


## **District Health System Management : A Case Study from District Health System Development in Nakhon Ratchasima Province**


**Samrerng Yanggratoke**  
(MD., MPH. Antwerp, Belgium)  
Chief Executive Officer of Nakhon Ratchasima  
Provincial Administrative Organization



### **Topic**

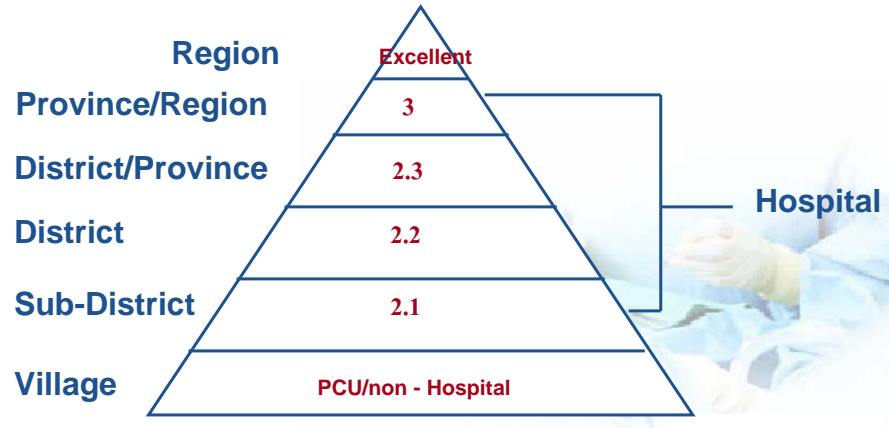
❖ **The presentation would be divided into 5 main parts.**

- 1.The background of this research.**
- 2.The purpose of the study.**
- 3.The research methodology.**
- 4.The research results.**
- 5.The conclusions& suggestions**



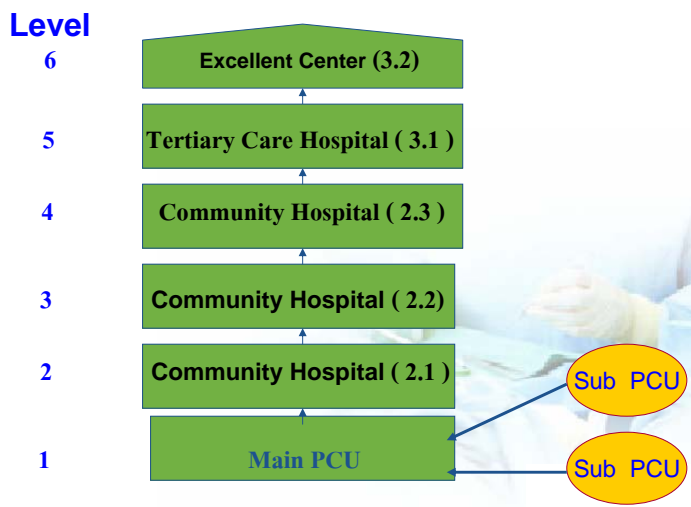
## 1. The Background of this Research

### Health Service System in Thailand




## 1. The Background of this Research

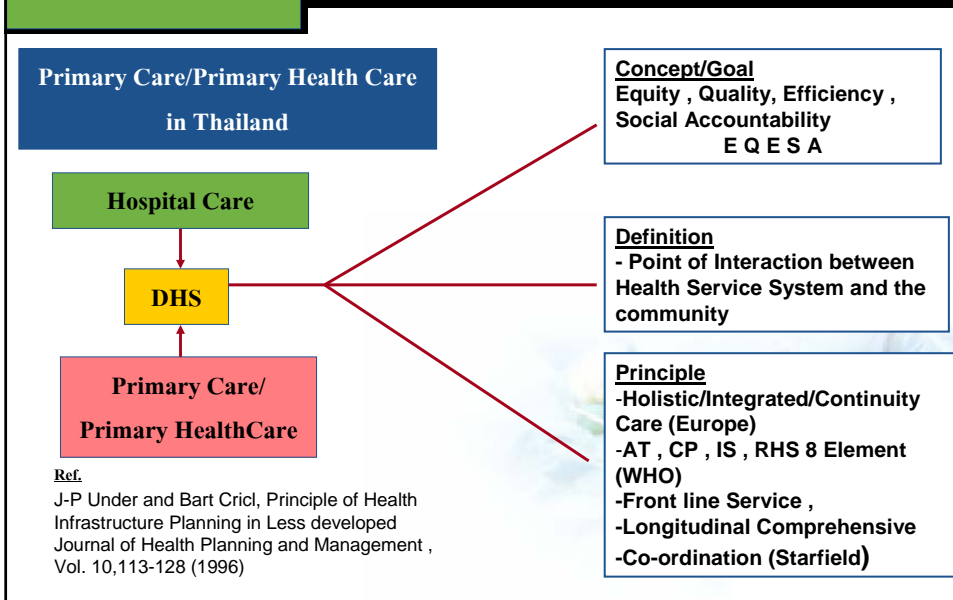
### Health Service Management in Thailand







## 1. The Background of this Research




## The Name of PCU in Thailand

- Primary Care : 1<sup>o</sup> care
1. Health Center (HC) สถานีอนามัย: สอ.
  2. Community Health Center (CHC)  
ศูนย์สุขภาพชุมชน: ศสช.
  3. Primary Care Unit (PCU) หน่วยบริการปฐมภูมิ
  4. Community Medical Unit (CMU) ศูนย์แพทย์ชุมชน:  
ศพช.
  5. Tambon Health Promotion Hospital (THPH)  
โรงพยาบาลส่งเสริมสุขภาพตำบล: รพสต.

## The Background of this Research

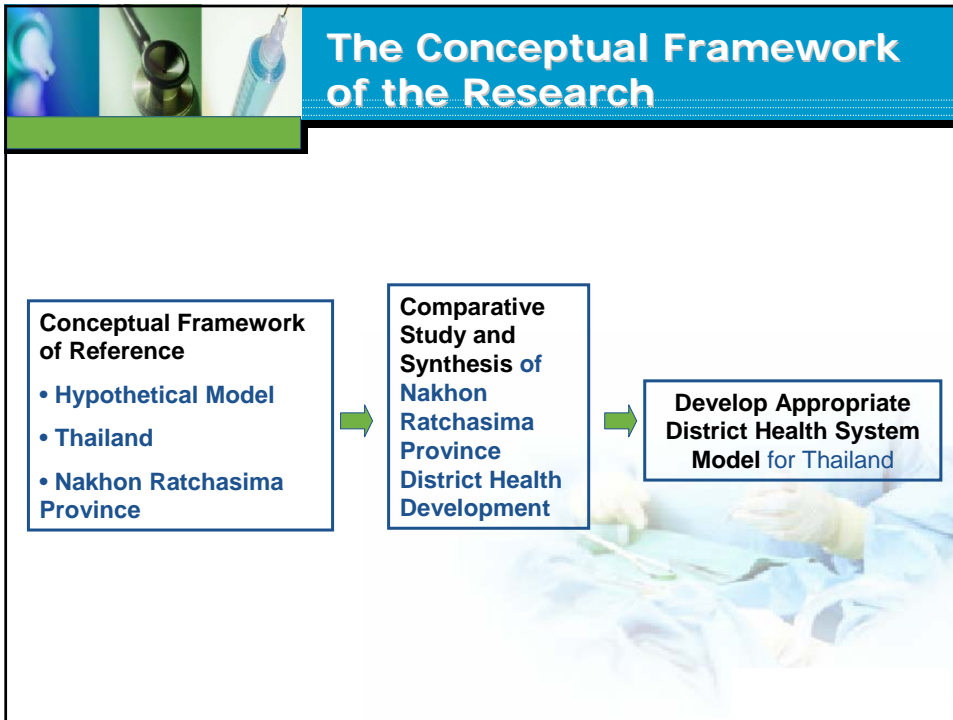
The diagram illustrates the research background. It starts with a yellow box labeled 'DHS' (District Health System). Above it is a cloud labeled 'Top Down' and below it is a cloud labeled 'Bottom Up', both connected to 'DHS' by vertical dashed lines. A red arrow points from 'DHS' to a box labeled 'Integrated Health Care System'. Another red arrow points from 'Integrated Health Care System' to a box containing 'Hospital' (circled in red) and 'Primary Care' (with an arrow pointing from Hospital to Primary Care). Below this final box are two bullet points: '- Operational Integration' and '- Administrative Integration'. The background of the slide features a faint image of a surgical team in an operating room.

**Ref.**  
J-P Under and Bart Cricl, Principle of Health Infrastructure Planning in Less developed Journal of health Planning and Management , Vol. 10,113-128 (1996)

## 2.The Purpose of the Study

- ❖ To synthesize District Health System Management in Nakhon Ratchasima Province.
- ❖ To make suggestion for national health policy in developing District Health System in Thailand.

The slide features a faint background image of a surgical team in an operating room, consistent with the image on the previous slide.

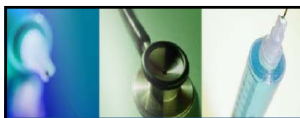




## The Research Methodology

### Population&Samples

Phase	Population&Samples
I. Conceptual Framework of Reference	Related Documents
II. Comparative study III. Synthesis of Appropriate Model	Key Informants Clients



## The Research Methodology.

### Population&Samples

- ❖ **Key informants** recruited for this study were expert health manager from provincial, district, and sub-district level. Provincial health supervisors, district health board, community hospital health team, primary care center team, and the clients in community.



## The Research Methodology

### Data Collection & Analysis

Phase	Method	Tool	Analysis
<b>I. Conceptual Framework of Reference</b>	Systematic Review	Systematic Review Guideline	Content Analysis
<b>II. Comparative study</b>	Compare DHS, In-depth Interview, Structure Interview, FGD	In-depth Interview Guideline, Structure Interview Form, FGD Guideline	Content Analysis, Descriptive Statistics
<b>III. Synthesis of Appropriate Model</b>	In-depth Interview	In-depth Interview Guideline	Content Analysis



## The Research Result

### 1. Conceptual Framework of Reference for DHS Model

#### Administrative Integration

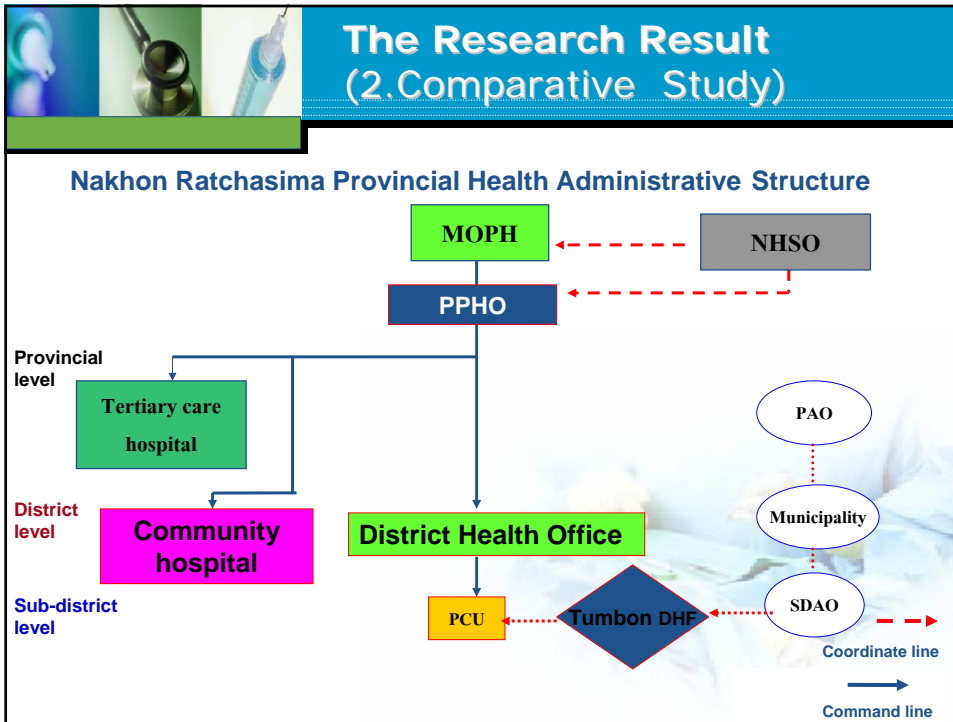
##### 1. Single Management Team

#### Operational Integration

##### 2. No Gap

##### 3. No Overlap

##### 4. The Optimal Flow ( Referral system , Information system, ect.)



### 3. The Research Result (Comparative Study)

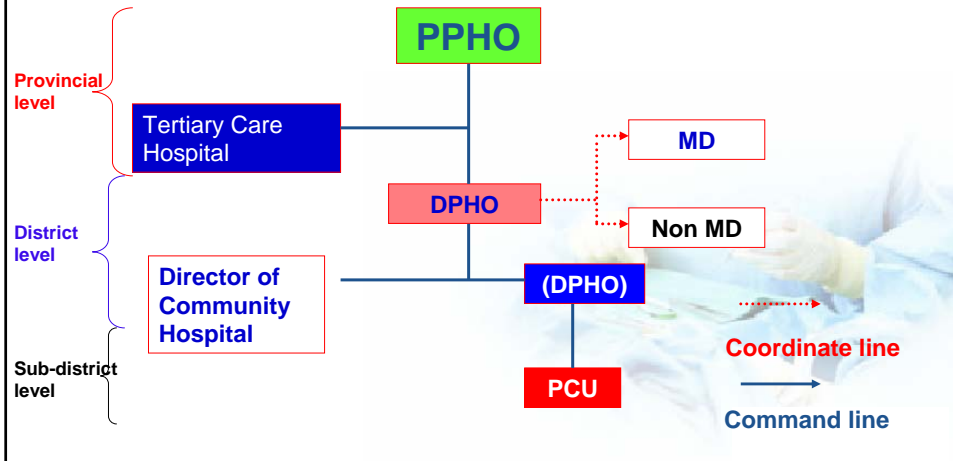
**Comparison of DHS between Conceptual Framework of Reference & Nakhon Ratchasima**

Conceptual Framework of Reference of DHS	Ideal DHS	Nakhon Ratchasima DHS
1. Single management Team	yes	Few (Hospital dominated Primary Care)
2. No Gap	yes	yes
3. No Overlap	yes	few
4. The Optimal Flow	yes	Some



## The Research Result

### R&D of Primary Care Management in 5 Districts of Nakhon Ratchasima (1999-2002)



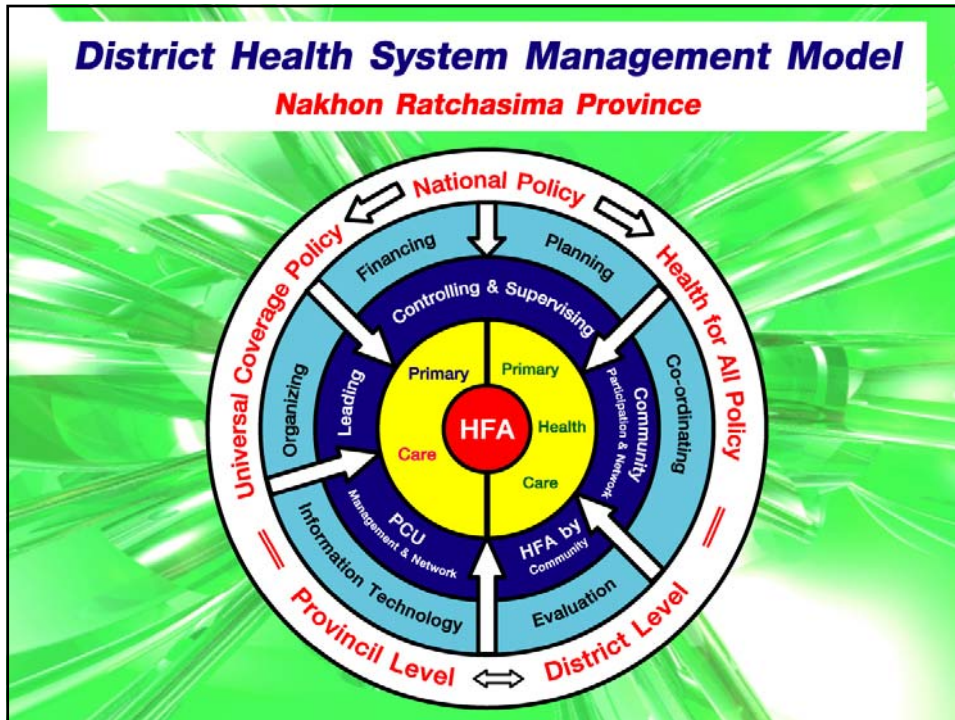

## Result of R&D

DPHO (MD)	DPHO (non MD)
1. understand nature of Primary Care ?	1. Understand nature of PC
2. Attitude on PC ?	2. Positive Attitude on PC
3. Limitation of Time	3. Had enough time
4 Accept by Primary Care Unit Team ?	4. Were not Accept by Community Hospital Team



## District Health System Management Model

Nakhon Ratchasima Province



## Suggestion for Ideal DHS.

- ❖ **Single Team**
  - Function by Provincial Health Board
  - Horizontal Coordination of Work/Area by Local org. (DHB, Tambol HF)
  - Hospital don't dominate Primary Care
- ❖ **No Gaps**
  - Accessibility of Care (Local government)
- ❖ **No Overlap of Function**
  - Separate role and function of Primary care and Hospital care
- ❖ **Optimal Flow**
  - Personnel
  - Information

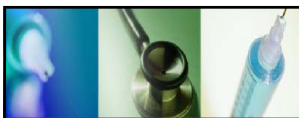




## Conclusions & Suggestions

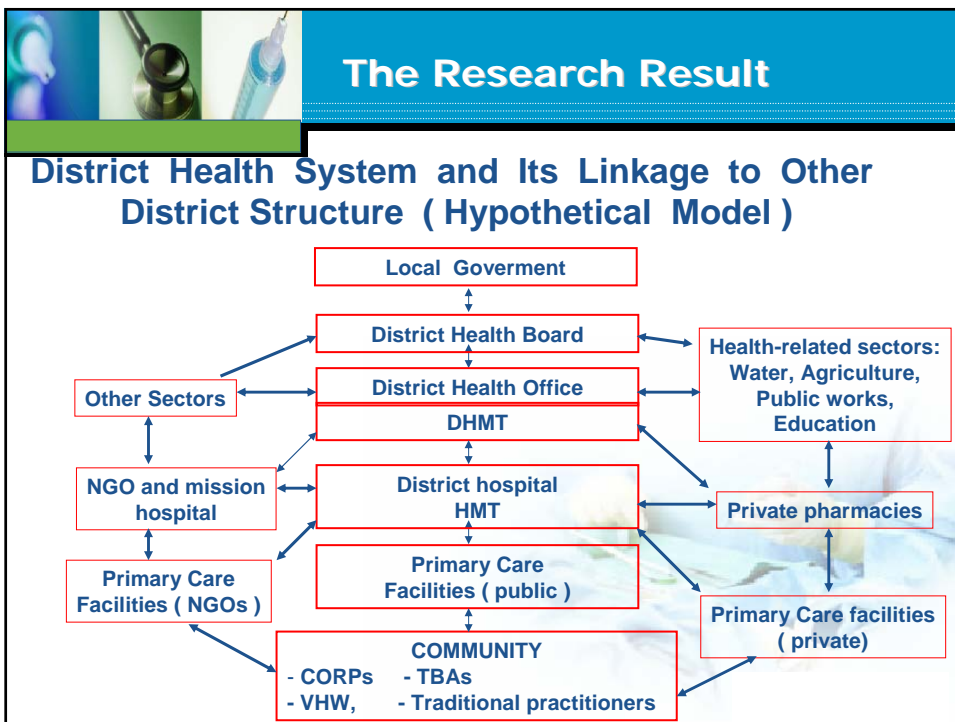
### To achieve Health for All

- ❖ District Health System should facilitate PCU's self management as well as mutual aids within CUP network.
- ❖ Strengthening primary health care will lead people in community having self reliance on their health.



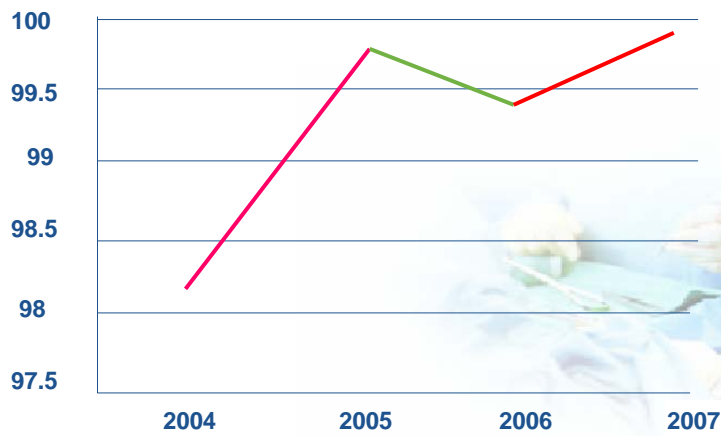
Q&A



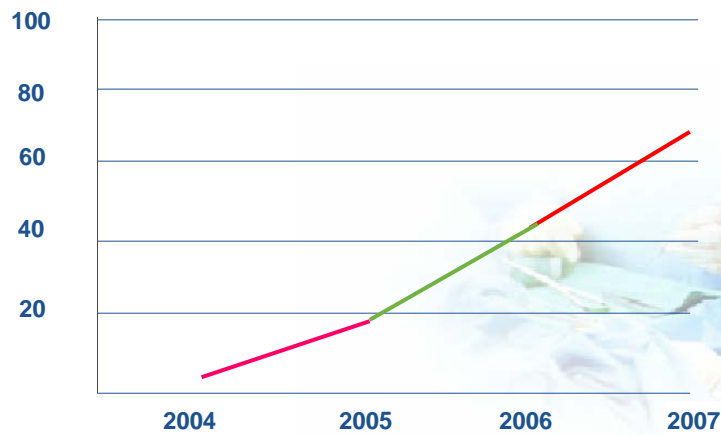




### ❖ UC. Coverage (2004-2007)



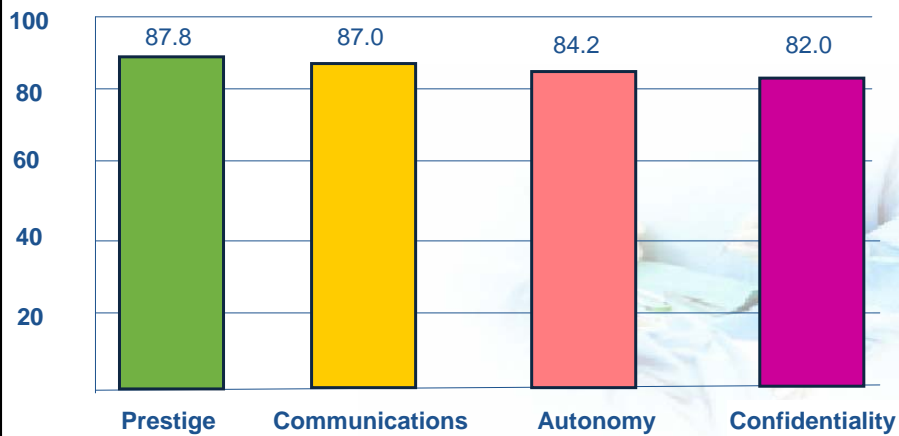
### ❖ Accumulate HCA (2004-2007)





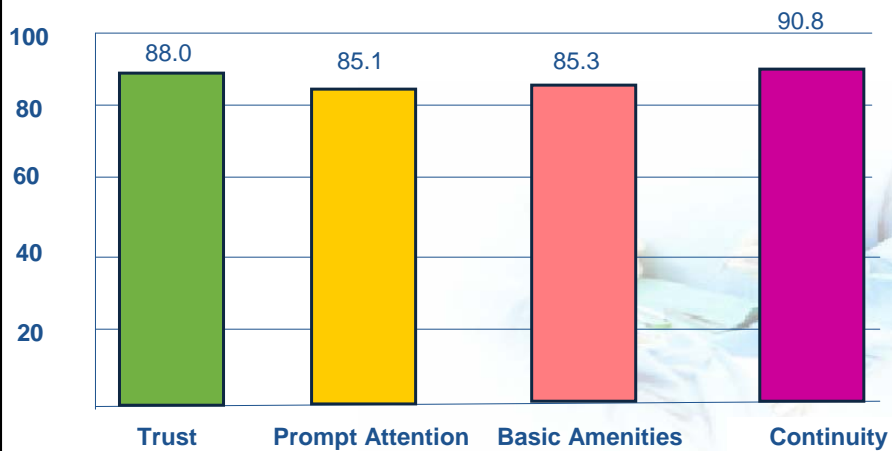
## Outcomes of DHS Management

### ❖ Responsiveness on PCU Service



## Outcomes of DHS Management

### ❖ Responsiveness on PCU Service





## Outcomes of DHS Management

### ❖ HFA Indicator

Indicator	Output/Outcome
1. Low Birth Weight	Coverage > 95 %
2. Nutrition < 5 years	Normal > 90 %
3. Sanitation	100%



## Outcomes of DHS Management

### ❖ HFA Indicator

Indicator	Output/Outcome
4. Dental Caries with Treatment	> 90 %
5. DHF	Below median rate
6. Rabies	0 %



## Outcomes of DHS Management

### ❖ HFA Indicator

Indicator	Output/Outcome
7. HT & DM Screening	> 85 %
8. Knowledge about disease prevention	> 90 %
9. Local supports	Increase
10. Community Participation	Increase

**Home**