

**DEVELOPMENT OF THE NETWORK-BASED OPERATION
MODEL OF THE SUB-DISTRICT HEALTH
INSURANCE FUNDS COMMITTEES**

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OF THE REQUIREMENTS FOR
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Thesis
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DEVELOPMENT OF THE NETWORK-BASED OPERATION MODEL OF SUB-DISTRICT HEALTH INSURANCE FUNDS COMMITTEES

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ABSTRACT

The objectives of this study were to synthesis knowledge and develop a network-based operation model in sub-district health insurance funds committees. The study was divided into 4 steps.

The first step analyzed the network-based operation structure in 33 funds by questionnaire; data was analyzed with NetMiner program and cluster analysis statistics. The result reveals that the general structures were low density, high centrality and closeness, few isolation structures or structural holes but many cliques. All funds' structures were able to divided into two groups, a high and low network-based operation groups.

The second step distilled and synthesized the knowledge in 10 funds by group interview with a semi-structured in-depth interview form; data was analyzed with content analysis. The result reveals that lessons learn concerned both similar and different issues. Similar lessons were related to the process of National Health Security Office. However, different lessons were related with activities that the fund set themselves.

The third step developed a network-based operation model. Two models were developed: a participation model of network-based operation, and a monitoring and control model of network-based operation.

The fourth step verified the models by five experts. The result reveals that these models cover the factors and conditions and allow possibility for using the model in real practice both in the present and the future.

Based on the findings, the National Health Security Office should apply these models to develop fund operations in all sub-districts of Thai society, related organizations should work together to set the fund's development, and fund committees should select the model which suits their context or area.

KEY WORDS: MODEL / NETWORK-BASED OPERATION

214 pages

การพัฒนาารูปแบบการดำเนินงานเชิงเครือข่าย ของคณะกรรมการกองทุนหลักประกันสุขภาพระดับตำบล
DEVELOPMENT OF THE NETWORK-BASED OPERATION MODEL OF SUB-DISTRICT HEALTH
INSURANCE FUNDS COMMITTEES

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บทคัดย่อ

การศึกษานี้มีวัตถุประสงค์เพื่อสังเคราะห์องค์ความรู้การดำเนินงานเชิงเครือข่าย และพัฒนารูปแบบการดำเนินงานเชิงเครือข่ายของคณะกรรมการกองทุนหลักประกันสุขภาพในระดับตำบล แบ่งการศึกษาทั้งหมดออกเป็น 4 ขั้นตอน คือ

ขั้นตอนที่ 1 วิเคราะห์โครงสร้างการดำเนินงานเชิงเครือข่าย ใน 33 กองทุน โดยใช้แบบสอบถามวิเคราะห์โดยใช้โปรแกรม NetMiner และสถิติ Cluster Analysis ผลการศึกษา พบว่า สมาชิกมีการติดต่อสื่อสารระหว่างกันไม่สูงมากนัก มีสมาชิกที่เป็นจุดศูนย์กลางชัดเจน มีภาวะโดดเดี่ยวและภาวะหลุมโครงสร้าง สามารถนำโครงสร้างทั้งหมดมาจัดเป็นกลุ่มได้ 2 กลุ่ม คือ กลุ่มที่มีการดำเนินงานเชิงเครือข่ายสูง และต่ำ ขั้นตอนที่ 2 การถอดบทเรียน และการสังเคราะห์ความรู้ ศึกษาในกลุ่มกองทุนฯ ที่มีการดำเนินงานเชิงเครือข่ายสูง 5 กองทุน และต่ำ 5 กองทุน โดยใช้เป็นแบบสัมภาษณ์เชิงลึกที่มีโครงสร้าง นำข้อมูลที่ได้มาวิเคราะห์เนื้อหาภายใต้กรอบวงจรชีวิตเครือข่าย ผลการศึกษา พบว่า มีบทเรียนที่คล้ายคลึงกันในส่วนที่เกี่ยวข้องกับขั้นตอนที่ถูกระบุโดยสำนักงานหลักประกันสุขภาพแห่งชาติ และในส่วนที่แตกต่างกันซึ่งเป็นบทเรียนเกี่ยวกับลักษณะการดำเนินงานของแต่ละกองทุนฯ ได้กำหนดขึ้นให้เหมาะสมกับบริบทของตนเอง ขั้นตอนที่ 3 การพัฒนารูปแบบการดำเนินงานเชิงเครือข่าย พัฒนาได้ 2 รูปแบบ คือ รูปแบบการดำเนินงานเชิงเครือข่ายโดยเน้นการมีส่วนร่วม และรูปแบบการดำเนินงานเชิงเครือข่ายโดยใช้การควบคุมกำกับของแกนนำในกองทุนฯ ขั้นตอนที่ 4 การสอบพิสูจน์รูปแบบกลุ่มตัวอย่าง คือ ผู้ทรงคุณวุฒิ 5 ท่าน ใช้การประชุมกลุ่ม ผลการศึกษา พบว่า รูปแบบที่เกิดขึ้นทั้ง 2 รูปแบบมีความครอบคลุมปัจจัยเงื่อนไขต่าง ๆ และสามารถนำไปปฏิบัติได้จริง แต่ต้องใช้เวลาในการพัฒนาอีกระยะหนึ่ง

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CHAPTER I

INTRODUCTION

1.1 Background and rational

Everything in the world was caused by dependence and associations between them. If raised to emulate one of the separate develop, they will affect. It will leads to the stress and crisis equilibrium (Prawese Wasi, 2004: 3). In modern science this approach was used but there were many problems. Now, therefore, it there are new concepts that all things are open systems that are associated with everything (Prawese Wasi, 2005: 8). As a network or social network, if it has the relationship between man and society (Pramaha Sutit Apakaro, 2005: 4). This concept believed that it will make the development process, associated complex, make the development an overview and a better system. In the present world it can be seen that the various networks and can occur in many countries and community organizations such as the internet network, international corporate networks, corporate network, family network or other networks etc.

In Thailand, network was made long ago. It is evident from this collection to help aid in social activities only when it has not yet set up a network that it uses only (Sontaya Polsri, 2007: 191). At present, network-based operation is a major network. This can be seen from the law or act in various developments that implied the guidelines specified in various agencies to work together, as The National Health Act 2007 division 2 national health committee, section 25 article 4 provide or promote, support the process of developing policies and strategies on health continues, to ensure continued operation and participation of all parties. (Government Gazette, 2007: 9).

Generally network is associated with a person or group or organizations (Nodes) and relations or links that occur in the networks. The network could be a firm or loose structure as well as the coordination and exchange of information to achieve results on one side, as defined in the objective (Kemmm & Close, 1995: 15; Richardson,

1994: 14; Scriven & Orme, 1996: 27-28). This is related to the lifecycle of the relationship between network members. In the lifecycle network which is composed of the formation stage, the implementation process stage and the results stage. If this is the network that must be continually active the steps involve the treatment relationship and continuity. Some networks will end when the operation of the network has already been achieved, especially in the ad hoc network. Some networks can also develop their operational continuity. But some networks cannot continue to be; due to lack of understanding of the mechanism or the operating of a network is insufficient. If we look into the development of each network we will know the different circumstances of their networks such as, the relationship, operational, etc. What happened affects how networks work, performance occurring response objectives or goals of the network or not and how to resolve them (Pramaha Sutit Apakaro, 2005: 193). There is a lack of understanding in these matters. In addition the network will have to face high risks and threats cannot be achieved, it may cause the loss of the entire network because the network cannot grow and it is very weak and could deteriorate at any moment. So if the network hopes to achieve its goals, development or to operate continuously, it is necessary to understand the phenomenon of their network-based operation and covers the important dimensions of the round.

So a researcher might say that understanding the analysis of networks, especially networks that require ongoing process there should be studies to cover the various dimensions of the round, which required a study of the characteristics and life cycle of a major network. In the formation of network characteristics such as relationships, management and implement process, including the effect of the target network to lead to empowerment and performance network-based operation continuity. This is consistent with research in other countries that focused on issues in all network dimensions such as, Provan and Kenis (2008: 229-252) who studied about network of organizations and management, structure and efficiency of the network, Narumol Niratorn (2000: 49-50) the goal of the network, manage network resources, process of working network and satisfaction of stakeholders in the network at the same time, Wood (2007, [Online], Available: http://www.allacademic.com/meta/p196849_index.html) studied on the ability to access networks and the regulatory network.

The study about network-based operation in Thai society often fragmented and found many characteristics such as, a retrospective study to see the layout of the network formation (Darunee Dangharn, et al., 1997: 4; Phakaphon Salathong, 2003: 3) educational issues of managing their networks (Phattharaphon Yutthapornpinij, 2004: 8) or in coordination (Sumphan Techaartic, et al., 1997: 181) the utilization occurs part of the study only. The lack of explanation or understanding of other related dimensions, or an overview of network-based operation.

In this study, network-based operation related to the portion of the population that focuses on the development of health or well-being because life has many dimensions. The dimension of health is the one dimension that has meaning to life under the physical, mental, social and spiritual good. So, in terms of health or health-dimensional conditions they are responding to develop the population quality or to create a better life for the people. However, the scope on health has a very wide meaning, if look in the government's role in well-being and development especially with agencies of the Ministry of Health. It finds that the health dimension was both related and unrelated to the Ministry of Health such as, for conservation of forest resources that help enhance the environment or grow organic vegetables that help prevent the diseases from pesticides etc. These are beyond the responsibility of the Ministry of Health therefore; in the past there was a viral reform of the health system so that people understood that. Factors related to the health of people, not of the authority of the Ministry of Health but only in functions of all Ministries and non-government agencies which are related to health were involved. The sectors of Thai society have a whole other group, organization or small groups in the community that can come to play a role in this regard. Therefore, the National Health Act in the year 2007 with its content focused on the role of all sectors related to health such as division 2 of the National Health Act, section 25, article 4 provide or promote, support the process of developing policies and strategies on health continues to ensure continued operation and participation of all parties (Government Gazette, 2007: 9).

With the collaboration of agencies it had several levels such as the central (Ministries), provincial level, district level, sub-district level and village level etc. Many look like the state with state, state with private sector, state with civil society or the combination of multiple sectors together in the health dimension. The National

Health Act has been referred to as Assembly Health to focus on the people to develop their health, which implies that the collaboration of various health agencies must have always joined the public sector. However, the process will work together to improve the health so the necessary resources to be reasonable must point to a connection between government and civil society. Currently development is focusing on the people who will participate in the Sub-district Administrative organization because there are many agencies that have a legal structure. The Act of Planning and Processing of Decentralization to Local Government B.E 2542 support the assembled unit with a village or small community units that will draw participation from different groups in the community to work together at all times. Therefore, the development authority within the Sub-district in all areas and the freedom to set policy system administration services including monitoring and financial support of local activities that benefit the local people on their own (Chusri Phonphoem, 2005: 92).

Therefore, during many years, it has attempted to create a collaboration of all parties in the sub-district. The patterns occur in many styles that affect the health directly and indirectly, such as product manufacturers 1 product 1 Sub-district, manufacturers of organic vegetables in Wang Nam Kiew, networks of various watershed conservation, networks in public health sector (Wanida Wirakul, 2001: 44) civil society networks to control and monitor avian flu in sub-district (Primary Health Care Division, 2004: 20-23) network to develop health, a central coordination at Sub-district Administrative Organization (Training and Health Development Center in The North-East, 2005: 2-6; Whattana Potha, 2005: 22-29). Although the collaboration could have several characteristics, but emerging trends especially those directly related to health will focus on operations in terms of a network, (Whattana Potha & Ruchapadung Pinkkhasakul, 2007: 8-15) because agencies or organizations and groups in the sub-district will feature resources and guidelines for their own operations. This will help solve the budget constraints, staff knowledge, linking relationships, the exchange of ideas, tools or experience and practice between them, to cause the learning process and synergy for the operation of local health (Institute of Community Based Health Care Research and Development, 2007: 38).

While the work in the network-based operation is important, currently there are trends developing of health related network in sub-districts. Such as the

integration of knowledge to paraphrase taken to manage health network, to the learning process and work as a network share. Collaborate with all sectors (Training and Health Development Center in the Central, 2005: 73). And occurred the development of sub-district health network SingBuri-AngThong or network Bueng Samakkhi sub-district, Kamphaeng Phet province and sub-district health management network model Khao Din sub-district, Khao Phanom district, Krabi province.

Although a health network in the sub-district will have many styles, each area is different so opinions as it deems appropriate. But whether the name is different it will look similar in many respects. Such as members of the network typically consist of 4 main organizations which are Sub-district Administration Organization, local public health agencies such as health center, etc., other government agencies in areas such as school, etc. and the people section such as public health volunteers club, elderly club, a health club, community leaders, philosopher villagers, folk healers, etc. And the goal of the network in sub-districts will provide a significant difference, but overall it is to enhance skills, share learning process and guide the development of various members in the network, connected to the mechanism of coordination and thinking processes to be in the same direction, to achieve a clear health policy so it can be a real practice in all sub-districts, to drive the development of a health plan in every village to village health and development planning in sub-district and to manage self-reliance in health care in the sub-district.

However, all operations above have limitations as well as to keep it in a targeted approach and operations or activities of their own. In addition, some networks are operating in a manner not in terms of continuity but as arranged in a meeting together to exchange explanations and guidelines for performance only. As well as performances have not shown clear results the overall performance of health networks in the sub-district lack clarity and not concrete.

Health care operations in the region are generally other sub-districts that work together on capitals already, but may not have known that their work is network or network-based operation. This is evident from the results and findings of many researches such as Thai Health Promotion Foundation (2005: 18-22) which found that Sub-district Administration Organization (SAO) coordinate with the health center and public health volunteers. However, participation of Sub-district Administration

Organization mostly just supports only the budget and lacks participation in the joint activities, Wanida Wirakun and Tanawat Poomcharoenwat (2005: 21-25) found that the coordination and cooperation under the network is minimal and occurs even though there is no continuity, Autit Jitngern (2007: 4-6) found that the development of the health management village could be developed by operating in each village and merged to sub-district level that used the guidelines of the health village and process of District Health Fund including the process development of master plan to guide the collection of communities.

From the phenomenon of a network in the sub-district level that was mentioned above. The various operations will always have difficulties which, if there is no tendency to resolve, will be negatively impacting the development of public health. Now, therefore, Thai society has a new tendency to work together in various sectors, it has the sub-district health insurance fund that follows the guidelines of the National Health Security Office (NHSO) and National Health Security Act B.E 2545 to provide all stakeholders in the sub-district, both directly and indirectly, to work together and to create health insurance for people or public in the sub-district. The budget from the National Health Security Office was allocated to local government and local government must contribute their budgets to the fund, including the committee and the sub-committee that come from various sections such as the representative group/club-related health or the members. The Board of this group must be involved or responsible for the person's health both directly and indirectly in the area already. This typically includes organizations such as the Sub-district Administrative Organization, public health agencies in the area, government, non-governments (NGOs), public sector, groups or organizations and others with shared objectives (National Health Security Office, 2007: 16).

Proposed from the details of the sub-district health insurance funds above these have implications to the agency or organization, groups or clubs or networks available in the sub-district that had worked together previously and make clear to appoint the fund committee and the sub-committee including operating funds. Under the budget it has been allocated and the contributions from each local sub-district as a tool. They include energy and other resources such as people, intellectual, cultural and social capital etc. that can create health insurance for the local people very well

though the fund is not specified the committee or subcommittee has established a presence in terms of network sharing. The work in the past has a network and the committee comes from many sectors and groups involved or responsible for the health of people in the area already. One characteristic of the network-related nodes and the relations existing base, therefore, this study sees the committee and sub-committee networked in nature. So, when a researcher looks at the committee as a network, the committee must operate network-based approach that covers all stages of the cycle process in the same network. It enables a network to achieve healthy development of operational continuity and sustainability.

The sub-district health insurance funds have been operating since 2549 B.E, which has a performance report annually (September 30th of each Year). The National Health Security Office in 2006-2008, which is just as important to report results on activities each month, quarterly performance and financial reporting (The National Health Security Office, 2007: 50-52). The other results are not clear. The only conclusion in the year 2001 is that the Sub-district Administrative Organization and Municipality pilot which understands and ready to join the operations of 882 or 10 percent of all (extends to all Sub-district Administrative Organization and Municipality in the year 2008) and just focus on the preparation process and create understanding only. If see in network lifecycle, these operation focus on the period of network formation only. The issues that have or how dimensional analysis required networking knowledge and understanding to do much more, such as network management or the network drive mechanism operates efficiently and effectively. This was not mentioned or focused at all although much research indicates that many problems and obstacles in a developed network come from the management in the network (Eakarmol Oonsri, 2001: 79).

Therefore, these are very important to work about a network-based operation in the sub-district health insurance fund arising today. And that will happen in the future because of other operations will enter the whirlpool of problems and obstacles of conventional operations, as mentioned above, such as coordination problems, problems continue to run. It will require development of a network-based operation with cover the dimensions, method or approach that was imposed because the original approach or operation cannot be causing the problem in solving it.

Therefore, the development of a network-based operation model is propriety. To indicate that operations will be driven the fund in all dimensions, continuity and sustainability and it will lead to a healthy development of the local community or region. It is important to the fund in order to create the innovation that could be expanded to include the establishment of the sub-district in all of Thai society in the years 2008-2009, therefore, the development of network-based operation model is a new starting point of the collaboration of various sectors including creating the image of the network in the future, because the network-based operation model will be the default format to each sub-district it can be considered or applied to deploy properly in that context. This is something that can help expand the development of operations in each fund quickly, similar to those of the study visit. The people who have visited can apply to that format or create a framework, because of inspiration from the examples success (Seri Pongpis, 2005: 47).

The model development from past research had various methodologies and styles such as Porntip Siriphanumard (1993: 7) studied the issues in traditional, defined from the government to create a query to find out what issues need to improve. Sallayaporn Tonpomipratet (2005: 85) applied the model from other research such as model 1E3C (E: Experimental Learning C: Component of Health Promoting School C: Capacity Building of Stakeholder C: Community Participation) to develop a model for the operation of health promoting school by interviews with comments from experts. Srisuda Rassmeapong (2004: 79) developed the model by using action research design within the framework of concepts or theories such as developed model for primary health care in the community, using community-based action research with “Look Think Act” Framework. Waraporn Boonchieng (2004: 88) developed the model by using interviews to find out details. Reviewed with the concept or theory then created a draft model and a test model. Suwimon Wongwanish (2005: 244-245) developed the model by future research, questionnaire and findings were submitted to the experts.

The methodology of the model development above, although not really related to the network-based operation that much it shows the nature and methodology used different ways, and demonstrated that the development model does not require traditional clear model like before. However, one thing to note is that all models above

had studied little context, such as only one school, community, target group or a group as yet unable to expand upon. These are the methodology limitations. Therefore, to develop a model that can be widely applicable, new methodology is required in addition to existing methodology. This study referred to the lesson distills process that has important methodology to extract knowledge from operating networks. That can enhance the specific local context or any context by another, by determining what the common factors are. It is in itself to lesson off across the case studies (Cross-cases Analysis) to lead to general conclusion (Generalized) (Teeradej Chai-Aroon, 2007: 5-24) at all locations or contexts can be adapted or adjusted to be consistent with them.

Therefore, this study has brought about the lessons distill methodology as a main, interviews experts or specialists and applied concepts or theories to develop the network-based operation model, in order to be able to extract knowledge, analyze both factors and conditions which are similar and different in each fund within the network lifecycle framework. All funds in Thai society can be adapted or adjusted to provide consistency with the context of their fund, which will make the funds operational progress, direction, resolve problem and develop the network-based operation to continue and drive to the future. In addition, this is the operation tendency of the fund to create good and strong operation that has enough to respond and lead to the continuation and sustainability. This will cause the public in the sub-district to be healthy and expect that when all funds create good and strong operation, it will be provide good health for people who spread abroad indefinitely and achieving health in Thai society soon.

1.2 Research question

How can the model of a network-based operation in the sub-district health insurance funds committees be applied to all areas?

1.3 Research objectives

1.3.1 To synthesize the network-based operation knowledge in the sub-district health insurance funds committees.

1.3.2 To develop the network-based operation model in the sub-district health insurance funds committees.

1.4 Scope of the study

1.4.1 Scope of the theory

1.4.1.1 Synthesis the knowledge and developed network-based operation model in the sub-district health insurance funds committees. Under the framework of network lifecycle, which consists of 3 steps; Step 1: Awareness and the formation of the network that applied the concept of social network analysis. Step 2: Create obligations and manage networks that applied the concept of network governance, and Step 3: Improve relationships and utilization. (Achievement Network) that applied the concepts or principles of network.

1.4.1.2 Selected sub-district health insurance funds which is a good example for lesson distills methodologies, applied concept of social networks mainly. Features include the size, direction and nature of links between members of the network. The images and the statistical analysis are linked to the program “NetMiner” and Cluster Analysis.

1.4.2 Scope of variables

The variables defined by the scope of the theory, such as variable size, density, centrality, isolate, structural hole, macro-culture, access network and understanding in other members etc.

1.4.3 Scope of area

Study in 4 provinces in areas of public health region 9, Chonburi, Rayong, Chanthaburi and Trad province.

1.4.4 Scope of target

Target characteristics have 4 steps.

1.4.4.1 The target that is used in the process of the network-based operation survey were sub-district health insurance fund committees that established in 2001, compose of Chonburi 8 funds, Rayong 13 funds, Chanthaburi 8 funds and Trad 4 fund total 33 funds (Excluding municipality).

1.4.4.2 The target that is used in the process of lesson distills were members in group of high and low network-based operation that were willing to participate.

1.4.4.3 The target that is used in the process of model development is 18 experts.

1.4.4.4 The target group that is used in the model verification step is an expert in the National Health Security Office in the branch of Rayong province, an expert in Chanthaburi Provincial Health Office, and 3 president of Local Government Organization.

1.5 Research limitations

1.5.1 This study had limitations on time and budget, so the aim of this study was to create only a suitable model in terms of content using applications and was not intended to extend the model to practice.

1.5.2 In the lesson distills step, this study used the process of after action reviews (AAR) with retrospect techniques which may of had limited about the recall of the target group.

1.5.3 Limitations on the model features itself, in social reality, each model can not explain the whole of society but only explain a part of society. This may ignore the reality on the other side (Sunya Sunyaviwat, 2004: 229). Therefore, this study was unable to develop the completed network-based operation model or cover the factors or the condition of the dimension. So, if each fund wants to use the model, they should study their contexts before applying the model.

1.6 Operational definitions

Sub-district health insurance funds means health funds were supported by the National Health Security Office to be established in sub-district that follow the spirit of National Health Security Act B.E 2545, with co-payment or contributions funds between the National Health Security Office, Sub-district Administrative Organization (SAO), community and others under the management of sub-district health insurance funds committees.

A fund member means a person who is of a committee or sub-committee in the sub-district health insurance funds that have had associations, managements and target activities together.

Development of network-based operation means adoption of methods or processes, or what happens in the sub-district health insurance fund in the existing. Improve, change or reassemble by integration techniques for all factors or conditions in different sides to create the option of working in a better direction. Under perspective of the network lifecycle such as relationship, network driven, network management and learning outcomes, lesson distills, theories about the network and views of experts or specialists.

Density refers to the amount of network communication between each member compared to the actual number of members in fund, density level between 0-1, if the density = 0 it means that all members had no communication, if the density=1 it means that all members had communication between them which represents the relationship in the fund completely, and if the density is close to 1 it shows that almost all members had high communication.

Isolate refers to members with no associated relationship or contact with other members.

Structural hole means that a members associate, relationship or one-way contact with only one member in the fund.

The government role means that the governments operation is influencing the network-based operation in the policy, relationships, cooperation and support such as people meeting stage of the Ministry of Interior, health support and training from public health agencies and other agencies, etc.

Budget means the nature of money management in network-based operation, such as costs of activities and disbursement, etc.

Mechanisms that encourage or support network-based operation as a framework that allows members to create or link relationships between them or create the unity of the committees include the ability to access fund and macro-culture.

Macro-culture means guiding operations such as shared aims and objectives together, setting the role of the members, setting rules or regulations and operational strategy of the fund, etc.

Mechanism that control network-based operation, it is to be used as basic issues to determine the control behavior of members in the fund in ways that facilitate the fund operations such as fundamental understand about the properties and behavior of other members, compose of behavior, decision making, relationships, working management and personal image in the opinion of the public, etc.

Mechanisms that contribute the member behaviors to operation drive of the fund. It is a process of coordination that creates the opportunity to drive the fund operation.

Coordination means the process of passing information and understanding from one member to other members to make the knowledge about operation of fund that measured by the pattern or method of coordination or frequency and continuity of cooperation.

Learning of fund, it is to changes in emotion and behavior of members in the fund that create from the experience of network-based operations to drive the fund. It is consists of three parts: part 1 the perception, it is the receiving information about operating problems of the fund, part 2 the understanding, it is necessary to understand the need of resolve about the funds problems, part 3 the changes, it is involved in solving obstacles and perform tasks such as activities of after action review, summarize of lesson learn, building the leaders and expand the fund's members, etc.

1.7 Benefit of the study

1.7.1 To obtain the knowledge of the network-based operation of sub-district health insurance funds committees about the relationship, management and learning that occurred in the fund.

1.7.2 To obtain the model of the network-based operation that is specific to each fund. Each fund can be applied truly in the practice that suit their context or factors and conditions that enable their development to clear increasing direction in both the current and the future trends.

CHAPTER II

LITERATURE REVIEW

To achieve the objective of this study, the development of a network-based operation for the sub-district health insurance fund. The researcher reviewed the relevant literature as follows:

2.1 Ideas about the model.

2.2 Network-based operation concepts.

2.3 Sub-district health insurance funds.

2.4 Knowledge of network.

2.4.1 Definition of network.

2.4.2 Concept or theories of network.

2.4.3 Network life cycle.

2.4.4 Factors affecting performance driven in the network.

2.5 Phase of formation of networks.

2.5.1 Social network and social network analysis.

2.5.2 Concept of social capital.

2.5.3 Factors influencing in the phase of formative networks.

2.6 Phase of management of network.

2.6.1 Concepts of network governance.

2.6.2 Concept of network resources.

2.6.3 Factors influencing in the phase of management of network.

2.7 Phase of relationship development and utilization. (Network achievements).

2.8 The related research.

2.9 Conceptual framework.

2.1 Ideas about the model

The model has several perspective meanings. Such as, its means conceptual framework, structure, symbols or mathematical equations and statistics that show the ideas associated with the relationship between two or more variables (Suppakit Wongwiwattananukit, 2007: 178; Tippawan Lhorsuwannarat, 2004: 5). Or it means the true image of social relationships to understand the association between study targets and the factors or conditions. Each model does not cover all social reality. But it is just the part of social reality that could be ignored by the other existing reality. In addition, the model is a generalization theory that makes clear less than specific theories. In no way is it scientific or may not prove to be wrong (Sanya Sanyawiwat, 2004: 229).

From the above definition, if it does not include the model of mathematical equations and statistical data. The researcher view the model made generally available in two styles, the first style is to display a detailed message. And the second style is to display a detailed picture or chart.

2.1.1 The model displays a detailed message

It describes the relationship of variables or factors in presentations. Such as, model in policy formation which is a model called Popular Institutional Model or Institutional Model. It explains that the base model has an important public policy that has political institutional outputs. The relationship between public policy and government institutions will operate closely. This policy does not apply to public policy. Until the policy is approved, be practical and enforcement by government institutions responsible. So institutionalism theory is focused on building institutions and actions by regulatory and law (Sombat Tamrongwong, 2003: 197).

2.1.2 The model displays a detailed picture or chart

It describes the relationship of variables or factors in the commercial use of images or charts. This may also include a description. It will be designed depending on several characteristics, such as:

2.1.2.1 A vertical or vertical manner. Look at the structural power, command, or do not depend on others in the class such as the elite model in policy formation.

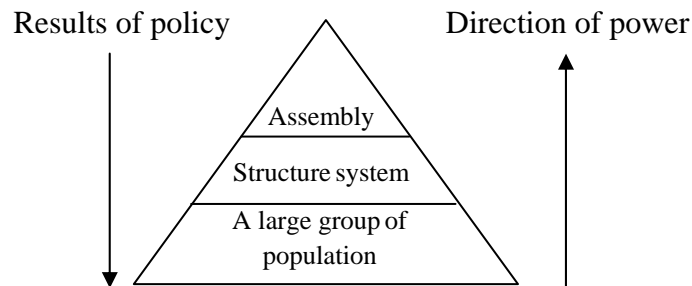


Figure 1 The elite model

2.1.2.2 A characteristic sequence. It is one factor to be taken prior to completion that will affect other factors. Such as on the decision of the organization they will have a rational model (Wallee Puttasomm, 2007: 350) that represents the sequence.

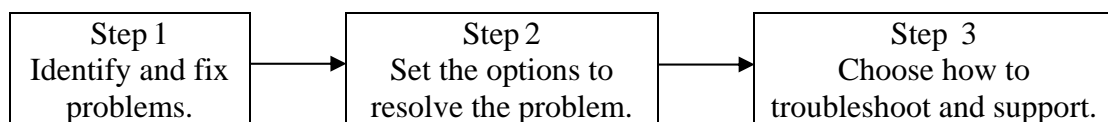


Figure 2 The rational model

2.1.2.3 The factors before the factors affecting the next, such as the one related to the learning organization is groupthink. The view that “Groupthink Symptoms” will occur when the conditions occur before. It has resulted in seeking an agreement and then it is based on the groupthink symptoms (Tippawan Lhorsuwannarat, 2004: 166).

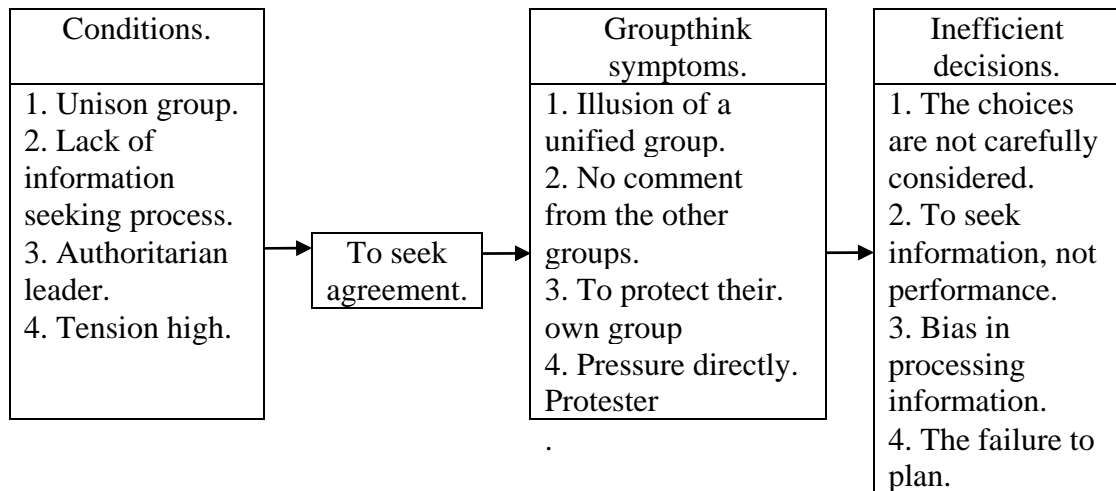


Figure 3 The groupthink symptoms model

2.1.2.4 The manner in which a circuit such as process model in a policy formation.

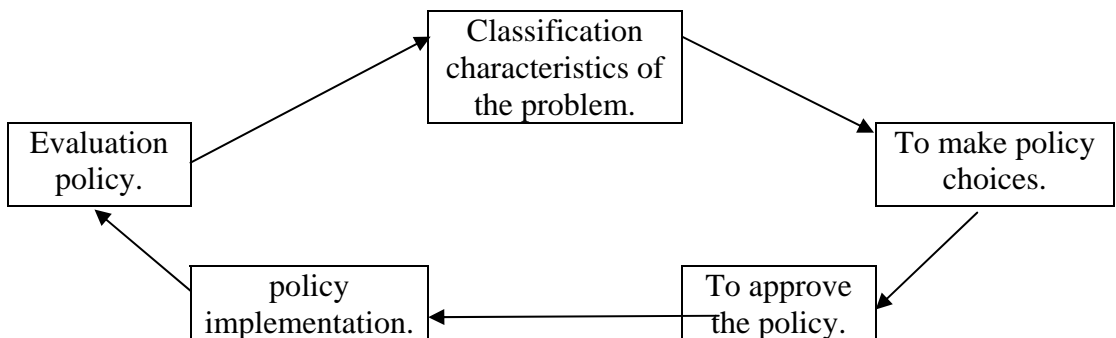


Figure 4 The process model

2.1.2.5 Characteristics describe the factors that cause factors to affect one other factor. Such as, changes in the organization have a model called model of rate of innovations adoption. Show the form.

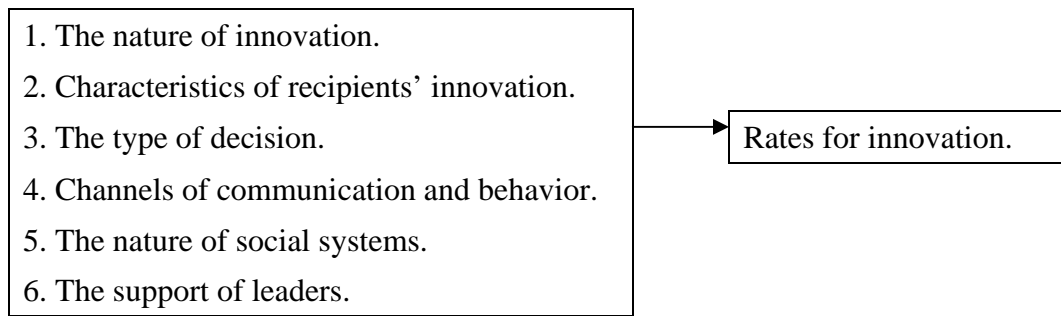


Figure 5 Model of rate of innovations adoption

2.1.2.6 A mixed style that combines features of the models together. Such as interactions between factors model that was proposed by George C. Edwards in 1980. He proposed to consider the 4 main things that may help support order or impede implementation of policies to follow. Show the form (Arrow two head means to describe the dependent effects).

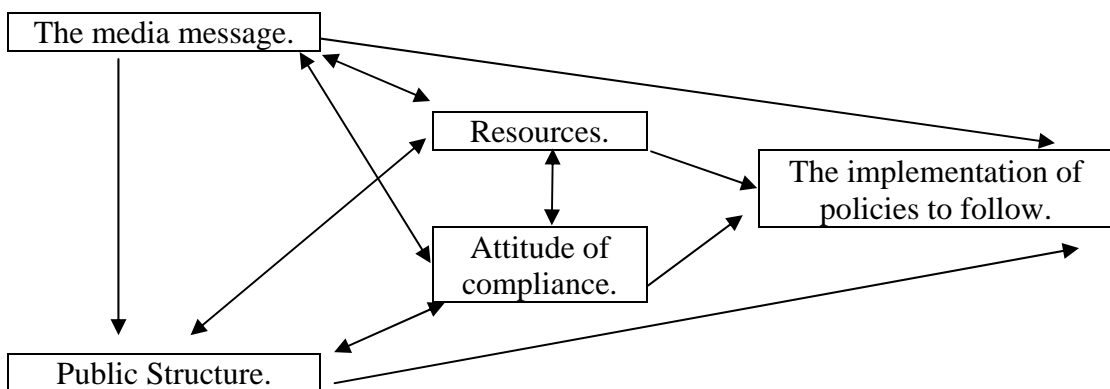


Figure 6 Interactions between factors model

From the model above, although the researcher offers just a small review of various models that focus on concepts and policy organization, the model is the foundation or base in a way to generate ideas and writing style of a good network-base operation. The researcher will be applied to the right.

2.2 Network-base operation concepts

In the past, Thai society had a viral reform of the health system for people to understand the factors related to health were not only the authority of the Ministry of Health, but all functions of all Ministries related to the health (Witoon Eungpapan, 2006: 5). There is the occurring of the National Health Act B.E 2550, the details are important, they are as follows:

Category 1: the rights and responsibilities of the health, section 5; a person has the right to maintain life in the environment and all environments that are beneficial to health. People are responsible with government agencies to operate in the environment and all environments. Section 11; a person or groups of persons have the right to ask for the right evaluation and assessment processes involved in the health impacts of public policy. Also a person or groups of persons are entitled to know information, the explanation and the reasons of government agencies before the approval or the procedure of projects or activities that may affect their health or community and their opinions on these.

Category 2: the national health board, section 25 in article.4; providing or promoting and support the process of developing policies and strategies for continued health to the continued operation and participation from all parties (Government Gazette, 2007; 9).

Category 4: the health assembly, section 40; establishing the health assembly in the specific areas or the health assembly in the specific issues or support the people to be as the groups to establish the health assembly in the specific areas or the health assembly in the specific issues that they provided comply with rules and procedures that define by the national health board.

From the National Health Act B.E 2550 there can be seen that the dimension of health has focused on participation by those who are very involved. Mongkol Na-SongKhla (2007: 9-11) said that we will allow all parties to work together and can use the main concept of National Health Act to create a mechanism involved to bridge to all parties to work together.

In collaboration of various agencies in the National Health Act there has been focus on the public health to develop their own. That expressed that collaboration of various health agencies will be joined by the public always. The public will

primarily look to local authorities from the village or district level, community people, particularly the district level. The only public place in the district level is increasing greatly in importance because the Sub-district Administrative Organization is the legal structure Act that set Plans and Procedures for Decentralized Organizations Local B.E 2542 support. It is a unit made up of the village or community in the sub-county units, therefore, it has the power to develop in all areas within the district. And it is independent of policy, organizing services, management and control, corporate and financial support of the local treasury in activities that benefit local people (community, village and district) of their own (Choosri PholPlem, 2005: 92-103).

In various operations, the Sub-district Administrative Organization cannot operate alone. In health in the past it attempted to create a collaboration of all parties, such as to create a network in public health. (Wanida Wirakul, 2001: 44) Both formal and casual in various forms, such as public health volunteer network, health development board, party or health network in villages, etc. So the researcher can say that the guidelines for health development by the public health system are greatly focused on the work in the form of "network" because the networks can create links and coordination between communities in the forms. The past studies have used the results on these networks in several ways, such as an assessment project or the case study to identify issues or barriers in operation, etc. and most of the studies are the images of community or village. The work together has the limitations and other problems. Such as Sub-district Administrative Organization is coordinate the health office and the village health volunteers. Most of Sub-district Administrative Organization's activities just support budget and do not attend to the joint educational activities (Public Health Support Center, 2005: 18-22). A network problem is coordination and cooperation under the minimal network and no consistency (Wanida Wirakul & Thanawat Bhumicharoenwat, 2005: 21). Health club will have the support of the health officer, agricultural district officers, non-formal education centre and Sub-district Administrative Organization. This support will be from various people and operation of the club is not as expected synergies (Yaowaluk Anuruk, et al., 2007: 45-49). Village health volunteers share information with the health network development with health officer and most of the community leaders but the other group is the least (Jeerawan Hussaro, 2007: 27-33).

From the above data it will be seen that working together in network characteristics and other characteristics of community or village there are several problems and these problems still existing. It allows ideas to resolve the issues and make operations clearer by focusing on the legal authority. The Sub-district Administrative Organization is using its core operations and expanding operations in the image of a village-level problems or obstacles in the budget and knowledge as district-level images instead. This is reflected in the way development occurs in the current trends in this manner, such as guide the development of public health systems for Sub-district Administrative Organization that expected to be operational in the management of local health effectively (Health Services Support Department, 2007: 8). And develop village-level health management pilot district north by the staff comprised of public health, representatives of Sub-district Administrative Organization, representative village health volunteers and philosophers of village. The development is built from operations in each village to manage the health and image of the district by using the approach of village health management with the district health fund implementation process and the process development master plan community in a way diligence (Autit Jitngern, 2007: 4-6).

Also has caused what is called the sub-district health network, such as to create a network of public control and avian influenza surveillance in the sub-district level, (Public Health Support Center, 2004: 20-23) to coordinate and promote the development of a network operating health (The Center of Training and Development of the North-eastern, 2005: 2-6; Wattana Photha, 2005: 22-29) or occurrence of the sub-district health network conditions in Singburi– Angthong, network health in Buengsamakkhe sub-district, Kamphaengphet province and the sub-district health management network model in Khaodin sub-district, Khaophanom district, Krabi province.

From the texts above, occurrence of a sub-district health network has many different names. Each area is named according to comments they think best, however, even though the name is different, they are similar in many ways. Such as members of the network generally consists of four main organizations. The first is the Sub-district Administrative Organization, the second is the public health agencies in areas such as the health office, etc., the third is the other government agencies in areas such as

schools, etc. and the last one is the public sector such as, village health volunteers club, seniors club, club for health promotion, community leaders, community philosophers, local doctors, etc.

In addition, although the target of these sub-district-level health networks will be focused differently but the overall targets are enhance learning skills, exchange process and guide the development of various group members in the network, to provide the clear health policy can be the practical way in every local community, to create village-level health development plan for all villages and planning in the health sub-district level, and to solve the problems threatening the health of people in the sub-district.

However, the sub-district-level health network above has several restrictions. Different people are targeted and guide operations or activities on their own. In addition, some networks are also operating in a positive manner but not consistent. Such as, provide a meeting together to exchange and clarify operational guidance only. As well as the results are still not clear results but the researcher offering a little sample. It does not mean that each sub-district or other sub-district in Thai society will not have to work together or operate in a manner never before network. It is generally agencies or other organizations that are working together in several ways, then level one.

2.3 Sub-district health insurance funds

Operating systems in the sub-district health insurance funds of the National Health Act B.E 2545 under section 18 (9) and section 47 are supported and guidelines set for community organizations, non-government organizations (NGOs) and private purposes without the for-profit operations and management of funds in local as well, fit and needs by promoting participatory processes to create the National Health Insurance to individuals in the area. The board is responsible for supporting and coordinating with Local Government Organizations. The board is responsible for supporting and coordinating with Local Government Organizations set guidelines for organizations such as operations and management systems in sub-district health insurance funds or area by receiving costs from funds.

In the past information has been compiled and ideas in the meeting raised the draft guidelines and related agencies. These include the committee supports the participation of the public sector, the Sub-district Administrative Organization Association of Thailand, Department of Local Government, Community Fund and the National Health Insurance Office. This criterion has to review the Local Administration Committee Coordinator in creating the Universal Health Assurance System and approve the operational guidelines of the National Health Insurance Office on February 27, 2006.

The National Health Insurance Office, Ministry of Health, Ministry of Social Development and Human Security, Ministry of Interior, Association of Provincial Administration of Thailand, Association of Municipal League of Thailand. Administration Association and the district of Thailand have signed a Memorandum of cooperation to support the operations of the Local Organization on March 19, 2007. They signed on a collateral management system, community health and welfare, or local area. The local organizations can be established, monitoring operations, collateral management system healthcare and local community welfare or space efficiently

The fund composes of 3 objectives. The first objectives are support and enhance the organization's health services unit or other location service as well as location service choices. That focused on health promotion, prevention and rehabilitation exercise necessary to health and life. The second objective is promote the group of mother and child, the elderly group, disabled groups, a group of professionals and the risk of chronic disease patients in the area. That can access to health services in the areas of health promotion, prevention and rehabilitation exercise thoroughly and efficiently. At least according to the type and scope of health services at the National Health Insurance Committee required. The third objective is develop human health or the local area by management with participation of local people or area.

Budget source of fund show the form:

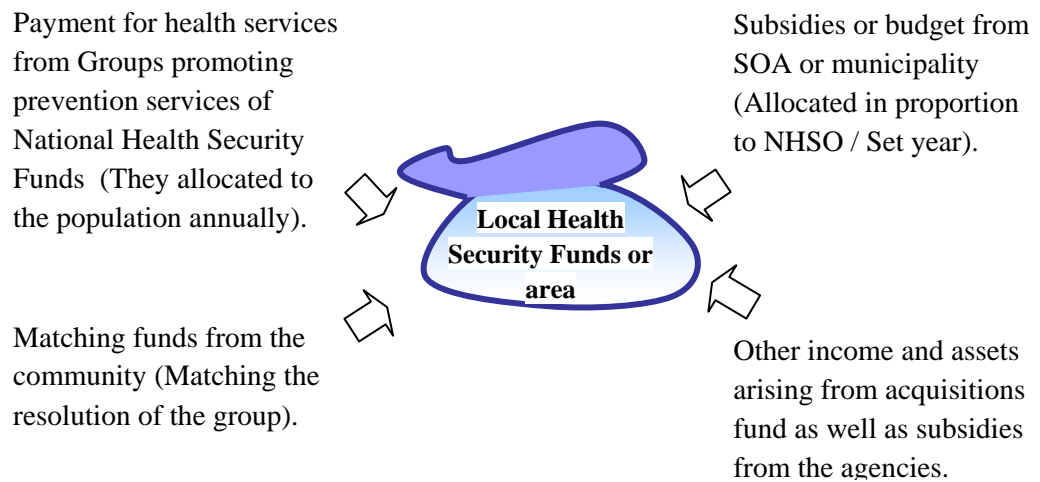


Figure 7 Budget source of sub-district health insurance fund

About matching the money, the large Sub-district Administrative Organization or municipality must not be less than 50 percent, the medium Sub-district Administrative Organization must not be less than 20 percent and the small Sub-district Administrative Organization must not be less than 10 percent of the health service that has been secured from the National Health Security Funds annually. The money comes from all sections paying health promotion and prevention services that representing the head of the total population of the area by the average up 37.50 baht per head population.

Sub-district Administrative Organization or Municipality operations must provide a board of directors that call the health insurance fund committee. The committees will be comprised of responsible people in the area of health care already and part of the appointment by position and another part of the selection by themselves. The fund committee composes of the chief executive of Sub-district Administrative Organization or Mayor as a chairman, two members of Sub-district Administrative Organization or Municipality who are assigned by the Council as directors, a health office representative as a director, representative of the village health volunteers as director, a village or community representative has been selected by the village or community members as director and Clerk of Sub-district Administrative Organization or Municipal as a director and a secretary.

The roles of fund committees are create action plans and information about health issues, operations in different target groups who have access to health services

both at home or in community service unit thoroughly and efficiently, and set up a subcommittee or working group established to operations as needed.

Guidelines for critical operations compose of 4 issues. The first, health insurance fund committee should have regular meetings, at least once a month to process information of the public health situation in the analysis of local problems and find or develop ways. The second, consider the budget for support funds in order to guarantees the district health management organization or municipality to support activities to three characteristics, such as organizing health services for the suite of benefits for the target 5 main groups, budget support to health authorities in the local community. The third, build the public health and local communities that is caused by people's initiatives in local communities themselves.

The group or community or organization may provide funds from the budget for the project. There may be a positive event in the health promotion or preventative disease control activities or a commercial activity in surface activity or exercise full treatment using indigenous knowledge.

The guidelines for funds budget should be made clear project plan and a suitable time and seasonal conditions of the region. Activities to be supported by health insurance fund should report the agreement as evidence. Such as the health promotion by people in local communities and target groups have different reporting like a formal agreement among the fund (sponsors) and community organizations (the recipient of support) that support on how much, recipients must be a function of support, a summary of results must be made for the collateral health board and informed when they're finished. In addition, funds management of health insurance fund and other collateral activities of this type. It is within the guarantee fund of district health management organizations or municipalities.

Operations of the health insurance fund will receive support from many parties together, such as National Health Security Office support on the set criteria, approach, guide, budget allocation, coordination, track, support and evaluation. Local Development Institute or LDI support on preparation guide, training courses, instructor training province, training fund committee and follow-up evaluation. Association of Sub-district Administrative Organization is responsible for coordination, search Sub-district Administrative Organization navigation and follow-

up support. The County Health Security Office is responsible for central, coordination, staging clarified, join training, track and support. (National Health Security Office, 2007: 25)

From the occurrence of the sub-district health insurance fund that address the committee from several sectors. It must be a group that is involved or responsible for the health of people in the area already. It is important to the agencies or organizations in the district to have been working together previously. To make it clear that occurred in the fund's board under the state budget with contributions from the engine area. Although that the researcher does not indicate that the committee has operations in network characteristics. But it does not mean that they will not operate in that manner because the work in past is the network already. In addition, if the educational guidelines that established the fund committee, they are the network of nature-related groups (Nodes) and relationships existing base. Therefore, the researcher considered the fund committee is a member of the public health network in the sub-district-level.

2.4 Knowledge of networks

2.4.1 Definition of network

Concept of network, everything is the dependence. Its foundation is open systems that links and dependence that makes the proper existence of things, causing the power and the process continued (Phramaha Sutit Aphakaro, 2005: 31-32). When the concept of network related links and dependence; the definition of network is made relevant to two main issues. Although, they are different in the perspective and some details such as:

2.4.1.1 Definition of structural means connecting points with lines. These points are defined as individuals or groups. The lines connect mean relationships with other individuals or groups to each other (Naluemol Nirathorn, 2000: 6).

2.4.1.2 Definition of enterprise-oriented relationship means model of social opportunity for the relationship between organizations to share, creating in unison and work together. Or it means the organizations that exchange

information between the objectives, a communication both of formal and casual, to cooperate and work together and help each other (Kemmer & Close, 1995: 15; Scriven & Orme, 1996: 27-28).

2.4.1.3 Definition of a people-oriented relationship means the group of individuals who trust each other to assist each other socially; or a group of people who are known or can be made to exchange information with each other (Richardson, 1994: 14).

2.4.1.4 General definitions mean the link of efforts and operations of the parties together with a systematic and concrete way to do certain missions together that each party continues to perform their mission without losing their own identity and philosophy. This link may be the combination of simple necessity or may be in the form of organization with the clear relationship. The networks are possible both at the individual, organizations and institutions (Kanjana Kaewthep, 1995: 45; Kriangsak Choroenwongsak, 2000: 28).

The definition and characteristics of the network above has led to separate types of networks by various criteria. They include the division by the size of the group is total network and sub-network. Divided by the direction the relationship is direct network and indirect network. Divided by area is the network in village level, sub-district level, district level, provincial level and national level. Divided by the issues of common interest such as family networks and divided by groups such as, the role of research networks. Divided by spatial relationships such as, horizontal network and vertical network and divided by the level of synchronization such as, intimate network, effective network and extended network, etc.

However, there are classifications of the characteristics of the network so that the education that can be applied to explain and developing public health networks in the district level. It is the division according to the source of a network of three characteristics (Institute of Community Based Health Care Research and Development, 2007: 41; Sonthaya Pholsri, 2007, 238). The first, network caused by nature, it caused by people with similar ideas and has the same problem. Or to seek new ways, which often occur in communities that have cultural or historical development together in one time or arising from members within a network, plug up the pressure themselves. The second, network of established, it often associated with

this policy and influence based on forming networks from outside. If this type of network is a good guide, it can be developed into a true network eventually. The third, network evolution is due to the network of networks established but it has developed and added strength from within. It was stimulating until members of the network have created its own network contract and eventually the network will look like the natural movement of the network.

However, the classification of the network can be divided into many parts that based on the criteria used to divide, such as, personal network and professional network (Richardson, 1994: 13-16). Or the networks of ideas, activity network, capital and support networks. In addition, the network may be operating so that it cannot be classified into categories or identified by any one type because it maybe several overlapping criteria (Kriangsak Choroenwongsak, 2000: 29).

Whether there are any networks or any type of networks the benefits accrued generally will have several types. Such as, some results that only people cannot make, can be much more active and more effective, make understanding more clear because many aspects of many people and organizations, sharing work, reducing redundant work and reduce wastage of resources, enable the exchange of ideas, experience, inspiration and various skills which results in harmony, encouragement to each other and help in various forms (Seree PhongPis, 2005: 202-204).

2.4.2 Concept or theories of network

Theories explaining the network's work, there are two major concepts or theories. The first is exchange theory which describes the exchange of material between the members of network. Such as, experience, information, benefits, etc. That will lead to a willingness to harmonize or join the network. The second is the Synergy. It described by the equation, $1+1=3$ or $2+2=5$. And it means the networks are combining forces to work and lead to results that have tremendous value, or stronger than the individual units or organizations to work alone (Naruemol Nirothorn, 2000: 11).

And also found to explain the operation of networks using the principle called LINK. (L: Learning, I: Investment, N: Nurture and K: Keeping or G: Give)

Such cases, bringing the lessons describe the development of civil society sector partner network by Pusatee Monson and Patthama Suphannakul (2006: 21-25), etc.

However, if the researcher look in detail in various dimensions or issues that arise in operating the network. It also has ideas or theories that many applications can be used to explain the process that occurs in the network. These are as follows:

Table 1 Ideas or theories can be used to explain the process of network

Theories	Theoretical mechanisms That describes the network.
Strength of Weak Ties Theory.	To describe the control / synchronization flow / awareness of information that occurs on the network.
Transaction Cost Economics.	Describes the use of money / budget low in the operational network efficiency.
Social Exchange Theory. Resource Dependency Theory.	Describes the resource base view of the idea of self and others. And the exchange occurs between self and others.
Social Information Processing theory	Describes the influence of social information from the outside that affect the network.
Social Cognitive Theory	Describes the nature of emulation, the model and learning occurs in the network.
Institutional Theory	Describes the reflection behavior of network members working in institutions.
Structural Theory of Action	Describes the operational aspects of the position and role as a member of the Network Structure.
Social Comparison Theory	Describe aspects of similar or different compared to other networks.
Social Identity Theory	Select or describe what they think is the network.
Physical proximity	Describes the influence of social interval that occurs in the network.
Electronic proximity	Describes the influence of the ability to access the network by technology.
Uncertainty reduction theory	Describes the reduction of uncertainties that arise by the communication process.
Contingency theory	Reduce uncertainties that arise in the network environment.
Social support theories	Preparation or receive the support tools, emotional and material / equipment different from outside society or the network give society.

Adapted from Monge and Contractor (2006, [Online], Available: <http://www.spcomm.uiuc.edu:1000/contractor/HOCNets.html>)

The idea or theory above, the research will be applied to explain the phenomenon that occurs in the network dimension or the issue of the network life cycle.

2.4.3 Life cycle of network

All networks have the range of networks similar to the occurrence of all things which are born, old, pain and death. Kringsak Charoenwongsak (2000: 49) said the life cycle of network had five phases. They were a phase of the formation, a phase of prosperity, a phase of regression and a phase of recovery what every phase would have the similar process. However, may be, the life cycle of network had four steps. They were steps of the incentives in the included group, steps of the trust in a group that is the foundation of the network, steps of expansion that could make it again in the future and linked to all parties and steps of relationship of the group. That was the managed network to maintain the sustainable network. But Phramaha Sutip Aphakaro (2005: 114-115) broke the life cycle of network into four phases. They were a phase of thought and the formation of networks, a phase of create something that must to do and management in the network, a phase of relationship development and utilization and a phase of the treatment relationship and continuity.

The information of each period, the Health Promotion Committees Office (2006, [Online], Available: <http://gotoknow.org/blog/play/19316>) said the life cycle of network of knowledge management had four phases. The first phase is the formation of networks. This phase is the start of building a shared commitment and preparedness planning to support activities leading to the growth stage of the network growth. The second phase is the growth of network. It is the view of network development. Especially the exchange of information, news and knowledge to cause creativity and more practice. This period found the frequency of contact of members increased, members have more camaraderie and members have harmony and trust each other. The third phase is the maturity of network. This phase found the recumbent network members, what they want to see and touch is the frequency of contact, exchange of knowledge and communication. They have lower rates that fall low. The fourth phase is the regression. It will allow the development of the network down and ultimately to disintegrate. The signs indicate that the disintegration of the network, such as

interruption of the exchange of learning, lacking of communication, members leaving, etc.

Bumpen Khiawwhan (2007, [Online], Available: http://newwave2.doae.go.th/014_14092550_NewWave2/0014_14092550_Network_01.files/frame.htm#slide0767.htm) led the life cycle of the network to use in promoting agriculture. And he divided it into four phases. The first phase is thought and the formation of networks. It consists of the relationships in the network, learn and create circumstances for faith and find cooperation from others, offer to see the issues, needs and points involved in the development of networks. The second phase is creating something that must to do and management in the network. It consists of setting objectives or roles and agreement, communication, promoting a continuous learning process and participation in monitoring and evaluation. The third phase is the relationship development and utilization. It consists of comprising reviews and summary lessons, promoting leaders and units of the network, promoting public activities and the forum of knowledge exchange, expansion activities, creating new knowledge and knowledge management continued, strengthening cultural networks to eliminate the conflict and promoting the reliability. The fourth phase is the treatment relationship and continuity. It consists of providing activities continuously, maintaining good relationships between members of the network, building the learning process with technology and new knowledge, define and create the motivation to work contributions and problems within the network and build new leaders continuously.

The researcher sees that to share the life cycle of a network has multiple phases. Each phase has different detailed issues and some steps have the same issues. In this study, the researcher adopts the nature of network in creating clarity in the framework of the life cycle of network. And the nature of network consists of people or group or organization (Nodes) and the relationship that occur in the network. It is both the clear structure and any unclear. As well as coordination and exchange the news and information between each other. To achieve as specified in the objectives.

Therefore, this study has improved the life cycle of network in the study framework. And it was divided into three phases. The first phase is phase of the formation of funds. It studies the relationship of members (Nodes) in the funds. The second phase is phase of management network. It studies various issues of managing

their fund. Such as, purpose, role and functions, contacting the work, etc. The third phase is phase of relationship development and utilization (achievements of the funds). It focused on education about results of the fund in topics about development of network-based operation.

However, sub-district health insurance fund that occurs is not working alone but it has been supported by the National Health Security Office. It shows that there are issues that should be studied beyond what is within the fund. Therefore, the researcher reviewed the factors affecting performance-driven in the network. Details are as follows.

2.4.4 Factors affecting performance driven in the network

No one has studied the factors that affect the network-based operation clearly before so here is the collection of documents and researches data about network has been in the past. Then used to analyze and conclude the positive concept. Details are as follows.

The factors related to the process of learning communities on three things. The factors within the community, consists of basic conditions of communities (leading knowledge resource members), social processes (participation, harmony and help support) and development needs. The factors outside the community, consists of government policy, support from the government and support from agencies and outsider. The environmental factors, consists of economy, politics, social, culture and technology.

Phramaha Sutit Aphakaro (2005: 149-150) discusses two factors that affect the strength of the network. The factors within the community are involved in issues, conscious of the people in the organization or network, leadership, management system, information systems, communication systems, events that caused the good relationship to each other, management and continued development of knowledge. The factors outside the community are supported from relevant agencies, both in terms of units under the control lines and other relevant agencies.

Amornwich Nachornthan (2008: 124) concluded to two factors correlated with the strength of the community. The first, factors within the community are fundamental in the community, social capital factors, factors in bringing local

knowledge to be the base in various activities, factors about adaptation of organizations existing in the community, factors learning process that can join and factors involved in the learning process. Fundamental in the community such as knowledge and wisdom of the community, the community of shared values (religion, beliefs, values) acts and knowledge of community leaders. Social capital factors are loving relationships and mutual trust as well as having local knowledge. These are the main concepts of collaboration both within the community itself and between communities with the other agencies. The second, factors outside the community, it may be only complementing factors because the actual strength of the community will occur, the process must be made to occur within the community. However, external factors may be as a catalyst or hindrance of a community process. And Amornwich Nachornthan (2008: 120-121) said the external factors influencing the process of community is the two things together. They are current society and the roles of government, particularly the relationship between the community and the government policy.

In summary, the factors affecting the networks-based operations of fund in this study will be two factors. The factors within the fund are the operations that occur within the fund by the life cycle of network. And the factors outside the fund that composes of 3 sub-factors. The first, current society is getting the concept or development path from the outside fund such as current health campaigns or current disease prevention and control of various diseases, etc. The second, the roles of government are policies and focus on public policy, relationships, cooperation and support from the government and the external organizations involved. Such as conducting community stage or villager stage of the Ministry of Interior, support or control or monitoring by public health agencies, momentum on the master plan community, the old database existing from other government agencies and received training or conferences from health agencies and entities, etc. The third, environmental factors consist of the measures of social or local regulations. Such as, measures about smoking ban or cost rising in the sub-district.

Therefore, the framework in this study has the external factors to join. And the researcher will bring it to study with the framework of the life cycle of network.

Under the basic belief that factors outside will affect the network-based operation of fund in every phase of the life cycle of the network.

2.5 Phase of the formation of networks

In this phase study about the relationship of members (Nodes) in the fund which consists of topics on social network, social network analysis and factors influencing in the phase of the formation of networks.

2.5.1 Social network

Social network means a set of the relation (Knit) and bound (Ties) between each party. The knit of the people in society is the manner that someone is famous or has relationships with many people. It shows that the person has the network of density knit or network is very dense. As opposed to individuals known to others less, it shows that the person has the network of loosely knit or the network has a loose relationship. The relationship between people, Turner (1998: 425-451) said that the nature of the social ties. That is the analysis about strength ties such as, links between the people with friends, etc. and the weakness or weakness ties such as, links between people with someone that known, etc. The social network allows people of good relationship to each other, helping to coordinate more easily and cause to help and collaborative operations.

Learning about the social network can apply social network theory under tools called Social Network Analysis (Quatman & Chelladurai, 2008: 338-360) that can measure a network (Beidernikl & Dietmar, 2003: 1-11). It will tell the social contact or exchanges of information (Davies, 2003: 1-22) such as individuals, groups and organizations with relevant how?, who are the major players?, who does not take part? And who sent Information? who is the information sent to? through whom? and to where?, etc.

2.5.1.1 Social network analysis: SNA

Social network analysis will consist of two parts. The first part is social structure to a representative image of the network. The last one is the nature of the binding (Tie) to explain the relevance between each other (Scott, 2008: 8). Social network analysis, find a relationship between individual, groups or

organizations by measuring the relationship and flow of information or knowledge from other interpretation on the diagrams (Dekker, 2002: 93-103). Which resembles a cobweb that suppose the center instead of person, group or an organization. And the points instead of others that individuals, groups or organizations that have relationships with. The line links between the points, it instead of social relationship that individuals, groups or organizations with each other.

Learning about social network analysis, it would be set the people as the focal point before then looked at people around him. From that idea, there were many scholars to describe the nature of the network by using individuals as the focal point to describe. Such as, Intimate Network that consisted of the people close to the people centrality, Effective Network that consisted of the people close to the people centrality less than the first and Extended Network consists of the third party not known the people centrality directly but it could be connected through the closing network, or shared into Indirect Network that the third party not known the people centrality directly but it can be connected through another member, etc.

From the network approach described by people centrality above, it makes the model of network characteristics that occur to differ. Many scholars have described in more detail in the image and the measure. Such as Freeman (1979: 215-239) said the people centrality (Degree Centrality), the people close to the people centrality (Closeness Centrality) and Betweenness Centrality could be measurable that would be between 0-1. Burt (2000, [Online], Available: <http://faculty.chicagogsb.edu/ronald.burt/research/NSSC.pdf>) said Structural Holes meant the person associated with others in the network, only one person. And Scott (2008: 48) said Isolated Conditions (Isolate) meant that no person in the link or contacted with people in all networks. That can show the form.

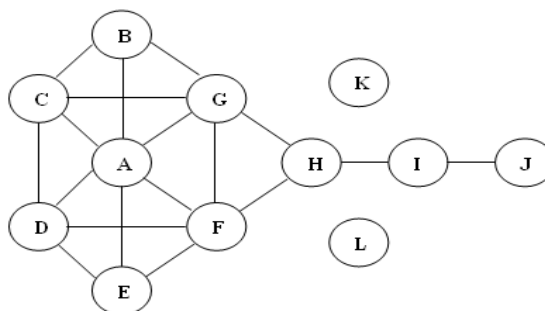


Figure 8 Network description

Application from Scott (2008: 48)

A = the people centrality (Degree Centrality).

F and G = the people close to the people centrality (Closeness Centrality) because it can connect to H.

H = Betweenness Centrality because it is between two group members that are G and F to I.

J = Structural Holes.

K and L = Isolated Conditions (Isolate).

In addition, the network may be structured in the manner other.

The centralized structures will look at members of its network coordination and have relationships with members of the core high. But no have relationship among members. Or can be said that a network between members is minimal or no. show the form.

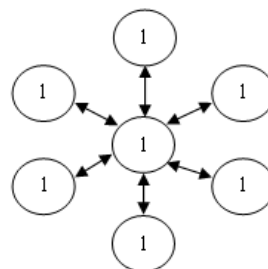


Figure 9 Centralized structures

The distributed structures, is similar to the centralized but it has the connection between the network members and the members of the core high who will facilitate the members. Show the form.

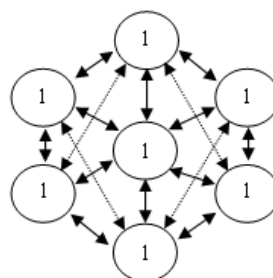


Figure 10 Distributed structures

The complex structures, is the manner in which members can contact each other their own. And it can expand the contact network to other networks is a complex manner. Each network can have many secretaries or many coordinators.

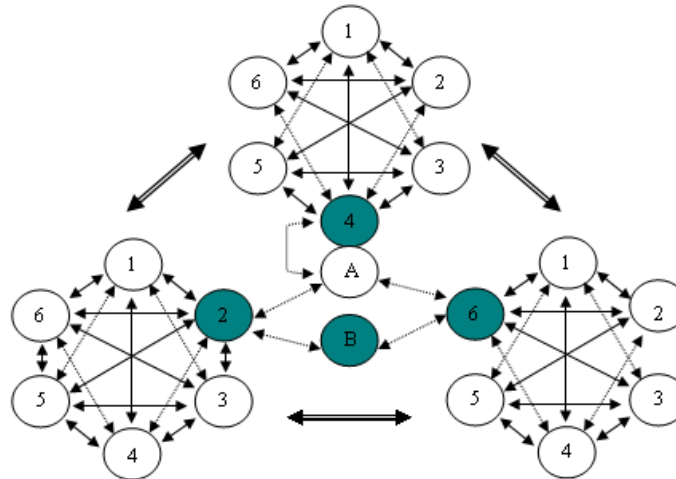


Figure 11 Complex structures

In the present, social network analysis often associated with various issues above. The results from the analysis are based on the interpretation or education that it focused on is what matters. Such as, Perrow (2000: 469-476) studied on network structure that includes buttons (Nodes), reach, density and other features of the network. Or Furre (2008, [Online], Available: http://www.allacademic.com/meta/p_mla_apa_research_citation1/8/3/1/0/pages183104/p183104-1.php) studied on the central issues (Centrality), prestige and centralized power (Centralization). Or Patthama Suphannakul (2007: 48) studied on the size, density, centrality, isolated conditions and structural holes. Or Beidernikl and Dietmar (2003: 1-11) analyzes the density, centrality, the relationship of the core to the periphery, level of synchronization, integration and participation in the activities of members.

2.5.2 Social capital

Chinsach Suwanna-Achariya (2006: 123-124) said social network analysis and social capital are closely interrelated. Understanding the development and changes in social networks has a direct relationship with the existing social capital in social networks. If social capital is more, there will be the close relationship to make the

network have more basic strength and it makes the channel to mobilize resources in various formats at all times.

Social capital used to believe in social science concepts. But using the word "capital" that has been viewed as the concept adapted from the concept of "capital" in economic into "social" (Margit, 2002: 110-132). Which is currently used in many industries such as industries of business, political science, education and sociology, etc. (Burt, 2000, [Online], Available: <http://faculty.chicagogsb.edu/ronald.burt/research/NSSC.pdf>) However, social capital is not defined as generally accepted as universal. Because the concept of social capital as a concept-oriented integration. Therefore, the meanings of social capital are diverse and different in each dimension or perspective of the case study.

Coleman (1990: 103-104) said that the social capital had two sharing constituents. They were the dimension of social structure and the dimension of close relationship, both from individuals and groups or organizations are bound, expectations, trust each other, the way for propagating the information and punishments that effect. He believed that social capital is the structural relationship between each other since the original. It made the action that was in society more easily which was considered stock of social capital.

Putnam (1993: 35-42) viewed the people with less social capital or lower due to capitalism. Integration to other activities was less. Social capital was becoming less. So he focused on the emergence of networks to increase social capital of individuals in society. And he gave the meaning of social capital that is trust, norms and network to enable members of groups or organizations can do together to reach some objectives. And three types were the constituents that had relationships with each other in the system. It was hard to classify them into what was born before or after.

The idea of the West, tells that making social capital in the international perspective is less because capitalism makes the activity of people in society be less. That can create it new by using network as the tool.

In Thai society, social capital is not the new happening. But it is "An Old Worth" here (Sujinda Sookkamneud & Sompoj Sombool, 1999: 6). Therefore, Thai society should have the building called social capital, as the first network. When the

networks were built, then social capital formation increased by the concept of the West. However, the definition of social capital is a concept similar to the West. It is the capital of the merger, and joint thinking on the part of the base of the trust, the bond obligation and cultural good of Thai society.

Social capital can study both qualitative manner and quantitative manner. Qualitative manner believes that social capital will occur in context-specific and cannot use reduction on a set of measurements of individual features and measure social capital by way of poll. But quantitative manner believes that social capital is restrictive. But it can explore ways of measuring, testing and operational research to be easy to use and concrete. Measuring in quantitative manner has several characteristics depending on whether the definition of social capital in any manner and consider appropriate in each network will be studied. Such as, study in network structure by using social network as the measurement tools. That presented the relationships in the meaning of node (people or organizations) and tie (link). By viewing a map using the substitute node with points and instead tie with the lines or study to social capital in the trust (Fukuyama, 1999: 30). Or the case study in Network Structure and the trust simultaneously (Thomas, 2005, [Online], Available: <http://72.14.235.104>).

From concepts of social network and concepts of social capital, see that are associated closely or maybe say that it is the same. Because of the composition and the way of education is the same analysis. But the difference is the view, based on technical analysis and interpretation such as, the use of social network analysis and interpretation in the matter of whether social capital is a good network structure. It demonstrates the trust that the social capital in high networks. Or the case study in social capital that is the trust and interpreted in the social structure of the network.

So learning about social networks can be used and resulted in several ways. The phase of the formation of networks, the researcher will analyze the social network by using the concept of John Scott (2008: 8) in social structure that consists of size, density, centrality, isolate and structural holes.

2.5.3 Factors influencing in the Phase of formation of networks

In addition to social networks analysis there are also several factors related to the phase of the formation of networks. Such as, the core group that worked to network, the network had a legal status and saw the benefits of membership, Nareumol Nirathorn (2000: 33-36) said that clearing in their own potential and properties of members to join the network, Kringsak Charoenwongsak (2000: 49) said that awareness of purpose and reason to participate in a network, etc.

So the phase of the formation of networks has factors relevant to consider before driving into the initial phase of management network. They are social networks analysis, characteristics of the network leader, understanding the reasons and purpose in joining a network of members and analysis capabilities to work in their network members.

2.6 Phase of management of network

This phase focused on network management which generally cannot set a specific feature because each dimension of network development will have factors to differ materially (Jones, Hesterly & Borgatti, 1997: 3). However, the network will have primary management certain that it can be applied to describe the management of the network themselves (Nareumol Nirathorn, 2000: 45).

And the Sub-district health insurance fund needs the principle of self-management. The researcher think this network needs to be regularly continued and the neediness to focus on issues of continuity and sustainability of the network. So the researcher has brought Network Governance as a concept framework for management in Sub-district health insurance fund. Details are as follows:

2.6.1 Concepts of network governance

Governance means mechanism, process or the principles of management to make things better under the perspective used. Such as, the business or company will tell "Corporate Governance", or World Bank tells "Good Governance", (Martin & Jacob, 2003: 2) or it happens as Self-organizing Networks, etc. (Rhodes, 1996: 652-667) and the word "Governance" can be combined with the word "Network". Governance occur because network-based tools (Martin & Jacob, 2003: 3). The

Network is a model or mechanism of Governance (Provan & Kenis, 2008: 229-252) that is consistent with Chairai Charoensin-Oran (2007, [Online], Available: <http://www.thaingo.org/writer/view.php?id=258.htm>) that concluded governance is the management of a network-based database reliability, collaboration and adjustment.

The word "Network Governance" consists of the meaning of two words, they are network and governance (Martin & Jacob, 2003: 7). Network means individual or group or organization (Nodes) and relationships. And governance means mechanisms, processes or principles of management. So meaning the overall mechanism is process, principles of management or individual or group or organization (Nodes) and management relationships in the network to lead to the exchange, activity or cooperation in various areas such as knowledge, resources, etc.

'Network Governance' as words has no clear meaning in Thai society and was found to be without a translation. Such as, National Institute of Development Administration (NIDA) was discussed on policy network, (Amornsak Kitthananan, 2006: 28) or mentioned under the concept of governing by network, (Eggers & Goldsmith, 2004: 157) etc. However, the word governance is the meaning of management to make things better under the perspective used. For example, government will manage to create a fair, transparent and fair, etc. (Theerayut Boonmee, 1998: 23) so the researcher will translate into Thai for that "the good network management."

Jones, Hesterly and Borgatti (1997: 4) concluded the concept of network management to be a theory called the general theory of good network management under the view that a corporate network business. And it must have two important mechanisms to always happen, they are social mechanisms and mechanisms of social control. Social mechanisms are the framework or strategy that will allow members to create networks, or link the relationship between each other, or the other requirements together to create the unison of the network. Mechanisms of social control are the control behavior of network members as to the goals and guidelines set forth. That consistent with Sauvee (2002: 1-10) said the good network management has two important mechanisms. They are the mechanism to stimulate (Incentive) and mechanisms to control the network operations to occur continuously and sustainable. Show the form.

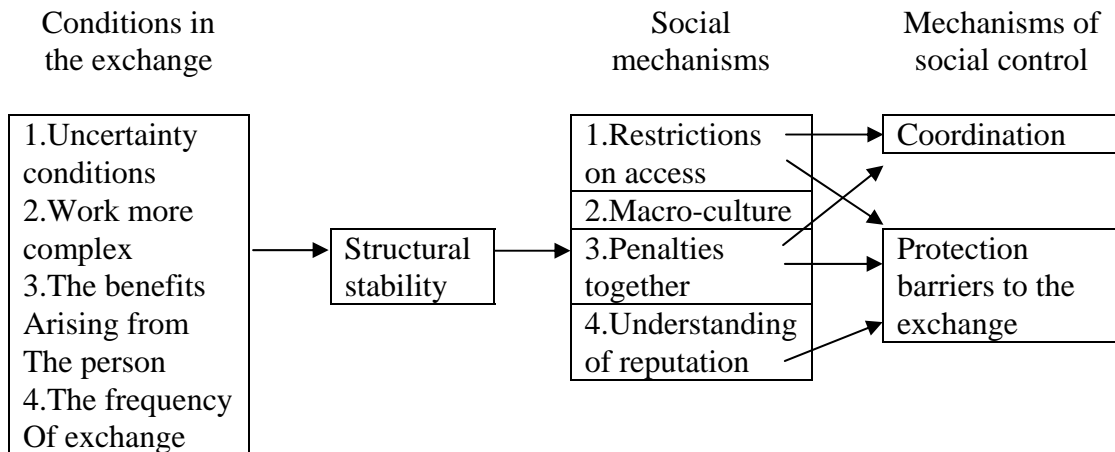


Figure 12 General theory of good network management

The following are explained.

Terms of the exchange is considered reasonable, availability and the ability to join the network as well as expectations of benefits to participate in the corporate network. They are the first steps to create the network. When each organization has approved, they occur as the network. And lead to the secure network structure. That means providing the appropriate structural characteristics and building knowledge into the network work together. When the organization goes through all these steps it will lead to consideration of the social mechanism that will be used in motivation or promotion and control operations of the network in the same direction. This will enable clear and increased coordination and it can prevent problems that are obstacles for the exchanges in the network. When perform these steps, it will get results that look forward into the network.

Consider the social mechanisms that will be used to encourage or promote the network's operations. They are considering the ability to access the network or other constraints that will occur. That network members cannot access the network (Restricted Access). The restrictions in the access network will affect the efficiency and effectiveness of coordination. And cause difficulty in determining the problem, conflict or unwanted behavior that occurs in the network. Because of members may not receive or be delayed that made to participate or not participate in the network. In addition, they are building regulations or an agreement based on the values, criteria and common belief of the members in the network (Macroculture). They make the

network approach to operations that are unique and are in the same way. They are characteristics of creating an agreement, such as goals or objectives and strategic roles in operations, etc. They also provide the efficiency and effectiveness of coordination.

Consider the social mechanisms that will be used to control the operation of a network. They are set the penalty or the collective sanctions such as, reprimand, warn or expulsion from membership network, etc, to the bad behavior of people back into policy or agreement to be made jointly. The collective sanctions will help prevent, such as barriers to the exchange of conflict prevention or reduction will occur in the network, etc. In addition, they are understand the reputation of other members of the network both in behavior, teamwork skills, conflict management, leadership skills and other features of the member. This will allow information to be used in problem solving that will occur in the network, such as a way to define the conflict prevention or reduce conflict in the networks, etc.

The concept of good network management focused on the network of organizations to join different from occurring the network before and focused on a major exchange. It required mechanisms to manage network operations to the targets. But the Sub-district health insurance fund in certain elements that differ from the concept of good management. Therefore, the issue must be adapted appropriately. The first, sub-district health insurance fund comes in the form of the establishment, so consider the terms of the exchange before the establishment of a network is not suitable to be considered. The second, dimension of network structure, because the fund have to set clearly the committee. It is the formal structure that is considered inappropriate therefore to be considered. The third, social mechanisms that will be used to encourage or promote the network's operations are necessary. They are the restrictions on foreign access to the process of networking and macro-oriented culture that laid the framework for the network, such as setting target network, creating rules or agreements in line practice together, sharing split responsibilities clear and includes various methods of work, etc. These mechanisms will enable powerful performance movements, enables communication between members (Veer, 1994 cited by Parichat Walaisathian, et al., 2004: 479) and mitigate conflict from the perspective of different ideas.

The sub-district health insurance fund is the nature of high compromise and the need to stimulate or create the voluntary participation as possible from members and other parts. So setting rules or penalties have not yet occurred at this time. But the researcher showed that understanding the work of the other members is still needed. The Sub-district health insurance fund maybe comprised of members of the organization, such as the public health agencies, groups or clubs and the people, etc. So this understanding is what should study.

Mechanism of behavior is the coordination. But the protection barriers that will occur will be critical because it has the meaning that reflects behavior that occurs in the network. The way that it links the work of the members, coordination is the heart of the action network (Nareumol Nirathorn, 2000: 48; Wirach Wirachniphawan, 2004: 100). If it has some problems, it will make the performance of network weak. (The Public Sector Development Commission Office, 2006, [Online], Available: http://www.opdc.go.th/uploads/files/update20061220/Report/Report47/07Sect06_Network) If it without the coordination between each other, the network will not continue and mostly close. That is consistent with Public Health Center (2007: 24-25) discusses factors that affect the consistency of the network, such as, conference meets every plan, save the meeting and explained to members and always has the meeting plans, etc.

Blocking obstacles that will occur in the network means that conflict prevention, be disunity, or reasons or negative attitudes about other members of the network, and it also includes methods or guidelines to resolve the conflicts in the network. The conflicts have more meanings, such as behavior of members to be the antagonist with other members, the procedures that members see another member is not satisfied, or hinder the operations of either part. And the conflict is the perception (Thippawan Lhorsuwannarat, 2004: 227).

2.6.2 Concept of network resources

Here are the resources to use in the network that will enable the network to operate well. Rajabandittayasathan Dictionary B.E 2525 gave the meaning of resources that meant all things as wealth (Rajabandittayasathan, 1988: 381). The resources were the import factors and were managed toward achieving objectives. The

work organization's network that was widely used; it could prepare or use the view of organization theory easily. There were the concepts and theories that relevant to be several ideas and I can summarize as follows:

Table 2 Concepts and theories of network resources

4 M's theory	6 M's theory	Theory of William T. Greenwood
Men	Men	Men
Money	Money	Money
Material	Material	Material
Method	Method	Authority
	Market	Time
	Machine	Work intentions
		Facilities

Adapted from Uthai Soodsook (1999: 41)

From the form, the resource management will be divided based on the dimensions appropriate to each organization. But there are the important cores or the important dimensions similar. For matching characteristics operations of sub-district health insurance fund, the researcher use 4M's Theory in men dimension and money dimension only. Men mean the sub-district health insurance fund committees. The meaning of money in Rajabandittayasathan Dictionary B.E 2525 was the account or the amount set forth as income and expense (Rajabandittayasathan, 1988: 205). Therefore, the meaning of money for this, it is the amount used in the fund. Because funds typically have costs incurred over the years. The costs are more or less, they depend on features and goals of the fund. Such as, costs of activities and costs of managing their networks, etc. the allocation of money or the budget is important thing. If it be appropriate, it will affect the performance of the fund. Such as, used the money in all activities and the management does not have it. It affects the continuity of the fund, etc.

2.6.3 Factors influencing in the phase of management of network

In addition to the issues or dimensions that occur as the concept of good management. There are many issues related to management. Such as, Chaianan

Samutwanich (2005: 24-25) mentioned the conditions and the structures that benefit the network power management. They were leadership and skills, information technology and easy structural adjustment. Eglene, Dawes and Schneider (2007: 67) found that leaders have substantial influence on the development and operation of the network. Bamphen Khiawwhan (2007: 91-113) mentioned promoting activities and staging to exchange learning. The Health Promoting Board Office mentioned exchanging information and news, knowledge, thinking and experience. That the researcher has noted that every issue is an important part of network management should go together with this case study. But these issues must consider before that it will be driven into the initial phase of develop relationship and utilization.

Therefore, the framework of management of sub-district health insurance fund composes of 4 issues. The first, resources in the fund are the people, budget, material and technology. The second, social mechanisms will be used to encourage or promote the network-based operations. They are network access, macro-oriented culture and leadership. The third, mechanisms to control network performance are the understanding of the work of other members. The fourth, mechanisms of behavior are coordination, protection barriers that will occur in the network, promoting activity in the network and exchanging that occurs in the network. When the work is finished it will enter to phase of relationship development and utilization.

2.7 Phase of relationship development and utilization (network achievements)

This phase focuses on the results of the fund. And this study bases on the phenomenon that occur in the sub-district health insurance fund to issue the summary of the results which matter. Beidernikl and Dietmar (2003: 1-11) mentioned the outputs or results of social network that cannot measure the outputs or results in the final term. Because of they are complex and difficult in measuring. But they can measure in the mid-term by looking on the development or improvement of operations, such as learning, satisfaction and the new collaborations that will occur in future, etc. The characteristics of this study are similar, by seeing that the results from a term that comes from the activities of sub-district health insurance fund and the mid-term results will be what happen in the network to be used in the development of

network. The results of activities or operations of the sub-district health insurance fund that are of each fund must be implemented and evaluated. The researcher can see them in the reports and the ways of preparing and following up evaluation that are contained in the guide of Local Fund Health Security (The National Health Security Office, 2007: 45-57) Therefore, this study has to focus on the results of network-based development to help the operational fund be strong, consistency and sustainability that relate the trends and directions of sub-district health insurance fund.

Pramaha Sutit Apakaro (2005: 106-107) saw the achievements of the network that occurs naturally, it had six things. They were the arising of the learning process, increase the likelihood for solving problems, self-reliance, and arising the management of local resources, arising the processes driving policy and arising the authority or power. Onsri Ngamwitthayaphong (2005: 160) said the most important mechanisms that humans use to adapt to life can be. They are the learning process both in the physical natural instinct and aligning with feelings, mental, ideal, and other of various levels in society, which are caused by knowledge, understanding, belief, faith, values and skills. And they are the experience to change the emotion and behavior. This is learning that the public health system expected to create with the learning process (Wanida Wirakul, 2001: 41-48).

The different meanings of learning are dependent on the social conditions that are used and there are two meanings per characteristic. These meanings are learning in the meaning of the learning process that means using different methods to derive learning and learning in the meaning of the results that means understanding the different material, the ability to do, the skills, attitude and feelings that arise from learning process (Parichat Walaisathian, 2005: 4). Therefore, learning is not just the reception of information, not just understanding (Comprehension) to see the meaning and linking of those realizations. But the transformation in what is known and has been well understood (Nawarat Phlainoi, 2006: 49).

And the sub-district health insurance fund too, it needs to adapt more from the activities or operations normally to be strong, consistency and the sustainability. These results require the learning processes that are the development mechanisms for participating and being humane to fill in those missing to the same network. Such as, reduce the restrictions, help to empower each other, etc. And these factors will help

strengthen the network to develop and opening system to be continuous. (Phramaha Sutit Apakaro, 2005: 31-32) These are the steps to network security. (Nanthiya Hutaniwat and Narong Hutaniwat, 2003: 83)

About the factors influencing the phase of relationship development and utilization, Bampen Khiawwhan (2007, [Online], Available: http://newwave2.doe.go.th/014_14092550_NewWave2/0014_14092550_Network_01.files/frame.htm#slide0767.htm) mentioned reviewing and summary lessons, promoting leadership networks, expansion activities, creating new knowledge and knowledge management continued.

Therefore, learning in this study consists of three parts. They are the part of knowing, the part of understanding and the part of transformation by bringing the issues of achievements to deploy properly. The part of knowing is the obtaining information about problems or obstacles in the fund operation. The part of understanding is the seeing of meaning and needing about solving problem or obstacles in the fund operation. The part of transformation is the committee's participation in solving problems or obstacles and developing the operations of sub-district health insurance fund. It consists of reviewing and summary lessons, promoting leaders, creating knowledge or how new or different from the original, seeking a new front and arising the processes driving policy on issues related to networking. This operation considered as the routing of the network itself by being the creation of characteristics of network to be famous. And it is the factors crucial to the gait of the network (Phramaha Sutit Apakaro, 2005: 190).

2.8 The related research

Wimolluk Chuchat (1997: 79) studied patterns and factors in creating a network of learning that success in the conservation of forest resources. She found that the successful network will develop from the network of people to people, people to group and group to people. The process of building a network starts by choosing the leader who has nature leader characteristics. Expansion and connection, its focus on building and participation as the strong groups, solving problems together and developing existing knowledge base and create new knowledge which connects both of modern science and old wisdom. The survival, it focuses on the member

participation and continuous learning, development of potential members and network expansion by having the plan as intended.

Thassanee Lukkhanaphichonchach, et al. (2005: 125) studied on the tendency of group network development and people's organization in Phetchaburi province to seek the model of network building between a cooperative society that was registered as legal entities and not registered. They used the participatory research (PAR) as a main method with using several research techniques, such as, discussion groups (Focus Group), Appreciation Influence Control (AIC), workshop, establishing the stage of peoples, to make a tour of inspection, academic conferences and analyses SWOT, etc. They divided their study into three steps.

Step of assessment problems and finding interests. They found that the cooperative society and agricultural groups were combined as two forms of a network, included the formal network that established a forum every month and non-official network that did not want to register a cooperative society.

Step of operational activities. They established the seminar to help an agricultural cooperative society that had a management problem and could continue. By using the strategic plan mechanisms and organizing the workshops with the successful cooperative society as the wizard. It could establish the partnership network in Petchaburi. This network was subscription with no restrictions because of holding the same ideology, the communication system between viral or non-official and inviting guest speakers to knowledge and so on.

Step of synthesis knowledge, they found that network caused by the combination of the members who see and understand the real situation also arising learning and development into the learning society. Cooperative society officials should act as a mentor in the event and should adjust the paradigm of the network-based working.

Anon Phakakrong, et al. (2005: 57) studied on the tendency of network development of groups and people's organization in Loei province. They used participatory research (PAR) to divide the methodologies into four steps. The first step studied about situations and cooperation's by using interview forms and workshop. They found that groups and people's organizations are public purposes and administrative structures are similar and interested to work together. The second step

studied about model or process of building alliances by tour studying and established the discussion forum and the workshop. They found that incentives to work, understanding about the direction of the group, emphasis and effort and the total force that will work together were less. The third step studied about the experimental activities in the network to link various forms. By mechanisms of creating the participatory strategies, there were the centers of coordination network, monthly networking meetings, promoting the learning process, communicating the coordinator in various forms and tracking the results of work. The last step is the evaluation of the project by the participatory workshops. They found four important things in the building of the network. They were the coordination, linking of the targets, developing the activities of the network and maintenance of the network to be sustainable. The success of networks depends on the selection of quality leadership because it used the conditions of leadership for connecting network, developing capabilities and support agencies to act as the facilitator effective, equality of groups or organizations in the network, balance in the coordination of network benefits, cultural organizations that focus on sharing learning and the ability to manage knowledge as a system, the ability of groups or organizations vary that affect success in connecting different networks.

Nareunan Suriyamanee, et al. (2005, [Online], Available: http://oppn.opp.go.th/data/report/report_research48.pdf) studied about the best practices in stronger networks. Their purposes were to study about the history and beginning of implementation process of the stronger network and the participation of members in the operations of the network. They chose 9 stronger networks and they had combined to create the interview questions and questionnaires for 90 members in the 9 networks, but got them back 70 series, analyses data with percentage and mean. They found the factors that make network operations to be continued. They were the cooperation of member organizations or members, the board who willing to work organizations and the members are bound together, working with love, generosity and working as friends not supervisors. The importance of making the network stronger is having the activities to be continued, the participation of members, the work aims to clear, having a good relationship to each other and have a good team.

Someone used “Network Governance” applied research projects operating in M-POWER or **Mekong Program on Water, Environment and Resilience** that said

about management of water democracy, a support sustainable career and the duration of operational projects since 2005-2008. This project discusses the word Network Governance in three forms. They were the infrastructure forms that looked into the matter of defining roles and responsibilities of partners, the commission form (Steering Committee: SC) that provided guidance in preparing strategies and important decisions and the need for team members, such as considered decisions in various sub-projects, add or remove the parties considered the issue network and determined resolve disputes that arise in the network, etc. and the form of set of criteria selected network members, rights and responsibilities of network members. The members of this network will consist of party organizations, lead researcher, researchers, associations, senior researcher and the people who give the fund of researching.

Amara Sunthornthada and Sirinan Suksatit (2005: 57-67) studied about leadership in the economics of rural women. They studied only the groups of part-time jobs in Kanchanaburi province by promoting the building of network cooperation between each other. They found that the networks in the village had not much power to build the diversity in products and lacked bargaining power with agencies. So they created a network of a village level up to sub-district level to create diversity and they developed the forms from exchanging information with each other. But there were many problems to the system in sub-district level, such as each village leaders having not realized the importance of networking and exchanging information between villages, each member of the village did not try to seek knowledge from the community / village other, each village could not exchange activities and were less interested in learning a lot. People who are interested in learning are often get intended benefits. Therefore, the suggestions are the government should actively promote the development to have more, such as the case study in school or the budget support from the Sub-district Administrative Organization, etc.

Yaowaluk Anuruk, et al. (2007: 45-49) studied about development process of health promotion club in the case of Ban Phai-Ngam, San sub-district, Wiangsa district, Nan province by it is the club in village level. They found the health promotion club consisted of the elderly, the farmers, the textile group and youth groups. Sponsors are the health officer, sub-district agricultural officer, non-formal education centre, Bank for Agriculture and Agriculture Co-operatives (BAAC) and the

Sub-district Administrative Organization. And the supports will be the different people to be doing that making operations of the club, not quality, as expected. The suggestions are the provide management of health promotion club in sub-district level by the Sub-district Administrative Organization is the main coordinator. It has the budget and law that can integrate and draw power from both internal and external partners to jointly develop the health promotion club in multi-dimensional.

Wattana Photha and Rachaphadoong Phingsakul (2007: 8-15) studied about management in the district health network. It was the qualitative case study. The objectives were the understanding of the situation of the management of health network in sub-district and to find the model and the suggestions to be the way of supporting the management of health network in sub-district. They shared the case study into three terms:

The first term: The case study of the situation of the management of health network in sub-district as the role of the target. By listening and learning exchange with the target in forty-eight sub-districts of twenty-five provinces in the central region.

The second term: Developing the plans to participate to seek patterns and the ways to the management of health network in sub-district. They shared the case study into two steps and study in ten sub-districts of ten provinces in the Central region.

Step 1: Using in-depth interviews and the targets consisted of chief executive of the Sub-district Administrative Organization, leader of health office and president of the village health volunteers in sub-district level.

Step 2: Provide a forum for seminars and the education in other places to arising the learning together and offer the ideas about the model of network development and the way of working together as the network in the sub-district.

The third term: Tracking in the area to observe changing management and to listen to the additional comments after finishing step 2.

The results showed that:

The situations in the health management in sub-district found that every sub-district has the health management by planning, supporting budget,

corporate, control and monitoring evaluation but the coordination is less. Most activities are similar. Every sub-district focused on the development of health and building the network. However, the overall performances in the sub-district are dominated by government agencies. Although it has the centers of coordinate community organizations in sub-district but they are established by the government. They have a lack of awareness role and lack of participation by communities and the local. If they are the governments, they will wait orders from the large organizations. They also lack implementation processes that will cause the forces of group or community organizations in the network. They also lack access to participation in ownership and joint movement to support the development of power. The participation of the people is only being asked to collaborate rather than actual participation.

The suggestions on the ways of the management of health network in sub-district, most people commented that building the network is important in the sub-district and useful if it will affect the success and increase efficiency in the management of health network in sub-district.

By being the major groups in the network, they consist of the village health volunteers, the Sub-district Administrative Organization and the health officer. They are the main group about coordinating the health. The people, group or corporate citizens and officials from government agencies in sub-district to participate in the development process by using the process plan as the tool for creating the public forum. It used for talking and exchanging information to create awareness and learning of people in the community, and having plans to develop local health problems consistent with the conditions of the community. Government agencies in both the central and regional must promote and support government officials in the sub-district into the role of information, techniques, methods and technical to the network and to join the network. Including should promote and support the concept release, guidance, values, the importance of networking, processes to create and develop networks and health management by the networks. In addition, looking forward the people learn in the development process and innovative ideas in the district. Government agencies in both the central and regional must promote, support and empower the decision for the operating officers in sub-district can connect to the

network interface in development without having to wait for orders or pending approval from them.

Patthama Suphannakul (2007: 124-128) analyzed the elements of the anti-drug network structure in Suphanburi province and studied about the relationships between individuals within the network in both government and public since April 2005 to January 2006. The example groups were seventy-six anti-drug networks. The results showed that the government network structure plan is different from the private sector. The government network has the isolated individual conditions and structural holes conditions but the public network is usually the network structure plan. They affect the strength and relationships of government network less than the public network. So the relationships within the network and factors of success in network operations are the most important in establishing the network because they will help the network to be the effective and the sustainable eventually.

Wanee PinPratheep (2007: 1-45) concluded the project study of the model of community participation in community health system between the government funds, the Sub-district Administrative Organization and community health funds of 2 in 7 of the navigator areas. They are the health funds in Bung-Khla sub-district, Lhomsak district, Petchaboon province. These projects use the qualitative research techniques and operational involvement research. The main objective of the model is the case study about the involvement of communities and the locals in the management of health insurance system in the sub-district. By using the concept of partnership in care sectors related to three main sections are public areas, health service facilities and Local Government Organization to realize. The target funds on the expansion and upgrade the health center to sub-district hospital. Their summary is as follows.

The health funds in Bung-Khla sub-district is the cooperation under the beginning of three main sections, people see that their participation in their health care, health service facilities see that their responsibility is the providing of health care to people and the Sub-district Administrative Organization see that their missions are in the Local Government Act by having the momentum and conditioned the development from Lhomsak hospital and Lhomsak district health office. The processed will start from invite all relevant participants to understand the concepts of

sub-district health fund and benefits will occur in public areas, including set the community's people meeting to bring the concepts to create the understand. There were the analysis and summaries the potential that support to set up the sub-district health fund such as people will be able to contribute funds to pay subsidies to set the sub-district health fund, confidence in community leaders, kinship of people in the community, strong village health volunteers and chief executive of the Sub-district administrative Organization is the leadership of ideas and work to be clear.

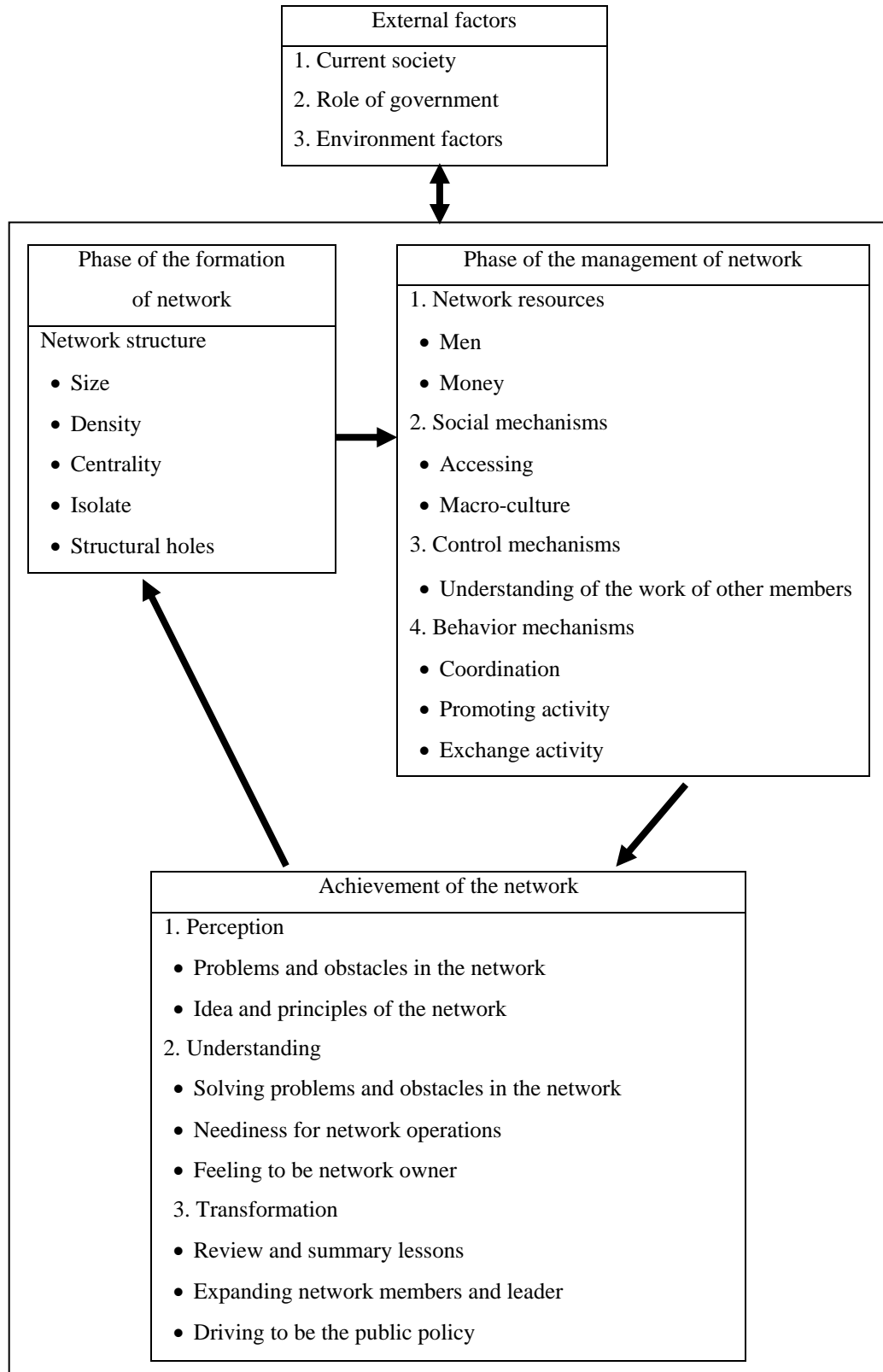
The regulations of the health funds in Bung-Khla sub-district were drafted by the individuals. The money in fund is from two sectors. There is the money from villagers who voluntarily join the health fund and pay 20 baht per person per year and the money from support and welfare of in Bung-Khla Sub-district Administrative Organization.

The health funds have five objectives. They are enhance the public health service facilities from the health center to the sub-district hospital, provide public health services like the district hospital but been also in the framework of the hospital district, receive public health services to be quick and easy, improve people's quality of life and create the people participation.

Terms of success are the community leaders who intend to develop their own community, using the participation of peoples and communities has been created how ideas work that people care to be a common goal, Sub-district Administrative Organization must have health missions and the health service need to adapt to working with public organizations, the health funds in sub-district must be the source of income and expenses clearly and need someone reliable to manage, must create the reliable and trustworthy in all stages of work and must have a clear management process that people can accept.

From the literature reviewed above, the researcher have concluded a framework concept used in research. It follows:

2.9 Conceptual framework



CHAPTER III

RESEARCH METHODOLOGY

The research design used in this study was a survey research approach; it used both quantitative techniques and qualitative techniques. The research methodologies were divided into 4 steps:

3.1 Step 1; Social network analysis

This step is a part of the first research objective, to study the structure of the fund. Social network theory and social network analysis techniques were applied. Unit of analysis was the health insurance funds.

3.1.1 Population and sample

The population of this study was the sub-district health insurance funds in health region 9, compose of 4 provinces 44 funds, Chonburi province 10 funds, Rayong province 15 funds, Chanthaburi province 13 funds and Trad province 6 funds (not including municipality). The samples are all members in each fund.

3.1.2 Instrument

The research instrument of this research was a questionnaire that focused on social network analysis by applying the Roster concept (Wasserman & Faust, 2005: 46) that all members were defined by other members who trust the information of fund. The questionnaire in this study shown on the appendix A was divided into three sections as follows:

Section 1 Member's general data such as name, sex and age.

Section 2 Member's activities in participation of the fund, composed of 3 items towards operation in their role that was assigned, exchange the information idea and experience with other members, and joint activities in fund. All the items were scored 0 (lowest operation level) to 10 (highest operation level).

Section 3 Social network analyses within the scope of the question, if you want to get information about the trust from other members in your fund which members will you contact. Each member was asked to mark \checkmark in front of the member names on the list they trust information with.

This questionnaire was approved about construct validity and content validity by a panel of experts.

3.1.3 Data collection

The researcher collected data in the sequence of steps as follows:

3.1.3.1 The researcher coordinated with the National Health Insurance Office, the National Health Insurance Office in the branch of Rayong province and 4 Provincial Health Offices to explain the details and to request the collaboration including members name lists in all funds.

3.1.3.2 The researcher coordinated with the Sub-district Administrative Organization (SAO) which is the sample to explain the details and to request the collaboration.

3.1.3.3 Type all member names of each fund into the questionnaire. The researcher sent the questionnaire and attached the Mahidol university letter to all members via Sub-district Administrative Organization by himself.

3.1.3.4 The researcher followed up the questionnaire for the first time via telephone 30 days after it was sent. The second time 20 days after the first time and the third time 20 days after that, including waiting for the returns for 20 days, the total being approximately 90 days and ending the data collection.

3.1.3.5 Audit the data about correction and completion, including the record and coding to prepare the statistical analysis in the next step.

3.1.4 Data analysis

This study was carried out with the data as follows:

3.1.4.1 Although the social network analysis could be analyzed with several programs, i.e. UCINET, Pajek, NetMiner, MultiNet, StOCNET etc. (Huisman & Duijn, 2003: 1-54) in this study the data was analyzed with NetMiner

program. It was suitable for data and could show statistics and sociograms, such as size, density, centrality, isolation, structural hole, etc.

The value of the density and centrality are in the range 0-1. For density, 0 means all members have no link in the network and 1 mean all members have a link in the network, if close to 1 it means almost linked members in the network (Scott, 2008: 64). For centrality, it can be interpreted like the density.

3.1.4.2 After analyzing the fund's structural data, the researcher used 7 variables, size, density, centrality, closeness, clique, percentage of core group and joint activities to analyze by Cluster Analysis statistics with Ward's method for group the fund. It found that the funds could be divided into two groups, low and high network-based operation. The researcher selected 5 funds in each group to analyze the lesion and synthesis the knowledge in the next step.

The criteria for selecting the fund in a low network-based operation group are low density as main variable, low percentage of core group and occurred isolation or structural hole as co-consideration.

The criteria for selecting the fund in a high network-based operation group are high density as main variable, high percentage of core group and no isolation or structural holes situation as co-consideration.

3.2 Step 2; Analyze the lesion and synthesis the knowledge

This step is a part of the first research objective to study the special results in each fund and general results across the funds to synthesis the knowledge set and develop the network-based operation model.

3.2.1 Sample

The samples are all members of the sub-district health insurance funds that were selected in low and high network-based operation groups

3.2.2 Instrument

The research instrument of this research was a Semi-structured in-depth interview that defined the issues at the beginning. For the lesson analysis, retrospect techniques and group interview were used together.

3.2.3 Data collection

The researcher collected data in the sequence of steps as follows:

3.2.3.1 The research selected the fund in low and high network-based operation group, each group selected 5 funds.

3.2.3.2 The researcher coordinated with the Chief of Sub-district Administrative Organization in each fund to request the collaboration and set about a date and time in the step of group interview process

3.2.3.3 Prepare the materials which were used and the data to have to do with the step of group interview process, such as the result of social structure and other context in each fund, in order to be the data base in step of lesson analysis

3.2.3.4 Operate the group interview process on the date and time set. The time of process was 60 to 120 minutes long with 4 questions, how did you become a member and what is the motivation that brought you to join the fund? , how did the fund occur and what is the funds achievement? , are the expected results and real results consistent and why are they different? , what is your learning and what is your preferred work in the fund in the future. (Applied from Kanokporn Shoeched & Chakan Promsiri, 2005: 52-55).

3.2.4 Data analysis

The data from group interview process was analyzed with content analysis, i.e. arrangement and interpretation data etc. to syntheses the special results in the first fund, special results and general result in the next fund and combined both to the knowledge set.

3.3 Step 3; Model developments

Although the network-based operations model which synthesis from lesson in the group interview step had covered the fund's activities but they have some limitations, all lesson that only internal fund's activities. In the fact, the funds have to contact the external organization, i.e. policy of the National Health Insurance Office

and Provincial Health Office etc. Therefore, the researcher will study the opinion of the expert to develop completely the model.

3.3.1 Sample

The samples were a panel experts who grad to share opinion.

3.3.2 Sample size

This study applied the Macnillan's table to calculate sample size. It found that if sample size is more than 17 persons, the rate of error will decrease very low or stable. (Macmillan, 1971 cited by Suvimol Vongvanit, 2005: 225) Therefore, the researcher settled for a sample size of 18 persons, composed of 1 chairman of chief the Sub-district Administrative Organization club, 4 fund's responsible in 4 Provincial Health Offices, 1 officer of District Health Office, 10 person of people section, 1 officer of the National Health Insurance Office and 1 officer of the National Health Insurance Office in the breach of Rayong province.

3.3.3 Instrument

The research instrument of this research was a Semi-structured in-depth interview that was defined the issues at the beginning. There are preparations of fund's formation step, role relation of external organization and guideline of fund's development in the future

3.3.4 Data collection

The researcher collected data in the sequence of the following steps:

3.3.4.1 Coordinated directly with an expert via telephone to explain research objectives and methodologies. If the experts are willing to collaborate, the researcher will deliver and present the preliminary model to the prior study, including set about date and time for in-depth interview process

3.3.4.1 Operated the in-depth interview on date and time that setting.

3.3.5 Data analysis

The data from in-depth interview process was analyzed with content analysis, i.e. arrangement and interpretation data etc. and compare the opinion of the expert in order to increasingly develop the model.

3.4 Step 4; Verification model

This step was a part of the second research objective to study the model that it could be applied in the general or real operation or not.

3.4.1 Sample

The sample in this step were 5 experts, 1 officer of the National Health Insurance Office in the branch of Rayong province, 1 officer of Provincial Health Office and 3 the chief executives of Sub-district Administrative Organization.

3.4.2 Instrument

The research Instrument was the draft model.

3.4.3 Data collection

3.4.3.1 The research coordinated the expert via telephone and explained the research objectives. If experts willing to participate, the researcher will explain the draft model and ask for the recommendations or suggestions.

3.4.3.2 The researcher coordinated to the coordinator of the Local Government Organization meeting in order to make a sub-meeting, present the draft model and ask for the recommendations or suggestions.

3.4.4 Data analysis

The data was analyzed and observations or suggestions made to develop the suitability of the model.

CHAPTER IV

SYNTHESIS KNOWLEDGE OF THE NETWORK-BASED OPERATION

This chapter shows the results of the first objective, to synthesis knowledge of the network-based operation in the sub-district health insurance funds committees and it was divided into 2 steps, the first step was analyzing the network-based operation structure and the second step was synthesis the lessens distill and knowledge.

4.1 The first step; analysis the network-based operation structure

In this step, to explore the characteristics of the network-based operation that occurred in each fund after the fund committees were established in order to start the point or foundation to any further steps.

In the study of network-based operations each fund will explore the relationships within the committees because of the work in the fund is based on the relationship and trust between each member. Therefore, this study used the social network analysis concept to be the mechanical issues. This step was studied in Public Health Region 9 that consists of 44 funds in 4 provinces, Chonburi, Rayong, Chanthaburi and Trad that occurred in 2006. The instrument was the questionnaire that was divided into 2 parts; the first part was the information of practical activities and the second part was details of the questions that all members identified other members who have been reliable in providing information in the fund. The researcher received questionnaires returned totaling 33 funds. (75.00%)

Data from questionnaires was recorded and analyzed by NetMiner Program to study the characteristics of the network, i.e. size (Number of members in the fund), density (Communication between each member in the fund and compared with all members, value between 0-1), centrality (Members who the central communication

from other members in the fund, value between 0-1), closeness (members who always communicating with members be centrality, value between 0-1), isolate (members who no contact other members, structural holes (members who only communicated one member in fund without any contact with all members), clique (group of 3 members who are always communicated within their group) and core group (numbers of member who are communicates between them as thoroughly as the core group of contacts in the fund). The details shown as Table 3

Table 3 The characteristics and network-based operation structure of the sub-district health insurance funds committees.

Province	Fund name	Size	Density	Centrality	Close-ness	Isolate	Structure Hole	Clique	Core Group (a)
Chonburi	A1	14	.214	.680	.312	No	No	10	35.71
	A2	16	.358	.613	.443	No	No	20	75.00
	A3	20	.142	.626	.230	No	No	16	40.00
	A4	16	.188	.582	.295	No	No	11	56.25
	A5	12	.389	.463	.698	Yes	No	6	66.67
	A6	13	.115	.597	.445	No	Yes	5	61.54
	A7	13	.192	.694	.272	No	Yes	9	46.15
	A8	14	.313	.740	.589	No	No	10	66.67
Rayong	B1	20	.266	.662	.815	No	No	17	40.00
	B2	18	.183	.865	.685	No	Yes	13	55.55
	B3	18	.193	.855	.680	No	No	17	50.00
	B4	19	.170	.877	1.000	No	No	22	57.89
	B5	23	.184	.806	.953	No	No	39	65.22
	B6	14	.198	.698	.352	No	Yes	8	42.86
	B7	13	.340	.715	.989	No	No	9	76.92
	B8	19	.164	.765	.467	No	No	16	47.37
	B9	14	.319	.651	.801	No	No	14	71.43

Table 3 The characteristics and network-based operation structure of the sub-district health insurance funds committees. (Cont.)

Province	Fund name	Size	Density	Centrality	Close-ness	Isolate	Structure Hole	Clique	Core Group (a)
	B10	18	.258	.661	.424	No	No	21	61.11
	B11	16	.333	.711	.899	No	No	9	62.50
	B12	12	.273	.694	.148	No	No	9	75.00
	B13	10	.156	.691	.372	No	Yes	3	70.00
Chanthaburi	C1	16	.175	.809	.461	No	No	16	52.94
	C2	17	.434	.602	.391	No	No	9	70.59
	C3	17	.147	.773	.201	No	Yes	12	35.29
	C4	14	.132	.521	.350	No	Yes	7	50.00
	C5	16	.235	.746	.414	No	No	20	76.47
	C6	22	.156	.735	.557	No	No	27	31.82
	C7	16	.404	.636	.449	No	No	15	68.75
	C8	19	.129	.509	.137	No	Yes	13	52.63
Trad	D1	19	.371	.664	.573	No	No	13	57.89
	D2	13	.282	.326	.485	No	Yes	18	84.61
	D3	13	.244	.819	.173	No	No	11	76.92
	D4	12	.962	.041	.060	No	No	1	100.00

(a) Calculated from number of node in core group * 100 / all node

From Table 3, size (number of members in the fund) depends on a number of villages in the sub-district as a main because the committees come from 2 parts, part of the position and part of selection. The part of the position the same in all funds, consists of the president of Local Government Organization, 2 members of Local Government Organization, a representative of health center, a clerk of Local Government Organization and 2 representatives of village health volunteers. The part of selection selected a representative from each village. So, sizes of fund are different.

The minimum number of members is D4 (12 people, 5 villages) and B5 is the maximum number of members (23 people, 16 villages).

Density (Communication between each member in the fund and compared with all members) in the fund that shows the trust between members and it found that diversified to differ materially. But most are not high-density much in the range of 0.1-0.4. However, it is noteworthy; the fund which had high communication and had small size, low level in degree centrality such as D4, A5, etc., but high core group (number of members who always communicated within their group) such as D4, D2, B7, etc.

General fund characteristics had high centrality (Members who the central communication from other members in the fund) (Average 0.6614). The highest is B4 (0.877) and the lowest is D4 (0.041). This is what should note that fund members as a point of contact high had size, closeness, centrality and clique high too. But core group (number of members who communicate between them as thoroughly as the core group of contacts in the fund) low such as B4, B5, B9, etc

Members have no contact with other members and without any contact with all members (Isolate) totaled 1 fund that is A5. Although A5 only had 5 villages and not much space but it also found that members representing the village had not been trusted in the communication about information.

Members who only communicated with one member in the fund without any contact with all members (structural holes) totaled 9 funds. It was distributed in all provinces, Chonburi found 2 funds, Rayong found 3 funds, Chanthaburi found 3 funds and Trad found 1 fund.

Clique is a group of 3 members who are always communicating within their group which occurred high in a large fund (average 13.52). The highest was B5 (39 groups), C6 (27 groups) and B10 (21 groups). This is noteworthy that a fund with high clique had size, degree centrality and closeness as high too.

Numbers of member who are communicates between them as thoroughly as the core group of contacts has a general range between 30-80 percent. The highest was D4 (100%), secondary was D2 (84.61%) and the lowest was C6 (31.82%). This is noteworthy that the fund with high core group had size and degree centrality in low but high density.

The structures of network-based operation have several characteristics but can be summarize into six characteristics. (All characteristics see Appendix B)

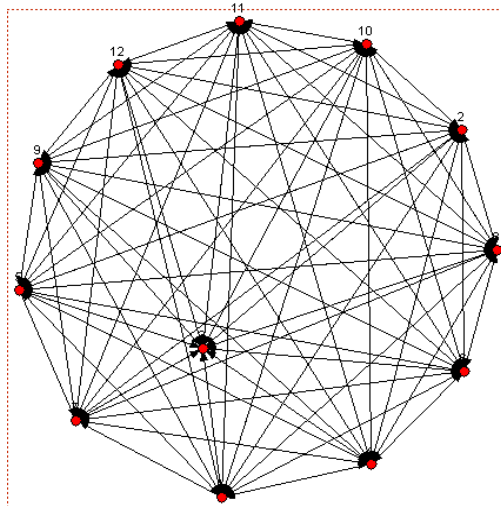


Figure 13 High density

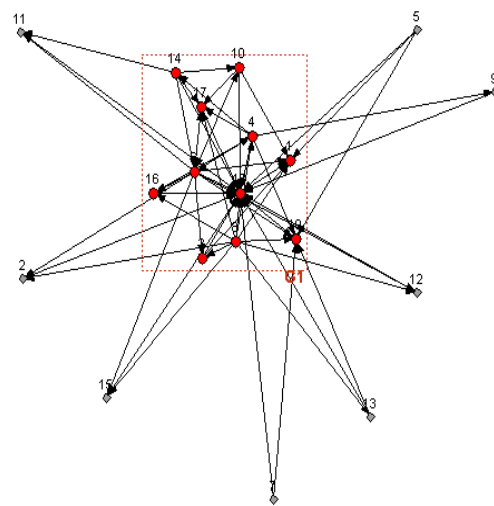


Figure 14 High centrality

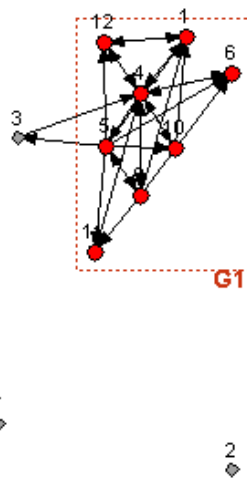


Figure 15 Isolate (No.2 7 and 8)

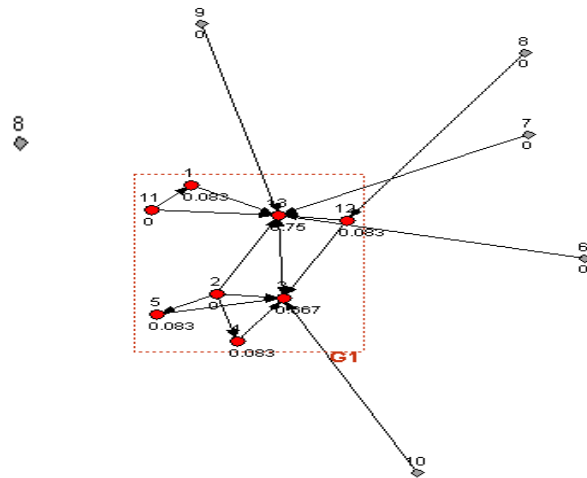


Figure 16 Structure hole (No.6-10)

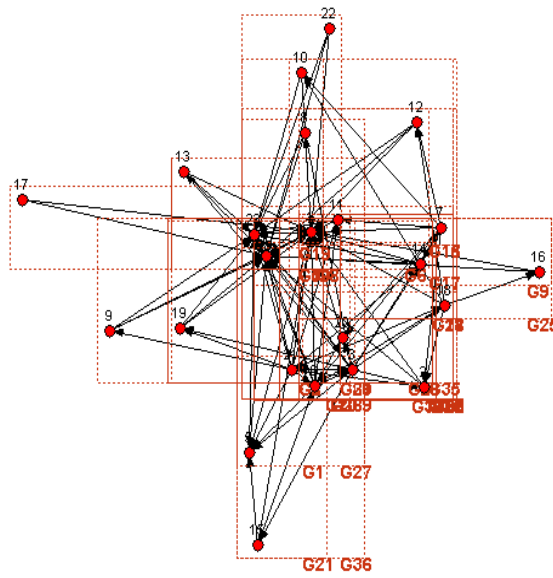


Figure 17 High clique

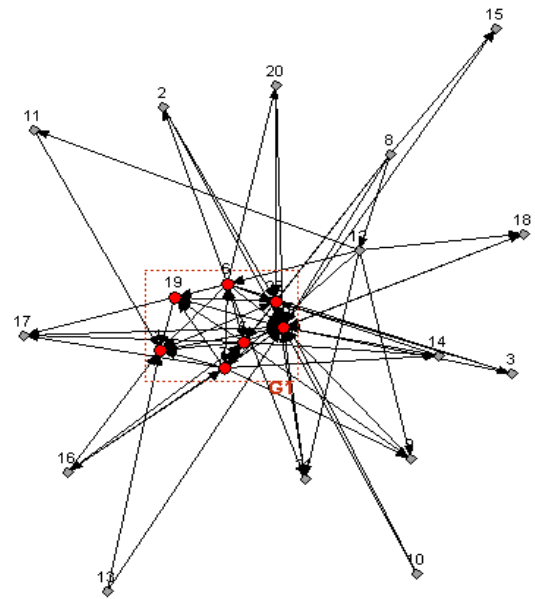


Figure 18 Core group

The structure of the network-based operation in the first step was to find the features and structures which are similar and different in several ways. Therefore, to study the process of lesson distill, It needs to initially arrange a group of network-based operation who want to know that the funds are the same and will be placed in which groups. Group analysis by the Cluster Analysis statistics found that all funds could be divided into 2 groups, low and high network-based operation. It can be shown by table 4 and 5.

Table 4 The detail of low network-based operation characteristics.

Province	Fund name	Size	Density	Centrality	Close-ness	Isolate	Structure Hole	Clique	Core Group
Chonburi	A1	14	.214	.680	.312	No	No	10	35.71
	A3	20	.142	.626	.230	No	No	16	40.00
	A4	16	.188	.582	.295	No	No	11	56.25
	A7	13	.192	.694	.272	No	Yes	9	46.15
Rayong	B1	20	.266	.662	.815	No	No	17	40.00
	B2	18	.183	.865	.685	No	Yes	13	55.55
	B3	18	.193	.855	.680	No	No	17	50.00
	B4	19	.170	.877	1.000	No	No	22	57.89
	B5	23	.184	.806	.953	No	No	39	65.22
	B6	14	.198	.698	.352	No	Yes	8	42.86
	B8	19	.164	.765	.467	No	No	16	47.37
	B10	18	.258	.661	.424	No	No	21	61.11
Chanthaburi	C1	16	.175	.809	.461	No	No	16	52.94
	C3	17	.147	.773	.201	No	Yes	12	35.29
	C4	14	.132	.521	.350	No	Yes	7	50.00
	C6	22	.156	.735	.557	No	No	27	31.82
	C8	19	.129	.509	.137	No	Yes	13	52.63
Trad	D1	19	.371	.664	.573	No	No	13	57.89

From Table 4, found that the fund with low network-based operation were in Chonburi province 4 funds, Rayong province 8 funds, Chanthaburi province 5 funds, Trad province 1 fund and total 18 funds (54.54% of all funds). It found that a number of fund members average 17.72, members trust each other was low (Density average 0.19). There are unique members in the center of the communication from other members in high level (Centrality average 0.71). Structural analysis found that the majority of members were governmental officers. The members who always communicating with members be centrality were moderate (closeness average 0.48).

All members had communicated between each other (Not Isolate). There were some members who only communicated one member in fund without any contact with all members (structural holes) total 6 funds. There were groups of 3 members who were always communicating within their group, average 15.94 cliques. The percentage of members that always communicated between each other as thoroughly as the core group averaged 48.81 percent of all members.

Table 5 the detail of high network-based operation characteristics.

Province	Fund name	Size	Density	Centrality	Close-ness	Isolate	Structure Hole	Clique	Core Group
Chonburi	A2	16	.358	.613	.443	No	No	20	75.00
	A5	12	.389	.463	.698	Yes	No	6	66.67
	A6	13	.115	.597	.445	No	Yes	5	61.54
	A8	14	.313	.740	.589	No	No	10	66.67
Rayong	B7	13	.340	.715	.989	No	No	9	76.92
	B9	14	.319	.651	.801	No	No	14	71.43
	B11	16	.333	.711	.899	No	No	9	62.50
	B12	12	.273	.694	.148	No	No	9	75.00
	B13	10	.156	.691	.372	No	Yes	3	70.00
Chanthaburi	C2	17	.434	.602	.391	No	No	9	70.59
	C5	16	.235	.746	.414	No	No	20	76.47
	C7	16	.404	.636	.449	No	No	15	68.75
Trad	D2	13	.282	.326	.485	No	Yes	18	84.61
	D3	13	.244	.819	.173	No	No	11	76.92
	D4	12	.962	.041	.060	No	No	1	100.00

From Table 5, the results found that the funds with a high network-based operation were in Chonburi province 4 funds, Rayong province 5 funds, Chanthaburi province 3 funds, Trad province 3 fund and total 15 funds (45.46% of all funds). It found that a number of fund members averaged 13.80, members who trust each other was high (Density average 0.71). Members who always communicating with members

be centrality were moderate (closeness average 0.49). All members have communicated between each other (Not Isolate). There were some members who only communicated one member in fund without any contact with all members (structural holes) total 3 funds. There were groups of 3 members who were always communicating within their group, average 10.60 cliques. This shows that many members of the contact group were high and the percentage of members that always communicate between each other as thoroughly as the core group that average 73.54 percent of all members.

From table 4 and 5 found similar and different characteristics between low and high network-based operation, they are as followed.

1. Denominators characteristics of funds between low and high network-based operation are members who the central communication from other members (Centrality average 0.60 and 0.71) and members are always communicating with members be centrality is always high (Closeness Centrality average 0.60 and 0.71). That is the general characteristics of the fund that was established by the public or people sectors.

2. Different characteristics between low and high network-based operations are the number of members in the fund (Average 13.80 and 17.72, respectively), trust between members (Average 0.34 and 0.19, respectively), there are the groups of 3 members who were always communicating within their group (Average 10.60 and 15.94, respectively) and the percentage of members that always communicate between each other as thoroughly as the core group (Average 73.54 and 48.81, respectively).

In summary, funds with high network-based operations will have the relationship, trust and contact information between members more than funds with low network-based operation.

For the step of selecting the fund for lessons distills, there will be a study both of low and high network-based operation. By selecting 5 funds per group and results are as follow (Display in 8 funds for backup in case the fund order No. 1-5 refused to cooperate in lessons distills process).

1. Fund No. 1-8 in low network-based operation group were selected to lessons distills, they are C8 (Chanthaburi), C4 (Chanthaburi), A4 (Chonburi), C3 (Chanthaburi), C6 (Chanthaburi), B8 (Rayong), B4 (Rayong) and C1 (Chanthaburi).

2. Fund No. 1-8 in high network-based operation group were selected to lessons distills, they are D4 (Trad) C3 (Chanthaburi) C7 (Chanthaburi) A2 (Chonburi) B7 (Rayong) B11 (Rayong) B9 (Rayong) and A8 (Chonburi).

4.2 The second step; lessons distills

This step found that the funds that cooperate in lessons distills are funds in low network-based operation group (C8, C4, C6, B8 and B4) and funds in high network-based operation group (D4, C2, C7, B7, and B11).

For presentation to lessons distills, the researcher will not offer the name of each fund but will offer each fund respectively, start at fund in high network-based operation group and next to fund in low network-based operation group. There are 5 sections used in presenting, they are:

- Basic information of the fund
- The formation of the fund.
- The tendency setting to drive the fund.
- Management of the Fund.
- Achievement of the Fund.

4.2.1 Funds in high network-based operation group

4.2.1.1 The first fund (C7)

1) Basic information of the fund

This fund has a relationships and trust between members (16 members) are in moderate level (Density = .404) and distinct a members that be center of communication in the fund (Centrality = .636). All members contact other members (no Isolation) in two ways communications (no Structural Holes). There are 15 cliques (each clique has 3 members who are always communicated within their group) and many memberships that communicate between them as thoroughly as the core group of contacts in the fund, representing 68.75 percent of all members.

This fund is in semi-urban areas and near the center of the province about 3 kilometers away. Transport is convenient. There are 12 villages. Each village can contact each other easily. There is a health center about 2 kilometers

from the Municipality. No requirements or regulations of the health in sub-district are the only addition to the role of Local Government Organization.

From the interviews process in the fund's committee, the results are as follows:

2) The formation of the fund

This fund had been nominated as the fund that worked in 2006 without volunteering itself. It had been nominated by the public health agencies at a unit commander of health center and assigned health center to clear the Municipality. After that, the Municipality assigned the public health to be a leadership in management of the fund. Starting by choosing the person who had been committees from village health volunteers because they always worked with health center and the people knew them well.

When finished choosing, the list of committees was offered to the Health Security Office in branch of Rayong province to be formally appointed in order to legal operate the fund. Then it started which was more than ready to go in early 2007. In the first phase, almost all committees have no knowledge about this fund explicitly and also had budgets delayed. So it did not have work in 2006 (fiscal year 2007), however, in early 2007 the fund appointed the sub-committee addition with criteria:

- Asked the comments from the public by using the people meeting stage. As one of the members said that "Used the meeting to announce and create the acceptance among the public. When the sub-committee worked, it was very easy because the public knew them well."

- Set the member at least 1 person in each team of the sub-committee. They must be a person with knowledge of that before, even though they are not relevant or had a presence in health experience before.

- Consciousness of the sub-committees to assist the committee as the key factors that will allow various operating efficiency. As one of the members said that "The sub-committees must work under the new working environment and must give reasonable time to work. But the compensation is not much. If sub-committees have no conscious, work will have many problems."

3) The tendency setting to drive the fund

After the committees and sub-committees were established, the first phase (2006-2007) had a conference to explain details to the relevant operations and set of guidelines for the sub-district health insurance fund, such as objective of fund, schedule meeting, and reporting the results, etc. It also includes goals, roles and missions of the committees who must perform the fund. In addition, the project promotion and disease prevention is an important mechanism in driving the development of the health of people in the sub-district.

In 2007, committees allow all people in the sub-district to write projects and the sub-committee considered the project as an initial screening with the objective of the fund, the appropriateness of activities and budget, time and results that will happen in the future. There were many projects. Monitoring was not thorough. So in 2008, there had been a meeting to find solutions with all parties in committee by the health center officer as a main. This concluded that people will write a program to develop the health in terms of club only. The approach was made to the present (2009). Although this approach has many good issues, it also has many bad issues too. As one of the members said that; "It has some bad issues such as reliability of the club, or not strong operation in some clubs. In addition, we can't deny some clubs, although they bring the budget in wrong commitment. And these projects must refer with regulations of the government which people have no the knowledge, so, they can not write the right project."

4) Management of the fund

About budget management in 2006-2007, it did not specify about objectives of the fund or how much to use each objective. And in 2008, it was identified in using budget. One of the members said that "Budget from the National Health Security Office was shared to 6 activities. They were activities in authority group 30%, activities about supporting public service 30%, activities that the community made health by themselves 10%, activities about management fund 10%, activities about emergency budget 10% and activities about reserved budget in fund 10%. Reason for this appropriation was for people to benefit equally."

Bringing the project implementation, it is the duties of the club for projects that need to be responsible and follow the details in project. Some

clubs have a monitoring and evaluation to review the operational problems and lead to changes. Some projects have a performance check on completed projects only. One of the members said that “We know the problem because we analyze every activities together, what problems they have, how we talk to them, etc. So we can know about what should be resolving.”

They are coordinated so that the members meet each other by the secretary of each sub-committee as coordinators. As well as the use the official letters, use of the telephone to confirm the meeting. In addition agendas are frequent (1 meeting per 1 month). But it could not use in work. As one of the members said that “Sometimes 1 month has 2 meetings or a few months have 1 meeting, because some members are very busy in their business.”

For conflict issues, the fund had no serious conflicts, just mismatched opinions in meetings. But they could make a conclusion together because almost all members are the village health volunteers who have good relationships. As one of the members said that “When I see them, I know what they want. The committees, who are the village health volunteers, don’t have any problems because they understand and believe in me. The committees, who are not the Village Health Volunteers, maybe won’t understand something. But they will understand when I describe it to them.”

5) Achievement of the fund

This fund has recognized that problems occur, understanding the need to resolve the issue and bring changes to operations in the following year. Such as, in case of problems with projects those have a lot to write on behalf of community projects, etc. However, it is found in only one event. Operations in other parts are found in a subset of operations. Such as, the results of the monitoring of sub-committee, monitoring operations about costs of activities that are talking about the problem if there is a problem with using budget inappropriate, etc.

Although the structure of the committees and sub-committee is working on a group of high network-based operation, but also found that members do not understand about network-based operation because they believed that the fund belongs to the government, so, government officer must take responsibility.

As one of the members said that “the budget is in the municipality. The Municipalities and health officer must take care of operations because it is a matter of health.”

6) Lesson summary of the first fund

(1) Selected individuals into the committees will be based on relationships and previous knowledge of health insurance operations. It is one criterion to make a network-based operation in subsequent steps, such as set the tendency to drive the fund, management, etc.

(2) Having the sub-committee who were selected from the public, will allow operations in subsequent steps, such as project management, monitoring program, learning, etc., as more effective.

(3) Assigned another health officer who is not a member of the committee to director join responsibility. It will help alleviate the burden of health officer who is a member of the committee and has the benefit about communication between members more and makes operations are convenient and flexible.

(4) There are the member meetings to explain the goals of the fund, the role and mission of the all committees that must perform the funds. It is one of the conditions necessary to enable members to acknowledge the direction of the health development, understand the way of operating and operated to meet the roles.

(5) The approach to the local health club is responsible for the project. It was one condition to the health office to make operations more accessible to the public because each club has many members who received the amount of health care that has increased. It is also an opportunity for public participation and to show strength by independent health even more.

(6) A term of a participation of the people is the public relations about information, existence and direction of the fund to make the people know in many resources.

(7) Projects must be presented on behalf of club. If not specified proportions of the budget which cover the activities of NHSO specified, it is likely that the proposed project does not cover the health issue. Therefore

indicates the proportion of the budget as one criterion to build the flexibility to manage money and coverage of health issues has increased.

(8) Having the discussion about implementation problems will lead to solving problems and making activities in more effective ways.

4.2.1.2 The second fund (B11)

1) Basic information of the fund

This fund has relationships and trust between members (16 members) in moderate level (Density = .333) and distinct members that can be center of communication in the fund (Centrality = .711). All members contact other members (no Isolation) in two ways of communications (no Structural Holes). There are 9 cliques (each clique has 3 members who are always communicated within their group) and many memberships that always communicate between them as thoroughly as the core group of contacts in the fund, representing 62.50 percent of all members.

This fund is located near the shore. People have several occupations. The municipality has 9 villages, 1 health center about 12 kilometers away from the central district. There are no requirements or regulations of the health in sub-district, the only addition to the role of Local Government Organization.

From the interviews process in fund's committee, results are as follows:

2) The formation of the fund

When this fund got asked about the readiness to participate in the directed fund, the mayor called the meeting for all those concerned such as, health officer, village headman, etc. to ask if they wanted to join or not, it concluded that they wanted to join although the knowledge about the fund was limited. As one of the members said that "It is the most urgent, appointment of it is in a hurry. We based primarily community leaders because each group will work together as usual already. It consists principally of only one group that does not have to start over. Outside the community has led some of the coordination easy. And some agent network that is the specific skilled."

After selecting the committees, the mayor assigned one member in Municipality as an operations coordinator.

3) The tendency setting to drive the fund

After the committees were set up, they joined the meetings that were arranged Health Security Office in the branch Rayong province many times and there was the meeting to explain the detailed operations of the fund such as objective and function to acknowledge and understand the same. Including the implementation of the guidelines set forth in the guide of Local Fund Health Security System.

This fund uses plans and projects as an instrument to drive the fund by the Municipality health strategy that made and brought them to consider in conjunction with other projects that occur each year. The project will start from the people meeting stage to ask for the needs of health that they want. As one of the members said that “the municipality will go to the community to ask their needs. And analyze about the communications’ problems, what’re the problems? And what problems they will offer? After that, we take them to set the work plan of the project. Focus on resolving the problems in the sub-district and almost all projects were written by the Municipality. Excepting, the projects are from the health center.”

The cause for the Municipality to write the program was because of people and committees do not have knowledge to write the project. Another is not to understand the procedures and regulations of the government to be in the process of writing projects. When this limit is affected to projects that took place doesn’t cover all the target groups in the sub-district such as, not covering the children group, not covering the elder group, etc. Over the past years it focused on strategies to support health services, especially in the prevention and control diseases.

In project implementation, funds will be meeting again to review the details of projects before implementation. As one of the members said that “We will be meeting every month. Most of us would consider meeting on the project. We will plan each year and put time and responsible action. When those months arrive, we had to do. We will discuss how we can approve the funds previously provided or not. And implementation of this project is to approach each other how.”

When the project is approved, the responsible member for project will be implemented. Responsible for the project will be divided into 2

groups; the group's funds are already the members and groups that are not a member of the fund. The group membership fund must act in tracking and reporting. The group is not a member of the fund; the Municipality will be tracked only in high-spending projects. But the report will be responsible for the project as far as the operations.

Problems arising from the implementation of the project are in 2 parts; problems with public participation that make the implementation of the project were not interest enough from people in the sub-district. As one of the members said that “some projects cannot be performed in the time that it was written out. Because difficulties in the group with goals that cannot be performed during that time. Some projects also do not have the objective or do not meet the purpose of writing.”

4) Management of the fund

The total budget each year will be considered and will be allocated to projects that are within each strategy. The Fund will each take part to reserve money in the fund approximately 5-10 percent. In the role of the members, the role usually falls to the fund coordinator because each member of the fund has multiple roles and no time to be a dedicated fund. It can affect the connection to the village on topics such as; the transfer of knowledge on topics cannot be down to the village, etc.

The Fund has met regularly every month. Although the member does not attend full time in any one time but who did not attend this time, they will attend in the subsequent alternating throughout. During the meeting members will have to comment that much different and less to mix. One of the members said that “The role of the different reviews out. Some directors of base are not good, but in respect of the new community. They may not have much expression. But if the final resolution of the output it does not comply with their demands. They will comment it. Some representative networks have experienced a lot of share and learnt in different stages, so many reviews too.”

Setting guidelines for working together, there are the conclusions to share practices and regulations in several respects. Such as:

(1) Not change the fund's coordinator. It will interrupt work because information in the past, including problems that were never in

the past and have changed the past. They will return to create new problems because the new will not be acknowledged or the same person did not understand.

(2) Will be monitoring operations in high-budget projects only. Due to limitations in personnel; the Municipality have no health officer and have no people with knowledge of health.

(3) In terms of procurement will be conducted or regulations of the Municipality because the guidelines of Health Security Office are not clear in this section. But it found some problems, one of the members said that “The procurement procedures of municipalities, it would be to create delays and difficulties in operation. Because of how individuals and different agencies, the concerns of other agencies that spent properly or not. And concerns to check that will come after the operation.”

This fund has no conflicts. One of the members said that “We have good cooperation with people and organizations, especially health officers. We have guidelines that we will not try to have a problem with health officers. We need people with direct knowledge of health because of both municipalities and health officers have common goals; health and quality of life of local people.”

In the coordination, the use of combination in the form of dispatch and contact by telephone every time there is an appointments meeting, including pre-scheduled meetings after the completion of each meeting.

5) Achievement of the fund

This fund has been talking about a project that took the previous problems that were operational or not. One of the members said that “We have reported the financial situation and operations of each project what problem it has. Some directors have the same ideas that have problems like this next year we will be revisions to do it better. We are saved. But when we actually do it the same; cannot follow the guidelines set forth.”

However, interactive discussions that occurred said this happens only occasionally. It has no exchange, learn, review or summarize the story together seriously. In view of the network analysis work that members also understand the concepts and principles on the network. Such as, child and family development center in the sub-district where care about the quality of family influence as well as

health, etc. But it has some concerns. One of the members said that “I have a network of health goals as well as many more to work easier and clearer. But I'm not sure what can be done or not. Because of other agencies were not in the Ministry of Health.”

For external factors that influence the operation of the fund are as follows:

(1) Current campaign of the Ministry of Health effect in terms of support, enthusiasm and claims to follow that campaign. But a problem is that the fund cannot respond to the demands of the people fully because some current is too short.

(2) Relevant agencies, the County Health Security Office and Provincial Public Health Office can not be a consultant on operational details especially on the details of the budget issue.

6) Lesson summary of the second fund

(1) Members of the fund have the relationship between them and are accepted by the public as an important base for collaboration. It is also a chance for people to be able to take part in the operations fund and pass the members representing the village on their own.

(2) The staff is responsible for the fund as the main work. It is a condition that makes operating fund be able to support the coordination of members and movement activities all the time because they can spend time, thinking and operating funds.

(3) The meetings with all members explain the goals of the fund, the role and mission of the committees that must perform the fund. It is one of the conditions necessary to enable members to acknowledge the direction of the health development, understood in the way of operating and operated to meet the roles.

(4) Participation of people in the propose requirement to improve health. It is a necessary condition to improve or develop health.

(5) In guiding operations must focus on the needs of the people rather than follow the framework of the target of the National Health Security Office as strictly. It has to meet the needs of the people to truly.

(6) The project has been reviewed for the appropriateness of the project such as budget, consistent with the needs of the community and the ability of the project before practice, etc. It is an activity that can be set up to allow members to express their views and as a tool to share and learn at the same time.

(7) Determining a member role about tracking operations projects is concrete. It demonstrates the emphasis on members in impersonation empirical in community, it demonstrates Implementing on the evaluation project and conditions starting begetting issue exchanging learn between of member.

(8) Conferencing are a set issues operations so fund to talk consistently (every Month). It is structuring or guidelines a conditions leads edit streamline or develop operations fund. Including is channel exchanging learn continuously.

(9) Having ideas supporting collaboration among members as a base thinking initial reinforce grouping and compromise. It is a condition for prevention of conflict in the fund.

(10) Deficiency continuity and candor in After Action Review activity has difficulties placing guidelines troubleshooting incurred done poor.

(11) Development of public health in the sub-district is not the only role of the fund but also such as government sector of Ministry of Social Development and Human Security, etc. So it requires cooperation from other agencies to take part.

4.2.1.3 The third fund (C2)

1) Basic information of the fund

This fund, although has relationships and trust between members (17 members) are in moderate level (Density = .434) but higher status than the first and second fund. And not distinct about a member who can be center of communication in the fund (Centrality = .602). All members contact other members (No Isolation) in two ways communications (no Structural Holes). There are 9 cliques

(each clique has each clique has 3 members who are always communicated within their group) and many memberships that always communicate between them as thoroughly as the core group of contacts in the fund, representing 70.59 percent of all members that higher than the first and second fund.

This fund is located about 5 kilometers from the border of district; almost all people have agriculture occupations. The municipality has 8 villages, 1 health center. No requirements or regulations of the health in sub-district are the only addition to the role of Local Government Organization.

From the interviews process in fund's committee, results are as follows:

2) The formation of the fund

This fund was contacted directly to participate in 2006 by the mayor and used as an informal talk with those involved and concluded that they want to participate in operation. Beginning from selecting members of 2 leaders; health officer who offered a staff list and the mayor chose who, and consider all members again, although the directors are selected from 2 sources but most of the members know between them before. In addition, this fund has appointed members beyond the guidelines of the National Health Security Office; a health officer was appointed as a committee. Because of he is a good human relationships and the ability to represent members from the public service (health center). Including, a community officer was appointed as an assistant secretary of the municipality (Municipal Clerk).

3) The tendency setting to drive the fund

The project is used as a mechanism to pull the budget out health promotion and disease prevention. The people, groups or clubs in different areas can write projects for the entire year if there is budget remaining. In the first year, all projects could be written by members of the fund. The project was created in 2008-2009; it has not much, almost project consistent from year 2006-2007. The committee knew and worked together to have a good relationship before. The project applicant can talk to other directors wherever possible. If a director representing the agencies, such as health center, can invite members to attend as part of an informal request for comments and agreement in small groups before and to take the project to a formal meeting of committee. Those projects were supported and could pass.

Bringing the project implementation, the project must be responsible for all operations themselves. They were the followers and related reporting. However, found that most projects have not been monitoring and formal evaluation.

4) Management of the fund

All of the budget in each year will be considered in conjunction with the project without the reservation or a statement of any emergency because projects are less and balancing the budget is important. It is not necessary to be reserved in the budget. In the management of that budget, they use rules and regulations about article of the municipality as a guide to budget disbursement. Although, it will prevent errors that are caused by spending money in one but on the other hand is to create difficulties in practice because it has financial problems of how individuals and different agencies. In addition, another problem will come from certain requirements of local politicians (Mayor) to the operations to be driven. But do not comply with the rules and regulations of the municipality. Responsible men who need to budget disbursement are uncomfortable at work and do not want to join the committee. As one of the members said that “the same way that political party has requested the project will do that it does not meet regulations. The Municipal Clerk explained that the project will be written, it does not comply with regulations. But executives also said that modifications and write it correctly.”

In the meeting, most members will convene but the problem is just that some people only have so many tasks they cannot attend events or meetings as often. Some directors who have a conflict of ideas with other members, can absent participants. And the frequency of meetings depends on project proposals that will have a budget or not. The meetings will be 2-3 months between times. Each meeting will have different reviews. If a situation of conflict between them during in the meeting, mayor will decide. As one of the members said that “the directors also work together without conflict. When there is a problem, we will discuss reasons. If there is a problem in the conflict of ideas, management would be the mayor because he is president.”

In coordination, use the combination in the official letters, contacted by telephone and talk informally. These methods will occur as the number of meetings. Although the actual operation will not be scheduled; Is 1 time per

month. But the Committee will determine and guiding the pre-conference meeting to be on what. In addition to the urgent or emergency conditions on health promotion and disease prevention in the community, it causes a greater coordination between the directors.

5) Achievement of the fund

Although the fund's committees has an agreement to consider the opportunity of the year project (meetings 2 months apart) but it is only for the project, do not look at the conference to learn about foreign exchange of funds. In addition, the implementation of the projects will not evaluate because of these reasons:

- (1) Some projects have not much of a budget.
- (2) Believe that corruption will not occur in a very small amount of the proposed project.
- (3) Many project activities that occurred in the Sub-District observed clearly, such as activities about exercise, etc.
- (4) Believe that working people should not be very stringent.

However, the perception of problems in operating funds would have happened if it talked informally of some directors. And the problem will be some detailed only. Such as problems from the project, problem disbursement documents, etc. And the perception that the starting point of learning is not occurring. Understanding the need to develop performance still does not occur. Behavior or development activities, the past cannot be seen as a concrete. Operating committee is unable to stimulate awareness of the development fund, although the committee will have networks with high network-based operation.

6) Lesson summary of the third fund

(1) The Fund has a concept of health officers and municipal officers to know and have good relationships with members or other directors to become directors in addition to the original set by the National Health Security Office. It is to enable communication between group members to increase and as one criterion to be the base of a network approach to the analysis easier.

(2) The members have to find an agreement prior to the formal meeting. It is a power that can be used in collective bargaining role,

responsibility and operating the fund such as, the projects was supported and passed well, etc.

(3) Operating fund from the members who are pushing leaders do not understand the rules or regulations or regardless of the accuracy of fund regulation, especially in the disbursement of the budget. It is one of the factors that reduce morale in the work of the responsible for a significant budget issue. Because he is who is directly responsible for monitoring and if there is an error arising from the spending budgets.

(4) The official meeting frequently. It is imperative that one condition of the issue to fund the conference as a catalyst for the fund to guiding the operational issues in detail to search for more meetings. This allows members the opportunity to post comments, share and learn together.

(5) Having ideas and beliefs that reflect carelessness or misunderstanding. Such as:

- The budget of some projects was not much. Do not have any evaluation.

- Beliefs that if will Birth fraud then constant not fraud in balance little as proposed ask in project

- Several projects activities occur in sub-district perceptible explicitly, such as activities of exercise, never need evaluation.

- Beliefs that working villagers should not be very stringent.

These Concepts and belief impede development tasks extremely because it ignores what fund should such as, tracking, inspection, and evaluation, or prevention fraud, etc.

(6) Good relationships with health agencies in the district level, it makes opportunities to acquire the information up and opportunities to acquire the knowledge or materials and equipment.

4.2.1.4 The forth fund (B7)

1) Basic information of the fund

This fund, from the structure of the network-based operation, although it is in high network-based operation group but has a relationships and trust between members (13 members) in low level (Density = .340). And distinct about a members who be center of communication in the fund (Centrality = .715). All members contact other members (no Isolation) in two ways communications (no Structural Holes). There are 9 cliques (each clique has 3 members who are always communicated within their group) and many memberships that always communicate between them as thoroughly as the core group of contacts in the fund, representing 76.92 percent of all members that higher than the first, second and third fund.

This fund is located on Bangna-trad road, about 12 kilometers from the district; it has 8 villages, 1 health center. No requirements or regulations of the health in sub-district are the only addition to the role of Local Government Organization.

From the interviews process in fund's committee, results are as follows:

2) The formation of the fund

Committee fund was established at the end of Year 2006 by selecting. As one of the members said that "Most committee worked together before. Village health volunteers already play a role with Sub-district Administrative Organization. Directors who represent the village would come from headmen and village health volunteers. And will consider village health volunteers who were well known and well work."

In addition, an officer of the Sub-district Administrative Organization is assigned from the fund about works. But this officer has already existing tasks. Therefore, despite the advantages of the responsibility to contact, coordination, preparation and reporting, but this officer is increasing the workload.

3) The tendency setting to drive the fund

Strategy plan, public health officer and officer of Sub-district Administrative Organization are as leaders and use the project as driven operating under the strategic development of Sub-district Administrative Organization.

As one of the members said that “We plan 5 years but 3 years is reviewed once. The projects of National Health Security Office are contained in the 3 year plan but we are not specified in the plan that it is a project of the fund.”

Projects that occurred during 2007-2008, there were 5 projects in all and were in 3 parts, part of the health center, part of village health volunteers who was supported from health center, and part of health club in sub-district that the director of Sub-district Administrative Organization offered the project. The health officer is a main opinion in the project that it can do or not. Most projects are the continuation of last year and process images as well as sub-district. As one of the members said that “the projects that are written at this time, they will be continuing a program or extending work from the original project. They are good because there will be development of the ultimate good.”

Implementation of projects will be responsible members for project tracking and reporting into Sub-district Administrative Organization. The past will find some problems. As one of the members said that “The projects of health center have many problems that cannot be processed and disbursed the funds. Because they have many projects but they have less staff. Moreover, the understanding of discrepancies in the documents of the issue, they did not withdraw it.”

4) Management of the fund

In 2006, Sub-district Administrative Organization got the allocation money of the fund but it was slow, and got it in 2007. So 2007 had more money because the money would be together 2 years and is divided into 2 parts; part of allocating for projects and part of separating 10%. Allocation is determined by the project that occurred. The criteria considered are typical project financing projects not exceeding 20,000 Baht.

There are 3 meetings per year. As one of the members said that “The first is about guiding and operating agreements that how funds should be. The second will consider the proposed project. And the third meeting will be conducted after all the projects already or it is a meeting at the end of year.” In each meeting, most members play a role in the reviews is not much. As one of the members said that “It will rarely meet formally once. And past projects is with a few members. Others did not know quite detailed. But they know just what each activity only.” When

there are the meetings in 3 times per a year, the coordination that occurs officially has only 3 times too. Use the combination in the official letters and contacted by telephone in every meetings. As one of the members said that “In coordination, use the official letters as evidence. But almost will telephone.”

There are no conflicts that occur in the fund. As one of the members said “No have conflicts, every director is okay. Everyone has their own reasons, and information. And they can agree.”

5 Lesson summary of the forth fund

(1) Bringing strategy development health of Local Government Organization as a framework consideration project. It is as one criterion makes issue development health direction, operational consistent and link issues development dimensions.

(2) Preparation projects characteristics operated continuous annual. It concepts a limitations development health and process operations fund is extremely because of development health often requires a period long. Therefore it potential needs the budget go operational repeated continuous annual incapacitate led budget developers going issues other health incurred in Sub-District has as hoped.

(3) Creating knowledge, understanding operating fund to make members get to know thoroughly. It is a factor that will allow members to participate, role and the comments appropriately.

(4) Trial budget not exceeding 20,000 baht per 1 project, it is a concept that will determine the problems arising from project implementation. It is more suitable and the ability to make projects of information that can lead to development that is appropriate in the next year.

(5) The required number of meetings the less or project until all gathered together once. It's an approach that can not acknowledge the problems that occurred during the operation of projects in time. So when problems in performance cannot be resolved to continue the project.

4.2.1.5 The fifth fund (D4)

1) Basic information

This fund, from the structure of network-based operation found that it is distinct in network-based operation because it has a relationships and trust between members (12 members) in high level (Density = .962). No members are at the center of communication in the fund (Centrality = .041). All members contact other members (no Isolation) in two ways communications (no Structural Holes). There are no cliques (each clique has 3 members who are always communicated within their group) and all members that always communicate between them as thoroughly as the core group of contacts in the fund, representing 100 percent of all members.

This fund is located 12 kilometers from the district; it has 5 villages, 1 health center. In the past, this fund was a good healthy operation. No requirements or regulations of the health in sub-district are the only addition to the role of Local Government Organization.

From the interviews process in fund's committee, results are as follows:

2) The formation of the fund

This sub-district was selected as the pilot fund in 2006. Because of this sub-district used to operate about sub-district health insurance funds before by itself. Although it is available in one, but it is similar to another fund of knowledge and understanding of the details of the fund is not much.

In selecting fund members, the village will be meeting and selected one. The members come from members who worked together on health insurance before already and relatives, nearly all. As one of the members said that "This area did it for long times before the health insurance funds come here; it is a group truth about creating a healthy group exists. They will have to fund benefits. They have a good base." Another member said that "all committees as a kinship. In sub-district people meeting, they are selected the member by themselves." In addition, this fund set the sub-committee in each village. As one of members said that "The committees can't work all. We have the separate working groups in each village that is total 55 people. "

3) The tendency setting to drive the fund

After the appointment of the committee and sub-committee, members have been meeting for details, such as the goal of fund, role and mission of every committee that must do in the steps, including the role of public, etc., to take the members know and understand the corresponding. Then the process starts with the members representing the village to a meeting with people in their villages to determine the need to improve the health of people in the village. They made the project start. As one of members said that “Take the villagers write the things that they want. What did they want to do.? We wrote about their needs to develop. This budget is belonging to them too. So they could to use and check it.” These projects occurred and used budget in the sub-district health insurance fund only and not used the budget of Sub-district Administrative Organization.

In addition, this fund set the system that all committee have to co-operate in every project. As one of members said that “Each project will have a committee as the responsible. The other committee will present themselves if they want to be with someone. By they will also be responsible for a project too.”

4) Management of the fund

This fund has received donations from people in the sub-district to join donating sub-district health insurance funds. As one of members said that “The abbot is a develop man. When we got to join this fund, he will visit every village to ask a favor that people whom want to join it collected 5 Baht per month and 1 year just pay 60 Baht that is more than National Health Security Office giving.” The budget allocation for the project is based on the suitability of each project. As one of members said that “Here does not require that any activity have to fix the money. But we will allocate the money that they want and make the group of activities later.”

To be in the order of operation, this fund is jointly determined in several tendencies. Such as, the budget funds assigned for the project came from the village only, the role of the committee, implementing the project proposal in line with the needs of the people, setting guidelines for implementation of projects, guiding the evaluation, and guiding the preparation of projects in the next year, etc.

This fund, most members are relatives and known for a long time. It makes understanding each other in private and working with each other well. There is no problem in the conflict. The only comments that do not match but it was a little. As one of members said that “Some comments that do not match, but they not angry.” And the other one said that “They are the same family. Why they are angry? They made for people in sub-district that was same.”

5) Achievement of the fund

Fund has been evaluating fund performance. As one of members said that “We made an evaluation forms that was sent directly to the people. The people have to answers all questioned for measures the performance that the fund should have a problem or how to implement or the remaining projects should continue or not?”

Operating the entire fund it can be concluded that the fund's learning occurs in many styles as follows:

(1) In the process of meetings of the all committees, to consider projects that have reviews of the proposed requirements from each village, acknowledge the limitations of funds and reason to understand each other and led to the project selection decision is accepted by all parties.

(2) In the process of appointment of the subcommittee that perception and understand the problems of the fund's executive director; they have many works and unable to work in the area fully. It has appointed the sub-committee to help serve on the implementation of the project.

(3) The project implementation processes to follow that have the conversation to the suitability of the project. As one of members said that “Share and learn are in the range of projects to do before implementation. There are 3-4 meetings per month.”

(4) Process of implementation of projects that are similar to the sub-district operations. But some projects do not simultaneously. The committee has come from every village will have to talk about problems that occur and ways to do the next time.

6) Lesson summary of the fifth fund

(1) If the committee and the public is familiar with health insurance operations previously. It can be set the concrete tendency to drive the fund, build confidence and guiding the process easy.

(2) Selection committee and sub-committee who meet the needs of people, people in the village or the sub-district will be the high relationship because they will know everything such as, a relative, or known for a long time, etc.

(3) People contribute money to the fund; it is one of the conditions that can encourage feelings of ownership fund of people. In addition, it is imperative that the factors need to fund the operating procedures to the public to participate.

(4) Meeting with all members for explains the goals, role and mission of the committees that must perform the fund. It is one of the conditions necessary to enable members to acknowledge the direction of health development, understood in the way of operating and operated to meet the roles.

(5) Emphasis on the participation of people by offering the needs of health through the members who representing the village (Node), it is one of the features that show the network-based operation that occurs in concrete.

(6) Usage of the psychological criteria to find those responsible for operating the fund as the main work, it is a condition that the fund is operating in a good direction. People are willing to work responsibilities and working hard that affect the development fund as much.

(7) Setting the role of committees that all members have to play a role in each project as a team. It is one of the factors that help strengthen relationships between members of funds with the most up. It is a method that allows each member to bring the information to discuss and share learning.

(8) To create the participation of people in every stage. One important condition is that all members must understand the operation of the fund and guiding the operations of the fund that covers all sides in the process. In order to identify that activity or process which will give people came to participate and to participate in any way.

(9) Emphasis on overall development goals of public health rather than to win arguments between the members or directors, it is a concept that can reduce conflict between members.

(10) Enable the implementation of projects when more appropriate. It will need to increase the concentration of the review of performance activities in order to create the sharing and learning for the editor or update continuing activities.

Table 6 Lessons from funds in high network-based operation group.

Lessons	Fund no.				
	1	2	3	4	5
The formation of the fund					
1. Selected committees who have the relationship or social capital and have the knowledge about health insurance operation before.	/	/	/	/	/
2. People participation to select the sub-committees.	/			/	/
3. Appointed another health officer who have the relationship or social capital to be the sub-committees.	/		/		
4. Set the committees meeting to explain goals, roles and mission of committees.	/	/	/	/	/
5. Assigned fund's work as a main task of relative officer	/	/			/
The tendency setting to drive the fund					
1. People participation to request their health.	/	/			/
2. Health projects responded by clubs in sub-district.	/		/	/	
3. Considered the projects with health strategies of Local Government Organization.	/			/	
4. Assigned role committees to monitor and evaluate project.	/	/			/
5. Broadcast the fund's operation to peoples with several methods.	/	/			/
6. Applied concept which support cooperation.		/			
7. Prevented the belief that showed or reflect to be careless or misunderstand.			/		
Management of the fund					
1. Experimented the operational tendencies which suit for their contexts.	/			/	
2. Reviewed the project suitability before implementation.		/			/
3. Created the after action reviews activity.	/	/			/
4. Set the committees meeting continuity.		/	/	/	/
5. People joined their budgets in the fund.					/

4.2.2 Funds in low network-based operation group

4.2.2.1 The first Fund (B4)

1) Basic information

This fund is relationships and trust between members (19 members) in very low level (Density = .170) and distinct members are the center of communication in the fund (Centrality = .877). All members contact other members (no Isolation) in two ways communications (no Structural Holes). There are many cliques (each clique has 3 members who are always communicated within their group) and many memberships that communicate between them as thoroughly as the core group, representing 57.89 percent of all members.

This fund is located in a semi-urban community about 12 kilometers from the central of province. This sub-district has two Local Government Organizations, the Municipality and the Sub-district Administrative Organization. It has two health offices, a community hospital about 1 kilometer from the municipality, and a health office.

The interviews process in the fund's committee, the results are as follows:

2) The formation of the Fund

The Basic idea to join the operation of sub-district health insurance funds in 2006 was to increase the budget of municipality in health development. This basic idea showed that the idea about benefits in budget was the main idea for joint operation of funds. From this idea, some administrators of municipality applied to join the health insurance funds but knowledge and understanding of the details were not yet clearly known in this phase.

All Members were divided into two groups, committees and sub-committees that follow by the regulations of National Health Security Office. However, it had a problem that the secretary of committees didn't work about health. Therefore, the committees additionally appointed the sub-committees that offered all member names list by the director of the Division of Public Health and Environment and then it will be chosen by the mayor and will be adopted by municipality council.

A problem of the sub-committee is many members work in many different parts. They are confused about their role, and thought that all health projects were only done and managed by the Division of Public Health and Environment. As one of the members said that "I confused about my duties what I must do. I did not know about which program or project is part of a fund or part of the municipality. I thought all of them have to work and manage by the Division of Public Health and Environment."

3) The tendency setting to drive the fund

This fund was operated by the sub-committee because the duties of the committees only consider the projects and approbation. As one of the members said that "The committees not work, they just only comment and approve the projects". Therefore, all operations will be work by the director of the Division of Public Health and Environment.

This fund used the projects as a tool. The projects have two types, as follows:

(1) Projects that two or more members are joint indicators that able to collaborate in the writing and performance project together under mutual trust.

(2) Projects that write by the director of the Division of Public Health and Environment due to other members lack of knowledge and understanding to write project. As one of the members said that "I ever got a letter from the sub-committee in order to write project but no one to do because they did not know how to write the project. Therefore, the Division of Public Health and Environment have much burden to write all projects."

In the project implementation, the Division of Public Health and the Environment is almost the main role. Some members are village health volunteers that could help. However, no people participate in this step. As the members explain that "There are many clubs that would like to do projects, but no leader to write and respond projects"

4) Management of the Fund

This fund used the concepts that were defined by the National Health Security Office, such as budget management, project guidelines,

reporting, etc. In budget management, most budgets were distributed to all projects and found a problem that all members thought that the budgets were distributed to the municipality, so the municipality must responsibility the fund operation and use the regulations that differ from other members such as the hospital as a tool. In addition, because of the sub-districts have two Local Government Organization, Municipality and Local Administrative Organization. Therefore, a common agreement that the hospital or program requested a budget from the fund must be a separate the budget into two sections too. And municipal budgets will be taken only in areas of the municipality.

This fund set the committee meetings four times per year, make plan duration, process to consider the project before implementation, additional plan and fiscal year reporting. Although these meetings will make the committees and the sub-committee to prepare other details are available at more but the natures of the sub-committee that send the representations to the meeting, especially the director of the Division of Public Health and Environment. And it make the other members can not access the fund.

This fund set the agreements and regulations like the rules and regulations of the municipality that follow the guidelines of National Health Security Office. And all projects must comply in accordance with this regulation. However, this fund has a good culture of collaboration; they are talking about the co-indicators between the municipality and community hospital that have the same goal, and co-responsibility the project. That reduce the conflict will occur between each other and can make both of the municipalities and the community hospital is harmony in the flesh and collaborate more.

In the reputation aspect, because of the municipal health authorities worked in hospitals under the Ministry of Health before. Therefore, they always understand about hospital work, such as health promotion, prevention and control diseases, etc. In addition, when they often discussed about the problems or obstacles are also common cause understanding to work together and reduce conflicts between the municipality and community hospital.

In the coordination aspect between each member, the director of the Division of Public Health and Environment is a main member and must

follow the sequence of steps. The first, seek approval from the mayor. The second is to do a governmental letter inviting the Committee through the Mayor again. The third, send governmental letters using several methods, directed to the member, assign the people in the Division of Public Health and Environment brings the letter to the committee, and use calling to remind them when the meetings are close. Although, this action will have several steps but these steps can help all member participation and reduce any conflict with the mayor.

5) Achievement of the Fund

All members thought that the learning issue can not occur in the fund now because everything in all steps of the present operations are no problems and also the municipalities have no ability to create the learning issue in their members too.

This fund have several obstacles from the relevant external agencies, such as Provincial Public Health Office and the National Health Security Office in the branch of Rayong province that creates confusion in coordination and counsel in the details of operations, because they often change a health officer whose responsibility the operational fund.

6) Lesson summary of the first fund

(1) The joint operations in the fund are based on the thinking without focuses on the health development as the main. Such as, focus on budget and management more than effective health, or the budget to use to create or maintain their political or social status, etc. It is one of the main conditions that affect the form and difficulties to develop the fund operations. Such as, elected a member by focus on opinion of their group, or approved projects that depend on their group, or not interested or focused on the operations of the Fund, etc. In addition, the fund operations are structures that followed in the guideline of the National Health Security Office only.

(2) In the context of the Municipality that has the Division of Public Health and Environment where has the health service unit, such as the hospital or the health office too. This is a problem, because the committees confused about the interpretation of a member that representing the health unit. This is a condition that affects the formation of the early-stage fund that cannot be good.

Therefore, the conclusion shared or joint solutions to clear before the appointment of the committees are important, that affect visibility in subsequent steps in the structure of the committee and operational guidelines that will occur.

(3) The director of the Division of Public Health and Environment must be anticipated and prepared for the consequences arising to the decision and requested comments from mayor and council; this is one of the conditions that will help create flexibility in operating the fund has increased. Such as, choosing the committee by the mayor maybe made the action is not good because the committee may not fit the context of municipal. Therefore, the fund must be prepared to provide additional sub-committees more.

(4) Increasing the awareness of the members' role in the fund operations to be clearer; especially, members with multiple roles This will help alleviate the burden of the Division of Public Health and Environment at the core of the operating fund.

(5) Focusing on building sufficient capacity of the leaders in health clubs about leadership and writing projects. That is one factor to build participation in the operating fund by passing the proposed project was requested.

(6) Additional sub-committees need to focus on opportunities to access the information of the fund. This is one of the conditions that will create awareness and understanding ways to work together.

(7) Having a good relationship and understanding through a goal or metric compatibility. They are important conditions for understanding working with each other and reduce conflicts in interoperability down.

(8) If the cause of coordination becomes more efficient. When the changes in structure of the relevant external agencies, they must detail to the fund with a note and if want to make the fund operational become more effective and more efficient. Agencies are coordinating or supporting that must have sufficient capacity to provide advice or support.

4.2.2.2 The second Fund (B8)

1) Basic information

This fund has a relationship and trust between members (19 members) less than the first fund. It is the interaction between members of the fund in very low level (Density = .164). It is the center of communication in the fund that is the most prominent (Centrality= .765). All members contact between each other (no Isolation) in two ways communications (no Structural Holes). There are 16 cliques (each clique has 3 members who are always communicated within their group) and many membership that communicate between them as thoroughly as the core group of contacts, representing 47.37 percent of all members.

This fund is about 15 kilometers from the center of the district. Transportation is convenient. There are 12 villages; each village can contact each other easily. There is a Health Office where is near the Sub-district Administrative Organization (SAO). There is an officer of the Sub-district Administrative Organization who was appointed as the main responsibility officer for operating the fund.

From the interviews process in the fund's committee, the results are as follows:

2) The formation of Fund

The committees who are the village representatives and the members of the Sub-district Administrative Organization were chosen by the Chief Executive of the Sub-district Administrative Organization. The members who are the Village Health Volunteers were chosen by the Health Office and also considered by the Chief Executive of the Sub-district Administrative Organization. Approach is considered to ensure that members can work together with the Chief Executive of the Sub-district Administrative Organization. In addition, members are the village headmen not familiar with the Health Insurance before. Therefore, the fund has been assigned staff of the Sub-district Administrative Organization to be responsible for coordinating, communicating and different preparations, including reporting.

Committees still not understand the principles and guidelines of the Fund. They believed that the fund operation is the government's

responsibility because of the work of government regulations taken so that they view the Sub-district Administrative Organization must operate this fund.

3) The tendency setting to drive the fund

This fund focused on projects or activities of Health Office where they have the main activities that need to be based on things, such as hydrophobia, vaccine, Dengue hemorrhagic fever, etc. Projects that occur uncovered by the National Health Security Office required. The problems found that people or groups or clubs do not understand the practice of the Fund, not understanding the rules of the government package, and community without leaders to a charge directly to fund operations and continuity. This is one reason that projects from communities not directly. In addition, the difficulty of government regulations is one reason that community leaders do not want to be involved. As one of the members said that “the problem occurs now, I think about how to operate. It is also not covered by the National Health Security Office required. We have not done on the elderly work. One reason is the villagers do not understand about the practice of the Fund. The project will provide them to write it difficult. When they offered project, we will tell them that this error correction. It makes them feel that it is difficult to work with government. Therefore, a fully dependent on staff makes. That's the way I am doing is to talk with the group or the villagers what they want. We will write programs.”

In project implementation, most projects will be made of the Health Office where resources are often used as a base of operations already. Although these projects can be proceed but they have some problems. Health Office has another mission and a few officers. These problems effect to the project implementation that cannot be performed. And another problem, they also make the documents that must be made back to the historical complexity of the audit and reimbursement.

4) Management of the Fund

It is assigned to those responsible and no change the task responsibilities. They make a continuous to operate the fund. However, these officers have other task to do before. So, there are many obstacles to follow the fund operation, such as the speed, coordination, operations and no development beyond the guidelines of the National Health Security Office, etc.

In addition to the guidelines and agreement on the rules package, the fund has no clear guidelines or no set operational strategy. The reason as one of member said that "The culture of the work, some members in the government sector, is already setting the stage. If government want to go right; we must go right too, can not go to the left because that is the wrong order. Therefore, thinking about the different view should be aware, and finally we think that if you do not want the problem you will consider strictly the framework of government."

This fund has some members who are understand the work of other members. As one of members said that "Health Office is relatively problem because it has less staff but they have many works. We assign them to do so relatively soon completed. Because of they are not skilled and not have the staff of parcel. We never knew that what they do before. We are learning these"

In formal coordination will occur by meetings about 2-3 times per year. By using the official letter in the name of the Health Insurance Funds and following in the line. For the area of conflict, it has not found because all of the committees have worked together for a long time ago, and everyone can talk to each other. In addition to the resolutions of the conference is to reduce the dispute between the members, including that all parties have confidence in the leadership too. As one of members said that "No has any problem. Here rather than other advantages because members, village headman and government work together at all times. No conflict. They believe leaders, agree with him and support him all the time." Although the committees have high confidence in the leadership but cause impairment hasn't any comments. As one of members said that "They are involved every step but do not leave comments. Everything depends on the Chief Executive of the Sub-district Administrative Organization and health officer."

Fund sees that the National Health Security Office in the branch of Rayong Province or Provincial Health Office still cannot find or create space prototype operating funds truly. The view that the prototype space must be steps that cover the fund operation, such as selecting members, making communities, methods of operations, project writing, project implementation, monitoring and evaluation etc.

5) Lesson summary of the second fund

(1) Although using comments and decisions on member's selection by the Chief Executive of the Local Government Organization, the members can work with the Chief Executive but it is a condition that caused limitations in knowledge, ideas and understanding of the operations or development of fund. Because the selection is on the base benefits of a local political that have more relationships with themselves such as select from the village headman, etc.

(2) Bringing the Local government Organization officers to be responsible for operating the fund but they had more work before. It is a high risk obstacle that makes operations of the fund not good because of the limitation of time constraints, the ideas to develop and lack of commitment.

(3) Focusing on building the leader in health clubs that have sufficient capacity. It is one of the main conditions that will help build participation and interest of the people about operating the fund.

(4) The development of health through the project of health office may be inadequate the needs of people in the sub-district. So asking how the needs of people through methods, is necessary to reduce restrictions.

(5) If general members believed that the fund is the government's responsibilities, they will result in a significant way to work in network-base, such as, no participation or lake of ideas that need development fund because the decisions and operations will provide government agents as responsible, etc. Therefore, adjustments in this concept are important to develop the operating of fund.

(6) To make the fund's operations more efficient and effective. Agencies are coordinating or supporting, such as the field of the National Health Security Office in the branch of Rayong province or Provincial Public Health Office, etc., must have sufficient capacity to provide advice or support, including a prototype model for the region in all stages of development.

4.2.2.3 The third Fund (C6)

1) Basic information

This fund has many members (22 members). The relationship and trust between members are less than the first fund and the second

fund. It is the interaction between members of the fund at a very low level (Density = .156). It is the center of communication in the fund that is the prominent (centrality = .735). All members contact between each other (no Isolation) in two ways communications (No Structural Holes). There are 27 cliques that they demonstrate the breakup of communication between members. And membership of the communication between each other as thoroughly as the core group of contacts in the fund, representing 31.82 percent of all members. Which is considered the lowest observed in this study.

This fund is close to neighboring countries. Transport is convenient. There are 12 villages and 2 health centers. Most people do farming. Most culture or most tradition will be influenced by the northeast. Many languages are spoken such as Thai-Isan language, Thai language and Khmer language. No requirements or regulations of the health in sub-district are the only addition to the role of Local Government Organization.

From the interviews process in the fund's committee, the results are as follows:

2) The formation of the Fund

This fund is critical to the first phase of operations. Public health officer and the persons in the Sub-district Administrative Organization (SAO) do not understand each other's work and on budget. They dispute whether the treasury of the Sub-district Administrative Organization to co-manage with the regulations of the SAO or to the principles, approach and understanding of the health center. Both 2 features have details and interpretation that are different. For example, if the budget into treasury, it will be considered the annual government statement of expenditure. Reimbursements must comply strictly with regulations of the SAO. And the Chief Executive of the Sub-district Administrative Organization will have the power to manage fully. If it were the health agencies, it would be inconsistent with the approach of direct appropriations to Local Government Organization that should be the management of this issue, etc. Cause a different interpretation because the terms of the National Health Security Office not specify clearly how it should operate. However, this fund is to create a conclusion together as follow that management of almost every issue are located at the health center. The money will not be the treasury

but it is in the form of fund accounting. The proposed authorization and the meeting places are in the management of the Sub-district Administrative Organization.

When the 2 parties can agree, the proactive role will address health officers to show strength of public health activities with village health volunteers to take the Sub-district Administrative Organization. They operate on the campaigning activities or any other health to fully cover all villages that make politicians of thoughtfulness because of village health volunteers who have influenced a part of sound political base. As one of members said that “The Chief Executive of the Sub-district Administrative Organization stands in his regulations and we stand in our regulations too. It is no problem between us because of relatively strong village health volunteers. If we are strong in politics, he is quite thoughtful. At first he presumptuous because of him does not believe that we can do. But later we made him see that we can do. He has to think and review what we allow.”

Committees have 2 sets. They are Fund’s Administrative Board and working committee. Fund’s Administrative Board from village representatives are most village health volunteers. Working committee will bring board fund to share responsibility. Such as, be the committee who is considering plans, publicize or check, etc. But it did not guarantee operations in the past.

3) The tendency setting to drive the fund

It takes the role of health officers in the driver mechanism. All projects occurred in the past that health office is responsible. They are projects that follow on the policies of the Ministry of Health, such as Dengue Hemorrhagic Fever Prevention, Hydrophobia Prevention, etc. Or the Promoting Health such as proactive screen in Diabetes Mellitus and Hypertension, etc. In the practical, almost all projects will be conducted by a team of village health volunteers and health officers. As one of members said that “We started the first 2 projects that we screen into the caravan in each village. And create the shirts with the logo of Fund. When the headman or saw them, they are taking them. The image of funds is seen clearly.”

4) Management of the Fund

The budget is divided into primary activities of the National Health Security Office. As the members said “Be divided into fiscal

management 10%, health target groups 50%, supporting the health services 20 % and the communities make health themselves and think by them 20 %.”

Many members of the fund are a condition that cannot make all the members have a meeting. The work will take place at two methods, to coordinate all members to grand meetings which are about 3 times. And it coordinates between the sub-groups to review the project before the grand meeting and to do the activities of project. Health officer prepared governmental letters, offer approval, print invitations and send the governmental letters with marking the logo of the fund to own a unique concept. They also use the integrated form of dispatch, contact via telephone in every meeting appointments and tracking to a meeting with the person.

In addition to not understanding each other during the first fund was being established. This fund does not see conflict in the fund. As one of members said that “We have no disagreement on other matters. We met prior to a resolution in the sub-group. When they have concluded, we are importing large sets.” But that still impedes the operation are concern of the evidence or documents and accuracy on the budget disbursement because the National Health Security Office did not make clear on this. As one of member said that “We do not know that we are doing to correct it or not. Now we fear the scrutiny of the public sector organizations in the sub-district that it looked on. It's called the council public sector organizations that have recently established shortly. It includes 38 organizations in the sub-district. President will be a person in the enterprise. I am a member of the group of village health volunteers and elderly. They are all taken together as a group enterprise council.”

5) Achievement of the Fund

This fund has not evaluated the project. Recognition of problems or obstacles is limited, specific group of health volunteers and health staff only. It is just plain talk and is not the formal meeting. There is no guideline to adjust any operation. When the project ended in the first year, it will bring policies and problems in the area of where writing a program by public health officers. When considered, it will be practical in the same manner. It is the group that can only operates some groups.

6) Lesson summary of the third fund

(1) Acceptance and understanding of the strengths and limitations of each member involved. Such as, the strengths of the sub-district health teams are work together and quickly, or limitations on flexibility in the budget, etc. They are the way out of things to create acceptance in the role of members representing agencies. And the ability to resolve conflicts that occurs in phase of the formation of the fund.

(2) Strength of the health team has been accepted by the community, and showed the empirical activities. Including found a summary of the team together before the meeting. It is the power that they can use to negotiate roles, responsibilities and operations in the fund.

(3) There is the committee that is from many characteristics. It demonstrates the opportunity for people to participate. However, this participation of people is not only the selection of members but they need to participate in another. Such as, demonstrate the need to develop their health and so on. Therefore, the entire of fund's project from health office has been considered that it supports the operations of Health Office only. Which affect the image of health office did not respond to the needs of the people directly.

(4) Public relations of fund operation in the sub-district, such as the logos are specifically made available. Operations that can be checked and the empirical results are one condition in terms of building confidence, spirit and encouragement in performance to everyone in the Committee. It can also create a good attitude or perspective to the fund of public sector organizations in the sub-district as well.

4.2.2.4 The forth Fund (C4)

1) Basic information

This fund just has 14 members. But it has a relationship and trust between members less than the first fund, the second fund and the third fund. It is the interaction between members of the fund in very low level (Density = .132). It is the center of communication in the fund that is not the prominent (The central people = .521). All members contact information between each other (no Isolation) but

some members contact in one way of communication (have the Structural Holes). It shows that almost all members are not trusted about the information from them. There are 7 cliques (each clique with 3 members who are always communicated within their group). And membership of the communication between each other as thoroughly as the core group of contacts in the fund, representing 50.00 percent of all members.

This fund is about 6 kilometers from the center of district. Transport is convenient. There are 8 villages and 1 health office. Most people are the orchardists. Culture or tradition is not unique. No requirements or regulations of the health in sub-district are the only addition to the role of Local Government Organization.

From the interviews process in the fund's committee, the results are as follows:

2) The formation of the Fund

The establishment of the fund in 2006 found that understanding of the operating fund was not available. But it can be established because the health officers are strong and relationships between members are very good. (But it is beginning disagreement on the budget expenditure issues since the first year to present time, between health officers and the committee who is clerk of the Sub-district Administrative Organization). Health officers will be elected members and found that almost members are village health volunteers or the people who have knowledge of health.

3) The tendency setting to drive the fund

In the first phase will focus on the role of health officers, such as those responsible for health programs, etc. Most health projects are policy and operational guidance for health promotion and prevention of the Ministry of Health. In operational mechanism, health officers try to explain their role to the all committees has seen the importance and responsibility that they need to be taken. Including presentation demonstrates public health problems. Which brings the project conducted health issues. All projects that occurred in 2008-2009 are been responsible and supported by the health officers. Health officers and village health volunteers work together in practice.

4) Management of the Fund

The budget was allocated to the project, depending on the importance and urgency of each project that how much affect in the health of the public. If significant, immediate and significant impact, the support would be as much, too. However, budget management has a problem in the guideline of the National Health Insurance Office because it does not specify how to use distributed do. Therefore, the Sub-district Administrative Organization has used their rules and regulations. That causes a problem with health officer that had the rules and methods of operations to differ from the Sub-district Administrative Organization. It had many conflicts between them. All events are not continuing. And during the study period, conflicts were not resolved and not any relevant agencies to help seriously. The health-related programs and budget of the fund is not operating now.

5) Lesson summary of the forth fund

(1) Having a good relationship between each of the members that is fund's committee. It is the basic conditions that make together a Fund's committees come easy.

(2) Lack of coordination or lack of understanding about the work of other members especially members are the holders' regulations and the members. It causes a conflict in the main obstacles to the fund operations and the conditions that destroy the good relationship between each other ever existing.

4.2.2.5 The fifth Fund (C8)

1) Basic information

This fund has 19 members and found that a relationship and trust between members in the lowest level of the funds that are network-base operation low group. It is the interaction between members of the fund in very low level (Density = .132). It is the center of communication in the fund that is not the prominent (Centrality = .521). It meant that more than 1 member who is a center of communication. All members contact between each other (no Isolation) but some members contact in one way of communication (have the Structural Holes).It showed that almost members are not trusted about the information from them. There is a group with 3 members who are always communicated within their group in the fund is in 13

groups (13 cliques). And membership of the communication between each other as thoroughly as the core group of contacts in the fund, representing 52.63 percent of all members.

This fund is about 6 kilometers from the center of the district. Transport is convenient. There are 10 villages and 2 health offices. There is an activity of novice ordination at the temple where is near the Sub-district Administrative Organization every year. And not have health requirements of the sub-district.

From the interviews process in the fund's committee, the results are as follows:

2) The formation of the Fund

Chief Executive of the Sub-district Administrative Organization who is the president of the fund will choose the Committee that focused on people known with him and established in the same politics in order to protect him from the person of political opponents. Most of committees do not have experience working in health insurance before, except that village health volunteers, health officers and chief executive of the Sub-district Administrative Organization who was a health officer before. Conclude that the committee has the relationship to each other not much.

3) The tendency setting to drive the fund

When setting the fund committee already, they were assigned from the chief executive of the Sub-district Administrative Organization to release the fund or proposed projects or writing it. But considering the projects are delayed and could not be performed in the first year and could do them in 2008. It found that all projects wrote and proposed by members under the perspective and the momentum that they got. Such as, health officers will ask for only their own, etc. (Groups or clubs are in the sub-district. They are the small groups with no framework, such as, the group of cutting gemstones or diamonds, the group of taxi motorcycles, etc. and group that has framework is often not related to health, such as, agriculturist group, group of saving money, etc.).

Projects that occurred all the many features, such as the projects that were written by directors representing clubs, or the projects that are from

the health center operating activities to continue, or the projects that support to schools to manage the students about health policy of the Ministry of Education, or the project that the Sub-district Administrative Organization must manage about some work in health services that the other Sub-district Administrative Organization done it. In addition, some projects that proposed the budgets more than the existing budgets. Some projects have been reduced budget, or cut out, or to request it new in next year, or some programs have use the budget to another section, or affiliate the similar projects. However, the projects effect cannot respond to all health problems that occur in sub-district. It also does not cover or extend to cover all or any club in the sub-district.

When projects passed allowances by the fund's committee, the officers of the Sub-district Administrative Organization will be responsible for this fund. They have to do the formal documents and coordinate the project with the owner or the people that proposed project. As one of member said that "The projects that had the budget can do it by them. Or could short call that who requested budget, they must do it. We did not track people about how to use that money, just reported to us at the end of the year merely".

Found many obstacles in the operations were lack of monitoring and evaluation program. Making projects do not receive any check. And village leaders will determine their specific role in their own villages only. And they will not allow participation in the project or activity from other villages.

4) Management of the Fund

In the first year, there are some problems in delay of the budget being allocated. However, it is common agreement on the committee in the guideline of appropriations fund, 90% of the budget for the project to enable flexibility in budget allocation and management, and 10% of the budget for fiscal management. The problems in the management of budget are from understanding of rules or regulations that are different in detail. These problems cause to some government agencies cannot provide documents or evidence to expend the budgets. However, for projects that members are not the public, they will be asked to the Sub-district Administrative Organization before and then find what evidence to disburse, so there is no problem in this issue.

This fund has no clear guidelines on work collaboration, no goals and health activities to do together, and no set guidelines or strategies together. In addition, this fund is less conference. And only focus on the first project review process at beginning of the year and closing the projects at ending of the year. In addition, the integration for speaking clearly and deeply understands that the same are difficult. They cannot find the processes that allow members to understand interoperability.

There are several members who have no activities in the fund, except to join the meeting and vote. Some members have never been interested. As one of members said about expectations that “I would like the members work together better than the past. In the past, the members who did not have any projects were not interested, except there are the meetings. But they did not have more activities. I want to get more the recommend and encouragement.”

These membership meetings happen 2-3 times per year, the Sub-district Administrative Organization will issue a missive to all members and call to monitor. As one of members said that “In the past, the committee complained about having no any evidence for calling meeting, someone feel that they are not formal as they should get. Therefore, we had to use only the governmental letters.”

This fund did not find in the violent conflict, it only found in some comments about not only match. Chief executive of the Sub-district Administrative Organization would be concluded and the decision to terminate the dispute occurred. However, there were some members who had inconsistent attitudes, therefore operating funds have made some problems, such as not attend but will send representatives to meetings, etc. As one of members said about reason that “I used to give the budget to operate. But they said that as a result of health office not the Sub-district Administrative Organization. And this event occurred in many times. I was indifferent and not have much cohesion. In the meeting, he did not come but sent a representative.”

In reinforcing activity in the fund found that members did not focus on reinforcing activities and exchanging the learning in the fund. But they focused on the budget. As one of members said that “Our work was not any

problems. Why do we need to do is make it more difficult? Because of it will affect to appointment the board that is more. When it is more, the work will be difficult and complex. Our people have just one person, can he do or not? There are many works. Budget is limited. So these are good!!” When the fund is not focused on this, it cannot step into working in network-base less. And I found that the work will occur in the same manner that used since 2007.

5) Lesson summary of the fifth fund

(1) Selecting members of the president by a base thought to focus on maintaining the status of their political or social and select the same political party is established with the president. It is one of the main conditions that affect the form or nature of operations of the Fund will occur and affect the difficulty in development to fund operations. Such approved projects that meet their group, or not interested or focused on the operations of the fund than their image, etc.

(2) The knowledge, understanding and experience in operations of work about health Insurance before of chief executive of the Sub-district Administrative Organization. It is a condition that can be used as the primary fund drive to continue to be. Even if other members will not have much knowledge about the operations fund.

(3) The fund commission are the members of the club or relevant in health activities such as, the member of Aerobic Club, etc. It contributed to the momentum that enables members to operate in self-related health issues as being responsible for the proposed project and operating the project outcomes.

(4) The issue is to compare fund performance with other funds or other local government organizations. It is a condition that the issue of development funds must equal or better which led to the development of health will be increasingly important in the issues.

(5) Query about understanding the details of the documentation distributed budget is always the responsibility of the project. It is a basic condition to resolve conflicts or problems that cannot disburse the budget. Due to the understanding that does not match or regulations or rules are not identical.

Table 7 Lessons from funds in low network-based operation group.

Lessons	Fund no.				
	1	2	3	4	5
The formation of the fund					
1. The members were selected by fund leader	/	/	/	/	/
2. Focus on the fund budgets than health results	/				/
3. Belief that fund operation belong to the responsibility of government		/			
4. People only participated in step of members selection			/		
The tendency setting to drive the fund					
1. Add the role perception of the committees	/				
2. Focus on the potential building in the leaders of health club	/				
3. Obstacle about work load of some members		/			
4. Public relation to peoples			/		
Management of the fund					
1. Obstacle about access the fund information	/				
2. Understanding the goals or key performance indicators of project	/				
3. Accept the limitations of other members			/		
4. No coordination or understanding about fund operation of members			/		

4.3 Comparing lessons in high and low network-base operation group

4.3.1 The formation of the fund

4.3.1.1 Selected members in the step of formation of the funds. The funds that are network-based operation high; members will be selected by using the capital relations between the members as a starting point. But the funds that are network-base operation low will use the relations between the leader, such as Chief Executive of the Sub-district Administrative Organization, etc., and members as a starting point. Therefore, this is a different for starting point and effect to other steps that would be different. For example, if consider the relations between members as a starting point. It is a condition that contributes to clarify, build knowledge and understanding about the goals of the fund. Including roles and missions of its members in operating fund comes easily. This issue is not yet clear in funds that are network-base operation low and so on. The funds that are network-base operation low will look at the negative power relationships. Such as, select members based on their position

and role to create or maintain their political or social, etc. This is one of the main conditions that affect the difficulty on the operations of the fund.

4.3.1.2 Selected more members out of the infrastructure of the committees that defined in guidelines of the National Health Insurance Office. The criteria that must be to place people who have good relationships with other members or directors. Such as health officers or a person in the community was hired to help the fund, etc. It is a condition that makes communication between group members in more, helped make the operations more convenient and more flexible, and a base that creates the network-base operation to occur easily. These do not found in funds that are network-base operation low.

4.3.1.3 Explanation, creating knowledge and understanding about the goals of the fund, including the role and missions of members in fund operation. They are happen in the funds that are network-base operation high. And as one criterion that make members get to know the direction of health development, understanding of operational guidance and action based on roles that are assigned to clear. But this is also not clear in the funds that are network-base operation low.

4.3.1.4 The staff is responsible for the fund as the core or guiding to work properly. The focus or mission of the fund holder is one of the main factors that make the difference between the funds that are network-base operation high and low. Funds that are network-base operation high will focus on this issue more than funds that are network-base operation low. Funds that are network-base operation high have employees are hired or appointed officials within the Local Government Organization are responsible as the core. But funds that are network-base operation low often assigned to staff that has already worked is responsible. This issue is one criterion that will result in the development fund has more. It makes the point that the fund is to support the works of members and movement activities all the time. Because of the undertaker can use the time for thinking and operating fund fully.

4.3.1.5 Considering the readiness of community. Such as interest, knowledge and experience in health insurance, including the readiness of health club in the sub-district, etc. They are one of the main elements or conditions that will create opportunities for participation of people in the operating fund. And

found that funds that are network-base operation high will be more ready clearness that views from the participation of people in the committee selection. Including the proposed health needs.

4.3.2 The tendency setting to drive the fund

4.3.2.1 Funds that are network-base operation high have lessons on issues that people have the opportunity to participate in the offer needs to revise or develop their own health seriously by methods. That clears more than funds that are network-base operation low that often ask the directors or members only. And this issue is important and necessary conditions to achieve the public health. It will develop to match the conditions and problems to meet the needs of most people.

4.3.2.2 Funds that are network-base operation high will be the strategy development health in Local Government Organization as a framework for consideration of projects that occurred in the fund that is consistent with the direction of development of the health district or not. This lesson is not found in the funds that are network-base operation low. The operating conditions are such that only one will develop health issues, trends in operations are clear, then it is also consistent and issues associated with development in other more. Because the technique, that name is “Strategy Map”, is currently being delivered in the fund. They make this condition critical and much needed.

4.3.2.3 Funds that are network-base operation high will have lessons on issues defined role in monitoring member operating a concrete project more than funds that are network-base operation low. This is one of the conditions necessary to develop the project on track and critical evaluation of exchange between each member's learning.

4.3.2.4 Concentration of the release is and ways to participate in the fund's operations thoroughly. It is also a condition that can create opportunities for more participation of people. Funds that are network-base operation low will have restrictions in this area. It operates only within the committees rather than focus on the release to the participation of people.

4.3.2.5 Funds that are network-base operation high will focus on projects from members representing the village or group of health more than funds

that are network-base operation low that are often general project that operate cover all areas in the sub-district. Because of committees considered a representative member of the group (Node), which will receive their results from operations directly. Therefore, it is one of the conditions that led to successful participation in the community has the opportunity to display strength and reflects the independent public health in the club. The funds that are the network-base operation high will be operational in this issue better.

4.3.2.6 Fund developments with projects that made by the group or health club are in the sub-district, is a good alternative to the way in developing the fund. Because of it gives good results in several operations. Such as reducing restrictions on the knowledge of writing projects, reduce the number of projects too, can access and covers different target groups.

4.3.3 Management of the funds

4.3.3.1 The rules or regulations, including the budget expenditure that unspecific of the National Health Security Office effected to the fund operation because they fear about government regulation error. Therefore, using the techniques which found in funds are network-based operation high, creating the pattern of budget expenditure that fit for their context and consult with the relevant authorities from time to time about those experiments can do or not. And adjust the method of expenditure always and have concluded their own, it would be one way to reduce this problem significantly.

4.3.3.2 Review on the suitability of the project before deployment, such as budget and the ability of the project before actual implementation, etc. These are a condition that affecting the project operations success, because the activities considered in evaluating the nature of the activity before looking to the possibility and the practical. Therefore found that are network-base operation low will experience problems that result from the project over. Both in the disbursement of the budget, the project cannot be, or objectives of the project, etc.

4.3.3.3 Funds that are network-base operation high will be the obstacles of operating the project for a talk in after action review activity which leads to problems and make operations more efficient. Funds that are network-base

operation low are is not clear this event, lack of consistency and lack of serious activity. They are important obstacles that other operations cannot be enhanced.

4.3.3.4 Funds that are network-base operation high will be clear in meetings with the matters set operations fund and to talk consistently (every month) more than funds that are network-base operation low. That they provide a catalyst to fund operations must guide the details to find issues in the meetings more. This will allow members the opportunity to express their views which brings the guidelines in terms of bringing to revise or develop operational fund. Including a channel for exchange of learning has continued.

Summary of comparative lessons above are lessons that the results compare quite clearly. There are many lessons that cannot be compared to each other or comparable is unclear because they have no issues that have lessons together. Such as, the concept of lessons taken by the government framework is a key of funds that are network-base operation low, etc. However, these issues are lessons to be developed as a model of network-base operating fund in the future.

CHAPTER V

DEVELOPMENT OF NETWORK-BASED OPERATION MODEL

In this chapter are the third and the fourth steps to development of the network-based operation model and the verification model.

5.1 The third step; to development the network-based operation model

Although the data from chapter 4 found that the fund had several characteristics, i.e. selecting committees, making project, allocating budgets or evaluation characteristics, there are sub-issues in the network life cycle and can be concluded in 2 general models.

Models emphasized on the guideline of National Health Security Office. This model affected the fund and did not attempt to operate their activities beyond the guidelines. Therefore, the results of the fund activities had no quality and cannot be developed.

Models developed the activities depending on their contexts. This model affected the fund to create the specific process and suit for their contexts, i.e. the process of problem seeking or project making etc.

Although these models can develop the fund operation but there are a lot of limitations, plenty of sub-process and difficult to create the development plan of governmental authority. Therefore, the fund needs to develop the operation model that used the network-based concept with network life cycle. The development processes of network-based operation model will synthesis from the lessons in high and low network-based operation group. It found that funds are network-based operation high had a similar feature together; open to members and public participation in the operations fund. In addition, there are some funds that public participation in monitoring and evaluation. Funds are network-based operation low high had a similar

feature together too; using the private known leaders of fund (Chief Executive of Local Government organization or other) for selecting members and using the role of the position (The president of fund) decisions on operations of fund.

The study found that similarities in each group show the difference in the operation of the fund in network-based operation high and low. And Pranee Phanthumasinchai (2007, [Online], Available: <http://www.moac.go.th/builder/kmops/images/scor1.pdf>) said that two features are relevant; when members or stakeholders participate more, power or influence of leaders or managers fund will be less. And if the power or influence of leading or managing the fund has high, participation of members or stakeholders will be less too. Therefore, this development the network-based operation model of sub-district health insurance fund look that two features will break the model of development of network-based operation that will determine the two features too; development of a network-based operation model that focusing on the participation of all parties and development of a network-based operation model that focuses on monitoring the fund's leaders.

However, due to the operations of the fund is determined in part from the National Health Security Office. Therefore, low and high network-based operation group must follow all the same such as, preparation of project, budget management, and reporting, etc. So, the researcher asks that the development of operations in this first, then discussed the development of operating models for both two models.

5.1.1 All the funds will need to develop (option means the fund can take it to develop or cannot take).

5.1.1.1 The formation of the fund

Appointment the Sub-committee (Option) can be developing in two basic styles:

- 1) Selecting the sub-committee by the committees to take turns acting in the role of the sub-committee. Such as, a committee will be the lead of each fund's sub-committee and the others are committee, etc.
- 2) Selecting the subcommittee by using the committees and selecting from the officer of Local Government Organization or selecting from the

people in sub-district or a mix of them, especially selecting from the people in sub-district there are 3 things to consider:

(1) Consider the knowledge of members that match the roles of those committees. At least one member must have reasonable knowledge of the role of the committees previously.

(2) View the consciousness of members of the community development. It is one of the main conditions that will allow various operating effectiveness. As one of the members said that “The audience must work under the new environment and must provide the time enough to work. But what compensation or support, there is not much. If a lack of awareness in this, there will be many problems at work.”

(3) Use the community to select sub-committees. As one of the members said that “Using community will be announced and a recognition that occurs in people. When the sub-committee has to operate will be worked more easily.”

5.1.1.2 The tendency setting to drive the fund

1) Building Budgets Agreement; they are the costs of activities and the nature of budget disbursement which are considered to be a focal point for the operation of all fund. The things to consider are:

(1) Must comply with the main event of the National Health Security Office; Activities supported places, activities of group benefits, activities of the community that they think by themselves and the management of funds. And consistent does not mean that will be distributed the budget to all activities because each fund might have the context that cannot be processed. In addition, the fund can be set or cannot set the proportion (percentage) into the budget for each activity.

(2) Must set the rules or regulations package. And the nature of the issue to the fund to clear. And all members must understand that perfectly. Such as, use the rules or regulations or guidelines of Municipality, or use the difference rules of Public Health Unit, or evidence and other documents required for disbursement of the budget, etc. because there are many problems if do not understand these. It may spread into the conflict in the fund. As one of the members said that "3

projects from health center can not be disbursed because the document is not clear on the problem, not complete and incorrect."

2) Develop Project Contents; the things to consider are:

(1) The objective of the project must comply with the main event of the National Health Security Office.

(2) Consistent with public health problems of people. It may be coming from a group or club directly, or meeting, or from a community in the village, etc.

(3) Activities are consistent with the rules or regulations. It also makes clear the project and it also demonstrates the tightness of the government.

(4) Predict the outcome of the project to review the details of the project. This matter is very important because there are several projects that cannot be viable, or practice in some parts only.

Option

(1) Projects that occur may be a project operated continuously and they have 2 types;

- Project was conducted in the last year and asked for action again in the following year.

- Project has done the job of existing agencies or certain individuals and the projects of 2 types will be able to ensure operational and are likely to affect people's health status as well.

(2) The project can make an overall image of the sub-district to prevent conflicts in the upcoming evenly in each village why the operation in this village, but no action in that village. Especially in the sub-district are not many villages with similar problems.

5.1.1.3 Management the network

1) Create Regulations and Principle Work; set the rules, regulations and agreements in the preliminary. In order to the fund have direction or guidelines for operations that are clear such as, regulation of the parcel, criteria and evidence or document budget disbursement, etc., because, now, the regulation also has the problems in the disbursement and could not find evidence or documentation in this

issue. Or evidence or a document is not complete until the project cannot withdraw budgets.

2) Considerate Project before Implementation; the fund should consider both the project timing and activities before implementation because many project can not operated in the time of the project. The causes are the timing of budget distribution, preparation of target group and project responsibility officer. These problems affected to postpone the project timing and no achievement of the project.

3) Coordination Setting; can use coordination between members that combines several methods. Such as, use an official letter, contacted by telephone or notification in other types, etc. It enables members to acknowledge pre-scheduled and it can create opportunities for themselves in the planning of their mission during a private meeting and functions properly.

From above, those are the development conditions that all of the fund should consider. In the following section will develop a model of network-based operation that each fund should consider to deployment to suit for own context.

5.1.2 Model 1: Participation model of network-base operation

Participation in the wider is the most important work in network-based operation. The participation in this study is the process that members and groups or clubs or people have the opportunity to post comments, exchange information, share plans, share practices and decided to seek options regarding the appropriate operating fund and is accepted together. But just to have different methods and channels to explore because of the role of member and groups or clubs or people are different. This participation is a basic concept of the nature of network-based operation that enables members to have the opportunity to meet both formal and informal, can determine the direction or goal together, have the opportunity to access fund, and understand the work of others increased, including the accumulation of social capital to increase too. The group or club or public can participate in the right processes. This analysis led to the network-based operation continuity and sustainability.

Level of participation is divided in several styles, such as:

Level of data; is providing information to the people who are gain and loss about the decisions of the executive. But does not allow comments or involved.

Level of open hearings of peoples are gain and loss; the executive inviting the people who are gain and loss to comment for more information.

Level of consultations; is the official negotiations between the executive and the people who are gain and loss to assess progress or ask questions.

Level of planning together; responsible for planning and co-determine the effects of the project.

Level joint action; is a joint action to achieve the objectives.

Joint monitoring operations.

Level of people control is gain and loss; to resolve all existing conflicts.

According to the group, which found that the general 5 funds are network-based operation high will look together on the participation of a group or club or most peoples in level 2; Level of open hearings of the people who gained and lost. But some funds that are involved in level 3-4, only the weight and coverage in each level are different.

Therefore, the researcher concluded that although 5 funds are network-based operation high but it is only compared and analyzed together with another group (Group of the funds are network-based operation low). It does not mean that the fund will have the highest network-based operation and can not development in other issues. In addition, each fund is also different in some details. Therefore, the fund needs to develop the network-based operation more. Details are as follows;

5.1.2.1 Assumptions, focus and main issues

1) Assumptions of model development

(1) Members and groups or clubs or people in the sub-district are willing to take part in the fund operations and capability enough to participate in activities of the fund.

(2) Members have equal opportunities with other members and already have the relationship between them. They are unable to perform work alone. They should always link or contact between them.

(3) Decisions on fund do not depend on the executive of fund or other leader. But under the joint decision of all members.

2) The focus and goals

Focus on the intense participation of the members or people to operate the network-based operation continuity.

3) Main issues

The fund operation in the current or future that could be changed the committees every two years or could be changed the local political board occurring in the sub-district may result in network-based operation of the fund that are the interruption or change. Therefore, if the committees want to develop the network-based operations continuity, they will be a concentration of participation in members, local political board, people, groups or clubs in the sub-district in accordance with the procedure of operating fund. In order to demonstrate the power of collaboration to the empirical activities and can be used the relationships that occurs to enhance the fund development in the future.

Creating the concentration of participation in all of relevant sectors to ensure the continuity of network-based operation is based on relevant factors as follows.

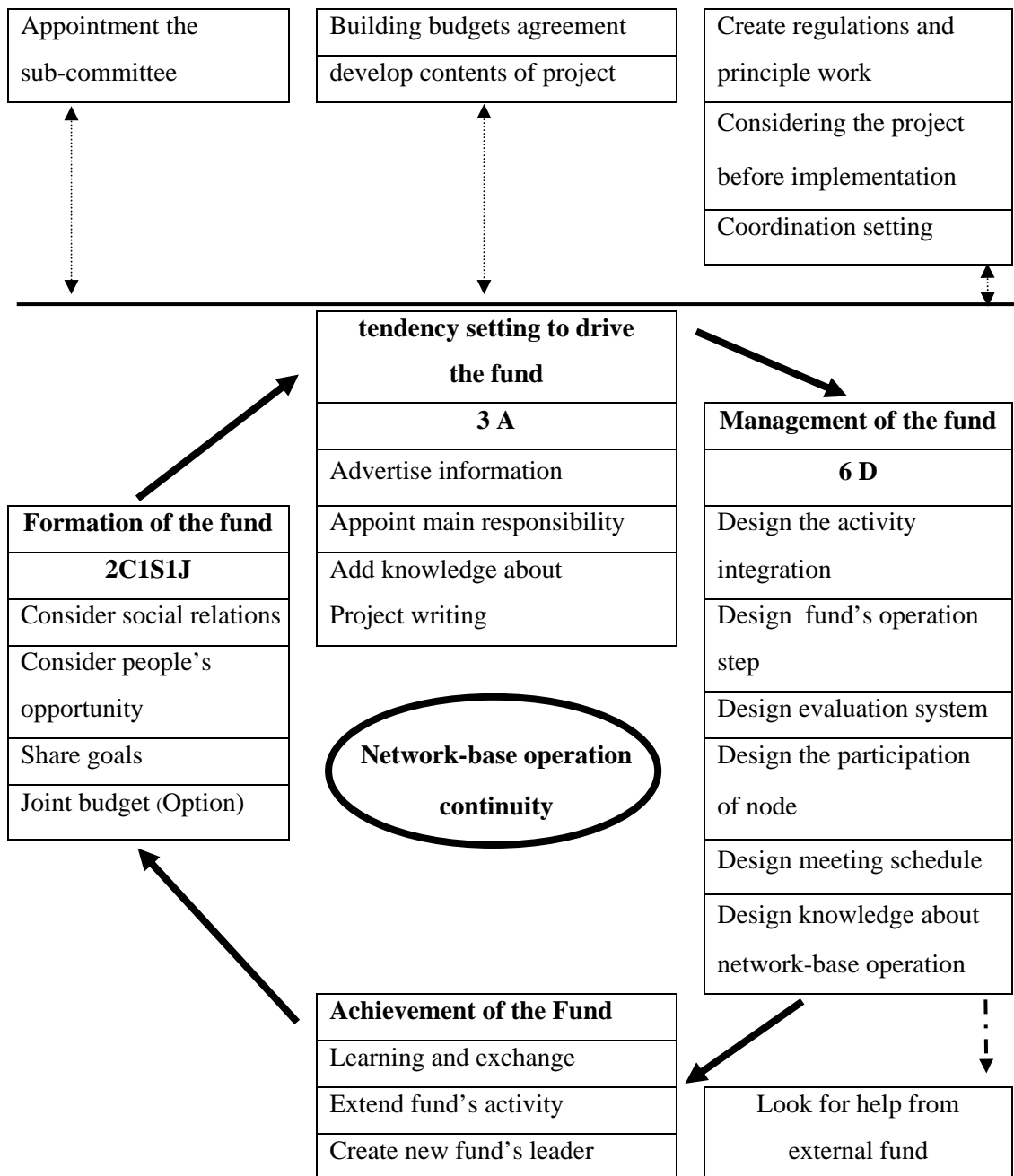


Figure 20 Participation model of network-base operation

From details of the model above can be explained as follows:

(1) Part of appointment the sub-committee, building budgets agreement, develop contents of project, create regulations and principle work, considering the project before implementation and coordination setting will be the part of development that all funds should perform.

(2) The other parts will be the tendency or guideline that the fund must develop; the details of each part are as follow;

5.1.2.2 The formation of the fund

1) Consider Social Relations; it is considered between the members to have better relations that may be the basis of more participation. The initial selection may occur in two types.

(1) Selecting the members by focusing on social relations in their groups only. Such as, group of village health volunteers, groups of village headman or mix groups, etc. As one of the members said that “Almost persons are village health volunteers, just a few persons aren’t. Selecting the committee was set by the health officer and said that we have this fund and must to be the committee because it’s about health that we already do.”

(2) Selecting the members by focusing on social relations in the units of sub-district. It is suitable for the fund which has less area or fewer villages. The people well known or be kinship and the communities have already strength in operations and selecting the member who can do in many types. Such as, select directly by the people in village, etc. As one of the members said that “All committees are kinship because this sub-district does not have many families and each family is well known.”

2) Consider People’s Opportunity; it is the selecting the members by giving an opportunity for people to take part in the selection through different methods, such as through the community, or selected directly from the community or village, etc.

3) Share Goals; it is the understanding of common goals of members and set the role of members in line with the mission to the goal successfully. And take the members to know the direction of health development, understanding the tendency of the operation and operate to meet the roles that are assigned to clear such as, assigning to be the person who search the needs of the public, be the evaluator, be the responsible person, or be reporting person etc.

4) Joint budget to the fund by people (Option); it is the activation about feeling of ownership of people. In addition, it is imperative factors that the fund needs to operate the procedures of people’s participation. Such as,

determining evaluation method by the people answered the questionnaire about the methods and results of operations of the project, etc.

5.1.2.3 The tendency setting to drive the fund

1) Advertise Information of the fund; it is the publishing about information, guidelines and details of operation of the fund seriously to make group or club or people awareness of the fund availability, including motive and opportunity for group or club or people to think and plan together.

2) Appoint Main Responsibility; it is appointment the responsibility persons who work in the fund as the main job. They may be the employee or the officer of Local Government Organization. This issue does not set the guidelines of the National Health Security Office but it is more important and more need in the true operation because they are intermediary links or communication between members, tracking process, data collection and presentation the information of fund at all stages to members and groups or clubs or people participation in decision making operations fund. As one of the members said that "They will coordinate to the responsibility member of project. And they will talk about the day can meeting. After the activity finished, they will do the questionnaire to ask the people or public about the project."

3) Add Knowledge about Project Writing; it is an important thing that the funds must do because it is a standard that people, groups or clubs will be able to take part in the operation of the funds in a manner of projects or not. People, groups or clubs cannot write programs, the role of writing and action will fall on the committees and the related person only. As one of members said that "We used to send the official letter to the committee or the working group to write and offer the project that will do in the community. But nobody do it, because of they don't know how to write the project."

5.1.2.4 Management of the fund

1) Design the activity integration; it is considered together about work, projects and activities of fund with the other health operations; both of Local Government Organization and other offices. There are 3 characteristics;

(1) Bring the project and activity of fund that occurred to operate with the project and activity from other health plans.

(2) Considering the health strategy of Local Government Organization or plans from other sources as the framework for project preparation in part that will help make the operations of the fund directed and reduce the use of resources.

(3) Nature of the joint project of member is the implementation similar project or similar activity to do together that the coordination and participation among members has increased.

2) Design fund's operation step; it is the comprehensive details of fund operations and bring it into all steps, (Can see the example flow chart in the fifth funds that high network-based operation in chapter 4) including the rules of participation that how take a group or club or people participation in each step. Such as, in the process of closing the project will participate in the meeting of all concerned and present information and to open the comments to find a conclusion that will benefit to the next year or in the process of project implementation activities undertaken by the after action review, etc.

3) Design the evaluation system; it is the setting of periodic evaluation to cover the period of the project, before, during and after the project. This will help to implement the project with direction to perform or assist with the objectives of the project increased, guiding the participation of a group or club or people, as well as awareness of problems in projects to analyze and improvement continue to be appropriate. As one of members said that "The making assessments submitted to the people answer about the problems of fund, how should resolve those problems and should do the project again or not."

4) Design the participation of node; because these members are the node that will be a direct result of the operation. That will lead to the success of participation that allows communities to express their strong and reflects to the reliance of public health too.

5) Design Meeting Schedule; as a catalyst for the fund to take the fund must be the guiding operational issues to find details of the meeting more that allows the opportunity of members to post comments. That brings the guidelines in terms to modify, improve or develop operating fund as well as a way to share and learn continuously. As one of member said that "Sometimes there are 2

meetings for 1 month if we have urgent work. Or there is 1 meeting in 2 months. Or there are the meetings in the early month and the late month and then leave it to one month. But it should not exceed two months per a time.”

6) Design Knowledge about Network-base Operation; if the members perceive the steps of operations fund that are clear and concrete, they will understand in details of network-based operation. Therefore, they are able to plan to participate appropriately. In addition, members also have the necessary knowledge and the concept of the network. Therefore, there is something to consider, to get support from agencies outside which may be of public health agencies or the National Health Security Office or other agencies that have knowledge in this area.

5.1.2.5 Achievement of the Fund

1) Learning and Exchange; it is one result of fund management. It makes the members receive more news and more information from each other, understand the situation of fund and set the guideline of fund development to operate better. As one of members said that “The learning exchange will be happen before doing the project. There is 1 meeting in 2-3 months. But we must check the quality of plan to find the fault and solve it.”

2) Extend Fund’s Activity; it is under aspect that force of the fund will emerge with the activity in which members have the opportunity to contact. Therefore, the activity expansion has 2 natures, expand the coverage activities and expand the activities to other agencies who related the public health; those 2 natures should consider these:

(1) Searching the agencies that involved in health development or health goals, i.e. The Family Development Center or Disability Care Center of Ministry of Social Development and Human Security, etc. That will extend the operation of the fund more clearly in the future.

(2) Creating joint understanding on health issues, it is based on extending cooperation to relate organization. This will entail the participation and cooperation in activities to expand.

3) Create New Fund’s Leader; Funds will need to find and build the leaders to replace the old leaders who may not play a role in fund operations. The basic consideration is that if new leaders are not the members, the

executive can lead them to the new members of the fund. They may be in the committees or subcommittees to learn the fund processes. Or if they are already fund members, they can create or define a more responsible role that can learn different processes immediately.

5.1.3 Model 2: Monitoring and control model of network-based operation

5.1.3.1 Assumptions, focus and main issues

1) Assumptions of model development are fund leaders i.e. president of Local Government Organization or other members, etc. have importance roles to operations and decisions, members of the fund do not need to know or worked together before, Members can work alone without a link or contact with other members, people or groups or clubs are relevant to the work of the fund less, and leaders in fund have knowledge, ability and want to develop operations fund to be better.

2) The focus and goals

Focus on monitoring and control of the fund's leaders about building the network-based operation of members.

3) Main issues

Monitoring is an important tool of management of the fund, which led fund will be used in the design and monitor performance closely. In addition, it must focus on network-based operation and change some features of the operating fund to have more flexibility. Such as, assign the task or extend the processing work to cover fund operations, etc.

The monitoring operation of the fund leader about building the network-based operation of members is associated or depends on factors as follows:

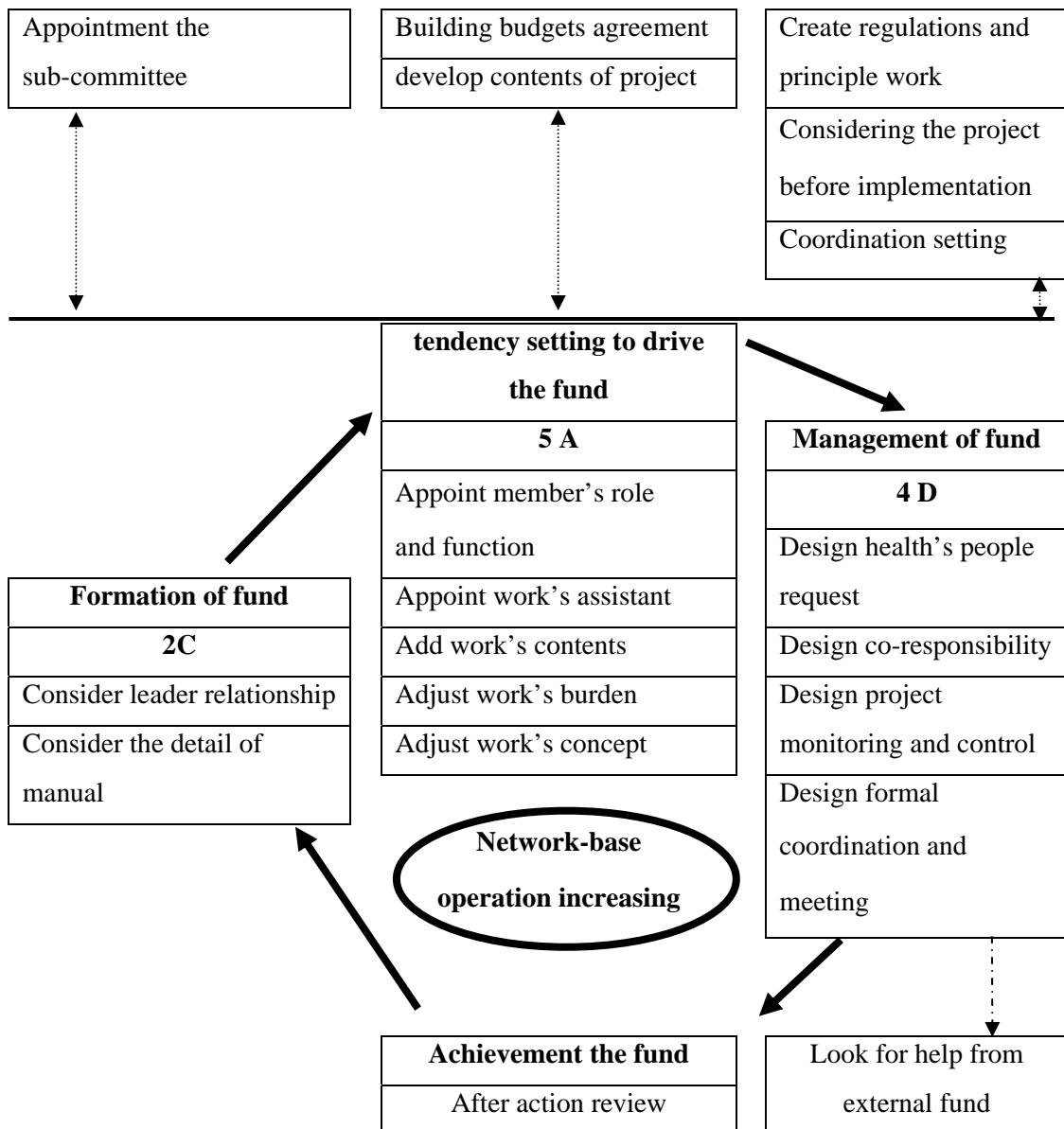


Figure 21 Monitoring and control model of network-base operation

From details of the model above can be explained as follows:

(1) Part of appointment the sub-committee, building budgets agreement, develop contents of project, create regulations and principle work, considering the project before implementation and coordination setting will be the part of development that all funds should perform.

(2) The other parts will be the tendency or guideline that the fund must develop; the details of each part are as follow:

5.1.3.2 The formation of the fund

1) Consider leader relationship; it is select the members or committees by members who is influential in fund by basing on the existing relationship to work together under the control of those members who is influential in fund. As one of members said that “When we select members already, we must ask the president. If he agrees, we have to take it on to the council and the council has appointed.” It can occur in two natures:

(1) There is polar political competition or high local political conflicts. It makes the selection of members that need to the influence of president of Local Government Organization in the selection. As one of members said that "We must select people who can work with us. The one who will have problems we cannot take one."

(2) Bringing the work step of Local Government Organization to operate the fund. Therefore, the president of Local Government Organization is an importance person to select member, decision making, monitor, control and other operation in the fund.

2) Consider the detail of manual; the fund leaders have to understanding about the details or guidelines of the fund operation following the manual of the National Health Security Office and transfer their understanding to the members. In order to know the basic method that needs to operate. This will affect the role and control of members according to the guidelines set forth.

5.1.3.3 The tendency setting to drive the fund

1) Appoint member's role and function; it is appoint the role of a member who responsibilities the fund operation, include guidelines or procedures as base of the National Health Security Office manual. And focuses on the role perception to take members can perform in their role initially.

2) Appoint work's assistant; it is a decentralization of the fund leader to other members for action, in order to reduce the decision-making of leader and increase the relationship to other members.

3) Add work's contents; it is the expanding the details of the operating fund beyond that defined in the manual of the National Health Security Office to be more covered the process of network life cycle. Such as, design about the

evaluation structure, etc. In order to increase the assignment and control the development activities those are greater than in the past.

4) Adjust work's burden; it is the role of member who has been responsible for fund operations as a main. The leader must reduce their initial work and increase the responsibility of the fund. However, it must be suitable for overall of work content and not a burden more than the original.

5) Adjust work's concept; it is adjust the idea that focus on the work of members from government agencies, and operating system that made by setting of the Government. In order to control the opinion of members who are claiming government system to deny their roles and pass their operations to members who representing government agencies.

5.1.3.4 Management of the fund

1) Design health's people request; it is the asking for the demand of health development from group or club or people in sub-district. As one of members said that "The people feel that it is government work, so difficult to work everything depends on the staff. For me, I spoke with groups and the people about they want. And I'll write their project."

2) Design co-responsibility; it is considered, or find a similar project. Such as, objectives, operational methods, target groups or operated in the same area, etc., and integrate into a single project, and assign the related responsibility is shared and implemented. This will create an increasingly good relationship and understanding between the members.

3) Design project monitoring and control; it is focused on information that happens such as, problems, threats or obstacle and actual results during the implement project and the final project, etc., to determine the issues to be discuss and exchange between the more.

4) Design formal coordination and meeting; it is used to coordinate the formal coordination as a main. Such as, the official letter, etc. As one of members said that "Some members feel that the meeting coordination by telephone, it's not formal enough and no participation." So the fund leader should be the formal coordination in order to control the meeting periodic, and can set the specific issues

such as, the meeting for follow-up the project, etc. And bring to all members attending the meeting for consideration by the concerted exchange of information between them.

5.1.3.5 Achievement of the Fund

1) After action review; it is a tool for the exchange and learning among members themselves. It will allow members to review their operation and know the potential and problems that occur within the fund. To the conclusion about the knowledge and application that will lead to the fund development. As one of the member s said that “We know our problems because we analysis about the people’s problems together and our talking to know problems and fine how solve those problems.”

5.1.4 Look for help from external fund

Development of network-based operation in 2 models above, are involved with outside agencies that play a role in support, supervision and monitoring such as, the National Health Security Office, Ministry of Health, or Provincial Public Health Office, etc. Therefore, in order to develop the network-based operation model for better results, it requires extremes from these agencies and all this development must be relevant or consistent issues. So the researcher used the in-depth interview with specialists as the study instrument that totaled 18 persons. And specified 3 basic issues for interview; the role of involved agencies, factors or conditions which affect the operations fund and operational guidelines for development fund in the future.

5.1.4.1 The role of involved agencies

The National Health Security Office in the center saw that they are the role in policy and it resolves the problems that occur as an overview of the running only. As an agent of the National Health Security Office in the center said that “Responsible for the development of operations based on each field that how to do. For the problems of policy or as the important criteria, the center will manage. And now we are considering about criteria for the fund's committees because the fields offered to resolve”. And the National Health Security Office in the field saw that they are responsible for innovation, trends of development, including providing support and coordinate operations only. For the section to real practice in that area should be seen

as the role of the Provincial Public Health Office will be to assist in the operation mainly.

And the Provincial Public Health Office that mediate between the National Health Security Office in the area and sub-district health insurance fund. Their viewing is quite different from the National Health Security Office in the branch office because they view the National Health Security Office should be the main in the operations, not the Provincial Public Health Office. As the example words that “This operation isn’t our role but it’s the National Health Security Office. But they don’t come. We feel bad about using the money in fund for seizing an opportunity. We have to do.” Or the example words that “If they tell us that the work burdens of National Health Security Office of branch are ours, we’ll understand. Now we are doing more than function. If the National Health Security Office can’t do anything by them, everything is falling to Province. And Province doesn’t have the force, some work can’t do.”

And section of the Fund, they will be driven fund. However, it requires support from relevant agencies as well. In the Past it rarely received much support, specifically asked about the issue of problems in practice that it is not possible for anyone. As the example words that “We don’t know consulting anyone when I have some problem. When asked the National Health Security Office, they answered that up to us. Asked the health center, they don’t know anything. Asked the Provincial Public Health Office, they said the same answer of the National Health Security Office.”

From the above view reflects the misunderstandings between them. This party thinks that party assistance as needed. But that party thinks it is not their role.

5.1.4.2 Factors or conditions which affect the operations fund

They are both similar and different. The section is similar to the lack of manpower in the operating fund both of the National Health Security Office in the branch of Rayong province and the Provincial Public Health Office. For the difference will be on view to look at issues affecting the performance:

- 1) The National Health Security Office in the branch of Rayong province perceived operational problems arising from not understanding the

role and mission of the fund's Committees. So, at the beginning of fund operation, they set the periodic meeting to create the knowledge of operations to some fund. The fund also makes them able to operate. But another part of funds did not understand the explanation. In the time later, it was over an attempt to use the conference as a mechanism to educate the committees but it did not work because only some members joint the meeting and most are not responsible for the funds directly.

2) The Provincial Public Health Office considered the problems of funds are ignorance and not understanding the operations of the Fund. That the National Health Security Office claims to be part of the role of the Provincial Public Health Office because it is related to health will have to help each other. However, it has limitations in helping from the National Health Security Office. Therefore, jobs must be the burden of the Provincial Public Health Office for more.

3) Funds saw the funds' problems are the understanding of the fund operation tendency. Such as, principles, rules or guidelines of funds, activities that can be deployed, the base idea of the budget and the responsible man issues for ménage the budget, etc.

From the above, factors or conditions that affect the operations fund is the issue of understanding about the Fund's operations. While each party will see the same issues in detail but will not look quite the same. Such as, the National Health Security Office in the branch office focused on the knowledge but the funds that have the biggest factors is clear, etc.

5.1.4.3 Operational guidelines for development in the future

This section is to find out that the experts or specialists in each group are guiding the development funds in any way is consistent or not.

1) The National Health Security Office in the branch of Rayong province focused on these:

(1) Planning supervision to resolve operational problems occur by looking at the fund which are occurred the management problems mainly.

(2) Guiding the operations of the underlying funds.

(3) Create the new team for supporting fund development to instead of the old those in provincial level (that called 4 knights). By

development the teachers team (that called 9 Buddhist saints) to assist in the operations of fund. They were selected by the Provincial Public Health Office and were trained by the National Health Security Office.

(4) Creating criteria for the selection of new funds which was established. By the criteria are the understanding of purpose, contributions according to the rules, made the project plan and health and the availability of coordination between agencies in the area.

(5) Develop a computer program that is used to track performance.

From above can be seen that ways development occurs. They attempt to resolve operations occur locally and realize benefits in terms of management. However, it should be noted that trying is the main view of the National Health Security Office and they will forward to the local operators.

2) For the fund, it has discussed the need to fund future development about these issues:

(1) Strengthening of the committee. As the example words that “We want to have a strong committee. But every two years it must be reset. If the old committee is not good, we would have thought that the new committees will be good replacement. But if the old committee is good but occurring the political problems. Such as, change the administrator team that everything opposite old team, etc. The committee selection will make it a problem now. Because of the administrators will bring his people to work instead of the old committee that was unable to continue.”

(2) Development of prototype area with steps that include processing, such as method of selection committee, method of operations, method of preparing projects, method of considering the project plan, how to plan and evaluation of methods, etc.

(3) Support from external agencies. As the example words that “I want to have outside directors to the activation of directors, it will effect to work together better than this. The past, members who do not project, they do not interest. Except in the meeting, but their roles are not much. I want to have guiding and encourage more.”

From the information above, there are the observations as follow:

1) In view of the problem, it looks at own problems as a main. And some of which have a similar opinion. However, it seems that each party will view the problem in a different perspective and not to know the details of the problem with each other.

2) In view of the role, it also opinions that opposites between the National Health Security Office in the branch of Rayong province and the Provincial Public Health Office.

3) In view of the development fund, found that it looking to develop their own solutions rather than look to other agencies. And the guidelines and requirements are different or do not match with the needs of the fund.

Therefore, the development of network-based operation model, it is proposed to all relevant parts should be considered together to support the fund's request. They are as follow:

1) Need to create clarity and understanding of the operations fund for those involved in all aspects. Not only the expenditure budget. Over the past years, the main issues that Local Government Organization interests to look like were the budget management. So, it effect to the part of other necessary operation that lack of mention or less important to do it.

2) Creating clarity in the roles of outside involved agencies, the National Health Security Office and the Provincial Public Health Office, to know their roles because they have a lot of ambiguity and a lack to talks on this issue in concrete.

3) Seeking the ways to develop joint works of all parties, not limited to the old style that National Health Security Office as a main.

4) Monitoring and support resources, knowledge, understanding consistent to enough of demand.

5.2 The forth step; verification model

The researcher brings two models that occur above to verify in two steps:

5.2.1 Step 1; verified by a panel expert of the National Health Security Office in the branch of Rayong province.

The answer found that these models have no issues to be edited. It is evident that the coverage factor or good condition. But also concerns about the ability and consistency of each fund will be implemented. Therefore, the expert proposed that these models should be affected into consideration in the next higher level. In addition, the details of factors or conditions in each model should was suggested again by the opinion of President of Local Government Organization in the meeting.

5.2.2 Step 2; verified by informal meeting of the sub-group of president of Local Government Organization.

This step studied in Chanthaburi province that set the topic within two basic questions, these models coverage and possible to real practice or not?, and they have the additional suggestions or not?.

It contains a panel expert of the National Health Security Office branch Rayong province, a panel expert of the Chanthaburi Provincial Public Health Office and 3 presidents of Local Government Organization. Issues of the case are coverage of factors or conditions and recommendations for each model, and the possibility of using models that occur to real practice.

The result of the sub-group meetings showed that the participants have overall commented. They are as followed:

5.2.2.1 Issues relating to coverage of factors or conditions and recommendations for each model found that the expert group saw that models are as well but some issues have no details to see the guidelines clear, such as the knowledge about project writing that have no details, etc.

5.2.2.2 Issues about the possibility of using models to real practice found that the expert group saw that many factors or conditions of each fund are already in place now but it is a different detailed and covers. Therefore, group noted that:

1) In the period of 2 years of the fund committees, it is too short and cannot develop in all of model specified. Except, the former committees derive the selection again that can operate the fund continuity. It is likely to occur if the political team and former team member was pleased to join again.

2) Development models that occur are based on network-based operation. This is necessary to have leaders with knowledge about network and see an overview of the development fund for all.

3) Expert group makes no recommendation in the details of each model. But it will offer a way to bring the model to valid in practice. And that the initial proposal to the National Health Security Office in the branch of Rayong province take models to consider the suitability of the factors or conditions that will develop before or after or simultaneously and develop the plans for the fund has performed.

All development of network-based operation model above, it is able to ensure that the model both of each fund must operate and each fund can select model to develop their operation, including proposals for the development from external agencies. It will take the fund development trends provide a clear, work with network-based operation continuity and sustainable.

CHAPTER VI

CONCLUSION AND RECOMMENDATION

This study aims to synthesis knowledge and develop the network-based operation of the sub-district health insurance funds committees. The results of this study will present conclusions from the objectives of the research.

6.1 Conclusions

6.1.1 The first objective

This objective was to synthesis the network-based operation knowledge in sub-district health insurance funds committees in 4 provinces; Chonburi, Rayong, Chanthaburi and Trad province totaling 33 funds and separated into 2 steps. Step 1 is the analysis the network-based operation structure. Step 2 is the lessons distills and synthesis the knowledge.

Step 1; Target group were all members of the fund and questionnaires were used as the tool. The period of data collection was 80 days. Data obtained from questionnaires was used in the recording and analysis of two steps; use NetMiner program to study the social structural features of the fund and use of the social structures variables totaling 7 variables build the group of fund by use Cluster Analysis statistics with Ward's method.

Step 2; Target group were all members in 10 of the funds and the in-depth interview is used as the tool. The data was analyzed by content analysis.

The results of this study can be summarized as follows:

6.1.1.1 Step 1; analysis the network-based operation structure.

The structure of network-based operation in sub-district health insurance funds has many types, they are as follow:

1) The number of members in the fund (size of the fund) is different. The degree mainly depends on the number of villages in each sub-district. If there are many villages, there will be more members.

2) Members of the Fund do not have much higher communication than each other (Density in low level). There are many members of fund with the trust of one or more members and become to a center of communications in the fund (Centrality in high level). However, members who always communicating with members be centrality is still moderate (closeness centrality in moderate level). Also found that members who no contact other members (have the isolate) total 1 fund. There are some members who only communicated one member in fund without any contact with all members (have the structural holes) total 9 funds.

3) There are many cliques; there are 3 members who are always communicated within their groups. However, the percentages of members who always communicated between each other as thoroughly as the core group average 60.05 percent of all members of the fund.

4) Although the structure of each fund will have different features away but the features can be grouped up by Cluster Analysis and can be decided into 2 groups, low and high network-based operation. The funds are high network-based operation will have the relationship, trust between each other, and communicating information among members higher than funds are low network-based operation.

6.1.1.2 Step 2; lessons distills and synthesis the knowledge

The lesson occurred in high and low network-based operation group. They are both in similar and different. In the similar, will be the lessons relevant to the process or activity are determined by the National Health Security Office. Such as, lessons about writing projects, budget management, the disbursement budget and reporting, etc. But the difference will be the lessons relevant to operational characteristics that each fund has defined or custom developed to suit their own context, following example:

1) Step of the formation of fund as funds are network-based operation high. Members will be selected other members by using the capital relationship between members as a starting point. This is one condition that allows for

explaining and creating understanding about the goals of the fund, the role and mission of the members of the operating fund to occur easily. And funds are network-based operation low will use the power relations between the leader and member to select members. This is one of the main conditions that affects the difficulty, not interested or do not focus on the development operations of the fund and so on.

2) Step of the tendency setting to drive the fund as funds are network-based operation high will use strategic health development of Local Government Organization to be a framework for consideration the projects that is consistent with the direction of health development in sub-district, or not. This lesson is not found in the funds that are network-based operation low. The operation of these conditions is one issue that also will develop a healthy direction for the operation and clear. It is also compatible and linked to issues of development in other dimensions more because the present technique on strategy map used in the development fund. The condition is critical and much needed and so on.

3) Step of management fund as funds are network-based operation high will bring problems of the implementation to discuss with after action review techniques. Leading to the problem and make operations more efficient. Funds are network-based operation low will have this activity that is not clear, lack of continuity and lack of candor in the activity and so on.

Lessons from the analysis of each fund and synthesis the similarities and differences of the lessons in fund are network-based operation high and low. The researcher made the approach to take to develop a model of network-based operation in sub-district health insurance funds.

6.1.2 The second objective

This objective was to develop the network-based operation model in sub-district health insurance funds committees. It is the application of all lessons in each fund and synthesis the knowledge that occurred to develop a model of network-based operation has to fit the circumstances of the fund's operations. This study concluded that if the fund is operating more network-based, the fund must develop the network-based operation model by considering their selection of two patterns of occurrence:

6.1.2.1 Model 1; Participation model of network-base operation, that members and groups, clubs or people in the sub-district are willing to actively participate, capable enough to join, an opportunity equal with other members, have capital that is the relationship between the levels of existing and have a link or contact between them is always. As well as various decisions in the fund is under the joint decision-making and sharing of all members. The focus and goal is to focus on the concentration of the participation of the members of the fund, group, community or people in all phases of the network life cycle to lead the network-based operation continuity.

6.1.2.2 Model 2; Monitoring and control model of network-base operation, that the assumption is based on the fund leaders (President of Local Government Organization or other members) have a lot to do with the role of operations and the decisions of the fund, Members of the fund do not need to know or worked together before, members can work alone by without a link or contact with other members. People or groups or clubs are relevant or affect the operation of the fund less. The focus and goals are focused on monitoring the operation of the fund's leaders in all phases of the network life cycle to enhance network-based operation of the increased the relationship for more.

In the step of verification model by experts or specialists that were not issues that will need to modify or supplement. It is evident that the coverage factors or conditions are good, but the observations in terms of capacity and continuity of each fund will be practice. Including the knowledge of the leaders about network-based operation and the capacity about understand an overview of the fund development that the current leaders are not like this much.

6.2 Discussion

6.2.1 The first objective

For the purposes of this study there are several noteworthy issues. They are as follow:

6.2.1.1 Analysis the network-based operation structure

The study found that the number of members of the funds is different. The degree depends mainly on the numbers of villages in each sub-district; if there are many villages, it will have many members too because of the National Health Security Office requires that each village must have a representative person. It was found that the fund that has the most members has 23 people and the minimum has 12 people. In order to have many members will have both pros and cons is that if the pool efforts together well, it would create a driving fund a lot, but it is a burden of costs of meeting the more. If there is a lack of good coordination it will make structural holes of the network easier, too. However, the new structure of the Fund's Executive Committees of the National Health Security Office has been announced since 2009. It has members representing the village for not more than five people and a number of other members that were clear. Therefore, members of the committee of each fund after 2009 have very similar numbers of 14-15 people. This is no different as in the period of operation in this study.

Structural analysis of network-based operation found that the general fund will have communication between members that is relatively low (The average density is 0.26). The reason is that the step of selection of committees and sub-committees has multiple styles. But generally in a manner that will be selected by some groups only. It allows each member is known or social capital is not much between them. Also found on that the general fund is structured as a center of communication among the members of the fund is relatively high (Average is 0.6614). Shows the flow of information at relatively the exact location and have a meaningful risk that members may be dominance of the members at the center. (Phannasiri Jitrat, 2001: 23) The majority of members at the center of communication are divided into two groups; the public sector personnel and groups that are local politicians. In addition, fund operations will be based on guidelines or regulations of the government mainly that generally follow the guidelines that the Local Government Organization set. Including the implementation procedure of the Local Government Organization used to fund operations. Such as, the budget must be disbursed by the officer of Local Government Organization only, etc. In order to be of this nature it can be stated that it is used as an institution with a specific format applied in the fund. That it does not

comply with the spirit of the fund to the management by committee as a separate process or steps of the government. This finding is consistent with Seree Phongphis (2005: 24) said that, the network also has confusion in the process, format, content, and there is confusion between the networks that became institution with a process network that they will experience network performance problems. However, they can be solved by providing members the opportunity to participate in processes of the fund to more and authorize responsibility to members.

About occurring structural holes, Patthama Suphannakul (2007: 11) explained that a close-knit network of relationships at a low level, is a problem of structural holes easily. This is consistent with that found in this study was to establish fund. Some members are selected from the group or groups of people who have some influence in the fund. The relationship between the members together is not so much; it has severe structural holes and isolate, it caused some members to be selected from certain people or influential in the fund as well. It is the phenomenon that the member is not available, the lack of expected benefits is to participate in the fund, and they do not know that they are members. They had no understanding and no incentives enough to fund cooperation. This Isolate demonstrates the failure of the fund in requesting assistance or advices from members.

The heterophily theory said that people tend to stick together on the basis of shared characteristics. Therefore, members are risks to separate groups. (Kilduff & Tsai, 2003: 36-37) This is consistent with this study is many groups of three members who have always communication in their group (Average = 13.52 group). This is noteworthy that the fund with high cliques, it always have the size of the network, degree centrality and closeness centrality in high level too. However, there are many subgroups in the fund. Even if they indicate a problem in the link between some matter, and it is meaningful to show that each group member will have weak ties. This characteristic is considered the strength of weak ties that can create a bridge between groups by focusing on integrating these new sub-groups. That will result in cooperation among the members of the fund more quickly than usual.

The study found that the percentage of members that always communicate between each other as thoroughly as the core group averaged 60.05 percent of all the members. It has been a fairly high number, which is a good thing to

fund operations. This is referred to a group of leaders who work for network concluded that the better, if it will be more communication in the network increased accordingly. In addition, the group has a core communications between regularly. It also shows good relationships among the members with each other. That the beneficial operations of the fund are trust each other with a capital base to work together and can develop different work faster and more concrete such as, allows for easier coordination (Hathairut Auasamaal, 1998: 35), cause to help and collaborate operations for more (Dusadee Rujjanavech, 1997: 76), etc. This will enable the fund is network-based operation more robust.

Image analysis of network structure to findings of the study, it has two types of structures that are in a Centralized structure in which members of the fund is to contact, cooperation, coordination and relationship with members of a central in high level. Distributed structure is a gap between members of the fund that spread away. Most of members in Distributed structure are government officers such as, the health officers or chief administrator of the Sub-district Administrative Organization, etc. That generally serve different; the health officer will manage about health and chief administrator of the Sub-district Administrative Organization will manage about rules or regulations. Make them the center of the gap between members. This has many positive effects; they will have members who are government officers with knowledge is the main operating fund in the rules or regulations and health development. This will ensure that fund work can drive to continue. But it has a negative effect on network-based operation; Tasks will fall to the members at the center and often find that other members will be aware and participation in fund performance is not much. For Distributed structure, the benefits are distributed to network-based operation that members will not see clearly at the center. Due to all members communicate to many members or nearly everyone in the fund, they make image links or image analysis work over the network is clear, very effective in the improvement fund. Such as, members can share ideas and activities to join more, etc. However, even if members do not see a central clear but in actual operation, it will have members who are facilitating operations for members with similar Centralized structure. But the difference between Centralized and Distributed structure where those facilities are not responsible for content or projects or activities of the fund, they

are just the preparation and coordination to drive to work only with good. The image of Centralized and Distributed structure that occurs cannot see the Complex structure because of limitations in two respects:

1) In view of the connection between each fund to other fund. They do not occur in concrete because the budget from National Health Security Office allocated directly to the fund and management will be different for each specific fund.

2) The study explored in specific cases of sub-district health insurance fund only. No study of sub-networks from these. Such as, not learn about the structure of the agents or members representing the village level, etc.

6.2.1.2 Lessons distills and synthesis the knowledge

1) The formation of the fund

The knowledge from lessons in step of the formation of the fund found that the members generally have no knowledge and no understanding of the objective and guide operations of fund. This is a negative effect, there are unable to determine the self-development guideline to be clear. This style is not consistent with the network-based operation and properties of the good network in elements of common perception that members must be feeling and perception share why they want to join the network. In addition, this finding consistent with Seree Phongphis (2005: 205) said that the restrictions and problems of the network is not clear that the major objective of the network from the beginning. Then move to the reorganization of the network. The member is still not clear that "What do they do", so, they cannot set own direction and activities.

From lessons that found the members were selected by the funds are network-based operation high. They will select members by using the relationship between members as a starting point. It is a condition that allows for a clarification, a knowledge and understanding about the goals of the fund, the role and mission of the members of the operating fund to happen easily. This lesson is the definition of network-based operation characteristics. Provided that it represents the known and trusted by each other and information exchange between them (Richardson, 1994: 14). In addition, it also represents the social capital of members. If the social capital is high, the relationship will very strong and the network will very

strong operations too (Shinnasacca Suwanna-achariya, 2006: 123-124). Therefore, the guidelines for selecting members based on social capital or the relationship among members is important to work as a foundation network-based operation. That can be used both to fund the appointment of the committee and the sub-committee or any other team.

In terms of common vision, it is a view of goals sharing in the future. Found that it also is unclear which is not in accordance with guidelines of network-based operation. It was not a target or purpose beyond the Manual of the National Health Security Office. Except in some fund to which the processes of fund applied together with the strategic health of Local Government Organization that enough is said to have some health goals.

From the lesson found that the officers responsible the fund operation as the main or task properly by focusing of the fund, it is a condition that makes the operating fund that supports the coordination of members because the officer responsibility can use the time to fully operate in fund. The findings are in accordance with defined network-based operation will need to create links out efforts and operations of the factions together in a systematic and concrete as possible. And it is also structural theory of action. Describe mechanism of network-based operation that structured work and the role that may be in the position of the person or establish a new order to be appropriate. They will help run the network-based operation more efficient. This lesson was a difference of the fund's operations between funds is network-based operation high and low that are explicitly.

In the case of members by establishing the position, although seen as the president of Local Government Organization is the representative of the people who are selected by the public. But in another corner is given that the president of fund will have been president of Local Government Organization and the secretary must be the clerk. It is looking at in terms of attention to leadership positions in a manner that existed. That is not consistent with the concept of network-based operation in terms of equality and inconsistent with the principles of the funds that will be managed as a committee. That no person who owns or operates a monopoly. Because of in the situation or context of the sub-district, it may have a

leader that no position but he has ideas and a recognized reputation. But these people never had a chance to be a member as chairman or the secretary.

The committees are much related to local political elections. Such as, elections that occurred in local government organizations that typically have four years per times or before, it could depend on local political status. The committee will hold office for two years. That finding, it is the overlapping of time such as, the early elections but the committees' agenda to expire in the late year, etc. But if the new political boards are still the original boards, it will not have problem in operation. But if the new political boards different from original boards, it may be a problem in operating when the new boards set the different of policy or tendency of fund operation, such as, the existing committee and new political boards cannot work together. Or they can work, but occur the conflicts that obstacles in the driving job, and then may occur the event that new political boards changed the whole committee. That is not consistent with the principles of the National Health Security Office. When the committee changed the whole thing will have to follow the impact of ongoing operations, including the development fund. Such as, new committees must begin to understand the issues of fund, etc. Therefore, it is likely that a fund like this, it will not be able to develop better performance that was supposed to be.

2) The tendency setting to drive the fund

At this point, there are lessons to occur in two styles; lesson that follow the principles of network-based operation and the lesson that is typical of applications from external context of fund. This lesson does not conflict with the network-based operation, but will strengthen the network-based more fully, details are as follows.

Although the network-based operation in this study will study in the sub-district health insurance funds committee only but the fund operation have to contact the factor from external fund such as, readiness of the community, the participation of a group or club in the sub-district, etc., these external factors affecting the strength of the network (Pramaha Sutit Apakaro, 2004: 149-150). Therefore, this study has found that the consideration of community readiness such as, interest and knowledge or experience in public health insurance, including the availability of group or club health in the sub-district, etc. It is a condition or an

essential element to create opportunities for public participation in the operations fund. Such as, the project made in behalf of a group or club that is in the sub-district, which will reduce restrictions on knowledge of the writing project, reduce the number of projects over, and comprehensive public audiences, etc.

The fund drive that found in this study has several common characteristics; use project, leader, or strategic development of Local Government Organization as a driver. From lessons found that funds are network-based operation high, they will develop health strategies of Local Government Organization as a framework for consideration the projects. It is one condition that makes the issue of developing a healthy direction for operations that clear. Method or approaches are consistent with the study of Sommay Klanarong (2005: 88) who found that the network has developed by using the community master plan process. This approach did not conflict with network-based operation. It is bringing external knowledge into the application to achieve the fund, clear and linked to other dimensions of development in both social and economic health. It will be seen more clearly now that found the techniques about Strategy Map to used to fund development, this is a policies of Ministry of Health (The Center of Training and Development of the Central in Chonburi Province, 2009, [Online], Available: <http://203.157.7.21/ReadNews.php?id=246>). Therefore, the researcher thinks that the strategy and Strategy Map are very importance in fund operations because all funds must be applied to effect development in practice in the future.

It also found that the project will be mainly responsible for the health officer. The reason may be as Peerawan Kengsanhuansit (2008: 97) found that the Local Government Organization will recognize that health operation is a role and the responsibilities of health officer. The risk of the problems is that many projects are not implemented. Due to limitations caused by health officer; have very job or moved to other health center, so, the projects cannot make processed. In addition, in terms of understanding among members of working together, it was found that members lack of understanding by the work of another member. Such as, do not know how to work on the issue of the health center, etc. That does not correspond with the study of Direk Patthanasiriwat, et al. (2007: 67) that found almost members understanding by the work of another member.

3) Management of the fund.

Lessons from the fund with high network-based operation, will be clear in meetings with the issue of fund operations come talk together consistently (every month), or bring the problems of the project implementation into the after action review on a regular basis. That catalyzes its members the opportunity to post comments. Which brings the guidelines is to improve or develop the operating fund. As well as a way to exchange learning is continuous. This lesson reflects to the improvement derived from network-based operation very well. Because network-based operation needs the members to work and share ideas and attend a regular basis. The meeting or After Action Review technique is one tool and affect to the achievement of continuous learning in network-based operation. (ArmonVit NakonThan, 2008, 124; Pramaha Sutip Arparo, 2004: 149-150)

Lessons from the fund with high network-based operation, members will be assigned roles in the monitoring of project implementation is planned. It is necessary to monitor and evaluate development projects and importance of exchange and learning among the members. But, in general found that lack of funds will evaluate the concrete. This is consistent with Supatra Sriwanichchakorn, et al. (2007: 45) found that the generally fund did not focus on evaluation. The assessment should be completed by periodic, not only the end of project. It also found that most funds will be learning in a manner that is perceived and understanding only, they cannot modify ideas and change ways to operation or practice. This situation not consistent with the theory that describes the network-based operation is the Exchange Theory, which describes the exchange of something among the members of the network. And the concept of total power (Synergy) which describes combining forces to work and lead to benefit doubly valuable especially in the fund that low network-based operation that is limited in terms of the schedule time at the meeting, and system or approach is not conducive to the exchange, so, its affect to the cooperation that has not happened.

The study found that the fund with low network-based operation belief that the budget was supported by government, therefore, members from government unit should representatives to manage the fund. This belief does not comply with network-based operation; members to share ideas and attend to

seriously. The belief is affecting other processes in fund management very much, such as no comments or no need to understand the work of other members. This is consistent with Eaimduan Chaihan (1996: 76) found that members agree the opinions of members from government agencies that can do better than members of the community. And the same with Naowarat Phalynoi (2009: 14) said that the public always wait the government service only.

For the fund with high network-based operation has a fund which good structure features (D4), because the committees have a good relationship and have a work experience in health insurance before, including they make the system operation that created the opportunity of members to exchange information, learning and improve the operation of the fund continued.

The idea of the National Health Security Office that each fund be set guidelines for their operation, it seems to be confident that the committees can develop operation by themselves. But this study found that some funds have only adjusted properly, and develop guidelines for their operations continue. For the fund that lack of protection or invisible channel development will have more problems in the operation too much. These problems should be corrected or support from external agencies, because this is the factors affecting the strength of the network (Praphaphan Un-ob, 2009: 64; Supawinee Srongpornwanit, 2000: 103-109; Suttitam Lekwiat, 2006: 220-226). However, now, the external agencies are not able to support the fund. Because it also operates under own needs and lack of participation in development issues with the fund.

Although the committees come from various sectors and work together but they still cannot enhance the health issue as public policy, because they lack of the knowledge, power and coordination mechanism to drive the process of building a public policy. The process is associated with the changes of committees' agenda and changes of local politics as intimately. This is consistent with Nawarat Phlainoi (2009: 6-7) said that although all sectors seem to be perceived importance and the need to work together but it may not be able to drive public policy for the achievement. Because of they lack the knowledge, power and social techniques to develop the public policy.

In conclusion, the knowledge of all the lessons comes from the basis of network-based operation. Although some lessons is the result of external factors to bring the application in the find but it does not conflict with the network-based operation.

6.2.2 The second objective

Knowledge from the lesson found that the sub-district health insurance funds are needed to develop network-based operation that is clear and concrete more of it. In this study, the researcher developed 2 models of network-based operation, Participation model of network-based operation, and Monitoring and control model of network-based operation.

6.2.2.1 Compare model with conceptual framework

When considered all of 2 models with a conceptual framework, it found that its have both similar and different details. In similar details, it was developed by step of network life cycle. In different details, new step occurred; it is the tendency setting to drive the fund. In addition, almost all conditions or factors in model and each step of network life cycle differ from conceptual framework. They are:

- 1) Step of the formation of the fund, the conceptual framework used the concept of social network analysis that inadequate condition for response to develop fund operation now because this concept only analyses about network structure. Therefore, the models need to add some conditions about activities or process into this step i.e. people opportunity for selected the committees and understanding the fund's goals together in the first model or understanding the guidance of National Health Security Office manual of the committees in the second model, etc.

- 2) Step of management of the fund, the conceptual framework unable to set the conditions that cover the fund operation. Therefore, the models need to add concept and some external conditions i.e. integrated health plan or activities of fund with other health source, focus on the health project from people or group or club in community and created the knowledge about network-based operation, etc. In addition, some conditions are extended from conceptual framework

i.e. part of macro-culture that added activities that cover fund operation and created evaluation system, or part of coordination that added activity about continuous formal meeting, etc.

3) Step of achievement of the fund; the conceptual framework have more conditions than the real operation of the fund i.e. about knowledge of network concept and learning process, etc.

Conclusion, the detail or conditions of conceptual framework needs to change and usage the detail of Participation model of network-base operation, and Monitoring and control model of network-base operation in order to develop the funds operation in the present and in the future.

6.2.2.2 Compare model with other operations in Thai society

These models are not seen in the Thai society, and not found a similar model before. However, in the past, many research discussed the related issues such as:

1) Studied with similar content, such as Taweekun Sawantarnon, et al. (2009: 49-61), said to form a network of civil society would be the reconciliation network that create the opportunity to share ideas, learn and develop together. Or Siriporn Tantiyamaas (2007: 196) said about the participation of network management model that consider the activities to do together, leadership skills, members participation and atmosphere of participation. Arnon Pakakrong, et al. (2005: 78) mentioned mechanism in the development of network, i.e. monthly meeting, enhance the learning process, communications, coordinator in various forms and monitoring operations continuously and consistently, etc. Korawan Buntha, et al. (2008: 82) found that the relevant authorities should facilitate and disseminate information widely to the public. In addition, many research focused on the ability of leaders to make the network stronger as Eakamon Onsri (1999: 79) or Anon Pakrakrong, et al. (2005: 81).

2) Studied the model of community development but not in the case of the sub-district health insurance fund committee and patterns that occur is only one model, such as Piyada Treedet and Supatra Lumwarangkul (2007, 554-555) found that the model of rabies vaccine management consists of the Fund

Committee, the participation of the community during the phase of the formation of the fund, work assignment, fund regulation and health education, etc.

3) Studied the success factors of health insurance funds, such as Ratchanee Sansern, et al. (2009: A-I) that found that the success factors are relationships between them, public relations, leadership, teamwork, awareness in the role, community participation and staff. Wipawee Krishnapood (2009: 127-138) mentioned the guidelines of the sub-district Administration Organization role to promote the operation of sub-district health insurance funds. They found that the guidelines are people participation, public relations, management with good governance concept and use empirical data based on key ideas in the design of projects or activities.

4) Suggestions for fund development, such as Sumate Ganmani (2009: 87) could assess sub-district health insurance fund in northeast region. Recommendations on committee structure that should be the selection committee who represent the people in the village or community, and the authorities who have the knowledge should join as a member.

5) Development the operations of sub-district health insurance fund by using the process of participatory planning, A-I-C process, potential development, study visit, learning exchange, supervision and monitoring as a tool to support the development (Chanchai Chaisawang, et al., 2009: 71-76).

Although 5 issues above are consistent with the factors or conditions in both two models, but the difference is that the two models will look at the overall link more clearly, more detailed and concrete situation, because the researcher used the base idea or theory and direction or design processes that are different. In addition, all of two models would be appropriate in the future, because the present is the transfer mission of the Ministry of Health under the Act of Decentralization Plan to the Local Government B.E 2551 no. 2 of the Act of Planning and the Process of Decentralization to Local Government B.E 2542. Public health is transferred the mission to the responsibility of Local Government Organization which is the scope of the plan to transfer the mission of public health already (Kittipat Santaweek, et al., 2008: 21). If this approach was applied with sub-district health insurance funds operation it would have happened better in two types of operations.

The first, health goals and work together will better, because health center is the mandate for the management of Local Government Organization that could be work together well and consistency with the first model. But another aspect, the decentralization gives the predominance of the exclusive of Sub-district Administrative Organization than health officer who is a member of the committees that consistency with the second model. Therefore, the first and second model can respond to the current distribution into the local authority in the future as well.

Also, if looking for network-based operation as an overview of Thai society. The researcher will find that current health policy development is in many styles that can be compatible with network-based operation or can be applies two models of network-based operation into practice. For example, the budget management policies such as health promotion and disease prevention in 2551 B.E that a policy aimed to solve the health problem that focused on finding the real problem and proactive planning with the participation of all sectors under the Board of Health Promotion and Disease Prevention regional and province of seven main groups, branch of National Health Security Office, region of Health Inspector Office, academic center, provincial health office, public service units (hospital, health center) and Local Government Organization (Winai Leesmite, et al., 2009: 6-7). Although, the group members do not comply with this study but the committee structure, and target is similar to the sub-district health insurance fund committee such as, members appear to be Node and the relationship, Including goals and shared management, etc.

In addition, the working context in the sectors of Thai society in general often has several characteristics such as "Participation thorough" in all sectors of stakeholders to share thoughts, comment and joint activities are fully, and "Host key" sectors have a major responsibility and must be a main operation. And the other segment is the only participant (Kanchana Tongtoa, 2007: 27). The working context can take the two models to the appropriate application. The first model that emphasis on the participation to suit the style is called "Participation thoroughly". The second model that developed form of network-based operation by monitoring the use of leader in the fund, it is suitable manner known. "Host key", however, may need to adjust the factors or conditions in accordance with certain of their appropriate.

6.2.2.3 Some limitations of model

The models may have some limitations i.e. the concentrated methodology in model verification step that the experts seem to give a few opinions, or in the condition of Monitoring and control model of network-base operation that unspecified who are the leaders. Therefore, the fund that needs to use the models should consider these limitations and adjust the conditions or details again. For example, if the leader is health officer, the detail in appoint member's role and function condition of Monitoring and control model of network-base operation needs to aware because it will effect to the structure and role of committees, especially the chief executive of Sub-district Administrative Organization.

6.3 Recommendations

Although the funds were derived from the establishment, and the period of committees are set only two years, but it should adapt or develop network-based operation periodically and regularly. In order to accumulate a social capital or relationship, make and work more network-based operation while members continue to hold office today. And strength enough to enhance into the ongoing development secure. The researcher therefore suggests the following.

6.3.1 Recommendations to the National Health Security Office

6.3.1.1 Policy recommendations

1) National Health Security Office should be considered a form of development network-based operation both two models to apply and guidelines to improve operations or development of sub-district health insurance fund. It should be set as policy measures or guidelines for developing appropriate and clear. To be concrete development into the practice, such as should study and group the fund. And develop continuity the potential of network-based operation of the committees under both model from this study, clear guidelines to spending budget, and set guidelines for evaluating projects that may be defined as the minimum standard evaluation that all of the funds can be applicable, etc.

2) This study found that The National Health Security Office not clear in the spending budget issues. Therefore, they should make it to clear.

Including make the policy about the other operational guidelines, such as the guidelines of project evaluation that may set in the minimum standard that all of funds can use.

3) This study found that the fund has currently no budget allocation will be used in the potential development of committees. The National Health Security Office should be clear about this, and defining a concrete practical approach by identifying the allocation of budget, and guidelines for using the budget issue in addition to existing guidelines.

4) For the policy of the fund expansion to cover all sub-districts; since the lesson was found that the fund is not ready and not understands the operational guidelines of the fund. Therefore, The National Health Security Office should more make the community preparation system in the phase of formation of the fund than emphasize on expand the fund. By set the policy about the concentrate of public relations, i.e. television, newspapers and radio. Including, make activities in the area to create the understanding among relevant agencies before joining fund. This will benefit both of fund and relevant agencies, and the people to acknowledge and understand the existence and operation of the fund.

5) In the development fund in the future are discussed as underlying funds. The feature of current prototype is not true because it unable to master the actual prototype at all stages of fund operations. Therefore, the National Health Security Office should search, set the criteria and develop the fund under this approach.

6.3.1.2 General recommendations

1) In the operation of sub-district health insurance fund. The agencies involved are important; National Health Security Office and Provincial Public Health Office. This study found that the development view of those is not consistent, so the National Health Security Office should provide guidance to resolve this issue or development clearly organized as a forum for the exchange as much as possible.

2) The National Health Security Office should study and consider about the suit of dimension and conditions that which issues should develop before or after or simultaneously and set the guidelines with the appropriate support.

In addition, some part should be proposed to the center sector of National Health Security Office in that case should be seen as a national policy

3) This study found that The National Health Security Office, relevant agencies and fund lacked clarity in some detail and a view of development do not match. They should consider the following.

(1) National Health Security Office should talk, make clear and understanding of the role and operating fund among relevant agencies in all issue. Not only the clarity of the budget expenditures only.

(2) National Health Security Office should be the basis for seeking ways to develop various joint operations of all parties (network, Provincial Health Office and National Health Security Office) is not limited in the same manner that needs most development is located on the National Health Security Office and go into action in the fund.

6.3.2 Recommendations to the Provincial Health Office

This study found that almost all funds have no strategic plan to apply in the operation. Therefore, the provincial public health office should support the knowledge of strategy map to apply and develop the operation in all funds.

6.3.3 Recommendations to the committees

Since almost all of the recommendations are in the terms of developing a network-based operation model, two models in Chapter 5. However, there is something to consider linking to these models. This is:

6.3.3.1 Committees that current operation, should consider the details of each model to analyze and compare the real situation of fund to initial verify their operation that compatible which model (see details in chapter 5) and decision to develop a network-based operation by dimension or issues and factors or conditions that fit their fund as much as possible. The proposal may be considered together with the following.

1) Improve or develop all dimensions or conditions by planning to cover the fund operations as possible.

2) Develop the fund operations by focus on specific factors or conditions that needed and important at first, to comply with the conditions and timing of the committees. However, should consider the conditions that are linked to other conditions, as if to develop the projects writing, the system of learning exchange and evaluating systems should develop too, etc.

3) Since the two models may not cover situations where the actual operating in all funds. These are restrictions generally regarded as the model development process in the society, so there might be some fund that can bring the factors or conditions from the two models to apply together to be suitable for their own fund.

6.3.3.2 In each of the conditions of the two models could have clarity in terms of implementation, such as how to coordinate it, etc. But there are many conditions that fund should study the principles and details more, such as details of the assessment (Indicators, tools and time) or method of the after action review activity, etc.

6.3.3.3 The funds that are newly established, may be the first establishment or a newly establish fund set instead of the original members are likely to be all new members, should have the guidelines to allow operations that will result from the new members to be continue. It may be a choice to make as a deliverable intermediary in the delivery of the old members, etc. and go into the first recommendations of the committees again.

6.4 Recommendations to future research

6.4.1 The limitations of the features of the model cannot explain the picture of social reality and society or cover the real details of the operation. Therefore, the fund should cover all of the factors or conditions other more under related other concepts. To the model that occurs much more complete in the future.

6.4.2 In-depth study into the detail of each of the factors or conditions by creates a sub-model or look into the issues underlying them. Because of the factors or conditions that occurred in all of two models that some factors or conditions are not able to clearly detail the development, such as not clearly specifying how to clearly

create knowledge, understanding in writing the project of members and groups or clubs, how to use which concept to clearly create the evaluating systems, etc.

6.4.3 Should be implemented the network-based operation model in quantitative research to confirm once again that these models occurring factors or conditions as set forth or not.

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APPENDICES

APPENDIX A QUESTIONNAIRE

แบบสอบถาม

การพัฒนารูปแบบการดำเนินงานเชิงเครือข่าย ของคณะกรรมการกองทุนหลักประกันสุขภาพระดับตำบล

.....

คำชี้แจง

แบบสอบถามชุดนี้ เป็นแบบสอบถามที่ได้พัฒนาขึ้นโดยมุ่งหวังที่จะได้มาซึ่งข้อมูลพื้นฐาน โครงสร้างการทำงานของกองทุนหลักประกันสุขภาพระดับตำบลเป็นหลัก เพื่อนำมาเป็นจุดเริ่มต้นที่จะพัฒนา รูปแบบการดำเนินงานเชิงเครือข่ายของกองทุนฯ ทั้งนี้ ด้วยเหตุผลว่ากองทุนฯ นี้มีความสำคัญต่อสุขภาพของประชาชน และเป็นกองทุนฯ ที่เริ่มจัดตั้งได้ไม่นานนัก รวมทั้งจะมีการจัดตั้งให้ครอบคลุมในทุกตำบลของสังคมไทยในอนาคต ดังนั้น จึงมีความจำเป็นที่จะต้องมีการประเมินต่าง ๆ จำนวนมากในการพัฒนาให้กองทุนเกิดการขับเคลื่อนอย่างมีพลังและต่อเนื่อง เพื่อให้บรรลุผลตามที่กองทุนฯ มุ่งหวัง

ในการให้ได้มาซึ่งข้อมูลดังกล่าวข้างต้นนั้น จำเป็นอย่างยิ่งที่ต้องขอความร่วมมือจากท่านที่เป็นผู้ดำเนินการกองทุนฯ อยู่ในปัจจุบันนี้เป็นผู้ให้ข้อมูล เพราะจะทำให้ได้ข้อมูลที่ตรงกับสภาพความเป็นจริงและสามารถนำมาวิเคราะห์รวมถึงนำไปใช้ประโยชน์ได้มากที่สุด

อย่างไรก็ตาม หากท่านไม่ยินดีที่จะตอบแบบสอบถามฉบับนี้ ก็ขอให้ท่านส่งแบบสอบถามคืนให้กับผู้วิจัยหรือผู้ประสานงาน แต่หากท่านยินดีที่จะให้ข้อมูลที่เป็นประโยชน์ต่อการดำเนินงานกองทุนฯ ในอนาคต ขอให้ท่านตอบแบบสอบถาม โดยได้โปรดอ่านคำชี้แจงและดำเนินการตามลำดับตั้งแต่ส่วนที่ 1 จนถึงส่วนสุดท้าย และเมื่อให้ข้อมูลเสร็จสิ้นแล้ว ขอให้โปรดส่งคืนผู้วิจัยหรือผู้ประสานงานด้วย จักเป็นพระคุณ

กองทุนหลักประกันสุขภาพตำบล.....อำเภอ.....จังหวัด.....

ส่วนที่ 1 ข้อมูลทั่วไป

คำชี้แจง กรุณาทำเครื่องหมาย ✓ หรือเติมข้อมูลในช่องว่างที่ตรงกับความเป็นจริงของท่าน

- 1.ชื่อ.....สกุล.....
- 2.เพศ 1()ชาย 2()หญิง
- 3.อายุ.....ปี

คำชี้แจง ในข้อต่อไปนีให้ทำเครื่องหมาย ✓ ทับตัวเลขในช่องด้านขวาเพียงตัวเลขเดียวที่ตรงกับระดับการปฏิบัติของตนเอง (หมายความว่า ถ้าคะแนนการปฏิบัติงานกองทุนเต็ม 10 ท่านได้ปฏิบัติตามข้อคำถามต่าง ๆ อยู่ในระดับใด)

ข้อที่	ข้อความ	ระดับการปฏิบัติ
1	การปฏิบัติหน้าที่ตามที่ได้รับมอบหมาย	0 1 2 3 4 5 6 7 8 9 10
2	การแลกเปลี่ยนข้อมูลข่าวสาร ความคิด หรือประสบการณ์การทำงานกองทุนฯ กับกรรมการท่านอื่น ๆ	0 1 2 3 4 5 6 7 8 9 10
3	การเข้าร่วมทำกิจกรรมต่าง ๆ ของกองทุนฯ	0 1 2 3 4 5 6 7 8 9 10

ส่วนที่ 2 การวิเคราะห์ความเชื่อมโยงในคณะกรรมการกองทุนฯ

คำถาม/คำชี้แจง ● ถ้าท่านต้องการทราบ “ข้อมูลข่าวสาร” ต่าง ๆ ที่เชื่อถือได้ เกี่ยวกับการดำเนินงานกองทุนหลักประกันสุขภาพตำบล ท่านจะสอบถามไปยังใครบ้าง โดยขอให้ท่านกรุณาทำเครื่องหมาย ✓ หน้ารายชื่อกรรมการท่านนั้น (ยกเว้นที่เป็นรายชื่อของท่านเอง)

	ชื่อ-สกุล		ชื่อ-สกุล
.....	นายจักรวาล ตั้งประกอบ (นายกเทศมนตรี)	
.....	นายขจร ชลเจริญ	
.....	นายอรุณ ประไพ	
.....	นายสนิท สิทธินิสัยสุข		
.....	นางกรกมลวรรณ ด่านเทศ		
.....	นางจันทนา สุขเจริญ		
.....	น.ส.ลำจวน ตำรวย		
.....	นายวิชัย สว่างศรี		
.....	นายจรัส จาริยะศิลป์		
.....	นายนคร แซ่ตัน		
.....	น.ส.ทิพย์ชญาณ์ จำเืองเนตร		
.....	น.ส.ยุพิน จำเืองรกาล		
.....	นายชาติ ประไพ		
.....	นายฤชา สายภัทรานุสรณ์ (ปลัดเทศบาล)		

หมายเหตุ (รายชื่อข้างต้นนี้ เป็นเพียงตัวอย่างเท่านั้น)

ขอขอบพระคุณทุกท่าน

APPENDIX B

Municipality A1, Rayong Province

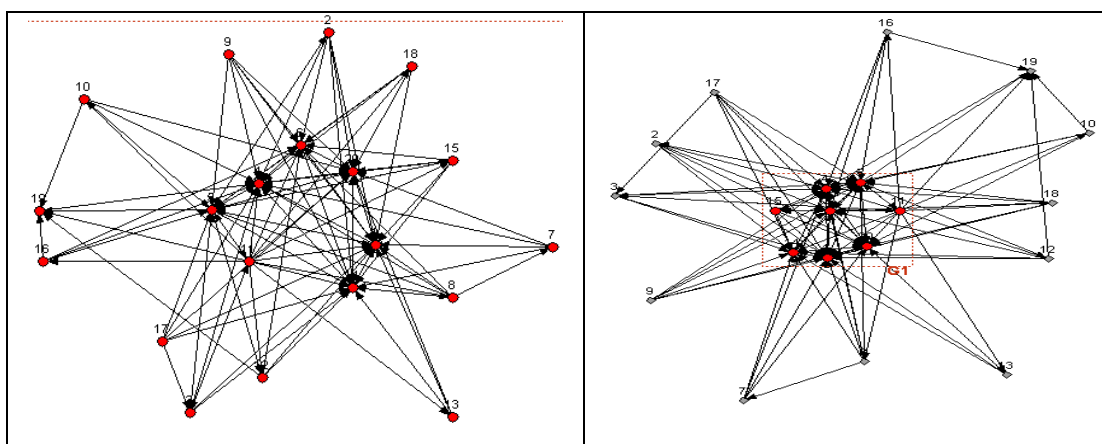


Figure A: General linkage of fund

Figure B: Core of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
20	0.266	0.662	0.815	No	No

1 Mayor	6 Health volunteer agency	11 Moo.5 agency	16 Moo.10 agency
2 Municipality council agency	7 Moo.1 agency	12 Moo.6 agency	17 Moo.11 agency
3 Municipality council agency	8. Moo.2 agency	13 Moo.7 agency	18 Moo.12 agency
4 Health officer agency	9 Moo.3 agency	14 Moo.8 agency	19 Moo.13 agency
5 Health volunteer agency	10 Moo.4 agency	15 Moo.9 agency	20 Clerk of Municipality

Sub-district Administrative Organization (SAO) A2, Rayong Province

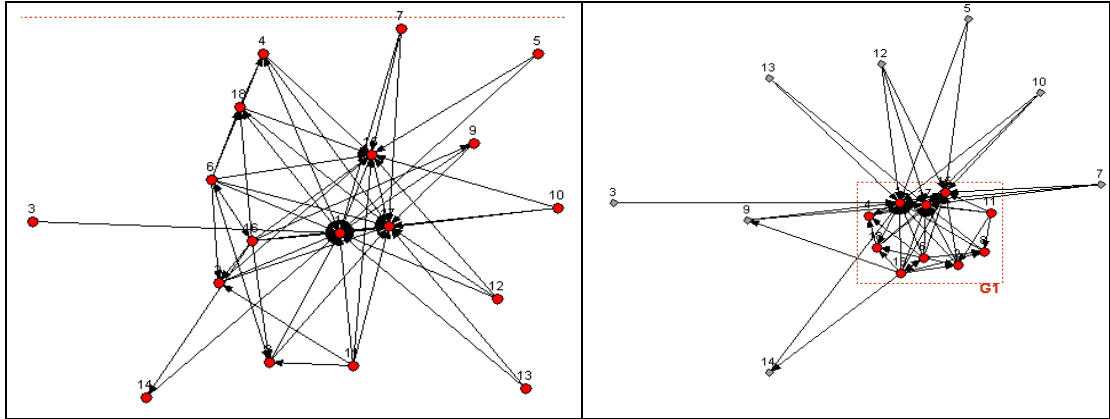


Figure A: General linkage of fund

Figure B: Core of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
18	0.183	0.865	0.685	No	Yes (3)

1	Chief executive of SAO	8. Moo.2 agency	15 Moo.9 agency
2	SAO council agency	9 Moo.3 agency	16 Moo.10 agency
3	SAO council agency	10 Moo.4 agency	17 Moo.11 agency
4	Health officer agency	11 Moo.5 agency	18 Clerk of SAO
5	Health volunteer agency	12 Moo.6 agency	19 Health officer agency
6	Health volunteer agency	13 Moo.7 agency	
7	Moo.1 agency	14 Moo.8 agency	

Sub-district Administrative Organization (SAO) A3, Rayong Province

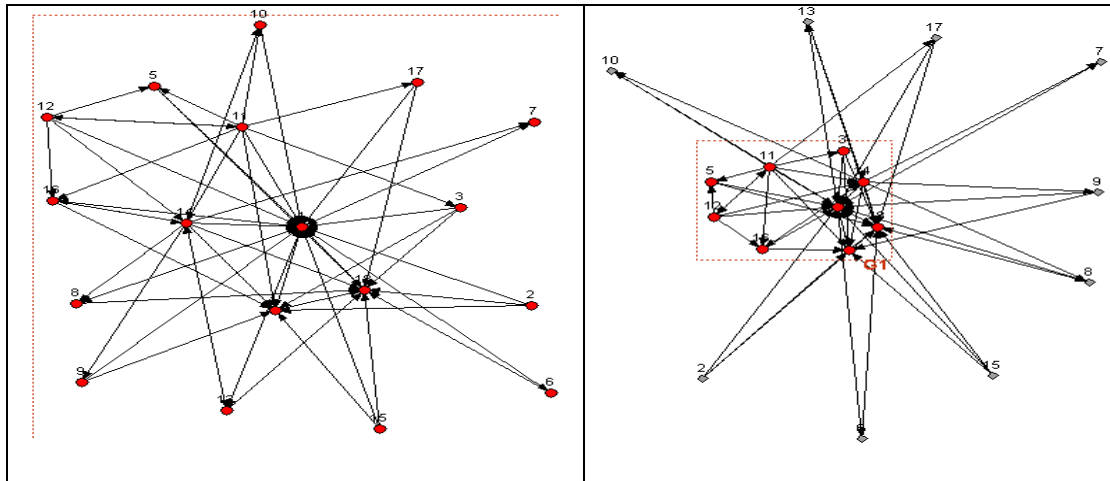


Figure A: General linkage of fund

Figure B: Core of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
18	0.193	0.855	0.680	No	No

1 Chief executive of SAO	7 Moo.1 agency	13 Moo.7 agency
2 SAO council agency	8. Moo.2 agency	14 Moo.8 agency
3 SAO council agency	9 Moo.3 agency	15 Moo.9 agency
4 Health officer agency	10 Moo.4 agency	16 Moo.10 agency
5 Health volunteer agency	11 Moo.5 agency	17 Moo.11 agency
6 Health volunteer agency	12 Moo.6 agency	18 Clerk of SAO

Municipality A4, Rayong Province

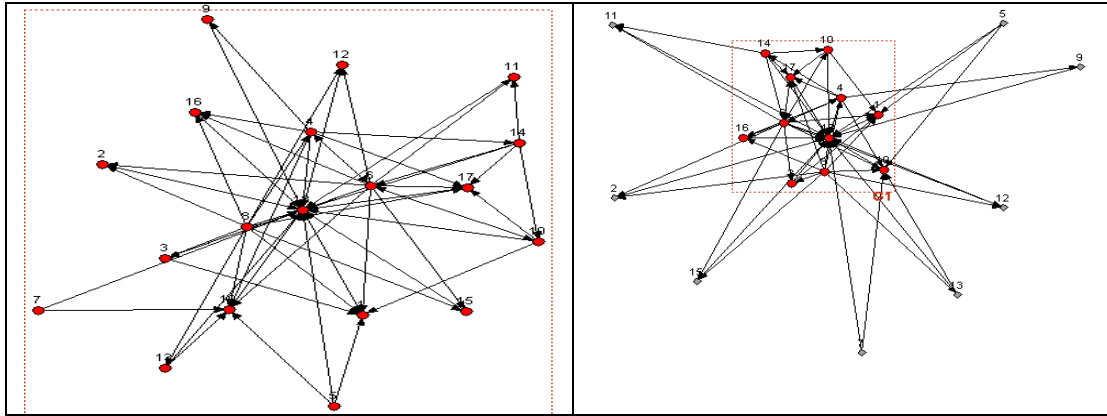


Figure A: General linkage of fund

Figure B: Core of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
19	0.170	0.877	1.00	No	No

1 Mayor	8. Moo.2 agency	15 Member of sub-committee
2 Municipality council agency	9 Moo.3 agency	16 Member of sub-committee
3 Municipality council agency	10 Moo.4 agency	17 Member of sub-committee
4 Health officer agency	11 Clerk of Municipality	18 Member of sub-committee
5 Health volunteer agency	12 Member of sub-committee	19 Head of Health Unit of Municipality
6 Health volunteer agency	13 Member of sub-committee	
7 Moo.1 agency	14 Member of sub-committee	

Sub-district Administrative Organization (SAO) A5, Rayong Province

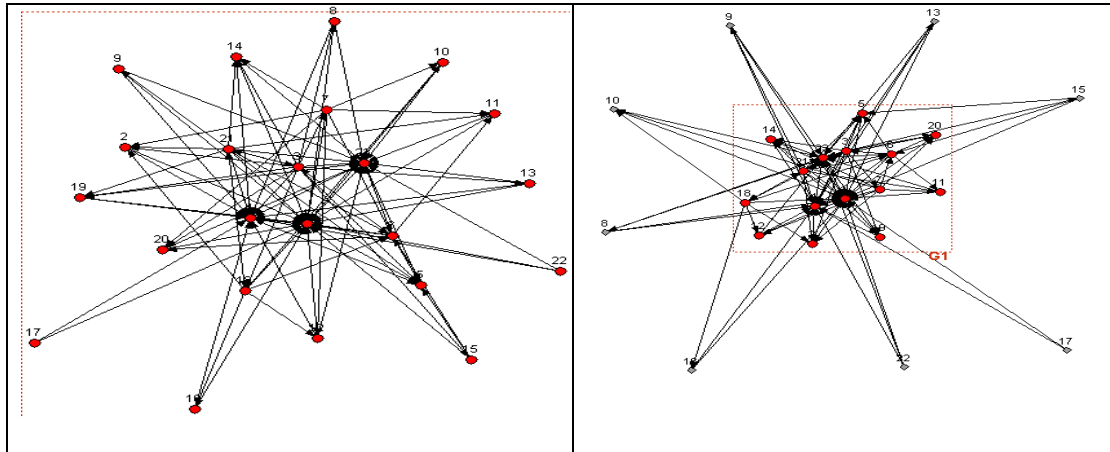


Figure A: General linkage of fund

Figure B: Core of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
23	0.184	0.806	0.953	No	No

1 Chief executive of SAO	7 Moo.1 agency	13 Moo.7 agency	19 Moo.13 agency
2 SAO council agency	8. Moo.2 agency	14 Moo.8 agency	20 Moo.14 agency
3 SAO council agency	9 Moo.3 agency	15 Moo.9 agency	21 Moo.15 agency
4 Health officer agency	10 Moo.4 agency	16 Moo.10 agency	22 Moo.16 agency
5 Health volunteer agency	11 Moo.5 agency	17 Moo.11 agency	23 Clerk of SAO
6 Health volunteer agency	12 Moo.6 agency	18 Moo.12 agency	

Municipality A6, Rayong Province

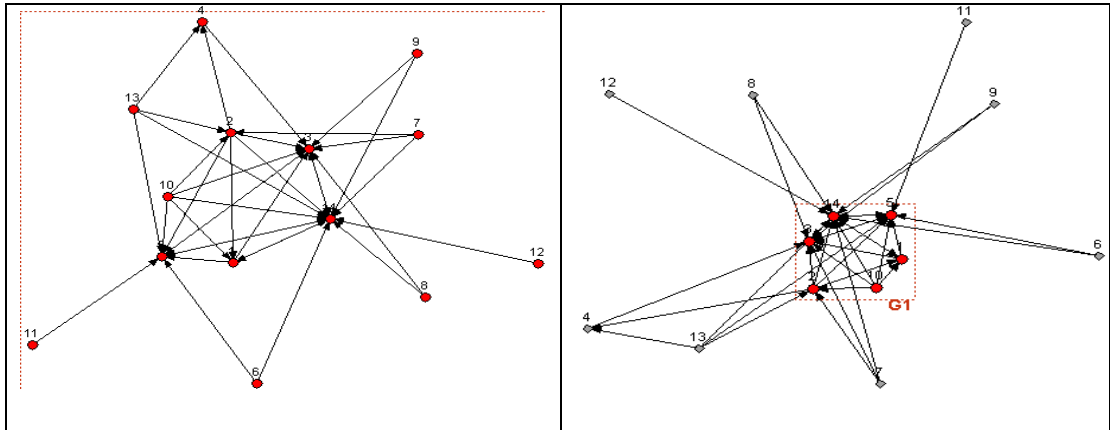


Figure A: General linkage of fund

Figure B: Core of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
14	0.198	0.698	0.352	No	Yes (11, 12)

1 SAO council agency	5 Health volunteer agency	9 Moo.4 agency	13 Moo.8 agency
2 SAO council agency	6 Moo.1 agency	10 Moo.5 agency	14 Clerk of SAO
3 Health officer agency	7 Moo.2 agency	11 Moo.6 agency	
4 Health volunteer agency	8 Moo.3 agency	12 Moo.7 agency	

Sub-district Administrative Organization (SAO) A7, Rayong Province

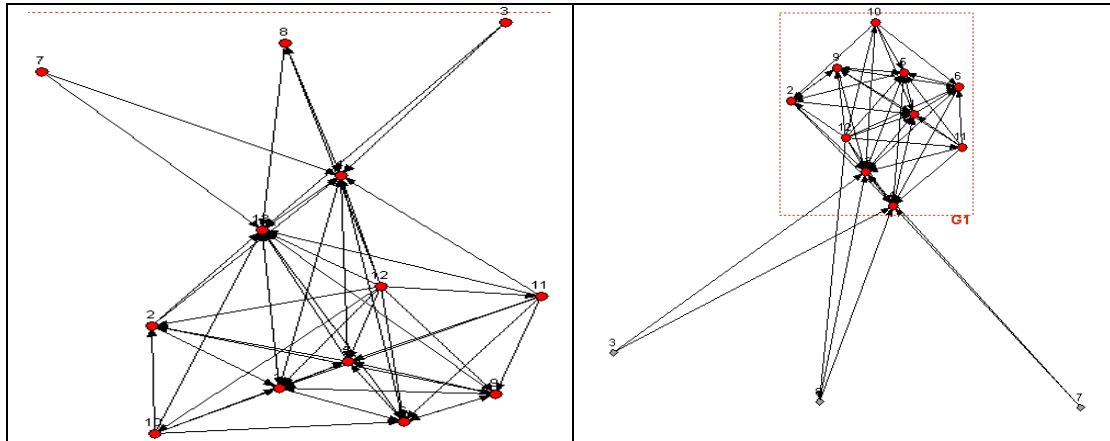


Figure A: General linkage of fund

Figure B: Core of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
13	0.340	0.715	0.989	No	No

1 SAO council agency	6 Moo.1 agency	11 Moo.6 agency
2 SAO council agency	7 Moo.2 agency	12 Moo.7 agency
3 Health officer agency	8 Moo.3 agency	13 Clerk of SAO
4 Health volunteer agency	9 Moo.4 agency	
5 Health volunteer agency	10 Moo.5 agency	

Sub-district Administrative Organization (SAO) A8, Rayong Province

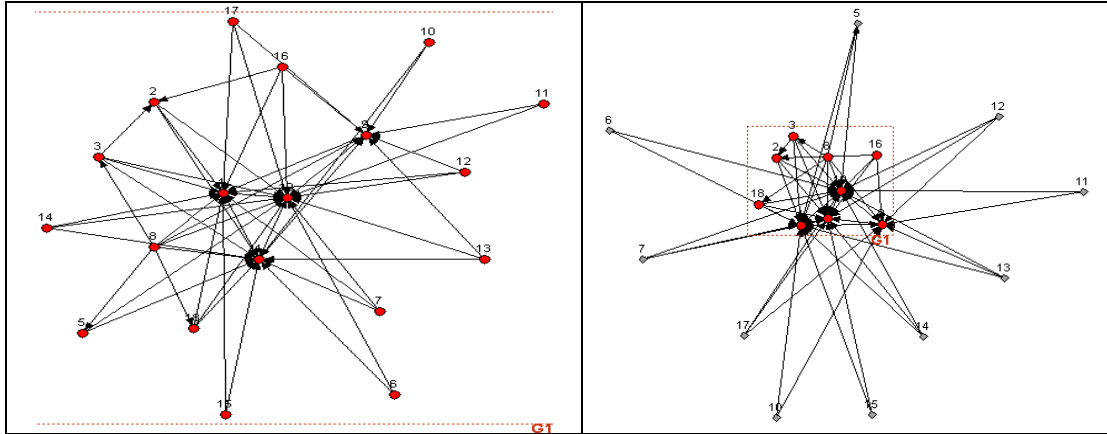


Figure A: General linkage of fund

Figure B: Core of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
19	0.164	0.765	0.467	No	No

1	Chief executive of SAO	8.	Moo.2 agency	15	Moo.9 agency
2	SAO council agency	9	Moo.3 agency	16	Moo.10 agency
3	SAO council agency	10	Moo.4 agency	17	Moo.11 agency
4	Health officer agency	11	Moo.5 agency	18	Moo.12 agency
5	Health volunteer agency	12	Moo.6 agency	19	Clerk of SAO
6	Health volunteer agency	13	Moo.7 agency		
7	Moo.1 agency	14	Moo.8 agency		

Sub-district Administrative Organization (SAO) A9, Rayong Province

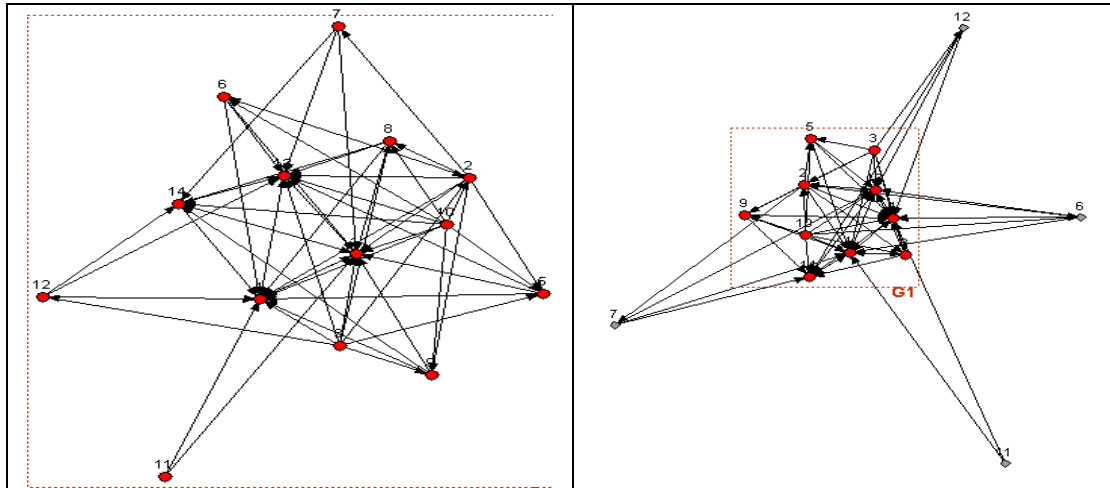


Figure A: General linkage of fund

Figure B: Core of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
14	0.319	0.651	0.801	No	No

1 Chief executive of SAO	5 Health volunteer agency	9 Moo.3 agency	13 Clerk of SAO
2 SAO council agency	6 Health volunteer agency	10 Moo.4 agency	14 Community development officer in SAO
3 SAO council agency	7 Moo.1 agency	11 Moo.5 agency	
4 Health officer agency	8. Moo.2 agency	12 Moo.6 agency	

Sub-district Administrative Organization (SAO) A10, Rayong Province

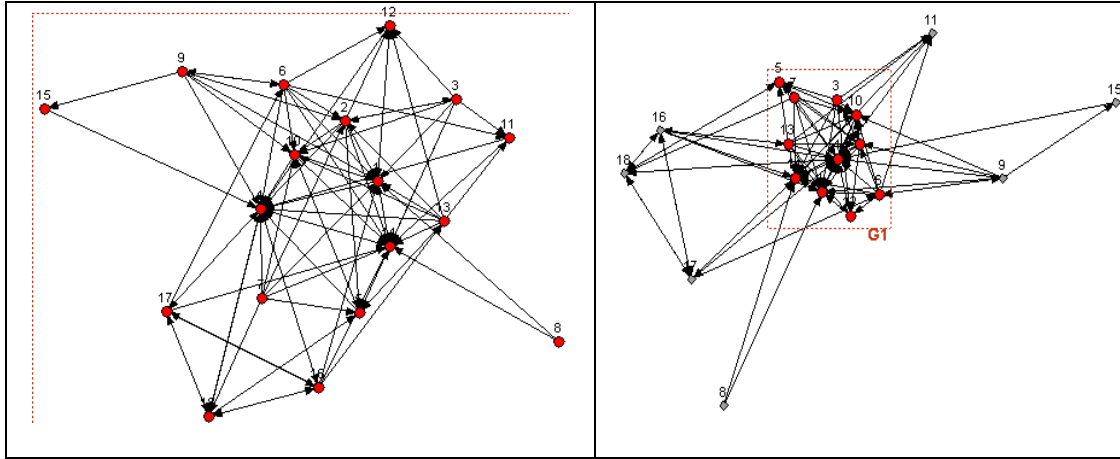


Figure A: General linkage of fund

Figure B: Core of fund

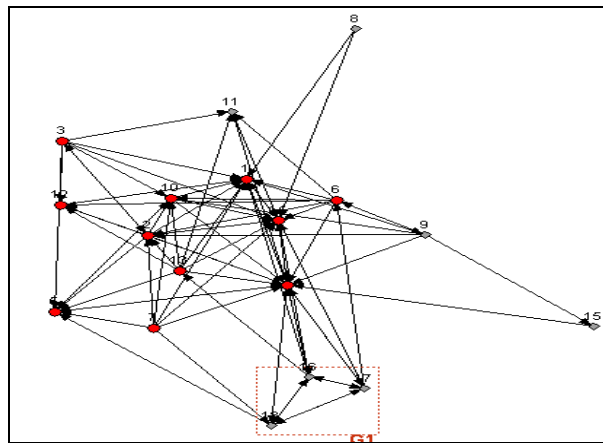


Figure C: Clique of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
18	0.258	0.661	0.424	No	No

1 Chief executive of SAO	6 Health volunteer agency	11 Moo.5 agency	16 Community Expert
2 SAO council agency	7 Moo.1 agency	12 Moo.6 agency	17 Community Expert
3 SAO council agency	8. Moo.2 agency	13 Moo.7 agency	18 Community Expert
4 Health officer agency	9 Moo.3 agency	14 Clerk of SAO	
5 Health volunteer agency	10 Moo.4 agency	15 Community Expert	

Municipality A11, Rayong Province

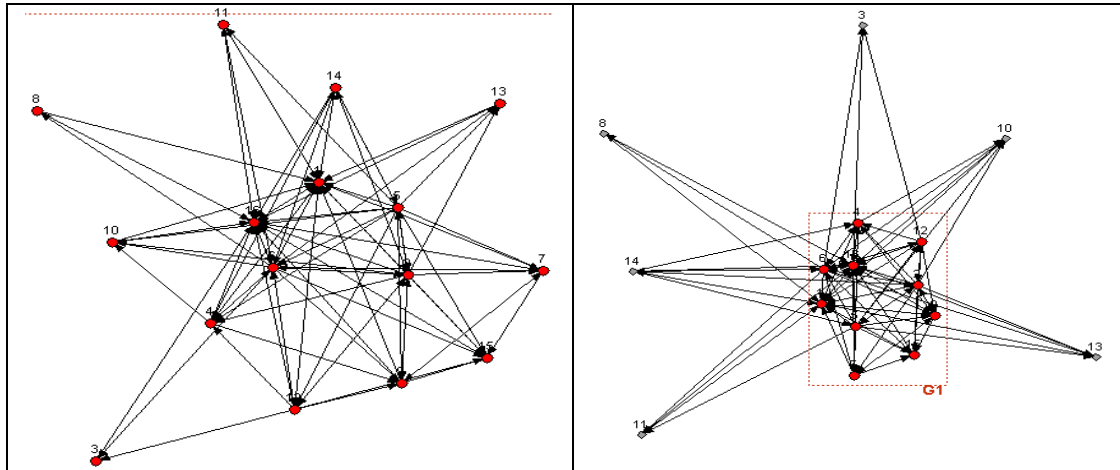


Figure A: General linkage of fund

Figure B: Core of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
16	0.333	0.711	0.899	No	No

1 Mayor	5 Health volunteer agency	9 Moo.3 agency	13 Moo.7 agency
2 Municipality council agency	6 Health volunteer agency	10 Moo.4 agency	14 Moo.8 agency
3 Municipality council agency	7 Moo.1 agency	11 Moo.5 agency	15 Moo.9 agency
4 Health officer agency	8. Moo.2 agency	12 Moo.6 agency	16 Clerk of Municipality

Sub-district Administrative Organization (SAO) A12, Rayong Province

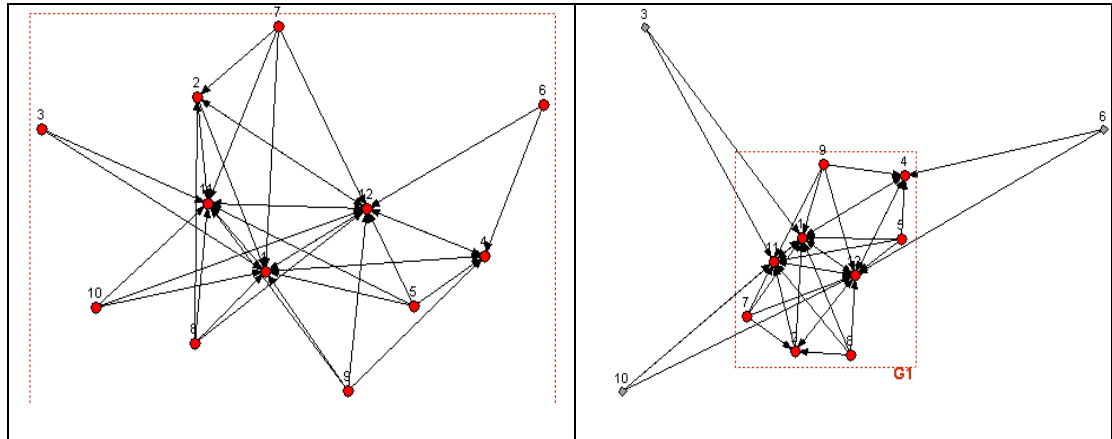


Figure A: General linkage of fund

Figure B: Core of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
12	0.273	0.694	0.148	No	No

1 Chief executive of SAO	5 Health volunteer agency	9 Moo.3 agency
2 SAO council agency	6 Health volunteer agency	10 Moo.4 agency
3 SAO council agency	7 Moo.1 agency	11 Clerk of SAO
4 Health officer agency	8. Moo.2 agency	12 Community Expert

Sub-district Administrative Organization (SAO) A13, Rayong Province

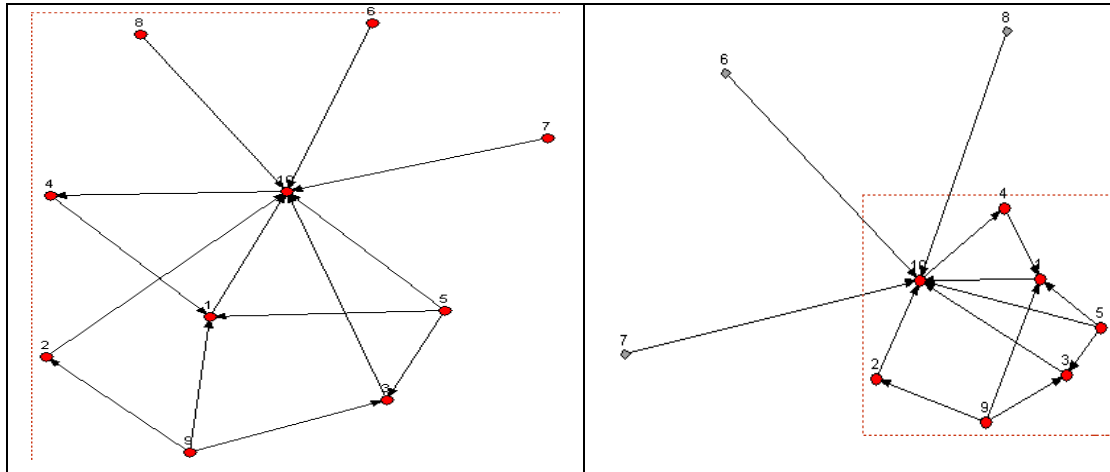


Figure A: General linkage of fund

Figure B: Core of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
10	0.156	0.691	0.372	No	Yes (6 7 8)

1 SAO council agency	5 Health volunteer agency	9 Moo.4 agency
2 SAO council agency	6 Moo.1 agency	10 Clerk of SAO
3 Health officer agency	7 Moo.2 agency	
4 Health volunteer agency	8 Moo.3 agency	

Municipality B1, Chonburi Province

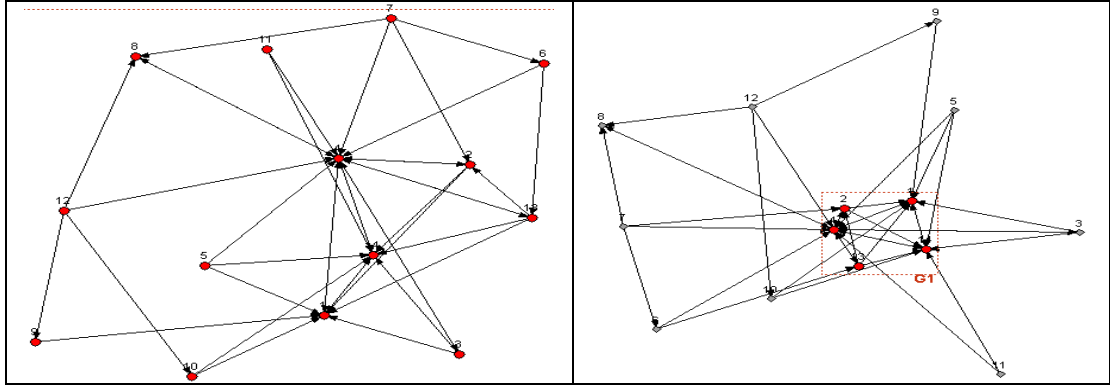


Figure A: General linkage of fund

Figure B: Core of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
14	0.214	0.680	0.312	No	No

1 Mayor	5 Health volunteer agency	9 Moo.3 agency	13 Moo.7 agency
2 Municipality council agency	6 Health volunteer agency	10 Moo.4 agency	14 Clerk of Municipality
3 Municipality council agency	7. Moo.1 agency	11 Moo.5 agency	
4 Health officer agency	8 Moo.2 agency	12 Moo.6 agency	

Sub-district Administrative Organization (SAO) B2, Chonburi Province

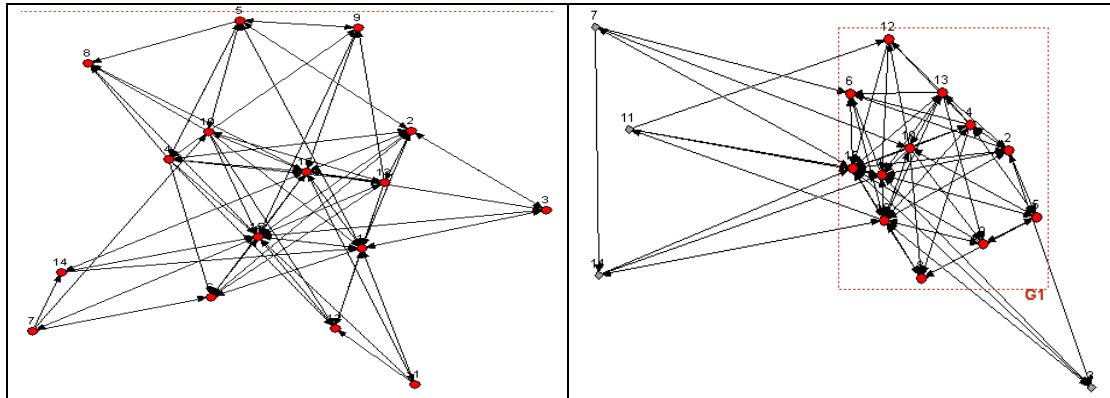


Figure A: General linkage of fund

Figure B: Core of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
16	0.358	0.613	0.443	No	No

1 Chief executive of SAO	7. Moo.2 agency	13 Moo.8 agency
2 SAO council agency	8 Moo.3 agency	14 Moo.9 agency
3 SAO council agency	9 Moo.4 agency	15 Clerk of SAO
4 Health volunteer agency	10 Moo.5 agency	16 Nurse
5 Health volunteer agency	11 Moo.6 agency	
6 Moo.1 agency	12 Moo.7 agency	

Municipality B3, Chonburi Province

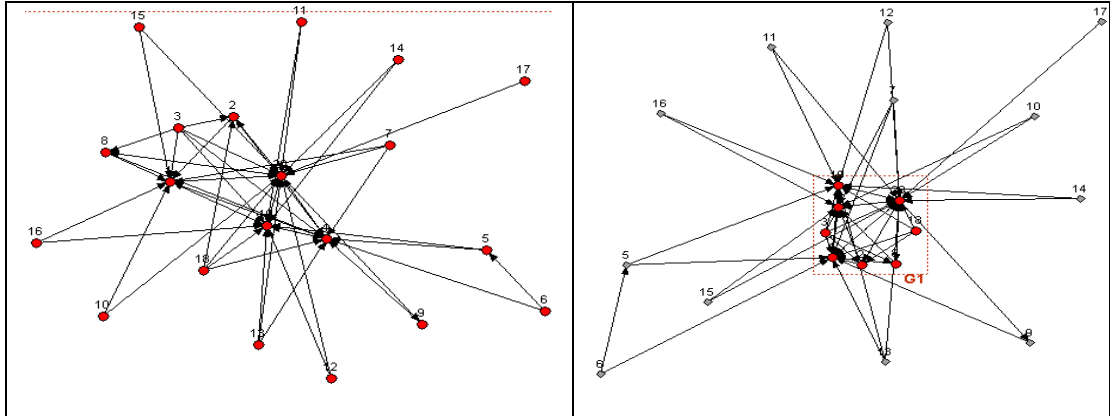


Figure A: General linkage of fund

Figure B: Core of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
20	0.142	0.626	0.230	No	No

1 Mayor	8 Moo.2 agency	15 Moo.9 agency
2 Municipality council agency	9 Moo.3 agency	16 Moo.10 agency
3 Municipality council agency	10 Moo.4 agency	17 Moo.11 agency
4 Health officer agency	11 Moo.5 agency	18 Moo.12 agency
5 Health volunteer agency	12 Moo.6 agency	19 Clerk of Municipality
6 Health volunteer agency	13 Moo.7 agency	20 Plan and policy Analyzer
7 Moo.1 agency	14 Moo.8 agency	

Sub-district Administrative Organization (SAO) B4, Chonburi Province

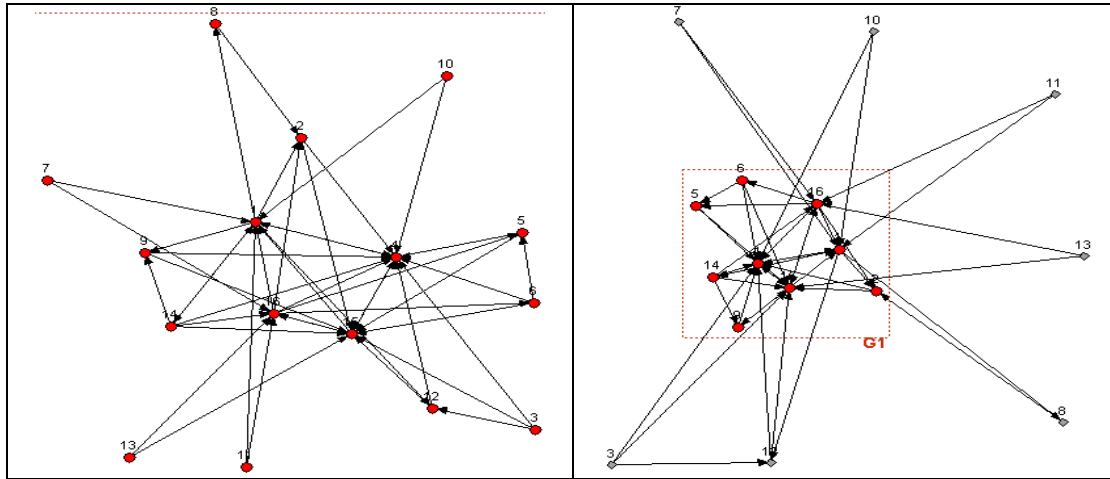


Figure A: General linkage of fund

Figure B: Core of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
16	0.188	0.582	0.295	No	No

1 Chief executive of SAO	5 Health volunteer agency	9 Moo.3 agency	13 Moo.7 agency
2 SAO council agency	6 Health volunteer agency	10 Moo.4 agency	14 Moo.8 agency
3 SAO council agency	7 Moo.1 agency	11 Moo.5 agency	15 Clerk of SAO
4 Health officer agency	8 Moo.2 agency	12 Moo.6 agency	16 Community development officer of SAO

Sub-district Administrative Organization (SAO) B5, Chonburi Province

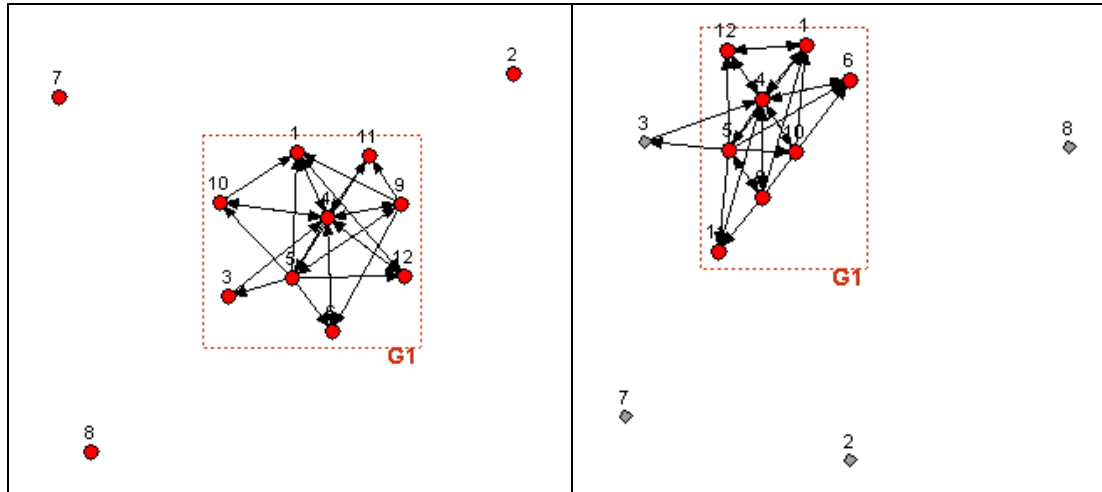


Figure A: General linkage of fund

Figure B: Core of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
12	0.389	0.463	0.698	Yes	No

1 Chief executive of SAO	5 Health volunteer agency	9 Moo.3 agency
2 SAO council agency	6 Health volunteer agency	10 Moo.4 agency
3 SAO council agency	7 Moo.1 agency	11 Moo.5 agency
4 Health officer agency	8 Moo.2 agency	12 Clerk of SAO

Sub-district Administrative Organization (SAO) B6, Chonburi Province

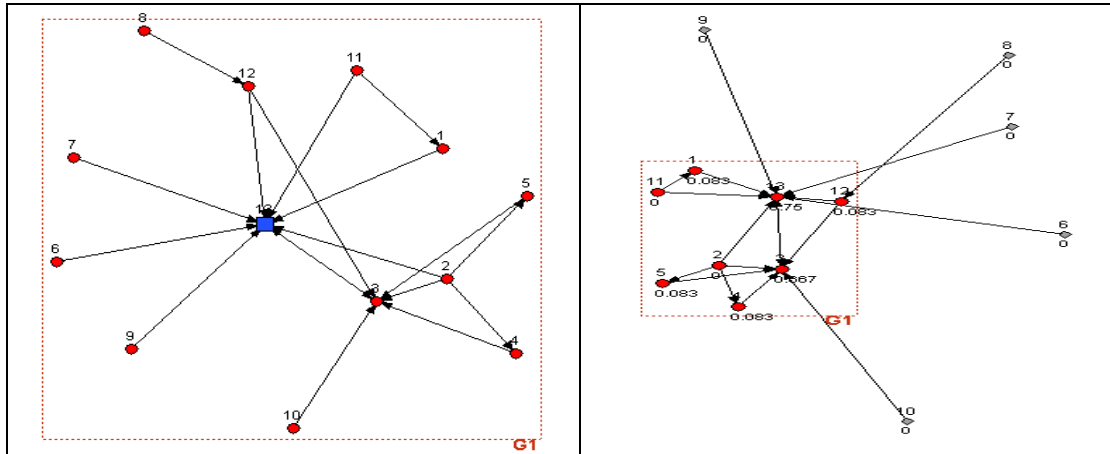


Figure A: General linkage of fund

Figure B: Core of fund

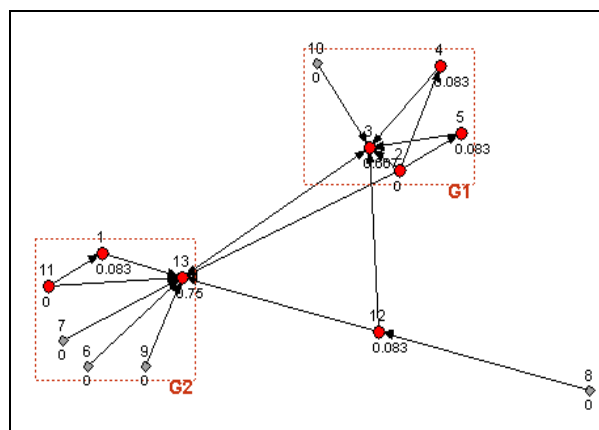


Figure C: Clique of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
13	0.115	0.597	0.445	No	Yes (6 7 8 9 10)

1	Chief executive of SAO	6	Moo.1 agency	11	Moo.6 agency
2	SAO council agency	7	Moo.2 agency	12	Moo.7 agency
3	Health officer agency	8	Moo.3 agency	13	Clerk of SAO
4	Health volunteer agency	9	Moo.4 agency		
5	Health volunteer agency	10	Moo.5 agency		

Sub-district Administrative Organization (SAO) B7, Chonburi Province

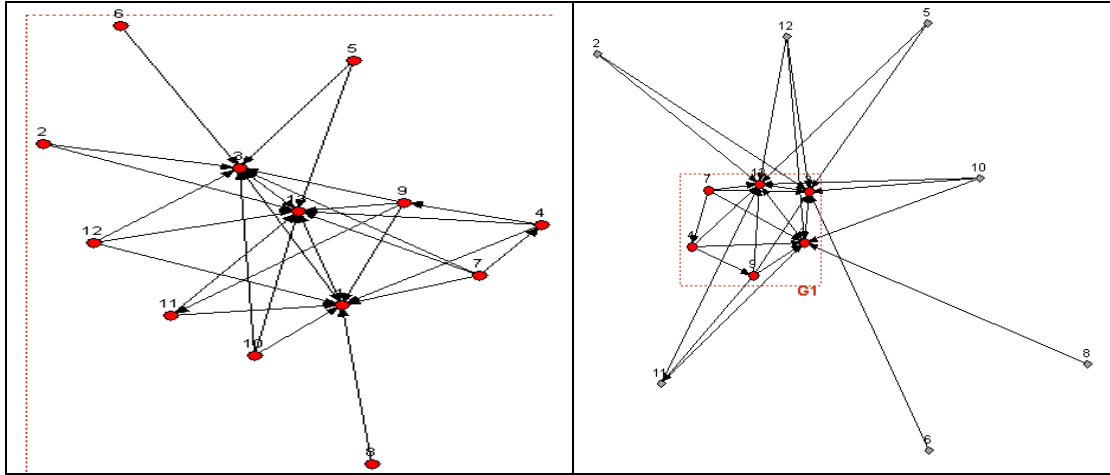


Figure A: General linkage of fund

Figure B: Core of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
13	0.192	0.694	0.272	No	Yes (6, 8)

1 Chief executive of SAO	6 Moo.1 agency	11 Moo.6 agency
2 SAO council agency	7. Moo.2 agency	12 Moo.7 agency
3 Health officer agency	8 Moo.3 agency	13 Clerk of SAO
4 Health volunteer agency	9 Moo.4 agency	
5 Health volunteer agency	10 Moo.5 agency	

Sub-district Administrative Organization (SAO) B8, Chonburi Province

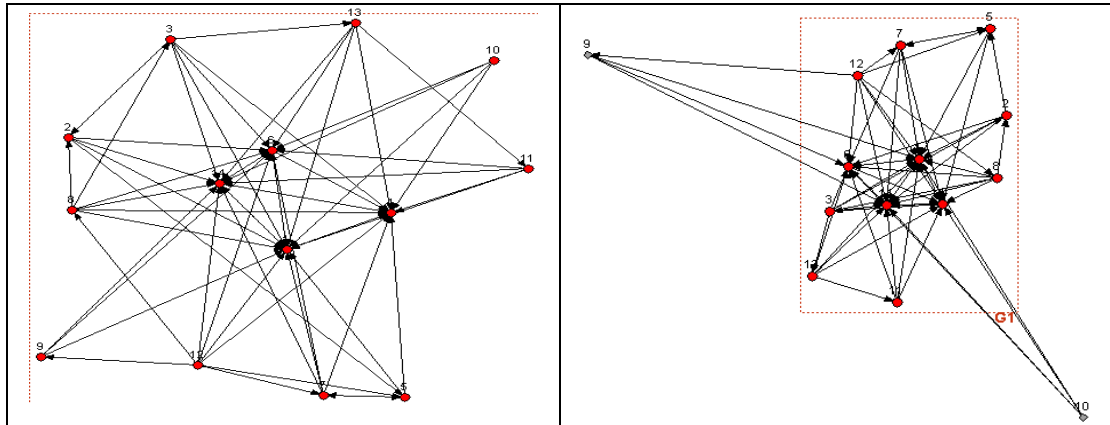


Figure A: General linkage of fund

Figure B: Core of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
14	0.313	0.740	0.589	No	No

1 Chief executive of SAO	6 Health volunteer agency	11 Moo.5 agency
2 SAO council agency	7 Moo.1 agency	12 Moo.6 agency
3 SAO council agency	8. Moo.2 agency	13 Moo.7 agency
4 Health officer agency	9 Moo.3 agency	14 Clerk of SAO
5 Health volunteer agency	10 Moo.4 agency	

Sub-district Administrative Organization (SAO) C1, Chanthaburi Province

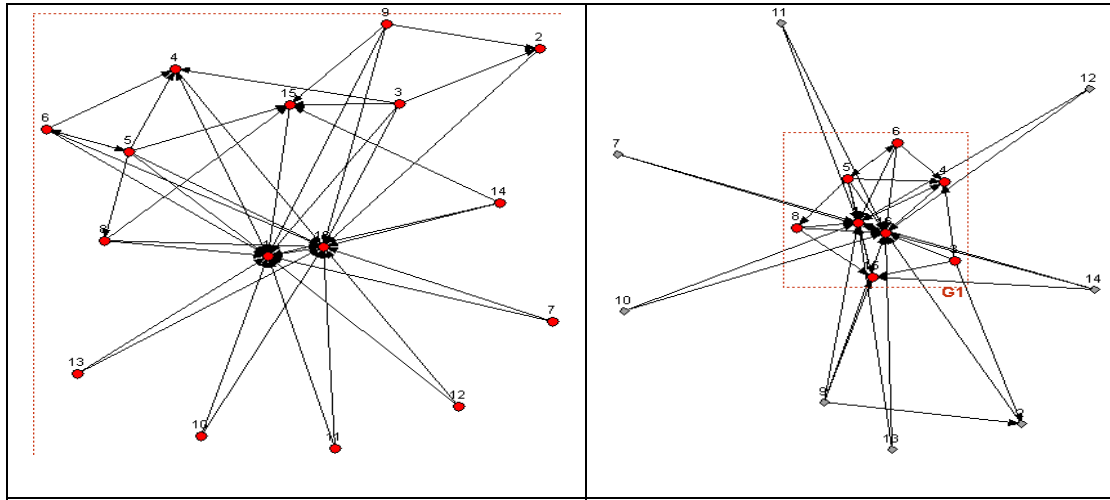


Figure A: General linkage of fund

Figure B: Core of fund

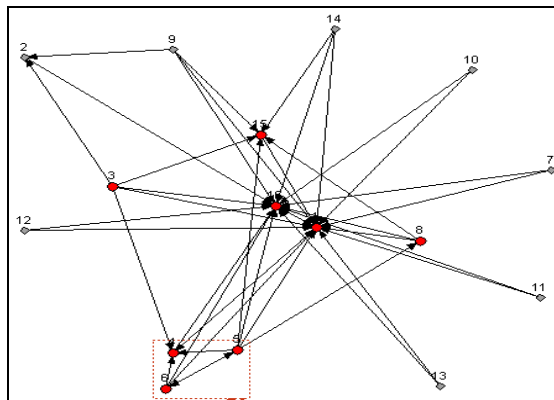


Figure C: Clique of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
17	0.175	0.809	0.461	No	No

1 Chief executive of SAO	6 Health volunteer agency	11 Moo.5 agency	16 Moo.10 agency
2 SAO council agency	7 Moo.1 agency	12 Moo.6 agency	17 Clerk of SAO
3 SAO council agency	8. Moo.2 agency	13 Moo.7 agency	
4 Health officer agency	9 Moo.3 agency	14 Moo.8 agency	
5 Health volunteer agency	10 Moo.4 agency	15 Moo.9 agency	

Sub-district Administrative Organization (SAO C2) Chanthaburi Province

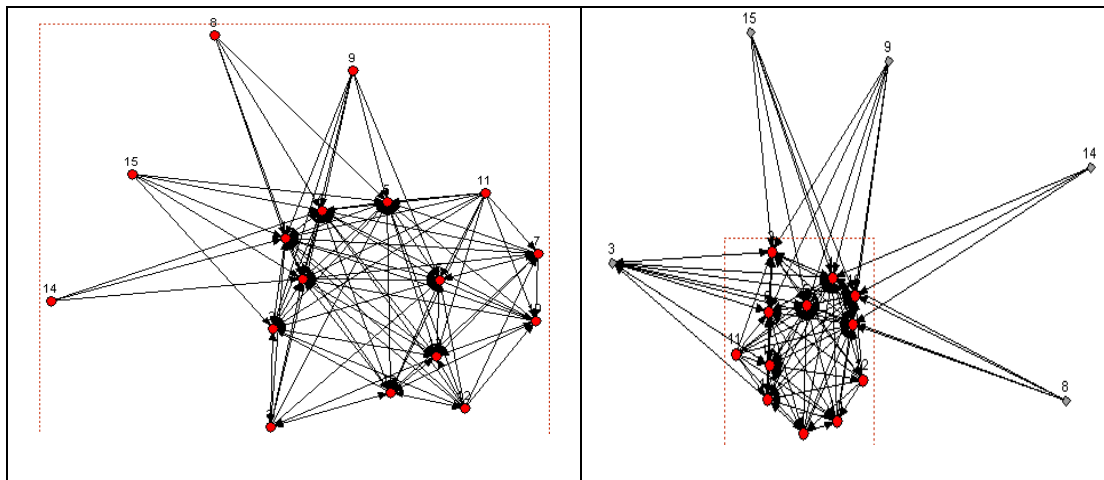


Figure A: General linkage of fund

Figure B: Core of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
17	0.434	0.602	0.391	No	No

1 Chief executive of SAO	7 Health volunteer agency	13 Moo.6 agency
2 SAO council agency	8 Moo.1 agency	14 Moo.7 agency
3 SAO council agency	9 Moo.2 agency	15 Moo.8 agency
4 Health officer agency	10 Moo.3 agency	16 Clerk of SAO
5 Health officer agency	11 Moo.4 agency	17 Community Health officer
6 Health volunteer agency	12 Moo.5 agency	

Sub-district Administrative Organization (SAO) C3, Chanthaburi Province

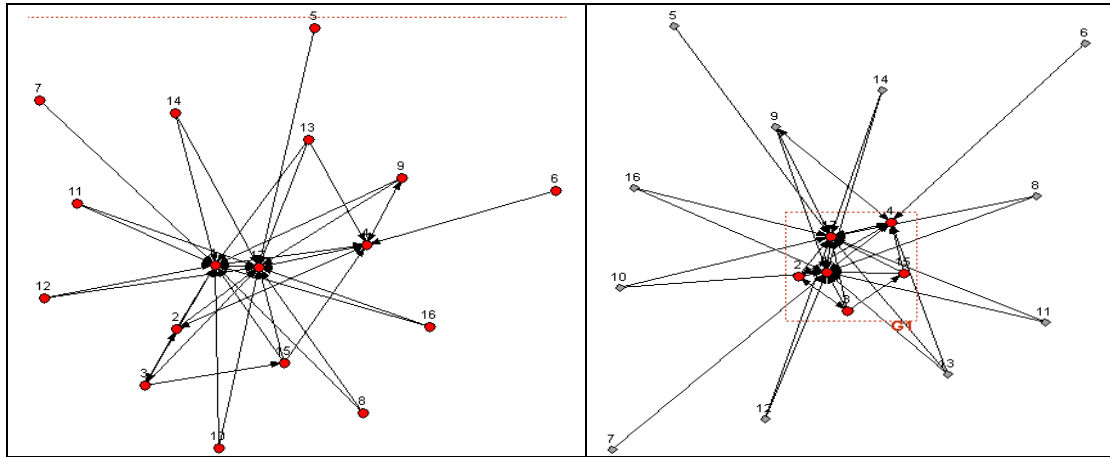


Figure A: General linkage of fund

Figure B: Core of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
17	0.147	0.773	0.201	No	Yes (5 6 and 7)

1 Chief executive of SAO	7 Moo.1 agency	13 Moo.7 agency
2 SAO council agency	8. Moo.2 agency	14 Moo.8 agency
3 SAO council agency	9 Moo.3 agency	15 Moo.9 agency
4 Health officer agency	10 Moo.4 agency	16 Clerk of SAO
5 Health volunteer agency	11 Moo.5 agency	17 Chief of SAO health Unit
6 Health volunteer agency	12 Moo.6 agency	

Municipality C4, Chanthaburi Province

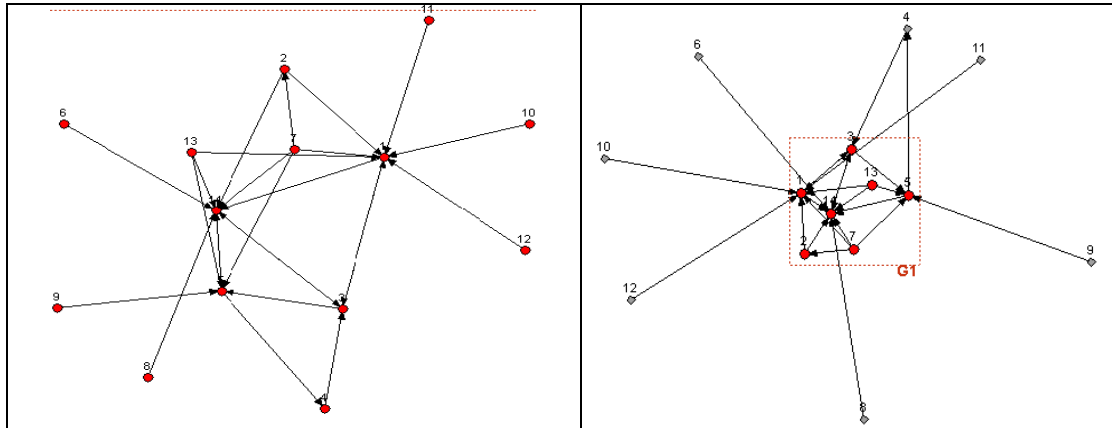


Figure A: General linkage of fund

Figure B: Core of fund

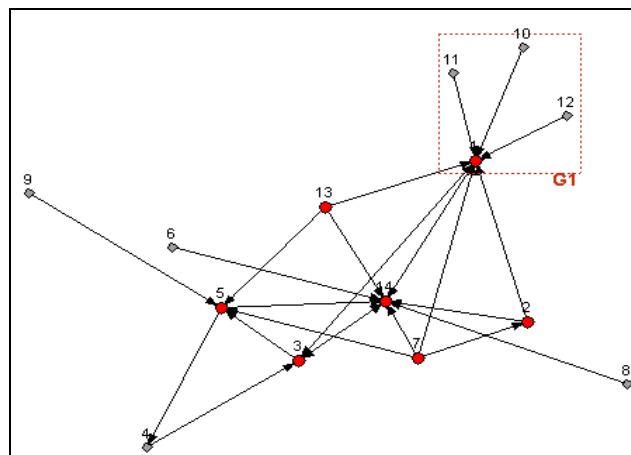


Figure C: Clique of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
14	0.132	0.521	0.350	No	Yes

1 Mayor	5 Health volunteer agency	9 Moo.4 agency	13 Moo.8 agency
2 Municipality council agency	6 Moo.1 agency	10 Moo.5 agency	14 Clerk of Municipality
3 Health officer agency	7. Moo.2 agency	11 Moo.6 agency	
4 Health volunteer agency	8 Moo.3 agency	12 Moo.7 agency	

Sub-district Administrative Organization (SAO) C5, Chanthaburi Province

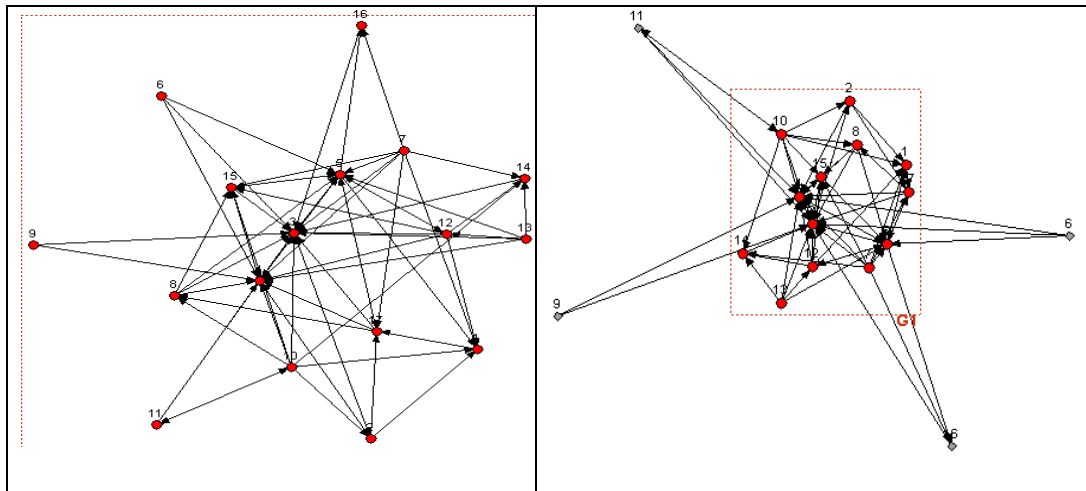


Figure A: General linkage of fund

Figure B: Core of fund

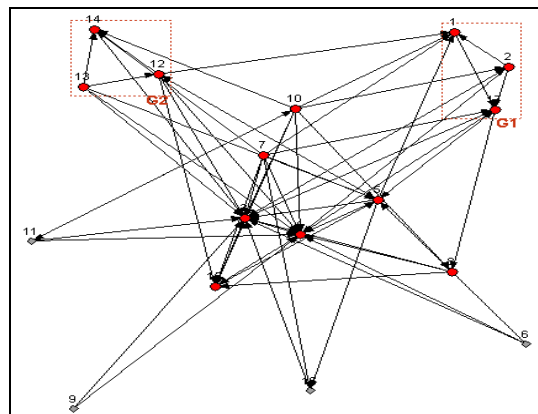


Figure C: Clique of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
17	0.235	0.746	0.414	No	No

1 Chief executive of SAO	6 Moo.1 agency	11 Moo.6 agency	16 Moo.11 agency
2 SAO council agency	7. Moo.2 agency	12. Moo.7 agency	17 Clerk of SAO
3 Health officer agency	8 Moo.3 agency	13 Moo.8 agency	
4 Health volunteer agency	9 Moo.4 agency	14 Moo.9 agency	
5 Health volunteer agency	10 Moo.5 agency	15 Moo.10 agency	

Sub-district Administrative Organization (SAO) C6, Chanthaburi Province

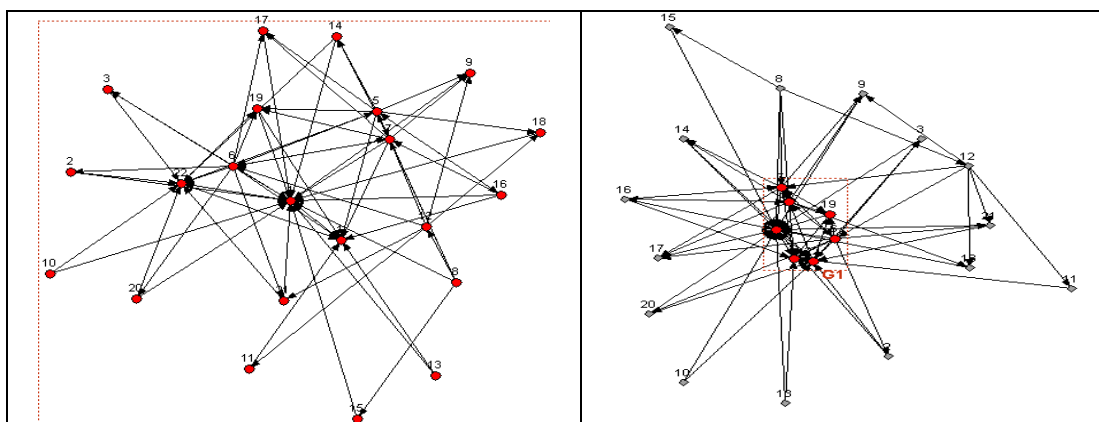


Figure A: General linkage of fund

Figure B: Core of fund

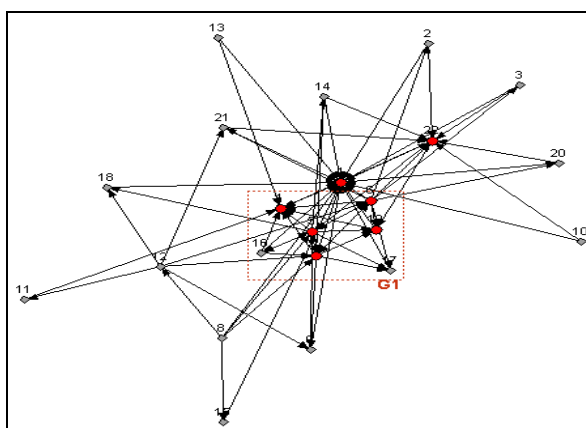


Figure C: Clique of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
22	0.156	0.735	0.557	No	No

1 Chief executive of SAO	7 Moo.1 agency	13 Moo.7 agency	19 Community Expert
2 SAO council agency	8. Moo.2 agency	14. Moo.8 agency	20 Community Expert
3 SAO council agency	9 Moo.3 agency	15 Moo.9 agency	21 Community Expert
4 Health officer agency	10 Moo.4 agency	16 Moo.10 agency	22 Clerk of SAO
5 Health volunteer agency	11 Moo.5 agency	17 Moo.11 agency	
6 Health volunteer agency	12 Moo.6 agency	18 Moo.12 agency	

Municipality C7, Chanthaburi Province

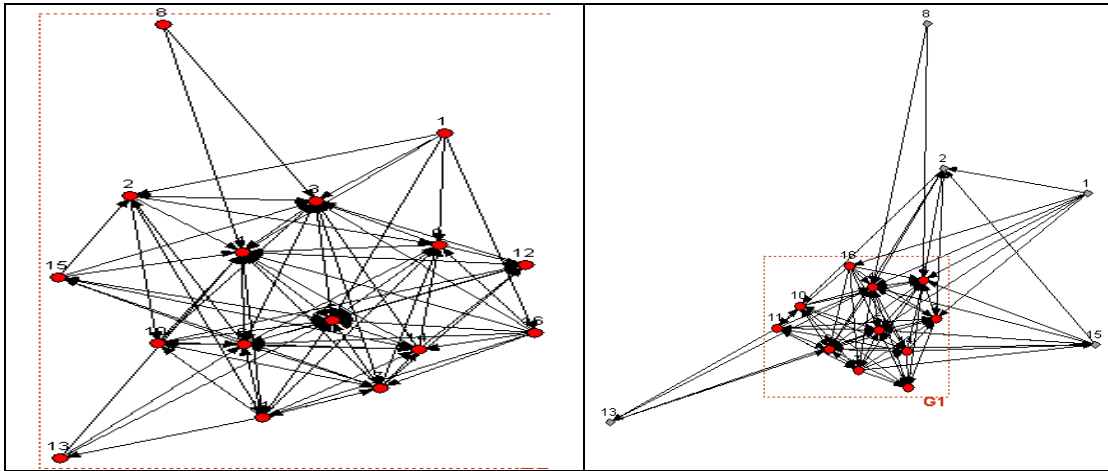


Figure A: General linkage of fund

Figure B: Core of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
16	0.404	0.636	0.449	No	No

1 Mayor	7 Moo.1 agency	13 Moo.7 agency
2 Municipality council agency	8. Moo.2 agency	14. Moo.8 agency
3 Municipality council agency	9 Moo.3 agency	15 Moo.9 agency
4 Health officer agency	10 Moo.4 agency	16 Clerk of Municipality
5 Health volunteer agency	11 Moo.5 agency	
6 Health volunteer agency	12 Moo.6 agency	

Sub-district Administrative Organization (SAO) C8, Chanthaburi Province

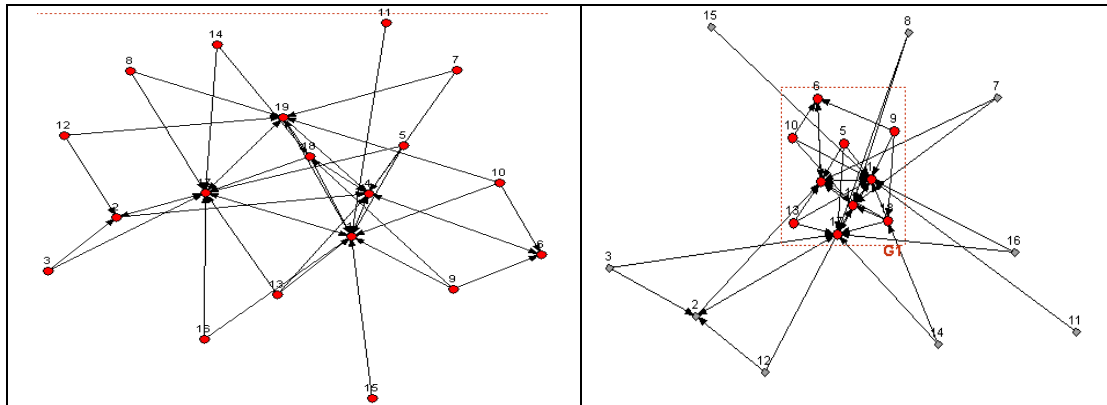


Figure A: General linkage of fund

Figure B: Core of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
19	0.129	0.509	0.137	No	Yes (11 and 15)

1 Chief executive of SAO	8. Moo.2 agency	15 Moo.9 agency
2 SAO council agency	9 Moo.3 agency	16 Moo.10 agency
3 SAO council agency	10 Moo.4 agency	17 Clerk of SAO
4 Health officer agency	11 Moo.5 agency	18 Vice- Chief executive of SAO
5 Health volunteer agency	12 Moo.6 agency	19 Community development officer of SAO
6 Health volunteer agency	13 Moo.7 agency	
7 Moo.1 agency	14 Moo.8 agency	

Sub-district Administrative Organization (SAO) D1, Trad Province

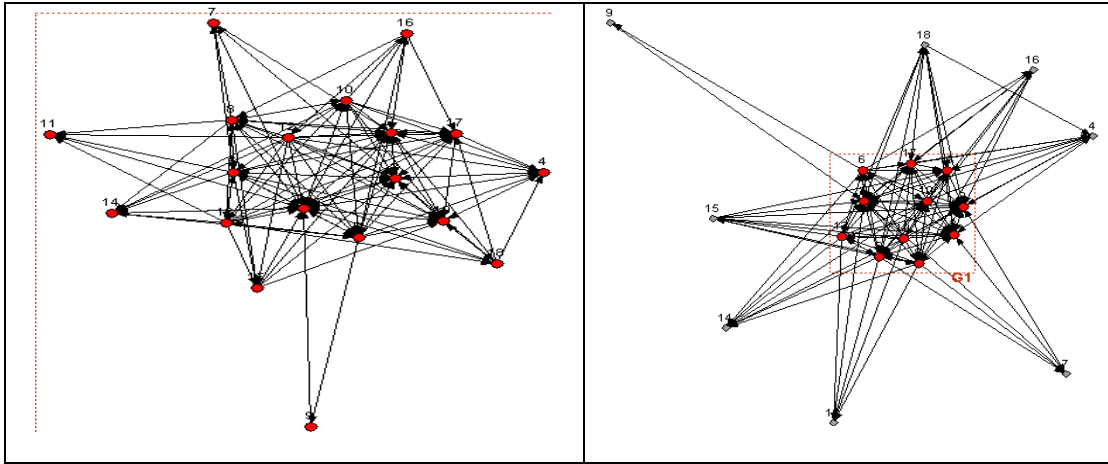


Figure A: General linkage of fund

Figure B: Core of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
19	0.371	.664	.573	No	No

1	Chief executive of SAO	8. Moo.2 agency	15 Moo.9 agency
2	SAO council agency	9 Moo.3 agency	16 Moo.10 agency
3	SAO council agency	10 Moo.4 agency	17 Moo.11 agency
4	Health officer agency	11 Moo.5 agency	18 Moo.12 agency
5	Health volunteer agency	12 Moo.6 agency	19 Clerk of SAO
6	Health volunteer agency	13 Moo.7 agency	
7	Moo.1 agency	14 Moo.8 agency	

Municipality D2, Trad Province

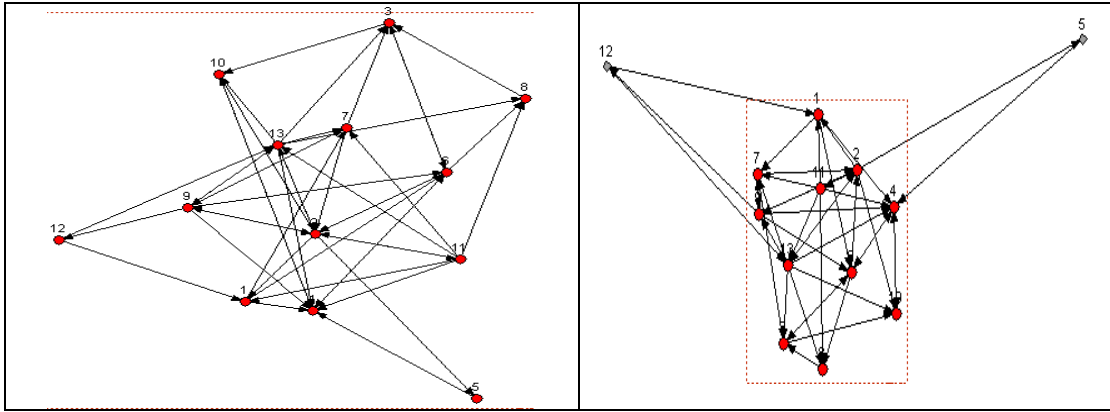


Figure A: General linkage of fund

Figure B: Core of fund

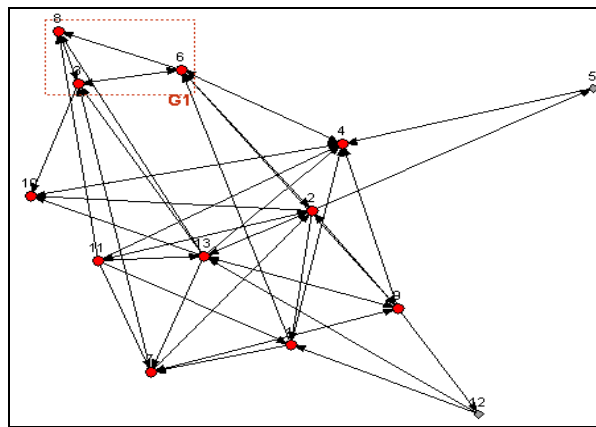


Figure C: Clique of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
13	0.282	0.326	0.485	No	No

1 Mayor	6 Health volunteer agency	11 Moo.6 agency
2 Municipality council agency	7 Moo.1 agency	12 Moo.7 agency
3 Municipality council agency	8. Moo.2 agency	13 Clerk of Municipality
4 Health officer agency	9 Moo.3 agency	(Moo.5 agency Dead)
5 Health volunteer agency	10 Moo.4 agency	

Sub-district Administrative Organization (SAO) D3, Trad Province

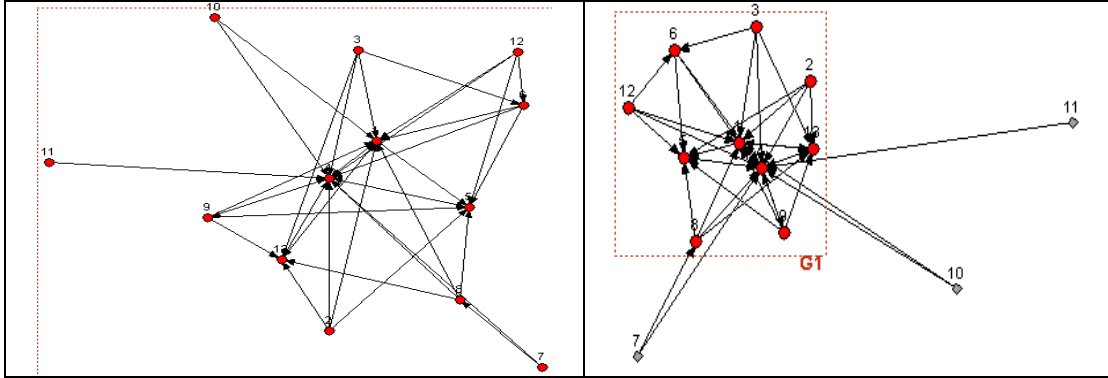


Figure A: General linkage of fund

Figure B: Core of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
13	0.244	0.819	0.173	No	Yes (11)

1 Chief executive of SAO	5 Health volunteer agency	9 Moo.3 agency	13 Clerk of SAO
2 SAO council agency	6 Health volunteer agency	10 Moo.4 agency	
3 SAO council agency	7 Moo.1 agency	11 Moo.5 agency	
4 Health officer agency	8. Moo.2 agency	12 Moo.6 agency	

Sub-district Administrative Organization (SAO) D4, Trad Province

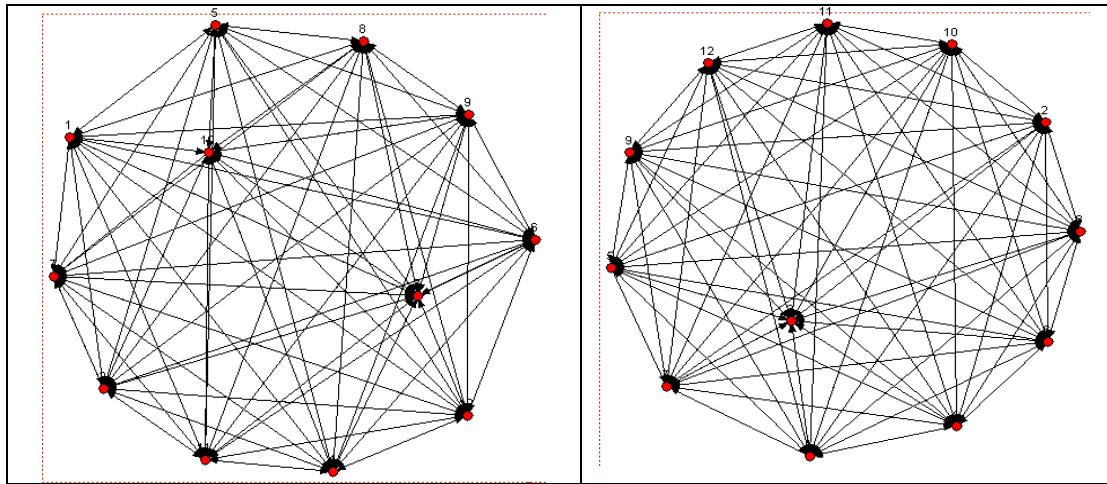


Figure A: General linkage of fund

Figure B: Core of fund

Size	Density	Centrality	Closeness	Isolate	Structural Hole
12	0.962	0.041	0.06	No	No

1 Chief executive of SAO	4 Health officer agency	7 Moo.1 agency	10 Moo.4 agency
2 SAO council agency	5 Health volunteer agency	8. Moo.2 agency	11 Moo.5 agency
3 SAO council agency	6 Health volunteer agency	9 Moo.3 agency	12 Clerk of SAO

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