

The Roles Of Village Public Health Volunteer (Vphv) Conducting The Prevention And Reduction Of The Covid-19 Pandemic In Pattani Province.

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ABSTRACT

The objective of this research is to study the roles of the village public health volunteers in helping to prevent and to reduce the COVID-19 pandemic in the Pattani province. This is a qualitative research. The research is done by document analysis, participated and non-participated observation, in-depth interview with 3 sample groups of people namely, the public health volunteer executives, the volunteers, and the people who received the services, totaling 42 key informants in the area of Baan Kampong-baru, Pithen sub-district of Thungyangdaeng district and Baan Pho, Makrut sub-district of Khokpho district in the Pattani province, Thailand. It is found from the study that the public health volunteers have had 3 additional duties taken during the COVID-19 pandemic: The implementation of the roles and duties of the volunteers in the pandemic prevention manner, cooperation with the other organizations in the pandemic prevention manner, and cooperation with the leaders of the communities and the religion leaders in the area, reducing the risk of the infection and the pandemic of COVID-19. The result was the ability to quickly control the COVID-19 pandemic in the area.

Key Words: Village public health volunteers, COVID-19 pandemic

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. Introduction

Village Public Health Volunteer (VPHV) consisted of people assisting in the work of public health as volunteers. They have been selected by various methods in each village and have been trained to conduct the task, activities assigned by the Ministry of Public Health, in order to be as leaders in the change of health behavior and to provide basic public health services in the neighboring areas (Natjaphat Maturos, 2006)

VPHV was in action since the development of Thailand's basic health work according to the concept of Alma Ata Declaration which was the joint statement of World Health Organization members in September 1978, stated in the Russia Federation. That this was developed and modified from the working model of the

malaria volunteers in the affected villages during 1961-1962. Thailand VPHV group originated from the Rural Health Service Promotion Project conducted by Dr. Somboon Watcharotai, Watbot district of Pitsanulok province in 1968 and extended to Sarapee district of Chiangmai province in 1969, where Dr. Amorn Nontasut, who jointly laid the foundation of the rural health service system. The key concept of voluntary service is to let the community select any persons to receive the training and it is found that the persons proposed by the communities are usually elders who are born leaders, well respected and influential to the villagers (Department of Health Service Support, 2014).

The training courses of VPHV (Thailand) have been included in the National Health Planning of the 4th National Economic and Social

Development Plan (1977-1981). By defining the roles and duties of the volunteers in leading the change of health-care for their own communities and to be a dissemination of knowledge and developing public health activities, providing other public health services. By stipulating that every village must have a VPHV, taking care of 18-20 households which means that in each village, there should be 18-20 VPH volunteers (Supattra Srichum, 2017). Until today, the VPHV has been continuously active for the last 40 years, developing the potentiality, supporting the performances, taking care of benefits and welfare of the volunteers. By getting together, forming as groups, clubs of VPHV at all levels, village, sub-district, district, province, region and the VPHV organization of Thailand. Becoming strong, self-reliance in health-care and having a quality in life, a part of the effective Thai health system according to the sustainable development goals of the Ministry of Public Health (Department of Health Service Support, 2014).

When there was an epidemic of COVID-19 in Wuhan, capital city of Hubei province, China in December 2019 (Jurai Wongsawat, 2020), it was found that there is transmission from person to person, causing the Covid-19 outbreak, spreading to different countries and became a worldwide threat. The World Health Organization: WHO has declared the pandemic as an international public health emergency (Rattana Kanjanaphan, 2020), including Thailand having the impact from the pandemic and has also declared COVID-19 as a dangerous infection according to the Communicable Diseases Act 2015 that the infection is transmitted through the respiratory system, such as, through secretions of mucus, saliva and phlegm of infected people which can spread rapidly (Kittiporn Naosuwan et al., 2020).

Thailand was the first country to find the first group of COVID-19 infected persons outside of China, reported on the 13th January 2020 of the infected persons travelled into Thailand from abroad and others who travelled out of Bangkok and the suburbs, returning to their home towns in the provinces. Thailand has been conducting and managing the COVID-19 pandemic continuously since February 2020 with implementation of pandemic surveillance and prevention measures by assigning each province to be ready in implementing the prevention and control the pandemic in the community level of each province (Department of Disease Control 2020) in accordance with the Royal Decree of Public Administration in an Emergency Situation,

2005 (Royal Gazette, 2020). That one of the mechanisms used in surveillance and prevention of pandemic was to use the services of VPHV, cooperating with the medical team and public health (Kittiporn Naosuwan,

Napacha Singhveeratham

and Nawaporn Khumsaengsawat, 2020). To be in accordance with the health context of each area, was to work together with the local community, creating the understanding of helping one another, protecting each other in the community which is important in slowing down the spread of the infection and stopping the transmission of the COVID-19 (Jongkolnee Tuicharoen et al., 2020).

However, in some areas, the pandemic was rapidly spread out, such as in the 3 southern border provinces of Pattani, Yala, Narathivas, especially in Pattani where there were the most infected persons in the southern region. The cause was due to the infected persons who participated in the religious events in Malaysia and returned back to home towns during the locked down period. But it was found that Pattani province could control the spread of pandemic not to be widely spread out by using the VPHV mechanism of investigating the information of the persons, screening the infection risk group and monitoring the persons in quarantine quarters effectively. From the result shown of the ability of the VPHV volunteers in effectively reducing the pandemic in Pattani, is the reason for the researcher to study the roles of Village Public Health Volunteer (VPHV) in conducting the prevention and reduction of COVID-19 pandemic. The data collected will be beneficial and useful for the executives and those involved in the work of VPHV in the other areas in planning, developing the VPHV work to be more effective further.

2. Objective

To study the roles of Village Public Health Volunteer (VPHV) in preventing and reducing the COVID-19 pandemic

3. Beneficial

3.1 Participation and corporation of the local communities to implement strict measures preventing the COVID-19 pandemic, building up the strength of the communities

3.2 The concerned organizations could use the findings and data collected as guidelines in developing the potentiality of VPHV in protection

against COVID-19 pandemic and other health disaster which may occur in the future.

3.3 Local management could plan the directions of village public health system, establish measures to prevent the pandemic in the community and provide information and guidelines in protecting oneself.

3.4 The public health office would have the data and information to be able to plan the strategy in creating the corporation in developing the system of Thai public health of suitable health care for the people. Have access to the health service system, can solve the health problems by being self-reliance with the help and support of the government sector.

4. Methodology

4.1 People and the sample group

This is a qualitative research. The people in this study consisted of VPHV volunteers and those involved in the areas of Pattani province. The researcher has made the study in 2 areas: The first area is where there were infected persons and using the VPHV mechanism, it could control the pandemic effectively. The second area is where the VPHV mechanism was used in the area where no infected person was found.

4.2 Collecting data

The researcher has collected the data in Pattani province by document analysis, non-participated observant, participated observant and in-depth interview. Choosing the COVID-19 infected area in Kampongbaru village, Phiten sub-district, Thungyangdaeng district and non-infected area of Baan Pho village in Makrut sub-district, KhokPoh district, Pattani province, Thailand.

The researcher has made in-depth interview with 3 sample groups of people: 1) Provincial level executives consisted of those involved in public health such as, the governor, provincial public health officers, personnel of district public health, members of the sub-district administrative organization, totaled 5 persons 2) A group of 16 Village Public Health Volunteers (VPHV), working in both, the infected area and non-infected area 3) Service recipient group consisted of local community administrators, supporting group of officers and local people both, in the infected area and non-infected area, such as, local headmen, village security groups of people, general local people, people in quarantine places and 21 infected persons who have been treated. Totaling 42 key informants. Using Snowball technique in selecting the sample group

of people. The data was collected between March-July 2020. The results from the in-depth interview have passed the Triangular test and analyzed by content analysis and to use in the conclusion further.

5. The finding

The study of the roles of Village Public Health Volunteers (VPHV) in preventing and reducing the COVID-19 pandemic are of 3 aspects, as followed:

5.1 Implementation of the roles of the volunteers in the prevention of COVID-19 pandemic

The important mission of VPHV volunteer in preventing COVID-19 pandemic is to knock on each door of the houses where each VPHV is assigned to be responsible, screening the infection risk group of people, referring the infection risk groups to the nearest public health office, follow up, surveillance and make a report.

5.1.1 Each VPHV volunteer knocking at each house door is responsible for 15-20 households, of providing updated information on the pandemic, giving advices on how to protect oneself.

1) Information given consisted of daily overall updated information of pandemic situation of the country, in the southern region and in the areas of Pattani province. Report on the management and the overall result such as, any death cases, recovering cases from the infection, etc.

2) A VPHV volunteer provides knowledge concerning COVID-19 and of other related matters such as, self-making of cloth mask, gel alcohol, etc. Providing knowledgeable document, public relation board and informative brochures from the provincial office center.

3) A VPHV volunteer has an important duty of providing advices on how to take care of oneself during the COVID-19 pandemic. Advices in the correct ways of protecting oneself such as, "eat hot food, use serving spoon, hand washing, wearing mask, exercises and keep social distancing". Apart from this, the advice of not going out if not absolutely necessary is given.

5.1.2 Screening the infection risk group of people and referring them to the nearest public health office

Each VHV volunteer who knocks on each house door of the responsible houses (in the areas of Pattani province), will

measure the temperature of everyone in the house and if found that there is anyone who has just travelled back from Malaysia or from any other infection risk areas, or risk provinces in Thailand, that VPHV volunteer will inform that person to strictly quarantine oneself in the house by staying in a separate room and do not join in any activities for at least 14 days. The VPHV volunteer will monitor and measure the temperature daily and assign the duties of surveillance, report on the condition of the infection risk person to a member of the family to also be responsible. If the symptoms of not having the scent, the smell nor the taste of things with high temperature are found, the VPHV volunteer will immediately inform the sub-district hospital officer. Apart from this the VPHV volunteer will inform the relatives or anyone who have been working in Malaysia and wanted to return to Thailand, of the measures preventing the infection pandemic, of the screening, the 14 days quarantine at the provincial arranged place and after which to continue the self-quarantine at home. The same treatment of precaution is implemented with the group of people who has travelled back from the infection-risk provinces such as from Bangkok. That if anyone is not prepared to be in quarantine, they are to cancel their travelling plan and do not return home during the pandemic time.

5.1.3 Apart from following up and monitoring the normal or unusual health condition of each family member under his/her responsibility, a VPHV volunteer has the duty of observing, watching if there is any stranger travelling into the village without informing the authority. The VPHV volunteer will report the monitoring, surveillance, the search for any infected person by filling the form stipulated by the public health, daily, to the sub-district hospital officer through an app. of VPHV Online with the headline of report (surveillance), where the sub-district hospital officer will record the report in www.thaiphc.net further.

5.2 The work of VPHV in cooperation with various other organizations in preventing COVID-19 pandemic

VPHV supports the other organizations in preventing COVID-19 pandemic such as, village surveillance and prevention center, screening and check points along the entry/exitway of the village, quarantine places at homes, and government public relation center, details are as followed:

5.2.1 Village surveillance and prevention center is situated by the road side, on

the way leading to the village which is near the village mosque. The officers who are regularly stationed at the center consisted of a village council member/ chairman of the sub-district administrative organization, 2 VPHV persons and 2 village security guards. The village leader will be at the center some of the times. These officers at the center have the duties of screening the people entering the village, measuring the temperature of each person, registering the names, addresses, contact phone numbers, provide the sanitizing gel for hand wash. Check and note the car registration numbers and measure the temperature of persons in each car entering the village, checking that everyone wears mask when entering the village. If any outsider wanting to enter the village, the timeline and reasons of coming to the village will be questioned and noted down. If it is not necessary to enter the village, that person may not be allowed to enter the village.

5.2.2 The checking and screening points stationing on the way into the villages, sub-districts, district and the provinces are in cooperation with the responsible units in the screening and check points according to the Civil Service Act in Emergency Situations, preventing pandemic in checking: 1) Those not wearing masks 2) People travelled from abroad 3) Those travelled from other provinces 4) Anyone in Pattani province who is suspected to be infected or is at risk of being infected.

5.2.3 The quarantine places for the people travelled from the infection risk area: Normally the person from such infection risk area will be in quarantined at the place the provincial public health has provided for with the public health officer stationed there to take care but for anyone who is self-quarantine at home, the VPHV volunteer, following the provincial measures, together with the members of the family, will monitor and keep surveillance and report.

5.2.4 Public relation in cooperation with the government units such as media mobile car from the sub-district government office to announce news, overall updated information about the situation of COVID-19 in the province, public health officers would also talk to the local people. The media mobile car will station at the local main market where vendors, buyers and people in general could all hear the broadcasting information. The administrators of the sub-district offices and those concerned, together, check the people using the main market/flea market facilities of, such as, only one point of entering/exiting the market, clean the market regularly, mask wearing

of both the vendors and the people, hand sanitizer at the stalls, social distancing, etc.

5.2.5 The authoritative organization where a certified document to leave the province can be issued is for the person needing to be out of the province such as, working outside the province or to see the doctor. The certified documents are to be shown at the check-point before leaving/entering across the provinces, they are as followed: 1) Physical check-up by the hospital doctor stating that no COVID-19 infection is found 2) Permit of entry-exit the province, signed by the leader of the local area such as, Headman and Village Leader, that the person has been longer than 14 days regularly observed and monitored by VPHV. This means that the VPHV must provide the exact and correct information to the local administrators.

5.3 Implementation of the roles of VPHV in reducing the risk of COVID-19 pandemic

VPHV has implemented the roles of VPHV volunteer by cooperating with the community leader, religious leader, creating the understanding of self-protection, prevention of the COVID-19 with the infection risk group of people, especially the group going to participate in religious events abroad. Due to the fact that, at the beginning of the pandemic of COVID-19 which had spread very quickly in the southern region of Thailand, especially in Pattani areas, was caused by the religious group of people who were participating in religious events in Malaysia and returned home in Thailand. That at the beginning, the local people were not aware and not cooperating much as they thought this COVID-19 was a new, strange disease and did not find it necessary to report, not being checked by the provincial public health which was the main cause of widely spread of COVID-19 in the province. But when the VPHV started to reach the local communities by being in cooperation with the village and religious leaders, conducting the "house door-knocking" activity, providing information, knowledge and advices to the local communities, the people started to be aware, willingly listened to the updated information, understanding the risks and started to practice the protection and prevention strictly.

The key results are as followed:

5.3.1 Wearing masks before leaving the house: Everyone learned that a mask must be worn every time before leaving the house, otherwise he/she cannot enter any servicing places.

5.3.2 People must wash the hands every time before entering any places. They have all learned that at every places such as at the

entrance of a government building, offices, private organizations, convenient stores, hospitals, shopping centers, markets, all provide sanitizer gel at the entrances and for the safety of everyone, hand washing with the alcohol gel must be done.

5.3.3 Everyone who are in the infection risk areas are aware that leaving/entering the stated risk infected areas are advised not to do unless it is absolutely necessary, therefore, there are few people going in-out of the area.

5.3.4 The people abide by the statements announced by the Sheikhul Islam Office, Thailand concerning the guideline in protecting oneself of COVID-19 pandemic strictly, as followed: 1) Prayers at home instead of joining together at the mosque. No prayers on Friday which is the day of praying together at the mosque, where it is an activity with a large number of people gathering together. As well as fasting at the mosque where the night prayer is usually held with an assembly of many people together. During the pandemic the people cooperate by praying at home and fasting with just the family at home. Apart from this, the local community abides by the measures implemented of keeping social distance in market management during Ramadan, for example, to limit the number of people entering the market, limit the number of vendors, stalls, hands wash with sanitizing gel before entering the market or touching the products while selecting, etc. 2) Avoiding the Islam greeting of hand touching, hugging or cheek-to-cheek by raising hand as greeting instead 3) Refrain from organizing religious ceremonies with group gathering such as wedding, merit-making, and feasting at home 4) Wearing mask or cloth mask when leaving home 5) During the Hari Raya festival of Muslims around the world at the end of Ramadan, every year in the past, the Muslim would celebrate the Eid al-Fitr prayers (also called the "Festival of Breaking the Fast") at the mosque near their houses, meeting many relatives and friends, since the COVID-19 pandemic, the Sheikhul Islam Office has requested the cooperation of all the mosques in the country to refrain from holding the Eid al-Fitr prayer event, to prevent COVID-19 pandemic where a large amount of people would gather together. This is not compulsory but a request for cooperation. If any mosque would still like to organize the prayers, to implement strict safety measure for the Muslim to pray in each home instead.

6. Conclusion

The conclusion is as followed:

The role of Village Public Health Volunteers (VPHV) conducting the prevention and reduction of the COVID-19 pandemic in addition to the normal roles, that there are 3 aspects of the roles conducting during the COVID-19 pandemic in Pattani, they are as followed:

1.The role of VPHV in preventing COVID-19 pandemic in the aspect of “house door knocking” in the village, screening the infection risk group, referring the risk group to the sub-district hospital, surveillance, follow-up, monitoring and report daily.

2.The VPHV role of cooperating with the other organizations in preventing COVID-19 pandemic by supporting other units such as, village epidemic monitoring center, screening and

checkpoints before entering the area, home quarantine, together with the government offices

3.The VPHV role of cooperating with village leaders and religious leaders in preventing COVID-19 pandemic by reducing the risk of being infected such as, creating the understanding of safely practicing the religious activities, understanding the practices according to the measures implemented by the government such as wearing mask, hand washing with sanitizing gel, leaving the house when necessary, etc.

The results from conducting the roles of VPHV in preventing and reducing COVID-19 pandemic have shown the ability of being able to control the pandemic very quickly and efficiently. The summarized 3 steps of conducting the role of VPHV are shown in the diagram 1

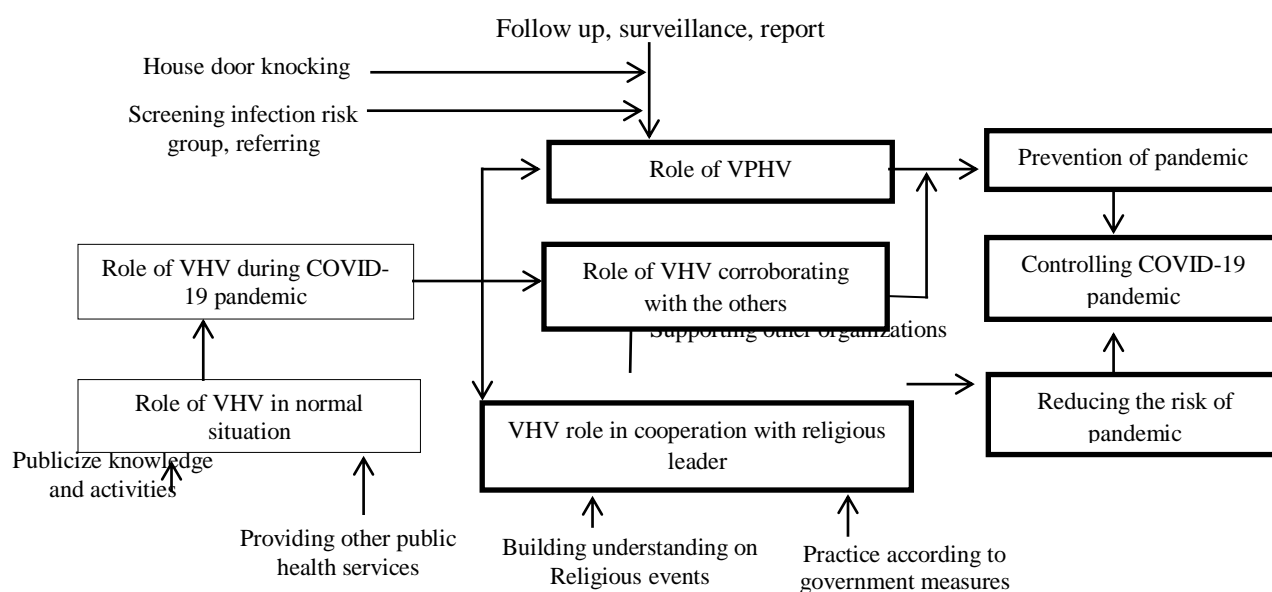


Diagram 1 shows the role of VPHV in preventing and reducing the risk of COVID-19 pandemic

7. Recommendation

Recommendation to use the findings further

From the study it is found that the roles of VPHV in preventing and reducing the risk of COVID-19 pandemic by “house door-knocking”, screening the infection risk group and referring the risk group to the sub-district hospital, together with following up, monitoring, surveillance and report, are all additional roles of VPHV from the normal responsibilities VPHV have and VPHV could conduct such roles effectively. Therefore, the other relevant organizations can formulate the findings as a guideline for the potential

development of VPHV to be able to manage and handle the other diseases or other health disasters in the future.

From the study it is found that the role of VPHV in cooperating with the other organizations, preventing the pandemic, such as, with the village epidemic monitoring center which has the active participation of the local people to be involved in the matter by sharing the public health information and news together. Therefore, the local administrators and local public health in the area can use the data collected in developing the guideline, planning the directions of public health care in the communities concerned and to establish a strategy for participation in the development of

people's health care, having access to the health service system and being able to solve the problems which may occur and being self-reliance.

Recommendation for further research

From the study, it was found that the roles of VPHV in the prevention and reducing COVID-19 pandemic risk consisted of 3 roles, namely, conducting the duties of the VPHV to prevent the pandemic, working together with the other organizations and cooperating with the community leaders and religious leaders. This is a qualitative research; there should be a quantitative research in order to confirm the findings further.

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