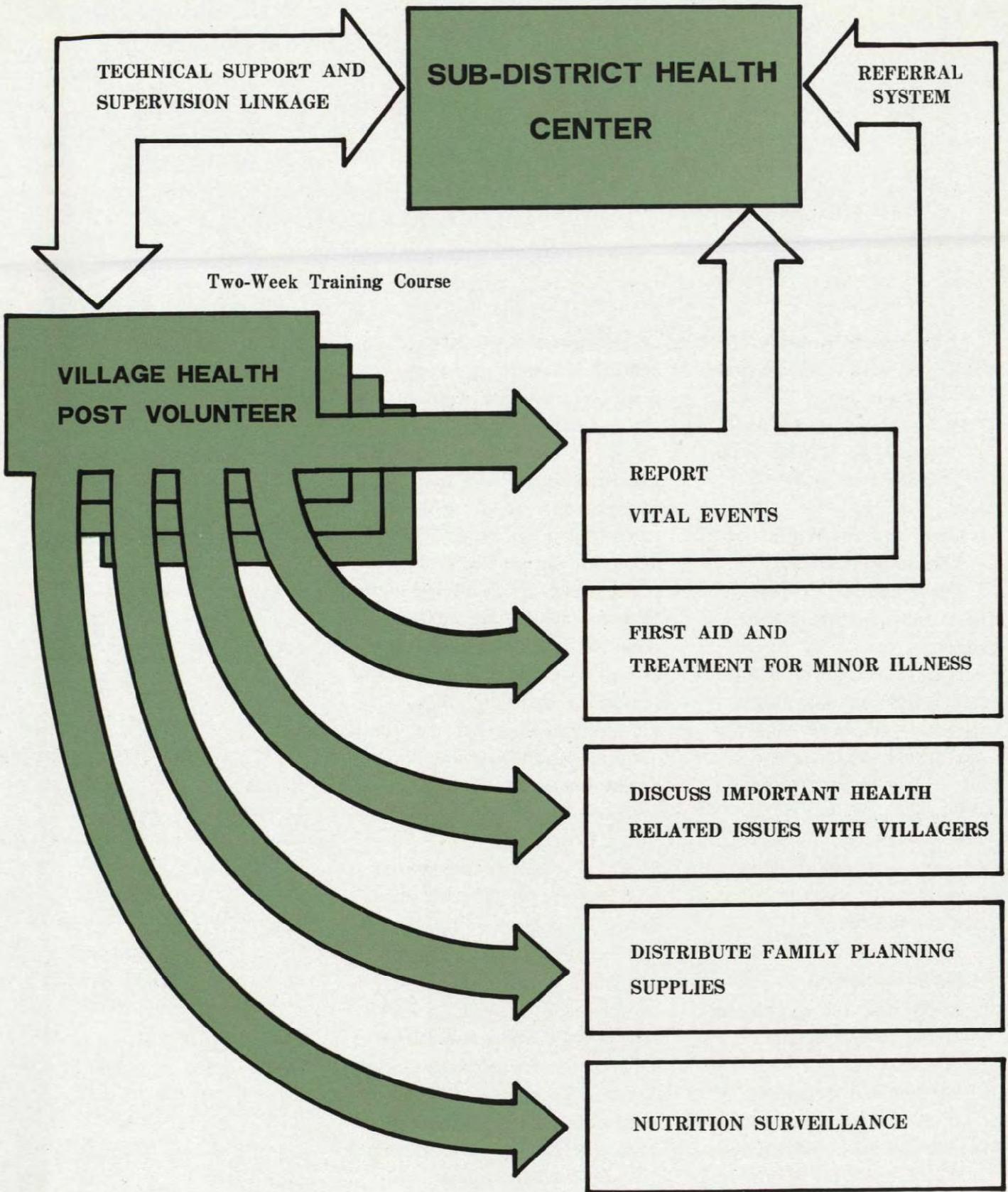
A. The Development of Community Health Volunteers

The training of a cadre of community health volunteers

clearly represents the greatest impetus for extending primary health care coverage to every village in the province. This strategy is based upon the notion that rural communities have a vast untapped resource of energy and talent, and given the proper incentives, are capable of limitless achievements. By mobilizing local resources, the Project hopes to stimulate community self-reliance, as well as utilize a more appropriate health technology, which is consistent with the values, traditions, and lifestyles of the people. Community health volunteers are chosen by Village Health Coordinating Committees. Since the volunteers are selected from the villages in which they live, there is no need to bridge any "social" or "communication" gap which so often exists between providers and recipients of health care services. Volunteers can serve as a source of comfort in times of illness, and encouragement in the introduction of new ideas that promote health. In addition, they will help establish a functional relationship between government health resources and rural communities, so that basic Primary Health Care services can be maintained on a continual basis.

The Lampang Project has established three distinct, but interrelated, categories of community health volunteers:

- (1) Health Post Volunteers (HPV)
- (2) Health Communicators (HC)
- (3) Traditional Birth Attendants (TBA)



(1) Health Post Volunteers

The health post volunteer is the key figure in the Village Primary Health Care Organization. He provides the crucial link between the Village Primary Health Care Organization and the peripheral units of the government health services at the sub-district (tambol) level. Each volunteer is selected by members of his community, and given a two-week training course, usually at a local school or temple. The training program is conducted by local health personnel, and other government officials, under the auspices of the Lampang Project Training Staff. The Health Post Volunteers are taught how to:

- (a) provide first aid
- (b) treat villagers for minor illnesses
- (c) discuss important health related issues with friends and neighbors
- (d) distribute family planning supplies (condoms and oral contraceptives) within their village
- (e) refer any serious illness, or one which does not respond to treatment, to a nearby health facility
- (f) report vital events (i.e., births, deaths, migrations) in

a new system for village level vital events monitoring, that is being tested for replication.

- (g) weigh children and nutrition follow-up

Upon completion of training, the HPV returns to his village and establishes a small area in his home which will serve as a consultation area when neighbors come for help. This consultation area usually has a bed where patients can rest while being examined by the HPV. It also has a small medicine cabinet to store simple non-prescription medicines which the HPV sells to his patients. Every day at least one sick villager comes to visit the volunteer. Some of the more successful volunteers may see as many as two hundred patients each month. The medicines provided by the HPV are sold as inexpensively as possible, but with an allowance for a small profit the only monetary incentive allocated to the volunteers. After treating the patient, the HPV enters a record of the contact in his daily log. This record assists the local health worker review whether the HPV

has given the proper treatment for the symptoms.

In addition, the log allows the health worker to know which health problems are most prevalent in the community, as well as which of the HPV's supplies must be replaced. By helping his neighbors in times of need, the HPV establishes his credibility which will facilitate the introduction of preventive and promotive health care in his community.

Two programs which currently utilize the services of the HPVs are those related to Family Planning and Nutrition Surveillance. The volunteers help extend family planning services to fellow villagers by discussing the advantages of small families, spacing, and the usefulness of sterilization for those individuals who have decided that they do not want any additional children. Initially, HPVs suggest that interested neighbors visit the nearest local health facility to discuss an appropriate family planning method; but HPVs are supplied with condoms and oral pills, and provide follow-up services for their community.

In October 1977, the Community Health Department of the Lampang Provincial Hospital, with assistance

**VILLAGE HEALTH POST
VOLUNTEER**

TRADITIONAL MIDWIFE

**RECOGNIZE
HEALTH
PROBLEMS
AND
REPORT**

**REPORT
VITAL
EVENTS**

**REFER
ILL
PERSONS,
PREGNANT WOMEN,
PEOPLE WHO DESIRE
FAMILY PLANNING
SERVICES**

**HEALTH COMMUNICATOR
(TWO-DAY TRAINING COURSE)**

COMMUNICATE

RESIDENTS OF TEN HOUSEHOLDS IN VILLAGE

from the Family Planning Division and the Lampang Project, began a rural Mobile Vasectomy Clinic program designed to supplement other family planning services.

In the first nine months of operation, more than eight hundred individuals have received a vasectomy. To a large extent, the success of this program can be directly attributed to the efforts of the HPVs. Before the mobile clinic actually arrives in their community, volunteers meet with local health workers and health communications personnel of the Lampang Project to promote this activity. The volunteers are informed about the advantages of this procedure, as well as the nature of the vasectomy operation so that they can go out into their communities and intelligently discuss the benefits of a vasectomy with their neighbors. This direct inter-personal communication between volunteers and friends and relatives, seems to be the most decisive form of motivation. The motivation activities of the volunteers have been so successful that a number of communities have already requested that the Mobile Vasectomy Clinic return to their areas.

The Nutrition Surveillance Program is also benefiting from the efforts

of the HPV. When the Lampang Project originally began its activities, it gave priority to family planning, maternal and child health, and nutrition. At that time, however, nutrition was not considered a severe problem because Lampang is not an area of extreme poverty. It was only after conducting a series of nutrition surveys that health officials appreciated the extent of this problem. In Hang Chat District, forty percent of the surveyed children demonstrated some nutritional deficiency. If this figure is applied to the entire province, approximately thirty thousand children in Lampang are undernourished. This is a staggering figure when one considers all the resources, especially manpower, needed to ameliorate such a problem.

Lampang Province's Child Nutrition Centers currently serve less than one thousand children at the sub-district or village level. But by utilizing the large corps of community health volunteers, the provincial health care delivery system is able to operate a nutrition surveillance program. Volunteers have gradually taken on greater responsibilities in this project. But to insure that they contribute to the nutritional

surveillance monitoring system, the provincial health organization has initiated a refresher education program. Local health workers meet with volunteers to discuss the nutritional problems in the communities. Volunteers are then trained to weigh all pre-school children in their village using a simple, accurate, and inexpensive market scale. The results of these examinations are subsequently recorded on a "Road to Health" type growth chart to determine the child's nutritional status; and with support from the local health workers, the volunteers follow the progress of any malnourished child. This is accomplished by helping distribute food supplements, as well as educating families to choose locally available nutritious foods for their children.

Although the nutritional surveillance program is still in its initial stage of development, the use of community health volunteers has not only increased the villagers' awareness of this problem, but, in addition, it has demonstrated that volunteers cooperating with government health workers are capable of establishing an effective nutritional surveillance program, using minimal outside resources.

(2) Health Communicators

The second category of volunteers are the Health Communicators (HC), who are basically collectors and disseminators of information in their village. They also initiate the flow of patients into the network of integrated health services. Health Communicators work directly under the supervision of the Health Post Volunteer. They are individuals whom community members have identified as "natural communicators" and who are liked and respected by the residents of the households they serve. Usually having less formal education than the HPV, the HC receives only two days of training.

Their task is to:

- (a) Recognize the health problems that are common in their areas and report to the Health Post Volunteer.
- (b) Report all vital events, births, deaths, migrations, in their neighborhood.
- (c) Refer any villager who becomes ill, or who is in need of preventive or promotive health services, to the HPV and Traditional Birth Attendant.
- (d) Help facilitate communication from and between villagers, HPVs, and health officials.

The main advantage of the HC is

that there are approximately seven to ten of these individuals in every village, or one communicator for every ten to fifteen households. Although generally less active than the HPV, their large numbers and attractive ratio to villagers in their immediate neighborhood insure that important health education messages are communicated to local residents. This can only result in an improved health status for rural communities. The HC has also become an important member of the mobile vasectomy clinic motivation team, for he is responsible for educating only a small number of neighbors whom he has probably known all his life.

TRADITIONAL BIRTH ATTENDANTS (GRANNY MIDWIVES)

TWO-WEEK TRAINING COURSE

PRE-NATAL
AND
POST-NATAL
CARE

NORMAL
DELIVERIES

CARE
FOR THE
NEWBORN

RECOGNIZE
COMPLICA-
TIONS
OF
PREGNANCY
AND
DELIVERY

FAMILY
PLANNING
MOTIVATION
AND
EDUCATION

REPORT
ALL
BIRTHS
AND
PRE-NATAL
DEATHS
TO

PREGNANT AND ELIGIBLE WOMEN IN THE VILLAGE

The Village Health Post Volunteer

(3) Traditional Birth Attendants

The third group of volunteers, the Traditional Birth Attendants (TBA) or "Granny Midwives", are generally elderly women who do most village deliveries. The incorporation of this type of individual into the Village Primary Health Care Organization is an example of another one of the Lampang Project's innovative strategies—the development of community and private sector involvement. The TBA is one type of traditional practitioner found in rural communities. But rural communities still continue to have a high incidence of infant and child mortality much of which could be avoided. Cultural taboos, ignorance, and lack of knowledge on the part of parents and traditional practitioners often result in needless death. TBAs have been invited to participate in a special government health service training session. Since the TBA generally assists her neighbors because she is genuinely concerned with serving her fellow villagers, she heartily accepts this training opportunity. The TBA is given a two-week training course at the Lampang Midwifery School, devoted to aseptic techniques and modern methods of normal

delivery, recognition of abnormal pregnancies for referral, personal hygiene, good child care practices, and nutrition for mother and child. Their primary function is to:

- (a) provide pre-natal and post-natal care
- (b) assist mothers in normal deliveries
- (c) provide care for the newborn child
- (d) recognize the complications of pregnancy and delivery and make necessary referrals to the nearby health facility
- (e) provide family planning motivation and education, as well as distribute pills and condoms
- (f) report all births and pre-natal deaths to the local Health Post Volunteer

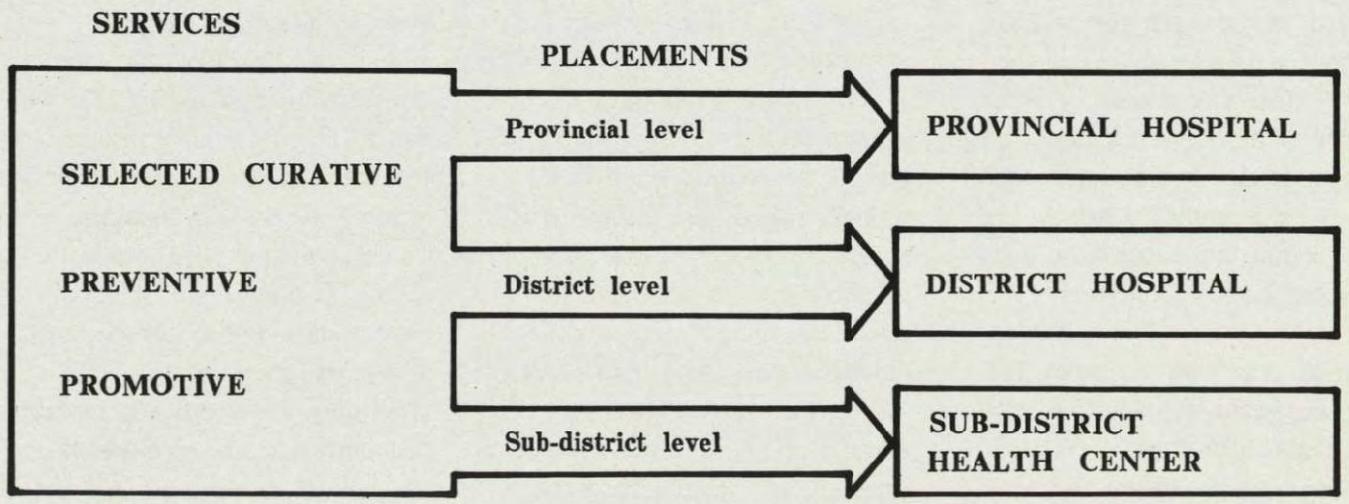
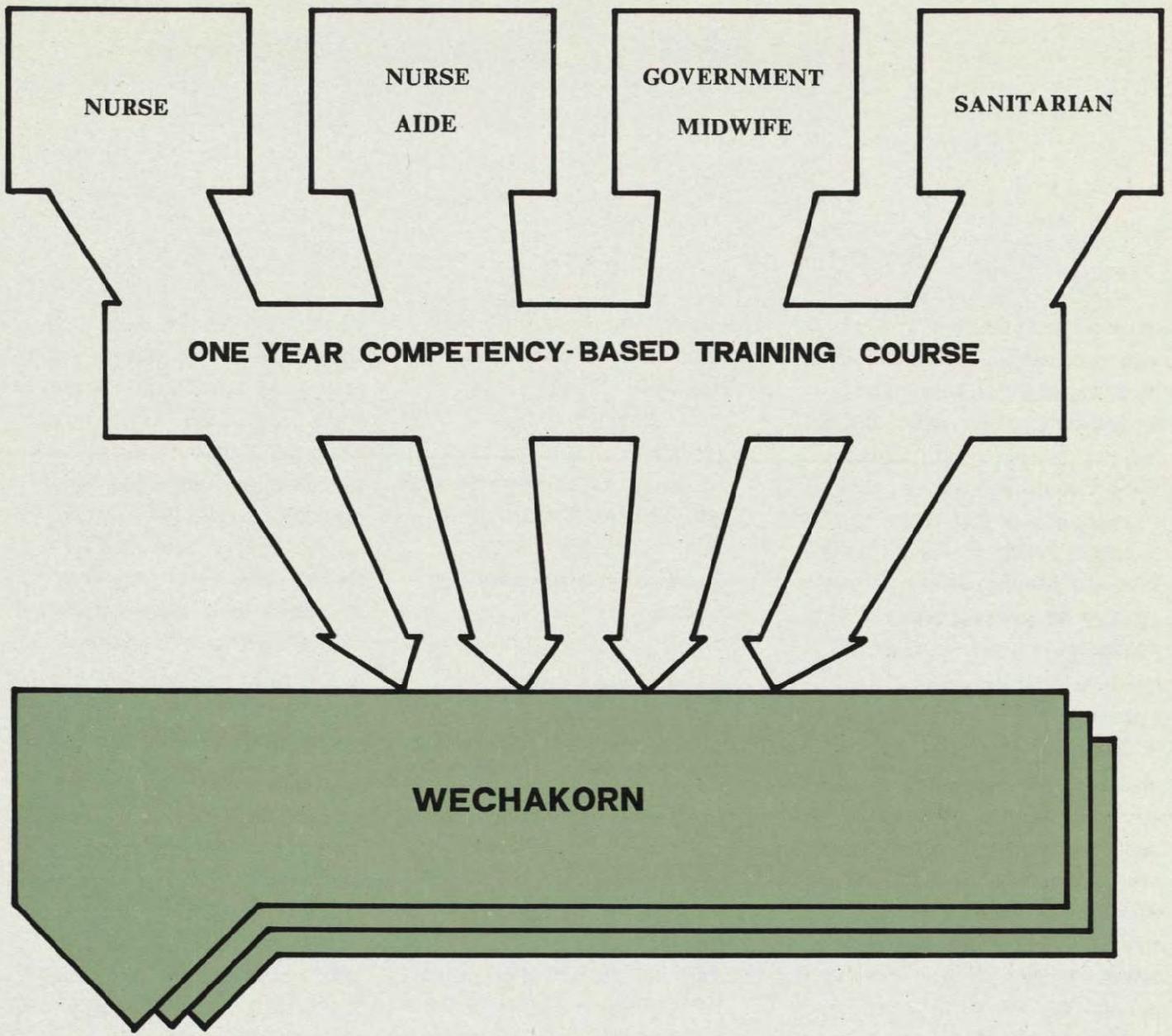
Although TBA activities are monitored by the Health Post Volunteer and the local village health committee, they are supervised on a regular basis by the government midwife at the nearby Midwifery Station, and the *Wechakorn*-community health paraphysician—from the sub-district health center.

By the time the Lampang Project completes its implementation in 1979,

there will be approximately five-hundred and fifty trained Health Post Volunteers, six-thousand trained Health Communicators, and three-hundred trained Traditional Birth Attendants operating throughout the province. This new cadre of primary health care volunteers, however, cannot be expected to operate in a vacuum. They need technical assistance, supervision, and encouragement from their community, local health workers at the nearby peripheral health facilities, and government officials at the provincial health office.

B. The Development of a Community Health Paraphysician: The *Wechakorn*

The under-utilization of government health facilities, and the maldistribution of highly trained medical personnel is a major constraining factor in the extension of basic health services to rural communities. Although it would be ideal to have physicians and nurses deployed throughout the rural regions, past experience has shown that these highly skilled individuals tend to congregate in the major urban centers. There are less than two thousand doctors outside the Bangkok metropolitan area. Since



most peripheral health workers lack adequate curative skills desired by villagers, rural government health facilities are under-utilized. To establish a Primary Health Care System, however, a major consideration is that there must be a health worker at the periphery who can handle medical problems referred by the community health volunteers.

An integral component of the Lampang Project is the training of a fourth type of worker—the *Wechakorn* or community health paraphysician. Most *Wechakorn* are deployed to the sub-district health centers to provide a broad range of competent clinical services at the most peripheral government health facilities. A small number are also placed at the district and provincial hospitals where they are utilized as screeners and primary medical service providers at the Out-Patient Department. The *Wechakorn* have been selected from existing health services personnel—nurses, government midwives, nurse aides, and sanitarians—and given an intensive one-year training program which prepares them to deal with the most common health problems, as well as to recognize those complex problems which require the

attention of the more qualified physician. The *Wechakorn* is trained to:

- (a) provide general clinical treatment for infections, wounds, and common diseases of the skin, respiratory, gastro-intestinal, and genitourinary system.
- (b) to carry out such preventive and promotive services as health education, immunization, environmental sanitation, family planning, and nutrition surveillance of all pre-school children in the sub-district.
- (c) refer any serious case to a physician at an appropriate health facility.
- (d) supervise the activities of the HPV, TBA, and sub-district health center staff, as well as assist Village Health Coordinating Committees in organizing local health activities.

During their competency-based training period, the trainees work in the hospital under the supervision of physicians, familiarizing themselves with family planning, obstetrics/gynecology, pediatrics, surgery, laboratory, and the emergency room. They also spend time in rural district hospitals

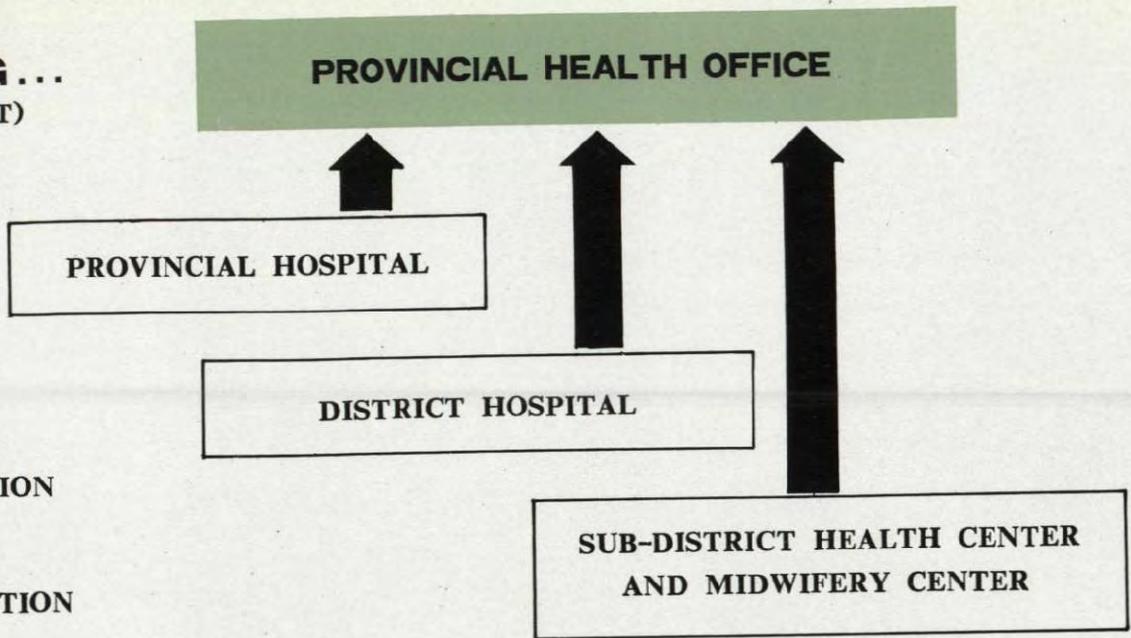
where they practice the various components of community health, as well as learn how to supervise community health volunteers and assist the Village Health Coordinating Committees, for the majority of their future work will revolve around these activities. By mid-July 1978, sixty-five *Wechakorn* have completed their training and have been assigned to the various government health facilities. By 1979, a total of ninety-two *Wechakorn* will be providing clinical services to the province's villagers, who, until the project was initiated in 1974, were served by only two physicians. Initial acceptance of these paraphysicians by villagers has been encouraging. Many rural health facilities have already demonstrated a two to three-fold increase in monthly patient attendance. Much of this success can be attributed to the fact that many *Wechakorn* have returned to the communities in which they had formerly worked as midwives and sanitarians, and were thus well known to and respected by local residents. But whereas the *Wechakorn* previously provided preventive and promotive services, they now are also capable of truly assisting villagers in times



Wechakorn at Work...

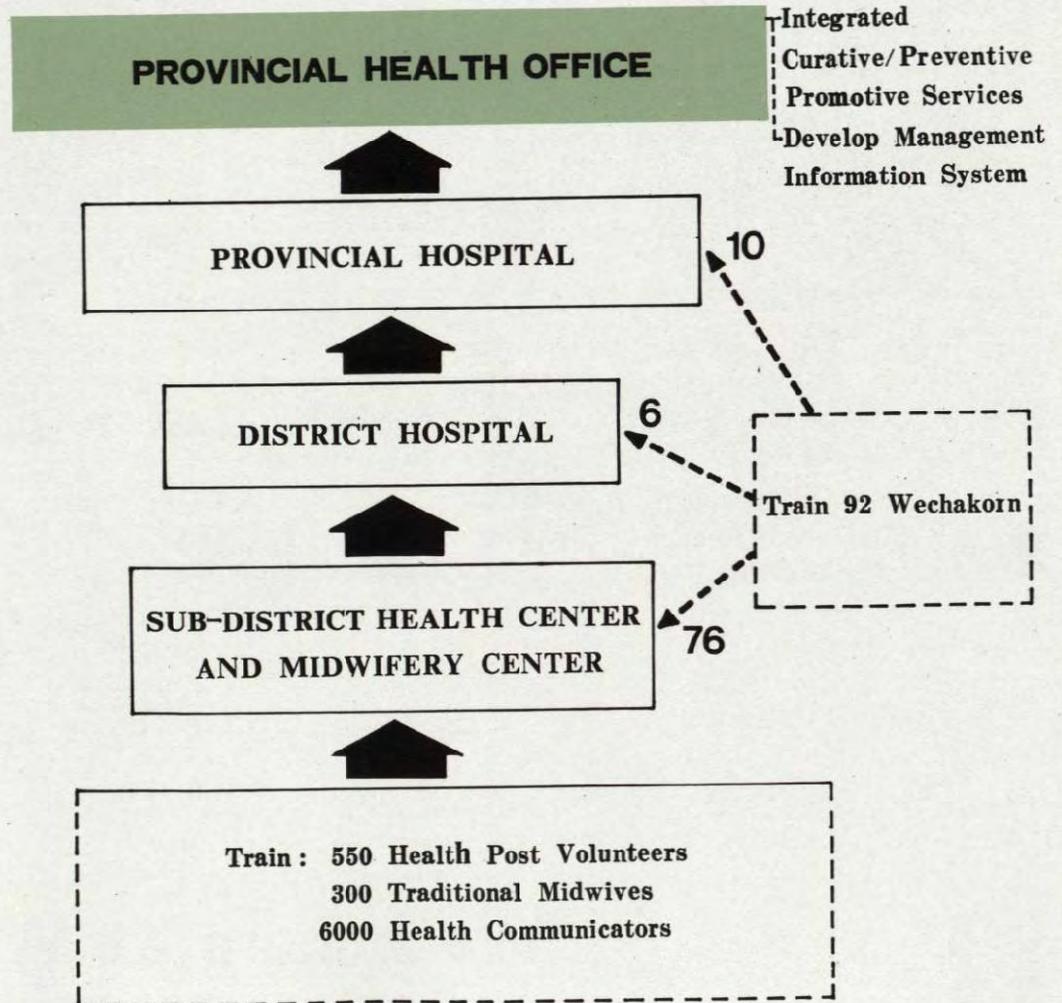
EXISTING ...
(PRE-PROJECT)

LACK OF
PROPER
CO-OPERATION
AND
CO-ORDINATION
LINKAGES



REORGANIZED ...
(POST-PROJECT)

TO
FACILTATE
CO-OPERATION
AND
CO-ORDINATION
LINKAGES



of illness and discomfort.

The *Wechakorn*, as the immediate supervisor of the HPVs, have also become more visible in the daily life of the rural community, enhancing their prestige with villagers. Many paraprofessionals try to confine their curative activities to the morning sessions at the sub-district health centers, and reserve afternoons for supervising and assisting the community health volunteers. *Wechakorn*, in addition, conduct special ante-natal and well-baby clinics at local Midwifery Sub-Centers providing continuing education and supervision for government midwives in an effort to extend a wide range of comprehensive maternal and child health services to mothers and pre-school children.

Wechakorn have recently become one of the central figures in the nutrition surveillance program. Working in conjunction with attendants at the Child Nutrition Centers and HPVs at the local "feeding stations", the paraprofessionals help monitor the nutritional status, as well as record the growth and development of all pre-school children in their sub-district. But *Wechakorn* cannot merely be trained and sent off to remote areas without adequate

supervision, and continual logistic support from government health service personnel. Without proper provision for this type of assistance, low morale and poor performance will gradually develop, to the detriment of the entire Primary Health Care System. In order to avoid this situation the Lampang Project has designed another innovative strategy—the *reorganization and integration of the provincial health service infrastructure*.

C. The Reorganization and Integration of The Provincial Health Service Infrastructure

Although the Ministry of Public Health has, in the past, nominally brought together the hospital and rural health services under one administrative unit (the Provincial Chief Medical Officer), an effective system of cooperation and coordination at the provincial level has yet to be fully developed. The project therefore endeavors to establish a closer alignment between the curative hospital services, and the preventive promotive services of the rural health facilities. This process is essential since the hospital is viewed as the nucleus of health care in the province providing

leadership in training, technical support, as well as service. As part of this reorganization design, a Department of Community Health—the nation's first department of this type in a provincial service hospital—was established to provide a link between the hospital and the rural health centers. This department has been given full responsibility for the hospital's new community health activities. Hospital services have now been extended to peripheral health centers through deployment of *Wechakorn*, mobile clinics, and scheduled rotations of hospital-based physicians. A *Patient Referral System*, between rural health centers, district hospitals, and the Provincial Hospital has been developed. Thus, a patient whose illness is beyond the capabilities of the local health worker can be immediately referred to a physician at either the district or provincial hospital. The referral system acts as an important continuing education mechanism for the referral form is returned to the rural health facility with the proper diagnosis and treatment, allowing the referring health worker to see whether his original diagnosis was correct. By bringing hospital-based health care providers out to rural

communities, they are able to develop a better frame of reference, or appreciation, of the health needs of rural inhabitants. They also familiarize themselves with the constraints under which their colleagues at the rural health facilities operate.

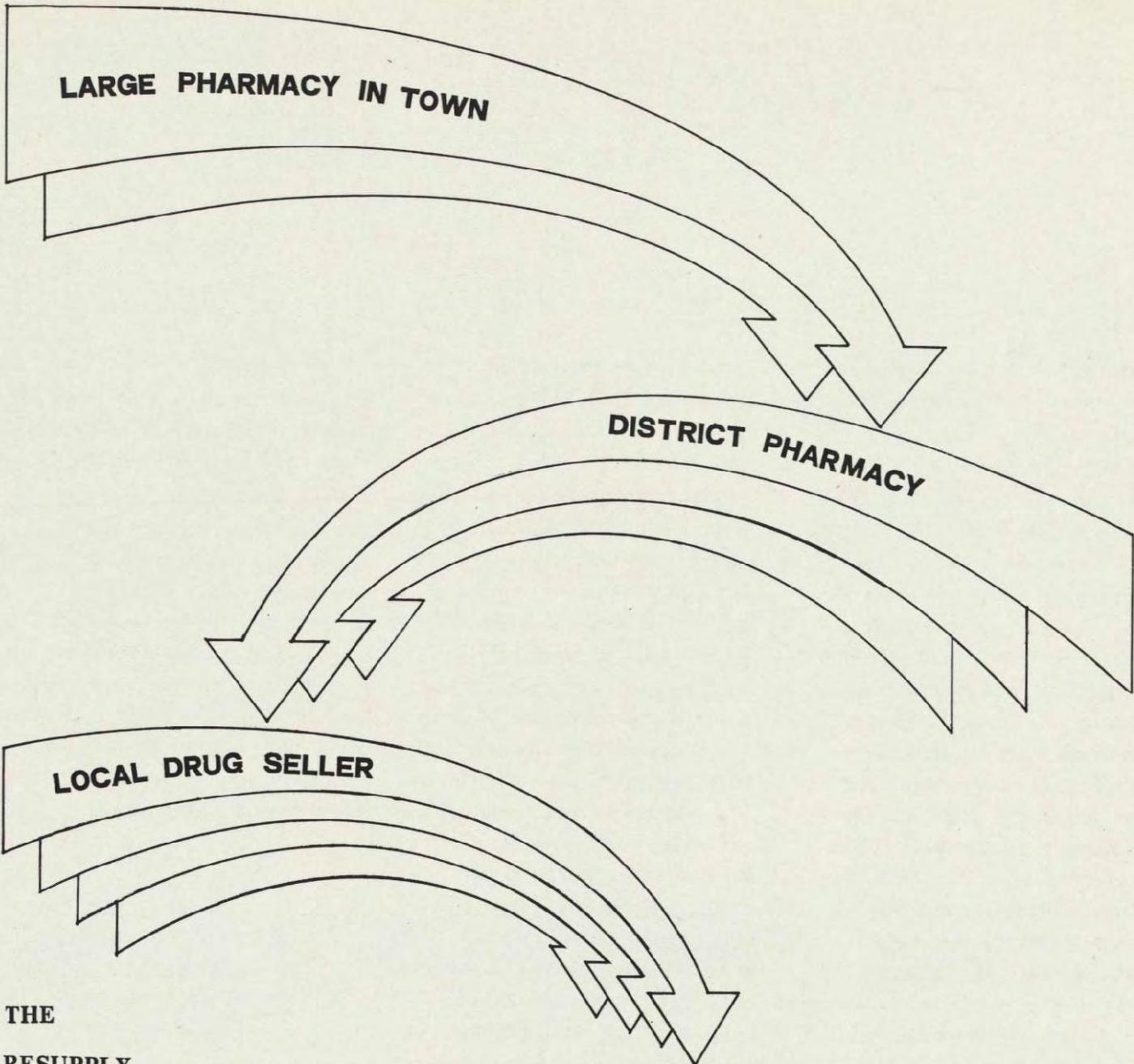
The Community Health Department's mobile health clinic program offers an excellent illustration of the potential for the hospital and rural health care infrastructure to integrate their activities. In October 1977, the Community Health Department established an on-going program of mobile health clinic visits to remote communities throughout Lampang Province. Although the vasectomy component of the mobile clinic is the spearhead for this campaign, the program is designed to bring comprehensive health services to rural communities. Continuing education is provided by the hospital physicians to all peripheral health personnel in the areas of both curative and preventive/promotive health services. *Wechakorn* examine patients under the guidance of physicians, and some have improved surgical skills by assisting physicians perform vasectomy operations. Logistical support is

improved, for the mobile health team bring various antibiotics, medications, supplementary food for malnourished children, and immunizations to the sub-district health centers. These sessions, in addition, provide peripheral health personnel an opportunity to discuss a wide range of local medical problems, since most "field supervisors" do not have enough clinical experience to offer this type of advice. The Community Health Department frequently travels to distant communities in the province. The trip may take more than two hours, but hundreds of villagers wait, patiently, for the mobile health team to arrive. Many villagers will have walked to the health center, others come by bicycle, or via pick-up trucks. It is not uncommon for the mobile clinic to serve more than five hundred patients during their two day session. At present more than ten-thousand villagers have taken advantage of the mobile clinic to receive some type of health service. Equally encouraging is the way in which the hospital-based team, the peripheral health workers, the community health volunteers, the village leaders (especially the village headman),

and the District Health Officer all work together in an united effort "to serve" rural residents.

D. DEVELOPMENT OF COMMUNITY AND PRIVATE SECTOR INVOLVEMENT

The development of community and private sector involvement is probably the most important approach of the Lampang Project. Without the active support and participation of the entire community, extension of basic health services is impossible. At Lampang, community support has been promoted by the formation of village and sub-district Health Coordinating Committees, generally composed of the influential members of the community. The committees have been established to participate in health planning and management decisions, as well as to select the community health volunteers. By establishing village health committees, the Lampang Project has endeavored to establish a creative partnership between government health service personnel and rural inhabitants so as to mobilize all local resources and promote community self-reliance. Many committee leaders have begun to take an active role in



THE
RESUPPLY
OF
HOUSEHOLD
MEDICINES
THROUGH
THE
PRIVATE
SECTOR
CHANNEL



organizing local health activities, as well as persuading neighbors to take advantage of appropriate services offered at nearby health facilities. These individuals are often visible at the mobile health clinic mingling with their friends; motivating mothers to bring their youngsters for immunizations; encouraging elderly villagers to have a physical examination; and perhaps counseling a family with many children to consider the benefits of the vasectomy service. But it has also been observed that the performance of village health volunteers can deteriorate, and community enthusiasm wane, if government support is not provided on a regular basis. Two serious obstacles to the establishment of a village level Primary Health Care System revolve around the lack of technical supervision, and the difficulties in providing adequate logistic support to the community health volunteers. At times, Health Post Volunteers must wait long intervals before they are resupplied with simple household medications. Without these supplies the volunteer is not able to provide his neighbors with assistance, in times of illness, and naturally loses his credibility in the community. In addition,

overworked government health workers are frequently unable to visit the rural communities to conduct supervisory, and advisory, sessions with volunteers and village health committees. Although these problems are common to many government agencies, community health volunteers, are in fact "volunteers" and cannot be expected to maintain high levels of morale or perform satisfactorily unless supported by the government health service. But at the same time precautions must be taken to insure that primary health care remains independent, and not absorbed by the government health service. Ideally, the incentives for supporting a system of primary health care should originate in the local communities, and not from the national government. The Lampang Project has attempted to alleviate this problem by enlisting support from the private sector. One group of individuals who have demonstrated a willingness to assist the Project are the local pharmacists. It has been estimated that in Lampang Province more than fifty percent of the people initially go to a druggist when they are ill. Druggists are popular because not only are they more accessible than

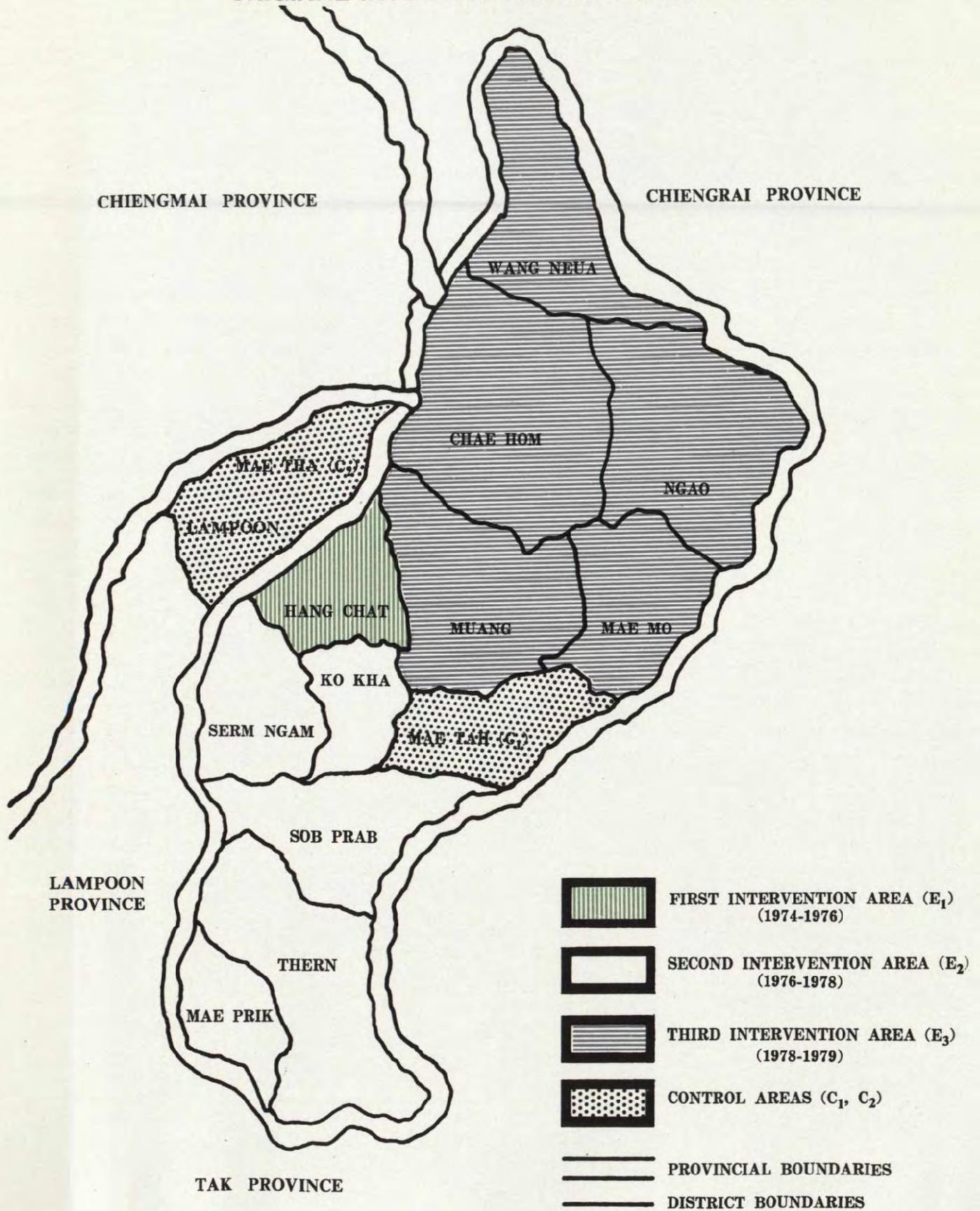
government health facilities, but, they also provide a wide range of modern medicines at a reasonable cost. The Lampang Project has recently incorporated their assistance by requesting that they—rather than the regular government supply channels—resupply the HPV with simple household medicines. Since there is generally a druggist within a reasonable distance from the HPV's home, the volunteer can now purchase simple medications before his stock is depleted.



**...available means of rural transportation
...the constraint of all supplies...**



ORIGINAL INTERVENTION SCHEDULE



-  FIRST INTERVENTION AREA (E₁)
(1974-1976)
-  SECOND INTERVENTION AREA (E₂)
(1976-1978)
-  THIRD INTERVENTION AREA (E₃)
(1978-1979)
-  CONTROL AREAS (C₁, C₂)
-  PROVINCIAL BOUNDARIES
-  DISTRICT BOUNDARIES

II. EVALUATION AND FUTURE APPROACH

The Lampang Project is now approaching its final year.

Originally designed as a pilot study to test the delivery of a low-cost health care system, the question remains, "How effective is this approach, and given the present resource constraints, are the essential features of this project feasible and desirable in other parts of Thailand?" To clearly assess the Project's achievements and impact, evaluation has been emphasized from the earliest planning discussions, to provide information concerning this new approach to rural health care delivery. The objectives of evaluation are:

- 1) To measure consumer accessibility to and acceptance of provincial health care services.
- 2) To assess the performance of health personnel, as well as, the costs associated with the operations and management of the health delivery system.
- 3) To measure the impact of services on the health status of the population, as indicated by changes, over time, of baseline indicators.
- 4) To assess the financial,

social, and administrative feasibility of replicating the key features of the new health delivery system on a nationwide basis.

The Project's study design was developed with three sequential experimental areas (E_1 , E_2 , E_3) where all project inputs were applied, as well as two control areas; one inside the province (C_1) and the other in the adjacent province of Lamphoon (C_2). The basic evaluation design thus consists of pre-project baseline measurements, application of project inputs, and post-project follow-up measurements. Beside the pre- and post-project assessment, routine monitoring has gone on continuously, enabling project managers to make decisions and adjustments without awaiting final evaluation results. Six special studies gather information which is fed into the planning and operational units, and which is also used by the Project's Division of Research and Evaluation.

Conclusion

The Lampang Project has evolved a partnership of Primary Health Care and integrated rural health services for rural residents of northern Thailand. By helping to

tap local resources, and encourage community self-reliance, it has created a spirit of optimism that will hopefully radiate to other aspects of rural development.

Health officials frequently speak of "improving the quality of life" for their people, but our experience in Lampang has shown that the lifestyle of our rural constituents is very worthwhile and fulfilling. If the rains arrive on schedule, and the harvest is successful, life will be pleasant for the coming year. The pace of life is slow, but the intimate social environment inspires warmth and security. There is an old Thai adage, "to be without illness is perfect fortune", which clearly demonstrates the importance villagers place on good health. The Lampang Project wishes to make this sentiment a reality, so that people can truly enjoy an enriched "quality of life."



...lifestyle of our rural constituents is very worthwhile and fulfilling.

**...If the rains arrive on schedule, and the harvest is successful,
life will be pleasant for the coming year...**



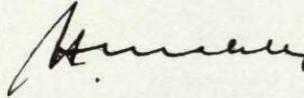


...to be without illness is perfect fortune...



Primary Health Care rests on four
fundamental concepts :

- 1 The community itself must take the principal role in health care activities.
- 2 Health is not a separate entity, but an integral part of national development.
- 3 Health care has to be equitably spread.
- 4 National resources are needed to support Primary Health Care.



DR HALFDAN MAHLER
Director-General of the World
Health Organization

*Readers interested in further information
about the Lampang Project should
contact the Project Director,
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Thailand.*

*The Royal Thai Government is conducting
the Lampang Health Development
Project with assistance from the
American Public Health Association
(APHA), the University of Hawaii
School of Public Health (UHSPH),
and the United States Agency for
International Development (USAID)*



Training of Community Health Workers ...





Community Health Workers at Work ...





...appearance of the famous 'Thai Smile' among children in a Child Nutrition Center...

PROJECT NUMBER:	PROCESS:	ACTION:	DATES:	INITIALS:
	CATALOGUE	✓ 105		
	ABSTRACT			
	FICHE	RAN DD		
	COMMENTS:			

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...a scene of Wat Phra That Lampang Luang in Lampang Province...



CONDUCTED BY THE MINISTRY OF PUBLIC HEALTH, ROYAL THAI GOVERNMENT THAILAND,
WITH ASSISTANCE FROM THE AMERICAN PUBLIC HEALTH ASSOCIATION,
THE UNIVERSITY OF HAWAII, AND THE UNITED STATES AGENCY
FOR INTERNATIONAL DEVELOPMENT

Printed in Thailand in 1978 by Amarin Press 413/29 Arunramarin Rd., Bangkoknoi, Bangkok

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