

CHAPTER II

ESSAY

2.1 International Health Planning

The successive phases of WHO's activity in the field of health planning reflect the evolution of the Organization's philosophy concerning health development in general. (Stephen A Sapirie, 1998). An overview of the phases is as follow;

- Pre-1965 - Planning as a routine function within overall public health administration;

1965-1970 - Development of specific planning concepts and methods (such as PAHO-CENDES and National Health Planning);

1970-1975 - Application of the systems approach, exploration of computer modeling, and advent of health project planning and management (Research in Epidemiology and Communication Science, and Project Systems Analysis);

1975-1980 - Advent of health sector programming (country health programming) and initiation of the Managerial Process for National Health Development;

1980-1985 - Managerial Process for National Health Development in support of health for all through primary health care and specialized program planning (for instance in immunization and diarrhea diseases);

1985-1990 - Diminishing emphasis on health planning except at district level; increasing prominence of monitoring and evaluation of program implementation and progress towards health for all;

1990-1995 - Enhancement of evaluation methods; little attention to health planning except in relation to "health futures", a methodology for thinking about the long-term future;

Since 1995 to present - Little practical cooperation in health planning, some support for strategic health planning in countries, interest in defining essential public health functions and in new analysis techniques such as disability adjusted life years (DALYs)

This brief overview will be concluded with some views on how WHO should proceed in this field. Many governments and bilateral cooperation agencies think WHO should reduce its direct technical cooperation with countries in favor of more normative and global activities such as developing methodologies, setting standards, mobilizing resources and exchanging information. However, an international agency cannot effectively set standards in matters related to technical programs unless it is directly involved in those programs. Direct cooperation with countries is by far the most effective way both to obtain and to share the necessary knowledge and expertise, provided that the decisions are made by the national entities and not by WHO or other external partners. Where WHO's technical cooperation with countries deserves to be criticized is where it fails to foster national self-reliance during the process of sharing expertise. The solution to this problem is not reduced involvement with countries but involvement of a different kind

It is believed that national working groups that can do the best possible planning, evaluation and management, when the process is facilitated by practical, clearly described methodologies and low-profile technical and procedural support. This style of cooperation by WHO requires methodologies of high quality which are being continually improved and whose effectiveness has been demonstrated through wide applications. There is an unfortunate tendency for WHO programs and regional offices to jettison proven methodologies as soon as the people who developed them go away. Much time and valuable resources are then spent on "reinventing the wheel".

In its technical cooperation, especially within its country programs, WHO should include more support for national working groups using proven user-friendly methodologies, not only in planning but in all the managerial activities involved. There appears to be sufficient evidence of the effectiveness of methodological support for national group processes to justify expansion in this direction.

2.2 Activities Associated with Health Planning

In Malaysia, the ‘health planning process’ is a cyclical one and forms an integral part of a total socio-economic development plan for the whole country. The time-dimension is a 5 year detailed medium-term plan within the context of a long-term perspective plan. The present plan is the 5th five-year plan undertaken by the government. Being part of a total effort at socio-economic development, the major policies and objectives are determined by central planning agencies in consonance with the overall aims and goals of the political leadership. Health planning can thus be seen as a sub-system of the overall socio-economic planning system. (SEAMIC,1978)

The health planning process in Malaysia is essentially an iterative process (top-down, bottom-up process). At the national level, the overall policies and objectives are examined and translated into specific policies & objectives in relation to the health sector.

An overall situational analysis is carried out to determine the major problem areas as seen nationally. The respective program directors review the performance of the previous plan period (evaluation) in terms of the performance achieved and the appropriateness of the strategies adopted, and come forward with proposals for change wherever indicated. The national level also established broad norms for various program areas which act as guidelines for us by intermediate level (regional / state) planners.

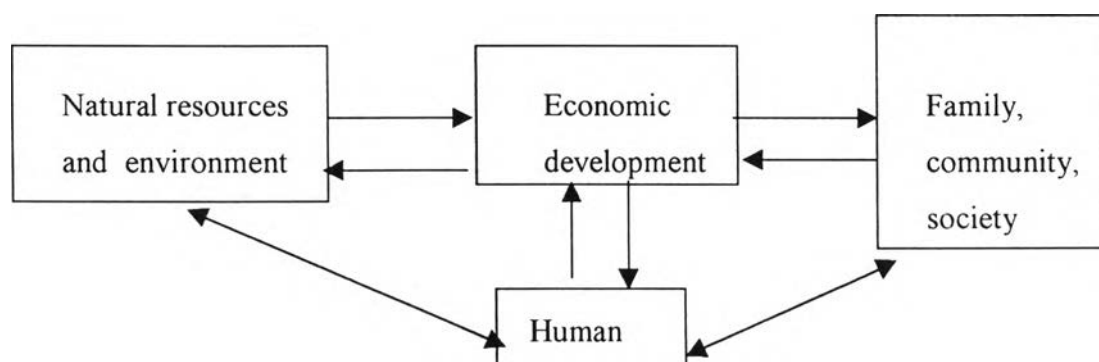
The states carry out a more detailed situational analysis to determine the problem areas specific to the state or region. Utilizing the overall objectives as established at the national level, the strategies as recommended by various program directors, and also the norms recommended, specific health plans are prepared for the state (region) to tackle the problem areas identified under the detailed situational analysis carried out by them. (It is to be noted that in some states the administration carries out this process at a lower level i.e. district level and state plan becomes an aggregation of district plans.)

2.3 Conceptual Framework of the Health Development Plan in Thailand

A deliberate effort has been made in the formulation of the National Economic and Social Development Plan that an integrated human center development is a key concept for national development. Human resources are deemed as a determining factor achievement of overall aspects of development. Health, therefore, is a fundamental and key determinant for human resources development.

The development of health of the Thai population is determined by three main components. Each component, composed of several determinants, is not only dynamic in itself but also interrelated. Therefore, health development in the 8th Plan is conceptualized as shown in Figure 3

Figure 3 Paradigms Shift for National Development

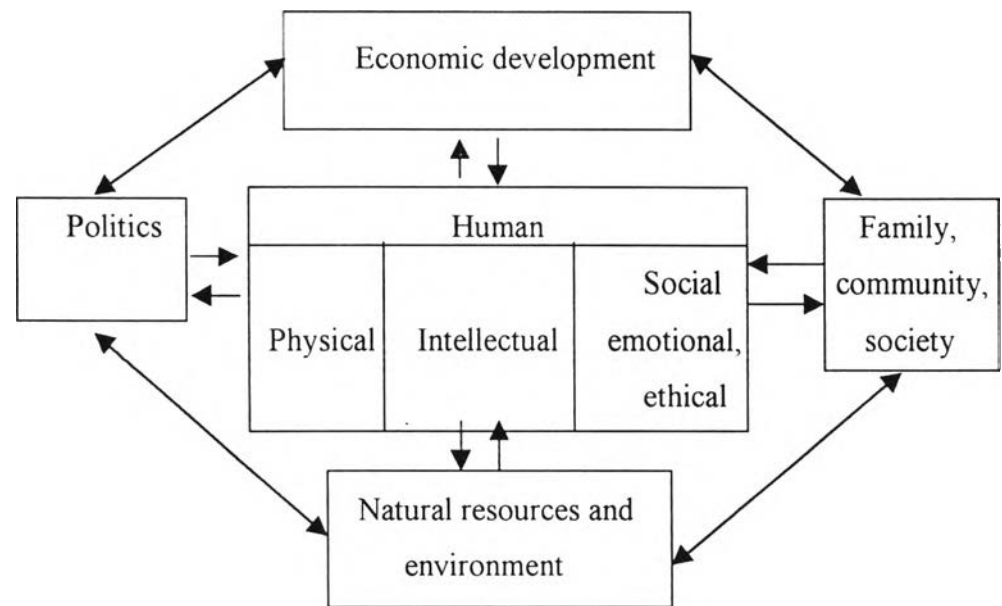


Paradigm :

Human = resource for production

Economic – center development

Figure 3 Paradigms Shift for National Development (cont.)



New Paradigm :

Human – center development

Source: Bureau of Health Policy and Plan, Ministry of Public Health (1997).

2.4 The Health Development Plan Under the 9th National Economic and Social Development Plan (2002-2006).

2.4.1 Objectives of the Ninth Five-Years National Health Development Plan of Thailand

2.4.1.1 To encourage health promotion emphasize on goal health and safety protection of people's life and health

2.4.1.2 To contribute the assurance of healthy protection and accessing of health service by covering, quality and equity.

2.4.1.3 To empower the strength of individual, family, community and social in self caring and promoting their health.

2.4.1.4 To initiate the criteria for seeking and building capacity in knowledge screening for health development by emphasize on research and development from intelligent properties for self-reliance in health aspect.

2.4.2 Strategies for Health Development

To ensure that the 9th Plan is implemented in the direction aimed at achieving the desirable vision of health for the Thai population in the future, the following health development strategies have been formulated :

2.4.2.1 Contribute advantage health promotion urgently.

2.4.2.2 Health insurance for health for all approaching.

2.4.2.3 Reforming of health service system management and procedures.

2.4.2.4 Empowerment of civil social for health.

2.4.2.5 The utilization of knowledge and intelligent properties for health.

2.4.2.6 Human resource development for health, respond to paradigm shift of health system.

2.5 Linkage between Planning Sector, Provincial Public Health Office and Ministry of Public Health

2.5.1 Administrative Structure of Ministry of Public Health

Bureau of Health Policy and Plan, Ministry of Public Health (1997). The MoPH's operations have been developed continuously to make Thai people healthy, physically, and mentally, live happily in society, free of illnesses The administrative

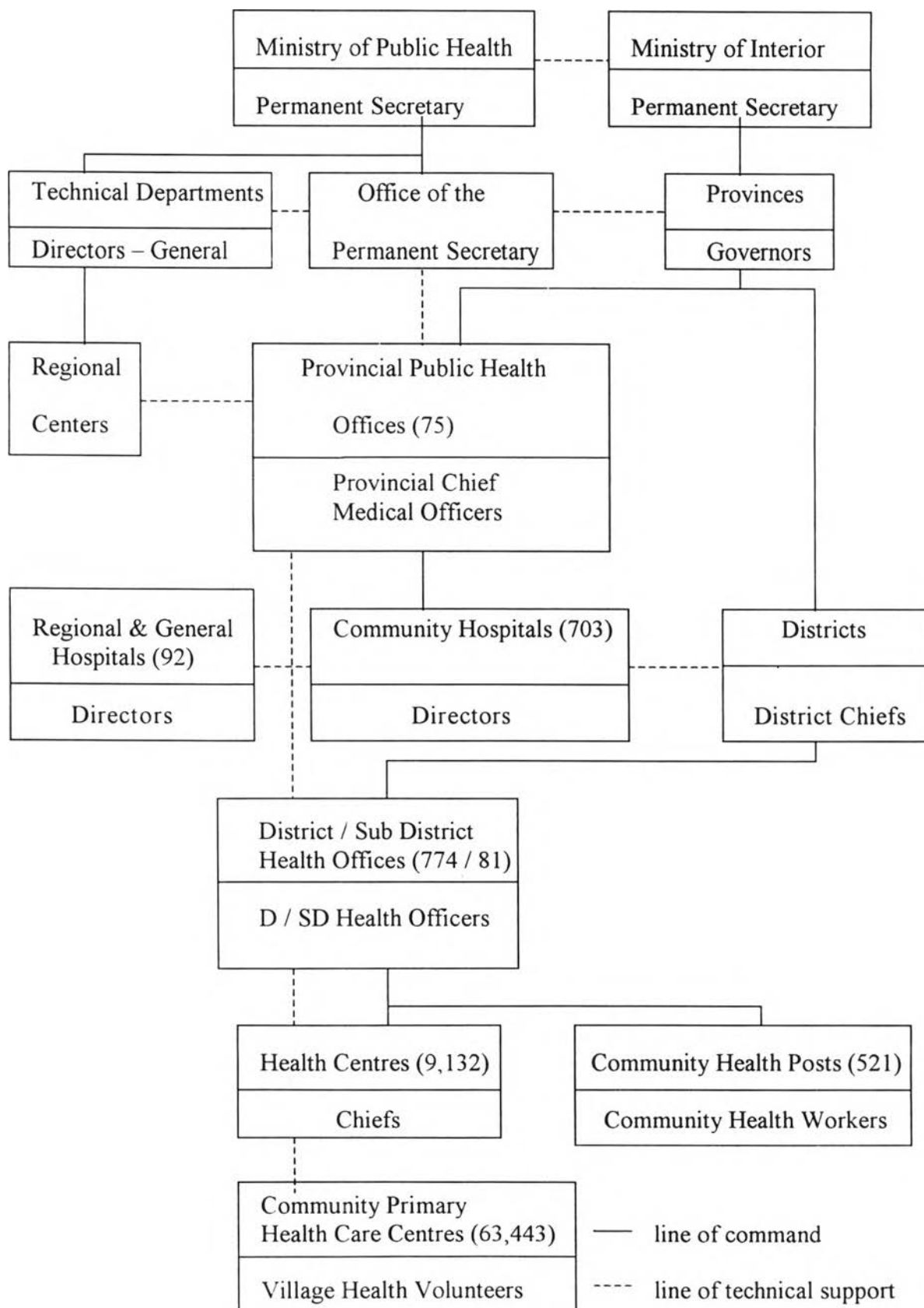
structure of the MoPH is divided into 2 parts: central administration and provincial administration

The central administration is composed of the Office of the Permanent Secretary, the Office of the Minister's Secretary and 6 department agencies (Department of health, Department of Communicable Disease Control, Department of medical sciences, Food and Drug Administration, Department of medical services, and Department of Mental Health). In addition, the MoPH has under its supervision two agencies: the Government Pharmaceutical Organization (GPO) and the Health System Research Institute (HSRI)

The provincial administration (Figure4) is under the supervision of the Office of the Permanent Secretary for Public Health. The Permanent Secretary is in charge of controlling and monitoring all provincial level health activities so that they are implemented in accordance with MoPH' policies and programs. Agencies under the Provincial Health Administration are Provincial Public Health Offices, District Health Offices, and Health Centres.

2.5.2 Provincial Public Health Office (PPHO) in each province reports to the Office of the Permanent Secretary and is headed by the Provincial Chief Medical Officer (PCMO), who is in charge of all health activities at the provincial level and below, under the direct command of the Provincial Governor.

Figure 4 Structure of the Provincial Health Administration.



Source: Bureau of Health Policy and Plan , Ministry of Public Health (1997)

Ministry of Public Health (1988) determined the responsibility of Provincial Public Health Office in the document of Regional Public Health Administration is composed of 6 jobs such as: Law and Administration, Developing Health System and Planning, Academic, Supporting and Supervision, Health Service Provision and Other jobs

Nowadays, Provincial Public Health Office (PPHO) is divided into 5 groups as follows: Administrative Supporting, Pharmacy and Consumer Protection, Health Service and Technical Promotion, Occupational Health and Environmental Health, and Health Supporting.

2.5.3 Planning section at present

Planning sector is an organization in Administrative Supporting group of Chon Buri Provincial Public Health Office and this section consists of 10 persons. Its main responsibilities include health-problems-related data collection and analysis, provincial health planning and coordinating with other plans, monitoring and evaluation. The policy, objectives, targets and strategies for Health Development Plan under the 9th National Economic and Social Development was brought to the operational level by Planning section of Provincial Public Health Office.

Nowadays, the planning sector is divided into 8 sections based on the responsibilities as follows:

- Health information center
- Epidemiology
- Health planning
- Monitoring and Evaluation
- Health insurance
- Special projects
- Research and finding
- Other jobs which are instructed by commanders

2.6 Experiences and Observations on Provincial Health Planning in Thailand

SEAMIC (1978) quoted in Yutthana Suksamiti (1977) said that health planning in developing countries should be implemented not only under the condition of limited resources but also under the requirement of covering a wide scope of problems. It may be said that the important health problems of Thailand are almost overwhelming in rural areas where the majority of the Thai people live. Moreover, the characteristics of health problems vary from region to region. Therefore, the so-called “top-down” health planning cannot be considered as effective as is required.

So it is felt to be necessary for Thailand to establish a system of provincial health planning, especially to let the province consider its own annual action program, consistent with the strategic plan and program at the national level. At this time, the provincial health planning is seen as an intermediate step in linking the national and peripheral levels to achieve the national plan objectives and targets, and to develop and demonstrate the provincial planning capability and local responsibility.

The planning process at the provincial level follows such conventional steps in health planning as follow; data gathering and analysis, situation analysis, problem projection, objective setting, priority setting, strategy and policy formulation, program and project formulation.

It seems likely from observation that the health planning process makes primary use of data generated within the existing health information system with less consideration of other variables such as those of the economic, and other social data, or environmental data. Also the planning efforts in the province are directed toward securing greater physical resources for health

Planning will be more effective if horizontal and vertical linkages could be established at all administrative levels. Linkages among sectors are desirable in order to attain optimization of available resources and rationalization of the socio-economic development plans for the region.

2.7 Situation Analysis of Planning Sector in Chon Buri

If we would like to know the environment of Planning sector in Chon Buri Provincial Public Health Office, we should bring the result of planning sector analysis in the Region 3's Provincial Public Health Office and in-depth study in Chon Buri Provincial Public Health Office to grasp causes of problems, and continue implementing strategic planning for problem solving.

The study of organization analysis in Health Region 3 addressed the difference of manpower's structure including the internal and external environment of planning sector in Chon Buri and compared it with other provinces in Health Region 3 by applying SWOT technique.

The SWOT analysis is a broad overview of the most important internal Strengths and Weaknesses and the most important external Opportunities and Threats. (Michael Allison and Jude Kaye, 1997 : 79)

- What are the organization's internal *Strengths*? ("What do we do well?")
- What are the organization's internal *Weaknesses*? (Where can we improve?)
- What external *Opportunities* exist with respect to pursuing our mission? ("What changes are taking place in our environment do we need to guard against or prepare for in doing our work?")
- What external *Threats* might hinder the pursuit of our mission? ("What changes in the environment do we need to guard against or prepare for in doing our work?")

SWOT Analysis stands for Strengths, Weaknesses, Opportunities and Threats. (Barry Cushway & Derek Lodge, 1993 : 29)

Strengths may be described as those positive aspects of the organization which may lead to further opportunities and which can therefore be built on. What are the company's competitive advantages and unique selling points?

Weaknesses are any deficiencies in the company's skills and resources. Consideration needs to be given as to how these can be remedied, for example by acquisition, merger or training and development.

Opportunities describe those events in the external environment that the organization may be able to take advantage of. These are likely to arise from changes in technology, markets, products, legislation and so on.

Threats are dangers or problems that might damage the position of the organization, for example the introduction of a new product by a competitor, changes to safety standards, changing fashions, or problems with suppliers or customers

Whereas strengths and weaknesses primarily concern the internal workings of the organization, opportunities and threats arise primarily from the external environment.

The followings are the conclusion of the results:

Internal Environment Assessment

The weaknesses and strengths, identified in the internal organization, would be presented and discussed as follows:

Weaknesses

1. Manpower Structure

Manpower structure of organization in CPHO's planning sector is not different from other provinces in Health Region 3; such as, the number of job positions in the civil servant board is 11 but there are only 6-9 persons working in each province. In addition, in Health Region 3 the number of staff should have been 77 persons but only 52 persons are recruited (67.50%). In CPHO there are 8 persons (72.72%) in planning section and 3 positions are vacant; namely, Community Public Health Officer (2 positions) and Communicable Disease Control Officer (1 position).

This issue can be considered as the weakness because the position of Community Public Health Officer has less career progress than others. This affects the movement of other staff in other sectors. This is in line with the findings in the study of Naiyana Sangvanich (1997) which addressed some weaknesses in planning sector's structure, such as, the officers were discouraged because they gained less career progress than those in other positions.

Umnauy Sangsawang (1997) stated that the position was very important for an organization and staff because it indicated the level of development in the organization. If there are many high positions in the organization, it can be interpreted that it is a big organization. The highest hope of personnel is to get promotion to higher position.

Thongchai Santiwong (1996) states that good organization management will contribute to the smooth, simple running of the organization. In other word, it doesn't cause the problem that piles of work are stuck at only one sector because of lack of personnel and it saves costs because no redundancy in performing tasks would occur. In addition, neither hesitation and dispute over responsibility of task assigned would occur as well. Moreover, it would simplify the process of assigning tasks.

An organization is a systematic arrangement of people to accomplish some specific purposes. It has a distinctive purpose, includes people or members and contains some types of systematic structures. (Stephen Robbins & Debu Mukerji, 1994: 31)

An organization structure is the framework which explains how its resources are allocated and managed and the lines of communication and decision making. The main purpose of the structure is to ensure that the organization is designed in the best way to achieve its goals and objectives. (Barry Cushway & Derek Lodge, 1993: 63)

The major principles of good organizational design may be broadly stated as follows:

1.1 Structure should follow strategy. The organization and its various components should individually and collectively support the organization's goals and objectives.

1.2 Various parts of the structure should be divided into specialist areas. This means that discrete areas of activity should be grouped together so that there can be a focus on specific objectives and a concentration of experience and expertise.

1.3 The number of levels in the structure, sometimes referred to as the scalar chain, should be as few as possible. The greater the number of levels within the structure, the more the problems of communication from top to bottom, of decision making, and of coordination and control.

1.4 The span of control, the number of subordinates directly managed, will vary according to the nature of the jobs and the organization, but it should not be so narrow that it results in a structure with too many levels, or too broad to allow effective management. Span of control will vary greatly depending on the kind of jobs managed.

1.5 There should be what has been described as unity of command. In other words, there should be clarification about who each post holder reports to and who has the authority to take decisions.

1.6 Every post in the structure should have a clear role and add value to the way the organization functions.

1.7 The extent to which the organization should be centralized or decentralized will need to be determined by reference to a number of factors, including the nature and type of industry, geographical dispersion, history and so on.

1.8 The structure must be designed to take account of changes in the environment, which can include the economy, legislation, markets, technological developments, geography and so on.

2. Management in Health Region 3 it was found that tasks were not equally assigned and some staff were overloaded with piles of work and as a result, they were very stressful generally due to overtime working. This is definitely the weakness because it is against the balance's principle of organizing which says that workloads

ought to be divided in equal quantity. Some provinces have the line of consultants and they usually direct tasks and do the monitoring without passing the command to the chief of planning section. This can be considered as a disadvantage of hierarchy and conflicts between the consultants and the chief of planning often occurred because their commands went against each other. The unity of commands represents good organizing and personnel should be instructed by one command from one boss, so we ought to follow the principle "One man one boss" (Sirion Kantahut, 1996).

Furthermore, the personnel of planning sector in Health Region 3 expressed their opinions that there was too much work besides their routine works; such as, special projects and there was no clarifications on how to divide the responsibility of the special project. This is confirmed by the findings in the study of Potjanae Reongmontree (1998) entitled "Problems of Planning Sector" implemented in Health Region 5. The result shows that there are too many special projects initiated from policies of government which they couldn't conduct efficiently. She suggests to study problems in each province in order to know real causes and find a solution for the problems. Regarding to reporting system at present, many reports are repetitively distributed to many sectors that are the heavy burden of personnel and waste a lot of money.

According to the aforementioned problems of management, it was found during an analysis of Planning personnel, CPHO that those weaknesses weren't mentioned and emphasized. This was probably because the discussion didn't cover those weaknesses or they were problems that they had never been concerned before or it was because they had to answer open-ended questions for which they needed to write answers, so their answers were incomplete. So, the investigator proposed to organize the brainstorming session or focus group discussion among planning personnel to seek for weaknesses and constraints which cause limitation of work and the findings can be used as the database for strategic planning to solve problems.

3. Manpower: There was no difference between Health Region 3 and CPHO. The educational background of most personnel were irrelevant to their job duties and this caused misunderstanding in performing jobs. So, it's necessary to develop their

capacity so that they could perform their work efficiently. Those who didn't learn could make mistakes and caused delays in job completion. These are all weaknesses which are supported by the study of Naiyana Sangvanich (1997) which reported that basic knowledge of local health planning personnel was nursing and community health and it was very difficult to teach planning and management skills and train people on these skills.

The other weakness which causes problems is the inability to perform others' jobs when a person is absent because they don't learn about the others' roles and responsibilities. This can cause conflicts in collaboration and dissatisfaction among them because of vague information.

Health technicians in the Planning sector who usually were not responsible for typing reports or documents but because at present the planning sector was running short of clerks or administrative officers. Therefore, these health technicians must type documents and waste time to plan and analyze their jobs. Uthai Hirunyato (1983) said that the principle of organization arrangement was to share job responsibilities appropriately with others like these principles "Put the right man in the right job" or "Competent man for competent job".

4. Materials and technology: The weakness is the inability to get updated with new technologies, especially computers and softwares.

Strengths :

1. Management: The head of Planning sector has capacity in coordinating with other sectors and it could lead to the success of organizational operation. This is in line with the study of Siriorn Khuntahut (1996) which explored the concept of organization management and designed a flow of the coordination and participation with colleagues by applying the concept of unity for organization's advantage

In addition, there were many tasks for each personnel to be responsible and this forced them to be expertise in those tasks. The tasks assigned were relevant to their

characteristics of jobs, such as, supervising and evaluation were in the same group. About the management, planning sector of CPHO had more strengths like other provinces in Health Region 3.

2. Manpower: In Health Region 3 and CPHO, it was found that most staffs of Planning section were united and usually put all efforts to work until they accomplish the goal. They were responsible for their assigned tasks and as a result they gained acceptance from their commander in accomplishment and collaboration.

3. Materials and technology: In Health Region 3 and CPHO, it was found that the office facilities were plenty and the director supported the staff to use new technologies because IT center was located in this sector. This is the strength according to the study of Naiyana Sangvanich (1997) which said that the director of MoPH both central and local were supportive in using technology in all levels especially computerization, intranet and Internet for effectiveness and efficiency of work.

4. Money: In Health Region 3 and CPHO, it was found that there were plenty of supporting budget because the planning sector had made clear plans for budgeting system by writing a projector plan in the annual plan. As a result, there was no problem for supporting budget.

External Environment Assessment

An external assessment focuses at the outside world which sometimes, is difficult to understand and impossible to control. The external assessment will look for the relationship of the factors and outside groups (stakeholders) that have or influence or interact with the organization in the past, and present and future situations. Johnson & Scholes (1993, p.82) suggest three helpful questions as follows:

“What environmental factors are affecting the organization now?
Which of these are the most important at the present time? and
Which will be most important in the future?”

The first question will help identify the critical influences from environmental factors of the organization at that time. The second will help identify the forces making changes in the organization and the third will predict the influential forces in the future.

The benefit of external environment factors analysis is to know the opportunities and threats which are useful in the action. This method helps the decision-makers manage the strategy for implementing the policy or program selected by creating the strategy from strengths and opportunities.

The external situation of planning sector includes political power / policy or national plan, social/culture, economic and technology which influence implementation of the planning section.

The opportunities and threats, identified in the external situation of the organization, would be presented as follows:

Opportunities

1. Policy/political: In Health Region 3 and Chon Buri, it was found that the policy of CPHO was relevant to the government's and MoPH's; for example, the policy of budget saving in economic crisis. The planning sector can set up strategies which can be implemented and pass the strategies to practitioners for supporting and monitoring the performances of administrators.

2. Social and culture: In Health Region 3 and CPHO, it was found that high education level of people and the capacity to gain information via mass media could increase more understanding in public health and could be useful for disease control in communities.

3. Economic: In Health Region 3 and CPHO, it was found that the economic crisis at present resulted to the decrease of budget allocation but it could stimulate the plan to cut the expenses and saving and it could guarantee the efficiency of work.

4. Technology: In Health Region 3 and CPHO, it was found that the director was concerned with IT utilities because IT could help facilitate several operating

access and it was cost-effective; such as, phone lines which were connected with Ministry of Interior could save costs for long distance calls.

Threats

1. Policy: In Health Region 3 and CPHO, it was found that the governmental policy to increase expenditures to stimulate the country's economics which included asking loans from foreign financial funds has resulted in more supporting budget which was allocated to develop public health affairs. However, planning personnel who were responsible for data collecting had to work harder because they needed to make more reports and documents.

2. Social and culture: In Health Region 3 and CPHO it was found that the immigration of foreign workforces, who were low educated and had improper health behaviors, could cause disease epidemics and later this became burdens of the officer to investigate.

3. Economy: In Health Region 3 and CPHO, it was found that the decreasing of budget during economic crisis didn't have much effect on the lifestyles of planning personnel in CPHO because they could adjust themselves with money saving concept.

The situation assessment of planning sector in CPHO, which adopted SWOT technique as mentioned above, found some differences with Health Region 3 as follows:

No weakness was found in the management of CPHO. It may occur because there was no answer covering on that issue. And there was no threat found in the aspect of economic because the personnel in CPOH can make some adjustment with economic crisis. Regarding the technology aspect, the management was appropriately conducted but some personnel didn't know how to utilize modern technologies.

The next step after completing the situation analysis was 'problem analysis' on causes, consequences and priority setting. Vera Niyomvan (1997) addressed that priority setting was the first step of efficient management. In practice, we ought to

realize this step by considering the criteria. This step is like the heart of program management.

2.8 Justification to Select Approach

The strategic plan of an organization is influenced by its stakeholders, the people or organizations involved or interested in the organization's activities. During the strategic planning process, it is important to identify the stakeholder groups and their needs because their influence can support or hurt the organization. This is the most difficult phase to apply in the strategic planning process because it requires in depth analysis of the ideas, belief and baseline of decision making. Moreover, we also need the intuition and a far sight of the future for estimation and prediction of influential direction. Stakeholders can be identified by using critical thinking and a technique of problem solving for analyzing their status, relationships and activities that may affect the organization. (Goodstein, Nolan and Pfeiffer, 1993).

The process of strategic planning for organizational development: Chayada Sririprom (1992) refers to "Organization Development for Operating Manager" Michael E. McGrow (1977) proposes the meaning of organizational development as follows:

"The process in organization's competent development which forecasts planning and always realize the environment of organization to maintain the efficiency and effectiveness achievement and complete status."

In organizational development we should answer these questions:

1. Where are we now?
2. Where do we want to go?
3. How do we get from where we are to where we want to be?
4. How will we know when we get there?

These questions should be answered in strategic planning for improving organization

Strategic Planning is the process by which the guiding members of an organization envision its future and develop the necessary procedures and operations to achieve that future (Leonard D. Goodstein, Timothy M. Nolan, J. William Pfeiffer, 1993: 3).

Strategic planning needs to answer three basic questions for an organization (Gup, 1979). The first is, “Where are you going? The answer must be a clear sense of direction with a mission statement, clarity about the scope of operations, and a set of specific goals and objectives. The second question is “What is the environment? In answering this question the organization is forced to take a hard, objective look at itself, its external environment, its competitors and the threats and opportunities that these pose. Furthermore, the organization must measure the gap between its goals or objectives and its capacity to attain those goals or objectives. The final question that strategic planning must answer is “How do you get there? That is, what are the specific business models that can enable the organization to reach its goals and how do the organization’s resources need to be allocated to make these models work?

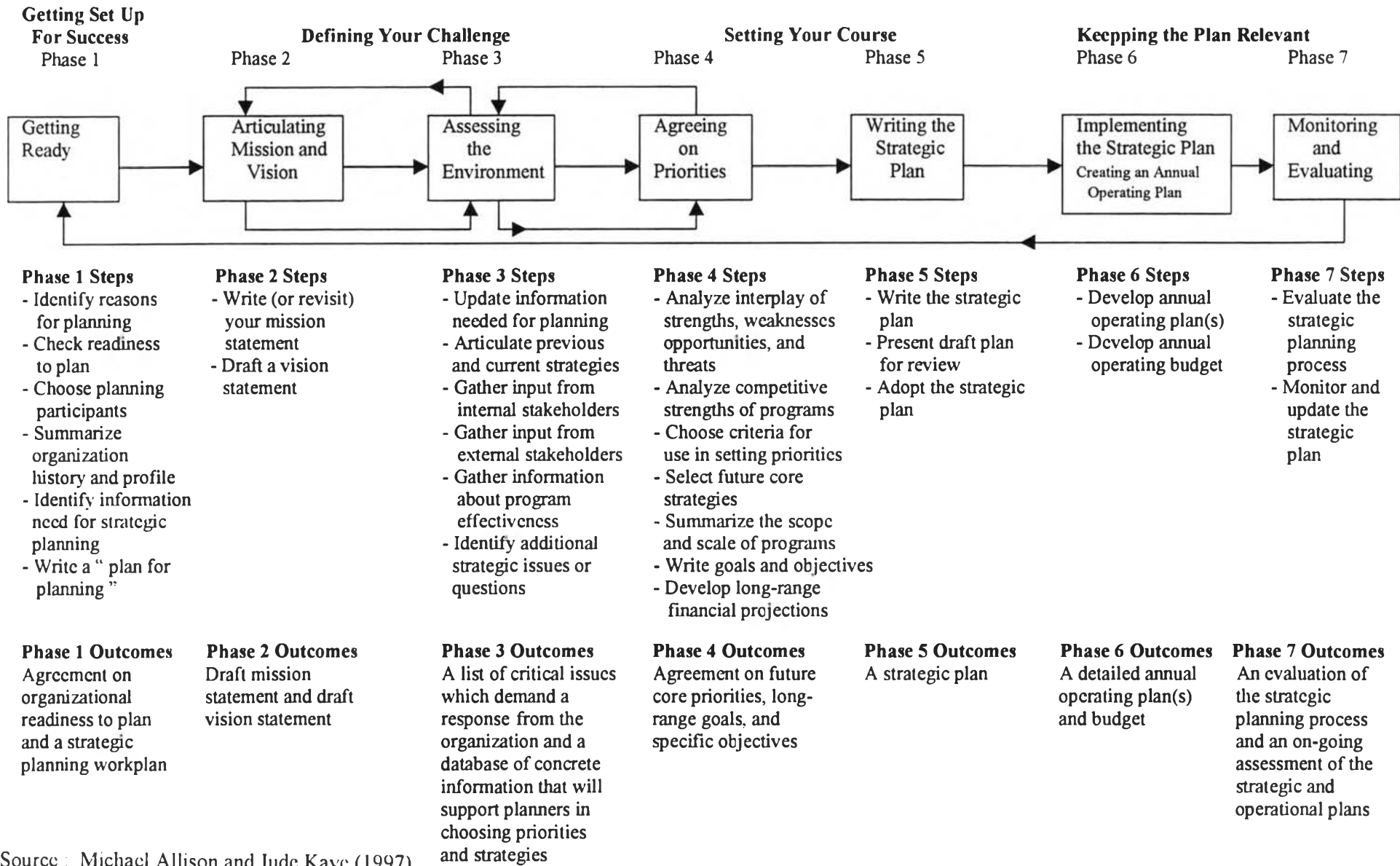
The strategic planning approach :

This study used The Strategic Planning Process Model (Michael Allison and Jude Kaye, 1997) as a guideline of the strategic planning approach show in figure 5.

Michael Allison and Jude Kaye (1997 : 8) Successful strategic planning improves the process of people working together in that it:

- Creates a forum for understanding why the organization exists and the shared values that should influence decisions.
- Fosters successful communication and teamwork among the board of directors and staff
- Lays the groundwork for meaningful change by stimulating strategic thinking and focusing on what’s really important to the organization’s long-term success.
- Most importantly, brings everyone together to pursue opportunities for better meeting the needs of clients.

Figure 5 The Strategic Planning Process.



Source : Michael Allison and Jude Kaye (1997)

This is a useful model, not only for finding the factors formulating strategic implementation program, but it is also useful for developing the capacities of the organization.

William Collins (1996) proposed the meaning of capacity as follows:

- Capacity is an ability to do something, or the amount of something that you are able to do.
- The capacity of something such as a factory, industry, or region is the quantity of things that it can produce or deliver.
- The capacity of a piece of equipment is its size, power, or volume, often measured in particular units.
- The capacity of a building, place, or vehicle is the number of people or things that it can hold.

The reason for strategic planning is to build the strategic management capacity of the organization. Strategic planning increases the capacity of the organization to implement the strategic plan completely on a time basis. Strategic planning also helps the organization develop, organize, and utilize a better understanding of the environment in which it operates.

The California Wellness Foundation (2001). Based on information gleaned from the interviews, Progressive Strategies will use the following definition of “capacity building”:

Capacity building is the development of an organization’s core skills and capabilities, such as leadership, management, finance and fundraising , programs and evaluation, in order to build the organization’s effectiveness and sustainability. It is the process of assisting an individual or group to identify and address issues and gain the insights, knowledge and experience needed to solve problems and implement change. Capacity building is facilitated through the provision of technical support activities, including coaching, training, specific technical assistance and resource networking.

2.9 Conclusion

The important of strategic planning is a guiding for members of an organization envision its future and develop the necessary procedures and operations to achieve that future, therefore, the organization which object to develop its progression should select some appropriate methodology to develop its performance and management.

Chon Buri Public Health Office (CPHO) is in the situation of changing all of administration, services and academic. It's has to adjust pattern of management and evaluation to relevant with the changing situation. Planning sector is the one of CPHO's unit respond to the function of planning for operating, monitoring and evaluating of provincial. But, the previous planning of CPHO still be lack of some necessary step which efficiency for the plan. There are many studies and suggestion for writing effective strategic planning.

This study reviewed many studies regards all of inputs for strategic planning initiate from a situation analysis and its implementation to a model of strategic planning process which accepted to be a tool for writing and following on procedures which effective for practice as mentioned.

The others related documents has gain to be input, also such as the policy of government and MOPH in the 9th National Economic and Social Development Plan (2002 – 2006), the study of Health Policy and Plan' Bureau regard health status and trending of Thailand, the study of Health Region 3 regards performance of Planning Sector in Public Health Office in Region 3, etc. Those of documents provide information which utilized to justification for select approach in this study, also

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