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ภาคผนวก

ตัวอย่างเอกสารเผยแพร่ขององค์การพัฒนา

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CIDSE ICD-RATANAKIRI PROGRAMME ORIENTATION

1. Project Background

The majority of Ratanakiri's population is composed of indigenous ethnic groups who live in the highlands and practice a traditional way of life. Houses are built in traditional styles with local materials from the forest, and people typically practice Swidden agriculture. Villages are mostly homogenous, composed of one ethnic group per village. CIDSE works in villages with three of Ratanakiri's main ethnic groups: Tampuan, Kreung, and Jorai. In addition, CIDSE works with Khmer settlers in four villages.

By the end of this fourth phase CIDSE Cambodia envisaged to hand over its Ratanakiri service-delivery ICD programme at Trapeang Chres commune to the Trapeang Chres communities for their self management. In making this decisive move, CIDSE realize that in three years from now severe needs will still exist within the project villages and capacity of village development actors will still need to be strengthened.

2. Target Beneficiaries

CIDSE's target area includes three districts with both lowland and upland areas: Kon Mum, O' Chum, and Andong Meas. The program works with Kreung, Tampuan, Jorai, and Khmer in 28 villages of 5 communes in the 3 districts.

The population in the 28 target villages is 10,451 (5,394 or 51.61 percent women and 2,246 households), with the following breakdown:

- 1-Malil Commune (Andong Meas district) composed of 5 villages with a population of 1,734 (872 or 50.28 percent women, 357 households).
- 2-Trapeang Chres Commune (Kon Mum district) composed of 4 villages with a population of 2,326 (1,142 or 48.88 percent women, 485 households).
- 3-Tocou Commune (Kon Mum district) composed of 6 villages with a population of 2,123 (1,163 or 54.78 percent women, 478 households).
- 4-Ta Ang Commune-Kon Mum district composed of 5 villages with a population of 2,165 people (1,124 or 51.91 percent women, 502 households).
- 5-Chan Commune-O' Chum district composed of 8 villages with a population of 2,103 people (1,093 or 51.97 percent women, 491 households).

3. Project Goal

The goal of the program is to achieve a sustainable improvement in the quality of life of upland people, particularly indigenous ethnic groups, in 28 villages of 5 communes of 3 districts in Ratanakiri province.

4. Program implementation strategy and structure

The program has a Team Leader (TL), one Assistant Team Leader (ATL), one Community Development Facilitator (CDF), 3 locally supporting staff, 6 counterpart staff identified from provincial of Environment, Health, Agriculture, Education, Women Affair and Land title are also actively participating in the program activities.

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In the community level all development activities are launched based on the community problems and their needs, with fully people's participation. Basically all the implementation phases of development decided by people in communities i.e. Planning, Organizing, Implementing and Monitoring. To what extent CIDSE staff and counterpart can help is only through the mode of support: promoting, assisting and facilitating where is the reality based on the capacity of the community it-self. People in the community are advised to form own VDC and IG to take a lead in and to manage community development activities. The committees will consist of both men and women and is naturally democratically elected by villagers.

In district level the district's staffs of Agriculture, Education, and Women Affairs and Land title are involved in activities of the program. Appropriate staff as mentioned above is also invited to receive in appropriate training with aim at improving their knowledge and skills are organized either by the local program or in collaboration with other CIDSE Support Unit who is based in Plainom Penh.

In provincial level all the counterpart and some of other related staff from local departments are involved closely with development activities. As the part of local capacity building they are invited to receive appropriate training as well.

CIDSE program in Ratanakiri also has a role in lobby and advocacy for the common interest of population especially for ethnic communities to promote and protect of natural resources within the context of sustainable development to the benefit of the population.

5. Objectives:

Objective #1: To strengthen the capacity of Village Development Committees, Village Volunteer Specialists, and Interest Groups to be participatory, gender sensitive and are able to coordinate and manage their own development activities.

- The objective provided activities such as: Training, Coaching, Workshop, Meeting and Exposure trip.

Objective #2: To improve food security by supporting sustainable upland agriculture and by providing predominantly in kind credits.

- The objective provided activities such as: Training, Coaching, Farmers Demo-Plot, Fruit tree nurseries, Rice bank, Buffalo bank, Cow bank, Pig Bank, Vaccination, Village shop, Rice milling machine, Vocational training and support Advocacy on upland agriculture.

Objective #3: To improve health and sanitation practices of all households by providing clean water and community based health education and information with a strong focus on HIV/AIDS, malaria and tuberculosis awareness and prevention.

- The objective provided activities such as: Wells construction and wells maintenance, Wells sub committees meeting, Training and refresher training, Coaching and support water filter container.

Objective #4: To increase the literacy and improvement education opportunities, especially for women and girls in indigenous ethnic groups.

- The objective provided activities such as: Training, Coaching, Exposure trip, Libraries, School repair Parents association, School enrolment campaign and support Advocacy on Education.

Objective #5: To enhance access to natural resources and land tenure security of indigenous ethnic groups in collaboration with NGOs and government office.

- The objective provided activities such as: Community forestry planning and management, Training on PLUP, Assessment on Community forestry and Land use planning management, Develop Community forestry Master plan, Workshop on CF and LUP statute, Human Right training, Exposure trip and support Advocacy on NRM.

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Objective #6: To endorse collaboration in development planning and programming between Commune Council and grassroots Civil Society associations.

- This objective provided activities such as: Training, Coaching and Workshop and Exposure trip.

Objective #7: To support Tropicang Chres communities to become legal Community Based Organization.

The Tropicang Chres community is going to pilot of taking over the current project from CIDSE/ICD Ratanakiri in earlier of 2007. One of the main strategies to support the community to reach that was the capacity building of the current village development actors and dissemination of these initiatives to villagers. Ratanakiri team has supported the Tropicang Chres community to hold meetings in four villages with 158 villagers (92 or 58% were women). During meeting, they were discussing on two options which included the project activities self-managed by communities and CIDSE Cambodia continues to facilitate the project activities. The community decided to self-manage project activities by their own. Link to that, they had discussed and review the roles and responsibilities of village development actors and CDFs, reflected strengths and weaknesses of their roles, and particularly discussed the transition plan and future direction of their villages. They wanted to manage the development activities by their own and they need capacity building in order to take over the project activities from CIDSE in the future.

**VIRACHEY NATIONAL PARK STAFF
COMPETENCY PROFILES AND**

PERFORMANCE APPRAISAL

**the appraisal form must be modified to assess the key result
areas for each position**

BPAMP, 2004

Community Development Facilitator

Role: To implement community development and outreach programmes in partnership with communities adjacent and within VNP in line with the MP and AOP

Key Result Areas	Competences	Critical Output and Outcomes
<p>1. Implement community development programmes in partnership with communities adjacent and within VNP in line with the AOP</p>	<p>What you need to know</p> <ul style="list-style-type: none"> • List of community bylaws in conservation of wildlife • Institutional methodology and role in conservation of wildlife • Timetable for institutional mobilisation • Support and requirements of Provincial government and NGOs staff <p>What you need to be able to do</p> <ul style="list-style-type: none"> • Access a list of community institutions • Read and document community institutions to participate in conservation • Access institutional bylaws books for documentation • Read and document institutional bylaws relevant to conservation • Access AOP, MP • Read and summarise information on institutional role and methodology in conservation • Set days and design work-plan for institutional mobilisation • Access local government and NGOs operational manual • Read and summarise information of community institutional mobilisation 	<ul style="list-style-type: none"> • A document of community institutions • Summary of institutional bylaws • Summary of information on institutional role and methodology in conservation • Work plan for institutional mobilisation • Summary of local government and NGOs operational manual

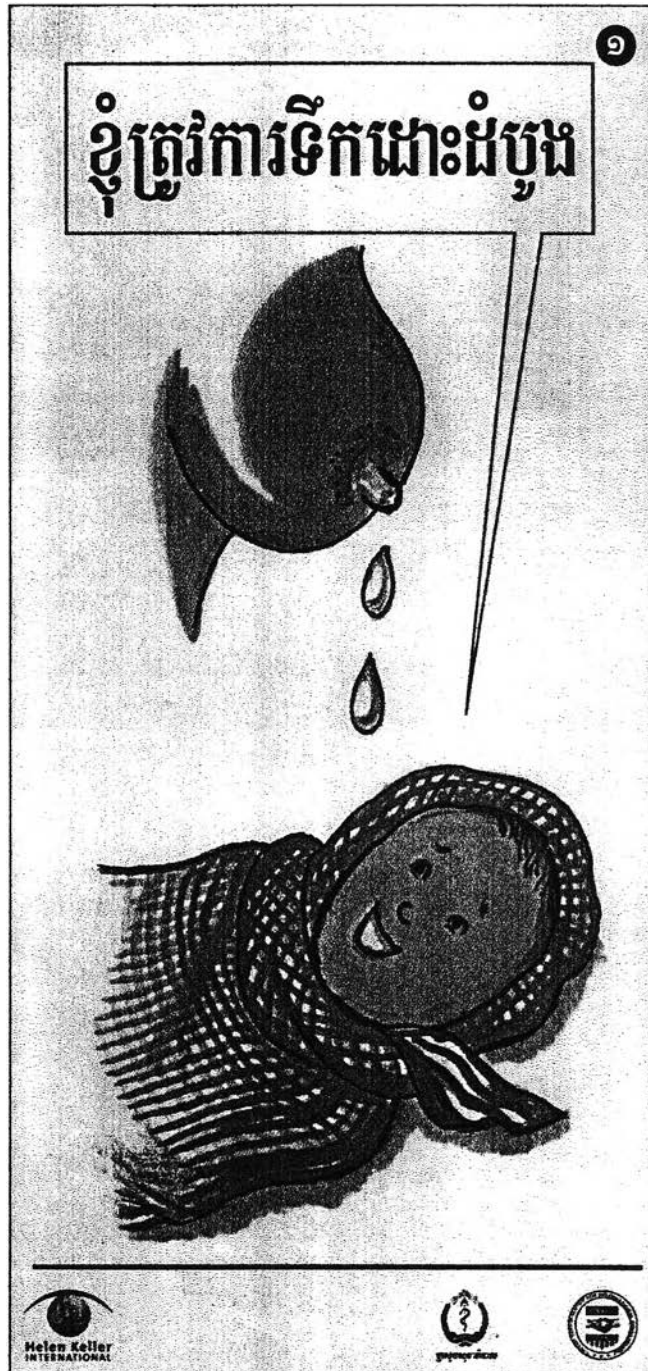
Key Result Areas	Competences	Critical Output and Outcomes
<p>2. Sensitise the communities on options of problem animal control measures in line with the MP and AOP of VNP</p>	<p>What you need to know</p> <ul style="list-style-type: none"> • List of problem animals • Problem animal control measures • Legislation (Prakas) on problem animal control • Who is to sensitise communities on options of problem animal control measures • Time table for sensitising communities on problem animal control measures <p>What do you need to be able to do</p> <ul style="list-style-type: none"> • Access to AOP, books and research records • Read and document information on list of problem animal • Access AOP, books and research records • Read and summarise information on problem animal control measures • Access bylaw manuals on problem animal control measures • Read and summarise bylaws on problem animal control measures • Access list of persons / institutions to sensitise communities on problem animal control measures • Read and document information for implementation of problem animal control measures • Access time table schedules/days to sensitise on problem animal control measures • Read and develop work plan according to timetable on sensitisation 	<ul style="list-style-type: none"> • Lists of problem animals • Documented information on problem animal • Summarised information on problem animal control measures • List of problem animal control measures from MoE manuals • List of persons / institutions to sensitise communities on problem animal control measures • Documented information for implementing problem animal control measures • Scheduled Programme for sensitising community on problem animal control measures • Work plan for sensitisation
<p>3. Participate in negotiation process of developing memorandum of</p>	<p>What you need to know</p> <ul style="list-style-type: none"> • Monitoring and research techniques for developing MoA on 	<ul style="list-style-type: none"> • Summary of information about M & R techniques in negotiations

Key Result Areas	Competences	Critical Output and Outcomes
<p>understanding (MoA) for resource sharing from VNP in line with AOP</p>	<p>resource sharing</p> <ul style="list-style-type: none"> • Role of WCD in negotiations for developing MoA resource sharing • Role of Primary environmental care (PEC) in negotiations for developing MoA for resource sharing • Negotiation techniques in the process for developing MoA for resource sharing • Role of local councils in negotiation process of developing MoA for resource sharing <p>What you need to be able to do</p> <ul style="list-style-type: none"> • Access AOP, MP, and monitoring and research records • Read and summarise information about M&R techniques in negotiations for developing MoA for resource sharing • Access AOP, MP, and read information about role of WCD in negotiations for developing resource MoA • Design work plan/timetable implementation meetings on negotiations of developing MoA for resource sharing • Access local government statute, AOP read and writes information on role of PEC in negotiation process of developing MoA for resource sharing • Make and circulate summarised information on role of PEC in negotiation process • Access the AOP and monitoring and research records, summarise and write information on negotiation techniques in process of developing MoA for resource sharing • Document and circulate a list of negotiation techniques to participants in the negotiation process for developing MoA for resource sharing 	<p>for developing MoA</p> <ul style="list-style-type: none"> • Work plan/timetable for implementing the developed MoA • Summary of local government statute, AOP, circulated summary of information on the role of PEC's in negotiation processes • Documented information on role of local communities in negotiation

Key Result Areas	Competences	Critical Output and Outcomes
	<ul style="list-style-type: none"> • Access Local Government resource-sharing policies, read and summarise information on role of local communities in negotiation process of developing MoA for resource sharing • File and document information on role of local communities in negotiation 	
<p>4. Train local communities in community-based data collection in line with CBDC manual and resource use agreements</p>	<p>What you need to know</p> <ul style="list-style-type: none"> • How to communicate / teach • The data to collect / record • Revenue sharing policy and resource agreements • CBDC training manual <p>What you need to be able to do</p> <ul style="list-style-type: none"> • Be able to communicate / teach • Acquire training materials; flipcharts, markers, pens, notebooks, etc. • Make a list of observations (data) to be collected by local communities • Access resource use agreements • Read and interpret resource use agreements to communities • Access the revenue sharing policy • Read and summarise relevant sections of revenue sharing policy to be explained to communities 	<ul style="list-style-type: none"> • A collection of accurate observations (data) on CBDC data sheets • Agreements for resource use • A summary of revenue sharing policy
<p>5. Collect completed CBDC data sheets and enter data into MIST database</p>	<p>What you need to know</p> <ul style="list-style-type: none"> • MIST program • Procedures to enter data into the MIST database • Collection points and collection schedule of CBDC data sheets from local communities 	<ul style="list-style-type: none"> • Summarised procedures for CBDC input into MIST database • The data from CBDC data sheets are transferred into the MIST database

Key Result Areas	Competences	Critical Output and Outcomes
	<p>What you need to be able to do</p> <ul style="list-style-type: none"> • Enter data into the MIST database • To find mistakes in the data 	
<p>6. Collect / compile information on community development activities and submit a report the WCD according to AOP</p>	<p>What you need to know</p> <ul style="list-style-type: none"> • Community Development Component work plans • List of local communities proposals in formulation of AOP • Timetable for community proposals meeting • List of community proposals in formulation of AOP • Implementation role of local communities in formulation of AOP <p>What you need to be able to do</p> <ul style="list-style-type: none"> • Access to AOP • Read and summarise information on community development (CD) proposals • Access to AOP • Read and summarise information on local communities' proposals in formulation of AOP • Access to community timetable on proposal formulation meetings • Set days for attending community proposals meetings • Access to community proposals list • Read and submit proposals to WCD • Access to AOP • Read and summarise information on local communities' role in implementation of proposals in AOP 	<ul style="list-style-type: none"> • Summary of information on CD proposals • Summary of information on local communities' proposals in formulation of AOP • Timetable on proposal formulation meetings • Community proposals attended to • List of community proposals submitted to WCD

ตัวอย่างภาพประกอบการบรรยายของวิทยากรกระบวนการ



ภาพประกอบการอธิบายเรื่องการให้นมแม่แก่เด็กแรกเกิด

ตัวอย่างสื่อประเภทแผ่นพับ...

HEALTHNET - TPO

- HealthNet International (HNI) is a Netherlands-based international NGO that was established in 1992 by Medicina Sans Frontiers to bridge the gap between humanitarian relief and structural support to health sector recovery.
- In Cambodia, it started contracting-in health services project in Planning Operational Health District, Prey Veng Province in 1999.
- HealthNet International and Transnational Psycho-Social Organisation (TPO), another Dutch-based international NGO involved in mental health program, merged last February 28, 2005 as "HealthNet-TPO".
- HNI/TPO works in low-income countries under stress with interdisciplinary health professionals to develop and implement innovative, culturally appropriate, evidence-based public health interventions.
- The work of HNI/TPO aims to improve the quality of life of vulnerable people and to empower them to manage their own health situation and to increase the self-sustainability and the independency.

MAP OF CAMBODIA
Ratanakiri Province

HealthNet
INTERNATIONAL

RATANAKIRI PROVINCE

Provincial province in Cambodia, situated in the northeast position.

- Total population of 177,664 of which 80% are the minority people 13 ethnic minority groups including 8 indigenous tribes.
- Divided into 2 districts, 4 communes, 240 villages and 871 total groups.
- One operational health facility system comprising one referral hospital.

HEALTHNET INTERNATIONAL
Village 3, Likiepoh Commune
Banteay District, Ratanakiri Province
Kingdom of Cambodia
Tel: (855)-75-974065, (855)-75-974120
E-mail: healthnet@camboel.com
www.healthnetratanakiri.org

**ENABLING PEOPLE TO
MANAGE THEIR OWN
HEALTH**

Project: CONTRACTING OF HEALTH SERVICES IN RATANAKIRI OPERATIONAL DISTRICT, RATANAKIRI PROVINCE

OCT 2004—Dec 2007

Client: Royal Government of Cambodia, Ministry of Health/Health Sector Support Project
Contractor: HealthNet International (HNI)
Funding Assistance: ADB Loan & DFID Grant (G2/P5/QCDS/4)

Overall Project Aim:

- Enhanced financial sustainability of the Ratanakiri Operational Health District
- Improved quality of health care services to increase community health status
- Strengthened community health management system to improve health care access and health to improve

Project Objectives:

- Improve access, coverage, sustainability and efficiency of health care services to the poor (PMP) population groups
- Enhance capacity of the Operational Health District to run (and operational) health services, 10 health facility units
- Efficiency management system of Operational Health District

Project Activities:

- Establishment of an efficient Operational Health District.
- Capacity building for improved delivery of quality health care services for the poor.
- Functional hospital equity fund for the poor to access health care services.
- Enhancing sustainability of public health facility under cost-plus profit-margin-based incentives contracts.
- Strengthening community health management system and incentives for economic and affordable primary health care services.
- Self-organized project components
- Regional Hospital Equity Fund for the poor (RHFEP for Health Social NGOs)
- Community health care and community health management demonstration activities (Health Outposts)

CONSTRAINTS

- Lack of supplementary resources/fund needed to address the chronic malnutrition problem of the ethnic minority that live in remote areas, especially in a mountainous of food insecurity.
- Lack of basic Minimum Package of Activity (MPA) services provided for Health Centres and Districts King for Traditional Health (Ancestral) to enhance delivery of essential and advance obstetric care at the peripheral level.
- Unimproved Referral Hospital equipment, facilities, systems and amenities as well as pharmaceutical drugs and supplies to facilitate effectively the delivery of Complementary Package of Activity level 2 (CPA-2) services by the health staff.
- An urgent need to integrate health services with other national program activities in order to address health-related problems at the ethnic minority villages with holistic community development approach.

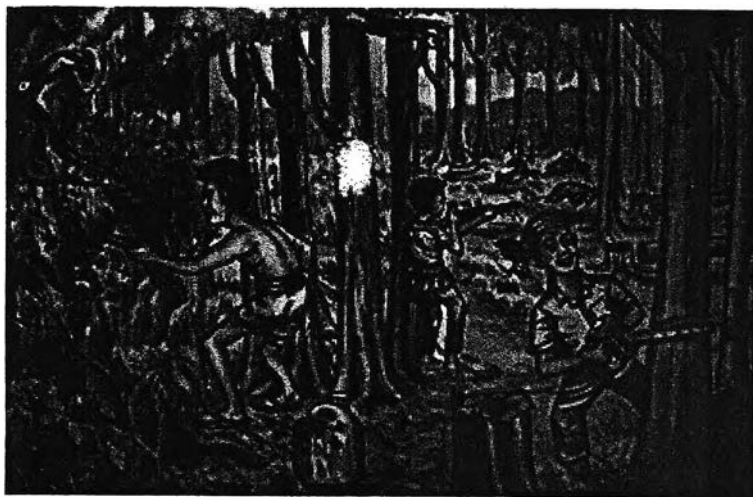
MAJOR ACHIEVEMENTS

- Establishment of Banteay Operational Health District as separate entity from Ratanakiri Provincial Health Department to oversee the Referral Hospital, 10 Health Centres, including 2 Health Posts and the community health outreach and community participation for health activities at the peripheral level.
- Reconstruction of the Banteay Referral Hospital in order to strengthen the delivery of CPA-2 services.
- Re-empowering of 18 Health Centres in order to strengthen delivery of MPA services as well as the Health Posts.
- Strengthening of community health outreach activities, especially maternal and child health program, and likewise Village Health Support Groups and Health Centre Management Committees through a sub-contract project with Health Unit/units.
- Setting up Performance Based Incentive Contract to 100 accredited staff who have been detailed at the Operational District Office, Banteay Referral Hospital, 10 Health Centres and 17 Health Posts.
- Establishment of a Hospital Equity Fund for the poor as well as a "Child and Women's Service for ethnic minority population at the health facilities which has been subcontracted to Action For Health.
- Strengthening financial management system at the Referral Hospital, most especially putting in-place procedures and guidelines relative to significant increase of monthly user fee revenues as a consequence of upgrade in hospital welcoming rate.
- Various capacity building activities geared towards enhancing the health staff's management, clinical, diagnostic and inspection skills.
- Installation of an efficient monitoring system by the contractor with the Operational Health District Office such that indicators and performance targets are periodically appraised.
- Infrastructure repair/renovations undertaken at the Referral Hospital as well as provision of drugs, hospital supplies and amenities.

ตัวอย่างภาพประกอบการบรรยายของวิทยากร ะบวนการ



ตัวอย่างภาพประกอบการบรรยายของวิทยากร ะบวนการ



ตัวอย่างภาพประกอบการบรรยายของวิชากระบวนกร



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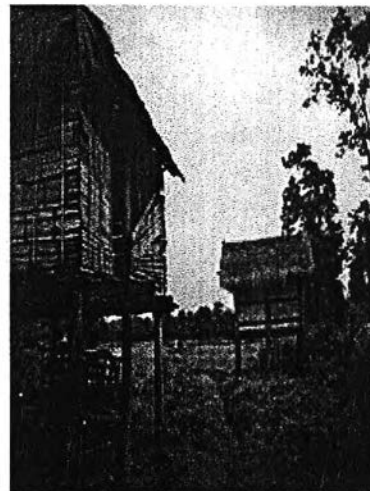
ภาพถ่ายอย่างเหตุการณ์เดินทางทางบก



ตัวอย่างภาพสนามบินและการเดินทางทางอากาศ



ตัวอย่างภาพบรรยากาศภายในหมู่บ้าน



ตัวอย่างภาพข่าวรณมาห์พื้นเมือง



ภาพถ่ายอย่างชาวบ้านในการร่วมกิจกรรม

ประชุมกับผู้นำชุมชน



กินข้าวสามัคคี



บรรยากาศขณะพักการประชุม

ประวัติผู้เขียนวิทยานิพนธ์

นางสาวรณานันท์ บุญโญปกรณ์ เกิดวันที่ 1 กันยายน พ.ศ. 2520 ที่จังหวัดสระบุรี สำเร็จการศึกษาปริญญาตรีจากคณะมนุษยศาสตร์ สาขา สื่อสารมวลชน มหาวิทยาลัยเกษตรศาสตร์ เมื่อปีการศึกษา 2543 เข้าศึกษาต่อในหลักสูตรนิเทศศาสตรมหาบัณฑิต สาขาวิชานิเทศศาสตรพัฒนการ ภาควิชาการประชาสัมพันธ์ จุฬาลงกรณ์มหาวิทยาลัย เมื่อปี พ.ศ. 2547

