

CHAPTER 4

DISCUSSION AND CONCLUSION

4.1 Discussion

The application of Participatory Monitoring and Evaluation was considered to be an appropriate operational model for promotion of community involvement in potential evaluation and development of community public health self-reliance. Its operational procedure, which comprised of 4 steps including formation of the evaluation team, identification of community potential level in public health self-reliance, establishment of the action plans, and implementation of the action plans, allowed and promoted opportunities for community development related groups to involve throughout the process. That included participation in problem identification, review of village circumstances, and evaluation of the community public health self-reliance using the measurement criteria items. Seeking for alternatives in solving problems and developing the community was achieved by analysing and comparing the development goals of each measurement criteria with the development weak points obtained from the pre-implementation assessment. This enabled them to see direction for improvement and development clearly, and to establish the action plans for the community effectively with corresponding to actual problem conditions and community situations. This led to an effective implementation of the plans and eventually to an improvement in public health self-reliance levels of the community.

Operation of this project was considerably corresponding to the principles and concepts of the evaluation instruments' application in assessment of community public health self-reliance potential that were recommended by the Office of the Primary Health Care , the Ministry of Public Health (1999) as follows:

1. Application of the instruments for measuring community self-reliance levels required collaboration of community members to participate and learn with the officers in assessment process of their own community. The officers were then able to analyse weak points that required development supports and activation. The community was, at the same time, able to perceive and realise its own problems.
2. Development of public health self-reliance must be integrated with development of other areas, such as economics, education, social, cultural, environmental and so on. It is considered that all areas are connected and mutually produce strength for a community.
3. Development of public health self-reliance requires preparation of both communities and of officers from various levels to build understanding of meaning and methodology of the evaluation instruments, as well as practice for community development in the right direction.

4.2 Conclusion

The project of “potential evaluation and development of community public health self-reliance: a case study of Ban Nonglup, Moo 2, Napho Tambon, Muang District, Roi-Et Province” aimed to study a model for evaluation and development of community public health self-reliance. The outcomes of this study will lead to improvement of methodology for assessment and development of community public health self-reliance in other villages/communities of the province in the future. The study outcomes are summarised as follows:

1. The technique adopted in operation of this project was Participatory Monitoring and Evaluation method, which comprised of 4 operational steps including formation of the evaluation team, identification of community potential levels in public health self-reliance (i.e. pre-implementation assessment), establishment of the action plans, and implementation of the action plans.
2. Procedure and outcomes of promotion for participation of the community in the assessment process and for application of the assessment outcomes in health development of people in the community are outlined in the followings:

2.1 Formation of the evaluation team. People involved in public health development works were coordinated and encouraged to participate in the evaluation team. An information meeting was conducted to establish unique understanding about the project among the team members. There was a total of 35 members in the evaluation team including various community leaders, personnel from governmental sectors and from local organisations. After the information meeting,

there was allocation of tasks and responsibilities among the evaluation team members by forming the Director Board for Evaluation and Development of Community Potential in Public Health Self-reliance. The Board was responsible for facilitating, supporting, and monitoring the project implementation as well as conducting assessment of the implementation outcome.

2.2 Identification of community potential levels in public health self-reliance. The evaluation team members were divided into 5 sub-groups according to the number of the measurement criteria. Each group was responsible for 1 individual set of the measurement criteria. The tasks of group's members were to brainstorm opinions and review current village circumstances according to their set of question guidelines provided by the author. Each group then identified self-reliance potential levels of the community for the allocated measurement criteria and presented its group work to the entire evaluation team for discussion and conclusion on self-reliance potential levels of the community. These activities helped the evaluation team gaining unique knowledge and understanding about the village situations, and being able to rationalise potential levels of the community's self-reliance clearly both by individual measurement items and by individual measurement criteria. The outcome data are important and valuable for establishment of the plans for changing and developing the community potential.

2.3 Establishment of the action plans for changing and developing the community potential. The operational procedure was similar to the review of the village situations and the identification of the community potential levels. Each sub-group brainstormed ideas to determine development goals for individual

measurement items, to summarise weak points gained from the pre-evaluation step, and to propose means for resolution and development for the allocated set of measurement criteria. Each group presented its group work to the entire evaluation team for discussion. The data were then integrated into the village action plans, which covered development of all areas including public health, agriculture, administration, education and culture.

2.4 Implementation of the village action plans comprised of 2 major steps, which were the implementation of the plans, which required 8 month duration (May-December 2000), and the conclusion and evaluation of the implementation outcome. In the implementation step, the evaluation team allocated assignments for each team member to carry out activities including coordinating with the related parties. However, operation of this step was supported and supervised by the Director Board for Potential Evaluation and Development of Community Public Health Self-reliance. In the second step, the evaluation team conducted a meeting to conclude the implementation outcome and reassessed potential levels of the community public health self-reliance. The study results indicated that majorities of the imposed activities were completed according to their objectives. Only few activities were on progress. The project implementation resulted in an improvement tendency of the community self-reliance potential levels with 86.36 % of all measurement items falling within the “should be developed and maintained” level, compared to only 36.36 % of those at pre-implementation. The overall score for all measurement criteria indicated an excellent potential level of the community self-reliance with the total score of 88.64 %, compared to 63.64 % total score of a good potential level at pre-implementation.