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KEY WORDS: EFFECTIVENESS / ACUTE FLACCID PARALYSIS SURVEILLANCE

NITIRAT PONSAWAD: THE EFFECTIVENESS OF ACUTE FLACCID PARALYSIS SURVEILLANCE IN GOVERNMENT HOSPITALS REGION 1 IN 1998. THESIS ADVISORS: PIYATHIDA TRIDECH, Dr.P.H., SURAPHOL SRIVITHAYA, DOCTEUR D'ETAT EN DROIT(MENTION TRES HONORABLE), DUSIT SUJIRARAT, M.Sc., SIRISAK VARINTRAVAT, M.D., M.P.H. 137 p. ISBN 974-663-064-4

The problem of acute flaccid paralysis surveillance is that it does not meet the objectives.

This cross - sectional research evaluated the effectiveness of acute flaccid paralysis surveillance in Government hospitals region 1. The population consisted of 35 administrators in Government hospitals region 1. The data was collected by using questionnaires between 28 June to 23 July 1999.

The research finding showed that 62.9% of population were male. The population was average age of 37 years and 42.9% of the population received graduate degree and average work experience of 3 years. The effectiveness of acute flaccid paralysis surveillance was found 14.3% in quantity to make criteria and 94.3% in quality to make criteria. The overall administration process was performed at a moderate level (54.3%). Each aspect of the administration process (planning, directing and reporting) were performed at a high level (51.4%, 48.6% and 68.6%, respectively) and the administration process (organizing, staffing, coordinating and budgeting) were performed at a moderate level (51.4%, 54.3%, 51.4% and 40.0%, respectively). Size of the hospitals were found 82.9% in community hospitals. The each administration process (reporting) was related to the effectiveness of acute flaccid paralysis surveillance in quantity (p < 0.05). Size of the hospitals were related to the effectiveness of acute flaccid paralysis surveillance in quantity (p < 0.05). Size of the hospitals could explain the effectiveness of acute flaccid paralysis surveillance in quantity (p < 0.05).

The result of this research suggested therefore that the administrators should promote budgetary planning participation and support the improvement of material and budget requisition system and the intensive training program on acute flaccid paralysis surveillance knowledges should be provided to administrators and practitioners, which could contribute the effectiveness of acute flaccid paralysis surveillance in Government hospitals region 1.