

References

- Bureau of Health Policy and Planning. (1998). **Ministry of Public Health and Health Development Plan in Thailand**. Bangkok: Sam Charoen Panich
- Bureau of Health Policy and Planning , Social Development Association ,Kirk University.
(1996). **Situation of the Previous and Current Health development Plans during the 1st – 7th National Economic and Social Development Plans (1961-1996)**. Bangkok: The Best Graphic Design
- Chan Savatsalee .(2540). **Evaluation and Follow up Training** .Bangkok : Office of Welfare Office of Civil Committee.
- Deepa Narayan. (1993). **Participatory Evaluation : Tools for Managing Change in Water and Sanitation**. Word bank Technical Paper No.207, Washington D.C.
- Freedman Jim.(1994).**Participatory Evaluation Making Project work**. Canada : Division of International Development International Centre The University of Calgary Canada
- Greene, Jennifer. (1987). **Stakeholder Participation in Evaluation Design: Is It Worth the Effort?** Evaluation and Program Planning. Volume 10
- Jacob Pfohl. (1986). **Participatory Evaluation : A Users Guide**. New York: PACT Publications.
- Jumroon Mikhanorn .(1991) **Report on the Evaluation of the First Decade of Primary Health Care in Thailand (1978-1987)**.Office of the Primary Health Care, Ministry Public health.
- Ministry of Public Health Thailand .(1996). **Evaluating the implementation of the strategy for Health for All by the year 2000 (1992-1996)**.Bangkok : Ministry of Public Health Thailand
- Office of Primary Health Care, Ministry of Public Health.(1992-1993) **The development and implementation of model for remedy of the emerging problems through Primary Health Care**.
- Office of Primary Health Care, Ministry of Public Health.(1999) **Form evaluation Public Health Self-reliance of the community**.

References (continue)

Office of the National Economic and Social Development Board.(1995).

Social Indicators,1992. Office of the National Economic and Social Development Board, Bangkok.

Office of the National Economic and Social Development Board.(1996). **Vision of the Thai Economic and Society in the Future.**

Paichit Pawabutr. (1994). **The Concept of Health for All ,1996-2000.** Ubon Ratchathani : Witaya Printing.

Office of the Controller General of Canada. (1991). **Program Evaluation Methods.** Ottawa : Minister of Supply and Services.

Primary Health Care Management Advancement Programme .(1993). **Assessment the quality of management Module 7 User' Guide .** U.S.A. : The Aga Khan Foundation

Puntip Ramasutr .(2540). **Participatory Action Research.** Bangkok: P.A Living

Roi-Et Provincial Public Health Office.(1996). **Evaluating the implementation of Health for All Project.**

Srisaket Provincial Public Health Office and The PHC Management Improvement unit.(1989). **Primary Health Care information system development for management at the provincial level.** Office of Primary Health Care, Ministry of Public Health Thailand

Sumremng Yangrathoke .(1999). Guideline for Implementation Health for All .Nakorn Ratchasima: Ubol Yongsavat

Uphoff , Norman.(1988). **Participatory Evaluation of Farmer Organizations.** Agricultural Administration and Extension, Volume 30

Uphoff , Norman.(1988). **A Field Methodology for Participatory Self-Evaluation of P.P.P. Group and Inter-group Association Performance.** Ithaca New York: Cornell Rural Development Committee

APPENDICES

**APPENDIX A: QUESTIONNAIRES FOR EVALUATION OF COMMUNITY
PUBLIC HEALTH SELF-RELIANCE**

Ban.....Moo.....Tambon.....
District.....Province.....

Evaluation Date.....Month.....Year.....

Question guidelines for qualitative evaluation of measurement criteria	Remark
Measurement criterion 1 Organisation/ Manpower: Groups of people, organisations, and members of the community responsible for running community development activities	
1) There is a variety of development leaders in the community. ☐ 0 There are only healthcare volunteers. ☐ 1 There are VHVs and leaders appointed by governmental sectors (e.g. a village leader, members of Tambon Administrative Organisation, community committees, housewives' group, a youth group etc.). ☐ 2 There are healthcare volunteers, leaders appointed by governmental sectors, and local people groups (e.g. an occupational group, a traditional therapist group and a youth group).	
2) In addition to the leaders in Item 1, there are other acknowledgeable persons (seniors/experts) from various fields involved in development activities. ☐ 0 There is none. ☐ 1 There is, but does not participate in the activities. ☐ 2 There is, and participate in the activities.	
3) Characteristics of majorities of groups/ organisations involved in development activities. ☐ 0 They are organisations set up by governmental/ external sectors. ☐ 1 They are organisations set up by collaboration between governmental/external sectors and the community leader. ☐ 2 They are organisations set up by involvement of government-al/external sectors, the community leader and the community members, or containing representatives from every group.	For Item 3-6, majorities of organisations in the community are to be looked at.

Question guidelines for qualitative evaluation of measurement criteria	Remark
<u>Measurement criterion 1</u> Organisation/ Manpower: Groups of people, organisations, and members of the community responsible for running community development activities (continued)	
4) Objectives of majorities of organisations in the community. ☐ 0 There are no clear objectives. ☐ 1 To solve various problems of the community. ☐ 2 To solve community problems and continuously develop for better quality of life as well as being a role model for other communities.	
5) Nature of coordination among groups and organisations in the community. ☐ 0 There is no coordination. ☐ 1 There is coordination occasionally. ☐ 2 There is regular coordination and continuous collaboration.	
6) Development network of the local groups with other external sectors. ☐ 0 There is no network with other communities. ☐ 1 There is network solely with public health sectors. ☐ 2 There is network with public health sectors and other sectors.	
Overall measurement criterion: Organisation/Manpower	Total.....Scores

Question guidelines for qualitative evaluation of measurement criteria	Remark
Measurement criterion 2 Budgets available for problems solving and for community development work	
1) Collection of funding budgets necessary for solving public health problems. ☐ 0 There is no fund raising. ☐ 1 There are occasional fund-raising activities. ☐ 2 There is establishment of funding groups in the community.	Budgets include monies, materials, cultures, traditions, natural resources, etc. (not including people).
2) Sources of financial funding used in development work. ☐ 0 Financial allocation from governmental sectors. ☐ 1 In addition to the allocated governmental funding, there is seeking for supports from other external organisations. ☐ 2 In addition to the allocated governmental funding, there is seeking for supports from other external organisations as well as internal fund-raising.	
3) Management system to create circulation of budgets. ☐ 0 There is no management system. ☐ 1 There is management process to create budget circulation. ☐ 2 There is management process to create budget circulation as well as creating profits.	Look at overall system of the local budget management e.g. methods to increase group's incomes.
4) Utilisation of profits gained from budget management process in public health development. ☐ 0 There is no sharing/utilisation of profits in development work. ☐ 1 There is allocation of profits for uses in development of other areas (excluding public health). ☐ 2 There is utilisation of profits in various areas of community development including public health area.	How are profits used for solving problems? In public health area or other areas.
Overall measurement criterion: Budgets	Total.....Scores

Question guidelines for qualitative evaluation of measurement criteria	Remark
Measurement criterion 3 Operation management: There is management system for community public health development.	
1) Updated information and data available for community development. ☐ 0 There are only general data of the community. ☐ 1 There are general basic data and data on public health problems of the community. ☐ 2 There are general basic data and data on public health problems of the community as well as of the nearby communities.	Updated information means information from within the past 1 year.
2) Uses of the information/data in development activities. ☐ 0 There are no uses of the information. ☐ 1 There is distribution of information to other community members at the information center or through communication system of the community. ☐ 2 There is distribution and utilisation of the information in planning and solving community problems.	Communication system of a community included media, people, broadcasting center, printed materials etc.
3) Activity plans/projects to solve community problems. ☐ 0 Activity plans are set up by government officials. ☐ 1 They are activity plans that the village leader participated in planning process. ☐ 2 Activity plans are resulted from brainstorming of the community members' ideas.	Mainly consider public health plans that may exist in forms of documents or meeting agreements.
4) Implementation of the plan. ☐ 0 Activities are not carried out as planned. ☐ 1 Activities are carried out according to the plan. ☐ 2 Activities are carried out as planned and there is monitoring and assessment of the activities.	
5) Uses of community resources, including raw materials, intellectual heritage and natural resources, for public benefits. ☐ 0 There is no utilisation of community resources. ☐ 1 Resources are used in solving community problems. ☐ 2 Resources are used efficiently. There is value adding and replacement of the used up resources.	
6) Sharing and allocation of community benefits. ☐ 0 Benefits are shared only among organisers. ☐ 1 Benefits are shared only among certain groups. ☐ 2 Benefits are evenly shared among all community members including the poor and the disable.	Benefits mean profits gained from community resources, supports, privileges etc.
Overall measurement criterion: Operation management	Total.....Scores

Question guidelines for qualitative evaluation of measurement criteria	Remark
Measurement criterion 4 Learning process of the community: Learning and transferring of knowledge in the community	
1) There are knowledge sources in the community. ☐ 0 There is none. ☐ 1 There are knowledge sources, but only useful to certain groups such as school students. ☐ 2 There are knowledge sources that are used for transferring knowledge to other target groups in the community.	Knowledge sources may be acknowledgeable person or a place holding collection of various field knowledge.
2) Methods of knowledge transferring in the community. ☐ 0 Documents, printed materials and broadcasting center. ☐ 1 Meeting and training sessions. ☐ 2 Group discussion, experience sharing or participatory learning activities.	
3) Target groups that knowledge is transferred to. ☐ 0 Knowledge transferring to descendants in a family. ☐ 1 Knowledge transferring to people in the community. ☐ 2 Knowledge transferring to other people both within and outside the community.	
Overall measurement criterion: Learning process	Total.....Scores

Question guidelines for qualitative evaluation of measurement criteria	Remark
Measurement criterion 5 Participation of the community in development process	
1) Variety of groups and people involved in development work. ☐ 0 There are only groups of government officials and related community leaders. ☐ 1 There are groups of government officials, related community leaders, and other local groups' leaders. ☐ 2 There are groups of government officials, related community leaders, other local groups' leaders, and community members.	Focus on variety of groups and people involved in development activities, e.g. female villagers' group, seniors, youths, healthcare volunteers, etc.
2) Proportion of community members participated in development activities. ☐ 0 Less than half of the target group (< 50 %). ☐ 1 Three quarters of the target group (50-75 %). ☐ 2 Most of the target group (> 75 %).	Select the project plan involved by the entire community members. If there is none, select the activity with certain target groups and estimate % proportion from the total target number.
3) Participation level of community members in the development. ☐ 0 Participation in implementation step. ☐ 1 Participation in planning and implementation step. ☐ 2 Participation in planning, implementation, monitoring and assessment process.	Consider how community members participate in most of the development activities.
Overall measurement criterion: Participation of the community	Total.....Scores

Presentation

Boonlerd Pimsak

A student of the Degree of Master of Public Health
Learning of the Workplace Programme (Roi-Et groups)

Working as Division of Human Development and
Primary Health Care,
Roi - Et Provincial Public Health Office

Potential evaluation and development of community public health self-reliance

:Case study at Ban Nonglub ,Moo 2 ,Napho Tambon,
Muang District ,Roi-Et Province

Sequence of Presentation

-  Background and Rational
- Project Description
- Project Evaluation
- Conclusion and Discussion
- Recommendation

Background and Rational

Thailand, since there had been determination
of public health development objectives aiming for
Health for All by the year 2000.

In 1993, the Ministry of Public Health then
established a rapid public health development
project using Primary Health Care strategies to
achieve *Health for All*.

Measurement Criteria of HFA

Three groups of measurement criteria were
imposed as follows:

*Group 1 : Community ability to obtain health
Basic Minimum Needs, (BMNs)*

*Group 2 : Community ability to have public health
self-reliance, and*

*Group 3 : People's health insurance and access
to health services*

Assessmentation of HFA

**The Ministry of Public Health
employed the 3 measurement criteria in
assessment of the
“Health for All”
project outcome
at village/community levels during 1993-1998.**

Development the measurement

In 1999, the analysis of Office of PHC, which is responsible for building up strength for communities and measurement criteria gr 2.

-Development the measurement criteria to measure public health self-reliance of communities ,

- and promoted for assessment of community public health self-reliance in every province from the 2000 financial year onwards.

Development the measurement (continue)

Because there were weaknesses in some items of measurement criteria Group 2

- adopted in evaluation of the community public health self-reliance due to their unsuitability with the current situations.

The key principal and objective of developing these measurement criteria

-To use them as guideline directions or goals for public health development in communities.

-To find any existing weaknesses in public health development.

The problem for implementation

There was some changes in the model of the measurement criteria .-

1) Changing of factors indicators of measurement.-

-In the past (1993-1998)

the indicators evaluated quantitative structure for implementation of elements of PHC.

The problem for implementation (continue)

-New improvement (1999)

- The indicators evaluated the quality of community development ,and

- consistency with the strength of the community as the goals of The 8th National Social and Economic Development Plan (1997-2001) .

The problem for implementation (continue)

2) The assessment model in the past .-

-Focus on quantitative evaluation activities.

-Monitoring and assessment process was conducted by governmental officials.

-There was no participation of the community in evaluation process or learning of self-development process.

The importance of problem

- *The problems occurred,*
- *leads to discontinuity and instability of the community development project for Health for All.*

Problem - solving solution

- **To adjust the evaluation methodology.-**
- *by allowing participation of the community in the process of evaluation and continuous development of the evaluation outcome.*

The problem solving selection

-Implement the pilot project

"Potential evaluation and development of community public health self-reliance"

The outcome of this project will be beneficial to development of a model for evaluation of community self-reliance at provincial level in the future.

Sequence of Presentation

- **Background and Rational**
- **✍ Project Description**
- **Project Evaluation**
- **Conclusion and Discussion**
- **Recommendation**

The goal of project

- **To development an appropriate model for potential evaluation and development of community public health self-reliance.**

General Objectives

- **To study the model for potential assessment and development of community public health self-reliance.**

Specific Objectives

-To promote participation of the community in assessment process and in development of public health self-reliance within the community.

-To examine the application model of the outcome data, from evaluation process by the public health self-reliance measurement criteria, in community health development.

Methods

The operational model employed in this project was modified from the model of

Participatory Monitoring and Evaluation (M&E) by using of evaluation outcomes for continuous improvement and development process.

The meaning of Participatory M&E

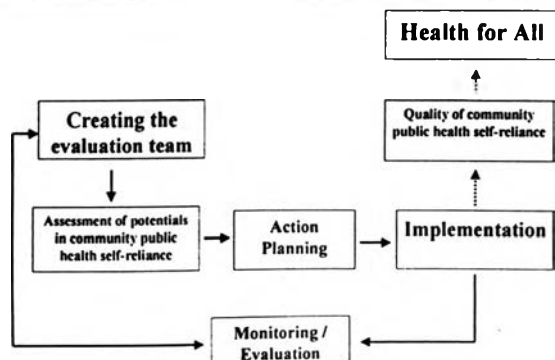
"is a process of collaborative problem-solving through the generation and use of knowledge. It is a process that leads to corrective action by involving all levels of stakeholders in shared decision making."

(Deepa Narayan, 1993)

Key Stages in Participatory M&E

- **Stages 1 : Preparation**
 - Deciding on the need for an assessment
 - Determining the cost and time available
 - Identifying a lead participatory monitoring / evaluation facilitation
 - Training the team of monitoring / evaluation facilitators
- **Stages 2 : Participatory Assessment , Self-Evaluation , and Analysis**
- **Stages 3 : Action Planning**
- **Stages 4 : Dissemination of the result**

A framework for potential assessment and development of community public health self-reliance



Procedure

The project was during March - December 2000

- Step 1: Formation of the evaluation team
 - 1 day
- Step 2: Potential assessment of community public health self-reliance.
 - 1 day
- Step 3: Establishment of the action plan
 - 1 day
- Step 4: Implementation of the action plan
 - 8 months

Target area for implementation of the project

This project was within 1 village at Ban Nonglup,
Moo 2, Napho Tambon, Muang District, Roi-Et Province.

- *A medium-sized village*
- *127 households*
- *527 populations*
- *Populations were Buddhist*
- *Main occupation was Rice farming*
- *Average family income was 25,000 Baht per annum.*

Sequence of Presentation

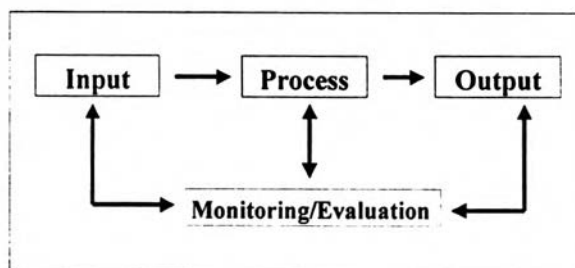
- **Background and Rational**
- **Project Description**
- **Project Evaluation**
- **Conclusion and Discussion**
- **Recommendation**

Purposes

The purpose of the project evaluation was to detail the process and the outcome of 4 operational steps of the project.

Evaluation design

This project employed a system model of Input, Process and Output.



Data collection method

Method

Qualitative data collection method

The instruments.-

1. Questionnaires for potential evaluation of community public health self-reliance, revised by the Office of PHC, MoPH 1999.
2. Participatory observation was adopted to collect data on participation of the evaluation team in 4 steps procedure.

Data analysis

1. Analysis of individual measurement items comprised of 2 score level

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

2. Analysis of individual measurement criteria and the overall picture comprised of 4 score levels :

- | | | |
|-------------------------|---|----------------------------------|
| <i>Need improvement</i> | : | <i>Scores between 0 - 25 %</i> |
| <i>Fair level</i> | : | <i>Scores between 26 - 50 %</i> |
| <i>Good level</i> | : | <i>Scores between 51 - 75 %</i> |
| <i>Excellent level</i> | : | <i>Scores between 76 - 100 %</i> |

Data analysis (continue)

3. Analysis of data on participation level of the community members

-by observing participation throughout the assessment and development activities.

Results

The project 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:-

Step 1. Formation of the evaluation team

Objectives

- To prepare the evaluation team in terms of information
- To establish the Director Board for Potential Evaluation and Development of Community Public Health Self -reliance.

Step 1. Formation of the evaluation team (continue)

4 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?

Step 1. Formation of the evaluation team (continue)

3 Procedure and Process outcomes

1) Liaison with the related parties:

-The officers of the Health Center were the key coordinator responsible for liaison with other related parties in the community to participate in the evaluation team.

-Total of 35 related persons contained.-

-the groups of community leaders, governmental and non-governmental officials.

Step 1. Formation of the evaluation team (continue)

3 Procedure and Process outcomes

2) Providing information for the evaluation team:

3) Sharing roles and responsibilities of the evaluation team:

Step 1. Formation of the evaluation team (continue)

Conclusion

-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.

Step 2. Identification of potential levels of community public health self-reliance

Objectives

The evaluation team .-

-To gain knowledge and understanding of current village circumstances, and

-To identify potential levels of community public health self-reliance, correctly and close to the actual levels.

Step 2. Identification of potential levels (continue)

2 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?

Step 2. Identification of potential levels (continue)

2 Procedure and Process outcomes

1) Management techniques in order for review village circumstances and to identify potential levels.

2) Conclusion on potential levels of the community public health self-reliance.

Step 2. Identification of potential levels (continue)

Conclusion

The operational procedure for identification of potential levels involved.-

-Reviewing of the village circumstances and identifying of self-reliance potential levels.

-This information will be valuable in the planning of action plans to solve problems and to develop community potentials.

Step 3. Establishment of the action plans for potential development of community public health self-reliance

Objectives

The evaluation team .-

-To determine development goals,

-To summarise the weak points obtained from the assessment process,

-To analyse and propose the means for resolution and improvement, and

-To establish the action plan for potential development of community public health self-reliance.

Step 3. Establishment of the action plans (continue)

3 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?*

Step 3. Establishment of the action plans (continue)

2 Procedure and Process outcomes

- 1) Seeking of means for improving, solving, and developing potentials of the community.
- 2) Establishment of the action plan for potential development of the community public health self-reliance.

Step 3. Establishment of the action plans (continue)

Procedure and Process outcomes (continue)

A summary of the action plan

The action plan comprised of 5 major plans including:

- 1) Potential promotion and development of the community participation
- 2) Fund raising
- 3) Improvement information system
- 4) Development the community learning process
- 5) Other development

Step 3. Establishment of the action plans (continue)

Conclusion

In establishment of the action plan,

- 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,
- proposed the means for improvement, and
- integrated with existing plans of related organisation into the action plan of the village.

Step 4. Implementation of the action plans

Objectives

The evaluation team.-

- To implement the action plan established previously, and
- To monitor the implementation outcome.

Step 4. Implementation of the action plans (continue)

5 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?*

Step 4. Implementation of the action plans (continue)

2 Procedure and Process outcomes

1) Implementation of the action plan.

2) Outcome evaluation of the project after completion of the implementation step.

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.	- Organized a workshop meeting for the group of housewives group with supports from Community Development Workers, the Tambon agriculturalist and the village leader for reviewing their rules 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 rules. - 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 "Pakow moe" 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.

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.	- Organized meetings for the young members with supports from the village leader, the Tambon Administrative Organization, community development officers and the Tambon agriculturalist. - There was formation of the committees as well as determination of objectives and rules of the association. - The group members participated in planning the activities.	After the previous evaluation and creation of the development plan, the group combined and participated in determination of its objectives, its rules, 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 Organization 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.

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 organizations. There was lack of initiation within the group/community.	- Organized a discussion meeting for the leaders of the group with participation of public health officers responsible for school sectors, Tambon agriculturalists, Community Development Workers and members of the Tambon Administrative Organization to review the rules 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 organization members to review, discuss and impose clear objectives and rules of the group. Activities of the group included its rules in initiation and planning of community development projects, organizing a referendum and working as a community representative in monitoring the activities of the Tambon Administrative Organization. There were then 40 members in the leaders group from various local organizations 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 VHV's group in the past.

Summary of implementation outcomes according to the development plan for the VHV's Group

Problems identified prior to implementation	Development activities	Development outcomes
The VHV's group comprised of 11 members, each responsible for 10-11 households. The members were: - Majorities of the VHV's lacked of knowledge and skills in providing First Aid services, and health examination and treatment as well as in using medical instruments. - Majorities of the activities in the village (related to environmental cleaning up campaigns, 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 needs health development plan and participation in allocation of roles and responsibilities for each member according to interest and skills such as coordination, organizing and follow up process.	- All VHV's 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 campaigns 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 organizing the place and surrounding area, preparation of medicines and emergency treatment, and updating the important data and information.

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 98 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 VHV's group collaborating with the local public health officers provided more proactive from every family by selecting interested persons who were ready for the one-day training of the family health leader's course.	- The VHV's 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 Recommendation, prevention and control of major communicable diseases such as tuberculosis, leprosy and Dengue. The 1,510 baht budget for details 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 Recommendation. They were also able to provide primary and First Aid care, and participated in the VHV's activities such as in the mosquito larvae survey and elimination program.

Summary of implementation outcomes according to the development plan for formation of the community water supply funding group		
Problems identified prior to implementation	Development activities	Development outcomes
There was no community water supply funding group in the village. In planning step of the community water supply funding group, the community water supply funding group was established in the village. The community water supply funding group was established in the village. The community water supply funding group was established in the village.	- The village leader collaborated with staff from related services conducted a meeting to inform the villagers about the plan for establishment of the water supply funding group, management, and targeted benefits of the group.	A follow up evaluation indicated that the group was offering its members. According to the constitution of the village meeting, each member was to hold a 200 Rmb share and to deposit 100 Rmb each month for 3 months into the water supply account to cover the 200 Rmb share. The funding group was inaugurated in April 2001. There were 70 members at the time of the follow up, accounting for 42.60% of the total household. The major activities of the funding group included monitoring and retaining running funds to its members and people in the community. The store was to be managed by committees composed by the group members.

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 Bureau, as 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 lack of clear management system and there was no compensation for people responsible.	The community committee conducted meetings to discuss and seek for resolution for better management of the funding group. The committee selected persons responsible for releasing and handling 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 200 Rmb monthly profit from water fee charges and the group had accumulated saving of 6,000 Rmb.

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 VHY. 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-organized, and lack of accurate and updated information.	- The group of VHYs in collaboration with the local public health officers sought for resolution and improvement, at the same time conducting moving and training programs to provide continuous education to the VHYs.	- 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 organized. - 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.

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 no community water supply funding group in the village. In planning step of the community water supply funding group, the community water supply funding group was established in the village. The community water supply funding group was established in the village. The community water supply funding group was established in the village.	- The village leader facilitated VHYs, local groups' leaders, and community committees discussed and set up improvement and development plan 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 acknowledge 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.

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 committee 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.

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 community received 3 issues of daily newspaper. This was supported by the center for distant education. The newspapers were distributed 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 insect infestation for users.	The village leader collaborated with the community committee, health care volunteers, teachers, and members of the Tanshan Administrative Organization discussed resolution for improving the community newspaper stand and reading area, acquiring shelves to store newspapers for tidiness and more convenience.	The members of the Tanshan Administrative Organization 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.

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.	Yambon agriculturalists 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.

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 Ha of the village public land, which was unusable.	The village leader and the villagers participated in finding ways to develop the unused land into a community by additional tree planting.	The community committee commences with the Provincial Forest Department to participate in the community project and requested for the Department's support of 25,000 tree saplings to be planted in the 25 Ha of the community public land. At present the Provincial Forest Department had approved the request and planting has been completed.

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

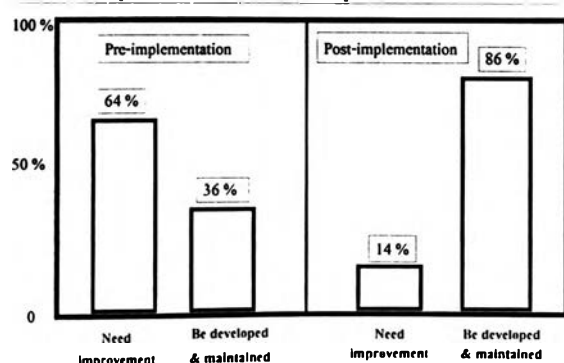
Measurement criteria	No. of items	Pre-implementation				Post-implementation			
		Need improvement		Be developed & maintained		Need improvement		Be developed & maintained	
		-	%	-	%	-	%	-	%
1. Organisation/manpower	4	4	66.67	2	33.33	0	0	4	100
2. Budget/input	4	4	100	0	0	1	25.00	3	75.00
3. Management system	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

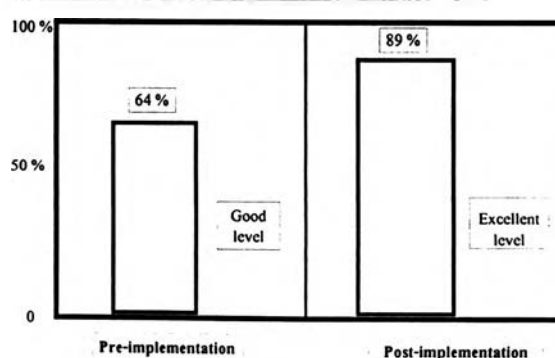
Community potentials in public health self-reliance from the overall score analysis of each measurement criteria.

Measurement criteria	Total score	Pre-implementation score	Pre-implementation %	Pre-implementation level	Post-implementation score	Post-implementation %	Post-implementation 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

Percentage of total no. of items compared between Need improvement and Be developed & maintained



Percentage of the overall score compared between pre- and post-implementation



Step 4. Implementation of the action plans (continue)

conclusion

The assessment of the implementation process comprised of 2 major steps, which were the 8-month implementation step (May-December 2000).

-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 was responsible for monitoring and supporting the implementation of the action plans.

Step 4. Implementation of the action plans (continue)

conclusion (continue)

-The second step,

-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.

Sequence of Presentation

- Background and Rational
- Project Description
- Project Evaluation
-  Conclusion and Discussion
- Recommendation

Conclusion and Discussion

The application of *Participatory M&E* was considered.-

-To be an appropriate operational model for promotion of community involvement in potential evaluation and development of community public health self-reliance.

Conclusion and Discussion (continue)

-Its operational procedure, which comprised of 4 steps

-allowed and promoted opportunities for community development related groups to involve throughout the process.

Conclusion and Discussion (continue)

-Seeking for alternatives in solving problems and developing the community was achieved by.-

-analysing and comparing the development goals of each measurement criteria with the development weak points obtained from the pre-implementation assessment.

This enabled them to see direction for improvement and development clearly, and to establish the action plans for the community effectively with corresponding to actual problem conditions and community situations.

Conclusion and Discussion (continue)

This led to an effective implementation of the plans and eventually to an improvement in public health self-reliance levels of the community.

Sequence of Presentation

- Background and Rational
- Project Description
- Project Evaluation
- Conclusion and Discussion
-  Recommendation

Recommendation

1.Operation management for continuous improvement and development to achieve the goal of each measurement item required serious and continuous operation of 2 systems.-

1.1 Operation management system within the community.

1.2 Support system from related external organisations including.-

- governmental sectors,
- local groups, and
- non-governmental sectors.

Recommendation (continue)

2. In using of Participatory M&E model for evaluation and development of community public health self-reliance,

-The local public health officers are considered to be the main coordinator in the area and need to concentrate on every step of procedure.

Recommendation (continue)

3.The appropriate time for reassessment

-During August-September as it is the end period of the financial year.

-The assessment process would correspond with the annual evaluation and plans of governmental sectors and of the Tambon Administrative Organisation, facilitating the integration of the activity plans and projects.

Recommendation (continue)

4.Utilisation of the evaluation data.

-The community should regularly inform its members of the evaluation data including .-

-the outcome data from implementation of various project activities .

In addition, there should be a system for compilation of annual evaluation and development data to compare the progress of future operations.

Recommendation (continue)

5. Policy recommendations

-Governmental sectors should promote and support an application of Participatory M&E method in assessment and development of other areas in a community.

Recommendation (continue)

5. Policy recommendations (continue)

-A community should be developed in order to better control and supervise its own development works,

whereas the roles of government officials will be coordinating, supporting and facilitating rather than controlling and supervising.

Recommendation (continue)

5. Policy recommendations (continue)

The Office of PHC as an owner of the evaluation instruments and an organisation that supervises the national health policies

- should revise and improve the instruments regularly with corresponding to the current economic and social situations. .

Thank you

- Mr.Khomron Chaisiri, the Nongkhai Provincial Chief Medical Officer
- Mr.Jaturong Theerakranok, the Roi-Et Provincial Chief Medical Officer
- Ms Sumnouw Wangvun , the head of Human Development & PHC
- Ms Wanida Wirakul , the Co-advisor
- Associate Professor Dr.Sathirakorn Pongpanich , the Advisor
- Staff of Napho Health Center and governmental sectors ,NGOs
- The community Leaders of Ban Nonglup

CURRICULUM VITAE

Name: Boonlerd Pimsak

Date of birth: 12 August 1960

Sex: Male

Nationality: Thai

Education:

Master of Public Health (Health System

Development) Chulalongkorn University

1991-1994 Bachelor of Public Health Mahidol University

1979-1981 Certificate of Public Health College of

Public Health Northeastern Khonkan Province

Employment:

1997-Present Public Health Technician Officer

Roi-Et Provincial Public Health Office

1981-1996 Health Worker

Phonsai District Public Health Office, Roi-Et Province

Mailing Address: 142 Moo.2, Donglan Tambon, Muang District,

Roi-Et Province 45000, Thailand