

ภาคผนวก

ตัวชี้วัดระดับการพัฒนาหมู่บ้านตาม กชช.2ค

การแบ่งระดับการพัฒนาหมู่บ้าน กำหนดจากระดับตัวชี้วัด 5 หมวด และ 34 ดัชนี คือ

หมวดที่ 1 โครงสร้างพื้นฐาน จำนวน 10 ดัชนี

1. เอกสารสิทธิ์
2. การมีไฟฟ้า
3. การคมนาคม
4. การมีโรงสีหรือร้านค้า
5. สภาพความคงทนของบ้าน
6. แหล่งไม้ใช้สอยและเชื้อเพลิง
7. การประกอบอาชีพและมีงานทำ
8. สัตว์ใช้งาน
9. อัตราค่าจ้าง
10. สิทธิในที่ดิน

หมวดที่ 2 ผลผลิต จำนวน 7 ดัชนี

1. ผลผลิตจากการทำนา
2. ผลผลิตจากการทำไร่
3. การประกอบอาชีพอื่น ๆ
4. การอพยพหางานทำ
5. การรวมตัวของเกษตรกร
6. แหล่งสินเชื่อทางการเกษตร
7. การทำการเกษตรฤดูแล้ง

หมวดที่ 3 สาธารณสุข จำนวน 9 ดัชนี

1. บริการสาธารณสุขในหมู่บ้าน
2. บริการสาธารณสุขในตำบล
3. สุขลักษณะในน้ำ
4. สุขภาพและอนามัย
5. การรักษาพยาบาล
6. น้ำหนักเด็กแรกเกิด
7. เด็กแรกเกิดถึง 5 ปี
8. การฉีดวัคซีน
9. การวางแผนครอบครัว

หมวดที่ 4 แหล่งน้ำ จำนวน 2 ดัชนี

1. น้ำกินและน้ำใช้
2. น้ำเพื่อการเกษตร

หมวดที่ 5 ความรู้ จำนวน 6 ดัชนี

1. ระดับการศึกษาของประชาชน
2. การให้ความรู้ของรัฐ
3. การให้ความรู้ด้านคุณภาพชีวิต
4. สถานที่ให้ความรู้ในหมู่บ้าน
5. สถานที่ให้บริการด้านข่าวสารข้อมูล
6. กิจกรรมทางศาสนา วัฒนธรรม และกีฬา

โครงการ 2

THE COMMUNITY HEALTH DEVELOPMENT PROJECT

PAYAP UNIVERSITY, CHIANG MAI

THAILAND

PAYAP UNIVERSITY

**Samoeng District
Community Health Development
Project Proposal**

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Executive Summary

The Need

Baw Kaew Sub-District in Samoeng District, Chiang Mai Province, Thailand is the target area of this project. Despite impressive national economic growth, the presence of local rural health centers, and public health education programs, people in certain rural areas still need help in preventing malnutrition and other diseases, especially among the people in remote hill tribe areas such as Baw Kaew. For communities to be healthy, more than a curative approach to health care is necessary. Communities are increasing their involvement in addressing their own health concerns.

Payap University and its affiliated McCormick Hospital are an educational institution and health provider seeking to expand their role in facilitating community involvement in health care. They are seeking to educate students from nursing and other disciplines to use a participatory approach to development.

Key Objectives

1. To improve the health status of the people of Samoeng District by emphasizing healthy living through government and community participation, and
2. To strengthen the capability of Payap University to educate students and faculty to use a community development approach.

Strategies

The community health development approach emphasizes enabling people to play an active role in addressing their own health concerns. This project will seek to reach its goal of enabling the community primarily through:

1. working with local government health workers to work in partnership with the community,
2. training community leaders and the people in identifying health problems, implementing and evaluating solutions, and
3. utilizing Payap University nursing students to use this community development approach through providing student internships in community health development.

Project Organization

An Administrative Committee and Advisory Committee made up of Payap University, McCormick Hospital, McCormick Faculty of Nursing, and local government staff will be responsible for guidance of the project. A Project Manager will be appointed to manage the project and will be responsible to the Administrative Committee. Two Field Workers will coordinate activities in the project area. A Secretary will provide administrative support.

Duration of Project

Three years (June 1994-May 1997).

Total Budget

U.S. \$95,400 (2,384,020 Thai Baht) over three years.

Problem Statement

Health Issues of the People of the Baw Kaew Area, Samoeng District

Baw Kaew Sub-District is a tribal area of 10 villages, covering 2,186 square kilometers in Samoeng District, Chiang Mai Province, Thailand. Of the total population of 6,792, 69% are hill tribe people and 31% ethnic lowland Thai. The largest hill tribe group is Karen, then Hmong. Almost everyone earns a living through mountain agriculture.

Health problems in Samoeng District stem from poverty, attitudes, beliefs, and traditional customs. Each ethnic group has unique customs that have been passed down for generations. The households of Samoeng District are spread out over a wide, mountainous area. Transportation and communication with the outside is difficult. When compared to government standards, the quality of life is poor.

The following health problems emerged as the Community Health Committee of Payap University conducted its preliminary needs assessment of Samoeng District and Baw Kaew Sub-District. The committee examined data from the district and health office and interviewed local health officials.

(A more thorough community assessment will be done in cooperation with the communities at the beginning of the project. Priorities may change, depending on the needs and priorities identified by the people of the local communities.)

1. *Iodine deficiency*--Fifty-four percent of the school children in Baw Kaew Sub-District have iodine deficiency (55% in Samoeng District).
2. *Child Malnutrition*--Thirty-five percent of the children under five years have first degree protein-energy malnutrition (PEM) in Baw Kaew according to the Thai standard. Three percent and 0.2% have second and third degree respectively.
3. *Household sanitation*--Only 21% of the households in Baw Kaew Sub-District have access to clean drinking water. Fifty three percent of households have toilets.
4. *Chemical use, especially pesticides*--There is growing concern that use of chemicals in agriculture is causing accidents and health problems. As yet, there are no statistics on the extent of this problem. This needs to be explored in the baseline survey with the local people.
5. *Drug Addiction*--Almost 5% of the Baw Kaew Sub-District population is addicted to drugs. Fifteen percent of one village is addicted. Samoeng District is an opium producing and trafficking area which produces high profit. Opium smoking and injecting heroin is common practice, especially among the Hmong hill tribe.
6. *AIDS*--AIDS is currently a public health crisis in Thailand with as estimated 500,000 people infected with HIV. Currently, there are currently no official statistics on the extent of HIV in Baw Kaew Sub-District. However, with drug practices changing from smoking opium to heroin injection, and increased migration for work, AIDS is spreading rapidly to rural areas. Language barriers cause information and knowledge to travel slowly. People lack knowledge about AIDS prevention and living with AIDS.

The Economic Situation

1. *Income*--The average income in Baw Kaew is 20,000 Baht (US \$800) per household per year compared to the average Chiang Mai income of 24,000 Baht (US \$960) per year (1992).

Income comes primarily from selling agricultural produce, and is unpredictable, depending greatly on environmental conditions. Villagers are also at a bargaining disadvantage with middlemen.

2. *Occupation*--Almost everyone in Baw Kaew Sub-District earns a living in agriculture. The major crop is rice for household consumption.

Some people work for a daily wage. Roads now make the area more accessible, and the climate, suitable for planting temperate crops, attracts people from the outside to rent agricultural land and hire agricultural workers from among the local residents. These workers may be the owners of the land or other people in need of a job. In this type of arrangement, they lack development opportunity and lose control of the land to the projects.

Increasingly people have been leaving the villages to become wage laborers. Unemployment is a problem during the dry season.

Other factors, such as the overuse or misuse of pesticides, negatively affect the quality of life of the agricultural workers.

3. *Transportation and Marketing*--Baw Kaew is about 80 kilometers from the city of Chiang Mai. There are two roads from Chiang Mai to Samoeng District which are the only roads good enough to be used throughout the year. Because the roads within the district are not always usable in the rainy season, travel is difficult. The people lose potential income when agricultural produce cannot be delivered to outside markets.

4. *Education*--Baw Kaew Sub-District provides compulsory education up to grade six. They have 6 primary schools (including preschool), 937 students and 42 teachers. The student-teacher ratio is 1:22. Barriers to children attending school include family poverty and lack of transportation.

Environmental Issues

1. *Forest destruction and Drought*--Destruction of the forest has caused drought very rapidly. Agriculture uses rain water only as Samoeng District has not yet built an effective irrigation system. The government is currently forming a forest preservation group to protect the water supply.

2. *Land use*--Only about four percent of the total area is currently used for agriculture. Most of this land used for agriculture is national forest reserve and most people cannot hold land rights.

Community Organization

1. *Village Groups*--Baw Kaew Sub-District has a mother's group, agriculture groups for women and youth, an agricultural credit union, a community development group, and a strawberry group. It does not have an agriculture group for men.

These groups are sometimes effective. They tend to be controlled by a leader. The groups are usually very small. Increased training and knowledge among the leaders and members of the groups would help the overall group management and improve group effectiveness. Villagers lack initiative in working together.

2. *Village Leaders*--There are both formal and informal community leaders. Formal leaders have been appointed or elected and have the authority to carry out governmental responsibilities. These are the Sub-District Head Man, Village Head Man and assistant, and chair of the village committee. Informal leaders are natural leaders or people respected by the villagers, such as the monks, school principal and the elderly.

3. *Village Health Volunteers (VHV) and Communicators (VHC)*--The VHVs and VHCs are the link between the government services and the communities. This link is often weak due to lack of knowledge and self-confidence. Lack of time is sometimes a barrier to community development.

Existing Health and Related Services in the Baw Kaew Area

The Royal Thai Government is the major provider of community health and development services in Thailand. The government has succeeded in providing basic health services to most of the population through establishing a structure of district hospitals and sub-district health centers, and training village health volunteers. Since the official adoption of primary health care strategies in 1979, Royal Thai Government health policies have been increasingly sensitive to community involvement.

Baw Kaew contains one sub-district health center, four small public health stations, and seven government public health workers. Their main responsibilities are to provide basic health services, referral and health education. In 1992, a large health center was built in Baw Kaew Sub-District for the use of all the people of Samoeng District. This is a pilot project, and they plan to have a doctor and nurses staff the center.

Training is provided by the Ministry of Public Health for Village Health Volunteers (VHVs) and Village Health Communicators (VHCs). There are 9 active VHVs and 89 active VHCs in the 10 villages of Baw Kaew. They are the link between the government health officials and the villagers. They function with varying effectiveness.

Some of the health and related problems listed above are being addressed. For example, Samoeng District has been selected as an area for a Royal pilot project to reduce iodine deficiency. Activities include marketing of iodized salt, establishing a iodine checking point for salt import, and promoting the use of iodine drops in drinking water.

The government also is involved in development projects such as providing some support to plant income-generating crops for market such as corn, taro, pears, etc. Water filter tanks are planned for each village.

Samoeng District has one 10-bed community hospital staffed by 2 doctors and 11 nurses.

The Border Patrol Police have provided training in prevention and treatment for local people and arrested opium dealers. Drug addiction and trade continues to be a problem despite government and former NGO interventions.

Payap University Research and Development Institute (PRDI) has organized a strawberry group and cow bank. They have done education on appropriate use of chemicals in agriculture.

Summary of Problems Project will Address

Despite the health and other services in Baw Kaew, the people still have health problems. There are limited government workers, limited budget and services. Some of the barriers are the mountainous location, various hill tribes with different languages, beliefs and customs, and difficulty in communication with the outside, especially in the rainy season.

The emphasis of this project will be to increase community participation in solving health problems and improving the quality of life. The project will seek to increase utilization of services by enhancing communication between the service providers and the communities in Baw Kaew.

Project Beneficiaries

Beneficiaries of this project include the target population of *Baw Kaew* and surrounding hill tribe areas, the *local Samoeng District health agencies*, and *Payap University*. Benefits include improved health status and quality of life for the people of Baw Kaew, strengthened local health institutions, and an improved education program in community development at Payap University and McCormick School of Nursing.

Project Design

Approach

This project will promote the concept of *healthy living* rather than merely serving those who come for treatment and merely preventing disease. The project recognizes that health has a close relationship with all aspects of life.

A community development approach will be used so that villagers will have the ability to carry on activities themselves in the future. It will utilize available local resources as much as possible. It will adapt methods to local needs, and be part of a wider program of improving the quality of life in other areas such as water and food supplies, housing, and environment.

Methodology will emphasize training to strengthen communication between villagers and public health services, facilitation of local efforts and training of community leaders.

Objectives

The Community Health Development Project is established to improve health status and quality of life of villagers in the rural area of Baw Kaew Sub-District, Samoeng District, Chiang Mai Province with these objectives within a three-year period:

- 1. To improve the health status of the population in Baw Kaew through community participation:**
 - 1.1. work with existing community leaders to assess needs, and to help organize community development committees to plan, implement and evaluate problem-solving activities, and
 - 1.2. provide training for Village Health Volunteers and Village Health Communicators to help solve community health problems, in collaboration with the government.
- 2. To strengthen the capability of Payap University to train community development workers.**

Project Goals

(Priorities may change based on the desires of the community.)

1. Achieve immunization coverage of >90% in children by age two.
2. Reduce rate of first degree malnutrition from the current 35% to less than 10% and reduce second degree malnutrition from 3.6% to 0.
3. Assist 90% of families to regularly consume iodine by supporting the King's Project.
4. Decrease incidence of diarrhea by 50%.
5. Increase the number of households consuming safe water from 21% to 70%.
6. Increase the use of toilets from 53% of households to 75%.
7. To reduce the incidence of illegal drug use and to promote safe practices for those unable to discontinue drug use through health education.
8. To reduce the further spread of AIDS in Baw Kaew and enable people to care for people with AIDS in their community.
9. Address other needs as identified by the communities.
10. Provide 30 community development internships per year for nursing and other students.

Key Activities

The first six months will be devoted to *research and planning*. The project staff (the project manager and two field workers) will undergo orientation on project implementation, including social preparation, baseline surveys, project information systems and community organization. The staff will initially spend one month studying and visiting other community health development projects in Thailand to learn from other community-based efforts. They will visit communities in the target area, learn from the local people and seek to understand their concept of self-reliance.

After about a month of "social preparation" of the selected communities, a comprehensive *baseline survey* will be conducted in partnership with local health officials and three or more of the communities. The survey will identify major health problems, socio-economic status, food production, living conditions, environmental problems, and religious and cultural factors related to health.

The third to sixth months will be spent *analyzing* the baseline survey, *presenting* the results to the selected communities and health officials, and having a continuing *dialogue* with them on what they want to implement in their communities as a result of the findings of the survey. This will be done through existing community organizations or groups.

A *plan of action* including the mutually agreed activities will be developed and *implemented* through local people in the second half of the first year.

At the end of the first year, an annual project *evaluation* will be conducted by the project staff with an outside consultant. Plans will then be made to *extend* or *expand* the project to other communities, using the methods and procedures found useful in the first year.

Payap University, as the implementing agency, will focus on these activities:

Collaboration

Organize Project Advisory Committee with representation from Payap University, McCormick Hospital, and the Ministry of Public Health.

Coordinate with government efforts in local area.

Facilitation

Work closely with government officials and community organizations in planning, implementing and evaluating the project. Continue to build on the relationships established during proposal writing.

Promote mutual trust/partnership to sustain the program.

Training

Review the role and status of Village Health Volunteers and Village Health Communicators in the communities and retrain/involve them in project activities.

Provide training in leadership and management of program activities to strengthen existing community organization.

Provide training for people to increase their knowledge and understanding about community health such as basic treatment, home improvement, child care, disease prevention, food preparation and preservation, etc.

Provide seminars, field observation, and conferences for exchange of ideas and experiences on community development for program staff.

Provide internships for nursing and other students in community development.

Monitoring

A *project information system* will be developed at two levels: 1) community level, and 2) project level.

1. A *community level* health information system will be developed together with the community groups in the project area. The indicators will need to be usable, useful, and used by the people in the community. (These indicators will be related to the priority problems identified by the people in the baseline survey.) The indicators will be collected and recorded by people in the community. The results will be discussed by them with project staff in monthly meetings. Changes in project methods will be made as necessary.
2. *Project level* health information indicators will be developed to reflect progress in achieving project objective, implementing planned activities, and obtaining planned human and material resources. Problems, solutions and lessons learned will be documented.

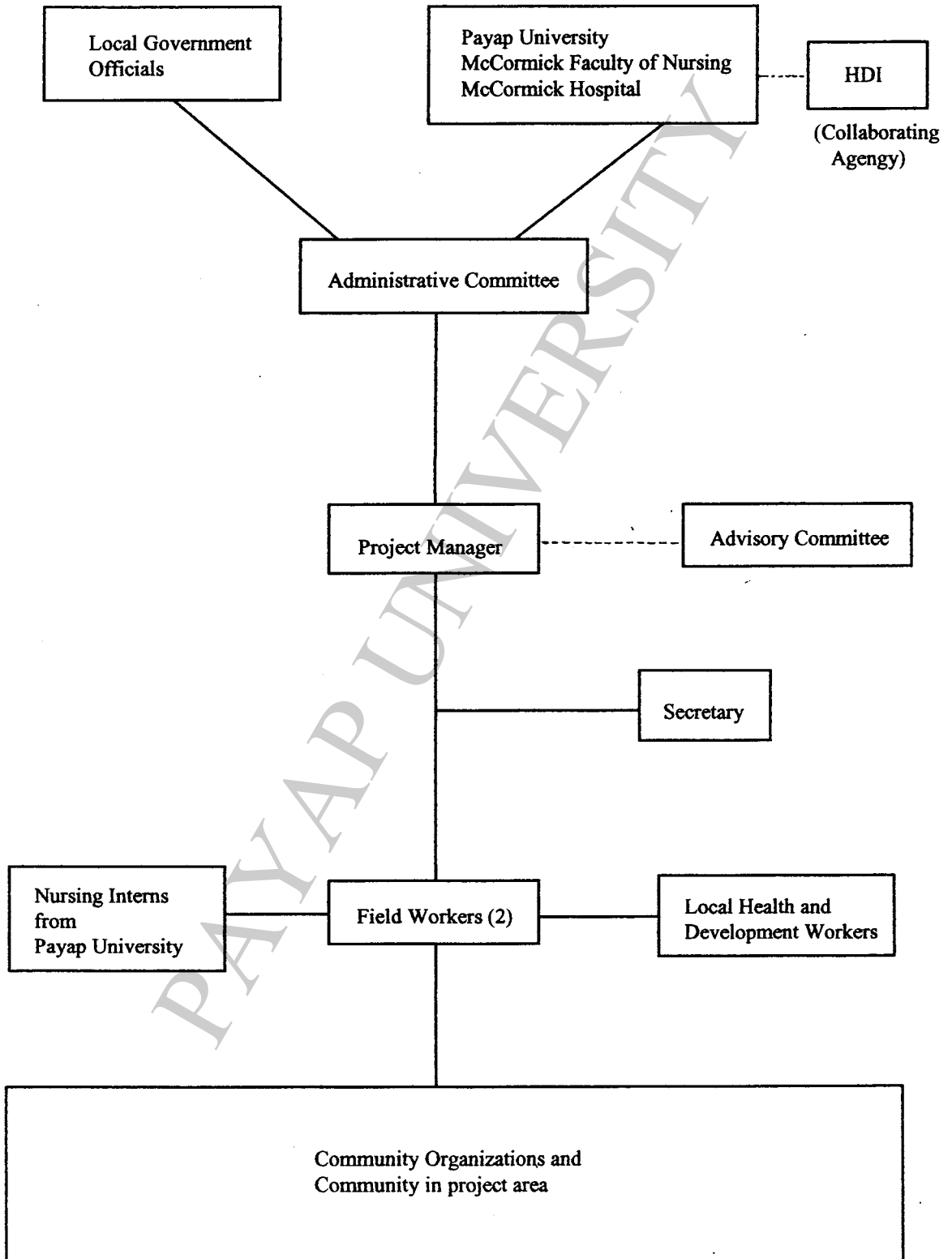
Quarterly review meetings will be held by the project staff with the Administrative and Advisory Committees. Modifications in the approach and methods used in the project are made in accordance with the results of these meetings.

Reports on activities and progress will be generated monthly, quarterly, and annually.

Evaluation

An annual project evaluation will be conducted by the project staff with an external consultant not related to the project. The goals and objectives of the program will be used as the basis of evaluation. The evaluation will focus on the impact of the project at the household and community levels, and the progress in linking them with the local health system.

Project Organization



Personnel Responsibilities

Administrative Committee (4 Payap and 3 local/government)

1. Guide policy and plan of the project.
2. Verify and distribute the annual project budget.
3. Verify and evaluate annual project budget.
4. Meet quarterly with project staff.

Advisory Committee (3-5 people; 1 from government)

1. Advise about program policy, planning and implementation in accordance with objectives of project.
2. Seek funding resources and support the project.
3. Meet quarterly with project staff.

Project Manager (Master's degree and related community development experience)

1. Implement the plan and activities according to the plan received from the Administrative Committee.
2. Administer the project and control work of program employees.
3. Network with other agencies or organizations related to the project.
4. Summarize and write annual reports.
5. Advise on direction of project and adjust policy, plan and administration of project.
6. Other activities as received from the administrative committee.

Secretary (Diploma)

1. Responsible for documentation, personnel matters, financial bookkeeping of the project.
2. Other activities as received from the Project Coordinator.

Field Workers (2 - Bachelor's degree)

1. Activities planned with Project Manager and Advisory Committee.
2. Coordinate with agencies and organizations in project area.
3. Do monthly reports and submit to Project Manager.
4. Participate in monthly review and action planning meetings with Project Manager and Advisory Committee.
5. Work with community committees and workers in training and organization, and education activities.

Consultants

Dr. Gunawan Nugroho, International Consultant, Health Development International, Former Medical Officer for Primary Health Care, World Health Organization, Western Pacific Regional Office.

Professor Konrad Kingshill, Professor Emeritus of Anthropology, Payap University.

Appendix I

Profile of Payap University

Payap College was established in 1974 and granted university status in 1984. Payap University is private, and offers liberal arts, pre-professional and professional curriculums. In 1993, 6340 students enrolled.

The Board of Directors functions under the Church of Christ in Thailand. The University is approved by the Ministry of University Affairs in Thailand and is a founding member of the Association of Private Higher Education Institutions of Thailand. Payap is an active member of the Association of Christian Universities and Colleges in Asia and the Association of Southeast Asian Institutions of Higher Learning.

The Payap Research and Development Institute (PRDI) is actively involved in the development of this project. The Development and Service Division conducts projects aimed at increasing people's ability in a sustainable way to help themselves through hands-on training programs. It encourages students to have a responsible attitude about the development of Thai society through organizing development seminars, workshops and training sessions.

The Research Division of PRDI provides research services, holds seminars and conducts training programs for Payap and other organizations as a community service.

The McCormick Faculty of Nursing is seventy years old. The Faculty joined Payap University at its inception and offers a B.S. degree. McCormick Hospital and the McCormick Faculty of Nursing are closely affiliated. Both institutions are interested in developing resources to enable them to be more responsive to community needs. The Faculty of Nursing is approved by the Nurse's Council of Thailand. There are currently thirty faculty and 250 students.

Profile of Health Development International

Health Development International (HDI) was founded in California in 1990 as a non-profit organization by a group of concerned professionals with extensive international experience. The IRS approved its tax-exempt status in February, 1991.

HDI was established to enhance leadership, management and health system development skills among local health leaders to improve the health status of the people in developing countries. HDI's goal is to become a major source of useful information, educational tools and training in local health system development.

HDI consultants have on-going consulting and advisory assignments in Africa, Asia, Latin America, the former Soviet Union and the United States.

Appendix II

Payap University
Community Health Development

Project History

The beginnings. The *Consultation on Health Development for Christian Health Agencies in Thailand* was held for 3 days at Payap University in February 1991. After this consultation, Payap University and Health Development International, the organizing agencies, decided to collaborate in a community health development program in northern Thailand.

Payap University and its affiliated McCormick Hospital then established the community health development committee. Food for the Hungry International/Thailand also collaborated, and seconded a public health nutritionist to assist in program planning and proposal writing.

Research. These agencies agreed that the first step in planning this new program would be to study what other NGOs in northern Thailand were doing in health development. The agencies commissioned a study which explored activities, methods and approaches of NGOs in northern Thailand and determined possible roles and strategies for developing this program. A document was produced detailing the results of this study entitled *NGO approaches to health development and opportunities for further involvement in northern Thailand*.

Program planning. A working committee composed of Payap professors from the Faculty of Nursing, Payap Research and Development Institute, Sociology and Thai Studies then embarked on the process of planning the program and proposal writing. The goals were to initiate activities which would enable people to live healthy lives in their communities through government and community participation, and to become a training center for health workers using this approach.

Site selection. Baw Kaew was selected as the site for the community health development project because of its relative need, readiness to participate, the potential to collaborate with other projects supported by the Payap Research and Development Institute in the area (the strawberry group and cow fund), and its accessibility to Payap University.

Needs assessment. A preliminary needs assessment was conducted with the participation of local government and public health officials. The committee collected data from various government offices and interviewed local health officials. Results of the study were compiled into a document, *The socio-economic and health problems, needs and services in Samoeng District, Chiang Mai Province*.

Local and international collaboration. Local health officials were consulted and involved in the process planning activities. Payap University, along with McCormick Hospital, Health Development International, Samoeng District Office, and Samoeng Office of Public Health are now submitting the proposal for funding and ready to proceed with the program to help improve the health status of the people of Baw Kaew through community participation and expand the capability of Payap to educate students in community health development.