

**COMMUNITY HEALTH DEVELOPMENT THROUGH
STRENGTHENING HEALTH PARTNERSHIPS: A PILOT STUDY
IN KIENG SUB-DISTRICT, MUANG DISTRICT,
MAHA SARAKHAM, THAILAND**

Suwairin Srichai

**A Thesis Submitted in Partial Fulfillment of the Requirements
for the Degree of Master of Public Health
Health Systems Development Programme**

**College of Public Health
Chulalongkorn University**

Academic Year 2001

ISBN: 974-17-0747-9

**© College of Public Health, Chulalongkorn University
Bangkok, Thailand**


Thesis Title : Community Health Development Through Strengthening
Health Partnerships : A Pilot Study in Kieng Sub-District,
Maung District, Maha Sarakham, Thailand

By : Suwairin Srichai

Program : Master of Public Health (Health Systems Development)
College of Public Health


Thesis Advisor : Assistant Professor Sathirakorn Pongpanich, M.A., Ph.D.

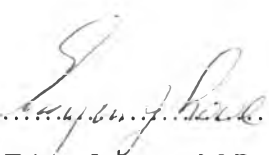
Accepted by the College of Public Health, Chulalongkorn University,
Bangkok Thailand in Partial Fulfillment of the Requirements for the Master's Degree


....., Dean of the College of Public Health
(Samlee Plianbangchang, M.D., Dr.P.H.)

THESIS COMMITTEE


....., Chairman
(Mr. Tanawat Likitkererat, M.Sc.)


....., Thesis Advisor
(Assistant Professor Sathirakorn Pongpanich, M.A., Ph.D.)


....., Member
(Professor Edgar J. Love, M.D., Ph.D.)

ABSTRACT

Tremendous progress has been made in the health sector during past decades with the country achieving 90% health coverage using mainly the Primary Health Care (PHC) approach. The country health profile is presently at the end of the Eighth National Economic and Social Development Plan (1997 – 2001) (Ministry of Public Health, 2000) that shift from health care access to quality of health care at the secondary and tertiary levels. However, coverage targets in PHC have been reached, there are important gaps to be considered.

One of those gaps is lack of collaboration among the development sectors in the rural areas. As it is now realized that causes of ill-health spreads well into other sectors like water and sanitation, agriculture, municipal corporations, etc.; the collaboration among these sectors at various levels has to be intensified. This proposed project; therefore, focuses on the intensification of collaboration and coordination among various development sectors at village level and Muang district, Maha Sarakham province, Thailand.

Community participation and collaborations are cornerstones of public health action (Blank and Langford, 2000). The theme of this portfolio thesis is; therefore, community health development through strengthening health partnerships. The study focused on the people who have been working together on health issues in the community. This is because at the heart of all community matters, unlike many of the natural resources on the planet, peoples' acknowledgement and talents should be treated as the most valuable resources in a community.

Throughout this portfolio thesis; thus, consists of five major sections. First, it deals with an essay on Community Health Partnerships: The Power of Collaboration. Community health partnership was identified as an intervention approach to strengthen community health development. The opportunity is what is gained by members enhancing each other's capacity, by sharing risks, responsibilities and rewards. Second, the description of the practical steps of the proposed intervention using methodology of Community-based Participatory Research Action (CBPAR), a learning-by-doing approach that combines with the Buddhist Noble Truth called 'Ariya-Saj 4'. Next, the data exercise report section of Assessing Community health Partnership Functioning in Kieng Sub-district, Muang District, Maha Sarakham, Thailand. Then, followed by a presentation theme of Community Health Development through Strengthening Health Partnerships, outlined the portfolio theses as a whole. The final section is an annotated bibliography presented selected major literatures that were valuable sources for this work.

ACKNOWLEDGEMENTS

Collaborative undertakings are complicated, and this study was fortunate in having the outstanding administrative, managerial, and analytical supports. I am deeply indebted to the number of health professionals who provided information from the field, either by participating in focus group or meetings, or by providing supports of their collaborative activities. Many of these individuals contributed a considerable amount of time to this study, clarifying their points of view and collaborative strategies are the foundation of this work. Therefore, I must begin my thesis with special acknowledgement and the deepest gratitude for all supports along this journey.

First of all, I am grateful thank to Dr. Samlee Plianbangchang, the Dean of College of Public Health, Chulalongkorn University and my thesis committee: Professor Edgar J. Love, and Ajarn Tanawat, Likitkererat, for their time and assistance to led me through this valuable intellectual work.

A significant portion of the conceptual framework that put in place was the result of discussion with Professor Chitr Sitthi-amorn, a former Dean of College of Public Health, Chulalongkorn University who always visited with valuable insights and supports during the design and development of this study. Therefore, my utmost appreciation goes to him.

Endless thanks to my kindness advisor, Dr. Sathirakorn Pongpanich, Assistant Dean for Academic Administration, College of Public Health, Chulalongkorn University remained my mentor throughout. From my first naive questions to major revisions in the study design, from trekking up mountainsides and right to the ongoing guidance through the final formalities, support and encouragement, was critical in maintaining focus throughout the writing of this work.

I wish to extend my hearty thanks to Arjan Watchirin Tanyanont for facilitating and assisting through data exercise for this study. My grateful thanks also go to all of my teachers, staff, and colleagues at the College of Public Health, Chulalongkorn University for their kindness and helping along this study.

Seeking a meaningful place in the field of development cooperation, I would like to thank the Medical Chief Officer of Maha Sarakham Provincial Health Office, the president of Kieng Tambon Administrative Organization, the head of Kieng sub-district health center whose provided strong support and cooperation.

I am also grateful to the numerous organizations and agencies that facilitated the collection of information. The Maha sarakham Provincial Public Health Office (MK PPHO), Maha sakhm Hospital, Muang District Health Center, Keing Tambon Administrative Organization (TAO), Keing Health Center, all non-governmental organizations as well as community-based organizations that I cannot named all of them here. Energetic and dedicated individuals on the staff of these organizations arranged meetings for this study with key informants and provided all valuable

references, it is unforgotten to thank Mr. Chumporn Srisarakham, the Medical Chief-Assistant Officer of Maha Sarakham Provincial Public Health Office.

A special thank to Maha Sarakham University (MSU) for the scholarship that provided financial support for entire academic program. Also, I would like to express my sincere gratitude to all kindness staff of the Faculty of Pharmacy and Health Science, Maha Sarakham University who have lent helping hands and good working relationships among the numerous and diverse individuals and organizations involved in the study.

Although the underlying foundation for this work can be largely attributed to all of the individuals mentioned above, any errors or misconceptions, are solely mine.

ACRONYMS AND ABRAVIATIONS

AED	Academy for Educational Development
AIC	Appreciate Influence Control
APEX/PH	Assessment Protocol for Excellence in Public Health
ASSIST	American Stop Smoking Intervention Study
CBPAR	Community-based Participatory Action Research
CDC	Centers for Disease Control and Prevention
CHP	Community Health Partnership
DFID	Department for International Development
DHHS	Department of Health and Human Services
DTPS	District Team Problem Solving
FAO	Food and Agriculture Organization
FGD	Focus Group Discussion
FHS	Faculty of Health Science
HTPS	Health Team Problem Solving
IDB	Inter-American Development Bank
IIED	International Institute for Environment and Development
ILO	International Labour Organization
IOM	Institute of Medicine
KKU	Khon Kaen University
MK PGO	Maha Sarakham Provincial Government Office
MK PPHO	Maha Sarakham Provincial Public Health Office

MOPH	Ministry of Public Health
MSU	Maha Sarakham University
NACCHO	National Association of County and City Health Officials
NBCC	National Breast Cancer Coalition
NCLR	National Council of La Raza
NEPHCTDC	Northeast Primary Health Care Training and Development Center
NGO	Non-profit Governmental Organization
PAR	Participatory Action Research
PATCH	Planned Approach to Community Health
PCMO	Provincial Chief Medical Officer
PHC	Primary Health Care
PPP	People's Participation Program
PRA	Participatory Rural Appraisal
RT	Research Team
SIDA	Swedish International Development Authority
TAO	Tambon Administrative Organization
TFOC	Tobacco-Free Oklahoma Coalition
UNIZA	University of South Africa
UNPD	United Nations Development Program
WHO	World Health Organization
WWW	World Wide Web
ZOOP	Objectives-Oriented Project Planning

TABLE OF CONTENTS

	PAGE
ABSTRACT	iii
ACKNOWLEDGEMENTS	v
ACRONYMS AND ABBRAVIATIONS	viii
TABLE OF CONTENTS	x
LIST OF TABLES	xv
LIST OF FIGURES	xvii
CHAPTER I: INTRODUCTION	1-5
References	5
CHAPTER II: ESSAY	6-63
2.1 Introduction	6
2.2 The concept of community	8
2.3 Community development	10
2.4 When does community development happen?	11
2.5 Community empowerment	11
2.6 Community participation	14
2.7 The process of empowerment and participation	22
2.8 Organizational model for integration	25
2.9 What is partnerships?	27
2.10 Opportunities and challenges of partnerships	30

TABLE OF CONTENTS (2)

	PAGE
2.11 Potential barriers facing partnerships	32
2.12 Steps to be successful partnerships	36
2.13 Why partnerships?	38
2.14 Health partnerships versus community health development	40
2.15 Conclusion	48
References	50
CHAPTER III: PROPOSAL	64-110
3.1 Introduction	64
3.2 Statement of problems and rationales	66
3.3 Study question	69
3.4 Study objectives	69
3.4.1 General objectives	69
3.4.2 Specific objectives	70
3.5 Conceptual framework	70
3.6 Study methodology	72
3.6.1 Study area	72
3.6.2 Study design	72
3.6.3 Intervention approach	76
3.7 Timeframe and work plan	99

TABLE OF CONTENTS (3)

	Page
3.8 Data collection	101
3.8.1 Quantitative data	101
3.8.2 Qualitative data	102
3.9 Data Analysis	103
3.9.1 Quantitative data	103
3.9.2 Qualitative data	103
3.10 Expected outcomes	103
3.11 Utilization of results	104
3.12 Ethical considerations	104
3.13 Estimation budgets	105
Reference	107
CHAPTER IV: DATA EXERCISE	111-174
4.1 Introduction	111
4.2 Objectives	113
4.3 Operational definitions	113
4.4 Study design	113
4.5 Study methodology	113
4.5.1 Study area	113
4.5.2 Study population	114

TABLE OF CONTENTS (4)

	PAGE
4.6 Study instruments	115
4.6.1 Quantitative data	115
4.6.2 Qualitative data	124
4.7 Data Collection	124
4.7.1 Quantitative data	125
4.7.2 Qualitative data	127
4.8 Data management	127
4.8.1 Quantitative data	127
4.8.2 Qualitative data	128
4.9 Data analysis	128
4.9.1 Quantitative data	128
4.9.2 Qualitative data	128
4.10 Study results	129
4.10.1 Quantitative data	129
4.10.2 Qualitative data	150
4.11 Discussion	161
4.12 Limitations	167
4.13 Lessons learned	167
4.14 Expected outcomes	169
4.15 Ethical considerations	170
4.16 Conclusion	170
References	172

TABLE OF CONTENTS (5)

	PAGE
CHAPTER V: PRESENTATION	174-208
CHAPTER VI: ANNOTATED BIBLIOGRAPHY	209-229
6.1 Search method	209
6.2 Annotated bibliography	210
APPENDICES	230-254
Appendix A: Questionnaire form	231
Appendix B: Focus group discussion guidelines	247
Appendix C: In-depth interview guidelines	249
CURRICULUM VITAE	251

LIST OF TABLES

	PAGE
Table 2.1: Different views of participation continuum	19
Table 2.2: The concepts of autonomy, coordination and integration	26
Table 2.3: Facilitating and retraining partnerships from five stakeholders	28
Table 3.1: Timeframe and work plan	100
Table 3.2: Estimation budgets	105
Table 4.1: Content areas in each questions	117
Table 4.2: Scales used for agreement levels	117
Table 4.3: Internal consistency reliability for scales used in the analysis	119
Table 4.4: Intraclass correlation coefficient of the scales used	120
Table 4.5: Descriptive properties of the scales used in the analysis	121
Table 4.6: Techniques employed in data collection	124
Table 4.7: The model training course for data collection recommended by WHO (1995)	126
Table 4.8: The study population characteristics	130
Table 4.9: Synergy	133
Table 4.10: Leadership	135
Table 4.11: Leadership satisfaction	136
Table 4.12: Administration and management	138
Table 4.13: Satisfaction with administration and management	139
Table 4.14: Efficiency	139
Table 4.15: Non-financial resources	140

LIST OF TABLES (2)

	PAGE
Table 4.16: Financial and capital resources	141
Table 4.17: Partner involvement challenges	142
Table 4.18: Community-related challenges	143
Table 4.19: Decision-making in the study partnerships	143
Table 4.20: Decision-making process	144
Table 4.21: Benefits received by respondents	145
Table 4.22: Drawbacks experienced by respondents	146
Table 4.23: Relationships in the partnerships	148
Table 4.24: Partner satisfaction	149
Table 4.25: Number of deaths by leading cause of death: 2000	149
Table 4.26: Percentage of the capacity of village health volunteers	
primary health care administration and management	157
Table 4.27: Keing TAO's financial allocation for sub-district	
development	159

LIST OF FIGURES

	PAGE
Figure 2.1: Participation model in community development	21
Figure 2.2: Community development stages for maximizing community empowerment potential	24
Figure 2.3: Components of partnership pentagon	27
Figure 2.4: Factors contributing to poor community health development system in Muang district, Maha Sarakham	32
Figure 2.5: Interactive learning through action in HTPS process	47
Figure 3.1: Conceptual framework of collaborative health partnerships for community health development	71
Figure 3.2: The cyclical process of Participatory Research Action (PAR)	74
Figure 3.3: The cyclical process of Buddhist Noble Truth	75
Figure 3.4: Model of HTPS intervention approach applying PAR process	79
Figure 3.5: Evaluation design	98