CHAPTER I

INTRODUCTION

1.1 Background and Significance

Economics, social and political changes have a significant effect on the health system. If the health system is strengthened, other systems will, consequently, become stronger because the health system is the key component. The Ministry of Public Health takes on an assignment as the primary force/player to promote health care which focuses at health promotion rather than providing treatments. The definition of "Health" is a balanced condition of physical, mental, social and spiritual aspects which are integrated and inter-connected. (Prawase Wasi ,1996).

The Ninth Social and Economic Development Plan obviously places a strong emphasis on health development, aiming at capacity building of individuals, families, communities and societies in health care provision. This allows learning opportunities and encourages their participation in the establishment and management of the health system through a combination of the "Sufficient Economics" concept and philosophy initiated by His Majesty the King and the "Human Being is the Center of Development" concept; both of which intend to promote self-reliance for health care among Thais.

The self-reliance in health care has drawn attention to and been regarded as crucial to include people's participation in the strategy in solving health problems. As a result, Thailand has applied and implemented primary health care to tackle the health problems at the community level which supports participation of the local population in caring for themselves, their neighbors and their community. (Paungpetch Cherdchanpipat & Varunsiri Arayawong, 2000).

The health care participatory strategy for individuals, their neighbors and their community was mentioned since the Fourth National Public Health Plan. It applied primary health care to draw in people's participation and commenced with a recruitment of two positions; Public Health Reporters (PHR) and Public Health Volunteer (PHV). Later, the Public Health Reporters were trained to be Public Health Volunteers and each of them was required to take care of the local population in 8-15 households. However, it was not possible for the volunteers to provide health care services to all of the households.

Recognizing the limitations of health volunteers, MOPH in its 8th Public Health Service Development plan encourages more participation from the community to take care of themselves and their families. The plan requires 85% of all villages/communities to train at least one member in the family to understand and be able to provide basic treatment to their family members. These skilled people are called "Family Health Leaders" (FHL). (Ministry of Public Health, 1999).

The selection of the family health leader in each community must be in compliance with the lifestyle of the Thai family which one or more family members are in charge of taking health care for other family members. The Ministry of Public Health has implemented strategies by organizing health care training for Family Health Leaders. The training would yield good results for individual, family and community health care as a whole because it is firmly believed that the family health leaders could be agents to influence health behavioral changes of neighbors in the community (Phensri Pliankham, 2000).

The objectives of the family health leader project were to develop their capacity in terms of knowledge and skills in providing health care services for themselves and family members so that they have proper health behavior. And when there is any illness in the family, the family health leader can provide basic health treatment and send the patient to the health service facilities in time. Moreover, the family health leaders are recognized as local resources who can make contributions to community development especially in terms of public health. So, this family health leader project was supported for full implementation to cover all households and hopes to cover all areas within 5 years (Theerasak Makkun et al., 1999).

The Provincial Health Office of Trang has implemented the family health leader development project since 1997 by first organizing a meeting to introduce and explain the operational plans to concerned people responsible for primary health care at the district level and develop the tentative scope of the project as presented in Appendix 1. Main points of the operational plan are summarized in figure 1.1.

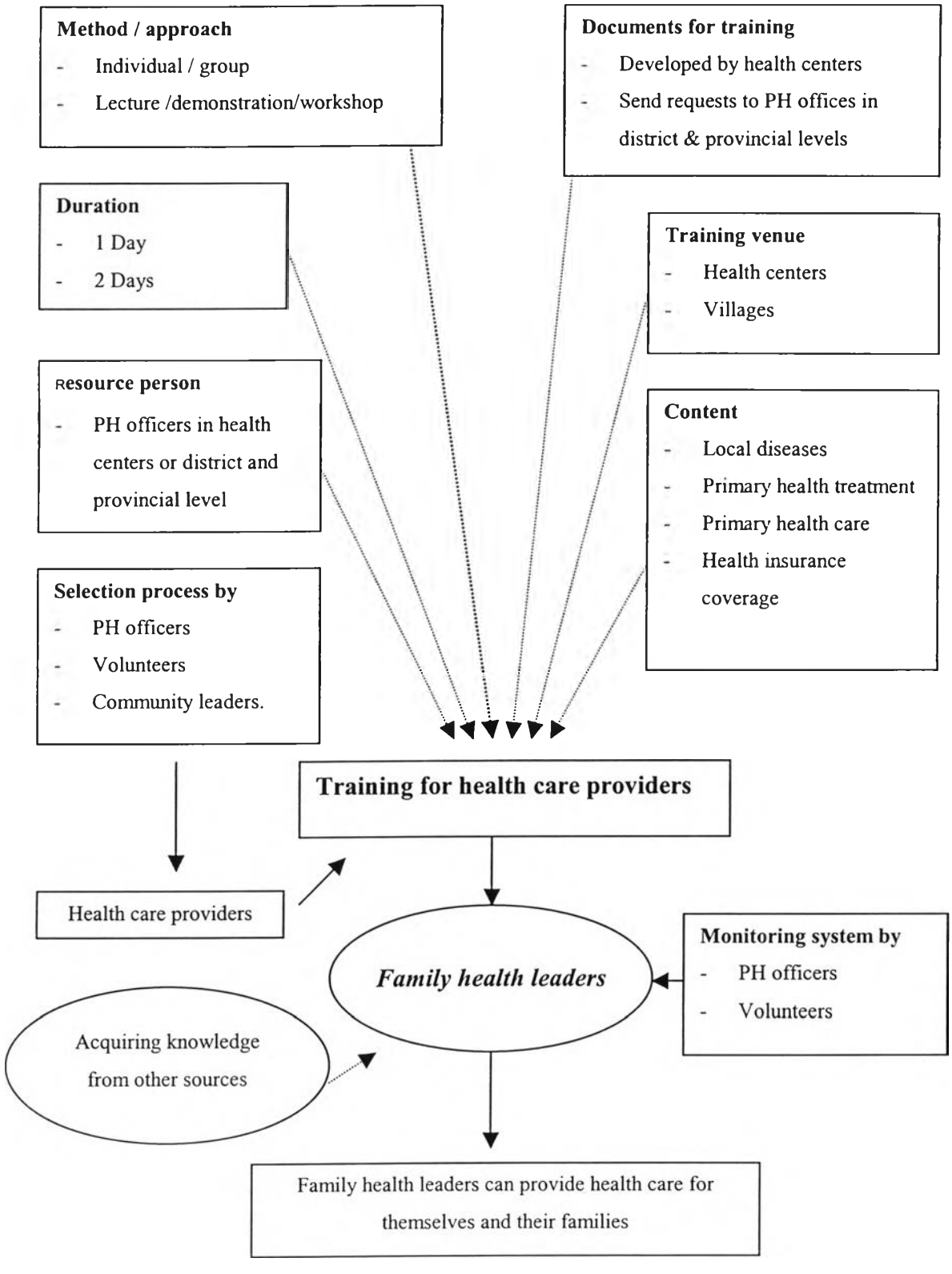

Figure 1.1: Flow Diagram Process of Family Health Leader Development Project

In the selection process of the family health leader, it was suggested that volunteers and community leaders identify and recruit the health leader with public health officers who were in charge of each village. The process can be described as follows:

1. The process of the family health leader training was the responsibility of people in each area to develop, based on what was appropriate in their area; such as, methods/approach to convey lessons (individual / in groups), type of training (lecture/demonstration/workshop), etc.
2. The content consisted of local diseases and primary health care; such as, diarrhea, flu and hemorrhagic fever, knowledge about general public health services, basic needs and knowledge of health care in families which have health problems. Other issues can be added to fit with the local environment.
3. Resource persons were public health officers in provincial / district / sub-district level or health volunteers in the village.
4. Documents to be distributed in the training could be finalized by those working in the district and sub-district level.
5. Post-training monitoring could be conducted by volunteers and public health officers who were in charge of each village. The monitoring must be done at least 12 times per year and the public health officer had to conduct the monitoring at least 3 times per year.
6. This project was funded through the 1997 Budget for primary health care. Each village received 3,000 baht and each of the public health office was required to implement the project in 1 village. For the next year, the public health office needed to spend the budget from the primary health program of

7,500 baht per village or spend the budget from other sources of income for implementation until it covered the whole area in charge.

1.2 Rationale

The Ninth Public Health Development Plan identifies 5 main strategies. The first strategy is to strengthen the community and emphasize human development at the grassroots of society. It requires a program to develop the capacity of the leaders for change to the health system from the people's side. At the family level, the family health leader is a part of the health care team which has capacity to take care of themselves and their families. This would then result in efficient heath care in the community level.

The results of the implementation of the family health leader development project in 1997-2002 revealed that Trang province had 58,458 family health leaders which was equivalent to 49.7% of the total household number. If the number is classified by district, only Pha Liang district achieved the goal (85%) while the others failed to do so as indicated in table 1.1.

Table1.1: Numbers and Percentage of Family Health Leaders by districts in Trang Province in 2002.

District / sub-district	Households	Family Health Leaders	
	Number of Households	Number of leaders	Percentage
1. Muang Trang District	40,682	2,575	11.8
2. Kun Thang District	18,323	10,867	75.7
3. Pa Liang District	13,469	12,034	89.3
4. Yan Ta Kao District	13,743	11,148	81.1
5. Si Gao District	7,521	3,149	41.9
6. Huay Yod District	21,430	10,340	55.7
7. Wang Wiset District	9,053	1,616	17.9
8. Na Yong District	9,568	3,609	37.7
9. Radsada District	6,864	1,812	26.4
10. Had Samran Sub-district	2,762	1,308	47.4
Total	**143,415**	**58,458**	**49.7**

Source : *General Information of Public Health Office in Trang, 2002*

According to the results, Trang province needed to continually implement the family health leader development project to cover 85% of the household number as stipulated in the Ninth Public Health Plan (2002-2006). The results from the implementation of the family health leader development project showed that its goals had yet to be achieved. Trang province didn't have an effective monitoring system in place, especially in terms of the process and activities which had been conducted whether they contributed to the ultimate goal. Also, there was no monitoring mechanism to point out weaknesses or strengths of the program which needed to be improved, so that the project could be continually modified for more effective implementation.

The family health leader development project of Trang province has been implemented for 5 years but there was no evaluation or monitoring system. In fact, there existed no mandate to evaluate the family healthn leaders project at the national or the local levels. Therefore, in order to continually implement this project in a effective and efficient manner, a systematic evaluation is seriously needed.

This study proposed to formally evaluate the family health leaders development project at Trang Province. Since time and budget were limited, the researcher evaluated the family health leader development project in Na Khao Sia sub-district, Na Yong district, Trang province. In selecting this study site, other factors must be taken into consideration. For example, the area to be selected for this study, must have sufficient basic data available and the public health officers at sub-district level, public health volunteers and community leaders are most ready. These are crucial to facilitate the and receive cooperation for the project evaluation.

1.3 Objectives

1.3.1 General objective

To evaluate the family health leader development project in Na Kwao Sia sub-district, Na Yong district, Trang province

1.3.2 Specific objective

1. To assess the level of knowledge of the family health leaders in Na Kwao Sia sub-district, Na Yong district, Trang province

2. To assess the behavior of the family health leaders in Na Kwao Sia sub-district, Na Yong district, Trang province.

1.4 Definition of Terms

Public Health Volunteer (PHV) refers to a person who is selected to be a representative of other people and work as volunteers for the Ministry of Public Health. He/she has qualifications, roles and responsibilities as required by the Ministry.

Health Care Provider (HCP) refers to a representative of family members who provide health care for people in their families. Their role is to take care of members of households who are not selected for training or those selected but don't participate in the training.

Family Health Leader (FHL) refers to a person who provides health care in the household. He/she is selected from members in their families, volunteers, public health officers in sub-districts or community leaders to attend training to acquire knowledge about self health care. The training was conducted in 1997-2002, following the Ministry of Public Health's policy in the family health leaders development project