

# **CHAPTER I**

## **BACKGROUND AND SIGNIFICANCE OF THE PROBLEM**

### **1.1 Background**

Since 1999, the Thai government has been concerned about the improvement of service system. Several modern management concepts and theories have been analyzed by the Office of Civil Service Commission (OCSC) under the Administrative Reform Plan approved by the cabinet on May 11, 1999. Result-based management has been adopted as an activity for such change. Subsequently, on April 3, 2001, the cabinet has announced a salary promotion and incentive guidelines based on organization's effectiveness and efficiency, both of which are core products of RBM. Therefore, all public organizations have been forged the implementation of RBM.

Under the Ninth Economic and Social Developmental Plan, 2001 – 2006, Ministry of Public Health has set up a national strategy for health promotion. Vision and mission, formulated by RBM process, were cascaded to action levels instead of the previous ready-to-wear project activities. In addition, RBM has also been integrated with the aforementioned Administrative Reform Plan, 2003 – 2007.

Department of Diseases Control has attempted to improve its administrative performance since 2001. Both RBM and Balanced Scorecard (BSC) have been introduced to all offices (Department of Disease Control, 2003). The 4 perspectives of

BSC have been scrutinized and objectives including key performance indicators have been invented (Decharin, 2002).

Attached to Department of Diseases Control, the Bureau of Non-Communicable Diseases (NCD) has recently been established in October 2002 by merging of 3 offices under the Department of Medical Services; Institute of Smoking Consumption Control, Institute of Medical Services for Accidents and Disasters and Institute of Disease and Risk Behavior Control.

For the fiscal year 2003, BSC techniques were introduced for strategic plan and organizational strategy formulation. However, almost all staffs followed BSC processes without thorough understanding of this new concept. Besides, the action plan has already been formulated since 2002, the period prior to the introduction of BSC. These limitations subsequently prohibited evaluation of strategic and action plans.

As one of the high-rank managers of the Department, I am interested in conducting an evaluative study of NCD's strategic plan process. Results of this study will be used as a guideline for strategic planning for the next fiscal years for NCD.

## 1.2 Objectives

### General Objectives

To evaluate strategic plan process of the Bureau of Non-Communicable Diseases (NCD)

### Specific Objectives

1. To evaluate the quality of strategic plan
2. To evaluate strategic plan process by CIPP Model
3. To study the association between strategic plan process and quality of the plan

### Scope of the study

This study was a retrospective evaluative descriptive research. Data were collected by interview and self-assessment questionnaire. Target population was staffs of NCD offices.

**Variables** studied were as follows:

**Independent variables** consisted of population characteristics, context, input and process.

**Dependent variables** were quality indicators of strategic plan

### **Assumptions**

1. Strategic plan was formulated by staffs of Bureau of Non-Communicable Disease and was a guideline for organization activity.
2. This study was retrospectively conducted prior to the implementation of the strategic plan; therefore, the outcome(s) of the plan was not evaluated.

### **Limitations**

1. This study was subjected to both information and recall biases because of its retrospective nature. Some information might have also been missing and only complete sets of data were analyzed.
2. Data collection, by interview and self-assessment questionnaire, was on voluntary basis. Interview time was also limited due to busy schedules of informants.
3. The study was conducted after the strategic plan was implemented and improvements might have been made to the plan. Therefore, information bias might occur (Kamolrattanakul, 1999). However, we had prevented this mishap as much as possible.

## **1.3 Operational Definitions**

1. **Strategic Plan:** Vision, Mission and Strategies of the organization. It is a long-term plan guiding implementation and is also used as a coordinating and monitoring tool. It is formulated and influenced by analyses of external and internal factors (Wattana, 2002).

2. **Quality of strategic plan:** refers to the 7 elements of the plan, which will lead organization to achieve its goal (Durongdej, 2001 and Decharin, 2002).

2.1 Clarity: Is the plan clear and understandable by all parties involved?

2.2 Validity: Does the plan truly reflect what we would like to measure?

2.3 Complexity

2.4 Relationships: Are the items logically related?

2.5 Timeliness

2.6 Data Availability: Is there sufficient data to formulate the plan?

2.7 Data accuracy: Is the data correct?

3. **CIPP Model** refers to system approach evaluation based on 4 perspectives (Durongdej, 2001):

**Context** refers to external environment, which can impact plan process such as national policy and customers expectation.

**Input** refers to organization factors or elements, which can impact, plan process such as manpower, budget, training, public relations and management

**Process** refers to model, method or process to reach goal such as meeting, committee appointment, action plan, network co-ordination, accountability, internal communication, control and monitoring

**Product** refers to quality of strategic plan

The results of this evaluative study will be used as guidelines for the next fiscal year planning so as to enable the organization to achieve its goal efficiently and effectively. In addition, this study might be applied to evaluate other offices' plans.

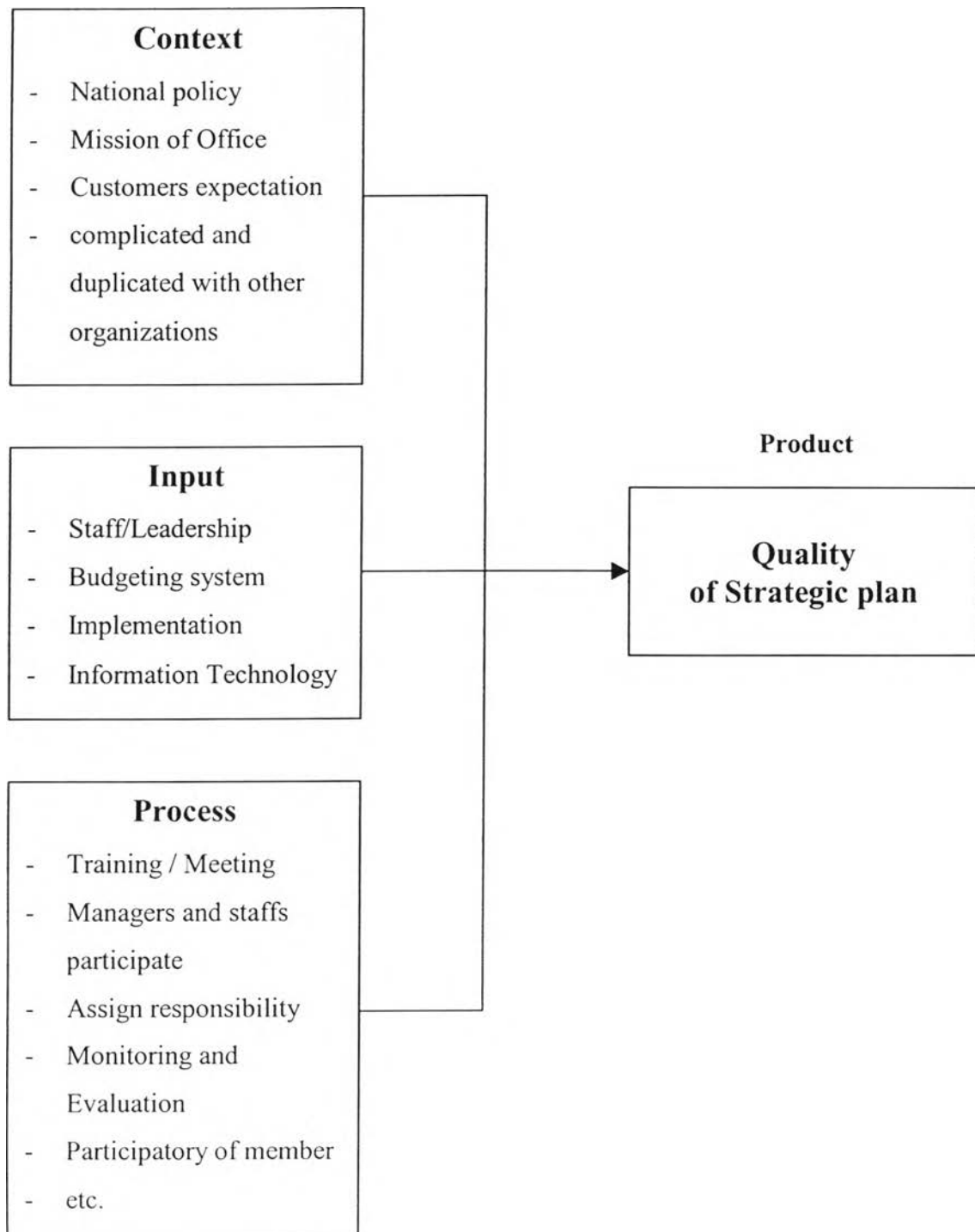


Figure 1.1: Conceptual Framework