Executive Summary

Diarrheal disease is recognized as a major cause of morbidity and mortality in developing countries including Thailand. According to the Ministry of Public Health, there were more than one million episodes last year. The morbidity and mortality caused by diarrhea have been continuously increasing during last decade. One of the main cause is the movement of people from rural to congested urban areas. Another cause is the migrants from neighbouring countries who seek jobs in Thailand especially in border provinces such as Kanchanaburi. It was reported last year that 11,407 cases who were sick and dead of diarrhea in Kanchanaburi. Bong-ti is a sub-district of Saiyok and a border of Kanchanaburi was selected as the study site of this project because of high prevalence of diarrhea (about 10 cases a month or 100 cases a year). Among the 4 villages in Bong-ti, 3 villages were purposively selected.

This model development project had its main objectives to find out health behavior which is necessary for diarrheal diseases prevention and to develop the model for diarrheal diseases prevention by using people's participation process. The project comprised of 4 stages i.e. community preparation, intervention, monitoring and evaluation. Duration of the project is 18 months.

The project started the preparation process in May 2001, by approaching key persons in Bong-ti. In June, the research team visited to the villages and search for volunteers to join the project. The first meeting was held at Bong-ti Health Centre with local health personnel. The purposes of this meetings were to explain about the detail of project information and to ask for the interest in cooperation and participation in this project. There were 17 villagers who expressed their interest and willingness to participate as a volunteer in this project.

In July, the first training workshop on Diarrheal Disease prevention for volunteers. At the end of this training, these trained volunteers had set the target goal and plan of activities. They decided to begin with cleaning their own houses as to be the model for neighboring villagers. Then, the volunteers plan to transfer their knowledge to the neighbors within their responsible area (approximately 10-15 households).

Baseline data of 215 households was collected right after the first training workshop. In addition, all 15 groceries in the 3 study villages were observed and assessed in terms of hygienic and cleanliness. After the baseline data collection was completed, the volunteers started to work on transferring their knowledge to the neighbors within their responsibility area and also improving the environmental sanitation of their own houses as to be the model for their

neighbors. The period of implementation was 1 year. During this implementation period, monitoring had been done periodically by the research team. Different types of support have been provided to make it possible for the volunteers to do their job. After implementation of the project for 1 year the evaluation of the project was made. Post-project data collection was made. These included community data, household data and data related to volunteer works and volunteers' options.

The results of the study revealed that after 1 year of implementation of this project, the environmental sanitation of these communities were improved. The hygienic and cleanliness of the groceries in these 3 villages are improved. The knowledge about diarrheal diseases among the people was found to be at higher level, however, they still have some wrong belief about diarrheal diseases. Their behaviors were changed towards desirable direction. The incidence rate of diarrheal diseases in these 3 villages were found to be decreased.

The strenghts of this project were that the volunteers had strong will to work for this project continuously. Although, the project was ended, they still expressed their interest and wished to continue with the activities they performed during the project implemented period. Moreover, the volunteers could see the benefit of the project for their community. They perceived the changes of environmental sanitation in their own villages and households. Regular monitoring and support by the research team help to solve some problems and help the project run smoothly.

The weaknesses of this project were that the selecting diarrheal diseases as the problem might not be the most important problem for the majority of the people in these villages because the concerned of them were more about earning activities than health problems. Secondly, some volunteers were assigned responsible area far away from their houses. It was not convenient for them to do their works and found if difficult to establish rapport with those villagers they not familiar with. Thirdly, some volunteers still have wrong belief about diarrheal diseases. Moreover, some of them had knowledge about diarrheal diseases more or less the same as the villagers. As a result, the transferring of knowledge was not fully function. Few of volunteers withdrawed from the project during the implementation period for different reasons i.e. migrated to work in the city, conflict of interest among groups of people in the village, lack of time. This affected the project implementation.

There were opportunities for development of the project as the community leaders such as village headman, chairman of the local administrative

organization were accepted by the villagers and these leaders could play crucial roles in this project. Community participation is rely very much on the community leaders. Only volunteers of the project alone was not adequate.

To develop the model for community participation in diarrheal disease prevention project, the following aspects need to be taken in to consideration :

1. Selection of the health problem should be made by the people themselves and the problem should be selected with high priority, people are concerned and wanted to change or solve this problem.

2. Holistic and integrated approach to solve the problem is more appropriate than specific to certain problem.

3. Recruitment of volunteers of the project should consider respectable and acceptable person as the most important criterias.

4. Process of transferring knowledge should not use only one group of volunteer. Development of volunteers network both bilaterally and vertically is recommended.