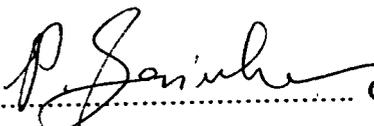
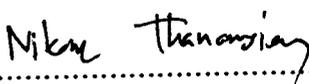


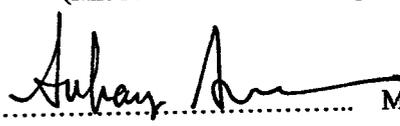
**THESIS TITLE** : THE IMPLEMENTATION FOR THE HEALTH SERVICE SYSTEM  
DEVELOPMENT AT HEALTH CENTER LEVEL OF HEALTH  
PERSONNEL OF NONG RUA DISTRICT, KHON KAEN PROVINCE.

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**ABSTRACT**

This is a survey research aimed to explain the implementation of health personnel of Nong Rua District of Khon Kaen province on the Health Service System Development Program at health center level and to study some related factors, especially the personal characteristics, knowledge and understanding about the program and management. The methods used included questionnaire , in-depth interview, documentary study and participant observation. The sample was 48 personnel who were all health personnel working at health centers in Nong Rua District and those who worked at Nong Rua District Health Office and Nong Rau Community Hospital who were responsible for monitoring, supporting and supervising, the program at health center. The result were as follow:

Most of the sample was female(52.1%), having mean age of 37 years, average years professional training of 2.4 years, average years of tenure experience of 15 years. Most of them held the position as the community health officers (58.35) and had good knowledge about the program(58.3%). However knowledge about implementation method was mostly inadequate.

The level of receiving administrative support was mostly in moderate, followed respectively by least and good level. The preparation of the health personnel to undergo the program were through the monthly meeting of staff and through self-study from the manual given. Average only 1 staff in each health center was informally assigned to undergo the responsibility either at health center level or district level. The role found was recording. The supervision received was once a year a set by the Provincial Health Office. There was no support in solving the problems of the health center. The supervisors were those from Nong Rua district hospital, without any one from the District Health Office. Directing and controlling was found only when problems existed in servicing or when there was a requirement of data needed to assess the HFA. A manual guideline was used for recording the service evaluation. However, the record was not properly validated. Coordination for assistance from the hospital was found more than from the networking health centers.

In overall implementation, it was found to be in moderate level, followed by least and good level, respectively. However, the implementation was accorded with the guideline of the program. Regarding to problems and barriers of the implementation, it was found that 76.16% of the personnel agreed that the implement could not reach the criteria of the program, 66.6% did not receive necessary support, 54.54% had different ways of implement and could not understand the method of the implementation.

Age, experience or working years had positive correlation with the implementation ( $r = .302, .292$  and  $.291$ ) but the years of health studies were negative correlation with the implementation ( $r = -.294$ ). For the management factors such as the coordination, the report system, the direct control, the organization, the preparation, the supervision and the role of health personnel, they were found having positive correlation with the implementation significantly at  $p < .05$  ( $r = .598, .550, .421, .408, .378, .361, .359$  respectively).

The factor which found to be able to predict the level of implementation was coordination. The magnitude of prediction was 35.8%.