

**MANAGEMENT PERFORMANCE OF CONTRACTING UNITS
FOR PRIMARY CARE IN AYUTTHAYA
PROVINCE THAILAND**


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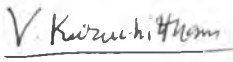
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In 2002, Thailand has introduced “universal coverage with health care” on the basis of tax-based financing of health care for 74% of its population. Primary care is purchased from “Contracting Units for Primary Care” (CUP), which generally comprise a hospital and a network of primary care units (PCU) in a district. Management of a CUP is not expected to be as efficient as desirable. It was introduced rapidly and some administrative regulations at district level are not supportive.

This study investigates CUP management performance in order to identify strengths and weaknesses for future planning. Its design is cross-sectional with correlation of some of the findings to detect factors determining performance. The CUP-management teams of all 16 districts in Ayutthaya Province were surveyed. On average 5 members of each CUP answered self-administered questions on CUP management structure and functions. In addition, the director of the CUP management was interviewed in-depth. Findings are presented as scores calculated as percentage of points achieved from possible points for the fulfillment of criteria related to the different management aspects.


According to the findings, the respondents’ overall mean score for management performance was 66%. A score of $\geq 70\%$, which was seen as “satisfying management performance” was reached by 5 of 16 CUPs (31%). Scores for functions ranged from highest 79% for human resource management to lowest 45% for financial management. Degree of autonomy in decision-making, support by key actors and availability of a management guide were positively correlated with CUP management performance with p-values < 0.001 , 0.001 and 0.048 respectively after controlling for age and gender. Age and gender were confounding factors for previous management-related work experience $p=0.072$.

The finding that 69% of districts do not seem to perform satisfactorily suggests that changes are required. Official regulations should assure that the districts health sector operates under one common leadership even before political changes are introduced. A “Guide” for CUP-management should be written, which allows sufficient adaptation to local conditions. The functions of district health director, district public health director, district hospital director, and director of the hospital-PCU should be executed by four different professionals rather than one or two in the current setting. Training and guidance should focus on planning, financial management, and stronger involvement of local authorities and communities. Training should be tailored to local needs and target the whole team.

Field of study: Health Systems Development

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LIST OF ABBREVIATIONS

APHEN	Asia Pacific Health Economic Network
CH	Community Hospital
CSMBS	Civil Servant Medical Benefit Scheme
CUP	Contracting Unit for Primary Care
DHCC	District Health Coordination Committee
DH	District Hospital
DH/CH	District Hospital/ Community Hospital
DHM	District Health Managers
DHO	District Health Office
FM	Financial management
GP/FP	General Practitioner/ Family Physician
HC	Health Center
HD	District Hospital Director
HCP	Health Care Project
HRM	Human resource management
HRS	Health Sector Reform
M&E	Monitoring and Evaluation
MoPH	Ministry of Public Health
NHSO	National Health Security Office
P&P	Prevention and Health Promotion Services

PC	Primary Care
PCMO	Provincial Chief Medical Officer
PCU	Primary Care Unit
PHO	Provincial Health Office
PI	Principle Investigator
PoA	Plan of Activities
SSS	Social Security Scheme
TAO	Tambon Administrative Organization
UC	Universal Coverage
USC	Universal Coverage Scheme
VHCS	Voluntary Health Card Scheme
VHVs	Village health volunteers
WHO	World Health Organization
WHO-SEAR	World Health Organization-South-East Asia Region