

# 7 Case Studies of Innovative Primary Health Care in Thailand



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### **Supported by :**

Prince Mahidol Award Foundation under the Royal Patronage  
Ministry of Public Health  
World Health Organization  
Mahidol University  
Health Systems Research Institute

### **Published by :**

Health Systems Research Institute

### **With the cooperation of :**

Makham Lom Community Health Centre  
Bang Phae Hospital and Wat Kaeo Community Health Centre  
Ruea Phra Ruang Medical Clinic  
Sanam Chai Khet Hospital  
Wang Noi Hospital  
Sao Hai Hospital  
Phutthamonthon Hospital

# PRIMARY HEALTH CARE IN THAILAND:

## From Philosophy to Various Implementation Models towards Health for All

### Starting Point

The World Health Organisation (WHO) declared a global strategy on “Health for All by the Year 2000” in 1978 with the key principle of “Primary Health Care or PHC”. Primary Health Care was defined as follows:

- 1. PHC is a philosophy or a development concept** towards an essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance.
- 2. PHC is the first point of contact** of individuals, family and community with the national health system bringing health services as close as possible to where people live and work and integrated into the overall health care system, in harmony with socio-economic development and the economy of communities.
- 3. PHC is a set of activities** consisting of health education concerning prevailing health problems and the methods of preventing and controlling them; the promotion of food supply and proper nutrition; the adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; the prevention and control of locally endemic diseases; the appropriate treatment of common diseases and injuries; and the provision of essential drugs.



The PHC approach encompasses the 4 main principles:

- People participation and community involvement
- Appropriate technology
- Reoriented basic health services
- Intersectoral collaboration

## The Development of Primary Health Care in Thailand

Thailand is one of many countries that adopted the policy on “Health for All by the Year 2000” as well as its strategies. With this, the Office of Primary Health Care Commission was established under the Ministry of Public Health in 1980 as the main organisation to support the implementation of this policy. The first phase of implementation focused on empowering communities by setting up village health communicators and village health volunteers with 8 service activities which were later expanded to 14. There was also the formation of various types of communities funds such as drug funds. The implementation of PHC contributed to the changes in the health care system as follows:

**1. Emergence of a large number of “Health Volunteers.”** Health volunteers were the main strength of primary health care in every village across the country. They supported the implementation of health activities for preventing diseases and promoting health as well as ensuring the coverage of basic health services. At present, there are more than 700,000 health volunteers nationwide.

**2. A change in health centre roles.** Health centres, firstly introduced in 1935 to deal with disease control and prevention, were adjusted to expand their capacities for curative and chronic care as well as rehabilitation. Health centre therefore have long become and functioned as the first point of contact in Thailand.

**At the same time, the idea of “Health is Everybody’s Business” is rooted and widely expanded throughout Thai society.**

In fact, Thailand has developed primary health care before the issuance of WHO declaration. Primary health care strategies and goals were first included in the Fourth National Economic and Social Development Plan which included the National Health Development Plan (1977 - 1981).

- **The Fourth National Health Development Plan (1977 - 1981):** The focus was on the development of health personnel, funding, budgeting and management with the establishment of trained volunteers such as village health communicators and village health volunteers and the support on drug and medical supplies in each village.
- **The Fifth National Health Development Plan (1982 - 1986):** The training of village health communicators and village health volunteers was extended to cover every part of rural areas. The implementation of primary health care encompassed 8 components consisting of health education, nutrition, immunization improvement, treatment of minor ailments, environmental sanitation and safe water supply, the provision of essential drugs, maternal and child health care including family planning, and locally endemic disease control.
- **The Sixth National Health Development Plan (1987 - 1991):** The focus was on quality and the opportunity for people to participate in the quality of life development based on basic minimum need approach. The dental care and mental health were added as two more components to the eight previous components under the fifth plan, totalling 10 components. There were also the promotion of community technology exchange as well as the formation of health volunteers to work at specific locations. Technology which better responds to health need, such as simple tools for analysis of bacteria contamination in water and technology for hypertension control intervention, were developed.
- **The Seventh National Health Development Plan (1992 - 1996):** Self care promotion was the main focus of this plan. In order to achieve the goal on “quality of life,” four new primary care activities namely pollution prevention and mitigation, consumer protection, the control of accidents and non-communicable diseases including HIV/AIDS prevention and control and the establishment of community primary care service units, were initiated. The community primary care service unit was aimed to be the core component for village development and each of them is called “Community Primary Health Care Centre.”
- **The Eighth National Health Development Plan (1997 - 2001):** The plan was launched during the period when Thai society became conscious about people’s participation, with the concepts of community empowerment, civil society and decentralisation being widely accepted. The implementation therefore focused on the promotion of

people's empowerment movement and participation in major health problem solving, the inter-sectoral collaboration among community organisations, local administration organisations and government agencies as well as the promotion of people's negotiation power.

The government implementation under the 2001 universal coverage of health care policy with the objective of providing quality and accessible health care for all has proved to be the biggest health reform in Thailand in terms of both budgeting system and service provision, particularly, with the provision and promotion of primary health care as the first point of contact for services. Following the concept of family medicine, the existing health centres were adapted to become community health centres providing integrated care.

At present, national primary health care development plan has been developed with 5 main strategies as follows:

***Strategy 1: Strengthening capability of primary care and increasing health service accessibility.***

***Strategy 2: Improving management system to efficiently support primary care.***

***Strategy 3: Improving HRM and HRD of primary care.***

***Strategy 4: Creating acceptance of primary care.***

***Strategy 5: Supporting research and development (R&D) focusing on primary care.***

With the reform, health centres were promoted to be service delivery units close to home and more importantly, close to heart. The health care provided is not only about curing, but also it includes the stimulation and promotion of people participation. The health personnel, both from government and private sectors, have been developed to be polyvalent. They are capable of being health care officers, teachers, advisers, coordinators, and promoters of the health promotion activities for the people.

There was also an experiment of a new model of primary care for community and hospital-based settings. A special unit within an outpatient department of a hospital has been established as well as a community centre and staffed by a family physicians to serve as a primary care unit for registered population.

All these contributed to the initiation of “Diversified Primary Care” with the aim of making health services accessible to the people outside hospitals. Such services facilities include **Community Health Centre**, developed from health centre, **Community Medical Unit**, a government organisation, **Community Warm Clinic**, private organisation, and **Hospital Primary Care Units** such as Outpatient Department, Out-of-Hour Clinic or Family and Community Practitioner Unit. The units provide services based on the understanding that knowledge and medical technology alone without realisation of socio-cultural dimension cannot completely solve health problems, especially in the world today where there are huge increases in diseases caused by non-infectious agents.

Even though Thailand today has not yet reached the ultimate goal of “Health for All”, the primary health care in Thailand has become an essential basis for directing health development process, creating “Public Health Space” for all to participate in the activity creation. This is likely to ensure that the ideal of “Health for All” can become true eventually.

The tangible case study of the seven health care units, different in terms of personnel, missions and responsibilities and innovation, is only one aspect of the success of primary care development in Thailand that could be shared and learned to expand the success of development of primary care worldwide.

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**Small is beautiful:**  
Makham Lom Community Health Centre





# Small is beautiful:

Makham Lom Community Health Centre



Bang Pla Ma District, Suphan Buri Province, is about 100 km away from Bangkok's outskirts, but it is far more picturesque and peaceful. Located in the central plain of Thailand, it is blessed with fertile soil and good irrigation systems ideal for agriculture. Anywhere you turn to there are lush green fields and ponds with loads of freshwater fish as well as thousands of ducks and chickens. The weather is cooler here. Life is slow and simple, no city traffic or morning rush.

Idyllic as it is, Bang Pla Ma is still many steps behind when it comes to health care. For so many years it had been difficult to bring in thoroughly accessible health services for its residents. Through determination and concerted efforts of a small group of public health officers, however, one of its 14 sub-districts have developed a community health promotion system which enables 5,000 people in the area to experience a positive change in attitudes and lifestyles.

## A Good Start

The Makham Lom Health Station was opened in 1969 to serve the residents in the sub-district and nearby areas, but its capability was so limited that most of them had to travel to Bang Pla Ma District Hospital 10 km away. There was no public transportation, however, and the villagers, with the average yearly income of 23,000 Baht, were too poor to own a vehicle. To solve this problem, the hospital arranged for transportation to and from the sub-district once a week, picking them up in the morning and bringing them back in the evening. Unfortunately, this service did little to help those in emergency needs.

In 1985, the Ministry of Public Health allocated a budget to expand the facility, including a new, larger building. A number of residents chipped in by donating their lands; thus, the station was moved to a 3.16-acre plot adjacent to the main road, increasing its accessibility as well as its capability.





In 1997, a movement to reform the nation's health care system spread throughout the country. Gradually, health centres are being developed into primary health care unit which are easily accessed and focus on local problems and needs. In 2002, the Makham Lom Health Centre joined the bandwagon by changing its status to a Community Health Centre, with new working philosophy, wider scope of services, and a few strategic plans to promote community health.

Since then its clientele has expanded to include not only the Makham Lom community, but also those of the four adjacent sub-districts and even some residents of Muang Suphan Buri District. The Centre has progressed tremendously in recent years, become a "pilot community health centre," and a point of transfer for patients from other stations and centres in the district. As a part of the district hospital network, it also provides services free of charge for those under the universal healthcare system who are registered in one of the network's health facilities.

As an acknowledgement of its role in community health promotion, in 2006, the Makham Lom TAO (Tambon or subdistrict Administration Organisation), a local administrative body with authority in budget allocation, gave the Centre 186,000 Baht to build more restrooms, and 150,000 Baht for health promotion and disease prevention activities.

## Continuing Progress

At present, the Centre has eight staff members, including a senior public health officer and director, two registered nurses, three public workers, a health assistant, and a temporary clerk. In addition, a team of physicians and pharmacists from Bang Pla Ma District Hospital make a visit to the centre on every Fridays. (The hospital has to rotate their five physicians to every Community Health Centre within their responsible area.)

Having two full-time registered nurses and weekly visits by physicians is a big advantage, but the centre's true strength lies in its proactive work in health promotion, disease control and prevention, and rehabilitation. The presence of doctors and nurses is merely to provide access to medical care without having to travel a great distance to the district hospital, thus reducing the workload of the hospital's outpatient department.



## Cooperation and Participation: The First Key to Success

To meet, and even exceed, the quality standard of a primary health care unit, the Makham Lom Community Health Centre focuses on innovative work procedures as well as proactive primary care services. Community health data are actively tracked and assessed, public perspectives and expectations are taken into consideration, and local participation is strongly encouraged. The Centre regularly arranges or participates in town hall meetings and small group meetings, including community health centre committee meetings, village health volunteers monthly meetings, TAO meetings, etc. These meetings provide opportunities for all parties to exchange information and initiatives, which lead to the drafting of the Centre's annual strategic plans.

Active participation of community members, healthcare providers, and local administrators results in 12 community health promotion, disease prevention, and rehabilitation projects in 2007. These projects are directly related to existing community health problems, and are either operated or partly sponsored by the community. The projects which receive additional financial support from the TAO or other community organisations are the Day Care Centre Development project; the Student Health Watch project; the Child Dental Health project; Information Dissemination projects for the prevention and control of dengue fever, diabetes and high blood pressure; and Community Health Promotion Club, with networks in every village.

Despite the visible progress, obstacles remain. Preventive health care is still a new concept not fully understood by all parties involved. The Centre regularly reviews the problems and concludes that community leaders, local administration organisations and the general public have not yet realised the importance of health promotion, and a few have actively participated in tracking and assessing project results. The Centre is working to resolve this problem.

## Quality Primary Care Services

The concept of Primary Care as a foundation of change in public health systems is fairly new in Thailand. As a designated pilot unit, the Makham Lom Community Health Centre has stepped well beyond its primitive roles as a public health service provider to

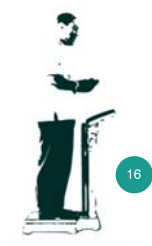




become a centre for learning and health promotion activities, and a model for other public health units in Suphan Buri and other provinces. It provides full circle services, covering all basic components of public health including health promotion, disease control and prevention, treatment, and rehabilitation. The staff work hard to have close relationship with the community by providing holistic, lifelong care for individuals and families, including personal data collection, consultation and referrals.

The Centre's outstanding initiatives are:

- **Coloured Cards for Chronic Disease Patients:** Different colored cards are given to those suffering from chronic diseases such as diabetes, high blood pressure, etc. The cards serve as a tool to introduce the patients to health promotion groups based on their conditions, and to motivate them to take care of themselves and others by sharing knowledge and experience among members of the same group.
- **Health Promotion Club,** focusing on family planning, maternal and child health, a community day care centre; health promotion in schools, and health education for parents and the public.
- **Disease Prevention Measures:** Dissemination of information on preventive and control measures, food and environment of sanitation, nutrition surveillance, annual physical checkups, and dental care.



- **Complete Rehabilitation Service**, including physical therapy, home visits for people with disability, treatment and rehabilitation for drug addicts, and consultation.

## Engaging the Community

### - Village Health Volunteers (VHVs)

Considered as one of the most important mechanisms in health promotion, VHVs are the villagers who work voluntarily in health promotion with community health centres or health centres nationwide. They carry a special identity card issued by the Ministry of Public Health, which gives them some medical care privileges in government facilities. They do not receive any payment. Their motives in being VHVs, however, are the knowledge gained from the work and the respect from the community.

There are 117 VHVs working for the Makham Lom Community Health Centre, or at least one in each cluster of households. Most of them are farmers with little or no experience in paperwork, but they provide great help in assessing community health situations and increasing community awareness in health promotion, disease prevention, and health-related consumer protection. About 70% of VHVs working with the Centre can efficiently relay health messages, transfer data, consult with the community members, and get actively involved in health promotion initiatives. Having only eight staff, the Centre attributes its immense success to VHVs' efforts in home visits; monitoring individual health conditions and rehabilitation progress; promoting food safety, vaccination for children, and regular physical exercise, etc.

### - Family and Community Health Folders

In 2007, the Centre began organising a health folder for each household in its responsible area. Each folder contains complete medical history of every household member. At present, these folders are used to provide effective healthcare to 52-69% of the community population. The Centre also creates folders for families with chronic diseases, especially diabetes. The information in these folders is used to advocate the risk groups to bring about changes in their attitudes and behaviours.

Efforts are underway to create "Community Health Folders," which will provide vital information for health advocacy at a community level.



To date, considerable data has been gathered, but the folders are still incomplete. One of the obstacles is that the local administration organisations have not yet realised the importance and possible benefits of these folders.

#### **- Home Health Care Teams**

The Home Health Care Teams rely on community surveys and health folders when making home visits to provide home care for those suffering from chronic diseases such as high blood pressure, diabetes, heart disease, tuberculosis, chronic infections, and paraplegia. The teams also provide medical treatment for those who cannot visit the Centre, and follow up on transferred and discharged patients (see below.) Other responsibilities of the teams include providing health promotion advice to women during and after their pregnancy, and health checkups and assessment for children under 5 years of age and the elderly. The Centre creates a special form for the teams to fill in during each visit, which will be kept in the family folders.

#### **- Reliable Transfer System**

In a case that a patient needs treatments or facilities unavailable at the Centre, a roadmap for patient transfer is available which details emergency procedures and collaborative systems to ensure a smooth transfer, including a list of documents and forms to bring with the patient. The Centre also monitors the patient's conditions and treatment at other facilities closely. After the patient is discharged, the Centre's Home Health Care Team will take care of transfer and discharge documents, provide consultation with the patient's family and relatives on the patient's current conditions and how to respond to possible emergencies, e.g. fainting, bleeding, broken bones, depression and suicide attempts, etc.

The system has been successful over the years, and only small problems arise at times when slow communication between facilities may result in home care delays.

#### **- Thai Traditional Medicine Services**

In accordance with local lifestyles and beliefs, the Makham Lom Community Health Centre heavily promotes the use of Thai herbal medicines, which are acquired from nearby U-Thong Hospital, a reputable Thai herbal medicine producer. The hospital also provides training for the centre's staff on how to use the medicines effectively. The Centre also offers in-house Thai traditional massage services every weekday by a staff member and a VHV, both certified Thai traditional masseuses.







## Health Innovations

In 2007, the Centre has developed two health innovations, which are:

### - The Body Mass Index Wheel

Using simple technology and a small amount of money, the wheel is designed to easily show a person's Body Mass Index (BMI), an important health assessment data which is often considered too complicated for the general public to calculate. To use, a person only has to measure his weight and height, then spins the wheel until the numbers indicating weight and height are aligned. The BMI will be shown in colored cards with explanation and advice on health promotion and disease prevention both in normal and at-risk cases. The wheel has generated a great deal of attention among the general public. Visitors and their relatives make good use of their waiting time by spinning the wheel and getting useful information about their health status.

### - E-Care Program

The Centre has brought in information technology to enhance its efficiency in provision of holistic services and community health promotion. A database has been created from which a patient's medical history can be retrieved and printed on demand, and so are reports on community health situations and problems. The database also enables the staff to timely assess the risk of chronic health problems in a family, implement epidemic prevention measures in cases of dengue fever and avian flu, etc., and provide efficient holistic healthcare. In the future, the database will be linked with other databases in the province.

## The Outlook

The success of the Makham Lom Community Health Centre comes from a good relationship with the community, cultivated over the years by working closely with community leaders and health volunteers and being receptive to their lifestyles and beliefs. In 2007, the Centre conducted a satisfaction survey with 100 clients and found that 96% of them were fully satisfied with the services, compared to 91% in 2006. To provide greater access to the public, the Centre plans to expand the service hours into evenings and weekends.





# Health Partners for Community Wellness:

Wat Kaeo Community Health Centre



# Health Partners for Community Wellness:

Wat Kaeo Community Health Centre



*“Health partners are those who help us without asking for anything in return. They work hand-in-hand with us, even for us when we are not available. Whenever we think of them we feel good and happy because we know they will be there in times,”* explains Amornrat Aim-Art, a public health officer at Wat Kaeo Community Health Centre (CHC Wat Kaeo), with a smile. She is talking about people from all walks of life who do volunteer works or go above and beyond their job requirements to promote healthy living in Wat Kaeo Sub-District, a community of 5,600 in Bang Pae District, Ratchaburi Province.

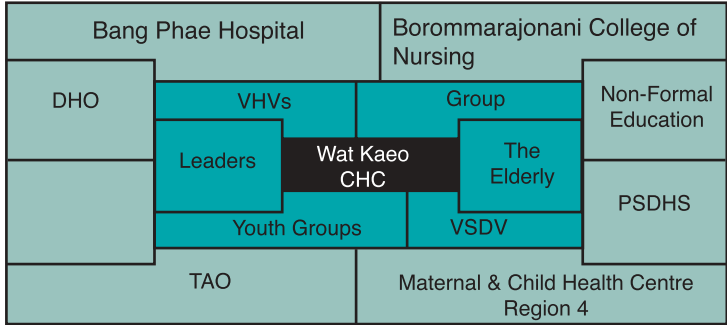
Mr.Uthai Priyabhorn, CHC Wat Kaeo Director, believes that health care is a community matter which everyone needs to get involved, and encourages the staff to initiate and participate in community health promotion activities. The Health Partners Program was introduced in 2005, the year that saw Wat Kaeo Health Centre being promoted to a Community Health Centre as part of the Ministry of Public Health’s national healthcare system reform. Since then the community has participated in a number of health promotion activities such as Thai traditional massage clinics and healthy food production, resulting in better public health and family relationship, as well as strong community ties.

With only four staff members to tackle an overwhelming workload in medical treatment, illness prevention, health promotion and rehabilitation while catching up with changing government policies and local health situation, the Health Partners Program is like a cool breeze in summer. The partners are community members, including village health volunteers (VHVs), village social development volunteers (VSDs), community leaders, housewives and children; as well as government and local administrative agencies, including Wat Kaeo TAO (Tambon Administration Organisation), Bang Phae Hospital, Bang Phae District Health Office (DHO), Non-Formal Education Centre, the Provincial Office of Social Development and Human Security,





Regional Health Promotion Centre (Ratchaburi), and Borommarajonani College of Nursing in Ratchaburi. The diagram of relationship is shown below.



### A close-knit community

Wat Kaeo Sub-District is a place where everybody knows everybody. People are related to one another or sharing the same interests. Basically, it is an agricultural community in which most make a living out of rice fields, fruit orchards, or livestock and dairy farms. In recent years, Wat Kaeo has seen subtle changes in local economic



infrastructure as many turn their interests to more lucrative ventures such as mushroom farming and landscape gardening. Sewing fabric dolls helps generate extra income, too. Community leaders are well-respected and dedicated to community development. Within its 11 villages there are 36 occupational, welfare and wellness groups or clubs, e.g. the Saving Group, the Doll Sewing Group, the Farming Group, the Dairy Group, the Health Volunteer Group, the Elderly Club, the To Be #1 Club (anti-drug abuse), to name a few. Wat Kaeo Sub-District, no doubt, has one of the country's strongest community networks.

There is no surprise that when it comes to health promotion, the community members readily come up with numerous innovative ideas and the spirit of volunteerism is not always seen in other places.

## An Unfulfilled Mission

The Health Centre of Wat Kaeo Sub-District was upgraded from a midwifery station in 1972. It has four full-time health officials, plus more than 100 village health volunteers (VHVs) working in the area. The support from the VHVs, however, was minimal and upon request only. At the end of the day, the staff felt overwhelmed, bored, and unfulfilled.

*"We couldn't see the results of our work. We worked hard, but it all ended at the end of the day."*

The lack of long-term success prompted them to rethink about their mission. After a long discussion and a serious look at their clients' files, they were astonished to see that for years they had served the same group of people who came in with similar complaints: muscle and joint pains, an occupational hazard from hours of cloth doll sewing and mushroom sorting. Those who were treated with modern medicine often came back with ulcer, a side effect from anti-inflammatory and muscle relaxant pills.

The staff knew that the community had been familiar with Thai traditional medicine even before the Centre was established. There were a few Thai traditional masseuses in the area, and many locals regularly used their service. They even had a directory of local masseuses in hands. Would it be possible to combine this local wisdom with modern medicine for more effective community health care?



## Service from the Heart

In 2004, Wat Kaeo Health Centre requested and was granted 50,000 Baht (about \$1,350) from the Wat Kaeo TAO (Tambon Administration Organisation) to set up a Thai Traditional Massage Learning Centre. Upon the Centre's request, the Non-Formal Education Centre sent in a specialist to train about 20 community members. Some of the trainees were VHVs, others were the patients who suffered from muscle or joint pains themselves. After the training, the Centre opened a massage and herbal compression clinic with three masseuses. A client paid 100 baht for the service, which was split between the masseuses and the clinic. With 50-60 clients per month, the clinic was able to buy more equipment; everyone was satisfied. After a year, the number of patients who required modern medicine significantly decreased, lowering the operation cost.

The success led to a second training course, which was included in an occupational training program funded by Ratchaburi Provincial Office of Social Development and Human Security. This time the trainees included VHVs, housewives, youth and elderly people. The Thai traditional massage/foot reflexology training took a full month. In a sense, the training was a failure as a few trained massage could make a living from it, but most make the full use of what they had learned with their families and friends.

Sensing the spirit of volunteerism in the community, the CHC staff persuaded some of them to use their expertise for community benefit. The *"Service from the Heart Volunteers Club"* was formed in 2005 with 40 masseuses. They promoted their service by persuading the CHC visitors to use their massage service, setting up a free massage booth in community fairs and festivals, and teaming up with the Centre staff for monthly house visits, offering free massage in exchange of health screening or physical examination.

Although only half of the volunteers regularly go out with the CHC staff, those who do not help provide needed care for their families and relatives. They may not be as good as professionals, but their services help bring the family members together and fortify family relationship, resulting in better mental health and fewer community problems.









The Club also started a healthy food program, through which health and nutrition information was given with a taste of local favorites such as banana crisps or coconut milk custard, all prepared with local, organic ingredients.

*“People would ask us why it’s less sweet than the original recipe, which was exactly what we wanted them to ask; so we could tell them about diabetes and how to control it.”*

The harder the Club works, the more people join. Unlike others in the community, the Club does not limit its activities to members only. There is no obligation; one can participate as long as one wishes. At times, there are more than 100 volunteers from different local groups. Some bring in their own home-made products for sale, such as coconut jelly, banana crisps, organic manure, etc.; others just come in for conversations and laughter.

Suddenly, the CHC staff find themselves smiling, too. Not only that they are able to finish their daily routine faster, easier, and with lasting effects, they have also come to enjoy their work long past normal working hours.



## Health Partners for Community Wellness

Currently, the CHC has 127 VHVs and countless health partners. Their dedication and contributions to community health promotion are much appreciated by the CHC staff who provide them with health information and training. They have full confidence in the volunteers when they go out to their villages for health screening, or even taking blood samples. Since the volunteers are not bound by government regulations, they can promote health activities in both industrial and agricultural areas at the people's convenience. This proactive approach helps spread the access to health care to wider areas which were once considered beyond the staff's limit.

Like other success stories, the program had to go through tough times and scrutiny. Lack of confidence in government projects brought verbal discouragement as well as hesitation to participate. It took a great deal of time and determination to change the community's attitude toward government employees who were often seen as bullies and busy bodies. In Amornrat's opinion, the success of the program lies on sincerity and friendship as much as volunteer selection.

*"The volunteers should be trustworthy individuals, well-known and well respected in the community. They have to know their community and its health problems, too. If we listen, people will indicate a name they trust, someone they think about when they are in trouble. We always select our volunteers by recommendations."*

Good relationship with the community is also a key. The CHC cultivates their relationship with the community based on sincerity, honesty, transparency, mutual trust, and regular communication. Besides, the CHC is always careful in putting itself in a supporting role, not the leading one. Limiting themselves to training, motivation and coordination, the CHC let the volunteers manage their Club and develop their own potentials as health promoters.

*"We always encourage them to do it themselves and only rely on our advice. We need them to stand on their feet, so that they can do it even without us,"* Amornrat says.

With clearly defined roles and mission, the Club has full authority in financial management as well as promoting new health initiatives in the community. The CHC always invites community leaders as well as sup





porting partners including TAO, the hospital, and the Provincial Office of Social Development and Human Security, for meetings when new initiatives are introduced, so that all partners have a clear vision on how their money and resources are used.

*“Money matter is an important mechanism in the health promotion movement, that we have to accept. We help raising the budget, but we let them manage it. This gives them a sense of pride when their mission is accomplished and any remaining budget goes to future projects. The providers can see the fruit of their contributions as well.”*

## Something More Important than Money

The volunteers do not seem to mind the fact that this works do not provide them with any financial gains. Saengchan Petch-Nin, President of the Wat Kaeo Housewives Group, says the work gives her something she needs more than money: pride.

*“Before joining the Club I hardly knew anyone. I was just a village housewife. Then I started volunteering and learned a lot about health. I get to know more people. Now I’ve got a lot more work to do, but I am very proud of what I do.”*

Prakaikaew Niemprasertsri, a masseuse in the Thai massage clinic, also shares the same view.

*“After becoming a VHV, I’ve learned so much. I am very proud of myself, and very happy. I want to use what I have learned to do something good, to help others.”*

The Health Partners Program is an example of a successful collaboration between a government’s primary health care unit and the community it serves. With an appreciation of local wisdom, traditions and lifestyle, and the work strategy based on community’s health problems and conditions, the CHC is able to promote self-sufficiency healthcare throughout the community while letting the community explore its own potential in public health management. It does not make anybody richer, but at the end of the day, everyone *feels* richer.

And healthy as one can be.





## **Ruea Phra Ruang Medical Clinic:**

**Primary care service through a private  
healthcare provider**



# Ruea Phra Ruang Medical Clinic:

Primary care service through a private healthcare provider



It is the land without any roads, the land that people were born underprivileged life with little opportunity to see a doctor while they are suffered from chronic diseases. But one doctor has brought an extraordinary health service to fulfil their life. This is the story....

## Unseen Bangkok

It seems unbelievable that there is still an area in Bangkok, the capital city of Thailand, where people cannot access health services. Many of them were born as the underprivileged with little opportunity to meet a doctor.

Bang Khun Thian District is that area mentioned above. It is one of the 50 administrative districts under the Bangkok Metropolitan Administration and it is the only district that is adjacent to the shores of the Gulf of Thailand. Part of its terrain is mangrove forests. The possible transportation means is by boat along the canals, but when the ebb tide is, travel by boat would also become impossible. At present, Bang Khun Thian District has another two subdistricts; Samae Dam and Tha Kham.

## Way of Life: the Path of Illness

The total population here can be categorised into three groups. **The first group** is an integrated agricultural community comprising people who have lived for generations and earned their living from fishing, and shrimp, oyster, crab and fish farming which also become the main food for them. **The second group** is a labour community consisting of low-educated migrants from other provinces to work in various small industrial factories. **The third group** is a middle-class residential community.







Due to its geographic state, the large quantities of brackish water in the integrated agricultural area, people have used their own farm products which are rich in cholesterol content for the main meals which mainly cause chronic diseases, i.e. diabetes, hypertension and paralysis resulting from complications of these chronic diseases. Furthermore, it has been a normal culture here to marry among their relatives which results in an increasing hereditary health problems, i.e. diabetes, etc. Some of these patients have become a burden to their family and community.

Although the government initiated the “30-Baht Universal Healthcare Scheme” in 2002, people have to pay for their own transportation, food and accommodation. Here, whenever they needed medical treatment (only with serious condition), they had to pay about 1,000 Baht for renting a car or a boat to go to hospital. Therefore they have chosen indigenous medicine for minor illness.

## **The Starting of the Ruea Phra Ruang Medical Clinic**

Ruea Phra Ruang Medical Clinic is a private primary care unit under the Universal Healthcare Coverage Scheme (UC). This clinic has started providing health services since October 23, 2003. At



present, Dr.Sakda Muangkam is the head of the clinic with 14 staff (professional nurses and health workers) working as a multidisciplinary team to look after 27,000 registered members in 12 catchment areas Samae Dam and Tha Kham subdistricts.

Back in the year 2002, Dr. Sakda worked as a doctor in a private hospital located in this area. He was responsible for registered population of the Universal Healthcare Coverage Scheme or known at the time as “30-Baht Scheme”. Dr.Sakda had his own belief that health promotion and disease prevention in community would bring great benefits to the hospital as it would reduce the number of patients while people had a healthy living. For him, this is a win-win situation, but working in communities as a private hospital’s doctor was not simple, as most of people had a bad experience for hospital services, their hospital was viewed as a “slaughterhouse”. This urged Dr.Sakda to restore their confidence again.

*“On the first community visit, I appointed 10 nurses to do home visits. They all came back with tears because they were rejected; moreover some dogs were released to bite them. So I decided to do it myself.”*

He started by contacting the District Administrative Office to learn more about community, then fully participating in community events i.e. reforestation, ordination, wedding ceremonies to become a familiar face for the community. Then he explored an opportunity to dispatch a mobile medical unit to provide health services to community. With agreement from community leaders and precise appointment, he and his team started providing health services to all community. Their dedication and sincerity have brought back confidence to communities.

*“It was overwhelming, they prepared food for us, and we all ate together. We provided health services both in and out of the unit. I also did my home visits which turned to be that community leaders and committees felt honoured to have a doctor and teams visit their community and their neighbours.”* Dr.Sakda said proudly voice.

By the time Dr.Sakda and his team focused on restoring the hospital’s image and developing relationships with the community. In 2003, the National Health Security Office launched the “Warm



Community Clinic” project to allocate the number of registrations. The policy was to encourage its contracted hospitals with over 40,000 UC registrations to form a network of clinics outside the hospital to relieve the workload of outpatient departments. With clear vision, Dr.Sakda has decided to resign from his hospital and established the “Ruea Phra Ruang Medical Clinic”. (Ruea = Boat)

## Pioneering Primary Care Services by the Private Provider

Ruea Phra Ruang Medical Clinic has provided health services from 8:00 am to 8:00 pm, including health care, rehabilitation, health promotion and disease prevention both in and outside the clinic. The activities in community and home visits included:

1. Establishing community health volunteers (CHVs) for coordinating with health officers in providing health services for the patients.
2. Training community health volunteers to provide knowledge on caring for the elderly and home health care for patients in their families.
3. Organising activities for improving the environment and livelihood of people in the community.
4. Initiating the Child Care Centre and organising activities at this centre.

In 2006, Ruea Phra Ruang Medical Clinic was awarded as one of the best primary care units, because all primary care principles (5c) have been clearly conducted within this clinic:

- 1. First Contact** - Dr.Sakda has brought health services to those who have had difficulty accessing, specifically in the mangrove forest area. The main activities in community are as follows:
  - Mobile Medical Unit in community twice a month to provide medical treatment to patients with chronic diseases and paralysis resulting from complications of chronic diseases. Dr.Sakda also collaborated with other government agencies to provide other services, i.e. from opticians, barbers, electricians, etc. Dr.Sakda said that this was his strategy in building deep relationship with the community.









**2. Continuity** - Besides, regular home visits to patients with chronic diseases, Dr.Sakda also has set up a group of well-trained health volunteers working in the community to provide knowledge on caring for the patients, elderly and home health care for patients in their families.

*“One of my cases in the social security scheme, he was 20 years old with a large wound on his buttocks caused by a motorcycle accident. He refused to have continuous treatment in hospital. He gave up on hope. Then our health volunteers found him and brought him to the clinic. I was shocked when I first saw the wound. I told his father if he wanted his son to get better, he had to follow our treatment procedures. He accepted. We taught his parents and his girlfriend the appropriate way of taking care of him, month after month, now he is able to sit up and feed himself properly again. Whenever we meet him, he always laughs loudly saying that he has survived,”* Dr.Sakda said with pride.

**3. Comprehensiveness** - Dr.Sakda and his team have focused on conversation with their patients to find out the causes of illness and their circumstances to provide a proper treatment which covers not only physical but also mental care.





*“For the first visit, we would listen to them for at least half an hour about their families, behaviors, physical conditions and reasons for visiting a doctor. This is the essential information for us. We spend at least half an hour talking with each patient, providing advice. Later on, we did visit them at home to see if they followed our suggestion. It’s much more worthwhile to encourage them to change their behavior so that they would have a better quality of life.”*

To work successfully in a primary care unit, Dr.Sakda said that the team has to get both good knowledge and a great technique in communicating with people. “We do both cure and care” Dr.Sakda said with confidence.

**4. Coordination & Advocacy** - Being part of the healthcare system, Dr.Sakda has set up an efficient referral system with the hospital and his network. The clinic also sets a preparation for in traveling with convenience and provides various donated equipment including artificial limbs and wheelchairs for patients to assist them in their the daily living.

*“It’s like we are providing service to friends. We’ve learnt a lot from each other. For me, the most important thing is to get to know the community and gain their trust.”*

**5. Community Participation** - After one year of working in the community, the initial idea of Ruea Phra Ruang Medical Clinic establishment was proposed by the community leaders while Dr.Sakda was working for his private hospital. He agreed with the idea and started working on it. The clinic has focused on working closely with members of the community specifically health volunteers selected by the community.

Now, there are more than 100 health volunteers working in entire community. Each of them has 25 households to take care of. Health volunteers have been well accepted because they are well trained to provide knowledge on caring for themselves and community, and they are proud to do that.

Four years after Ruea Phra Ruang Medical Clinic started all activities, self-care among family members has improved. With the support of community health workers, community capacity and unity has been strengthening, leading to holistic primary health care in cooperation with family members, communities, and health facilities for developing family livelihood in the community, in terms of both social and public health aspects.





# Sanam Chai Khet Hospital:

Community Drugstore with Tripartite Management



# Sanam Chai Khet Hospital:

Community Drugstore with Tripartite Management





“If the client goes out of the shop without medicine, we consider it a success.”

Ms.Siriporn Jitraprasertsiri, the pharmacist and founder of the Sanam Chai Khet Community Drugstore said.

Isn't it weird as the pharmaceutical business has been in a high rate growth that drugstores are worth making an investment?

But in Sanam Chai Khet District, Chachoengsao Province, about 60 km from Bangkok, “Community Drugstore” (Hong Yaa-Chum-Chon) where the community is both the owner and client, has been established in a different aspect and management.

## An Auspicious Opening

About 10 years ago, Dr.Somkid, the director of Sanam Chai Khet Hospital found that most community villagers usually bought drugs from local vendors “Medicine set” was the most popular medicine for most people in Sanam Chai khet. They were available at any drugstores without pharmacists and from the drug hawkers. These medicine sets were believed as a panacea without any knowledge or awareness on the side effects because they contain steroids.

At the time, there were movements in Thailand to introduce health system reforms and decentralisation. Another famous issue was public health rights in accordance with the constitution of 1997. The country also encountered the problems of over supply of pharmacists which led to the concern of unemployment of among new pharmacists in the government sector.





But Ms.Siriporn, the president of the Rural Pharmacists Association at that time, believed that pharmacists still had plenty of work in rural areas, especially health promotion and health education. She also believed that pharmacists were one of the key successes to health system reforms and decentralisation. She started selling the idea of “Community Drugstore” to her hospital director, Dr.Somkid Viratepsukorn, and many community leaders. She received a good response; finally a Community Drugstore Committee was appointed in 1999.

*“The director clearly understood the concept and saw the benefit of having the community drugstore both for the hospital and community. I may have to say that community leaders are the key successful factors to influence their community and to be our advocator”, said Ms.Siriporn.*

Thus the Sanam Chai Khet Community Drugstore began to take a proactive role with a focus on “providing knowledge”, instead of “selling drugs”, based on the notion that when people have self-care, the use of medication will become almost unnecessary. But when necessary, they have enough knowledge.



## The Great Pharmacist Behind the Great Idea

Ms.Siriporn said that Ms.Samlee Jaidee, a lecturer of the Faculty of Pharmacy entical Phamaceutical Sciences, Chulalongkorn University, and a senior pharmacist who advocates Social Pharmacy in Thailand, is the owner of the idea. Ms.Siriporn was one of Ms.Samlee's students who strongly believes that pharmacists have an important role in society to raise public health awareness in every community and are an essential mechanism for primary care system.

Ms.Samlee first introduced the idea and principle of Community Drugstore in 1984 with the concept of tripartite management: the government sector, the community and the academic sector.

Community Drugstore is a standard drugstore run by the three parties:

- The government responsible for work regulation.
- The community responsible for implementation.
- Academics: both pharmacists and NGOs responsible for providing information which is equivalent to wisdom.

Nonetheless, Ms.Samlee did not set a fixed pattern. The model must be developed appropriately according to the community context. This challenged Ms. Siriporn in developing an appropriate model for the Sanam Chai Khet Community Drugstore.

## Community Oriented Health Care

In finding an appropriate model, Ms.Siriporn invited various community leaders to participate until reaching the final conclusion that it should be owned by the community, and serves the community with non-profits tripartite management; Sanam Chai Khet Hospital, community population/organisations and pharmacists, and be located in the easily accessible area.

The "Co-operative" has been chosen as its format with its returned profit being both "knowledge" and "money". Shares were distributed to various agencies in communities at a price of 10 Baht per share with a maximum of 200 shares per person. There were 543 people investing in totalling 200,000 Baht.



The Community Drugstore is located in a two-storey building near the market. It is also used as the office of the Community Drugstore Committee.

According to the Pharmaceutical Act, the Community Drugstore could distribute only permitted medicines supported by Sanam Chai khet Hospital totally worth up to 200,000 Baht. After 8 years of management, the Community Drugstore still has only about 100,000 Baht in outstanding loan which clearly showed the efficient management of the Community Drugstore. It opens every Monday to Saturday from 9:00 am. to 5:00 pm. There are 5 pharmacists from Sanam Chai Khet Hospital working daily together with the committee. This building is also the place for selling community products.

The selling prices of drugs here are equal those at the Hospital. As mentioned above, that the primary objective of the Community Drugstore is to maintain the standard of general drugstores and to provide knowledge on drug usage to the community rather more than selling drugs. So drug storage is limited for necessary use only.

*"We gave clear explanation to those who came to buy drugs about side effects. Sometimes we told them alternative choices to convince them that we run this Community Drugstore for their real benefits,"* Ms.Siriporn states.

"Sitting in this Community Drugstore, we are able to observe the behaviour of community members. Many of them felt uncomfortable not taking any medication.

We spend time explaining the side effect and providing them with knowledge on self-care to them. It is quite obvious that, they feel free to ask more questions than they are at the hospital. So it is the great opportunity to know about their lifestyle and health problems. Sometimes conversations simply relieve them even though they receive no medicines to take. This Drugstore has been more than a Drugstore for us" said Mr.Namkang Mansrichan, Chairman of the Community Drugstore Committee and community leaders.



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## Good Health - The Best Returned Profit

For the whole eight years of its operation, the Community Drugstore has promoted good health and patients' self-care through easy access to the community store, good quality drugs for treatment and health care including both herbal and modern medicines at a reasonable prices and advice on proper medicine use.

The newsletter has been used as one of the communication tools to provide essential information. It has been successful to alert people to be aware of medicine use i.e. eye-drops, painkillers, etc.

The other activity is the consumer groups whose members consist of government officers, teachers, activists, social workers and villagers in the community, led by a chairman in the community. The consumer group deals with problems related to consumer rights, both for themselves and others. They get together to solve problems through meditation and focus on positive changes using the principle of mutual interests, leading to the well-being and happiness of people in the community.

The Community Drugstore also organises activities at schools to provide knowledge on the danger of steroids and possible alternatives.

*"In the past, my husband and I sold medicine sets to the villagers as they popularly usually blended it with fish sauce and rice with the belief that it helped to relieve stomachache and pain. But when we knew its danger and the side effects we decided to quit."* Said Ms. Soitong Ok-Bua. Now they become a Community Drugstore Advocate.

**As a result, Ms. Siriporn has seen the Community Drugstore as a "learning process" for both health staff and the community for the well-being of people in community.**





# **Good Health Starts from Within:**

**Wang Noi Hospital**



# Good Health Starts from Within:

Wang Noi Hospital



Prapassorn was exhausted and desperate. Her husband always came home from work in a bad mood. Everything seemed to irritate him, particularly the children. They were loud, unkempt, and disobedient. Their school reports were not good. The family had a lot of arguments lately, some were pretty bad. She was afraid of her family to be torn apart. Her children were in their early teens, and in a community with a lot of industrial workers and transient laborers, teenagers from unhappy homes could easily get into all sorts of troubles.

One night, an idea struck her. She asked her family to sit down and pray to the Lord Buddha together. They recited a few religious prayers, then sat quietly for a while. To her delightful surprise, everyone seemed to calm down. Since then the whole family joined a praying session every evening. Soon her husband was much less agitated; her children's school performance was better; and she was a lot happier.

She told her friends about it, and one of them, a nurse at Wang Noi Hospital, persuaded her to bring in other children for an evening praying session. If she took a lead on this, the nurse said, the hospital would provide praying booklets. Besides, the nurse could talk to the children about the danger of sweets and crispy snacks, and how to play safely. Together they formed the *"Miss Merit and Master Thoughtful"* club, whose mission was to introduce local children to health information and healthy activities. Now the club is supported by Wang Noi Tambon Administration Organisation (TAO) and includes more children each month.

"Miss Merit and Master Thoughtful" club is one of the successes of Wang Noi Hospital, a 30-bed facility heralded by many local and international health agencies as a pioneer health promotion hospital, and certainly one of the finest. Located in Wang Noi District,





Ayutthaya Province, approximately 60 kilometres north of Bangkok, the hospital was established in 1984 upgraded from a sub-district community health centre. Currently, the facility has over 100 staff members. It is also the location of Lamsai Community Health Centre, which serves the nearby community of Lamsai subdistrict.

## **Serving a Fast-Growing Industrial City**

Wang Noi District has a population of 62,776 residents, most of them are farmers working in rice fields or fruit orchards. As the country's growing economy led to the expansion of industrial area from Bangkok suburbs, various factories were built, including a beer distillery and a power plant, in the industrial town called "Wang Noi Factory Land." Since then the district has encountered an influx of laborers. At present, it is estimated that Wang Noi has about 100,000 people living there at any time.

The rapid change in demography brought about more patients and significant increase in treatment expenditure; costing the state more and more each year. The majority of patients suffered from chronic diseases and conditions caused by behavioral problems including





accidents, AIDS and other infectious diseases, diabetes and high blood pressure.

Thinking that health promotion is the key to alleviate these problems, Dr.Ronnachai Tungmunanataku, the hospital director, began to lay down a framework for a health promotion hospital in 1997, a year before the concept was officially endorsed by the Ministry of Public Health.

## First Step to Success: Organisation Development and Research

With the strong belief that a hospital is not only a place to treat the sick, but also a “home” for patients and a “school” to promote preventive healthcare to community members, Dr.Ronnachai first directed his efforts toward organisation development (OD) and research. An all-staff project was created and aimed to promote better understanding of the health promotion concept among hospital personnel which would lead to their changes in attitude and practice in providing health services. Staff members participated in such initiatives as “Greeting with Smile,” “We Can Help You,” “We Share with You.” Meanwhile, the hospital integrated it into its project the Public Health Ministry’s policy to improve state hospitals’s front-line service system and began to improve all aspects of the service system within the hospital.

The OD project also revealed various health problems among hospital personnel. A research project conducted by the hospital found that many hospital staff members suffered from 4 major behavioral problems: lack of exercise, malnutrition, stress, and work-related diseases and accidents. The findings prompted the hospital to create 4 health groups: exercise, nutrition, de-stressing, and healthy workplace, in which members were encouraged to come up with practical ideas and activities to improve their health.

The 1997 OD project and the development of those health groups helped developing a positive organisation culture and raising the awareness of health promotion among hospital staff and their families. The next step is bringing in the community.



## Reaching Out to Patients and Community

At the end of the 20th century, Thailand was facing a national health crisis. The existing healthcare system focused more on treatment than preventive measures; hospital expenditures significantly increased annually; and the majority of health problems stemmed from improper behavioral patterns. Impressed by the Ottawa Charter for health Promotion and the Jakarta Declaration on Leading Health Promotion into the 21st Century, Dr. Ronnachai and his team have developed 8 strategic development policies, which are:

1. **Overall Healthy Public Policy** to turn Wang Noi Hospital into a healthy-promoting facility using the approaches outlined in the Ottawa Charter and the Jakarta Declaration. The policy targets hospital staff, patients, and the community;
2. **Environmental Policy** to improve physical environment as well as social interactions between individuals;
3. **Community Support Policy** to promote and support community health activities inside and outside the hospital;
4. **Individual Skill Development Policy** to enhance individual capabilities in adjusting their behavioral patterns;
5. **Public Health Service Development Policy** to include health promotion strategies into the hospital's overall health service system;
6. **Social Awareness Promotion Policy** to instil and promote public responsibility among hospital staff, patients and community members;
7. **Health Investment Policy** to enhance or adjust the direction of health investment to focus primarily on health promotion and preventive healthcare;
8. **Health Alliance Policy** to foster cooperation among groups and organisations which leads to a strong health promotion network.

Dr. Ronnachai insists that every hospital staff needs to take part in the implementation of these policies. Together they develop an infrastructure which supports health promotion aspects based on the four health groups which have become part of their lives. The routine work is shaped as well as attitude toward healthy living; physical and social environment is altered for safety; and the service system is revamped to focus not only on physical treatment, but also on mental therapy and disease prevention. After some time, health promotion becomes an organisational image and culture. Finally, after the concept catches on with people, a health coalition between the hospital and the community is developed.







Hospital staffs, now are familiar with health promotion concepts, and come up with a few practical initiatives. In the Outpatient Department (OPD), patients are greeted with cheerful smiles. Their medical history and family information are recorded in details before initial health evaluation. In the waiting room, soya milk is served while the nurses take the lead in practising light exercises, stretching, and meditating during the wait. Health information is provided during the visit and before the visitors are leaving. If any patients need continuing care, the hospital will refer them to a community health centre near their homes. The hospital does a satisfaction survey every 6 months, and the responses have been encouraging.

The Inpatient Department applies the four aspects of healthy activities to their work as well. Under the banner “*Just like You’re Home,*” they guide the patients through light morning exercises on or beside their beds, focusing on breathing and stretching. The hospital only serves low-sugar, low-fat meals mainly consisting of organic rice and vegetables, fish and fresh fruit, with special items for particular diseases such as herbal drinks, soya milk, etc. Before bedtime, light, meditative music or religious radio programs will be turned on. The hospital also set up a “health corner,” with a television and several health magazines for patients as well as their relatives and friends. Workout equipment made by the hospital’s physical therapy team is also available.





True to their pledge in holistic care, the hospital also has in-house psychologists for patients who show signs of depression or suicide as well as those with disability and AIDS. Patients who have no money for treatment or sustainable job will be referred to appropriate agencies for help, such as the Provincial Office of Social Development and Human Security and Tambon Administration Organisation (TAO). It is known that the staff sometimes help raising money for a patients' transportation back home.

## Community and Social Health Promotion

In 2002, the hospital was selected by the Ministry of Public Health to represent Thailand in the Comprehensive Community and Home Based Health Care Project. Together with the South-East Asia Regional Office of WHO (SEARO), they developed a model of primary care service by applying their health promotion hospital concept to the service procedure of Ayutthaya Medical Centre. "The Ayudhaya Project," as it is called, has 4 main concepts:

1. Holistic care
2. Health promotion, including disease prevention, treatment, and rehabilitation
3. Continuous, lifetime service
4. Health partnership.





Under these concepts, the staff will be trained to be polyvalent. Community forums and town hall meetings will be used as a public relation tool to spread the concept and encourage practical activities, the hospital gets to know the community leaders and their potential in promoting the cause.

*“Some were so active and they would like to take action immediately. Others were not as enthusiastic but can be motivated. We just need to assist them by providing knowledge, guiding them a little, enhancing their potential until they feel confident to work for the better health of their own, their families, their community,” Dr.Ronnachai says. With a smile, he concludes that “Healthcare is anything but simple. We are still learning from our experience. There’s neither a formula, nor a standard approach. But all must begin from within. We need to understand the people we’re dealing with. Most importantly of all, we need to understand ourselves.”*

As for Prapassorn, she is no longer only a housewife. Boosted by the success of her initiative, she becomes a Village Health Volunteer (VHV) and a community leader in health promotion, working closely with Wang Noi Hospital to bring healthy living to the community.





# Sao Hai Hospital:

Where Health Innovations Bring  
About Behavioral Change



# Sao Hai Hospital:

Where Health Innovations Bring  
About Behavioral Change



Sao Hai Hospital is a community hospital located in Sao Hai District, Saraburi Province. It was first established in 1986 as an extended OPD of Saraburi Hospital. Then, in December 1993, with donations from local people and financial support from the Ministry of Public Health, it officially started providing health services with a 10-bed capacity. Since the hospital was built, there have been 4 directors, the latest being Dr.Suvat Tanakornuvat, having been the director since 1998. The hospital has been improved on its quality of service, facilities, buildings, and environment. Patients had high confidence in the hospital and the number of patients continually grew. Facilities quickly became insufficient to serve growing patient demands, while there was inadequate resources to expand hospital facilities including the purchase of additional medical equipment.

As a result, the hospital's board, led by the director, organised various projects in order to allow the general public to jointly develop the hospital, that is, to gather donations of funds and needed items for the hospital. The initiative ran for 3 years until the funds could be raised for the construction of the "Tanwilai" building, a 2 storey inpatient ward. In addition, the original building was also re-novated. At present, the hospital has a 30-bed capacity to oversee a population of approximately 30,000 in the district and nearby areas. The hospital has provided health services across 4 dimensions: health promotion, illness prevention, medical treatment and rehabilitation, using both active and passive approaches. The hospital is innovative in providing complementary and alternative medicines (massage with herbal heat compression and/or a bag containing health-promoting herbs), acupuncture and other therapeutic approaches.

With community participation, the hospital has improved its physical structure, surroundings, working environment and human resources. It received Hospital Accreditation (HA) in 2003 and became a Health Promoting Hospital (HPH) in 2005. With its many quality improvements, the hospital has continuously been re-accredited.







Before the hospital's contributions related to health promotion became apparent, it underwent a lengthy developmental process. From the director's point of view, he envisions services covering a much wider scope, as hospital that the community can truly rely upon as well as being a patient-based facility. This vision brought forward an important challenge, "what can be done to prevent people from falling ill and to reduce the medical workload of the hospital". Thus, a concrete and consolidated health promotion policy was announced and working methods were set in motion to encourage hospital staff for better collaboration. In addition, the hospital improved internal management with the goal of strengthening the community to become self-reliant.

### **Community Alliances for System Reform: Creating Good Health before Repairing Ill Health (Good Health Approach)**

By the time of hospital policy implementation, had become a trend in Thai health system reform since 1997. This created opportunities for Sao Hai Hospital staff to introduce various health promotion activities to the community:





**(1) Community Health Screening Programme.** Information from this activity has confirmed that many major health problems are from chronic diseases including diabetes, high blood pressure and stroke.

In order to provide appropriate service to address these health problems, polyvalent teams (doctors, nurses, physical therapists and health workers) have been set up to regularly provide knowledge and advise risk groups to bring about behavior changes.

As a result, the Healthy Home Program was given birth. It is partly sponsored by the community with a running budget from the training fee which is 4,000 Baht/person for a 3-day training course. Hospital officers directly organise the training program. It has continued to receive a tremendous response among interested residents of the locality, outsiders, and even various agencies including the Sao Hai Municipality, which has provided budget support for residents at risk so they can participate. The Healthy Home program aims to change risky behavior patterns. Hospital members invite the general public and local agencies to learn the importance of self-care. Following the program, the hospital conducts a behavior assessment after members return home.

Assessment has been conducted for over 2-3 years using the key indicators of Sao Hai Hospital. Before program implementation, there were a high number of diabetics with subclinical conditions, was, foot sores, numbness in fingertips and toes, or renal failure. However, after program implementation, recent results have shown a dramatic reduction in subclinical conditions.

The hospital realises that only hospital care is insufficient for the current situation and has decided to combine total hospital services with health promotion and alternative medicine, including Thai traditional massage for patients with cerebrovascular diseases, and the selected use of acupuncture, etc. Thus, modern medical knowledge is combined with alternative medicine. Presently, a significant number of residents actively use the services, especially massage therapy, and there is a long queue of patients almost every day. The hospital plans to train the community in self-massage techniques. Furthermore, the hospital aims to reduce the number of people seeking hospital care by empowering them with capabilities for self-care and self-reliance.



**(2) Promotion of Physical Exercise Activities** are supported for residents of the vicinities covered by the hospital to increase their physical exercise behavior. This is part of the “good health” policy that began during the reform of Sao Hai Hospital. MsNapaporn states this policy challenged her to change working methods because at the time she was unaware of community living conditions. This was a significant barrier to working with the community and promoting physical exercise. The work initially focused on cultivating relationships with the community, exchanging thoughts and ideas, and learning their lives, culture, and society. She also mentions that when the project began, it made her life more exciting. She was able to initiate new working methods, and her role wasn't limited as before. When people give proper attention to health and strengthen their bodies with regular exercise, it reduces the workloads of medical officers and can even reduce patients' expenses.

Initially, people in the community would not fully accept physical exercise matters, but after trying it out with a small group of people, the member of participants to increased and it has become an integral part of the community lifestyle. Today, community members introduce various new forms of exercises by themselves. They also look after the activity location, where is a temple. Even hospital staff members are increasingly paying attention to their health.

Ms.Somluck Kongpetchasak, deputy president of Wat Sao Hai community, states that at the beginning, she was invited to an exercise activity at the hospital. People in the community would exercise at the hospital, but later on they formed a group in the community. After the exercise group was clearly established, local agencies offered funding support for the activities. The community exercise activities are conducted at 6:00 pm. everyday. Few residents were interested at the beginning, but after participating, they started to see the benefits of exercises at which resulted in their body strength. Sugar levels in theis blood dropped, and those who felt numbness in their fingers and toes were able to move more easily. It was also a good opportunity to meet and exchange knowledge which one another and thus everyone enjoys better mental health. When local agencies realised how the community was actively pursuing the program, they provided financial support for health promotion to buy equipment, exercise poles, and to improve the location. Members of the group increased and included residents a well as people from outside the community. Each of the participants saw evident results from the exercise. Leaders of the program





had an important role in inviting community members, and those within the group would help one another out with friendly motivation.

*“In the past, we had very little knowledge and understanding... but now, the government provides us with excellent support. Now we understand how to properly care for our own health,”* Ms.Somluck Kongpetchasak says in summary of the results.

Another member of the group is Mr.Chao Tongtae, an elderly man and the president of the Sao Hai community. He shares with us his results from participating in the community exercise program supported by Sao Hai Hospital.

*“At first, I only wanted to try it out... but later on, I started to see the benefits. I had a stronger body and better mental health. I used to be a stressful person but not anymore. The community also gathers data to assess results from the exercise program. We’re able to help other communities and reduce the burden of doctors. Everyone in our community gives much better attention to their health than before.”*

**(3) Preventative Health Care Group in the Community:** Mr. Chao additionally tells how the community has formed many different groups to take care for health of its members. For example, the “Mothers and Children Group” who takecares for pregnant women, encourages proper health care and administers appropriate vaccinations. If anyone is unable to travel on their own, the group will help to bring them instead. We also have the “Environmental Group”, “Group for Non-Communicable Diseases”, and “Group for Communicable Diseases”.

Members of each group work together in checking health of community members. Each group is given a different responsibility. Since forming the various groups, people in the community have grown closer and it has also led to trust as it’s clear to see that everyone sincerely wishes for their fellow community members to be healthy.

People have realised that good health depends on one’s individual physical condition and are taught proper healthy habits as well as wrong habits which should also be avoided, for example, overexertion during exercise, eating un healthy food and etc. When community members learn the proper habits, they are able to encourage others to do likewise. It has led to a health-conscious trend in the community.



Mr.Chao states how the community focuses on proper health care and hygiene, both of which can help distance people from various ailments.

*“I was sitting in front of my house and felt refreshed from seeing the flowers and trees, so we began the “Lovely Home Project”. This cooperation is between community members and the hospital. Our next step is to organise a community health database which will lead to community measures aimed at reducing alcohol and cigarette use, accidents, and narcotic use. We also help remind one another to refrain from alcohol consumption within the temple. This is for the overall health of our community.”*

The “Lovely Home Project” is a health promotion campaign that aims at strengthening the community. It encourages each village in the Sao Hai community to establish a committee comprising of 10 community leaders who will actively organise various activities. Prior to the project, village cleanliness standards were rather low, partly due to garbage the community, and also from the market or areas within the community that were particularly messy. The project has now received a budget from the Municipality and there are various contests organised. The community has set contest rules by itself with one representative appointed from each village as a judge to assess the cleanliness in different areas according to the contest rules.

## **“Village Health Volunteers” - Prime Movers**

Village Health Volunteers, or VHVs, include approximately 800,000 people nationwide within the Thai public health system. They provide important social capital and have been a concrete example of community participation for health development for over 30 years in Thailand.

Village Health Volunteers are individuals selected directly from the community who meet certain basic criteria, for example, being generally accepted as individuals with concern for the health of the public, being kindhearted people who enjoy helping others, and those who actively take care of others, and having knowledge of health. Village Health Volunteers feel a sense of responsibility to public health work; they are trustworthy individuals with a good understanding of community health, and are always ready to take







initiative and cooperate in various types of work. They act as ambassadors who link the public health system to the community. Volunteers who meet the above qualifications have become an efficient working mechanism and social capital for development and public gain of the community in the Thai health system.

Sao Hai Hospital has incorporated Village Health Volunteers (VHVs) as an important force in local health-related work, including in the following collaborative work:

- Project planning aimed at patients of chronic ailments who require continuous treatment
- Disease prevention activities, that is, using Temephos to prevent dengue fever, and advice on leptospirosis and other contagious ailments within the community.
- Organising an environment for exercise, both within and outside the hospital.
- Health treatment and visitation programs together with the health treatment team for cerebrovascular patients.
- Surveying groups of people with disabilities - collaboration between the hospital and the Ministry of Social Development and Human Security to assess and provide welfare.



- Checking blood pressure of population at risk (those aged 35 and older), including approximately 1,500 people in total.

For the above projects, the hospital's working committee, Village Health Volunteers, and the community work together as a team with regular meetings held at least once a month. At the beginning of every month, community leaders gather with the working committee to assess various risk groups and ailments among elderly members in the community, and to provide community members with knowledge on proper habits in maintaining good health.

## Development Based on Actual Problems in the Community

Regular visits to people in the community have enabled the hospital to understand actual problems of the locality and have led to health promotion innovations which are relevant to its specific context. The innovations are feasible for the community since they support the hospital's important goal of becoming an excellence centre, and enables community members to assist one another in treatment and self-care before visiting the hospital. Furthermore, the management has taken a supportive role in the discovery of new innovations for illness prevention and health promotion. Sao Hai Hospital was able to support the development of several health care innovations.

One innovation in particular prevents the spread of dengue fever. This is **the flower vase lids** invented to cover flower vases around funeral pyres, which are in areas likely to contain water and are a potential breeding ground for mosquitoes. The innovation is made from used plastic bottles that are cut around the top and decorated beautifully. They are used to cover the flower vases to prevent mosquito breeding.

Another innovation aims to help cerebrovascular and paraplegic patients. This is a **hand muscle training tool** which the hospital has made available for patients' use. Other available versions of the tool were too expensive for patients to purchase for home use. The team built their own from wood, which is easy to find locally. The wood is drilled with holes wide enough to insert a finger. Patients pull on the wood to condition their hand muscles which leads to rapid recovery.



Another innovation is a **set of gloves that prevent patients from pulling IV drips and tubes**. This helps prevent unconscious patients from hitting or pulling IV drips or medical tubes inserted in their throat or nose. The team has also designed cloth gloves for patients to wear while undergoing treatment. The gloves are made of scrap cloth, which is abundant in the community, sewn together as a glove to fit the patient's hand. The innovation has received many awards at the provincial level, and the hospital produces the gloves for home use at a reasonable price. Another innovation is the **Breathing Bag** for children who suffer from flu, stuffy nose, or breathing difficulties at night. Most parents would use a scarf and camphor drops to help the child breathe properly, but this can be dangerous around the child's neck while asleep. This led to the invention of a small cloth sack to store the camphor and hold it in place with a shirt button to prevent any hazard.

Mr. Virayuth Kunpol, The Sao Hai Hospital team leader, states how the community began to realise the benefits of proper health care and became increasingly interested in healthy habits and self-care; this was a result of the hospital's efforts focusing on public health development work over the years. Mr. Virayuth believes that, as a result, the hospital's future projects will be easier than before.

Roles of volunteers must be developed to enhance the efficiency of Thai health system and to empower Thai society as a whole. Empowering the community is both a means and an end in itself. When citizens work for the public good without seeking personal gain, the society will benefit. This also leads to the self-development of volunteers who work together. It also results in a sense of pride and learning values in life, matters beyond financial gains.





**By the People,  
for the People:**

Phutthamonthon Hospital





# By the People, for the People:

## Phutthamonthon Hospital





At first glance, the Phutthamonthon Hospital does not look much different from other mid-size government hospitals: typical government-designed buildings, gurneys in the hallways, doctors and nurses walking around, a waiting hall full of people. After a while, however, one begins to notice that a few of them do not look like they need a doctor at all. Some deliberately chat up with other outpatients; others walk in and out of inpatient wards with a smile. Doctors and nurses seem to be in a good mood, too. In fact, all around the facility, the hot, heavy air of despair and anxiety seems to lift up, letting in a cooler current of happiness and hope.

*"I like to come here," says Sorn Lomsinsap, 66. "Here I can meet and make friends. We talk and work out together. We call it work, but it's fun, and I get good karma (good deed) doing it. Good karma makes you well."*

Sunate Pagarnsilp, who at 75 still walks around with considerable ease, agrees.

*"A few years ago I couldn't walk. After I joined the club and did some exercises, I could. Now I come here to talk to patients who cannot walk, make them feel better, give them hope. It's a rewarding work. I enjoy it very much. Now my sickness has gone!"*

Both of them belong to the **Senior Citizens Network**, a community health promotion initiative of Phutthamonthon Hospital in Salaya Subdistrict, Phutthamonthon District, Nakhon Pathom Province. The network was formed in 2001 with less than 50 members, but has expanded to include more than 100 members within a few years.

*"Senior citizens in this community are highly respected, resourceful, and have time and money to spare. They have everything needed*





*to set up an effective health network. That's why we started with them first," Dr. Wattana Tiempathom, the hospital director, proudly explains.*

*"We are lucky. Members of this community are civic-minded and have a high sense of volunteerism. They're very much concerned about their health, too. With these people, creating community networks is easy."*

## **A Community-owned Hospital**

Phutthamonthon Hospital may never have come this far without the unrelenting support from the community. Better known as "Wat Suwan Hospital" for its location on a plot of land cheaply leased to the Ministry of Public Health by Suwannaram Temple, it was opened for service with 10 beds in June 1995 as one of the government's basic public health facilities. During the first days, there was no electricity, running water, or public transportation. The 800-meter road to the hospital was unpaved, muddy and dark. Worse, the heavy flood that year made it virtually impassible for vehicles.



Despite all those setbacks, the community did not lose their belief. The temple donated some of its money and solicited for more. Within a week, the road was well-lit, and many items of medical equipment were obtained.

Dr.Wattana Tiempathom has become the hospital director since 1996. One of his first initiatives was the 24-hour emergency service, which was much appreciated by the locals. After consistent lobbying, the Provincial Administration Organisation (PAO) finally allocated a budget for road expansion and pavement in 2002. Community donations brought in a new inpatient building in January 2007, equipped with necessary medical equipment. In March, the hospital expanded its inpatient capacity to 30 beds.

The community support for the hospital extended far beyond money. Public donations include trees and gardening plants to provide shades, beds, and even equipment for the disabled. The hospital, in turn, shows its appreciation and gratitude by listing the items with donors' names in its public announcements, and tags all donated items with the names of the donors. It also let its patrons borrow some items for home use, thus cementing a long-term relationship with the community.

In Dr.Wattana's opinion, the hospital and the community are inseparable. *"Hospital should be perceived as a giver, not a taker. Whenever they come to the hospital, the donors see that their money has been well spent for their welfare."*

## Expansion through Power of the People

Located on the outskirts of Bangkok, the community of Phutthamonthon was established a long time ago and has endured a lot of changes. Now that Phutthamonthon is the home of many academic institutions, government offices, factories, and small businesses, 80% of people in the area are daily commuters: students, entrepreneurs, factory workers, and government officials. Being the only state hospital in the area, Phutthamonthon Hospital, therefore has to provide medical services for an increasing number of patients over the years while the number of doctors and nurses remain the same.



Being a government unit has some limitations, too. Working hours are limited. Administrators complete their terms and leave. Meanwhile, the communities health problems remain the same. For a long time, “ignorance, poverty and illness” have been three key words to describe the state of Thai people. Dr.Wattana plans to tackle all that. He believes the hospital should not limit its role to only medical services, but should emphasise health promotion as well. The community, he thinks, is entitled to good health as much as the staff to less amount of work. If the community realises the importance of health problems and sets out to work with the hospital, the benefits will be mutual.

Dr.Wattana was born and lived in Phutthamonthon District. Many of his friends and relatives are still here. Being a local person, Dr.Wattana is privileged to get helps whenever he needs it. He is also working in the Healthcare Unit of Mahidol University, which has a campus nearby, so he has little trouble getting cooperation from the university and his network of medical doctors and academics. The hospital also fosters good relationships with many schools in the area, particularly with their public health sections, local entrepreneurs and social clubs, such as the Lions Club and the Healthy Restaurants Club.

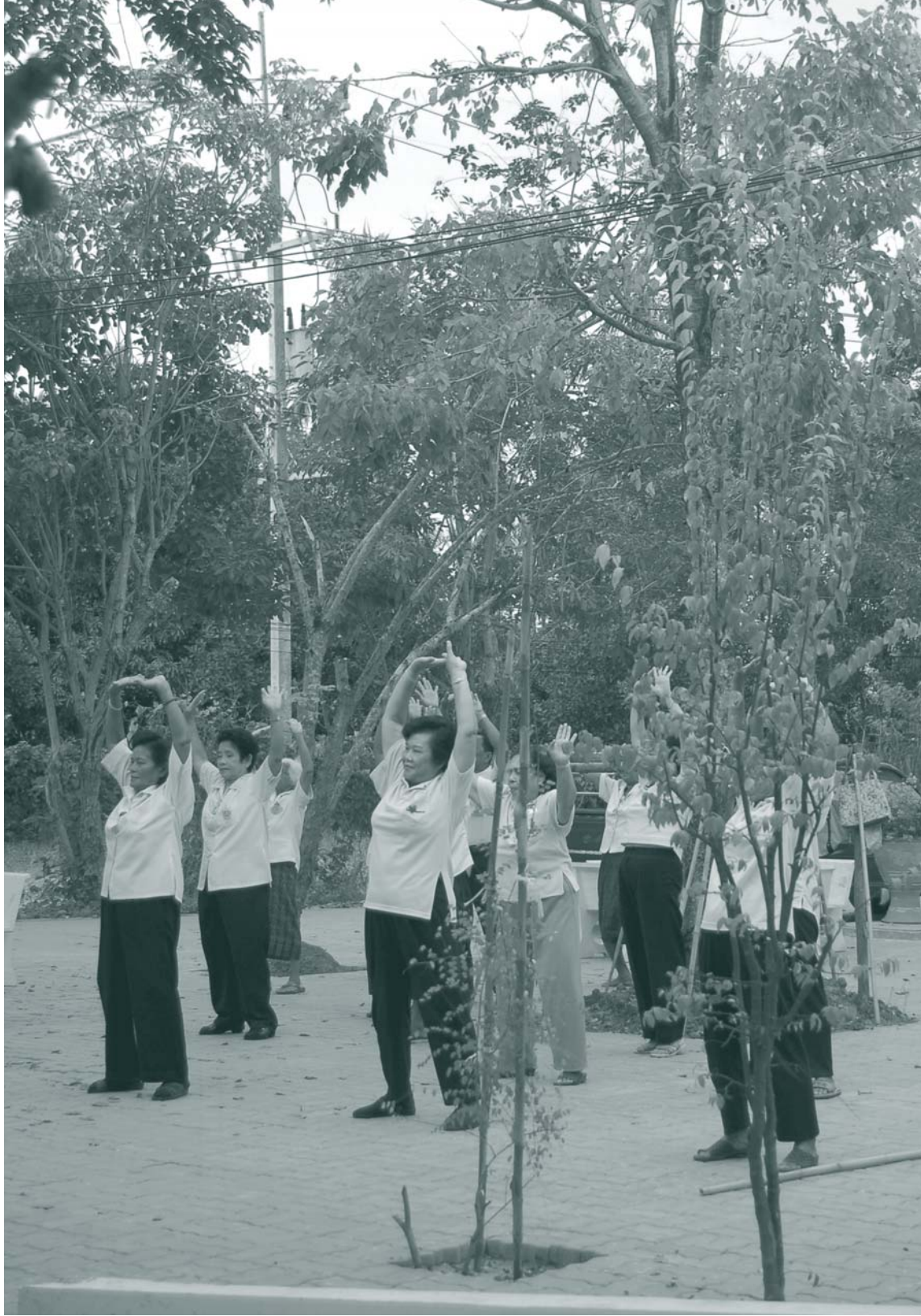
Through its well-planned strategy, the hospital has set up a few community network projects to promote health awareness and well-being of community members. These networks are the strong and efficient means of community health promotion. Due to the limited number of staff, community volunteers have played a vital role in educating the public and generating sustainable results. Since these networks are community-based, the workload of hospital staff has not much increased.

Some of these projects are:

#### **- Senior Citizens Network**

The very pioneering project of the hospital was set up with the senior citizens group because the available members are well-off with resources both in time and funds. Activities are aimed at exchanging knowledge among members, focusing on physical and mental health care for the elderly. Activities initiated and organised by the group include physical exercises and regular meetings to exchange ideas, experiences and perspectives in health issues. The group periodically arranges educational trips, which are partially supported by the hospital. Recreational activities such as a New Year party are also encouraged.









The network was formed in 2001, and now has about 100 members. They take turn coming to the hospital to provide additional care to the patients, including serving the meals, spoon-feeding, and preparing cotton balls. They also started a home visit routine for chronic and disabled patients.

#### **- Phutthamonthon Community Network**

This network was formed by Mahidol University lecturers and a few local organisations to do research on the social, cultural, tourism and health “capitals” in Bhuddhamonthon District. Data gained from this research projects has been used as a knowledge base for the community. Dr.Wattana is a member of this network, so he persuades other members to help promote community healthcare, too. A series of discussion forum led to the establishment of “Chiva Kasem Club (Happy Life Club)”, which promotes alternative, holistic healthcare.

Chiva Kasem Club has clear working objectives and working methods which are adaptable to the ever-changing local social context. It arranges a physical exercise schedule as well as various motivational activities. At the end of each exercise session, members has aroundtable discussion on different health problems and Dharma principles. Excursions to cultural sites or natural tourist attractions are often organised with healthy meals provided throughout the trip.



### - Disability Care Network

Most community members rarely “see” any people with disabilities, partly because very few of them actually entered the rehabilitation system. Realising that efficient rehabilitation should begin with themselves and their families, a disability care network is formed with a nurse from Phutthamonthon Hospital, a few disabled locals, community volunteers and Rajasuda College, Mahidol University. Their activities include monthly home visits to provide encouragement and rehabilitation advice. The network successfully lobbied local agencies for a disability fund, which will pay each person with disabilities 500 Baht a month. Recently, the group’s dedication has paid off; the interest in disability care has increased, and in some areas funds are also allocated for health promotion and rehabilitation.

*“Everyone can be a person with disability. If we don’t help one another out, who will?” asked Jetiya Roonnoom, the nurse who started the network. “People with disabilities should not be viewed as a burden. They are capable of doing a lot of things. We are focusing on rehabilitation, both health and occupation, not social work.”*

### - Network for Patients with Chronic Ailments

Based on the fact that the hospital has limited space, and the concept that healthcare is not merely the duty of public health officials but of all community members, the Network for Patients with Chronic Ailments was formed to provide care for those who suffer from chronic diseases and patients who cannot travel to the hospital. The network gives moral support and advice in rehabilitation while the hospital helps distribute donated beds and other rehabilitation tools. Over the years, some of these patients have been able to work and get regular hospital care, which helps boost their morale and self-esteem.

### - Hospital Volunteers Network

Besides the volunteer work from members of the Senior Citizens Network, the hospital also encourages those who come to the Diabetes Clinic for the Elderly on Wednesdays and Thursdays to voluntarily advise newcomers and lead a body stretching exercise using poles. Others volunteers at the hospital are cadets from the Training Centre and students from local schools.

### - Village Health Volunteers Network (VHV Network)

The network plays an important role in disease prevention and control in the locality, e.g. dengue fever and avian flu. They also organise innovative activities to help spread health promotion concepts in the



community through the networks of local health stations and other alliance networks.

#### **- Cultural Network to Promote Health**

The network spreads the concepts of health promotion through local cultural events. For examples, child accident prevention is discussed during an alms-giving festival; avian flu prevention is promoted through religious beliefs.

Aside from the above networks, Phutthamonthon Hospital also works with other local agencies such as the Basic Education Commission, the Village Fund Committee, the Mahasawat Canal Tourism Club, etc. to ensure the community well-being.

In short, Phutthamonthon Hospital has made itself an example for us all in combining community power with a healthcare unit's relentless efforts to successfully promote holistic healthcare that goes beyond medical treatment - a success which should be replicated in all other communities.

