

Potential Development of Local Health Security Fund Committee in Muang District, Phrae Province, Thailand

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Abstract: The objectives of this research were to explore the obstacles/problems of local health security fund management in Maung district, Phrae province investigate the key of success in managing Local Health Security Fund (LHSF) in Maung district, Phrae province and evaluate the potential development of Local Health Security Fund Committees (LHSFC) in Maung district, Phrae province. This study was a qualitative research. A Participatory Action Research process (PAR) was used to promote community-based health care management to be caring partners for their self-health care management with self-reliance. Data were gathered from both qualitative and quantitative methods. Focus group and interviews with the representatives of relative government and non-government organizations were used to collect the qualitative data. Self appraisal evaluation about the potential development of LHSFC in Maung district, Phrae province was collected as the quantitative data. Total 120 stakeholders were purposive sampling from chief executives of the SAO, chief executives of the SAO, public health officers, assessors of LHSF and LHSFC in C and B level from seven sub-districts surrounding Maung district, Phrae province. The study revealed two urgent problems of LHSFC among lacking of knowledge and understanding for conducting Strategic Route Map (SRM) and lacking of knowledge and understanding for operating action plan to promote health care in each area. Moreover, nine key factors of success in LHSF's management in Maung district, Phrae province were revealed. They were the factor of partnership and networks participation from all sectors; the factor of monitoring and evaluation with continuously; the factor of community participation in conducting action plan; the factor of strategic route map conducting; the factor of understanding in role of LHSFC and managerial process; the factor of communication channel which rapid and accessible; the factor of learning exchange and field trip study from the best practice of LHSF's management; the factor of the visionary leaders and the factor of LHSFC's potential development annually. The results of LHSFC's potential development found that LHSFC had knowledge and understanding increased after training. The difference was statistically significant at 0.000 confidence level of 99% ($p < 0.01$) both of the strategic route map training and the action plan training.

Key words: Potential development, LHSF, LHSFC, potential development annually, strategic route map training

INTRODUCTION

Statement of the problems: Among rapid changes in economy, society and technology at present, the globalization current had an effect on an individual, group and organization level. Not only has the private sector had to adapt itself in terms of paradigm and working method for a higher efficiency and effectiveness (Panayarachun, 2000; Armstrong and Baron, 2002) but also the public sector particularly on public health. All of these are necessary to be adapted for the reduction of the inequality in the provision of public services (Theppawan, 2011; Ibrahim *et al.*, 2015; Zali and Tahmasb, 2016). Because of this, sustainable community (through local health security fund) is an alternative leading to coordination among all concerned parties in the area. This can promote health of local people in each area correctly.

Objectives of the study:

- To explore problems encountered in the operation of the local health security fund, muang district Phrae province
- To investigate factor of the success in the local health security fund operation
- To assess outcomes of potential development of the local health security fund committee

Significance of the study: According to the data based related to a report on the operational outcomes of the national health security fund, it was found that Phrae is a province having a lowest level of operational outcomes of local health security fund. Regarding main problems in the operation of the local health security fund, Muang district, Phrae province, it was found that most policies and implementation forms are set by the central in

the form of instruction giving. This resulted in practical problems because there is inconsistency with the actual condition of each area in terms of economy, society, culture, way of life, etc. Besides, there was a little participation of people in the community which made sustainable community health management cannot archive the goal.

Based on group discussion with the local health security fund committee, it was found that most of committee members still lack of knowledge and understanding about strategic path mapping for determining the direction in the preparation of the community health map to meet needs and health problem necessary for immediate improvement. Besides, they lacked of knowledge and understanding about correct project implementation plan writing leading to the self-reliance in community health management of the community each area. According to an interview with public health personnel of Muang district, Phrae province, he revealed that all local health security funds in Muang district, Phrae province has a problem in the fund establishment in terms of planning without analysis. This operational plan is not consistent with facts. Personnel of the local administrative organization cannot extend knowledge and understanding about the operational process of the local health security fund. Besides, it lacks of strategic plan management for integration with existing community projects or activities.

Therefore, this study proposed problem issues essential to perform potential development of local health security fund committee in Muang district, Phrae province. It aimed to enhance strengths and eliminate weaknesses leading to increased operational competency of the committee. This could be a model for local health security fund in other areas to achieve the goal as set.

Scope of the study: This qualitative study employed participatory action research as a tool for enhancing the community based health management for self-reliance. Qualitative data were collected through focus group discussion and an interview with representatives of concerned public and private agencies. Meanwhile, quantitative data were collected through an assessment of potential development of the local health security fund committee in Muang district, Phrae province.

The sample group in this study consisted of 120 stakeholders which obtained by purposive sampling. They comprised 7 presidents of local administrative organization, 7 deputies of local administrative organization, 7 public health academics, 24 assessors of LHSF, 5 representatives of LHSFC who were assessed to be best practice in (A+) level, 70 representatives of

Table 1: Assessment of LHSF management from 7 sub-districts of muang district, phrae province

| Sub-district | Level A+ (90-100 points) | Level A (70-89 points) | Level B (50-69 points) | Level C (< 50 points) |
|--------------|-----------------------------|---------------------------|---------------------------|--------------------------|
| Thung-Hong | | ✓ | | |
| Mae-Lai | | | | ✓ |
| Cho-Hae | ✓ | | | |
| Mueang-Mo | ✓ | | | |
| Pa-Matt | ✓ | | | |
| Thung-Kwao | | ✓ | | |
| Huay-Ma | | ✓ | | |
| Wang-Thong | | | ✓ | |
| Mae-Yorn | | | | ✓ |
| Tha-Kham | | | ✓ | |
| Pa-Dang | | | ✓ | |
| Na-Jak | | | ✓ | |
| Ban-Thin | | ✓ | | |
| Rong-Fong | | ✓ | | |
| Mae-Kham-Mae | | | | |
| Kanjana | ✓ | | ✓ | |
| Suan-Kheun | ✓ | | | |
| Muang-Phrae | ✓ | | | |

LHSFC who were assessed to be at C and B level in Table 1 of Muang district, Phrae province which were shown in Table 1 and Fig. 1.

Literature review

Potential development approach: Saenthong (2004) defined “potential” or “competency” as a hidden personality in an individual which can push the individual to construct good operational outcomes to meet the criteria as set for assigned task. Thananun (2009) concluded that potential can be referred to characteristics of an individual which include skills and attitudes employed for effective task operation which reflect different knowledge, skills and personal attributes.

Regarding review of related literature, competency could be defined as an individual attributes comprising knowledge, skills, beliefs and attitudes which reflect the quality and success of operational outcomes.

Development of personal attributes in an organization to meet needed performance will lead to the success of the organization. However, personnel of an organization need to be developed in the form of “Competency-Based Training (CBT). This focuses on the development of personnel attributes essential to a specific task. The process of CBT comprises the following respectively:

- An analysis of “needs for training” of organization personnel
- Determination of “competency model” or objectives of training
- Design or construction of training curricularm program

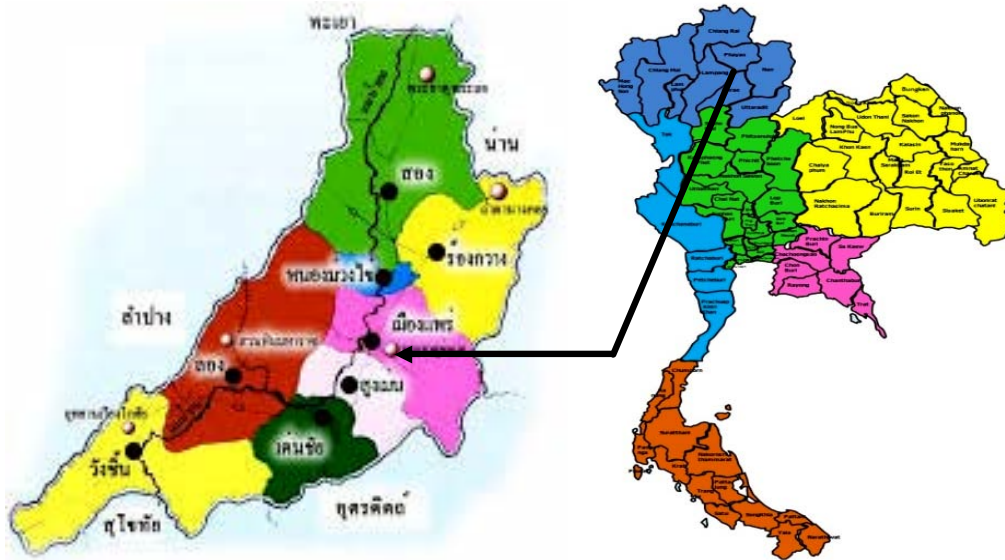


Fig. 1: Research area in Muang districts, Phrae province, Thailand

- Putting CBT into practice in accordance with objective of item 3
- Assessment focusing on the last results needed by the organization

As a matter of fact the process of potential development of local health security fund committee is on a basis of training. Thus, it is necessary to design the process to be consistent with external environment which has been changing all the time. This includes conditions of health problem in each area and diverse needs of the community. In addition it must be responsive to strategies and goals of the local health security fund. Also, it must be consistent with the contest of each area. All of these will lead to goal achievement of the local health security fund for sustainable self-reliance of the community.

Local Health Security Fund (LHSF) approach: The Local Health Security Fund (LHSF) is a product of the health decentralization processes according to the provisions of the National Health Security Act B.E. 2545 (NHSO, 2002). It required government “ to set up national health security for people in local area by encouraging the process participation according to readiness, reasonableness and need of people in such area, the local health security fund shall support and cooperate with public, local government and private sector for determining regulations so that the said organizations shall implement and manage the self-health care system in local community by earning

expenses from the fund as provided by laws (s. 47) (Maeprasart, 2003). The LHSF focuses on the participatory action and mutual learning of the community for self-health care management in local community which come from many concerned stakeholders including government groups, non-government groups and especially the civil groups. The important duty of the LHSFC was to follow up the implementation of the National Health Security Committee’s policy and mission. They were three main objectives as followed to manage a funding to support the activity of health promotion and disease prevention which were covered in four main activities such as support health service core package purchasable, support health centre, health promotion and prevention among people in each local community and to support LHSF’s management and develop the LHSFC’s potential in order to manage health care system in community level with self-reliance.

Participatory action research process: The concept of people participation is a process providing an opportunity for people to express their ideas or opinions. In other words, they voluntarily play roles in the responsibility of various project activities for community development. People participate in all steps, i.e., initiation, problem setting and needs, method selection and planning, plan implementation, assessment of operational outcomes, problem analysis, and mutual responsibility. Meanwhile, concerned public agencies play roles in promotion and

support as well as construct an opportunity for people through participatory action process in the management of various problems of the community. Besides, the participatory action process is a technique of the investigation and an analysis of community problems which focuses on group forming as an organization.

Potential of people in the community can be enriched by a data system. However, they must put the importance on importance of data because data can help people in the community be able to analyze problems of the community and development the community. Important characteristics of the participatory action research process are as follow: an analysis of community problems needs to be mingle with people in the community or stay together in order to obtain in-depth and correct data; it focuses on community management and participation in the form of group forming as an organization of people in the community; provision of an opportunity for people in the community to think and make a decision of all steps by themselves and it is the combination of community organization and community learning (problem-based learning). In this respect there are 5 operational steps as follows.

Before conduct a research:This comprises important steps as follows:

- Community selection and access
- Researcher integration to the community
- Explore basic data of the community
- Dissemination of concepts of ideas to the community

The research phase: This includes the following important steps:

- An analysis of problems with the community
- Training community researcher team
- An analysis of a problem which may happen as well as way out
- Research design and data collection
- Data analyses
- Presentation of data in the community meeting

Project plan preparation phase: This includes the following important steps:

- Training the community planning team
- Setting the project or activities
- Investigation of possibility of the project plan
- Seeking for budgets and supporting agencies
- Planning for monitoring and assessment

Project implementation phrase: This includes the following important steps:

- Setting a team work in the form of volunteers
- Training on operational skills for the team

Monitoring and assessment of the implementation phase:

- Setting a team for monitoring an assessment of the community
- Training on knowledge and techniques on monitoring and assessment
- Monitoring the operation periodically

Presenting data to the community meeting and asking for additional opinions or suggestions. This aims to be an achievement raised for participation of all concerned parties in the community in community problems analyses and solving (Bureekul, 2005). This will lead to potential development of the local health security fund committee in Muang district, Phrae province for sustainably effective local health management in the future.

MATERIALS AND METHODS

A Participatory Action Research process (PAR) was used as a tool. It was a process for knowledge production in which participants have a role in setting the agenda for the research, participating in the data gathering and analysis and controlling the use of outcomes (Reason, 1994). The PAR process not only emphasized the collaborative and the co-construction of knowledge to improve the lives of those who have participated in research and society as a whole but also led to participatory empower in community development with thinking, doing, solving, developing and evaluating of the people in community together since the beginning until the end. This study was a qualitative research for promoting community-based health care management to be caring partners for their self-health care management with self-reliance.

Data collection: Data were gathered from both qualitative and quantitative methods which passed the research ethic to protect human rights. Focus group and interviews with the representatives of relative government and non-government organizations were used to collect the qualitative data. Self appraisal evaluation about the potential development of LHSFC in Maung district, Phrae province was collected as the quantitative data. One hundred twenty stakeholders were purposive sampling from chief executives of the SAO, chief executives of the

Table 2: Comparison of the difference between the knowledge and understanding before and after training (N = 53)

| Topic of workshop training | Pre-test | | Post-test | | t-values | Sig. |
|----------------------------|-----------|------|-----------|-------|----------|-------|
| | \bar{x} | SD | \bar{x} | SD | | |
| Strategic route map | 3.73 | 1.19 | 8.26 | 1.020 | -28.99** | 0.000 |
| Action plan | 8.35 | 0.94 | 13.71 | 2.590 | -16.12** | 0.007 |
| Total | 2.01 | 0.25 | 3.66 | 0.481 | -27.77** | 0.000 |

**p<0.01

SAO, public health officers, assessors of LHSF and LHSFC in C and B level from seven sub-districts surrounding Muang district, Phrae province. They participated in thinking, doing, solving, developing and evaluating in every step. There were 5 stages as follows:

- Making understanding with the key informants and studying the LHSF situation in Muang district, Phrae province
- Stakeholders meeting to gain understanding about the objectives and the process of research
- Conducting focus group and interviewing key informants about problems of local health security fund management and the key of success with LHSF's CoPs in Maung district, Phrae province
- Workshop training for potential development to LHSFC according to problem analysis of them
- Evaluating LHSFC's potential development about the strategic route map training and the action plan training

Sources of information: There were two sources of information; the primary data collected from the preliminary information interview and focus group discussion with the related stakeholders in LHSF towards the population example above. Moreover, the secondary data were collected from the study of government documents, publications and project report.

Data analysis: In the qualitative data, content analysis from each activity was used to recognize and classify as a category towards objectives and activities. Then, they were analyzed in parallel contexts and arranged learning exchange stage for summarizing in each step of research. The community and the research team participated to analyze, define the indicators and evaluate together. Moreover, for the quantitative data, dependent t-test statistic method was used for analysis the LHSFC's potential before and after training with one group pre-test-post-test design.

RESULTS AND DISCUSSION

This study aimed to: this study aimed to: explore problems encountered in the operation of the local health

security fund in Muang district, Phrae province; investigate factors on the success of the local health security fund operation and develop potential of the local health security fund committee. Results of the study were as follows: problems encountered in the operation of the local health security fund in Muang district, Phrae province It was found that there were 2 important issues: lack of knowledge and understanding about the strategic route map principle to set a direction for the community health plan preparation to be consistent with needs and health problems in areas where the problems must be solved immediately. Knowledge and understanding about correct project plan writing to ask for financial support from the fund and stakeholders in the area participated in health management by themselves. Factors on the success of the local health security fund operation.

There were 9 main factors found to have an effect on the success of the local health security fund in Muang district, Phrae province. This included the following: participation of network parties; continual monitoring and assessment; the community was provided an opportunity to participate in planning; strategic route map preparation; understanding roles, duties and the process of the fund managerial administration; the public relations form could access people in the community rapidly; continual learning exchange venue holding and educational trip; the leaders had vision and continual potential development of the local health security fund committee in terms of managerial administration.

Outcomes of potential development of the local health security fund committee. The intervention for LHSFC's potential development included the workshop training by giving the knowledge and practical action both of the strategic route map training and the action plan training for solving health problems directly and accurately in community. In consequence, 53 willingly LHSFCs joined the workshops and trainings which comprised of both lecture section and practice section to develop the potential of LHSFCs in C and B level by using the potential development based training.

In the overall as shown in Table 2, the evaluation result showed that after workshop training, LHSFCs correctly understood their own health care in two topics. The difference is statistically significant at 0.000 confidence level of p<0.01. Furthermore, the comparison

of the difference between the knowledge and understanding before and after training is not only the strategic route map training. It was found that for the majority of the samples; the difference is statistically significant at 0.000 confidence level of 99% ($p < 0.01$) but also the action plan training.

The current human resource management employs various management tools to assist effective human resource management system and be able to be responsive to vision and the strategies on business running of each organization. Competency development based training is a tool well accepted by organizational administrators and human resource management administrators due to its efficiency (Songsilpa, 2007). This study employed training as a tool for competency development of the local health security fund committee in Muang district, Phrae province. This aimed to increase the competency in the managerial administration by using the participatory action research process. It is a model for human resource development focusing on stakeholders of all parties to participate in problem seeking, brain storming, implementing, developing and problem solving. It aimed to increase the competency in the operation of the local health security fund which comprised knowledge, skills and desired personality. People in the community were given an opportunity to mutually find problems and guidelines for problem solving leading to be self-reliant on health management for people in the area by people in the community. This was under the community context of each area.

Competency development of the local health security fund committee in Muang district, Phrae province would be successful if the committee of each fund know themselves and does SWOT analysis in the problems of fund managerial administration. This conforms to a study of Phuntulee which revealed that mutual problem seeking and learning in an area makes the community be aware of main cause of problems. They also perceive and understand the problems to be ready for finding way out or solution together. In this study, local health security fund committee of each area in Muang district, Phrae province participated in problem seeking. The importance of problems in the management of the local health security fund could be ranked as follows: The local health security fund committee in Muang district, Phrae province lacked of knowledge and understanding about strategic route map preparation for the determination of a direction in the community health planning to be consistent with needs and problems to be solved immediately. The local health security fund committee in Muang district, Phrae province lacked of knowledge and understanding about correct project writing to ask for financial support. Likewise,

Maeprasat (2003) found that problems encountered in the managerial administration of local health security fund committee were lack of knowledge and understanding about objectives of the fund. Besides, Kham (2009) found that people in an area lack of participation in the presentation of project plan to ask for financial support from the fund.

According to the learning exchange venue holding about factors on the success of the pilot area (best practice) in the operation of the local participatory operation of the health security fund in Muang district, Phrae province, factors effecting the success were as follows: participation of network parties and strong community resulted in the integration of tasks by all concerned parties with the same operational direction to achieve the goals; continual monitoring and assessment process of all group resulted in the fund operation was smooth and they could find guidelines for problems solving rapidly; the community was given an opportunity to participate in planning, problem solving and preparing project plan to truly cope with health problems and meet needs of people in the community; this conforms to a study by Nunthaboot (2007) which revealed that partnership working can make each party understand their role and local people must take care of their health and participate in decision making; the strategic route map preparation resulted in the occurrence of the process of systematic health problem analyses and clear project and project proponents; all committees of the fund understood their roles and duties on the fund management which resulted in smooth operational process; public relations and privilege which people could receive from the fund immediately; the fund committee had a learning exchange venue for the creation of community innovation in terms of health promotion of people in the community; leaders/administrators having vision on health were interested in task of the fund which resulted in successful operation; there was the process of potential development of the fund committee; this conformed to Pinpratheep (2009) who stated that potential development of the fund committee through successful community learning (educational trip) is a form of successful operation. Outcomes of competency development of the local health security fund committee in Muang district, Phrae province.

CONCLUSION

Findings showed that they had a better understanding with a statistically significant level at 0.01 of both topics after attending the training: action training on strategic route map preparation and action training on project plan preparation.

RECOMMENDATIONS

There are some recommendation for community policy related to this, described as follows: it should have training on competency development based on necessary managerial administration of the fund committee every year in terms of the two topics. People in the area should be convinced an awareness of the importance of mutual health problem analyses, learning and monitoring/assessment process for successful fund management. This conforms to a study of Phuntulee which found that the managerial administration of the health fund focusing on community participation and learning is the initial process of problem seeking and basic data collection. People in the community participate in drafting and planning a guideline for operation, operation method, coordination and community activities. Besides, they join brain storming and civil society for shared benefits and good health. It is in the stage of development or progress assessment which is done periodically. The president of local administrative organization should contain it in a 5 year community pilot plan and continually develop the curricular program on the fund committee's new forms of managerial administration. It aims to be proactive in health services to all target groups of all areas which will result in good quality of life of people in the future.

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