

ผลงาน“พระแข็งแรง วัดมั่นคง ชุมชนเป็นสุข”
“Strong Monks, Stable Temples, Happy Communities”

1. ระบุชื่อหน่วยงานที่ต้องการระบุในหนังสือรับรอง ภาษาอังกฤษ /ไทย

Organization:

Bureau of Elderly Health, Department of Health, Ministry of Public Health

2. ระบุชื่อผลงาน ภาษาอังกฤษ/ไทย (***พร้อมแนบไฟล์ภาษาไทยภาษาอังกฤษของการตอบคำถาม UN 12 ข้อ)

Project title: "Strong monk, Stable Temple, Happy Communities"

3. สาขาที่จะสมัคร **Category of the award application:**

The second category - Promoting integrated mechanisms for sustainable development)

4. สอดคล้องกับ SDGs goal ข้อไหน เลือกมา 1 ข้อหลัก

SDG Goal 3: Good Health and well – Being

5. ผลงานนี้เคยได้รับรางวัลจากทางสำนักงาน ก.พ.ร. หรือไม่ ถ้าเคยได้รับรางวัลสาขา /ประเภทไหน ค่ะ ผลงานยังไม่เคยได้รับรางวัลจากสำนักงาน ก.พ.ร.

6. ชื่อ-นามสกุล เบอร์โทรติดต่อเจ้าของผลงาน

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1. Objective of the initiative--300

Answer: Thailand is a developing country which includes 65 million people. **95% of Thais believe in Buddhism.** There are 39,481 temples and there are 348,433 monks and Buddhist novices. Temples and monks are influential in providing community health care. In the past, temples owned traditional medicine textbooks for people in the community to learn, and the temples also provided herbal medicine to patients. Therefore, temples were like hospitals since people went to temples when they got sick. **“Temples and monks” had played very vital roles in providing health care to communities. They make health care services equally and inclusively accessible for underprivileged and poor people,** regardless of gender, race, and religion.

Population structure changes to aging society. People’s lifestyle transforms to urban society. Spiritual anchors become a major lack in weak communities. Medical system had changed from compassion system to business system which requires more finance and resources, and causes inequality. Poverty had been a point to be examined to get medical services. Medical service system turns out to be boring. Hence, **supports and developments for temples are improving community spirit.** To make this concrete, communities are bodies. A person can be healthy with strong physical and mental state.

Thai society had been well-known as “**a peaceful society**” and Thailand had been called “**the land of smiles.**” This did depict the outcomes of temples working as spiritual support for the locals.

Department of Health developed “Health Promotion Temple” project, which built and developed “health promotion volunteer monk of the temple, or so-called Phra Khilanu Patthak meaning nursing monk,” to know, understand and have skills in health care service according to monastic discipline. They can give advices on health care and take care of monks in their temples, as well as communities. Temples became health center serving health care system to monks and the elderly in the long run, as most of monks are elderly. Furthermore, this was a project that develops potentials of **leader monks** who are spiritual leaders and health care leaders for communities and integrative societies that connect government, private and civil sectors.

2. Alignment with the selected category--100

Answer: “Strong Monks, Stable Temples, Happy Communities” was a health care promotion system emphasizing on connective and integrative self-care in communities. Department of Health was the major organization driving the policy, developing the knowledge, supporting the operations, and improving potentials of personnel in provinces and areas. Monks were coordinators, volunteers, and spiritual leaders who led in caring physical, mental, psychological, social, and environmental aspects, in order to promote the locals’ well-being concerning their regional, traditional and cultural contexts. This monks and the locals-centered project offered healthcare with networks, especially in the areas where the locals could hardly get medical service system, so that inequality is eliminated and social equilibrium are well balanced.

3. Alignment with the 2030 Agenda

a. Please specify which SDGs and target(s) the initiative supports and describe concretely how the initiative has contributed to their implementation. ---200

Answer: Goal 3 (Good Health and Well-being) and Goal 10 (Reduce Inequality within and among countries) of 2030 Agenda were concerned about. Department of Health carried out health promotion temples and followed National Code for Monk Wellness to reinforce good health among monks all over Thailand underlying the National Health System Code, and goals set by the National Health Assembly. More importantly, monks roles as community and society health leaders require five factors including knowledge, information, development, health service, and researches that promote monks’ physical, mental, intellectual, and social well-being, manage the environment to be supportive for well-being, and enable temples to bond with communities. That eventually makes strong monks, stable temples, and happy communities.

b. Please describe what makes the initiative sustainable in social, economic, and environmental terms---100

Answer: Important processes that made the initiative sustainable were (1) cooperating with agencies involved in “National Code for Monk Wellness”, (2) revising, analyzing, and synthesizing social health problems in Thailand and roles of monks in being the center of community well-being, (3) identifying main objectives and operational strategies for “Strong Monks, Stable Temples, Happy Communities”

project and giving priority to creating “health promotion volunteer monks of temples” to be connectors linking community health care and the government medical service, (4) planning and carrying out strategies into practices through workshops, curriculum and training development, publicizing the project to accomplish policy implementation, as well as creating “health promotion volunteer monks of temples” and creating primary trainers from every province, in order to extend results in areas and enhance operational guidelines, and (5) frequent visits and monitoring, outcomes reports, and advocating “health promotion volunteer monks of temples” to be a project that drives “One Temple, One Hospital / Sub-district Health Promotion Hospital” policy to be the government’s key policy.

4. Relevance to leaving no one behind

a. Please explain how the initiative has addressed a significant shortfall in governance, public administration or public service within the context of a given country or region—200

Answer: “Strong Monks, Stable Temples, Happy Communities” has monks as health care coordinators which makes Thailand able to manipulate monks’ health promotion systems and to ease the poor to get seamless health care, or to get health care services easier in every process. “Health promotion volunteer monks of temples” fulfil health care system that still lacks personnel, service resources, and instruments. This volunteer system provided at temples and in communities reduces the government’s expenses and the locals’ household expenses. Moreover, it makes a positive and supportive environment for communities when temples are perceived as **“Temple areas are tranquilization areas.”** since the locals can do health promotion activities in temples. The locals do exercise, meet fellow elderly people, and spend time in temples during the day, as day care centers. No doubt, when monks are healthy and maintain desirable health behaviors, regarding the monastic discipline, it was strongly expected by the Department of Health that NCDs (Non-Communicable diseases) morbidity rate among monks and the locals decreases. That did make the department to move the project forward with great hope.

b. Please describe how your initiative addresses gender inequality in the country context. ----100

Answer: In Thailand context and in Buddhism, monks are clergy. Monkhood is detailed and there are limitations for their health care service. For example, it is considered a break of monastic regulations for ladies, or female nurses and doctors to touch monks. Monks’ daily life is based on monastic practices. They do not live in their houses. After they are ordained, they live in temples. So, when they are sick, they do not have a family member to take care of them. They cannot cook by themselves. They do not have income. To get some food, they have to receive foods from the locals. That means they cannot choose what to eat. As a result, their health promotion is restricted. Monks must mind their actions to be calm when doing exercise. They are spiritual leaders for Thai Buddhists. Therefore, monk health promotion is concerned about a specific target group, so that equality is provided to all group of Thais.

c. Please describe who the target group(s) were, and explain how the initiative improved outcomes for the target groups. ----200

Answer: The target groups were, as followed.

Monks and leading monks were equally encouraged to have good health, skillful and knowledgeable in health care, as well as to be leaders in carrying on Buddhism, developing morality and ethics learning, improving the society and communities, being role models for self-care and temple environment, and expanding to community well-being development. These will bring the country to security, prosperity, and sustainability.

Sick monks who cannot take care of themselves will receive health care at their temples from a health promotion volunteer monk of the temple who was trained in nursing following the monastic discipline. This reduces bed occupancy rate, the government and the locals' medical expenses.

Local people in each temple's neighborhood and, particularly, temple cooks were taught about how to cook healthy food with slight sweet, greasy, and salty flavors for monks, to avoid the risks of having the NCDs.

Temples have health promotion system and mechanism that create healthy environment, protect temples from health risk and hazards factors, emphasize on proactive approaches, keep assessing and improving to be more effective, centralize health promotion activities at temples to uphold community health, and make communities understand health facts and appreciate having good health.

Public medical service centers have lesser number of bed occupancy rate, then they can take more emergency patients and more serious patients.

Society and communities give a chance for monks to get involved in promoting well-being in their communities. Monks concretely and widely lead their communities in fulfilling, and supporting health care learning and wisdom seeking from birth to death.

5. Implementation

a. Please describe how the initiative was implemented including key developments and steps, monitoring and evaluation activities, and the chronology. ---300

Answer:

Phase 1:

According to numbers of monks having diabetes, hypertension, ischemic disease, and dyslipidemia caused by foods offered by the locals who lack knowledge and understanding about and are not aware of monks' sickness. Besides, monks have risk behaviors, including smoking, drinking coffee and energy drinks, and lacking appropriate exercises. If all of these factors are not worked out, more monks will be patients. Even though there had been organizations handling this problem, the projects were run in some certain areas in short-term and without systematic integration. Moreover, monks do not get into public health care easily. So, monks' health care are not implemented continually and completely. If this situation is not speedily solved, Buddhism teachings can hardly be carried on.

Accordingly, monks are main target to reinforce their life skills and long-life learning skills. Department of Health, Thai Health Promotion Foundation, Mahachulalongkornrajavidyalaya University, and associate networks worked together to run “Strong Monks, Stable Temples, Happy Communities” project.

Phase 2:

- (1) Coordinating with associate networks, appointing teams for the implement of well-being development for monks activities and for the integrative works with health promotion temples’ sub-committee and nursing monks
- (2) Formulating strategies
 - 1) Running activities for well-being development for monks and health promotion volunteer monks of temples
 - 2) Developing monks and novice database
 - 3) Implementing Health Literate Temple activity that held discussions with stakeholders to set objectives and strategies, design frameworks, and move the project integratively
- (3) Planning
 - 1) Arranging workshops to develop a curriculum for health promotion volunteer monks of temples
 - 2) Issuing a statement to accomplish activities for well-being development for monks
 - 3) Organizing workshops to maximize capability of monks from every province
 - 4) Encouraging district health centers and health regions to apply the nursing monks training curriculum in their areas
 - 5) Publishing training guidelines for every province
- (4) Following-up and evaluating, reporting the results and advocating policy to consider the nursing monk training curriculum a successful project that drives “One Temple, One Hospital / Sub-district Health Promotion Hospital” policy into the government’s 2018 – 2019 Quick Win Projects

Phase 3: Results

- 1) 17,970 monks took the evaluation of health condition.
- 2) 5,589 temples passed the criteria of health promotion temple screening.
- 3) There were 4,525 health promotion volunteer monks (nursing monks).
- 4) Every each temple was paired with one hospital / sub-district health promotion hospital. There were 9,753 temples working with 9,504 hospitals / sub-district health promotion hospitals
- 5) Moral Communities and the Hands of Home-Temple-School-Medical Service Centers Project was launched in 2,232 temples.
- 6) Information of 174,091 monks was recorded systematically.

b. Please clearly explain the obstacles encountered and how they were overcome.

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Answer:

- (1) Conducting “Strong Monks, Stable Temples, Happy Communities” project and developing the nursing monk training curriculum were challenging and needed strong willingness underlying with the monastic discipline. Cooperation from every sector was highly required. Integrative works with monks, the Sangha Supreme Council of Thailand and associate networks were also activated in order to make the agents have ownership involvement in directing the project.
- (2) There were many limitations on selecting monks for trainings, as the operations must be done through the Sangha Supreme Council of Thailand and the National Office of Buddhism.
- (3) Quality of health care services provided for sick monks, or temple-bound monks and bed-bound monks, was restricted. So, family care teams from hospitals or sub-district health promotion hospitals were sent to temples to advise elderly care and design care plans.
- (4) Nursing monks were sometimes discouraged to work. So, authorities from the central parts, health regions, and local area visited the monks, exchanged experiences, share innovations, and improve their skills. Also, outstanding nursing monks were rewarded and their lessons were raised up for other monks to learn and be motivated, before the results were extended.

6. Innovation

a. Please explain in what way the initiative is innovative in the context of your country or region. ----100

Answer: Health promotion temples have the notion of temples as the center of community and of temples having 1T2HC (Tranquility, Hygiene, Health Promotion, Culture, and Cooperation) concept. The 1T2HC were (1) tranquility undertaken by preaching and spreading Buddha teachings to unite monks and laymen, (2) hygiene by making temples and temple areas clean and hygienic, (3) health promotion for monks, novices, temple personnel, and the locals through activities which are helpful for community health, (4) culture, arts, traditions, local wisdom and natural resources and environmental reservation conserved and inherited by the locals, and (5) cooperation from the locals as well as cooperative administration, management, planning, responsibility, and true friendship. The approaches for monks’ health care was mainly based on monastic discipline, that is religious rules lead earthly mundane world, run by nursing monks, and focused on lifting up health promotion temples to be Health Literate Temples (HLT), which is a new matter for Thailand.

b. Please describe, if relevant, how the initiative drew inspiration from successful intuitive in other regions, countries, and localities. ---100

Answer: In Buddhism, monks are encouraged to take good care of their health, as said in a Buddhist proverb, “God helps those who help themselves.” In Thailand, Buddhism teachings were the basis of Thais’ ways of life and foundation of our culture and traditions. Monks are ultimate for sending Buddha’s teachings, developing moral and

ethics learning as well as developing societies and communities. Monks are also crucial for developing temples to be supportive for health promotion and be Health Literate Temples. That means temples are centers for community health and led by nursing monks.

7. Adaptability

- a. Has the initiative been transferred and/or adapted to other contexts (e.g. other cities, countries or regions) to your organization's knowledge? If yes, please explain where and how. ---200**

Answer: Conductions of health promotion temples, integrative development for monks' well-being based on the National Code for Monk Wellness, seamless health care for monks—the specific target group, and operational processes were integrated and transferred to pilot areas and leading monks.

Results of the project were extended in every health region in Thailand (health region 1 – 12 including Bangkok) and in every region of Thailand; for example, Chiang Mai, Chiang Rai, Lampang, and Sukhothai provinces in the North, Nakhon Nayok and Nonthaburi provinces in the central region, Songkhla and Trang provinces in the South, and Nakhon Ratchasima, Surin and Ubon Ratchathani provinces in the Northeast. Moreover, the extension was conducive to learning exchanges in international platform, such as in Singapore, Vietnam, China and Japan, where there was contextual difference but there were similar soul and spirit which made the project applicable in those countries.

- b. If not yet transferred/adapted to other contexts, please describe the potential for transferability.---200**

Answer: Thailand is one of global Buddhism centers. We formulated the National Code for Monk Wellness. There are a lot of Buddhism organizations in government and civil sectors where scholars, including laymen and monks, move the organizations. We launched a curriculum and a guideline for nursing monk training. We established training centers to convey knowledge and technology. We have model temple for the operations and leading monks for transferring and exchanging skills and knowledge to develop potentials of personnel and associate networks. Training guidelines are readily provided and planning the project in provinces and local areas are supported helped. Likewise, trainings and workshops were regularly arranged for improvement. Database of nursing monks were developed to be systematic and accessible. Additionally, there are channels for nursing monks and experts to communicate, exchange information and give advices, such as Line and Facebook, so they all are well-prepared to give the knowledge and share their skills to any countries that are interested in the implementation of the project.

8. Resources

- a. What resources (i.e. financial, human or others) were used to implement the initiative? ---100**

Answer: Budgets from Thai Health Promotion Foundation, National Health Commission Office, and monastic public and private organizations were allocated. Department of Health also proposed the project to the government for financial support.

Regarding human resources and management, a committee of leading monks, monastic networks, and government and civil sectors conducted health promotion temples integratively. Academic development was supported by universities, such as Mahidol University, Chulalongkorn University, Mahachulalongkornrajavidyalaya University, and Mahamakut Buddhist University. There were trainings in the central and regional levels where experts from Department of Health, Ministry of Health, and other related organizations trained and mentored nursing monks.

b. Please explain what makes the initiative sustainable over time, in financial and institutional terms. ---100

Answer: **Policy advocacy** is the main factor driving “Strong Monks, Stable Temples, Happy Communities” service which supports. In addition, having **model areas, leading monks**, exchanges of lessons learned, extension of results, **personnel and associate networks development**, supports of guidelines for the operations, **supports in planning operations** in local areas, provinces, and health regions, **proposing integrative plans to the government for life-long human development** and policy for aging society, **developing nursing monk database system** to be accessible, **communication channels** for information exchange among nursing monks including Line and Facebook, and formulating integrative operational controls and direction, and evaluation.

9. Evaluation

a. Was the initiative formally evaluated either internally or externally?

- Yes
 No

b. Please describe how it was evaluated and by whom? ---100

Answer: Department of Health and experts from health promotion temples committee assessed the following points. (1) While creating and developing the curriculum, duration of and content for the curriculum and trainings were examined with associate networks. (2) Satisfaction of nursing monk trainings and the curriculum were also evaluated. Besides, (3) policy evaluation brought about positive outcomes. The nursing monk trainings became an essential issue driving the National Code for Monk Wellness, and came to be a government’s Quick Win that needed to report the progress to the government monthly. (4) There were evaluations assessed by nursing monks in terms of self-care and health care service to sick monks, as well as supports for health promotion temples.

c. Please describe the indicators and tools used. ---100

Answer: Materials used for the evaluations were questionnaires and interviews in which the questions were examined by experts from health promotion temple committee, regarding content validity. The materials were tried out for improvement of the questions. Also, the questionnaire and interview questions were concerned about health condition screening and evaluation before and after trainings, and health promotion operations in practice in communities. The followings were some indicators.

- 1) Percentages of satisfaction of the curriculum

- 2) Percentages of nursing monks' desirable health behaviors
 - 3) Percentages of health knowledge in various dimensions
 - 4) Number of monks receiving health screening
 - 5) Number of health promotion temples that passed criteria
 - 6) Number of trained nursing monks from all over Thailand
- d. What were the main findings of the evaluation (e.g. adequacy of resources mobilized for the initiative, quality of implementation and challenges faced, main outcomes, sustainability of the initiative, impacts) and how this information is being used to inform the initiative's implementation. ---200

Answer: Outcomes of the evaluations were as followed.

- (1) The evaluation of the creation and development of the curriculum conducted with associate networks in a workshop, it was suggested that training duration should be separated. It was not practical for monks staying in some settings to attend training for 70 hours at once. Then, the training was 18 hours, and 35 hours, before the monks got back to take the real steps in their areas. Later on, they continued the training until 70 hours were completed. (This depended on readiness in each area.) In terms of content, it was revised to be more religious matters lead mundane ones, especially nursing procedures must be underlined by the monastic discipline and health situation with respect to monks' 10 daily activities.
- (2) Data collected from questionnaires, most monks were satisfied with the trainings. When their health competence was examined, it was found that most of the monks can access to and understand health information. They could question, revise, make decisions as regards health information, and change health behaviors, and convey health information to others. To elaborate, 71.43% of them could access to health information. 76.19% of them understood health information. 57.14% of them could revise and question health information. 59.18% of them could make decisions concerning health information. 41.61% of them could get to health behavior changes. Lastly, 39.94% of them could convey health information.
- (3) Policy evaluation and the trainings for nursing monks were well accepted. The policy had become an important policy to push forward the National Code for Monk Wellness, and a Quick Win. Reports of the progress of the activities must be made to the administrators of Department of Health, the Ministry of Health, and to the government every month.
- (4) 17,970 monks' health were screened.
- (5) 5,589 temples passed criteria of health promotion temples.
- (6) 4,525 nursing monks had been through the trainings and the extension is being pursued in every district.

10. Institutional Set up ---200

Answer: The innovation of nursing monk training curriculum, or the curriculum for health promotion volunteer monks of temples, focused on community health promotion. It integrated operations from policy level to regional level. Agents getting involved in this project were **Department of Health, the Ministry of Health** which developed the curriculum, organized trainings for nursing monks and primary trainers to pass down the policy in health regions, provinces, and local areas. The task to **pair "one temple, one**

hospital/health promotion hospitals” were directed by Department of Health, the Sangha Supreme Council of Thailand, and Thai Health Promotion Foundation. The organizations designed a structure for health promotions and health care services for monks in temples and communities, and supported activities of health promotion temples; meanwhile, evaluation was made to follow-up the effectiveness.

National Office of Buddhism, Department of Provincial Administration, and National Health Security Office set up a database of monks in each temple and made ID cards for monks. Department of Medical Service, Office of Permanent Secretary Ministry of Public Health screened monks’ health. National Health Office supported and drove 2017 National Code for Monk Wellness. Health region offices, and provincial public health offices implemented “one temple, one hospital/health promotion hospitals” by selecting temples and hospitals to join the project, arranged trainings in their areas, gave advises to nursing monks, and supported nursing monks’ works. Most importantly, the nursing monks were the heart of this project, as they bare the tasks of self-care, health care for monks in their temples, and health promotion in their communities.

11. Stakeholder engagement ---200

Answer: This development of service innovation “Strong Monks, Stable Temples, Happy Communities” was achieved adapted PIRAB health promotion strategy of the Bangkok Charter:

- 1) P: Partnership: Persuading alliances from every sector and level to be aware of the importance of sustainable health promotion for monks and all group of Thai people and the works for it, especially identifying health issue as a crucial issue included in every health policy
- 2) R: Regulations and legislations were imposed to protect citizens from any health risks, particularly in this project, the National Code for Monk Wellness was the core.
- 3) A: Advocating, guiding and encouraging every level of politics to place importance on health promotion as regards human rights, equality, and cooperation from every sector.
- 4) B: Build capacity of personnel in every sector to be capable for developing policies concerning about health, doing research and giving knowledge to citizens to make them knowledgeable about health and health care for monks and for themselves, so that communities are able to promote monks’ well-being in accordance with the government.

12. Lesson learned ---100

Answer:

- **Trainings** should be arranged according to settings, prioritize religious matters over mundane ones, and make training time flexible.
- **Health services** and social welfare for monks should be done **with respect** to nursing monks’ **way of life**, their backgrounds and communities, as well as mental health service and environment that harmonize with their lifestyle.
- **Service provisions must be integrated with different fields**, such as traditional Thai medicine wisdom and Thai massage. The use of herbs that are easily found

and practically useful should be supported so that citizens can save money and be self-reliant.

- **Innovations should encourage cooperative learning, rather than giving**, so that citizens, especially vulnerable people, understand and be able to help themselves. Also, communities can take parts in services, which was agreeable with the SDGs mentioned earlier.

Development leading Thailand to “Security, Prosperity, Sustainability” through “Strong Monks, Stable Temples, Happy Communities”

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