

CHAPTER II
ESSAY ON PROBLEM SOLVING FOR
MANPOWER SHORTAGE IN THE FDA

2.1 Introduction

The FDA in Thailand was established in 1974 and from that time onwards took responsibilities to check food and drugs for the people in the country. The goal of the FDA is health consumer protection, and has authority for quality control of products in pre- and post-marketing. For post-marketing, the FDA collected food samples for analysis. But there are still problems in food quality control. According to results from Inspection Division and Technical Division of the FDA, the percentage of food samples analysis found below standard during 1987 - 1994 was quite high and stable (see table 3.1).

According to Health Statistics from the Ministry of Public Health, acute diarrhoea cases increased from 645,902 in 1987 to 868,338 in 1993. Although these cases can not be assumed to be due to low quality and safety of food, but it stands for one indicator.

The Public Health Statistics of 1993 also reported increasing number of food poisoning cases from 56,015 in 1989 to 65,965 in 1993.

The FDA has authority on post-marketing control by surveillance system. But the FDA has a shortage of manpower. The FDA has only 7 food inspectors in Bangkok for a population of 61,005,000 (National Statistics Office, 1995). Therefore,

the FDA used the strategy of alternative manpower by appointing Bangkok Metropolitan Administration (BMA) Health Officers. These BMA Health Officers were planned to do food inspection in this project. They were already trained and assigned to execute their duties of hygienic control of the materials used, the cooks and the locations of restaurants. The food inspection is added as a new job. So the FDA organized a special training program for BMA Health Officers.

2.2 Background

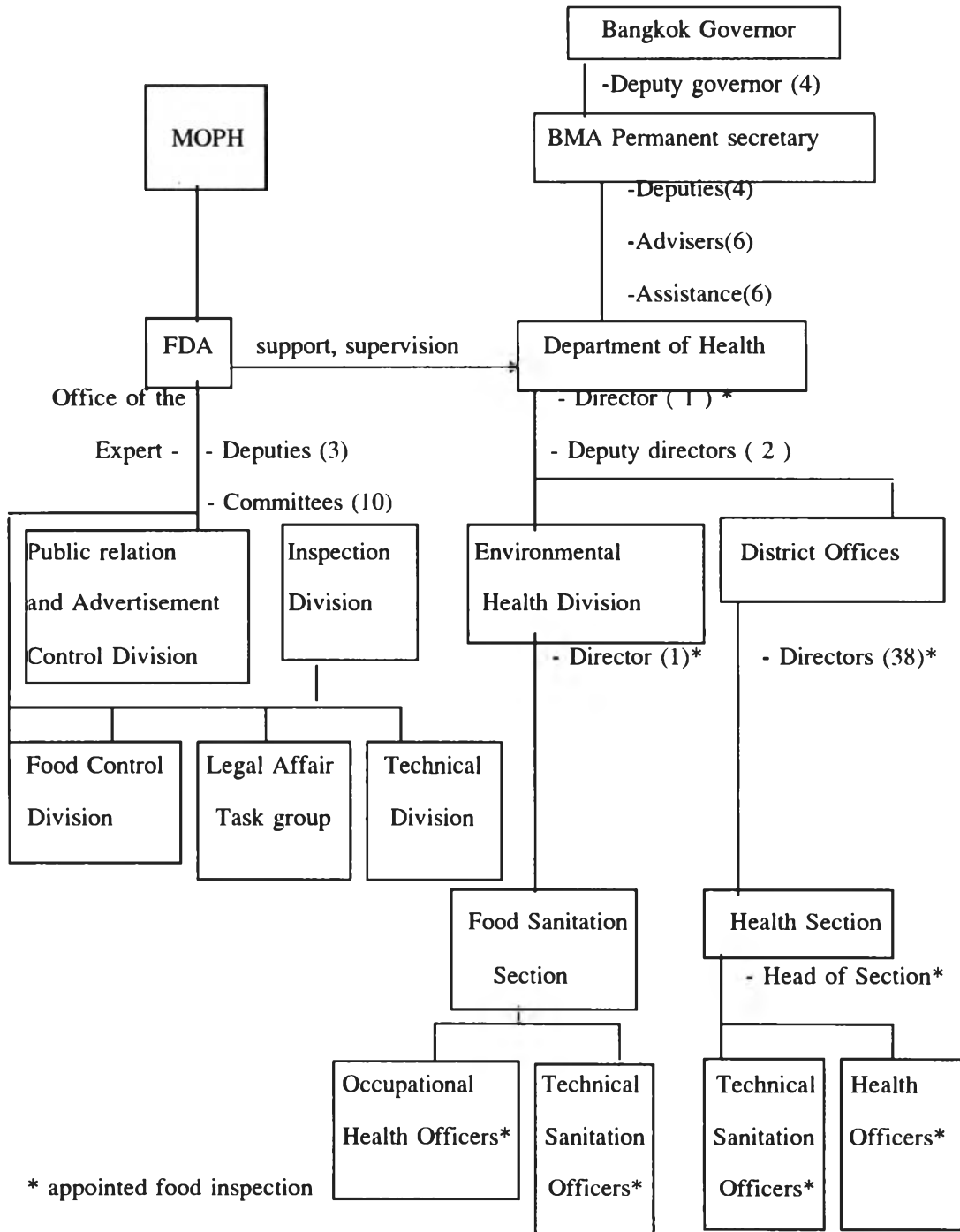
Alternative Manpower for Decentralization

BMA Health Officers who were appointed as food inspectors are:

- (1) Director of Department of Health, BMA
- (2) Directors of District Offices
- (3) Director of Environmental Health Division, Department of Health, BMA
- (4) Head of Health Sub-division, District Offices
- (5) Occupational Health Officers, Environmental Health Division,
Department of Health, BMA
- (6) Technical Sanitation Officers, Environmental Health Division,
Department of Health, BMA
- (7) Technical Sanitation Officers, District Offices
- (8) Health Officers of level 5 over for district offices those have no
Technical Sanitation Officers

Figure 2.1 shows the organizational diagram of related FDA and MBA sections.

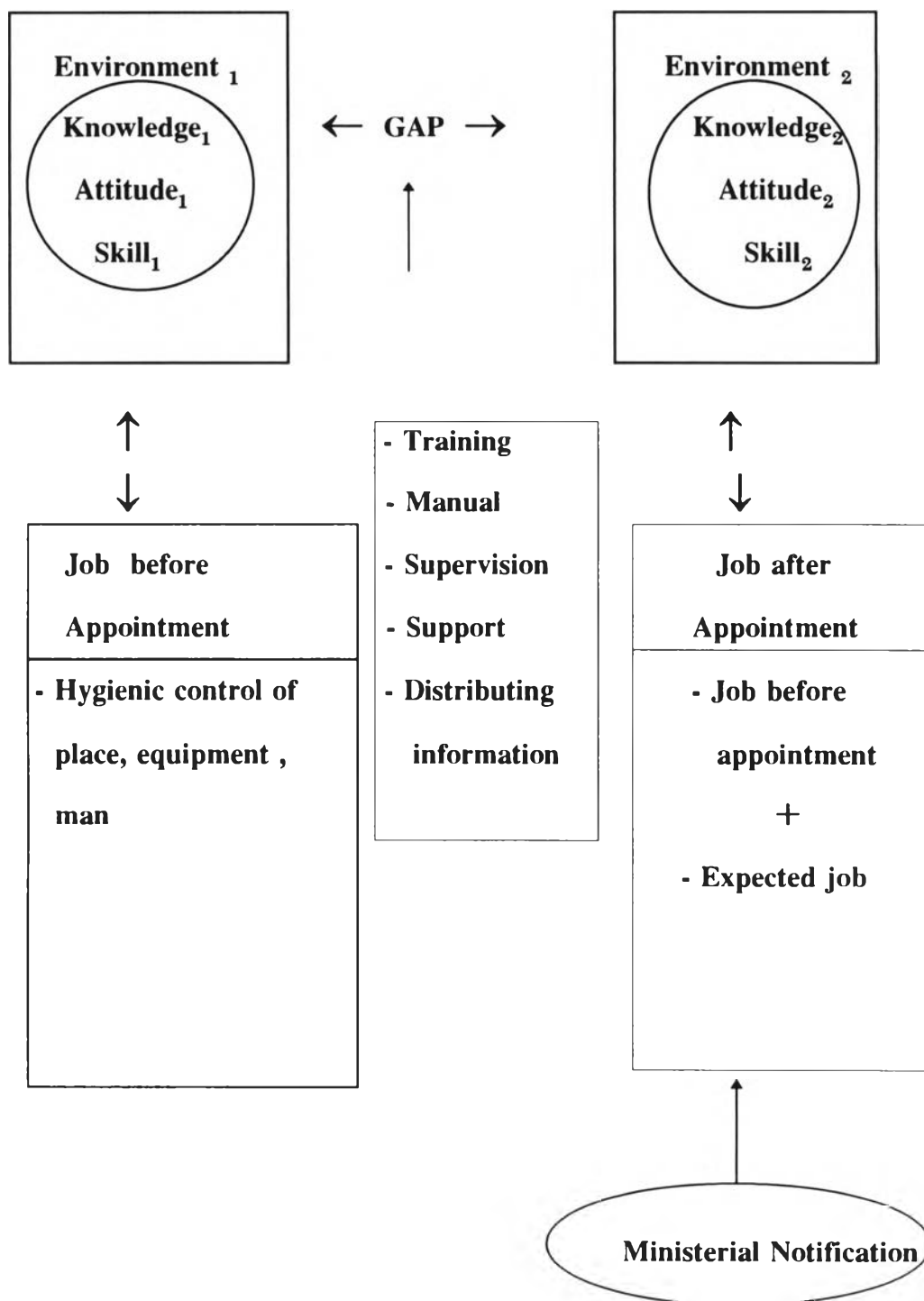
Figure 2.1 Organizational diagram of Related FDA and BMA sections



The FDA, under the Ministry of Public Health delegates responsibility to the local government which is the Bangkok Metropolitan Administration, under the Ministry of Interior. The responsible divisions in the FDA are: the Public Relations and Advertisement Control Division, the Inspection Division, the Food Control Division, the Legal Affairs Task group and the Technical Division. These divisions supervise, support and coordinate the Department of Health. The Occupational Health Officers and Technical Sanitation Officers in the Food Sanitation Section of the Environmental Health Division are employed under the Department of Health. The Technical Sanitation Officers and Health Officers in the Health Section are District Offices who are Practical Officers working under the regulation of the Food Act of 1979. The FDA also appointed several executives of the BMA as food inspectors to work also under the regulations of the Food Act of 1979. These executives were: the Director of the Department of Health, the Director of the Environmental Health Division, the Directors of District Offices and the Heads of the Health Sections.

Figure 2.2 (see next page) shows the problem identification process in implementation. Before the FDA appointed BMA Health Officers as food inspectors, they had some level of knowledge, attitude and skills (KAS) on hygienic control of places, equipment and personnel. These people were authorized by the Public Health Act of 1992. There are some influencing environmental factors which are affecting their capability. The appointed officers had a low level of knowledge about food inspection, which created a gap between the required qualification and the one they had. In order to perform the food inspection, the FDA organized training, distributed manuals, supervised and supported in the field and set up an information system in order to fulfill these gap.

Figure 2.2 Problem identification in implementation



After training, these BMA Health Officers improved in performing their new task on food inspection under the Food Act of 1979. The officers were faced with a new work environment which involved an increased workload, getting used to the new tasks, lack of incentives for extra work and lack of co-operation of colleagues, which in turn had an effect on their performance. Therefore, various factors have to be considered in the problem identification process.

This project is aimed at the evaluation of the strategy of appointing alternative personnel. The Follow up and Evaluation Section of the FDA will monitor this program in order to improve the project. I learned from Micovic (1984) about monitoring and evaluation of projects. He said:

Monitoring is the day-to-day follow up of activities during their implementation to ensure that they are proceeding as planned and are on schedule. Evaluation is simply defined as finding out the value of something. Evaluation is the processing of assessing the achievement of the stated objectives of a program, its adequacy, its efficiency and its acceptance by all parties involved (p. 18).

For me, I also agree that evaluation of the training program on food inspection is important for the project to appoint BMA Health Officers as food inspectors. The results of this study will be presented to the Director of Inspection of the FDA and to the Secretary General of the FDA, so that strategies can be created on how to improve the effectiveness of the project.

The method used for this study was a pretest and a posttest for a group of people, by using self-administered questionnaires. During the pretest questions were asked about knowledge and attitude, for the posttest, questions concerning the gained skills were added. During the training program another self-administered questionnaire

was distributed with the aim to evaluate the training process. After completion of the training a follow-up will be organized at six months and at twelve months. The results of the study will be submitted to the FDA to help in the decision making whether they should continue, improve or change their strategy.

2.3 Conclusion

The aim of the FDA is to protect the consumer. Safety and quality control of food and drugs are important in this task. It is very difficult to cover all the areas involved in derivation of pure and wholesome food and drugs. Therefore, the FDA believes that an increase in food inspection will improve the quality of food in the market.

Using Technical Sanitation Officers, Occupational Health Officers and Health Officers in BMA is hoped to decrease the problem of low quality of food in the market.