

PROCESS EVALUATION OF IMPLEMENTATION
IN ACCORANCE WITH THE MODEL FOR DIABETES MELLITUS
PREVENTION AND CONTROL IN YASOTHON PROVINCE

Prachumporn Kaweeorn

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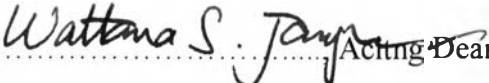
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By : Prachumporn Kaweeorn


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Thesis Advisor : Assistant Professor Sathirakorn Pongpanich, M.A., Ph.D.

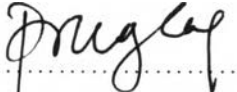
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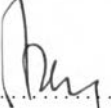

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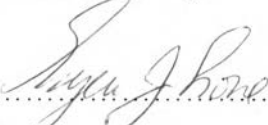
THESIS COMMITTEE


....., Chairman
(Associate Professor Wattana S. Janjaroen, Ph.D.)


....., Thesis Advisor
(Assistant Professor Sathirakorn Pongpanich, M.A., Ph.D.)


....., Thesis Co-Advisor
(Prakai Wiboonwipa, M.D., M.Sc.)


....., Member
(Marc Van der Putten, M.P.H)


....., Member
(Edgar J. Love, M.D., Ph.D.)

Abstract

The purpose of this study was to evaluate the process of implementation in accordance with the model for diabetes mellitus (DM) prevention and control in Yasothon province. The system theory was used for conceptual framework; focussing especially on the process of implementation and comparison with this model. The DM patients service system consisted of 1) Screening system in the villages and treatment system in the hospitals and health centers and 2) Support system namely; drug supply and medical equipment service, development of health personnel and VHVs potential, development of DM information system, and supervision. Besides, this research studied problems and obstacles from implementation

This research was qualitative research. Data collection used in-depth techniques for responsible persons in the hospitals, district health offices and health centers; this group consisted of 25 persons and focus group discussion technique was used for the village health volunteers (VHVs); these consisted of six groups in Korwang, Kudchum and Loengnokta districts. Triangulation was used to check for validity and reliability of data. The qualitative data was used for content analysis and the quantitative data was used for descriptive statistical analysis namely, frequency and percentage. The results of the evaluation were as follows:

1. DM Service System

1.1 It was found that the screening system in the village covered every activity and the following up of the urine abnormal group was relevant to the flow chart of this model except health education was not clear. Besides, the target

determination and the public relations for target group preparation weren't specific to them. So it might affect the screening and not find the real target group.

1.2 It was found that the treatment system in the health centers and the hospitals covered every activity, but the health center level personnel in every tambon couldn't perform according to referral criteria from the health center to the hospital. The main causes were that the DM patients didn't assent to be treated at the hospital and some of the responsible persons in the health centers couldn't remember these criteria. And the DM patient referral from the hospital to health centers in one district wasn't under the same criteria because there were managerial problems in that district.

2. Support system

It was found that every support system activity followed provincial directions except the development of DM information system, which could not be calculated and checked about data reiteration.

The main problems from implementation were management and DM patient referral. The researcher suggested the related health personnel revised the model clearly and adapt to different conditions, especially the responsible persons and consider the policy of working. The agencies of Yasothon Provincial Health Office have had to proceed according the new model since December 2000.

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Abbreviation

| | | |
|-------|---|---|
| DM | = | Diabetes Mellitus |
| NIDDM | = | Non-Insulin-Dependent-Diabetes Mellitus |
| FBS | = | Fasting Blood Sugar |
| HT | = | Hypertension |
| NCD | = | Non-Communicable Disease |
| OPD | = | Out Patient Department |
| CPHCC | = | Community Primary Health Care Center |
| DLHCC | = | District Level Health Coordinated Committee |
| PCMO | = | Provincial Chief Medical Officer |
| VHVs | = | Village Health Volunteers |
| ANC | = | Ante Natal Care |
| Bid | = | Bis in die (Twice a day) |
