

CHAPTER I

INTRODUCTION

Thailand has been taking concrete steps to alleviate the adverse social impacts of the economic-financial crisis. Additionally, in light of the holistic people-centred development goals envisioned in the Eighth National Economic and Social Development Plan for 1997 – 2001 (Ministry of Public Health, 2000), the national authority has proposed a policy framework and strategy to empower communities to respond to the crisis. Policy principles include: demand-up community development at local level and bottom-up initiatives community empowerment to initiate their own crisis-response plan; development of holistic information systems and centres to make people aware of possible opportunities and experiences; learning-by-doing through learning networks; and development of critical facilitator skills to accelerate learning by implementation partners. As a result, there were tremendous positive effects on the lives of the people owing to this policy change. For example, the life expectancy has increased from 68.7 years in 1992 to 71.1 years in 1996, infant mortality rate has declined to 25.9 per 1,000, livebirths, maternal mortality rate has been reduced to 23 per 100,000 livebirths, the crude death rate has decreased from 5.1 per 1,000 persons in 1986 to 4.9 per 1,000 persons in 1996, and third degree malnutrition in children under 5 years old has been eliminated (Ministry of Public Health, 2000). The GPD has expanded from 3.4 to 5.9 percent (Ministry of Public Health, 2000).

With the passage of 1997 constitution which emphasis on health management, decentralization, and intersectoral collaboration between public and private sectors as well as people's participation and community involvement throughout the decision-making process; however, several community developmental activities were implemented with wrong direction. Some activities were duplicated or did not successfully implemented due partly to lack of collaboration among health partners as well as lack of practical institutional framework and process to facilitate effective functioning of community health development. This failure, therefore, results in time and resource waste and fragmentation efforts.

In current environment, it is observed that sustained community health promotion requires intersectoral collaboration from all government, private, community-organizations and population through *health partnerships* to cooperate in planning, defining healthy public policy, creating supportive environment, co-learning and creating strong networking emphasis on Area Function Participation (AFP). This will bring people to consider the value of strong community and healthy public life. However, community health development needs a holistic movement from all sectors not one individual or one particular organization. Health Team Problem Solving (HTPS) to strengthen collaborative health partnerships, a joint program among Maha Sarakham Provincial Public Health Office (MK PPHO), Maha Sarakham Provincial Government Office (MK PGO), and Maha Sarakham University (MSU) is proposed. HTPS is developed by health team, Nan Provincial Public Health Office by based on the process of District TEAM Problem Solving (DTPS) (WHO, 1997) to be used with current situation and community context which emphasized on the collaboration among health stakeholders and community participation. Hence,

Participatory Rural Appraisal (PRA), Appreciate Influence Control (AIC), Focus Group Discussion, Empowerment and SWOT Analysis will be integrated with HTPS strategies throughout this study.

This portfolio thesis consists of six chapters. The first chapter serves as an introduction of the thesis. Chapter two is an essay dealing with the issue and defining the problem. In the essay, the problems of collaboration among health partners as well as community participation in community health development are stated. The essay was written with the assumption that the community development can be improved by improving the collaboration of all stakeholders with a participatory approach. Throughout the essay, the concept of community development, factors underlying community development: community empowerment, community participation that are needed the collaboration from all sectors, as well as the consequences of such problems are also stated. Therefore, strengthening health partnerships through HTPS is a proposed approach to improve such situation.

Chapter three is a proposal, written based on the need for intervention as identified in the essay. However, the study will be a pilot study in Kieng sub-district, Muang district, Maha Sarakham, Thailand, where the researcher's workplace is located. The main objectives of the proposed project are strengthening ability to resolve these issues; and improving collaborative relationships with communities experiencing these problems through HTPS combining interactive learning through action approach. The proposal was designed based on sense of participatory action.

Chapter four is the data exercise assessing the health partnership synergy and functioning in Kieng sub-district, Muang district, Maha Sarakham. The study instruments are tested in order to modify the tool for data collection before the full-scale study. The data exercise findings will be used to consider the improvement of the questionnaire for full-scale study. From this exercise; however, though the results cannot be generalized, it can be learned that good technical and logistic preparations are important as well as a flexible schedule.

Chapter five is the presentation slides providing a brief information on the theme of community health development through strengthening health partnerships. It draws from essay, proposal, and then data exercise.

Chapter six is the annotated bibliography in which key sources of information are listed. It also presents the selected major literatures that are valuable for this study.

REFERENCES

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