

## **APPENDICES**

## **Appendix A: Community Health Partnership Questionnaire**

### **Instructions**

Thank you for taking the time to complete this questionnaire. The practice of public health involves working with other groups and organizations to protect and improve the health of a community. In this survey, partnerships are defined as any group of two or more stakeholders working together on a common issue or goal. Partnerships range from informal collaborative activities to formal contractual agreements between groups and organizations.

Therefore, this questionnaire is surveying you as someone who participation as a partner in the ..... partnership, to learn about your experiences as an individual who bring important perspectives to the partnership, but who does not represent an organization.

Your answers are very usefully important for this study. All of the information you provide in this questionnaire will be kept strictly confidential. Please do not put your name anywhere on the questionnaire. It will not be focusing on individual responses or information from individual partnerships; which will be looking at all of the partnerships involved in the study as a whole. There are no right or wrong answers to the questions. Thoughtful and honest responses will give the most useful information for this study.

To answer the questions please thick (✓) in the  provided or write your answers based on your experiences and as honest as possible in the provided spaces.

***Thanks again for your help. It will be the most appreciated for your participation!!***

### Section I: General Information

*In this set of question is interested in leaning about you.*

1. Gender

1. Male  2. Female

2. What is your age?

..... years

3. What is your marital status?

1. Single  2. Married  
 3. Separated/Divorced

4. What is your highest degree or level of education that you have completed?

1. Primary school  2. Secondary school  
 3. High school  4. Certificate  
 5. Bachelor degree  6. Master degree  
 7. Other (please specify) .....

5. What is your current occupation?

1. Farmer  2. Governmental officials  
 3. Labour  4. Own business  
 5. Unemployed  6. Other (please specify) .....

6. What is your position or role in the community?

.....

### Section II: Description of the partnership

*This set of questions asks about your role as a partner in this partnership.*

7. In your role as a partner, what perspective(s) do you bring to the partnership? (e.g. the perspective of a community resident, nurse, teacher, parent, client).

.....

8. In your role as a partner, do you feel that you represent any particular group?

1. Yes  2. No

*Please, continue to next page*

9. Why was this partnership originally formed? (Check all that apply)

- 1. To meet a government mandate
- 2. To apply for grant funding
- 3. To address a need in the community
- 4. To increase the likelihood of achieving desired results
- 5. Other (Please specify) .....

10. How long have you been a partner in this partnership?

- 1. Less than 6 months
- 2. From 6 month to 1 year
- 3. More than 1 year
- 4. Three years or longer

11. How important are the partnership's goals to you personally?

- 1. Not at all important
- 2. A little important
- 3. Moderate
- 4. Somewhat important
- 5. Very important

12. Please describe your role(s) in this partnership:

.....  
.....  
.....

13. Do you currently provide either informal or formal leadership in this partnership?

- 1. Yes
- 2. No

14. During the past three months, how many hours per month, on average, have you devoted to activities of the partnership?

Average number of hours per month .....

15. Of all the full-partnership and committee meetings you have been invited to attend, what portion of these meetings have you actually attended?

- 1. None of them
- 2. A few of them
- 3. Some of them
- 4. Most of them
- 5. All of them

*Please, continue to next page*

16. Have you worked previously with any of the people or organizations involved in this partnership?

1. Yes → 16a. If Yes, how would you describe the experiences you have had working with these people or organizations?
1. Strongly not satisfy       2. Not Satisfy  
 3. Moderate                       4. Satisfy  
 5. Strongly satisfy
2. No

### Relationships in the partnership

*The questions in the next section focus on relationships between partners. By “partners” means that people and organizations currently involved in this partnership.*

17. How much do you agree or disagree with the following statements? (Select one response for each item).

Item	Strongly disagree	Disagree	Moderate	Agree	Strongly agree
a. I am concerned that I will be taken advantage of by other partners					
b. I believe that other partners appreciate the contribution I make to the partnership					
c. I am concerned that some partners will not fulfill their obligations to the partnership					
d. I feel that I have as much influence as other partners in decisions about partnership activities					
e. I have experienced strained relation with other partners due to disagreements or differences in perspective					

*Please, continue to next page*

## Leadership

18. Individuals may play different roles in the partnership. For the next set of items, please think about people who provide either formal or informal leadership. Based on your experiences in this partnership, please rate the total effectiveness of the leadership in each of the following areas. If an item is not relevant to this partnership, please check in the “Not Applicable” box. (Select one response for each item).

Item	Very poor	Poor	Fair	Good	Very good	Not applicable
a. Taking responsibility for the partnership.						
b. Inspiring people involved in partnership.						
c. Empowering people involved in the health programs.						
d. Communicating the vision of the partnership.						
e. Working to develop a common language within the partnership.						
f. Fostering respect, trust, inclusiveness and openness in the partnership.						
g. Creating an environment where differences of opinion can be voiced.						
h. Resolving conflict among partners.						
i. Combining the perspectives, resources and skills of partners.						
j. Helping the partnership look at things differently and be creative.						

19. How satisfy are you with the leadership in this partnership?

1. Not at all satisfied       2. A little satisfied  
 3. Moderate                       4. Somewhat satisfied  
 5. Very satisfied

*Please, continue to next page*

20. Since you have been involved in the partnership, have there been any changes in its leadership?

1. Yes → 21a. If yes, what overall effect did the changes have on the partnership?
1. Very negative effect       2. Negative effect
3. Both positive and negative       4. Positive effect
5. Very positive effect
2. No
3. Don't know

### **Administration and management of the Partnership**

21. Now we would like you to think about the administrative and management activities in this partnership. Based on your experiences, please rate the effectiveness of the partnership in carrying out each of the following activities. If an item is not relevant to this partnership, please check the "Not applicable" box. (Select one response for each item).

Item	Very poor	Poor	Fair	Good	Very good	Not applicable
a. Coordinating communication among partners.						
b. Coordinating communication with people and organizations <u>outside</u> the partnership.						
c. Coordinating partnership activities, including meetings and projects.						
d. Managing and disbursing funds.						
e. Applying for and managing grants.						
f. Preparing materials that inform partners and help them make timely decisions.						
g. Performing secretarial duties.						
h. Maintaining databases.						
i. Providing orientation to new partners as they join the partnership.						
j. Evaluating the progress and impact of the partnership.						

22. How satisfied are you with the effectiveness of the administration and management of the partnership?

1. Not all satisfied       2. A little satisfied  
 3. Moderated       4. Somewhat satisfied  
 5. Very satisfied

23. How involved are you in the administrative and management activities of the partnership?

1. Not at all involved       2. A little involved  
 3. Moderated       4. Somewhat involved  
 5. Very involved

### **Decision making**

*This next section asks about decision making in the partnership.*

24. How are decisions made in this partnership? (Check all that apply).

1. By all partners  
 2. By committee consisting of an elected group of partners  
 3. By committee consisting of a staff-appointed group of partners  
 4. By coordination/management office  
 5. By staff director of the partnership  
 6. Other (please specify) .....

25. How often does the partnership follow standard written procedures for making decisions?

1. None of the time       2. Almost none of the time  
 3. Some of the time       4. Most of the time  
 5. All of the time

26. How comfortable are you with the way decisions are mad in the partnership?

1. Not at all comfortable       2. A little comfortable  
 3. Moderate       4. Somewhat comfortable  
 5. Very comfortable

*Please, continue to next page*



27. What portion of the decisions made by the partnership have you supported?

1. None of them                       2. A few of them  
 3. Some of them                       4. Most of them  
 5. All of them

28. How often are decisions in this partnerships made in a timely manner?

1. None of the time                       2. Almost none of the time  
 3. Some of the time                       4. Most of the time  
 5. All of the time

### Resources

*Now we would like you to think about the financial and in-kind resources that the partnership needs to work effectively and achieve its goals. Please consider resources that can be obtained from partners as well as from external sources.*

29. For each of the following types of resources, to what extent does the partnership currently have what it needs to work effectively and to achieve its goals? If you think partnership does not need a particular resource to work effectively and achieve its goals, please mark the “Not applicable” box. (Select one response for each item).

Item	Has almost none or none of what it needs	Has some of what it needs	Has all or most of what it needs	Not applicable
a. Money				
b. Skills and expertise (e.g. leadership, public policy, administration, evaluation, law, cultural competency, training, community organizing)				
c. Space				
d. Equipment and goods (e.g. computers, books, medications, food)				
e. Data and information (e.g. statistical data, information about community perceptions, values, resources, and politics)				
f. Connections to target populations				

*Please, continue to next page*

Item	Has almost none or none of what it needs	Has some of what it needs	Has all or most of what it needs	Not applicable
g. Connections to political decision-makers, government agencies or other organizations or groups				
h. Endorsements that give the partnership legitimacy and credibility				
i. Influence and ability to bring people together for meetings or other activities				

30. Thus far, what do you think are the most valuable resources you have contributed to the partnership?

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 .....

**Benefits of Participation in the Partnership**

*The next set of items is about benefits that people can receive from participating in partnerships.*

31. For each of the following benefits, please circle **Yes** or **No** to indicate whether you have or have not already received the benefit as a result of participating in this partnership. If you circle **Yes**, go on to the question. If you circle **No**, please indicate whether you expect to receive the benefit or do not expect to receive the benefit.

- |   | Yes | No | Already<br><u>Received</u>                  | Expect to<br><u>Receive</u> | Do not expect<br><u>to Receive</u> |
|---|-----|----|---|-----------------------------|------------------------------------|
| a. Enhanced ability to address an issue that is important | Yes | No | <del>If No</del> → <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>           |
| b. Acquisition of new knowledge or skills                 | Yes | No | → <input type="checkbox"/>                  | <input type="checkbox"/>    | <input type="checkbox"/>           |
| c. Heightened personal recognition                        | Yes | No | → <input type="checkbox"/>                  | <input type="checkbox"/>    | <input type="checkbox"/>           |
| d. Increased utilization of my expertise                  | Yes | No | → <input type="checkbox"/>                  | <input type="checkbox"/>    | <input type="checkbox"/>           |

*Please, continue to next page*

	<b><u>Already Received</u></b>	<b><u>Expect to Receive</u></b>	<b><u>Do not expect to Receive</u></b>
e. Acquisition of useful knowledge about services, program, or people in the community	Yes	No $\xrightarrow{\text{If No}}$ <input type="checkbox"/>	<input type="checkbox"/>
f. Enhanced ability to affect public policy	Yes	No $\longrightarrow$ <input type="checkbox"/>	<input type="checkbox"/>
g. Development of valuable relationships	Yes	No $\longrightarrow$ <input type="checkbox"/>	<input type="checkbox"/>
h. Enhanced ability to meet the needs of my constituency or clients	Yes	No $\longrightarrow$ <input type="checkbox"/>	<input type="checkbox"/>
i. Ability to have a greater impact than I could have on my own	Yes	No $\longrightarrow$ <input type="checkbox"/>	<input type="checkbox"/>
j. Ability to make a contribution to the community	Yes	No $\longrightarrow$ <input type="checkbox"/>	<input type="checkbox"/>

32. Please described any other important benefits you have received or anticipate receiving that are not listed above.

.....

.....

.....

33. Overall, how important are the benefits you receive from participating in this partnership?

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Not at all important | <input type="checkbox"/> 2. A little important |
| <input type="checkbox"/> 3. Moderate             | <input type="checkbox"/> 4. Very important     |
| <input type="checkbox"/> 5. Extremely important  |  |

*Please, continue to next page*

**Drawbacks to Participation in the Partnership**

*The next questions are about drawbacks that people can experience as a result of participating in partnerships.*

34. For each of the following drawbacks, please circle **Yes** or **No** to indicate whether you have or have not already experienced the drawbacks as a result of participating in this partnership. If you circle **Yes**, go on to the next question. If you circle **No**, please indicate whether you expect to experience the drawback or do not expect to experience the drawback.

	<u>Already Experienced</u>	<u>Expect to Experience</u>	<u>Do not expect to experience</u>
a. Diversion of time and resources away from other priorities or obligations	Yes	No <u>If No</u> → <input type="checkbox"/>	<input type="checkbox"/>
b. Pressure to commit more time than I would like	Yes	No → <input type="checkbox"/>	<input type="checkbox"/>
c. Insufficient influence in partnership activities	Yes	No → <input type="checkbox"/>	<input type="checkbox"/>
d. Conflict between my job and the partnership's work	Yes	No → <input type="checkbox"/>	<input type="checkbox"/>
e. Being associated with partners that have negative images	Yes	No → <input type="checkbox"/>	<input type="checkbox"/>
f. Frustration or aggravation	Yes	No → <input type="checkbox"/>	<input type="checkbox"/>
g. Insufficient credit given to me for my contributions to the partnership	Yes	No → <input type="checkbox"/>	<input type="checkbox"/>

35. Please briefly describe any other important drawbacks you have experienced or expect to experience that are not listed above.

.....

.....

.....

*Please, continue to next page*

36. Overall, how concerned are you about the drawbacks you experience as a result of participating in this partnership?

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Not at all concerned | <input type="checkbox"/> 2. A little concerned |
| <input type="checkbox"/> 3. Somewhat concerned   | <input type="checkbox"/> 4. Very concerned     |
| <input type="checkbox"/> 5. Extremely concerned  |  |

37. So far, how have the benefits of participating in this partnership compared to the drawbacks?

- |  |
|--|
| <input type="checkbox"/> 1. Drawbacks greatly exceed the benefits  |
| <input type="checkbox"/> 2. Drawbacks exceed the benefits          |
| <input type="checkbox"/> 3. Drawbacks and Benefits are about equal |
| <input type="checkbox"/> 4. Benefits exceed the drawbacks          |
| <input type="checkbox"/> 5. Benefits greatly exceed the drawbacks  |

### **Collaboration**

*In the next set of questions we would like to learn more about the partners in this partnership work together.*

38. To what extent have your roles and responsibilities in the partnership reflected your particular interests, skills or resources?

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> 1. Not at all     | <input type="checkbox"/> 2. A little |
| <input type="checkbox"/> 3. Moderate       | <input type="checkbox"/> 4. High     |
| <input type="checkbox"/> 5. Extremely high |                                      |

39. To what extent have you been asked to take on roles or responsibilities that are better suited to other partners?

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> 1. Not at all     | <input type="checkbox"/> 2. A little |
| <input type="checkbox"/> 3. Moderate       | <input type="checkbox"/> 4. High     |
| <input type="checkbox"/> 5. Extremely high |                                      |

40. Overall, how much has your involvement in the partnership made a difference in the partnership's goals, plans, and activities?

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> 1. Not at all     | <input type="checkbox"/> 2. A little |
| <input type="checkbox"/> 3. Moderate       | <input type="checkbox"/> 4. High     |
| <input type="checkbox"/> 5. Extremely high |                                      |

How much do you agree or disagree with the following statements? (Select one response for each item).

Statement	Strongly disagree	Disagree	Moderate	Agree	Strongly agree
41. The partnership makes good use of partners' financial resources.					
42. The partnership makes good use of partners' in-kind resources (e.g. skills or expertise; information and data; connections and influence; space, equipment or goods)					
43. The partnership makes good use of partners' time					
44. The partnership has developed common goals that are understood and supported by all partners					
45. The partnership is better able to carry out its work because of the contributions of diverse partners					
46. The partnership has clearly communicated how its actions will address problems that are important to people in the community					
47. The partnership has done a good job of documenting the impact of its actions					

48. How much has the involvement of different kinds of partners led to new and better ways of thinking about how the partnership can achieve its goals?

1. Not at all
  2. A little  
 3. Moderate
  4. High  
 5. Extremely high

49. How much has the involvement of different kinds of partners enabled the partnership to plan activities that connect multiple services, programs or systems?

1. Not at all
  2. A little  
 3. Moderate
  4. High  
 5. Extremely high

50. How much does the partnership incorporate into its work the perspectives and priorities of the population of interest to the partnership?

- 1. Not at all
- 2. A little
- 3. Moderate
- 4. High
- 5. Extremely high

51. How much support has your partnership obtained from individuals, agencies and institutions in the community that can either block the partnership's plans or help move them forward?

- 1. Not at all
- 2. A little
- 3. Moderate
- 4. High
- 5. Extremely high

52. Have any of the partnership's plans been implemented?

1. Yes → 52a. If Yes, how successful has the partnership been in implementing its plans?

- 1. Very unsuccessful
- 2. Unsuccessful
- 3. Somewhat successful
- 4. Generally successful
- 5. Very successful

2. No

*The following questions ask about your satisfaction with different aspects of the partnership (Select one response for each item).*

Item	Not at all satisfied	A little satisfied	Moderate	Satisfied	Very satisfied
53. How satisfied are you with the way people and organizations in this partnership work together?					
54. How satisfied are you with your influence in the partnership?					
55. How satisfied are you with your role in the partnership/					

*Please, continue to next page*

Item	Not at all satisfied	A little satisfied	Moderate	Satisfied	Very satisfied
56. How satisfied are you with the partnership's plans for achieving its goals?					
57. How satisfied are you with the way the partnership has implemented its plans?					

### Partnership Challenges

*The next set of questions asks about challenges that partnerships may face as they work toward achieving their goals.*

58. To what extent has the partnership encountered the following internal challenges?

Item	Not at all	A little	Moderate	High	Very high	Don't know
a. Problems <u>recruiting</u> essential partners						
b. Difficulties <u>retaining</u> essential partners						
c. Difficulties with relationships among partners						
d. Difficulties motivating partners to participate						
e. Inadequate or changing leadership						
f. Inadequate or changing administrative / management staff						
g. Problems with the decision making process						
h. Problems moving the partnership from planning to action						
i. Difficulties obtaining financial resources						
j. Difficulties obtaining non-financial resources						
k. Inequitable distribution of funds						

*Please, continue to next page*



59. To what extent has the partnership encountered the following challenges related to the community and policy environment?

Item	Not at all	A little	Moderate	High	Very high	Don't know
a. Problems with categorical Funding or program requirements						
b. Lack of incentives o motivate people and organizations to participate in the partnership						
c. Competition for resources or clients among groups and organizations in the community						
d. Little history of cooperation or trust among people, groups and organizations in the community						
e. Resistance by key people and key organizations to the goals and control to the partnership						
f. unwillingness of government agencies to grant needed authority or control to the partnership						
g. Legal or regulatory barriers						
h. Difficulties bringing partners together due to long distances or lack of transportation						
i. Existence of multiple partnerships in the community, may of which involve the same partners						

60. Please list any other factors that have hindered the partnership's ability to carry out its work.

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*Thanks you for completing the questionnaire!!*

## **Appendix B: Focus Group Discussion Guidelines**

### **Part I: Session open**

- Step I: Welcome to all participants at the meeting
- Step II: Familiarize to the participants on the objective
- Step III: Present the overview of current situation
- Step IV: Introduce between all participants including the facilitator group also
- Step V: Set ground rules of group discussions by the group themselves
- Step VI: Inform by announcing to the participants about incentives, time, and facilities.
- Step VII: Inform the participants and ask for the permission for using tape recorder in this discussion in order to prevent the given information from being lost as well as to clarify some words that may be missed out during discussion. However, their words will be strictly kept confidentially.

### **Part II : Session commencement**

#### **1. Introduction**

This focus group discussion is a study support to look at a number of areas with a focus on community collaboration in health programs. We are not here to be critical in any way about your work, but rather to seek your guidance to get specific feedback on ways to improve community participation in health programs in relation to community sustainability and continuity. As this is a *group* discussion, we would benefit greatly if everyone present feels free enough to offer suggestions. Also, it will be most useful if the discussions are as frank and honest as possible.

## 2. Instruction

- There is no right or no wrong answer of the question.
- Every participant has equal right to floor his or her view, ideas, opinion and suggestion in the discussion.
- After discussing on a particular matter, the group will come-up with one group conclusion.
- All topics will discuss before to end the session.
- Participants are requested to discuss or share their own ideas or views with other participants without blaming or pinpoint to a particular person or character.
- The facilitator (group) member can facilitates participants only in technical ground but not take part in sharing views, judgement, or decision in any matters of discussion.

## 3. Issues

Participants will be asked to discuss on following questions.

*1. Have you been working as a team?*

**If yes:** → *What reasons have brought you to work as a team?*

**If no:** → *What specific constraints have kept you from working as a team?*

*2. What made the collaboration happen?*

*3. Who was involved?*

*4. What was the collaboration trying to achieve?*

*5. What actually happened?*

*6. What do you think were the critical elements that determined the project's success or failure?*

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## Appendix C: In-depth Interview Guidelines

### Keing Health Center

1. What are top *five* priority areas of health program?
2. *Of governmental agencies* other than health organizations with which your organization collaborates, which agency is your most important partner overall?
3. Of the non-governmental organizations with which your organization collaborates, which is your most important partner overall?
4. How would you say about your organization's coordination with local health providers and other local governmental and non-governmental agencies?
5. What forum did the local health official discuss the problems?
6. To summarize, what do you think are the most important positive impacts of health development in your community?
7. What do you think are the most important negative impacts of health development in your community?
8. What changes would you like to see your community with respect to community health development?

**Keing Tambon Administrative Organization (TAO)**

1. What are your TAO's top *five* priority program areas?
2. *Of governmental agencies* with which your organization collaborates, which agency is your most important partner overall?
3. Of the non-governmental organizations with which your organization collaborates, which is your most important partner overall?
4. How would you say about your organization's coordination with local health providers and other local governmental and non-governmental agencies?
5. What forum did the local health official discuss the problems?
6. To summarize, what do you think are the most important positive impacts of health development in your community?
7. What do you think are the most important negative impacts of health development in your community?
8. What changes would you like to see your community with respect to community health development?

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## **CURRICULUM VITAE**

**Name:** Suwairin Srichai

**Date of Birth:** 15 October 1974

**Gender:** Female

**Nationality:** Thai

### **Education background**

**2001 – 2002** Master of Public Health (Health System Development), College of Public Health, Chulalongkorn University, Bangkok, Thailand.

**07/95-12/98** Bachelor of Health (Health Promotion), Central Queensland University, Rockhampton, Queensland, Australia.

### **Employment**

**1999 – Present** Lecturer in the Faculty of Pharmacy and Health Science, Mahasarakham University.

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