

CHAPTER 3

PROJECT EVALUATION

3.1 Introduction

The evaluation of this project was a system model evaluation detailing the project input, process and output of each step.

3.2 Purposes

The objective of the project evaluation was to detail the process and the outcome of each operational step of the project as follows:

1. Formation of the evaluation team
2. Identification of potential levels of community public health self-reliance
3. Establishment of the action plans for potential development of community public health self-reliance
4. Implementation of the action plans

3.3 Evaluation design

The evaluation of this project employed a system model of input, process and output as detailed in Figure 3.1

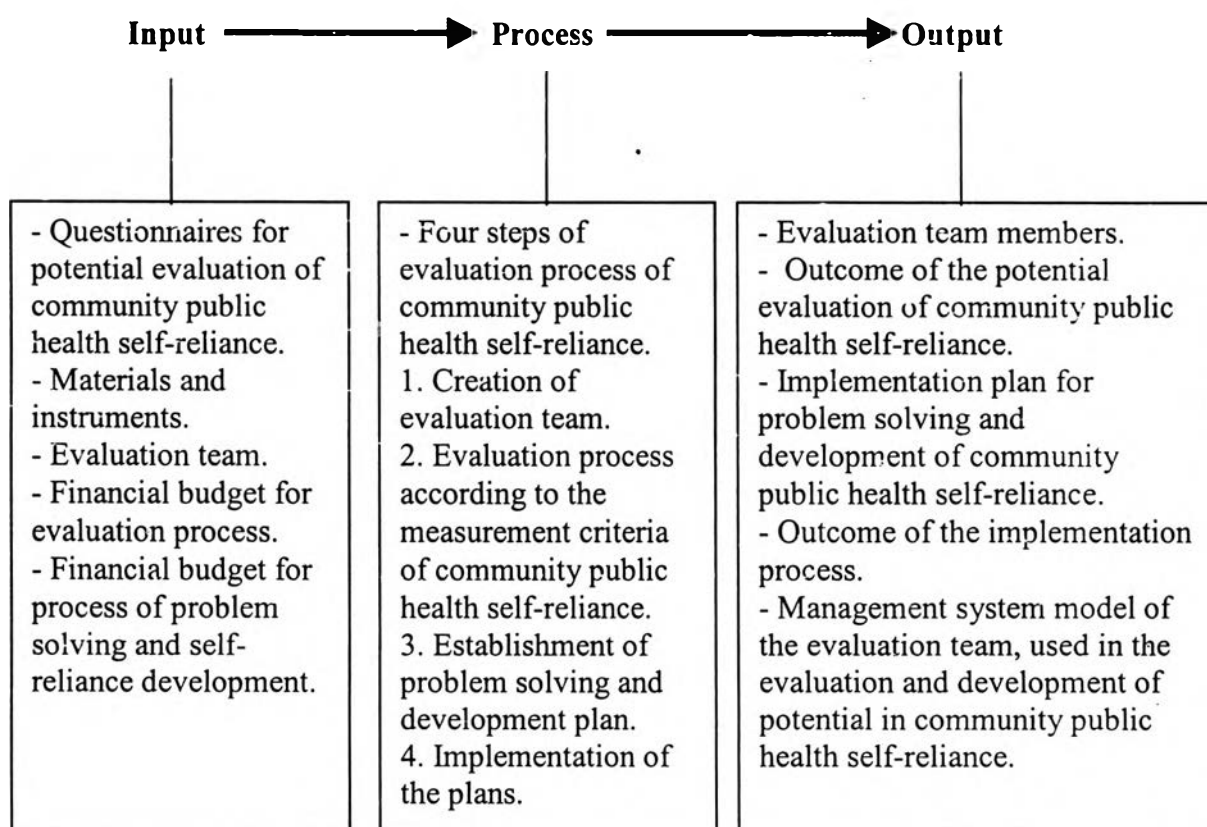
3.4 Data collection method

Qualitative data collection method was employed in this project. The author was a member of the evaluation team, working with staff from other non-governmental organisations, local organisations, and governmental sectors to monitor, support and

facilitate the community in evaluation and development process of its public health self-reliance. The instruments used in data collection process were:

1. Questionnaires for potential evaluation of community public health self-reliance, revised by the Office of the Primary Health Care , the Ministry of Public Health in 1999 were used in collection of data for identification of community public health self-reliance potential levels.
2. Participatory observation was adopted to collect data on participation of the evaluation team in the preparation step, in identification of self-reliance potential levels, in establishment of the action plans, and in the implementation step.

Figure 3.1 Conceptual framework of the project evaluation



3.5 Data analysis

3.5.1 Analysis of potential level of community public health self-reliance

Analysis and interpretation of the data on potential levels of community public health self-reliance was classified into analysis of individual measurement items, analysis of individual measurement criteria, and analysis of the overall pictures, using the standard criteria set out in the 1999 Handbook for Potential Evaluation of Community Public Health Self-reliance by the Office of the Primary Health Care, the Ministry of Public Health. The scoring criteria for data analysis and interpretation were classified as follows:

3.5.1.1 Analysis of individual measurement items comprised of 2 score levels as follows

- The measurement items with 0-1 scores: Need improvement
- The measurement items with 2 scores: Pass the standard criteria and the level should be maintained and developed.

3.5.1.2 Analysis of individual measurement criteria and the overall picture comprised of 4 score levels as follows:

- Need improvement: Scores between 0-25 %
- Fair level: Scores between 26-50 %
- Good level: Scores between 51-75 %
- Excellent level: Scores between 76-100 %

3.5.2 Analysis of data on participation level of the community members

The analysis of the data on participation level of the community members involved collection of qualitative data by observing participation throughout the assessment

and development activities, namely, preparation of the evaluation team, identification of self-reliance potential level, establishment of the action plans, and implementation of the plans. The significant involvement observed included participation in the evaluation and development activities, presenting their opinions, coordination, and allocation of assignments and responsibilities according to their roles. The observation was conducted in both the evaluation team and the community members who involved in the activities as imposed in the implementation plans.

3.6 Results

The project of 'potential evaluation and development of community public health self-reliance: a case study of Ban Nonglup, Moo 2, Napho Tambon, Muang District, Roi-Et Province' was implemented according to the step procedure set out in the plan. The evaluation procedure and outcomes of each step are detailed as the followings:

3.6.1 Formation of the evaluation team

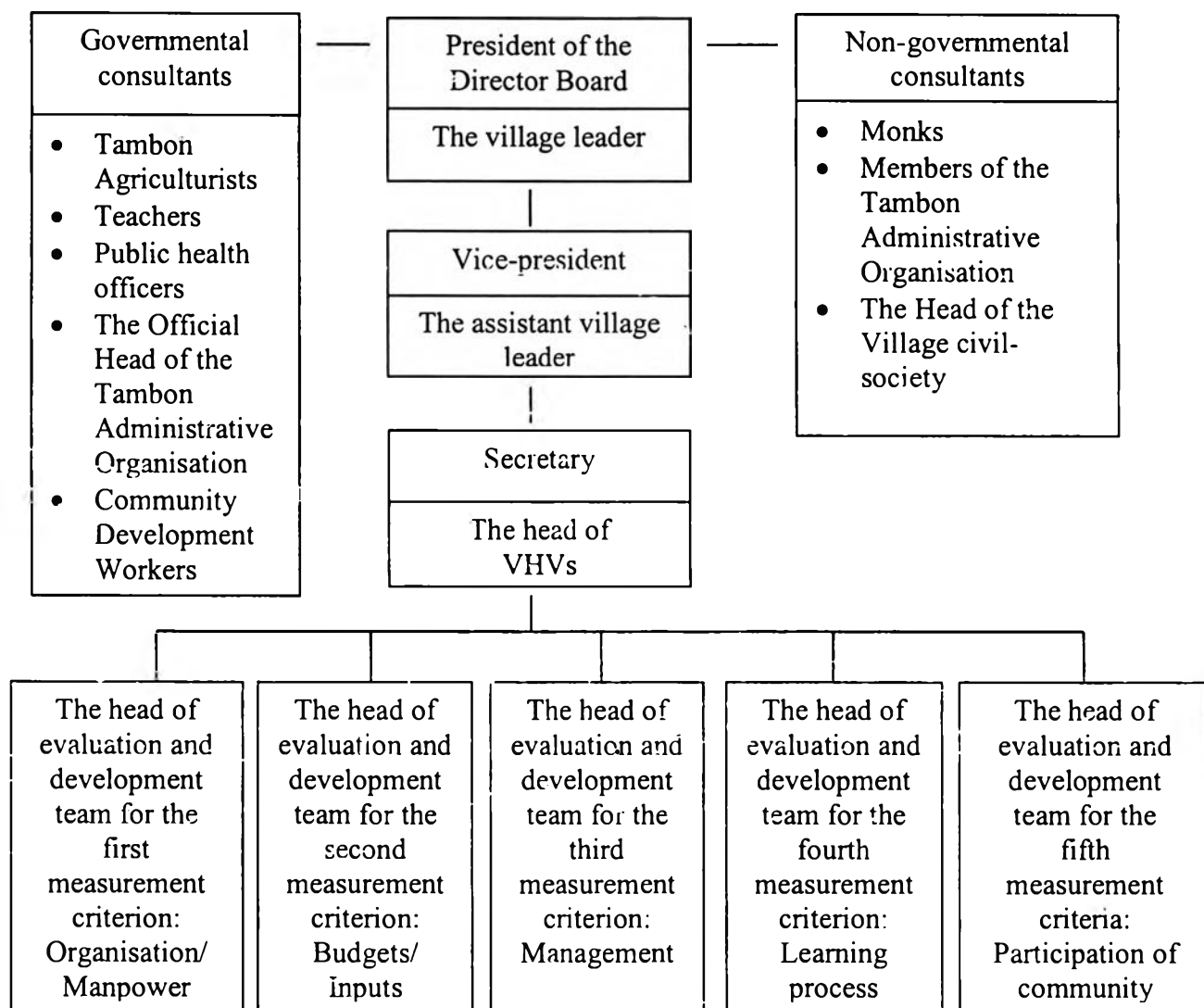
3.6.1.1 Evaluation questions

- 1) How to coordinate and encourage related parties to join the evaluation team?
- 2) What was the structure of the evaluation team or who is needed to form the evaluation team?
- 3) How to communicate with the evaluation team for maximum learning and understanding?
- 4) How did the evaluation team members share their roles and responsibilities in the potential evaluation and development of community public health self-reliance?

3.6.1.2 Process outcomes

- 1) *Liaison with the related parties:* the author requested collaboration from the officers of the Health Center to be the key coordinator responsible for liaison with other related parties in the community to participate in the evaluation team. Total of 35 related persons participated in the evaluation team including the village leader, the assistant village leader, the village committees, the housewives representative, the representative of the Youth group, the representative of the village civil-society, the members of the Tambon Administrative Organisation, the VHVs, the public health officers responsible for the village area, Community Development Workers, Tambon agriculturists, teachers who resided in the village area, and the official head of the Tambon Administrative Organisation.
- 2) *Providing information for the evaluation team:* A meeting was organised to inform the evaluation team of the project concepts, objectives, scope, evaluation instruments, procedure, time schedule, resource requirements, information sources, and analysis and interpretation of data. The actual information meeting was a 1-day session and organised on 28 March 2000.
- 3) *Sharing roles and responsibilities of the evaluation team:* After the information meeting, a group discussion session was conducted among members of the evaluation team to establish a structure of the Director Board and to recruit its members to function in monitoring and supporting the project operation. The structure of the Director Board is shown in Figure 3.2.

Figure 3.2 Structure of the Director Board for Potential Evaluation and Development of Community Public Health Self-reliance



3.6.1.3 Conclusion

Preparation of the evaluation team involved coordination with people who participated in the community public health development, and formation of the evaluation team. The principal coordinators within the area were the local public health officers. The evaluation team contained the groups of community leaders, governmental and non-governmental officials. The evaluation team was prepared with

the information meeting session to understand operational details of the project. In this stage there was also allocation of responsibilities among members of the evaluation team by forming the Director Board for Potential Evaluation and Development of Community Public Health Self-reliance.

3.6.2 Potential evaluation of community public health self-reliance

3.6.2.1 Evaluation questions

- 1) Was the management to help the evaluation team review data on village circumstances to identify potential levels of the community public health self-reliance, correct and close to the actual level? How?
- 2) What was the potential level of the community public health self-reliance?

3.6.2.2 Process outcomes

- 1) *Management techniques in order for the evaluation team to review village circumstances and to identify potential levels of the community public health self-reliance:* The evaluation team members were divided into 5 sub-groups, each containing 7 members. Each group conducted a group meeting for reviewing of village situations, discussed according to the given question topics, and identified potential levels of the community public health self-reliance according to the allocated set of measurement criteria. Details of the question topics for reviewing of the current village circumstances are given in Table 3.1.

Table 3.1 Question guidelines for reviewing of village circumstances.

Measurement criteria	Question topics	*
Set 1: Organisation/ Manpower	1. In the village, which organisations/groups contribute to community development? 2. Who are the leader and members of each group? 3. What are the objectives of each group? 4. What are the activities of each group?	1,2 3 4 5,6
Set 2: Budget/ Input	1. In the village, are there any funding groups? Who are the leader and members? 2. Where are the sources of funding used in village development? 3. What are the objectives of each funding group? 4. What are the activities of each funding group?	1 2 3,4 3,4
Set 3: Community Management	1. What information does the village have in planning for community development? 2. How and where is the information disseminated? 3. What are steps of planning that the village uses in problem solving and in village development? 4. Does the village proceed according to the plan? 5. Is there any monitoring and evaluation process of the plan? How? 6. Is there any use of community resources such as raw materials, intellectual heritage, and natural resources? And is there any management system to replace the used up resources? How? 7. Do the village members, including the poor and the disabled, receive even shares in the village profit and welfare?	1 2 3 4 4 5 6
Set 4: Learning process of the community	1. Does the village have a library/a place containing collections of documents, news and information, and knowledge of various areas? 2. How does knowledge and information transfer among members in the community? 3. How does the village organise mutual learning activities for its members?	1 2 3
Set 5: Participation of community members	1. Which group/ organisation contributes to the village development? 2. What is the percentage of populations involved in development activities of the village? 3. How does the village encourage its members to participate in development process of the village?	1 2 3

* Respond to the measurement item number

2) *Conclusion on potential levels of the community public health self-reliance.* After each sub-group conducted a group meeting for brainstorming about reviewing of village situations and identified potential levels of the community public health self-reliance as parts of their assignments, the entire evaluation team combined and conducted a meeting with the head of the Director Board as the chairman. Each sub-group presented the summary of its opinions, discussed and possibly questioned prior to voting for the potential level of the community public health self-reliance, individually, for every set of the measurement criteria. The summary of the potential levels classified by types of the measurement criteria is given in Table 3.2-3.7.

According to the summary of potential levels of community public health self-reliance for the measurement criterion 1: organisation /manpower in Table 3.2, there were 6 items of measurement criteria. Analysis of the individual items showed that 4 items required improvement, namely, item 1, 3, 4 and 5, accounting for 66.67 % of total measurement items. There were 2 items with the “should be developed and maintained” level, namely, item 2 and 6, accounting for 33.33 % of total items. Analysis of the overall score for this set of measurement criteria showed 8 scores constituting 66.67 % of total 12 scores. Comparison with the standard criteria indicated the good level of community self-reliance for this set of the measurements.

Table 3.2 Summary of potential levels of community self-reliance: measurement criteria 1: Organisation/ Manpower.

Measurement items	Summary of current village situations	Score level		Potential level
		total	actual	
1. There is variety of leaders in development of the village.	- There were VHVs and group leaders appointed by governmental sectors (e.g. village leaders, members of the Tambon Administrative Organization, village committees, Housewives and members of the Youth group).	2	1	Need improvement
2. There are knowledge bodies (e.g. senior consultants, experts) of various areas contributing to the development activities.	- There were knowledge bodies and they participated in the activities.	2	2	Should be developed and maintained
3. Characteristics of the majority of groups/ organisations that run development activities.	- Most were organisations that governmental/external sectors and community leaders took parts in establishment process.	2	1	Need improvement
4. Objectives of the majority of groups and organisations in the community.	- To solve various problems of the community.	2	1	Need improvement
5. Nature of coordination among organisations in the community.	- There was coordination occasionally.	2	1	Need improvement
6. Connection of development groups/ organisations in the community with other external organisations.	- There was connection with public health and other sectors.	2	2	Should be developed and maintained
Total score		12	8	
Percentage		100	66. 67	Good level

Table 3.3 Summary of potential levels of community public health self-reliance: measurement criteria 2: Budgets.

Measurement items	Summary of current village situations	Score level		Potential level
		total	actual	
1. Raising fund for solving public health problems.	- Fund raising activities were organised occasionally for special projects.	2	1	Need improvement
2. Sources of fund used in development activities.	- In addition to the allocation from government sectors, the village sought for supports from external organisations.	2	1	Need improvement
3. Management process to create efficient circulation of the budget	- There was no system for budget management.	2	0	Need improvement
4. Uses of the profit gained from the budget management in public health development.	- There was no allocation/ utilisation of profits in development activities.	2	0	Need improvement
Total score		8	2	
Percentage		100	25.00	Need improvement

According to the summary of potential levels of community self-reliance for measurement criterion 2: budgets used for problem solving and village development in Table 3.3, analysis of the individual items found that all items required improvement. The overall score for the set of measurement criteria was 2 scores, accounting for 25.00 % of the total 8 scores, which also indicated a need for improvement.

Table 3.4 showed potential data of community self-reliance for measurement criterion 3: management system, which comprised of 6 measurement items. Analysis of the individual items found that 3 items (item 1, 3 and 4) needed improvement, accounting for 50.00% of the total items. Three items that should be developed and maintained their levels were item 2, 5 and 6. The overall score was 9 out of 12 total scores, constituting 75.00 % and indicating a good potential level for this set of criteria.

Table 3.4 Summary of potential levels of community self-reliance: measurement criteria 3: Management of community public health development.

Measurement items	Summary of current village situations	Score level		Potential level
		total	actual	
1. Up-to-date information for use in development activities of the community.	- There was general basic information and information on public health problems of the community.	2	1	Need improvement
2. Uses of the information in development activities.	- There was distribution and utilisation of knowledge and information in planing process to solve problems of the village.	2	2	Should be developed and maintained
3. Plans/ activity projects for solving problems in the community.	- There were plans/projects that the community leader participated in the development.	2	1	Need improvement
4. Implementation of the plans.	- Activities were organised as previously set in the plan.	2	1	Need improvement
5. Utilisation of community resources (e.g. raw materials, intellectual heritage and natural resources) for the benefit of the community.	- There were efficient uses of resources as well as value adding and replacement of the used-up resources.	2	2	Should be developed and maintained
6. Allocation and sharing of community profits.	- There was even share among community members including the poor and the disabled.	2	2	Should be developed and maintained
Total score		12	9	
Percentage		100	75.00	Good level

Table 3.5 showed a summary of potential levels of community self-reliance for measurement criterion 4: Learning process of the community, which contained 3 measurement items. Analysis of individual items indicated 2 items (item 2 and 3) that required improvement constituting 66.67 % of the total items in the set. The other item passed the criteria limit into the “should be developed and maintained” level, accounting for 33.33%. The overall score was 4 scores out of 6 total scores accounting for 66.67 %, indicating a good potential level of the measurement criteria.

Table 3.5 Summary of potential levels of community self-reliance: measurement criteria 4: Learning process of the community.

Measurement items	Summary of current village situations	Score level		Potential level
		total	actual	
1. Knowledge sources of the community.	- There was knowledge source utilised in transferring knowledge to target groups in the village.	2	2	Should be developed and maintained
2. Means of knowledge transfer in the community.	- By means of meetings and training programs.	2	1	Need improvement
3. Target groups to which knowledge being transferred.	- There was a transfer of knowledge to other people in the community.	2	1	Need improvement
Total score		6	4	
Percentage		100	66.67	Good level

Table 3.6 Summary of potential levels of community self-reliance: measurement criteria 5: Participation of the community.

Measurement items	Summary of current village situations	Score level		Potential level
		total	actual	
1. Variety of organisations involved in development activities.	- There were groups of government officials, community leaders, leaders of other local organisations, and community members.	2	2	Should be developed and maintained
2. Proportion of community members involved in development activities.	- > 75% of all target groups.	2	2	Should be developed and maintained
3. Participation level of community members throughout development process.	- Participation in planning and in activities.	2	1	Need improvement
Total score		6	5	
Percentage		100	83.33	Excellent level

Table 3.6 showed potential levels of community self-reliance for measurement criterion 5: participation of the community, which comprised of 3 measurement items. Analysis of the individual items found that 1 item (item 3) needed improvement, accounting for 33.33 % of the total items, whereas 2 items (item 1 and 2) should be developed and maintained their level. The latter accounted for 66.67 % of the total items. The overall score was 5 out of 6 total scores, accounting for 83.33 % and indicating excellent potential level for the set of measurement criteria.

Table 3.7 Summary of overall potential levels of community public health self-reliance.

Measurement items	Number of measurement items	Need improvement		Should developed and maintained	
		No of items	%	No of items	%
1. Organisation/ Manpower	6	4	66.67	2	33.33
2. Budget	4	4	100	0	0
3. Management	6	3	50.00	3	50.00
4. Learning process	3	2	66.67	1	33.33
5. Participation of community	3	1	33.33	2	66.67
Total score	22	14	63.64	8	36.36

Table 3.7 showed a summary of overall potential levels of the community public health self-reliance for all measurement criteria. There was a total of 5 sets of measurement criteria, comprised of 22 measurement items. Self-reliance potential levels were divided into 2 levels, which were “need improvement” level (items with 0 and 1 scores) and “should be developed and maintained” level (items with 2 scores). It was found that the majority (14 items) of the items were in the “need improvement” level accounting for 63.64 % of the total items, whereas, 8 items were in the “should be developed and maintained” level accounting for 36.36 % of the total items. Ranking of the measurement criteria according to their need for improvement was Set

2: Budget, Set 1: Organisation/ Manpower and Set 4: Learning process, Set 3: Management, and Set 5: Participation of the community respectively.

3.6.2.3 Conclusion

The operational procedure for identification of potential levels of community public health self-reliance involved reviewing of the village circumstances and identifying of self-reliance potential levels by each sub-group of the evaluation team members. Then each group presented summaries of its group work to the entire evaluation team for discussion and conclusion on the potential levels of the community self-reliance. The outcome of this process provided the evaluation team with important information on self-reliance potential levels for both individual items and individual sets of measurement criteria. This information will be valuable in the planning of action plans to solve problems and to develop community potentials.

3.6.3 Establishment of the action plans for potential development of community public health self-reliance

3.6.3.1 Evaluation questions

- 1) How did the evaluation team seek for techniques to improve and develop community potentials?
- 2) How were the activities, plans and project integrated?
- 3) What were the components of the village's action plan?

3.6.3.2 Process outcomes

- 1) Seeking of means for improving, solving, and developing potentials of the community: The evaluation team members were divided into 5 sub-groups as in Step 2. The responsibilities of each group were to determine the development goals for the allocated set of the measurement criteria, to summarise weak points gained from the evaluation outcome of Step 2 (i.e. potential identification), and to summarise possible means for improvement. One group was responsible for one set of measurement criteria, which was the same set as in Step 2. After completion of its assignments, each group presented the group work to the entire evaluation team for discussion prior to confirmation voting for conclusion of development goals, weak points, and means for improvement. Details of the outcome are shown in Table 3.8.

Table 3.8 Development goals, weak points, and means for improvement of community potential in public health self-reliance.

Development goals	Weak points gained from evaluation of Step 2.	Means for improvement
<u>Set 1: Organisation/Manpower</u> 1. Variety of development leaders. 2. Organisations have clear objectives. 3. Regular coordination and continuous collaboration. 4. Collaborative network with other external sectors.	1. There was no variety of development leaders, having only VHVs and leaders appointed by government sectors, lacking of groups set up by community members. 2. Most development organisations were set up by participation of governmental/ external sectors and the village leader. There was lack of involvement from community members. 3. Objectives of most local organisations were to solve various problems of the village. 4. There was occasional coordination among groups and organisations in the village, lacking of regularity and continuity.	1. Promote formation of local organisations and promote participation of existing groups in the development activities. 2. Promote determination of clear objectives and roles among various organisations in the village. 3. The Board was to regularly coordinate and collaborate in problem solving and development activities of the community.
<u>Set 2: Budget/Input</u> 1. Budget raising from both internal and external organisations. 2. Management of the budget to create circulation and profits from the budget. 3. Uses of the profits from budget management process in development activities of the village, including public health areas.	1. There were occasional fund raising activities for a special project. There was no funding group. 2. Development funding sources were from external organisations, lacking of fund raising within the community. 3. There was no system for budget management to create circulation and profits of the budget. 4. There was no allocation/utilisation of budget benefits in development activities.	1. Initiate formation of local development funding groups or other types of funding groups. 2. Impose clear rules for management of the community budget with the main objectives to create circulation of the budget and to allocate the profits from the management process for public health development activities of the community.

Table 3.8 Development goals, weak points, and means for improvement of community potential in public health self-reliance (continued).

Development goals	Weak points gained from evaluation of Step 2	Means for improvement
<u>Set 3: Management</u> 1. There is general basic information as well as data on public health problems in the village and nearby areas. 2. There is distribution of data and use of data in planning process and in solving village's problems. 3. Brainstorming ideas and opinions from the villagers for planning activities to solve village's problems. 4. There is implementation process according to the plan as well as follow-up and evaluation process 5. Resources of the community are efficiently used. There is value adding and replacing management of the used-up resources. 6. There is even share and proper allocation of community benefits for all community members as well as the poor and the disabled.	1. The village had general basic information and data on local public health problems, however, lacked of data on those of nearby communities. 2. Plans, projects and activities to solve village's problems were mainly involved by the village leader. There was a lack of brainstorming opinions from the villagers. 3. There was implementation of activities according to the plan, however, lacking of monitoring and evaluation process.	1. Comply and publish general data of the village e.g. a village map, population, occupation, income, education, and a registry of the poor. 2. Comply and publish data on public health problems, such as illness history and death causes, of both the village and the nearby villages. 3. Promote utilization of the data in planning for solving village's problems. 4. Promote participation of villagers in organising development plans and solving village's problems. 5. Promote participation of villagers throughout the development process i.e. planning, implementation, monitoring, and evaluation.

Table 3.8 Development goals, weak points, and means for improvement of community potential in public health self-reliance (continued).

Development goals	Weak points gained from evaluation of Step 2	Means for improvement
<u>Set 4:</u> <u>Learning process</u> 1. There is a place holding collections of documents, books, news and information as well as knowledge of various fields. 2. There is distribution of knowledge by means of papers, broadcasting, meeting, training, group talking and experience sharing.	1. There was distribution of information through meeting and training sessions, however, lacking of group talking, experience sharing or participatory learning activities. 2. There was knowledge transferring to the members of the community, lacking of knowledge transferred to people outside the community.	1. Establish a local site holding collections of books, documents and data for the community members at the CPHCC, the center of the village, a temple etc. 2. Encourage the village leader or senior consultants to promote the activities of local groups, or distribute information by means of local broadcasting.
<u>Set 5: Participation of the community</u> 1. Groups of people participated in the community development activities contain various government officials, village leaders, local organisations and community members. 2. At least 75 % of the target groups participated in the activities. 3. Villagers involved throughout the process of development activities i.e. brainstorming, planning, implementation, monitoring and evaluation.	- Participation of the community in development activities involved planning and organising activities, however, lacking of participation in monitoring and evaluation process.	- Encourage the community members to participate in planning process, in implementation as well as in monitoring and evaluation process.

2) *Establishment of the action plan for potential development of the community public health self-reliance.* The entire evaluation team analysed information on the development goals, the summary of the weak points, and the means for improvement that presented by each sub-group. The data were then integrated with existing projects and activities of each organisation into the village action plan.

Table 3.9 showed a summary of the action plan for potential improvement and development of the community public health self-reliance. The implementation plan comprised of 5 major plans including: 1) Plans for potential promotion and development of the community participation comprised of 5 minor plans for development of the Housewives group, the Youth group, the Village civil-society, the VHVs, and the Family Health Leaders 2) Fund raising plans comprised of establishment of the community trading stores' funding group and the community water supply funding group 3) Improvement plans for information system included improvement of the information center at the Community Primary Health Care Center (CPHCC), promotion of local broadcasting news, and establishment of public telephones in the village 4) Development plans for the community learning process comprised of one minor plan, which was improvement of the village's newspaper stand and reading area 5) Other development plans included promotion of integrated farming techniques and reforestation in the village public lands.

The time schedules for implementation of the plans were imposed to be during May-December 2000 to respond with the evaluation schedule set in December 2000.

Table 3.9 Summary of the implementation plan for potential development of the community public health self-reliance.

No.	Projects and plans	Schedule - Year 2000	Responsibility *
1.	Potential promotion and development of the community participation.		
	1.1 Development of the Housewives group.	Aug – Dec	CDW, SA and HG
	1.2 Development of the Youth group.	Jun – Dec	CDW, SA, SMO and YG
	1.3 Development of the Village civil-society.	Jun – Dec	CDW, SA, SMO, PHO, T and CA
	1.4 Development of the VHVs.	Jun – Jul	PHO and VHVs
	1.5 Development of the family health leaders.	Jun – Jul	PHO, VHVs and FHL
2.	Fund raising plans.		
	2.1 Establish a funding group of community trading stores.	Nov – Dec	CDW, SA, SMO, V, PHO, T, VL and VC
	2.2 Establish a funding group of community water supply.	Jun – Jul	VL and VC
3.	Plans for improvement of information system.		
	3.1 Improve the center of information at the CPHCC.	Jun – Jul	PHO, VHVs, VL and VC
	3.2 Promote broadcasting of information and knowledge by the village leader and acknowledged seniors.	Jun – Dec	VL, VC, T and AS
	3.3 Request for establishment of public phones in the village.	Jun – Dec	VL and VC
4.	Development plan for learning process of the community.		
	4.1 Improve the village's newspaper stand and reading area.	Jun – Dec	SMO, T, VL and VC
5.	Plans for developing other areas of the village.		
	5.1 Promote an integrated farming.	Jun – Dec	SA and interested farmers
	5.2 Reforest in the village public lands.	Jun – Oct	SA, FO, VL and VC

*AS = Acknowledgeable Seniors

CDW = Community Development Workers

FO = Forestry Officers

Association

PHO = Public Health Officers

SMO = the Tambon Management Organisation

V = Villagers

VL = Village Leader

CA =the Village civil-society

FHL = Family Health Leaders

HG = the Housewives Groups

VHVs = Village Health Volunteers

SA = Tambon Agriculturists

T = Teachers

VC = Village Committees

YG = the Youth Groups

3.6.3.3 Conclusion

In establishment of the implementation plan for potential correction and development of the community public health self-reliance, the evaluation team imposed the development goals for each individual set of the measurement criteria, summarised the weak points gained from the evaluation in Step 2, and proposed the means for improvement. The data were integrated with existing plans of related organisation into the implementation plan of the village.

3.6.4 Implementation of the action plans

3.6.4.1 Evaluation questions

- 1) How did the evaluation team manage and implement the action plan?
- 2) How were the monitoring and the process evaluation conducted during the implementation step?
- 3) How was the outcome evaluation conducted after the implementation step?
- 4) How was the outcome of the project at pre- and post-implementation compared?
- 5) What were the evaluation team's views on improvement of the potential evaluation and development process of the community public health self-reliance?

3.6.4.2 Process outcomes

- 1) *Implementation of the action plan.* The evaluation team allocated assignments for its members to implement according to the plans, and coordinated with related parties. The Director Board for potential evaluation and development of the community public health self-reliance was responsible for monitoring and supporting the implementation process, which was conducted during May-December 2000.

2) *Outcome evaluation of the project after completion of the implementation step.* A meeting was organised for the evaluation team to conclude the outcome of the implementation step, and to assess potentials in public health self-reliance of the community. The meeting was a one-day session conducted in January 2001. Table 3.10-3.22 showed outcomes of the implementation according to the plan.

Table 3.10 Summary of implementation outcomes according to the development plan for the Housewives Group.

Problems identified prior to implementation	Development activities	Development outcomes
The group of housewives group existed before commencement of this project. Evaluation of current village situation indicated that - It was formed by supports from governmental sectors. - Majorities of its members did not understand its objectives and goals. - Operation of group activities was discontinuous and its activities were not clear.	- Organise a workshop meeting for the group of housewives group with supports from Community Development Workers, the Tambon agriculturist and the village leader for reviewing of their roles and functions as well as finding the clear activities of the group.	- The group members met for group discussion. - All participated in determination of the group's objectives and roles. - Election of the president and committees. - Open for membership. There were 18 existing members. - The present activities of the group involved promotion of supplementary occupations such as: cloth weaving, which received 20,000 baht support from the Tambon agricultural office in September 2000 as a budget for weaving materials and equipment. At present, products of the group including "Pa kwow ma" and plain clothes were available for purchase both inside and outside the village. There was circulation of the budget and the profits were shared among the members.

Table 3.11 Summary of implementation outcomes according to the development plan for the Youth Group.

Problems identified prior to implementation	Development activities	Development outcomes
The Youth group was formed by similar process as the group of housewives group, that is: - Received supports from governmental sectors. - Majorities of the members did not understand the group's objectives and goals. - Operation of group activities was discontinuous and its activities were not clear.	- Organised meetings for the young members with supports from the village leader, the Tambon Administrative Organisation, community development officers and the Tambon agriculturist. - There was formation of the committees as well as determination of objectives and roles of the association. - The group members participated in planning the activities.	After the process evaluation and creation of the development plan, the group combined and participated in determination of its objectives, its roles, and its activities. There were 25 members. At present, the tangible projects included mushroom cultivation, which received 5,000 baht support from the Tambon Administrative Organisation in August 2000 as a budget for raw materials and for building a nursery house. The group owned a nursery house with 2.5m x 9.0m in dimension for mushroom cultivation and had circulation of 5,000 baht budget from selling of mushroom products.

Table 3.12 Summary of implementation outcomes according to the development plan for the Village civil-society.

Problems identified prior to implementation	Development activities	Development outcomes
The village civil-society was loosely formed in 1999. The activities of the group were not clear and discontinuous. There was a group meeting or brainstorming upon request from external organisations. There was lack of initiation within the group/community.	- Organised a discussion meeting for the leaders of the group with participation of public health officers responsible for school sectors, Tambon agriculturists, Community Development Workers and members of the Tambon Administrative Organisation to review the roles and activities of the group as well as coordination with collaborative network both within and outside the community.	There was a meeting of the village civil-society association leaders' group with participation of the local organisation members to review, discuss and impose clear objectives and roles of the group. Activities of the group included its roles in initiation and planning of community development projects, organising a referendum and working as a community representative in monitoring the activities of the Tambon Administrative Organisation. There were then 40 members in the leaders group from various local organisations and interested people. It was found that there was an increase in the group's roles in proposing ideas and planning the community activities, especially with management of budgets in primary health care supporting fund section. The association also played a greater role in brainstorming and planning as well as in monitoring and evaluation process, which were mainly contributed by the VHVs' group in the past.

Table 3.13 Summary of implementation outcomes according to the development plan for the VHVs Group.

Problems identified prior to implementation	Development activities	Development outcomes
The VHVs group comprised of 11 members, each responsible for 10-11 households. Problems found prior to the implementation were: - Majorities of the VHVs lacked of knowledge and skills in providing First Aid services, and basic examination and treatment as well as in using medical instruments. - Majorities of the activities in the village included an environmental cleaning up campaign, and mosquito larvae survey and prevention. Most tended to be a request from public health officers. - Most members could not tell about details of the action plan and activities such as in the project under the budget of the supporting fund, that each village received 7,500 baht of government allocation each year.	- A meeting was held for the health care volunteer group, also attended the village leader and the public health officers. The meeting agenda included: - Review of the past activities. - Review of the community public health development plan and participation in allocation of roles and responsibilities for each member according to interest and skills such as coordination, organising and follow up process.	- All VHVs were informed and able to explain details of their activities in the community public health development plan (e.g. what were the activities, how, when and who were responsible?). - There was one meeting per month between the group and the public health officers to follow up with the progress of the implementation, to review and provide training on basic treatment, First Aid techniques, and using of medical instruments. - Participation in environmental cleaning up campaign both inside and outside the house. Monitoring and elimination of mosquito larvae once per week. - Participated with the public health officers in training the family health leaders about family and self-caring techniques, to cover all households. - Participated in improvement of the community primary health care center by cleaning up and organising the place and surrounding area, preparation of medicines and necessary equipment, and updating the important data and information.

Table 3.14 Summary of implementation outcomes according to the development plan for the Family Health Leaders' Group.

Problems identified prior to implementation	Development activities	Development outcomes
The family health leaders' group was one of the primary health care development goals. The 8th public health development plan targeted for ability of people in self-caring. There should be at least 1 member in a family having knowledge and skills necessary for family and self-caring. A potential problem found was that there was no training program for the family health group as targeted in the plan.	- The VHVs group collaborating with the local public health officers recruited one representative from every family by selecting interested persons who were ready for the one-day training of the family health leader's course.	- The VHVs group collaborating with the local public health officers conducted the training program of the family health leader's course for the representatives from every family. The training contents included the 10 techniques of the National Health Recommendations, prevention and control of major communicable diseases such as hemorrhagic fever, Leptospirosis and Diarrhoea. The 1,500 baht budget for drinks and food catering for the training participants was allocated from the community public health supporting fund. - The post-training evaluation showed that the participants were able to explain the self-caring techniques and advising other family members according to the techniques of the National Health Recommendations. They were also able to practice primary and First Aid care, and participated in the VHVs' activities such as in the mosquito larvae survey and elimination program.

Table 3.15 Summary of implementation outcomes according to the development plan for formation of the community trading store funding group.

Problems identified prior to implementation	Development activities	Development outcomes
There was no community trading stores' funding group in the village. In planning step of the implementation plan, the evaluation team agreed to establish the community store-funding group as a fund raising source, to promote saving, creating income and utilisation of the group benefits in community development.	- The village leader collaborated with staff from related sectors conducted a meeting to inform the villagers about the plan for establishment of the trading store funding group, management, and targeted benefits of the group.	A follow up evaluation indicated that the group was collecting its members. According to the conclusion of the village meeting, each member was to hold a 300 Baht share and to deposit 100 baht each month for 3 months into his/her saving account to cover the 300 baht share. The funding group was targeted to open in April 2001. There were 78 members at the time of the follow up, accounting for 62.40% of the total households. The major activities of the funding group included procuring and retailing common goods to its members and people in the community. The store was to be managed by committees selected by the group members.

Table 3.16 Summary of implementation outcomes according to the development plan for the community water supply funding group.

Problems identified prior to implementation	Development activities	Development outcomes
The community water supply facility had been built for approximately 2 years by funding from the Geological Resources Department. It contained an electrical power system pumping water from underground. The community committees were to manage the facility and expenses, however, there were problems with water supply and water fee charges due to lacking of clear management system and there was no compensation for people responsible.	The community committees conducted meetings to discuss and seek for resolution for better management of the funding group. The committees selected persons responsible for releasing and limiting water supply for the members. They were also to collect water fees according to the water meter each month. They would receive compensation of 10 % of the total water fees collected.	- The water facilities were better looked and there were clear responsible persons. - The villagers received sufficient water supply for their consumption. - The community water supply funding group was feasible. At present there was 500 baht monthly profit from water fee charges and the group had accumulated saving of 6,000 baht.

Table 3.17 Summary of implementation outcomes according to the development plan for the Community Primary Health Care Center (CPHCC).

Problems identified prior to implementation	Development activities	Development outcomes
- The CPHCC located at a house of a VHVs. The services provided by the CPHCC included distribution of common medicines, counseling and primary treatment, First Aid, the village newspaper stand and reading area, news and notice board (government notice, public health news, general notice etc.). - Problems found included inadequate medicines and medical equipment, service duty was mainly responsible by the house owner, the place was not well-organised, and lack of accurate and updated information.	- The group of VHVs in collaboration with the local public health officers sought for resolutions and improvement, at the same time conducting meeting and training programs to provide continuous education to the VHVs.	- The same place of the CPHCC was improved by placing a new clearer name plate indicating the name of the CPHCC and the village's newspaper stand and reading area. The center including surrounding was cleaned and organised. - There was addition of more notice boards and replacement of information notices with appropriate time. - Updating of the village general information, data on health status of the village members, data on spreading of communicable diseases, data on community public health development plan, surveying data such as community primary needs and mosquito larvae data.

Table 3.18 Summary of implementation outcomes according to the development plan for the news broadcasting at the community broadcasting center.

Problems identified prior to implementation	Development activities	Development outcomes
There was one community-broadcasting center at the village leader's house. In the past the majority of the broadcastings contained news and advertisement information announced by the village leader. There was lack of involvement from the group of healthcare volunteers, other group's leaders, and acknowledgeable seniors in the village.	- The village leader including VHVs, local groups' leaders, and community seniors discussed and set up improvement and development plans for broadcasting in terms of both contents and broadcasters. There was promotion of knowledge and news broadcasting by the village leader and community seniors.	The village leader provided and promoted more opportunities for acknowledgeable seniors, the community committees and local group representatives to use the community-broadcasting center. There was also a registration book for recording of broadcasters and the broadcasting topics.

Table 3.19 Summary of implementation outcomes according to the plan for establishment of community public telephones.

Problems identified prior to implementation	Development activities	Development outcomes
There was no public telephone in the village.	The community committees coordinated with the Telephone Authority to request for establishment of public telephones in the village.	The Telephone Authority approved the request application and establish one coin public telephone at the center of the village.

Table 3.20 Summary of implementation outcomes according to the development plan for the community newspaper stand and reading area.

Problems identified prior to implementation	Development activities	Development outcomes
The village commonly received 2 issues of daily newspaper. This was supported by the center for distant education. The newspapers were delivered by the community bus and stored at the CPHCC. The problems found included a lack of shelves to place and store the newspapers causing damage and loss to the newspapers as well as inconvenience for users.	The village leader collaborating with the community committees, healthcare volunteers, teachers, and members of the Tambon Administrative Organisation discussed resolutions for improving the community newspaper stand and reading area, acquiring shelves to store newspapers for tidiness and user-convenience.	The members of the Tambon Administrative Organisation allocated 5,000 budget for document and newspaper-shelves, which were placed at the CPHCC. This was more convenient for the readers resulting in an increase in the number of readers.

Table 3.21 Summary of implementation outcomes according to the promotion plan for integrated farming.

Problems identified prior to implementation	Development activities	Development outcomes
Farmers in the village considerably lacked of knowledge and understanding about integrated farming techniques and about efficient uses of the land.	Tambon agriculturists provided information about concept ideas and techniques in doing integrated farming.	There were two farmers interested and commencing integrated farming by dividing their farming land for rice farming, planting and livestock.

Table 3.22 Summary of implementation outcomes according to the plan for reforestation of the community public land.

Problems identified prior to implementation	Development activities	Development outcomes
There were 25 Rais of the village public land, which was unusable.	The village leader and the villager participated in finding ways to develop the unused land into a community forest by additional tree planting.	The community committees coordinated with the Provincial Forest Department to participate in the community forest project and requested for the Department's supports of 25,000 tree sprouts to be planted in the 25 Rais of the community public land. At present the Provincial Forest Department had approved the request and planting has been completed.

Table 3.10-3.22 showed the outcome summary of the implementation step during May-December 2000. It was found that, majorities of the development activities set in the plan had been completed. There were only few activities being on progress at the time of the follow up evaluation. It may be concluded that every project plan demonstrated an improvement trend.

After the evaluation team had concluded the process outcomes of the implementation, the community potential level in public health self-reliance was reevaluated. The evaluation outcomes classified by types of measurement criteria are shown in Table 3.23.

The overall score of the measurement criterion: organisation/manpower in Table 3.23 indicated a clear improvement trend from 12 overall scores at post-implementation compared to 8 overall scores in the previous year. The table also showed details of the implementation outcomes classified by types of measurement items, including any changes that led to the achievement of the project goals.

Table 3.23 Comparison of the evaluation outcomes for the measurement criterion 1: organisation/ manpower, at pre- and post-implementation.

Measurement items	Total score	Evaluation scores		Transition that could lead to achievement of the project goals.
		Pre	Post	
1. Variety of local groups' leader involved in development activities.	2	1	2	During the past 8 months, the village carried out the development projects for the housewives group, the Youth Groups , the Village civil-society, the VHV's' group, and the family health leaders by focussing on review of their objectives, roles and activities. Establishment of the committees was clear and membership subscription was by voluntary basis. In the potential evaluation step, the evaluation team agreed that the village had achieved the criteria of variety in developmental leaders. The evaluation result obtained 2 scores, increased from that of the past 8 months.
2. There were experts/acknowledgeable persons of various fields in the village, involved in the development.	2	2	2	There were acknowledgeable persons and experts in the village, such as seniors, retired government officials, and teachers and soldiers who lived in the village, participated in community development activities. The evaluation result at post-implementation obtained 2 scores, same as that of the past 8 months.
3.Characteristics of major groups in the village that involved in development activities.	2	1	2	Promotion of the community members' participation in development activities resulted in more involvement of variety of representatives or members of various local groups. The evaluation result obtained 2 scores, increased from that of the past 8 months.
4. Objectives of the majorities of groups and organisations in the village.	2	1	2	Various local groups had better understanding of their objectives, their roles, and their goals leading to regular coordination among the groups. The evaluation result obtained 2 scores, increased from that of the past 8 months.
5. Nature of coordination among groups and organisations in the village.	2	1	2	Since various local groups participated in consultation meetings and conducted activities together, this led to regular coordination among the groups. The evaluation result obtained 2 scores, increased from that of the past 8 months.
6. Development network of internal groups with other external sectors.	2	2	2	The village had coordination with and received supports from various sectors such as public health officials, agriculturists, Community Development Workers , members of the Tambon Administrative Organization and politicians. The evaluation result obtained 2 scores as for the past 8 months.
Total score	12	8	12	
Percentage	100	66.67	100	

Table 3.24 Comparison of the evaluation outcomes for the measurement criterion 2: budgets, at pre- and post-implementation.

Measurement items	Total score	Evaluation scores		Transition that could lead to achievement of the project goals.
		Pre	Post	
1. Raising funds used for solving public health problems.	2	1	2	To improve and solve the water supply problem, the community water supply-funding group was established with objectives to improve quality of water services and to expand service area to cover every household. The people received water supply sufficient for their consumption. The evaluation result obtained 2 scores.
2. Sources of financial funds used in development activities.	2	1	2	The village collected budget internally to combine with the funding supported by governmental sectors and by external groups. This included establishment of the community store funding group, which had collected 76 household members, each with 300 baht share. At the time of the evaluation, the group was seeking for a suitable site for a store construction. Besides, the village collected budgets for building a sermon hall in the temple for religious ceremonies and community meetings. The evaluation result obtained 2 scores.
3. Management system to create circulation of the budget.	2	0	1	There was a management system to create budget circulation, for example, budget for promotion of the housewives group' weaving activities, and mushroom cultivation of the youth group as well as the budget for formation of the trading store-funding group. Therefore, there was budget available for raw materials and equipment used in production process. However, it was not feasible to share benefits at the time; as the work was only commenced in the initial stage. The evaluation result obtained 2 scores with improvement tendency.
4. Utilisation of benefits from the budget management in public health development.	2	0	0	Although there were fund-raising activities and management to create budget circulation, it was not possible to share profits among the groups' members or to use profits in development activities. The evaluation result received 0 score. However, if the proceeding activities were considered, it was expected that the village would be able to allocate profits to the groups' members and able to use them in development activities in the near future.
Total score	8	2	5	
Percentage	100	25.00	62.50	

From Table 3.24 the overall score for the measurement criterion: budget/input indicated a better development tendency from the previous 8 months by an increase of the total score from 2 scores out of 6 maximum scores at pre-implementation to 5 scores at post-implementation.

Table 3.25 Comparison of the evaluation outcomes for the measurement criterion 3: management system, at pre- and post-implementation.

Measurement items	Total score	Evaluation scores		Transition that could lead to achievement of the project goals.
		Pre	Post	
1. Updated information/data useful for the community development.	2	1	1	The village had updated information and data by conducting surveys then presented them at the CPHCC and the village leader's office. The data covered general basic information and health status of the villagers. There was a lack of data and important problems of the nearby villages, the evaluation result, therefore, received 1 score same as that of the previous evaluation. The data were, however, more up-to-date.
2. Utilization of the data in development activities.	2	2	2	The village conducted data surveys, distributed the data, and used the data in planning the development activities. There were more uses of the actual data, such as uses of data on prevalence of common house mosquito larvae obtained by comparison of surveying data from different houses, in assessment of the hemorrhagic fever prevention program. The evaluation result received 2 scores and there was continuous improvement.
3. Activity plans/projects to solve the community problems.	2	1	2	In organising the resolution and development plans for the village, a meeting was conducted for brainstorming of ideas and opinions from the villagers, for example, in organising of a community stage and organising of the budget plan for fundamental public health works. The evaluation result obtained 2 scores with an improvement from the previous year.

Table 3.25 Comparison of the evaluation outcomes for the measurement criterion 3: management system, at pre- and post-implementation (continued).

Measurement items	total score	Evaluation scores		Transition that could lead to achievement of the project goals.
		Pre	Post	
4. Implementation according to the plan.	2	1	2	Majorities of the village activities were implemented according to the plan. There was monitoring and assessment step by conducting an internal meeting for group discussion and presenting the outcome to the village meeting. For example, in the weaving activity of the female villagers and the mushroom cultivation activity of the youth group, the groups' members were informed of marketing problems and aware of the need for coordination with related external sectors to request for supports. Also, the groups discussed and sought for a new product to replace/supplement the existing product. In addition, the VHVs' group was able to identify and describe the problems from implementation of its activities. Therefore, the evaluation result received 2 scores.
5. Utilisation of community resources, such as raw materials, intellectual heritage and locally natural resources, for public benefits.	2	2	2	There was utilization of community resources including raw materials, intellectual heritage and locally natural resources, for example, uses of the community forest and promotion for acknowledgeable seniors in the village to participate in development activities. The evaluation result obtained 2 scores same as that of the past 8 months.
6. Allocation and sharing of the community benefits.	2	2	2	Allocation and sharing of the community benefits was even and covering the poor and the disabled in the village. The evaluation result obtained 2 scores, same as that of the past 8 months.
Total score	12	9	11	
Percentage	100	75.00	91.67	

From Table 3.25 the overall score for the measurement criterion: the community management system indicated a better development tendency with an increase of the total score from 9 scores at pre-implementation to 11 scores at post-implementation.

Table 3.26 Comparison of the evaluation outcomes for the measurement criterion 4: learning process of the community, at pre- and post-implementation.

Measurement items	Total score	Evaluation scores		Transition that could lead to achievement of the project goals.
		Pre	Post	
1. There was a knowledge source in the community.	2	2	2	The knowledge sources of the community included the Community Primary Health Care Center (the CPHCC), the temple, the village leader office, the broadcasting center, and the community newspaper stand and reading area, all which were used in transferring of knowledge to other members in the community. The evaluation result received 2 scores as in the previous evaluation.
2. Means of knowledge transferring.	2	1	2	Conducting of various activities in the community led to discussion meetings both within a group and among several groups. The evaluation result obtained 2 scores with an improvement from the previous 8 months.
3. Targeted groups for knowledge transferring.	2	1	1	Transferring of knowledge to other people is still limited within the village. The evaluation result received 1 score, same as the past 8 months.
Total score	6	4	5	
Percentage	100	66.67	83.33	

According to Table 3.26, the overall score of the community learning process indicated better development tendency with an increase of 1 score, which was the result of the knowledge transferring methods used in the community such as group discussion and experience sharing among the community members.

From Table 3.27 the overall score for the measurement criterion: participation of the community in the development activities indicated a good involvement level and an improvement tendency. The participation of the community members was in forms of ideas brainstorming, planning, implementation and monitoring. The maximum of 6 evaluation scores were achieved at post-implementation, compared to 5 scores at the time of pre-implementation.

Table 3.27 Comparison of the evaluation outcomes for the measurement criterion 5: participation of the community, at pre- and post-implementation.

Measurement items	Total score	Evaluation scores		Transition that could lead to achievement of the project goals.
		Pre	Post	
1. Variety of groups and organisations involved in development activities.	2	2	2	Groups of people involved in the development activities included governmental officials, village leaders and villagers. The evaluation result obtained 2 scores as in the past 8 months.
2. Proportion of community populations involved in development activities.	2	2	2	Proportion of community populations involved in the development activities was greater than 75 %. The evaluation result obtained 2 scores as in the past 8 months.
3. Participation of the people in development activities.	2	1	2	The community members participated in the development activities throughout the procedure included brainstorming ideas, planning activities and implementing the plan as well as monitoring and assessment process. They were able to identify problems and obstacles of the activity process. The evaluation result received 2 scores with an improvement from the previous evaluation.
Total score	6	5	6	
Percentage	100	83.33	100	

Table 3.28 Analysis summary of community potentials in public health self-reliance classified by types of the measurement criteria.

Measurement criteria	No. of items	Pre-implementation				Post-implementation			
		Need improvement		Be developed & maintained		Need improvement		Be developed & maintained	
		*	%	*	%	*	%	*	%
1. Organisation/manpower	6	4	66.67	2	33.33	0	0	6	100
2. Budget/input	4	4	100	0	0	1	25.00	3	75.00
3. Management system	6	3	50.00	3	50.00	1	16.67	5	83.33
4. Learning process	3	2	66.67	1	33.33	1	33.33	2	66.67
5. Participation	3	1	33.33	2	66.67	0	0	3	100
Total	22	14	63.64	8	36.36	3	13.64	19	86.36

* No. of items

Table 3.28 showed comparison of overall community potential levels in public health self-reliance before and after the implementation of the development plans. It was found that there was an improvement tendency for every set of the measurement criteria. At post-implementation, there were 2 sets of measurement criteria (Set 1 and Set 5) that every measurement items passed into the “should be developed and maintained” level. Other measurement criteria, ranked by the number of items in the “should be developed and maintained” level, were Set 3, Set 2 and Set 4 respectively. Analysis of the total score for all measurement criteria found that at post-implementation, there were 19 measurement items in the “should be developed and maintained” level accounting for 86.36 % of the total items, compared to 8 items in the same level (36.64 %) at pre-implementation.

Table 3.29 Community potentials in public health self-reliance from the overall score analysis of each measurement criteria.

Measurement criteria	Total score	Pre-implementation			Post-implementation		
		score	%	level	score	%	level
1. Organisation/manpower	12	8	66.67	Good	12	100	Excellent
2. Budget/input	8	2	25.00	Need improvement	5	62.50	Good
3. Management system	12	9	75.00	Good	11	91.67	Excellent
4. Learning process	6	4	66.67	Good	5	83.33	Excellent
5. Participation	6	5	83.33	Excellent	6	100	Excellent
Total	44	28	63.64	Good	39	88.64	Excellent

Table 3.29 showed analysis summary of the overall evaluation score for each measurement criteria. It was found that after the implementation, in comparison to the pre-implementation data, there was an improvement tendency with the excellent level score in every measurement criteria, except for Set 2, which was at a good level. The overall score for the entire community indicated an excellent potential in public health self-reliance of the village, compared to a good level at pre-implementation.

3.6.4.3 Conclusion

The assessment of the implementation process comprised of 2 major steps, which were the 8-month implementation step (May-December 2000) and the evaluation step at post-implementation. In the first step, the evaluation team allocated responsibilities for each team member to carry out activities including coordinating with related parties. The Director Board for Potential Evaluation and Development of the Community Public Health Self-reliance was responsible for monitoring and supporting the implementation of the action plans. The second step was carried out after completion of the implementation step by conducting the evaluation team meeting to conclude the outcomes of the implementation and reassess the community potential levels in public health self-reliance using the same evaluation questionnaires. The evaluation outcome indicated an improvement tendency of the potential levels in community self-reliance.