

CHAPTER 1

BACKGROUND AND RATIONALE

1.1 The Administration System of the Ministry of Public Health

1.1.1 The Authority of the Ministry of Public Health

According to the National Constitution concerning the modification of ministries and departments, 1991, stated that, “ the Ministry of Public Health has the authority over the areas of medical, public health, health promotion, health development, nutriment and medication control as well as anything which may toxic or endanger to health, monitoring, promoting, controlling, coordinating all types of activity concerning physical and mental health, including the living of people.

1.1.2 Aims of Health Service

There are 4 aims of core health service, as followed:

- a. to promote health among Thai population physically and mentally and to live well in society,
- b. to promote Thai population to live without any sickness which may cause difficulties and lost or physical handicap,
- c. to promote Thai population to live longer,
- d. to protect population from any endangers (pollution, food poisoning, or toxic medicine, etc)

1.1.3 Functional Structure of the Ministry of Public Health

The work procedure of the Ministry of Health has developed continuously in order to promote good health for Thai population physically and mentally and able to live well in society without any sickness. The administration has divided into 2 parts as Central and Regional Administration.

a. Central Administration

Central Administration of the Ministry of Public health consisted of the Office of Permanent Secretary, the Governor Secretariat Office, and other official sections which considerably equal to departmental as The Department of Health, the Department of Communicable Disease Control, the Department of Medical Science, the Office of Food and Medication Committee, the Department of Medical, the Department of Mental Health, moreover, there is one semi-public sector as Pharmaceutics Bureau and one independent sector monitored by the Ministry of Health as called the Research Institution of Health System.

b. Regional Administration

There are sectors authorized by provincial governor but monitored and resource allocated from the Office of Permanent Secretary and technical knowledge advocated from various academic departments. These sectors are provincial health office, the under authorized hospitals, district health office, and health center. Moreover, provincial hospitals and community hospitals are under authorized of Provincial Chief Medical Officer.

1.2 The Provincial Health Office is the Regional Administration

The Administrative System of Provincial Health Office (PHO) leads by Provincial Chief Medical Officer authorize regional health officers who work in the province and directly under the Provincial Governor.

1.2.1 The Authorities of Provincial Health Office are as followed:

- a. Operate and coordinate the works concerning public health within areas of the province.
- b. Monitor and advocate the works of responsible sectors.
- c. Collaborate or advocate the operation of other involved sectors or as assigned.

1.2.2 The Structure of Provincial Health Office

As for effective functioning, PHO has divided its function into 5 sections as followed:

- a. Administrative Promotion consisted of administration and planning.
- b. Public Health Promotion consisted of health education, human resource development, and primary health care.
- c. Technical and Health Service Promotion consisted of dental health, health promotion, health care, communicable disease control, and AIDS and STD control.
- d. Environmental and Occupational Health.
- e. Consumers Protection and Health Pharmacy.

1.2.3 The Responsibility of each sector and its Head Office

Head Office has the responsibility to assess the concerned situation province wide and districtly by using the principle and procedure of epidemiology in making plans strategically and operatively for problem solution, advocate various resources to any involved sectors with affirmative system of resource development such as supervision; monitoring; and evaluation, and to collaborate in improving quality of the organization; for instance; establish research and development group or service quality development group.

1.3 The Administrative System of District Health Office

District Health Office (DHO) is a health service sector at district level under the authority of sheriff and leads by Head of District Health Office, responsible in administrate, advocate, monitor, supervise, and evaluate work operation of health centers within district.

1.3.1 The Responsibilities of District Health Office

The responsibilities of district health office covered 3 areas as followed:

- a. Develop health plan and policy to:
 - (1) assess situation and tendency of health problems at district level,
 - (2) formulate district operative health plans and determine goals of district level,
 - (3) coordinate the formulation of operative health plans.

- b. Monitor and evaluate work operation of health centers
 - (1) supervise and advocate working operation of health centers,
 - (2) monitor work operation and budget management of health centers,
 - (3) evaluate the works and outcomes and collaboratively improve people's health with health centers.

- c. Operate health services
 - (1) surveillance on disease and situation which may cause negative affects on people's health,
 - (2) set up campaign promotion in the district to provoke behavior adjustment towards people's health,
 - (3) coordinate and advocate health service operation of health centers.

1.3.2 The Structure of District Health Office

Functions of District Health Office where having 5-7 health officers divided into 3 sectors as followed:

- a. Health Administrative Promotion consisted of:
 - documentary
 - financial
 - personal
 - supplies and vehicles
 - construction and maintenance

- medical equipment management
- health regulations and other involved regulations
- monitoring working operation of health centers

b. Health Service Promotion consisted of:

- mother and child health
- family planning
- nutrition
- mobile care unit
- dental health
- communicable disease control and prevention
- non-communicable disease control and prevention
- environmental health
- nutrimental health
- occupational health
- mental health
- curative care
- traditional medicine

c. Health Technical Promotion consisted of:

- health plan
- health information and statistic
- epidemic
- consumer protection

- primary health care
- human resource development
- health education and public relations
- research and evaluation
- project on health care benefits

1.3.3 Health Officers in District Health Office consisted of:

- 1 District Health Officer (Health Administrative Officer, rank 7)
- 1 Technical Health Officer, rank 3-5 or 6 or 7
- 2 Disease Control Officers, rank 6
- 3 Community Health Officers, rank 3-5

1.4 Functions of Health Center (HC)

Health center is a front line health service located in community, working under district health office, coordinate and advocate its works by District Health Committee (DHC).

1.4.1 Roles and Responsibilities of Health Center

Health center is responsible in providing holistic health care within 5 categories

as:

- health promotion
- disease prevention and control
- curative care
- rehabilitation

- advocate and improve primary health care and develop community in correspondent to socio-economic management.

1.4.2 Scope of Health Center System

Functions of health center consisted of:

- a. Health administration as:
 1. General administration: budgeting, personal, supplies, information system.
 2. General management: planning, management, personal recruitment, supervise, and public relations.
- b. Technicality: analysis, synthesis, research, evaluation, and technical service for community.
- c. General service:
 1. Health promotion: mother and child health, family planning, nutrition, school health, health education, dental health, and mental health.
 2. Disease control and prevention: vaccination, epidemic, environmental health, clean drinking water management, nutrimental health, occupational health, communicable and non-communicable disease control.
 3. Curative care: curative care, medical equipment, patient transferring, traditional medicine.
 4. Rehabilitation: care for chronic disease patient, various service clinics as elderly clinic, hypertension and diabetes clinic.

5. Primary health care promotion and community development:
curative care in community.

1.4.3 Health center functions by 3- 5 health officers: .

- 1 of Head of Health Center (Health Administrative Officer, rank 6)
- 1 of Technical Health Officer, rank 3-5 or 6 or 7
- 2 of Community Health Officer, rank 3-5
- 1 of Professional Nurse, rank 3-5

1.5 Background of Chun District Health Office

Chun District Health Office is responsible in supervising, monitoring, and advocating the work of 9 health centers concerning administration, service provision, and technical supervision, 30 health officers, 1,900 health volunteers, and 54,380 population in care of.

Chun District Health Office has determined supervision as a key tool to assist health officers at health center level to achieve their goals.

Chun District Health Office consisted of 7 health officers: 1 of Head of District Health Office, 1 of Technical Health Officer; rank 5, 2 of Disease Control Officer; rank 5, 1 of Community Health Officer; rank 3.

Functions of Chun District Health Office is divided into 3 sectors as:

1. Health Administrative Promotion, responsible by Head of District Health Office and 1 of Health Officer, rank 6.
2. Health Service Promotion, responsible by 2 of Community Health Officer.
3. Technical Health, responsible by Technical Health Officer and Community Health Officer, while Head of District Health Office is responsible in supervision and monitoring health services in general.

1.5.1 Situation Analysis on supervision

Since Chun District Health Office has determined supervision as a key tool to assist the work, the researcher as Head of the District Health Office has collaborated with Chun District Health Committee in analyzing the situation on supervision tasks in October 2000 in order to seek for problems and find directions to improve better supervision. The researcher has surveyed information on supervision and opinions of supervisors and concluded that supervision is essential, details of analysis are under the topic Intervention Preparation (page 43).