Beyond Disease Prevention and Health Promotion: Health for all Through Sustainable Community Development

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Summary

At the government run Ubolrat District Hospital, an outstanding foundation has been established to help people achieve happiness called the Sustainable Community Development Foundation (SCDF). This foundation has served the local community as a social institution with attributes borrowed from Buddhism, local wisdom, and holistic development. The foundation was initiated due to problems found in health services in the hospital, and it was found that the way to cope with these health problems could be done outside the hospital. Of course, the work of the foundation has been beyond conventional disease prevention and health promotion. For instance, the foundation can help patients with HIV/AIDS can live along the rest of their lives happier.

Ubolrat District Hospital, Thailand

The Setting

Ubolrat is a government hospital located in Ubolrat district, Khon Kaen province, in northeastern Thailand. There are three doctors, 36 nurses and 60 other personnel.

Ubolrat district, which the hospital serves, is mostly rural with approximately 38,000 people in 65 villages. The hospital has become a place for comprehensive development in terms of service, research and training. The hospital serves its traditional role of treating patients and providing services for the sick. It is involved in health promotion activities, which include preventive health care and health education. It has also taken a number of community development initiatives and mainstreamed them into the health care agenda of the hospital. In addition, it is a site for research activities on areas such as self-help health care, child diarrhea, and iron supplement tablets for expectant mothers. The hospital has become a place of study for groups of villagers, academics, high level administrators, and politicians. The hospital facilitates learning by providing a meeting place for individuals and groups to think and exchange ideas.

There are several divisions within the administration of the hospital, each of which oversees a different component of hospital activity. The Ubolrat Public Health Cooperation Committee (UPHCC), established in 1986, is responsible for curative and preventive health care activities. It consists of the members of the administrative board of the Ubolrat hospital

and the Office of Public Health. Because this is a governmental body, its activities are restricted by governmental regulations and mandates.

The Ubolrat Hospital Foundation (UHF) was established in 1993. It was created to raise money and conduct in-house activities and programs that do not receive funds from the government.

The Sustainable Community Development Foundation (SCDF), founded in 1993, is a non-governmental organization (NGO) that operates in the community. The Foundation oversees community development activities sponsored by the hospital.

Introduction

> For decades, medical professionals concentrated their energies on the curative aspects of healthcare. However, it soon became apparent that many diseases they were curing were easily preventable. Doctors, nurses and other health personnel were quickly ushered into preventive health care. Preventive health care includes immunizations, health education, disease surveillance, etc. Now we have entered a new phase of consciousness that calls on the health professional to be involved in much more than preventive and curative care. It is no longer sufficient to think that health of the community is simply a matter of improved medical services and more advanced technology. When the family does not have enough to eat, is overburdened by debt, or is falling apart from stress, no amount of medicines, iron supplements and immunizations can help. What is needed is a much more radical approach to health and well - being of the community, one that goes beyond distribution of medicine, providing immunizations and health education. The root causes of illness often lie in the economic and social conditions of the community. In order to ensure the well - being of society, the roots of the problems must be tackled.

Ubolrat district hospital aims to provide comprehensive health care by taking into account curative, preventive, and community development aspects of health care. Three principles outlined by Dr. Tadchai Mungkarndee form the main framework for the diverse activities of the hospital:

The sick are provided with medical attention close to home when needed, followed by an effective referral system if necessary.

People are protected from illness through good health promotion and disease prevention measures.

People are able to have good quality of life through sustainable development (which includes development of economy, environment, society, and culture).

Hospital activities aim to empower people so that they are self-reliant, and self- sufficient. This book provides a detailed description of the

activities of the hospital and its staff in curative, preventive, and community development activities.

Curative Health Care

Curative care is one of the primary responsibilities of hospitals and health personnel. Patients who come to district hospitals fall into three categories:

The first groupconsists of those who will recover with treatment, but will die or become disabled if they do not receive treatment. Examples of illnesses in this group include appendicitis, incarcerated hernias, meningitis, ectopic pregnancy, and pulmonary tuberculosis. Patients in this category have high priority in using hospital services because they benefit the most from the curative services available at the hospital. Presently, the health care system cannot provide guaranteed access to health care to patients in group one.

The second group consists of patients who come to the hospital but will recover with or without treatment. Examples include colds and certain viral infections. We have found that these kinds of patients are visiting the hospital with greater frequency and now form the majority of the people who come to seek treatment at the hospital. This unnecessarily burdens the hospital staff and resources. Unfortunately, modern day medical and public health systems have fostered a culture that instructs people to seek care from medical professionals even for the slightest ailments.

Because of disproportionate regional distribution of personnel and finances, rural people receive fewer doctors, often with very little experience. Thus, rural people lack confidence in the health care centers close to home and often bypass the services of primary health centers and community hospitals in order to go to a central or teaching hospital. Reliance on the district level hospital destroys methods of self-help and traditional healing when they can be used just as effectively in these instances.

The third group consists of patients who will die with or without treatment. Examples include final stage cancer and AIDS, chronic liver failure, and brain death. Patients in this group are frequent visitors to the hospital and must be admitted as inpatients for long periods. Medical costs of treating these patients are rising and now form a very high percentage of overall expenditure of the hospital. In addition, quality of life of the patient is often drastically reduced. On many occasions, the family becomes bankrupt from the high costs of medical treatment. Often there is a dilemma between prolonging life and providing the patient with a dignified death. The health system incurs unaffordable expenses from the medical care costs of patients in group three.

Ubolrat hospital strives to overcome these shortcomings in the public health system in order to ensure the health and well-being of the

community it serves. The hospital works very hard to provide the best possible care for all people, regardless of what category they fall in. The hospital team has come up with some innovative strategies to address some of the concerns and improve the quality of care at the hospital and in the community.

The hospital aims to provide guaranteed access to medical care for patients in the first group, reduce the reliance on health care centers for the patients in the second group, and reduce expenditures and provide a good life and a dignified death for the patients in the third group. In order to provide good quality care, UPHCC has taken a number of initiatives that include:

Encouraging proper health care at home supported by an with effective referral system;

Implementing a system of medicine distribution to communities;

Guaranteeing access to health care services;

Developing effective means of record keeping;

Developing service techniques;

Developing efficient and good health personnel; and

Increasing community participation in patient services

Proper Health Care at Home

The UPHCC has adopted a number of measures that aim to reduce the dependence on district level hospitals for health care and encourage home health care. A 1992 home health care survey of all the communities in Ubolrat district found that only 40 percent the of population, seek treatment at health centers, private clinics, community hospitals, and private hospitals. The remaining 60percent treat themselves at home or in the village, with 5 percent using no medicine, 10percent using medicinal herbs and traditional medicine, and 85 percent using modern medicine. In this last group, 15 percent use medicines that are dangerous, for example, medicines that have passed their expiry date, medicines containing prednisolone, and a mixed assortment of unspecified drugs, or antibiotics. Every year the hospital receives many patients suffering from fixed drug eruptions, Steven Johnson's syndrome, or swellings resulting from the side effects of prednisolone. It is also clear that certain strains of bacteria in Ubolrat district have become resistant to tetracycline and co-trimoxazole. This situation has arisen because of the widespread misuse of antibiotics.

In order to solve these problems, the UPHCC has drawn up three operational policies to improve the quality and safety of home health care. Providing information for consumers concerning the use of medicines, distributing good quality medicines in the community, and developing the use of medicinal herbs and traditional medicine are the main priorities.

Provide Information for Consumers Concerning the Use of Medicines

In the research work, public health workers chose five sample villages to discuss the use of medicine in the villages and inform villagers about the conditions that cannot be treated at home and necessitate consultation with the doctor or public health personnel. Using these discussions as a starting point, a handbook on the proper use of medicine, and self-help health care in times of illness was produced. This handbook enables consumers to treat themselves at home with greater confidence and visit the health centers and the hospital in good time when necessary. The working team has also used the handbook to provide information for groups of mothers with young children in other villages, groups of health volunteers, and groups of medicine retailers. The idea of good self-help health care is spreading across the district.

Distribute Good Quality Medicines in the Community

Between 1986 and 1992, the UPHCC carried out Ministry of Health policy by developing "medicine funds" to provide the population with good, safe, inexpensive medicines in sufficient quantities. The operational methods used in creating the medicine funds were the same all over the country. The Ministry of Health allocated 700 baht per village as a revolving fund for selling medicines. Part of the profits was used for paying dividends to members and remuneration for committee workers. Another portion of the profits wase used for rural development. By 1992, only eight funds out of an original 61 were still operating. Some had transferred ownership to village health volunteers, some had sole owners, and others had been transferred to the headman or village chief.

Operating in the form of a village medicine funds was not effective because of low organizational cost-effectiveness, low dividends, and pay of less than one baht per day for the committee workers. The accounting system was also complicated. Profits were small and members cashed in their shares. The eight funds that survived were able to do so because the committee changed the working methods and expanded the funds into all-purpose funds.

In practice, the medicine funds were not successful, but the idea of distributing good, safe, inexpensive medicines in sufficient quantities into the community is still a good one. It can provide patients with medicines that are effective in treating certain conditions and can remove the complications that arise from using certain undesirable types of medicines. The working team reassessed the state of medicine distribution in various communities through the district. It found that, apart from the medicine funds of the village health volunteers, there were also general stores that sold medicine to consumers in the villages.

The UPHCC, with support from the Academic Department of the Food and Drug Administration, invited 30 interested representatives of medicine funds and general stores to hold ongoing monthly discussions to figure out a way to distribute sufficient quantities of good quality, safe, inexpensive medicines in the villages.

The discussions led to the creation of the District Pharmacy Association in 1996. The aim was to establish a research and development project covering medicine distribution in the community, and provide funding to reduce the cost of medicines by 25 percent. The fund enables the medicine funds and general stores to sell household medicines at the price set by the Association, while being competitive with medicines sold on the open market and making a profit. The primary desire of members is to help community members in times of sickness.

Funding from the Association provides for a quick and convenient retail system for members of the Association to purchase medicines. It also enables team workers to supervise the members and provide recommendations, train new members, cover transportation costs for members to attend regular meetings, and give prizes to stores that operate according to the regulations of the Association. It also sends workers into the villages to hold discussions and provide information to consumers whom general stores have identified as those who frequently purchase dangerous medicines. Finally, funding is also used to send the police to confiscate dangerous drugs if all positive measures have failed.

The methods detailed above have increased membership from 30 stores in 1992 to 203 stores as of September 30th, 1998. This represents 68.4 percent of all stores and medicine funds in the district. It is clear that member stores sell smaller quantities of dangerous medicines than non-member stores.

Developing the Use of Medicinal Herbs and Traditional Medicine

Western medicine has almost completely replaced traditional medicine in Thailand. Traditional healers have not received any support from the government. The government has not funded the research and development of self-reliant methods like using medicinal herbs and traditional. Therefore the popularity of medicinal herbs and traditional medicine hasdecreased to the point where Thailand has given up the copyright on many medicinal herbs like plao-noi, which can be used to treat peptic ulcers.

In order to improve safe and effective home health care, UPHCC took on a project of developing the use of medicinal herbs and traditional medicine. In 1995, we invited 18 traditional healers for regular meetings every two weeks, to discuss the future of medicinal herbs and traditional medicine in Ubolrat district. These meetings led to the creation of the "Ubolrat District Traditional Healers' Association." Apart from the initial fortnightly meetings for the exchange of knowledge among the traditional

healers and the staff of Ubolrat hospital, the Association also invited well-known traditional healers from other areas to share their knowledge.

Traditional medicine activities in Ubolrat district have made rapid progress. Some of our programs consist of growing saplings for distribution to members and other interested people to use in reforestation, and planting herbal medicines. The Foundation started the Khum-kun Traditional Medicine Center, which has facilities for herbal saunas and traditional massage. Other activities of the Center include planning the production of various processed herbs in order to increase the popularity of medicinal herbs and traditional medicine in the future. It also serves as a center for the sale of products from various village initiatives. These include organic vegetables, processed fruit, silk, and cotton. This, we believe, will increase the self-reliance of the people of Ubolrat.

By providing information on the use of medicine to consumers, distributing good quality medicines, and developing herbal medicines, Ubolrat hospital has improved the quality and reliability of self-help health care at home. When home health care is not sufficient, patients are able to use hospital services and facilities. If the patient cannot be treated adequately at Ubolrat Hospital, there are well--equipped ambulances ready to take them to central hospitals. With effective home healthcare and an efficient referral system, we have made great progress in providing good quality care to patients in time of real need.

System of Medicine Distribution to Communities

In 1988, the UPHCC began by designating the Ubolrat Hospital dispensary as the central dispensary for the district, with health centers purchasing medicines from this central store. The goal was to enable patients suffering from the same complaint to obtain the same type and make of drug from both the health centers in their villages and the hospital, and to popularize the use of health centers, and to reduce problems of drug shortages, out of date medicines, and overstocking of drugs in the health centers.

The pharmaceutical department sends a pharmacist every six months to check the health center dispensaries, make inventory, take back any out of date medicines, and draw up a one -year medicine procurement plan for each health center. A doctor assesses these plans to see whether any drugs have been ordered in unusually high quantities. At the monthly meeting, the doctor will provide information about the drugs to encourage reduction in the quantities of drugs ordered between inspection periods.

If any of the health centers have insufficient supplies, they can borrow more from the hospital and return the medicines they borrowed in the next six months. This ensures that there are no drug shortages at the health centers and that medicine supplies are controlled efficiently.

Health centers must keep an exact, comprehensive, up to date register of medicines. The UPHCC uses a monitoring system where the number of patients is compared with the quantity of medicines used. If the correspondence between patients and medicines is irregular then the health center must accept responsibility for the difference and use its own budget to pay for the excess medicines.

To provide an incentive for the health centers to run well, the UPHCC has allocated welfare benefits (provided by the Government Pharmaceutical Organization (GPO)) for the health centers and the District Office of Public Health. The money is divided according to the number of personnel in each center and is used to provide welfare benefits for the workers.

Providing Guaranteed Access to Health Care Services

The UPHCC has drawn up a comprehensive computerized register of the population of Ubolrat district in the Health Insurance Information Center, and has produced barcode identity cards to prevent unnecessary duplication of data. Information concerning patients who are eligible for welfare benefit cards, those who want to buy health cards, or those who are eligible for various types of hospital treatment is entered in the population database.

This system relies on the Village Health Volunteers to check for people who are living below the standard poverty line and issue welfare benefit cards. Anyone who has enough money is encouraged to buy a health card. Every month the Health Insurance Information Center issues a list of people whose health cards have passed their expiry date, or will within the next two months. Using this information, the health centers contact these people and sell new cards. This method provides ongoing, comprehensive health insurance coverage. In the near future all the citizens of Ubolrat district will have guaranteed access to health care for all.

Develop Effective Means of Record Keeping

Accurate record keeping is essential to running an efficient hospital. The UHPCC has allocated part of its research budget to support the health card system by giving the health centers nine baht per card if they send information concerning patient visits and services provided for registration at the Information Center. This money is used to provide welfare benefits for the health center workers.

The UPHCC also uses part of its research budget to support the collection of information concerning immunizations, antenatal, and postpartum check ups. The health centers are paid two baht for every case they record and report. They receive an additional ten baht every time that diabetics or children suffering from protein deficiency are entered on the register. As a result, in 1998, immunization coverage increased from 95 to 99 percent, comprehensive antenatal check ups increased from 92 to 97 percent,

and check ups on diabetics referred to health centers for symptomatic treatment reached its maximum of one-hundred percent.

Develop Service Techniques

The UPHCC sends a working team to inspect each health center every six months. This team consists of representatives from each of the health centers, from the District Office of Public Health, and from Ubolrat hospital. The twice-yearly visits are to supervise service techniques and to judge the health center using the criteria for health center supervision designated by the above team and by the Provincial Office of Public Health. The health center that achieves good marks receives a shield and a cash prize from the UPHCC Research Fund. Also, the points awarded in the twice-yearly inspections are passed on to the District office of Public Health to be taken into consideration when awarding annual salary increases for health center workers. In addition, funds for developing basic services and for health card research have been distributed every year. The District Office of Public Health and each health center have received 20,000 baht per year for the last 6 years. These funds have been used to support the centers in improving facilities and creating new programs in order to serve the patients better.

Good Quality Health Care Workers

Equally important is the presence of good health care workers who can complement self-help health care at home and provide good care at the hospital. In order to encourage good health care workers to continue working in the Ubolrat area, UPHCC sponsors joint working activities like the annual Village Health Volunteers Day, Sports Day, and annual training sessions for village health volunteers. Among other activities are reeducation sessions for health center workers, training for workers before they take up their posts, annual data processing, choosing children of Village Health Volunteers to receive education scholarships, an annual " Outstanding Health Center" contest, and an annual Mahidol Day Festival to campaign on public health problems. Shared learning and working together to improve the health of the people has encouraged unity and resulted in higher rates of job satisfaction. This has helped retain good workers and develop a strong network of health care workers who support the home health care system effectively.

The Hospital Administrative Committee elects an academic committee every year that is in charge of personnel development. The hospital holds academic forums that aim to improve the knowledge base of staff. Both in-house and guest speakers are invited to speak at these forums. Hospital personnel also have the opportunity to undertake short-- term training outside the hospital. The Administrative Committee provides an annual budget of 100,000 Baht for these activities. Money is also available for hospital personnel to undergo long--term training outside the hospital if the

Academic Committee approves. Personnel who wish to upgrade their education are also given the opportunity to do so. These opportunities help develop health personnel with the knowledge they need to provide good quality care for the patients.

Increasing Community Participation in Patient Services

Out-patient visits increased from 28,080 in 1986 to 47,000 in 1998. In-patient admissions increased from three to five patients per day in 1985 to 30–50 patients per day in 1998. In addition, in 1998 over 300 patients underwent surgery at the hospital. In 1987, there were not enough beds for in-patients at the hospital. Monks had to sleep in wards together with other patients. Hospital equipment was limited.

Ubolrat hospital discussed these problems with village headmen, village health volunteers, wealthy merchants and hospital in-patients. The response of the community was excellent and all parties worked together to raise funds. A drive in 1987 collected over 300,000 baht, which was used to convert an equipment store into a ward for monks. They continued to raise funds to buy medical equipment and to establish the Ubolrat Hospital Foundation (UHF) in order to provide better health services.

UHF funds are used to treat child protein deficiency, care for the elderly, and for monks who are sick. In addition, an annual secondary education scholarship is provided for children who show an interest in medical and health work, in the hope that these children will eventually return to work in the district. The Foundation also provides financial support for meetings and study tours of the Ubolrat District Civic Network.

The hospital draws on volunteers from the community to work at the hospital. These volunteers often sit at the information desk and help patients find their way around the hospital. They also help keep the hospital surroundings clean and pleasant. Additional duties include passing out herbal refreshments in the waiting room.

With the above measures, the quality of curative care at Ubolrat hospital has greatly improved. Patients in group two, who do not need to visit the hospital for treatment have been able to take care of themselves effectively at home. With the burden alleviated slightly, the hospital is able to put more of its energy towards patients in groups one and three. The Ubolrat Public Health Cooperation Committee is always looking for new ways to improve the quality of care patients receive at the hospital.

Preventive Care

More than seventy percent of patients who visit Ubolrat Hospital suffer from easily preventable conditions such as peptic ulcers, dental cavities, diarrhea, or injuries from accidents. While the public health system has been successful at overcoming many preventable diseases like polio and

smallpox, it still has a long way to go in its health promotion and disease prevention activities.

Currently, there is a huge difference between government investment in health promotion/disease prevention activities and curative medical care in terms of personnel, budget, and resources. To exacerbate the lack of funding, health promotion programs and activities are designed and implemented at the national level. This highly centralized process proves ineffective in the context of local society, culture, environment, and economics. Despite this, programs to improve health continue to be drawn up without the participation of the community they are meant for. As a result, most health promotion and disease prevention activities fail repeatedly.

Good health and freedom from illness are essential for the well-being of any community. Preventive care should be one of the biggest priorities for healthcare establishments, especially those based in rural areas. However, it is much more difficult to achieve good health and freedom from sickness than it is to provide medical treatment after the illness has occurred. UPHCC has adopted and designed many programs that work towards health promotion and disease prevention. Participation from the community is stressed in all its activities. Following are short descriptions of UPHCC programs and efforts.

Nutrition

The village health volunteers keep surveillance on nutritional conditions by weighing children aged 0-5 years every three months. Teachers also weigh school children twice a year. Because of this two-fold method, coverage of weighing children aged 0-5 years has reached 98.8 percent. In this district, children with protein-calorie deficiency at level 1 total 16 percent, and at level 2 total 1 percent. There are no children suffering from protein-calorie deficiency at level 3. Protein supplements are provided for children aged 0–5 years who suffer protein-calorie deficiency at level 2 or 3.

The hospital has established a system where village health volunteers, health centers, health promotion clinics and the outpatient department undertake nutritional surveillance. If they detect a child suffering from protein-calorie deficiency at level 2 or 3, they refer the child for a physical checkup at the well-baby clinic. The parents also receive nutritional education for three months, once a month, and protein supplement in the form of cartons of milk (90 200 cc. cartons of milk are distributed for three months). The hospital issues a referral form and evaluation form for the health center to send back to the hospital for assessment. The health centers are paid 10 baht for every evaluation form that they return. After six months, the child is checked again. If the weight is normal, or has improved to level 1, the child is discharged from the clinic. If the child still has protein-

calorie deficiency at level 2 or 3, then he/she is readmitted to the well-baby clinic.

Because of these operational methods, 46.5 percent of children with protein-calorie deficiency at level 2 or 3 have improved to level 1 or no longer have any deficiency. These methods have also meant that the incidence of children with deficiencies at level 2 or 3 has been reduced from 7 percent in 1986 to only 1 percent in 1997. We are now undertaking research into ways of helping children with level 1 protein-calorie deficiency and pregnant mothers who have a low Vallop's Curve Score.

Sanitation

Sanitation is of vital importance in reducing the number of disease vectors like mosquitoes, flies, and rats. It also helps provide people with improved physical and mental health. Living in an environment free from dust and bad odors helps to reduce the incidence of respiratory and skin diseases. The six health-centers in the district and Ubolrat hospital altogether receive over 100,000 respiratory and skin disease related consultations per year.

To reduce the incidences of these diseases, the health centers try to work together to provide clean workplaces and increase consciousness of sanitary issues in people's homes. The health staff also facilitates various groups which work to create a shared vision of homes free from disease and worth living in, and organize campaigns for destroying breeding grounds of disease vectors in times of infection.

In addition, the UPHCC has helped to campaign for the provision of latrines, and achieved 100 percent coverage in 1996. It campaigns on an ongoing basis to ensure that using latrines becomes a way of life for the people of Ubolrat district. The UPHCC has also provided a system of loans with funds from the Provincial Sanitation Fund to buy large water containers and food cupboards at a cheap price. People now have clean drinking water, which reduces the incidence of gastrointestinal tract disorders.

Disease Surveillance

The UPHCC uses patients who come for treatment at the health centers and Ubolrat hospital as an effective base for disease surveillance. As soon as the first case of Dengue Hemorrhagic fever, dysentery, or severe diarrhea is encountered, the hospital assumes that there has been an outbreak. A working team, which consists of workers from the health centers, the District Office of Public Health, and Ubolrat Hospital, in conjunction with village health volunteers, immediately undertakes disease control activities.

The UPHCC invites various groups, such as student leaders, teachers, and health volunteers, to assist in disease surveillance. It holds monthly meetings for the Chiefs of Village Health Volunteer Associations, where

reports of disease outbreaks can be shared between members. The Public Health Newsletter acts as an information reception point and provides ongoing knowledge concerning disease surveillance and protection.

In addition, every year before the new school term, teachers who have special responsibility for child health undergo refresher courses. Teachers are able to isolate children with communicable diseases by keeping them at home for an appropriate period, and are able to control disease vectors in the schools.

These methods of disease surveillance and control have led to a clear reduction in the incidence of local communicable diseases. For example, the incidence of Dengue Hemorrhagic Fever in Ubolrat district has been reduced from 350 cases per 100,000 people in 1992 to 70 in 1997.

Immunization Promotion

The UPHCC has drawn up a computerized register of children aged 0-5 years who must receive a program of immunizations. The register includes both children who come for treatment at the hospital and children who receive service at the health centers. Since 1992, information has been entered on the hospital health information database. A list of children who missed their immunization appointments is automatically generated every month. Using this information, health centers and the hospital health promotion team contact parents of children in their area under their responsibility in order to ensure that they come in to receive immunization. Records concerning health center service provision and follow-up contact work are maintained.

The coverage of various immunization services for each health center is presented at the monthly meetings of the UPHCC and the rate of coverage is one of the indicators used in deciding which health center will receive the " Outstanding Health Center" award. Immunization coverage in Ubolrat district increased from 68 percent in 1992 to 95 percent in 1995 and 99 percent in 1998. Total immunization guarantees the protection of child rights in terms of safe survival. Village health volunteers and health centers that achieve 100 percent immunization coverage within a specified time also receive a prize. Because of the depth and breadth of these activities in Ubolrat district, there have been no children aged 0-5 years suffering from TB, diphtheria, tetanus, pertussis or measles.

Maternal Health

Since 1992, the UPHCC has used a computerized register similar to the one used for immunizations to cover maternal health. By keeping such accurate records, the number of pregnant women who received all four antenatal checkups increased from 73 percent in 1992 to 92 percent in 1995 and 97 percent in 1998. The coverage of Tetanus immunizations increased from 85 percent in 1992 to 94 percent in 1995 and 99.7 percent in 1998.

In 1999, the UPHCC incorporated maternal health information with the barcode system and organized village health volunteers and team workers to make monthly checks in the villages for newly pregnant mothers.

Good maternal health care has meant that in Ubolrat district the infant mortality rate is 8.2 per 1,000 live births, compared to national average of 12.2. Currently, no children are disabled because of Syphilis, and no children under six years of age have died from tetanus. There have been no maternal or infant deaths during childbirth. Caesarian Sections were used in only 1-3 percent of all births (this includes surgical referrals to other hospitals). Because great importance has been placed on providing comprehensive health education concerning birth control to new mothers, the rate of birth control reached 89 percent in 1998. Criminal abortions have been reduced from 10 –20 patients in 1986 to 0 –1 patient between 1995 and 1998.

Dental Health

In 1990, self-help health care research in Ubolrat district showed that dental health problems ranked number two out of all health care problems in the district. The Ubolrat district dental health care team adopted a number of measures that have helped to reduce dental health problems including providing health education for student leaders, teachers, pregnant women, and volunteers from various groups, providing fluoride for target groups, establishing dental clinics both during and outside normal working hours, and holding dental clinics at health centers, schools, and villages.

Mental Health

Adolescents and the elderly are the two groups that suffer the most from mental health problems in Ubolrat district. Adolescents want to experiment, to express themselves, and be individuals. The elderly commonly have problems with stress, insomnia, and loneliness.

The UPHCC has tried to create civic networks at village, tambon, and district levels to enable relevant groups such as community leaders, teachers, and others who are interested, to meet and discuss problems of mental health in the community. Discussions are meant to create knowledge and understanding about the problems of adolescents. Various groups have set up child and youth camps, and now facilitate children's groups. The aim is to enable children to think and to express themselves in a positive manner.

The UPHCC also facilitates interest groups for the elderly by providing a space for the group to meet, inviting guest speakers, and organizing study tours to various successful groups of elderly people. Various activities of the group include an annual Elderly Citizens Day, an annual general meeting, and organizing representatives to volunteer at the hospital. The group also mobilizes funds to assist in funeral costs for the elderly. Each member pays

10 baht to the family of any member who dies. Collectively, the family receives over 17,000 baht to assist in funeral costs, thereby reducing the financial burden for the family and enabling the elderly to have a dignified death.

Exercise

It is a well-known fact that suitable daily exercise leads to good health and prevents illness. However less than five percent of the people in Ubolrat district exercise regularly. The UPHCC organizes an annual run on Mahidol Day, using donations from shops and stores as prizes. The number of children, health volunteers, and target group members who participate has increased from 1,000 in 1986 to over 7,500 in 1998. In addition, the Ubolrat district public health care team holds an annual run up the mountain to the large Buddha statue overlooking the Ubolrat dam.

Consumer Protection

The UPHCC has developed its network of village medicine funds and general stores into a Medicine Retail Store Association. The initial target was to sell good quality, inexpensive medicines and to rely on the good public relations achieved to develop consumer protection for other retail goods. The UPHCC also provides information on consumer protection to various groups such as student leaders, teachers, community leaders, women's group leaders and monks. These groups can then work together to keep a check on problematic products. Cooperating with forums to develop a self-sufficient economy has meant that the use of chemicals in the agricultural production cycle has been reduced, and organic fruits and vegetables are now on sale more often. This is of great benefit to consumers and allows for a healthier community.

Accident Prevention

The UPHCC has cooperated with various government bodies, such as the Ubolrat district government headquarters, the Ubolrat district police station, and the Safety Department of the Electricity Generating Authority of Thailand, no. 2 region, to create a Traffic Accident Control and Prevention Committee (TACPC). The UPHCC and the TACPC work together to provide safety information, stop drunken dancing on Songkran day, organize a one-way traffic system, and improve the condition of the road surface.

The number of accidents in Ubolrat district, a popular tourist area, has been visibly reduced since 1995. The Electricity Generating Authority of Thailand, no. 2 region, forbids people who do not wear crash helmets from riding motorcycles in the grounds of Ubolrat dam. The Ubolrat district police also arrest or fine motorcyclists who do not wear crash helmets and car drivers who do not fasten their safety belts.

AIDS

AIDS has become a major social problem in Ubolrat district. The first case occurred in 1988. By the end of 1998, 138 people had been diagnosed, and 28 have died, including four children. The Ubolrat district AIDS Control and Prevention Committee, chaired by the Ubolrat District Chief includes various government department heads as committee members, has created a unified plan to fight this social problem. The plan includes AIDS education, raising funds for care and treatment of HIV patients, and creating network and support groups for people living with HIV. The Monks' Anti-AIDS Network organized a fund raising drive in 1997. This raised over 100,000 baht to be used towards providing assistance for HIV patients and spreading knowledge about AIDS.

The UPHCC, in conjunction with the SCDF, invites HIV patients to meet and discuss, learn about self-help health care, practice meditation, and find work of a suitable kind. Such work includes planting saplings, growing and watering trees, weeding and so on. The UPHCC also provides information about integrated farming to HIV patients. Farming this way enables them to generate income to pay school expenses and establish savings funds for their children. The patients now have hope for the future.

Health Education

Health education is an important component of any preventive care program and it happens at many levels within the health care system. First, every patient who consults the doctor, contacts the health promotion office, or is admitted as an inpatient receives individual health counseling. Group education is also done in waiting rooms and in-patient wards. Health information is also relayed over the hospital intercom system everyday. There is a monthly newsletter covering public health issues put out by the Health Education and Public Relations Committee in the Hospital. The newsletter is distributed to volunteers, target groups, and hospital visitors.

The UPHCC emphasizes group health education by targeting representatives of various interest groups including students, health teachers, community leaders, mothers with young children, monks and novices, and village health volunteers.

The UPHCC attaches great importance to mothers with young children because these mothers have special responsibility for providing ongoing care and attention for young children. There are monthly meetings in the villages to find ways of development that lead to improved child health. For example, the mother's group in Kam-pla-lai village, apart from uniting to create secondary incomes from making sweets and weaving, has been successful in totally removing the problem of child protein calorie deficiency.

Village Health Volunteers

Village Health Volunteers play a key role in preventive and public health work. They help correct misguided perceptions of health care while disseminating useful health information. The village health volunteers are also responsible for public health surveillance activities--weighing children, identifying pregnant mothers, reporting disease outbreaks, etc. They serve as an important link between the hospital and the community.

There is an annual Village Health Volunteers' Sports Day, which encourages cooperation between public health workers and village health volunteers.

The disease prevention and health promotion activities of the UPHCC are diverse. Together, they have been successful in working towards the aim of better health and good quality of life for the people of Ubolrat.

Development and Health

The connection between health and development is complex, but it is an important one to understand. Often, when the words "health" and "development" go together, one thinks of low infant mortality, total immunization, and a well-nourished population with few infectious diseases. However, there is another side to health in developing countries that requires careful examination. Because of development, Thailand has advanced leaps and bounds in terms of some health issues like infant mortality and maternal health. At the same time, the health of the population has also suffered greatly from the environmental pollution and economic instability that has been brought about by the rapid onslaught of development.

This chapter attempts to outline the development path Thailand has taken and the impacts it has had on health and the next chapter describes what we have done in Ubolrat district to overcome these health problems caused by development.

Fifty years ago, Thai people were probably the happiest people in the world. People used to greet each other with great regard and love with expressions like 'Where have you been?' or 'Have you eaten yet?' Mutual concern and love for fellow human beings can still be seen in the traditions that have been passed down through the ages.

In the past, Thai people loved and respected the environment. They worshipped the soil, the water, the rice, and the fish as their mother, and compared the wind and the trees to gods. By word and deed people showed their love and respect for nature. Thailand, located in the most fertile seven percent of the earth's surface was gifted with good soil, plenty of water, fertile forests, fish in the rivers, rice in the fields, and an unending supply of shrimps, shellfish, crabs and fish. Thai society was healthy and happy

becausepeople understood self-sufficiency and conservation of the environment. They appreciated the gifts nature gave them.

In the last fifty years, things have changed drastically. Following the reconstruction of Europe after World War II, many formerly colonized countries gained independence, and the world entered the development era. Development fueled by western powers and funded by international financial institutions like the IMF and the World Bank, seeped into policies of many countries. Thailand took on the development projects and policies prescribed by these financial institutions with full force.

Thailand's rapid development in the last five decades has had both positive and negative impacts on the rural communities that Ubolrat Hospital serves. Better access to education and formal health care is one of the advantages. However, it has severely effected the environment, society, and culture of Thai people.

Through its development projects and policies, Thailand became deeply involved in the world economy where everything is measured in terms of monetary value. The focus of development activities has been on building industry and exporting raw materials. Environment and social capital are being converted into monetary terms to keep the GNP engine producing higher numbers. This resulted in the massive destruction of forestland in Thailand, which has been reduced drastically from 48percent in 1950 to 18percent today. Trees are being cut down to be traded for foreign currency that will be used to buy sill more destructive technology. For the last fifty years, foreign companies with cooperation of the Thai government have been looting the country of its environmental capital

The forest can be called “the poor man’s supermarket” because it provides food in the form of crops, vegetables, fruit, shrimps, shellfish, crabs and fish, as well as cotton and silk to make clothing. There are branches for firewood, timber for housing and furniture, and herbal remedies to treat illness. In addition, branches, leaves, and animal remains, which pile up continuously, become first-class nutrients for the trees, making the use of chemical fertilizer unnecessary.

But with the onslaught of logging industry, the poor have lost their source of livelihood. The forests, wild animals, minerals, soil fertility, and mountains have been swept out of the countryside and into large cities and foreign countries. With the forests destroyed, the poor find themselves in many difficulties, not only because they lack the four basic necessities of life (food, clothing, shelter and medicine), but also because they must face natural disasters, including floods and drought which follow deforestation. In addition, toxic wastes from industries are released into the air and the water killing off fish and polluting water to be used for irrigation.

To exacerbate the problems of the poor, the government has initiated many farming programs that focus on monocropping, the products of which are used primarily for export. Many farmers have been encouraged

to turn their entire land holdings over to heavily promoted exportable cash crops. Widespread adoption, encouraged by government incentives and subsidies and by promises of high returns, has changed the face of the countryside. Traditional farming methods that emphasize subsistence--growing a variety of food, herbs, and other useful plants for consumption, selling only the surplus--are going extinct. Cash cropping makes farmers reliant on the financial returns from their harvest to meet their own dietary needs and basic needs. The food no longer comes from the farms, but from the markets. This increases the uncertainty of obtaining a good balanced diet and maintaining good health.

Contrary to their expectations, many farmers have found the profits from cash cropping to be far from certain. First, cash cropping, unlike subsistence farming, is a high investment business. When the government promotes a particular crop, the market can easily become flooded, depressing prices. Second, intensive farming destroys biodiversity, and soil fertility. Droughts and pests can decimate an entire crop leaving the farmer with nothing. They rely on even larger doses of chemical fertilizers to maintain soil fertility and boost their yields and chemical pesticides to keep pests away. After one bad harvest, the agrochemical bills alone can be enough to push many farmers into a cycle of rising debt that eventually becomes impossible to pay off through farming activities. Many farmers are left struggling to survive in an increasingly centralized, even globalised economy, that their experience, traditions and education have not equipped them to deal with. The rise of commercialism, the flood of information, the growing influence of the central government, and the increasing dependency on a monetary economy in which the farmers often find themselves among the poorest--have effectively paralyzed many communities.

Farmers and poor people all over rural Thailand are finding that they have nothing to eat despite their hard work. After diligent years of work, they are still trapped in an endless cycle of debt. Poverty, debt, and growing unattractiveness of the farming lifestyle have led to large-scale labor migration. Migrant labor fuels the massive growth of infrastructure in Bangkok. The father, the head of the household, has to migrate to sell his labor in the big city, Bangkok or even aboard, to prevent his family from starving. Many people sell their children as factory labor, and their wives and daughters as prostitutes.

Labor migration has profound implications for children and for the wider aspects of community development. Elderly grandparents are forced to take over the duties and responsibilities of the stronger and more able generation below them, particularly working the farm, and raising the young grandchildren. Overburdened and only receiving financial support from their children, they are often unable to provide early childhood stimulation and nutrition needed for proper growth of children. The

problems are exasperated by the rising rates of divorces and family breakdowns among migrant workers. The rates of suicide and murder are among the top ten in the world every year. The trade in alcohol is wide and open; amphetamines and other narcotics are sold everywhere. Crime figures increase at an alarming rate; lives and property are no longer secure.

The change in lifestyle brought about by inappropriate rural development brings with it several health risks. Debt and overwork among the elderly put the villagers under psychological stress. Improper use of agricultural chemical leads to blood poisoning. In a recent survey, the blood of over 20 percent of farmers tested in Khon Kaen showed dangerously high levels of the most popular agro-chemicals. Debt-laden families, reliant on their depleted cash reserves to buy food allow themselves to become malnourished. Alcohol and drug abuse is also prevalent for a number of reasons, among them boredom during the long periods between growing seasons and influence of urban culture. Under these combined pressures, many rural villages lose their sense of community, the implicit social contract that traditionally provided a network of mutual support, a safety net and a base from which to plan the future. They also lose self-reliance--in terms of material resources and more importantly, in the way they approach problems and the running of their own lives. With this, they lose an invaluable resource for their own development.

In the past, the political, governmental, and education system have been used in attempts to solve social crises. But it appears that all three systems have many problems and are approaching a dead end. The government system is highly centralized with many rules and regulations, resulting in low efficiency; the budget is not continuous, because it is allocated year by year. Local government officers have no decision making power, lack confidence, and feel that it is better to do nothing because it is less risky. There is no system of public scrutiny and the organizations responsible for auditing are not efficient, resulting in cancerous corruption infecting the government system.

The political system, which should be a source of hope, is suffering from an ongoing crisis of faith because there is a system of patronage and extensive vote buying. Politicians then try to recover their investment in every way possible. As can be read every day from the front pages of the newspaper, there is a lot of political in-fighting in order to secure the maximum private benefit. Even worse, there have been many coups during the last 60 years, resulting in a lack of political stability. People cannot rely on the government system to improve their quality of life and environmental conditions.

The educational system, which should aim to improve quality of life and environmental conditions for Thai people, is in the same condition as the governmental and political systems. Education aims to satisfy the requirements of the industrial and service sectors, and attaches less

importance to the agricultural sector, which is in fact the true foundation of Thai society. The philosophy of promoting only the truly gifted students, instead of helping people to achieve their full potential according to their individual ability, fails many children every year. Many primary school children, who cannot study at high school, must leave their fields and join the massed ranks of servants, wait staff, factory workers and laborers. This means that very few people return to help develop rural areas. Rural areas are seen as worthless and people flood out of the countryside both out of necessity and in order to find a better source of income, following the pattern laid down by the governmental and educational systems. This type of educational system only serves to worsen the crisis of thought, the environment, and the poor.

The economic crisis of 1997 was a turning point in modern Thai history. Thailand had to sacrifice more than one trillion baht of national reserves with no hope of recovery. The value of the baht decreased rapidly, increasing the value of private and public sector debt from 2.8 trillion to 4 trillion baht. Thailand has essentially become a slave of international financial institutions like the IMF. This downturn of the seemingly everlasting and unstoppable economic boom is sufficient evidence that this form of economic development is not sustainable. Thai society today is in a very dangerous predicament, not only because the national economy is in a critical condition, but also because the environment and society, which were once strong sources of capital are deteriorating. As a result, the health and well being of the population is also deteriorating rapidly. The political and educational system has failed to solve the problem. We can predict that in the near future, if we don't use wisdom and good management to return to the real strengths of Thai society, future generations will face extreme difficulties.

Sustainable Community Development

The Genesis of the Idea

Amidst the great crises attacking farmers nationwide, resulting in broken families, shattered communities, and loss of self-reliance, is a group of successful farmers who use a different way of thinking to face the strong tide of materialism with confidence. They use local wisdom and appropriate indigenous technology to overcome their problems and enable themselves and their families to have a better quality of life. These local sages are scattered in various provinces throughout Thailand. They are willing to spread their ideas and achievements among workers and farmers who are interested in a holistic approach to achieving sustainable development.

Paw Boon-tan Ketchompu from Dong-bang village started out as a skilled farmer thirty years ago. After adopting government promoted activities, he worked hard for more than 20 years growing rice, cassava,

sugarcane, and other cash crops only to find that the more he grew, the poorer he became, until finally he found himself in debt. At certain times, he had to work as hired labor to pay back his debt. He became very thin, both because he was unable to eat and because he had nothing to eat. He was frequently ill, and could not sleep because he worried about his debt. Society would not accept him because people feared he would try to borrow money or threaten them when he was drunk and depressed.

Paw Boon-tan had the opportunity to join the Well – Child Survival Project at Dong-bang village. This project stressed group forming, and facilitated learning through discussions between group members and sponsored study tours. The aim was to help members understand concepts of self-reliance and the benefits of bio-diversity.

He radically changed his way of thinking, from working as hired labor to digging his own ponds to raise fish and growing all his basic daily provisions. Two years after joining the project, he utilized all his land to grow food, and produced a large surplus to give to friends and relatives, and to sell at the market. His income gradually increased through the sale of fish, chickens, pigs, cows, vegetables and fruit. Merchants came to the farm to buy, so he could set the price himself. His huge debts were gradually reduced, and cleared after five years.

Now he has a pension with the village saving-group. He has also planted 2,000 timber and fruit trees, which are now like a small fertile forest around his farm. Environmental conditions have improved because he uses organic fertilizer. He grows a wide variety of trees, which make his soil more productive and the air cleaner. He also has better water resources, both in terms of quality and quantity. He shows love and affection for all kinds of animals and for the people who come to ask for fruits and vegetables. He is healthy and happy, in terms of the body, mind, society, and spiritual consciousness. He achieved all this in only seven years. Many others have shared similar experiences. By breaking free of ideologies imposed by national and international institutions, local wisdom practitioners have found an innovative path to happiness.

There is no lack of wisdom in Thailand. Other examples of this local wisdom include Paw Tong-on, who has accumulated vast knowledge about medicinal herbs and effective traditional medicine, and Paw Suttinun Pradchayapreut who has collected a great deal of knowledge about selecting local species of trees to be planted in farms. Senator Wibul Chemchaerm can connect ideas about natural agriculture with macro - economics, politics, the environment, society, and culture.

The E-to-Noi group of Paw Pai Soisaklang in Sra-kun village is yet another example that shows how innovative thinking can be used to solve health care problems and lead to better quality of life. This group uses a seven-fold Buddhist philosophy called A-pa-ri-ha-ni-ya-tham. This consists of:

Regular meetings;
All group activities must be carried out together;
Members must abide by majority decision;
Members must accept and respect the elderly;
Members must take care of and help the under privileged in society, such as children, women, the disabled, and the elderly;
Members must promote and preserve tradition and culture; and
Members must help to promote and encourage Buddhism.

More than 80 percent of the villagers in Sra-kun village are the members of the E-to-Noi group. All members have social welfare benefits such as health care and better child education. Members share mutual affection, have a better quality of life and improved environmental conditions. They have well - being in terms of the body, the mind, society and spiritual consciousness.

The E-to Noi group has established a traditional massage and herbal medicine center, which is now famous throughout Thailand. The cost of running the center is small in comparison to the existing sub-district and district level public health care system. It is self-reliant and does not depend on technology alone. It is an alternative that is capable of looking after all three types of patients described in chapter 2.

This group helps solve economic problems by reducing investments, increasing income, reducing debt, and creating savings. It also enables villagers to increase their environmental capital in the form of water resources, for daily consumption and for agriculture, soil fertility, through the use of natural fertilizer, and most importantly, large trees, both fruit trees and many types of local hardwood trees. This people's organization ensures that the concepts and activities it runs by are passed on to future generations. There is a children's group in the village that operates on similar principles.

This E-to-Noi group has also joined with the network of Sateuk district, Buriram province, to create the Northeast Community School, a community learning center that helps to spread the concepts and philosophies of the network.

The work of E-to Noi group shows the power of strong people organizations. The coordination between Paw Pai and government development workers, NGO workers, academics, business people, and the mass media shows the power of civic society in solving problems. When all these civic groups join together, they create a horizontal network that is connected with the vertical systems of government, education, and religion, thus resulting in a structure that is flexible but strong, like a fishing net that can lift many heavy things.

History of SCDF

These case studies show that the quality of life and the environment can be improved in a holistic manner. The ideas and inspiration for creating the Sustainable Community Development Foundation (SCDF) came from the above-mentioned examples and many others that followed. SCDF was first started under the leadership of Dr.Werapan Supanchaimart, then deputy director of Khon Kaen hospital.

SCDF is a non-governmental organization based in three district hospitals in Khon Kaen province, which seeks to help poor rural communities become self reliant. SCDF believes that in order to achieve sustainability and self-reliance, communities must take charge of their own development and to do that effectively, they must be continually learning. SCD activities are thus geared towards stimulating and supporting group learning processes.

The goal of the SCD Foundation is to expand people's organizations and their networks, which consist of government development workers, NGO workers, academics, business people, and the media, in order to learn and think together about how to solve the problems of Thai society.

From 1994 to 1996, Ubolrat District Public Health Coordination Committee and The SCD Project, relying on funding from the World Vision Foundation of Australia, hired three NGO development workers to work with public health workers in six villages in Ubolrat district. Emphasis was placed on strengthening learning processes at both individual and group levels, by organizing monthly village-level forums for all members and monthly district level forums for natural leaders from various villages.

From 1995 to 1996, UNICEF provided funding for learning and for activities in strengthening child rights in schools in the project area, with each school receiving approximately 20,000 baht per year. However, from our activities, we found that it was impossible to solely focus on child welfare without addressing the larger problems at hand. Issues of child rights would be addressed in the process of tackling other issues.

From 1997 to 1998, replacing the funding from World Vision Foundation, UNICEF provided funding to create forums at village, district, and province levels. Thus, people forums have been established and various networks have been created.

The Future

For the future, the hospital first hopes to maintain all present activities where all networks and villages cooperate in areas like environment, child health, and fund raising. Additionally, SCD hopes to encourage sustainable development in new villages. This will be done through networks of community leaders, teachers, health personnel, and NGOs.

Through our activities with various groups, we have found that a lot of knowledge is generated through the group learning processes. In order to effectively channel and spread this knowledge, more people should have access to it. So, the hospital staff with some network leaders is planning to establish a "People's College", where villagers can learn from each other. The curriculum will not be sanctioned or imposed by the government as it does in its own schools. Education here will be relevant to their environment, economy, and culture. The aim of the College will be to develop "change agents", people who can be leaders in their communities, facilitate group formation, and mobilize their community into forming civic groups. Only through these "homemade" change agents can the knowledge and ideas spread far enough to reach everyone.

Currently, there are 2,500 families involved in all the networks run by the hospital. In the next 18 years, we hope to have one million families who understand self-reliance and can have a good quality of life.

The hospital has been successful in many of the activities it has conducted. However, it still has a long way to go before it reaches it goals. The Ubolrat Civic Groups have a shared vision for the year 2007:

The citizens of Ubolrat, whenever they are sick, have guaranteed access to good medical care close to home complimented by an efficient public health care system.

There should be fewer people suffering from preventable illnesses, thereby reducing medical care costs.

People can be mutually self-reliant, leading to physical, mental, social and spiritual happiness.