

CHAPTER 2

PROJECT DESCRIPTION

2.1 Rationale

In Thailand, since there had been determination of public health development objectives aiming for Health for All by the year 2000, the Ministry of Public Health has adopted primary health care strategies with an attempt to promote people's involvement in self-caring. The project supports were given by the Ministry such as providing knowledge, information, education and training in order to build public health self-reliance for the people. In addition, there was operation of various projects to build up strength for communities, as it is believed that a strong organisation is a key mechanism for sustainable development of people's health and people's quality of life.

In 1993, the analysis of operation circumstances of primary health care works conducted by the Ministry of Public Health found that several existing projects were separately solving only certain problems and could not be seen altogether as a unity for the whole country. The problems then could not be solved systematically. The Ministry of Public Health then established a rapid public health development project using primary health care strategies to achieve Health for All. Several action plans and strategies as well as evaluation system were established. In addition, three groups of measurement criteria were imposed as follows: Group 1 was community ability to obtain health basic minimum needs, Group 2 was community ability to have public health self-reliance, and Group 3 was people's health insurance and access to all

public health services. The Ministry of Public Health employed the 3 measurement criteria in assessment of the 'Health for All' project outcome at village/community, Tambon, district and provincial levels during 1993-1998. However, there were weaknesses in some items of measurement criteria Group 2 adopted in evaluation of the community public health self-reliance due to their unsuitability with the current situations.

The 8th National Social and Economics Development Plan (1997-2001) imposed people as the center for development, aiming for warmth in a family and building strength in a community. These goals correspond to the goals of primary health care operation of the country. In 1999, to demonstrate development potential and people's public health self-reliance, the Office of the Primary Health Care, the Ministry of Public Health, which is responsible for building up strength for communities, developed the measurement criteria to measure public health self-reliance of communities. The application of the measurement criteria was promoted for assessment and development of community public health self-reliance in every province from the 2000 financial year onwards.

There was some changes in the model of the measurement criteria for potential evaluation of community public health self-reliance. The emphasis was on qualitative evaluation of the measurement criteria rather than on quantitative evaluation of activities as in the previous model. In the past, it was found that the assessment model focused on quantitative evaluation of activities, while monitoring and assessment process was conducted by governmental officials by only providing accreditation to the activities that passed the criteria. There was no participation of the community in

evaluation process or learning of self-development process by the community. This leads to discontinuity and instability of the community development project for Health for All. To solve the problems occurred, there is a need to adjust the evaluation methodology by allowing participation of the community in the process of evaluation and continuous development of the evaluation outcome. This provides advantages to both self-reliance potential development and sustainable achievement of Health for All in the community. The year 2000 was the first year of the new model of the community public health self-reliance measurement criteria. To study an appropriate model for potential evaluation and development of community public health self-reliance, it is considerably suitable to implement the pilot project of “potential evaluation and development of community public health self-reliance” as a case study at Ban Nonglub, Moo 2, Napho Tambon, Muang District, Roi-Et Province.

2.2 Goals and Objectives

2.2.1 Goals

The goal of this project was to study the model of potential assessment and development of community public health self-reliance. The pilot project was implemented in one village. The outcome of this project will be valuable to improvement of methodologies for potential assessment and development of community public health self-reliance in other villages and communities of the Province in the future.

2.2.2 General objective

To study the model for potential assessment and development of community public health self-reliance

2.2.3 Specific objectives

2.2.3.1 To promote participation of the community in assessment process and in development of public health self-reliance within the community

2.2.3.2 To examine the application model of the outcome data, from evaluation process by the public health self-reliance measurement criteria, in community health development.

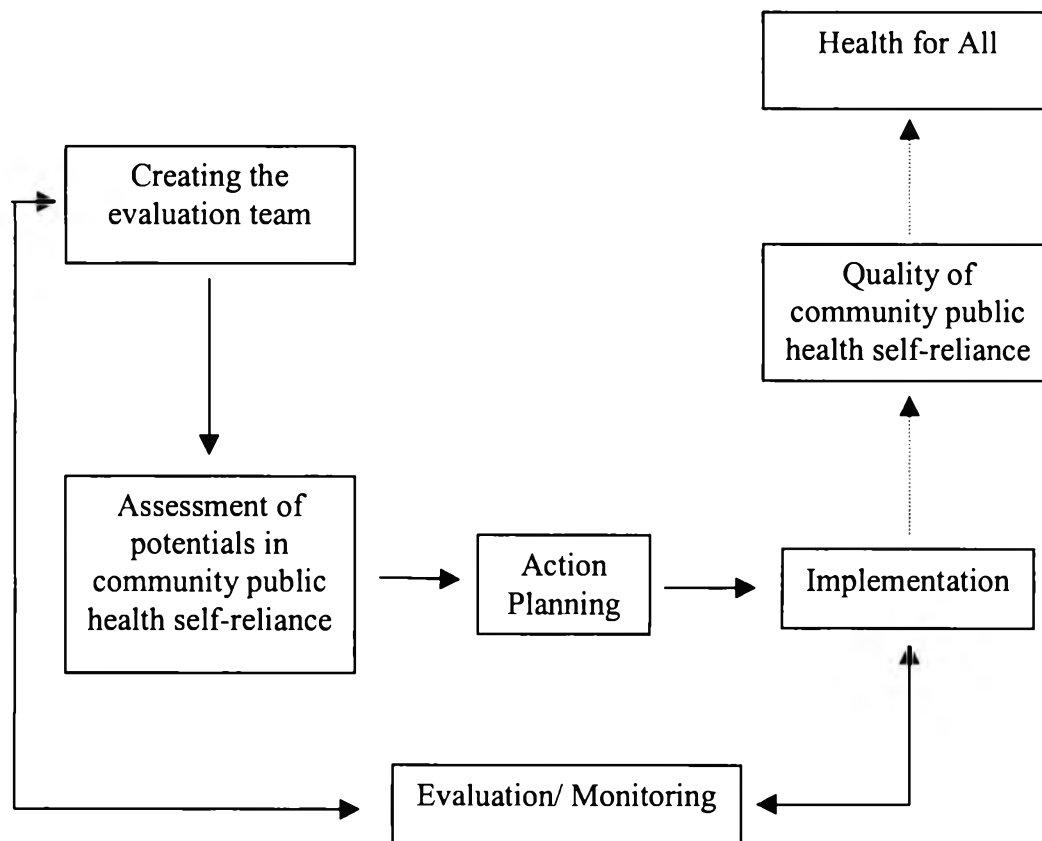
2.3 Approaches, methods, and/ or techniques

2.3.1 Methods

The operational model employed in this project was modified from the model of Participatory Monitoring and Evaluation by using of evaluation outcomes for continuous improvement and development process. Participatory Monitoring and Evaluation is an assessment process that promotes involvement of related parties not only in reviewing of project activities, but also in problem investigation and solving, and in outcome monitoring in order to learn from the evaluation process. In the Participatory Monitoring and Evaluation process, responsible groups normally imposed their own measurement criteria and developed their own work procedure and guidelines for their problem investigation and solving process.

The operational procedure of this project was based on the Participatory Monitoring and Evaluation model as shown in Figure 2.1.

Figure 2.1 A framework for potential assessment and development of community public health self-reliance



2.3.1.1 Step 1: Formation of the evaluation team

The purposes of this step were to prepare the evaluation team in terms of information and to establish the Director Board for Potential Evaluation and Development of Community Public Health Self-reliance. The activities of this phase included:

1. ***Liaison with organisations and groups of people who involved in public health development of the community to participate in the evaluation team.*** Those related parties included the village leader, the assistant village leader, the village committees, the leader of the Housewives Groups , the leader of the Youth

Groups , the leader of the Village civil-society , members of the Tambon Administrative Organisation, Village Health Volunteers, public health officers responsible for the village area, Community Development Workers , Tambon agriculturists, teachers who resided in the village, and the official head of the Tambon Administrative organisation. Those various groups of people were selected to form the evaluation team because development of public health self-reliance required integrated development along with other connected areas that also influenced one another such as economics, education, social, cultural and environmental. In addition, development of public health self-reliance required preparation of village leaders, governmental officials, and the local organisations in terms of understanding the meaning and methodologies of the evaluation instruments, including appropriate practice for the community development in the right direction.

2. ***A one-day information meeting of the evaluation team:*** The meeting was conducted to inform the evaluation team of the project plans including the project's goals, scope, evaluation instruments, procedure, time and duration, resource requirements, information sources, and analysis and interpretation of the evaluation data. This step required one day.
3. ***Establishment of the Director Board for Potential Assessment and Development of Community Public Health Self-reliance:*** After the evaluation team had been informed of the project plans by mean of information meeting, the entire evaluation team analysed and established a structure for the Director Board and appointed persons from the evaluation team to function in each position of the Board. The Director Board's structure and appointment would correspond to the

existing roles of people and organisations in the community. Functions of the Director Board were to monitor and support the operation of the project.

2.3.1.2 Step 2: Potential assessment of community public health self-reliance.

The purpose of this step was for the evaluation team to gain knowledge and understanding of current village circumstances, and able to identify potential levels of community public health self-reliance, correctly and close to the actual levels. The evaluation instruments used were: 1) Lists of question topics for reviewing of village circumstances. The questionnaires were produced to cover and correspond to the content of the questionnaires for evaluation of self-reliance potential. There were 5 sets of questionnaires corresponding to the groups of the self-reliance potential measurement criteria. The lists of questionnaires would help the evaluation team members to recall and review data and current situations of the village. This enabled them to see any connection of the data and situations leading to discussion and sharing of ideas as well as brainstorming to finding conclusion. The process helped the evaluation team to identify public health self-reliance potential levels of the community easily and close to the actual level. 2) Questionnaires for evaluation of community public health self-reliance potential, which were developed by the Office of the Primary Health Care , the Ministry of Public Health in 1999 (see Appendix A).

The procedure of this step comprised of 2 minor steps as follows:

1. *Reviewing of village circumstances and identifying potential levels of community public health self-reliance.* The evaluation team members were divided into 5 sub-groups equal to the number of the self-reliance potential measurement criteria. Each group was responsible for each individual set of the measurement criteria. The leader of each group was from the head of the evaluation and development

team who was previously appointed for each set of the self-reliance potential measurement criteria according to the structure of the Director Board mentioned in Item 3 of Section 2.3.1.1. Each group members were recruited by mixing equivalent numbers of people from different roles in the community. The assignments of each group were to review village circumstances according to the lists of question topics and to identify potential levels of community public health self-reliance according to the questionnaires for evaluation of self-reliance potential.

2. *Conclusion on potential levels of community public health self-reliance:* Each sub-group organised a group meeting to brainstorm ideas about reviewing of village circumstances and identifying potential levels of community public health self-reliance as parts of their individual assignments. Then each group was to combine into the original evaluation team with the Head of the Director Board being the Chairman in the meeting. Assignments of the group were to listen to a work presentation of each sub-group, discuss, and possibly question prior to voting for agreement on the potential levels of the community public health self-reliance, individually, for every set of the measurement criteria.

2.3.1.3 Step 3: Establishment of the action plan for potential development of community public health self-reliance.

The purpose of this step was for the evaluation team to determine development goals, to summarise the weak points obtained from the assessment process, to analyse and propose the means for resolution and improvement, and to establish the implementation plan for potential development of community public health self-reliance. The details of this step are as follows:

1). *Finding means for problem solving and potential development of the community:*

The evaluation team members were divided into 5 sub-groups as in Section 2.3.1.2.

The assignments of each group were determining of development goals, summarising the weak points and seeking the means for resolution and improvement for the allocated set of the self-reliance measurement criteria.

2). *Establishment of the action plan for potential development of community public health self-reliance:*

The entire evaluation team was to analyse the data on development goals, to summarise the weak points and means for resolution and improvement presented by each sub-group. All data were integrated and used to establish project activities as parts of the implementation plan for the village.

2.3.1.4 Step 4: Implementation of the action plan for potential development of community public health self-reliance.

The objective of this step was for the evaluation team to implement the action plan established previously and to monitor the implementation outcome. The operational details are as follows:

1). *Implementation of the action plan:* The overall evaluation team analysed and allocated responsibilities for each activity and each project plan to an individual or to a group for implementation or liaison with related parties. There was 8-month duration for implementation during May-December 2000.

2). *Evaluation of the implementation outcome:* On completion of the implementation phase, the evaluation team summarised the outcome of the implementation process and reevaluated the potential level of the community public health self-reliance as well as compared the results from before and after the implementation step.

2.3.2 Target area for implementation of the project

Since this project was a pilot project for potential evaluation and development of community public health self-reliance, the outcome of this project will be beneficial to development of a model for evaluation of community self-reliance at provincial level in the future. The target area for implementation of this project was within 1 village at Ban Nonglup, Moo 2, Napho Tambon, Muang District, Roi-Et Province. The village was a medium-sized village with 127 households and 527 populations divided into 260 males and 267 females. The majority of the populations were Buddhist and rice farming was their main occupation. The average family income was 25,000 Baht per annum. The village was assessed using the criteria of the 'Health for All' measurements during 1993-1998.

2.4 Activity plan with timetable

The project duration was during March-December 2000. The detail of the project schedule is shown in Table 2.1

Table 2.1 Activity plan with time table

Activity Plan	2000									
	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
1. Formation of evaluation team	■	■								
2. Identification of self-reliance potential levels		■								
3. Establishment of development plans		■								
4. Implementation of the development plans			■	■	■	■	■	■	■	■
5. Evaluation of the project	■	■	■	■	■	■	■	■	■	■
6. Conclusion and presentation of the project outcome.			■							■

2.5 Potential problems, conflicts, and possible means for resolution

Since development of community public health self-reliance required integrated development of other areas such as economics, education, social, cultural, environmental and so on, which are linked together and all play important roles in building up a community strength, the outcome of phase 4 of this project, which was the implementation of the action plan to solve problems and to develop community public health self-reliance, may not demonstrate a complete success within the given time frame of the study project. However, the outcome of the overall project evaluation would help to prepare both the community and the responsible officials from various levels to understand meaning and work procedure of the evaluation instruments including practice for community development in the right direction. Moreover, it produced participatory learning process between the community members and the governmental officials. Continuous assessment and self-development of the community will strengthen its potential level in public health self-reliance as well as its structure as a whole.