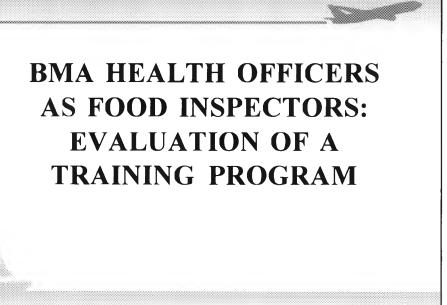
CHAPTER V PRESENTATION ON BMA HEALTH OFFICERS AS FOOD INSPECTORS: EVALUATION OF A TRAINING PROGRAM



The full name of BMA is Bangkok Metropolitan Administration, under Ministry of Interior. These BMA Health Officers were planned to do food inspection job in this project. They were already assigned duty on hygienic control of material, man, and place of food shops. The food inspection is added as a new job. So there are special training program for BMA Health Officers. Then I would like to evaluate food inspectors training program for BMA Health Officers.

TOPIC



- **◆ RATIONALE**
- **◆ EXPECTATION OF THE FDA**
- **◆ LITERATURE REVIEW**
- **◆ CONCEPTUAL FRAMEWORK**
- ◆ OBJECTIVES OF THE STUDY
- **◆ RESEARCH QUESTIONS**
- **◆ RESEARCH METHODOLOGY**
- ◆ PRELIMINARY STUDY

The sequence of my topic is as follow:

* Rationale

* Objectives of the study

* Expectation of the FDA

* Research questions

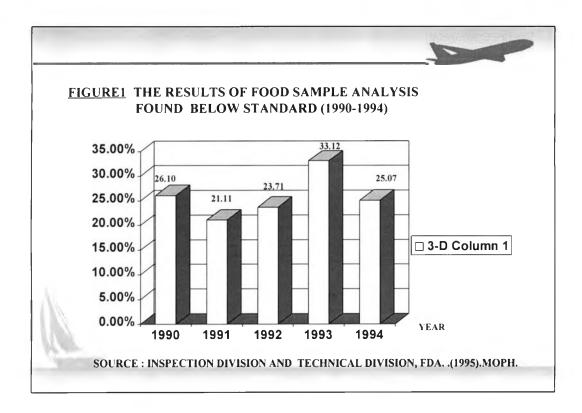
* Literature review

* Research methodology

* Conceptual framework

* Preliminary study

The FDA in Thailand was established in 1974 and from that time onwards took responsibilities to check food and drug s for the people in the country. The goal of the FDA is Health consumer protection, the FDA has authority for quality control of products in pre and post-marketing. For post-marketing, we collected food samples for analysis and the results were as follows:



This figure shows the results of food samples analysis found below standard during 1990-1994. The percentage of food found below standard was quite high and stable.

	NUMBER AND RATE	PER 100,000 PC	
	DISEASES	NUMBER	RATE
	1. CHOLERA	3,088	55.5
	2. BACILLARY DYSENTERY	289	5.2
	3. ENTERITIS AND OTHER DIARRHOEAL	12,884	231.4
50	DISEASES	TISTICS A D 10	93 MOPH THAILAND

In Bangkok, The Public Health Statistics of 1993 reported a high number of cases which were cholera, Bacillary dysentery, Enteritis and other diarrhoeal diseases. These disease are related to food sanitation. So how can the FDA solve this problem? The FDA tried to solve this problem by means of regular surveillance system. But the FDA has a shortage of manpower. We have only 7 food inspectors in Bangkok. We can not appoint new staff in a short time. Therefore, we use the strategy of appointing alternative manpower and these are the BMA Health Officers in District Offices. For the BMA Health Officers, a training program was conducted and achievements were evaluated to know the effectiveness of that particular program. This information will be submitted to the FDA to help in decision making whether they should continue, stop, improve or change their strategy. This task was assigned by the chief of staff of the FDA to our division.

EXPECTATION OF THE FDA

- 1. EDUCATION
- 2. ENFORCEMENT
- 3. ENCOURAGEMENT
- 4. SURVEILLANCE

The FDA expects the BMA Health Officers to perform their tasks as follows:

Education means giving knowledge of good quality of food to entrepreneurs and the general public by BMA Health Officers.

The enforcement is by means of confiscation of bad food.

Encouragement means to promote consumer protection group within community.

Surveillance by means of increasing coverage in inspection of food, advise to the entrepreneurs and collecting samples for analysis.

LITERATURE REVIEW



- NORAPOOMPIPAT (1991).
 - * EVALUATION OF TRAINING PROGRAM ON APPOINTMENT OF DISTRICT OFFICERS IN TRANG AND PHUKET PROVINCES. - PERFORMANCE, OPINION, CAPABILITY.
 - * RETROSPECTIVE EVALUATION AFTER 1 YR.

Norapoompipat reported the evaluation of training program and appointment of District Officers in Trang and Phuket province he evaluated the performance, opinion and capabilities of officers. The study design was a retrospective evaluation after performance of 1 year.

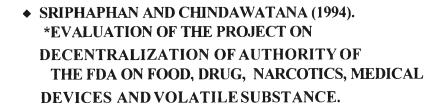
LITERATURE REVIEW



- ◆ FDA (1994).
 - * EVALUATION OF THE PROJECT TO APPOINT DISTRICT OFFICERS FOR FOOD, DRUG, VOLATILE SUBSTANCES CONTROL ACTS ON FISCAL YEAR 1992-1993.
 - CHANGES OF K. A., OPINION
 - BEFORE AND AFTER APPOINTMENT
 - MAIL QUESTIONNAIRES

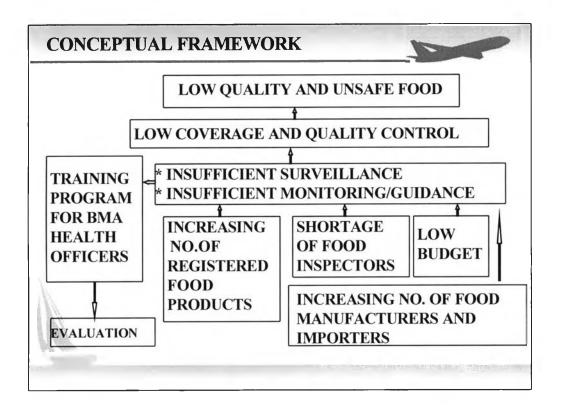
The FDA (1994) reported the evaluation of the project to appoint District Officers for Food, Drug and Volatile Substances Control Acts on fiscal year 1992-1993. They evaluated the changes their knowledge, attitude and opinion before and after appointment by mail questionnaires.

LITERATURE REVIEW



* COMPREHENSIVE PARTICIPATORY EVALUATION

Sriphaphan and Chindawatana (1994) reported the evaluation of the project to decentralize the FDA on food ,Drug, Narcotic, Medical devices and Volatile substances Acts. The researcher used the comprehensive participatory evaluation method. So for me, I am also interested to evaluate this project concerning knowledge and attitude during pre and post training, I also like to evaluate the performance and perception of the shop owners because no body was in interested in this. So I do the difference in order to improve this training program.



This is my conceptual framework. As I have mentioned before, there were many food and water borne infections in the community and low quality food in the market. This was partly due to shortage of food inspectors in the FDA for many reasons, there is insufficient surveillance, monitoring and guidance. This resulted in low coverage in food inspection. A noticeable level of unsafe food in the market is harmful for consumer. Therefore, we tried to use the strategy on alternative manpower program in which a training program was included. Then, we would like to evaluate whether this program med our objectives or not.

GENERAL OBJECTIVE

TO EVALUATE THE TRAINING PROGRAM ON FOOD INSPECTION FOR BMA HEALTH OFFICERS FOR FUTURE PLANNING

The general objective of my study is "To evaluate the training program on food inspection for BMA Health Officers for future planning".

SPECIFIC OBJECTIVES

- 1. TO EVALUATE CHANGES IN KNOWLEDGE AND ATTITUDE OF THE BMA HEALTH OFFICERS AFTER THE TRAINING PROGRAM.
- 2. TO EVALUATE LEVELS OF SKILL AND PERFORMANCE OF THE BMA HEALTH OFFICERS AFTER THE TRAINING PROGRAM.
- 3. TO EVALUATE PROCESS OF THE TRAINING PROGRAM.
- 4. TO EVALUATE ACTIVITIES OF SUPPORT, SUPERVISION, AND DISTRIBUTING INFORMATION AFTER THE TRAINING PROGRAM.
- 5. TO EVALUATE PERCEPTION OF SHOP OWNERS TOWARD BMA HEALTH OFFICERS' PERFORMANCE.

Specific objectives are:

- 1. To evaluate changes in knowledge and attitudes of the BMA Health Officers after the training program.
- 2. To evaluate levels of skill and performance of the BMA Health Officers after the training program.
- 3. To evaluate process of training program.
- 4. To evaluate activities of support, supervision and distributing information after the training program.
- 5. To evaluate perception of shop owners towards BMA Health Officers performance.



RESEARCH QUESTIONS

- 1. DO THE KNOWLEDGE AND ATTITUDE OF THE BMA HEALTH OFFICERS INCREASE OR NOT AFTER THE TRAINING PROGRAM?
- 2. WHAT ARE THE LEVELS OF SKILL AND PERFORMANCE OF BMA HEALTH OFFICERS AFTER THE TRAINING PROGRAM?
- 3. HOW IS THE PROCESS OF THE TRAINING PROGRAM?
- 4. HOW ARE THE ACTIVITIES OF SUPPORT, SUPERVISION, AND DISTRIBUTING INFORMATION AFTER THE TRAINING PROGRAM?
- 5.HOW DO THE SHOP OWNERS PERCEIVE THE PERFORMANCE OF BMA HEALTH OFFICERS'?

These are research questions:

- 1. Do the knowledge and attitudes of the BMA Health Officers increase or not after the training program ?
- 2. What are the levels of skill and performance of BMA Health Officers after the training program?
- 3. How is the process of the training program?
- 4. How are the activities of support, supervision, and distributing information after the training program ?
- 5. How do the shop owners perceive the performance of BMA Health Officers?

RESEARCH METHODOLOGY

- STUDY DESIGN
 - CROSS-SECTIONAL EVALUATIVE STUDY
- STUDY POPULATION
 - -BMA TECHNICAL SANITATION OFFICERS FROM **DISTRICT OFFICES**
 - BMA HEALTH OFFICERS FROM DISTRICT **OFFICES**
 - SHOP OWNERS FROM DISTRICTS

- PERIOD OF EVALUATION
 - KNOWLEDGE AND ATTITUDE
 - * PRE- AND POST-TRAINING
- SKILL
 - * POST-TRAINING
- PROCESS OF TRAINING PROGRAM * DURING TRAINING
- ACTIVITIES OF SUPPORT, SUPERVISION, DISTRIBUTING INFORMATION * 6 MONTH AFTER TRAINING UPTO 1 YEAR
- PERFORMANCE AND PERCEPTION * 6 MONTH AFTER TRAINING UP TO 1 YEAR



- KNOWLEDGE AND ATTITUDE
 - * PRE- AND POST-TRAINING
- -SKILL
 - * POST-TRAINING
- PROCESS OF TRAINING PROGRAM
- * DURING TRAINING
- ACTIVITIES OF SUPPORT, SUPERVISION, DISTRIBUTING INFORMATION *6 MONTH AFTER TRAINING UPTO 1 YEAR
- PERFORMANCE AND PERCEPTION
- *6 MONTH AFTER TRAINING UP TO 1 YEAR

◆ SAMPLING PROCEDURE AND SAMPLE SIZE

- K.A.S., PROCESS, ACTIVITIES
 - * 57 TECH. SANITATION OFFICERS
 - *15 HEALTH OFFICERS
- PERFORMANCE
 - * RANDOM 4 DISTRICTS/38
 - * 8 TECH. SANI. OFF./ H. OFF.
 - * 200 SHOPS IN 4 DISTRICTS
- -PERCEPTION
 - * RANDOM 4 DISTRICTS/38
 - * 200 SHOPS OWNERS / 4 DISTRICTS



- ♦ **†** KNOWLEDGE ATTITUDE
- ◆ EXTRA WORKLOAD
- **◆ NO EXTRA INCENTIVE**

SUGGESTION ON FINDINGS

◆ INCENTIVE PROGRAM

The results of a pilot study can be summarized as follow:

Based on this pilot study, in conclusion, I found BMA health officers' knowledge scores were increased after training, but they perceived this program is lack of incentive and extra burden for them. Therefore, I'd like to suggest to the executive of the FDA to plan an incentive program like rewarding, sending study tours and provision for their career ladder. The FDA monitor this project every 6 month in order to support the officers and to motivate them.

This results will be submitted to the Secretary General of FDA and Director of Inspection Division of FDA.