

THIRD ANNUAL REPORT  
School of Public Health  
University of Hawaii

Activities Under: Institutional Utilization for Family Planning  
Grant AID/pha-G-1110

Period: July 1, 1977 - June 30, 1978

1. The third-year activities of the School of Public Health, University of Hawaii, through the Grant AID/pha-G-1110, "Institutional Utilization for Family Planning," are covered in the following summary report. The budget for the third-year grant, July 1, 1977 - June 30, 1978, amounted to \$400,000 bringing the three-year total to \$1,213,283.

2. Staffing Changes

Ms. Hazel Cunningham was added to this program on a 25% Time basis as authorized in the grant award. She assisted in coordinating the short-term training activities in overseas areas.

In view of the reduced emphasis of the Kapiolani Health Services activities office, our Program is no longer supporting two of their personnel, Mr. Roy Kikuta, Audio-Visual Technician and Ms. V. Steinmiller, Nurse Trainer.

3. AID/School of Public Health LDC Fellows in Population/Family Planning Program

On July 1, 1977, there were 8 LDC fellows continuing under AID/SPH grant sponsorship (out of a total of 23 students in the Population/Family Planning Program). In the Fall 1977 semester, four new AID/SPH fellows were admitted (out of a total of 12 new students admitted in the Population/Family Planning Program).

In December 1977, 5 AID/SPH fellows graduated and returned to their respective countries (out of a total of 4 students who graduated in the Population/Family Planning Program).

In May 1978, 2 AID/SPH fellows graduated. They were the only two who graduated in the Population/Family Planning Program. (Table I)

Graduates

The graduates who were supported by AID/SPH Grants (from Summer 1977 to Summer 1978) are listed with their positions on Table II.

4. Short-Term Training - Thailand

A third in-country training program entitled "Nursing Leadership and Supervision Seminar" was held at Songkla, Thailand, during the period December 13-17, 1978. The goal of this program was to increase the application of family planning concepts in all areas of patient care by the nurses in provincial hospitals. Twenty teaching staff/participants attended this training activity.

Plans were made to conduct a similar nurse leadership seminar, as identified in our International Health Program plans for 1977-78.

The enthusiasm generated the development of communications among hospital personnel and those of the Public Health Sector, and the commitment to the integration of Family Health and Family Planning have continued to be outputs of these training sessions.

5. Short-Term Training - Thailand

Another in-country training program entitled, "Nursing Leadership and Supervision Seminar" was conducted in the East-Region (Pattaya) during June 5-10, 1978. The goal of the program was to improve the quality of patient care in the provincial hospitals in Thailand. Forty teaching staff/participants attended this training activity.

Recommendations have been made to continue this seminar during Fiscal Year 1978-79 for the North and North-East Regions.

*1301 1/1/78*  
*to be held*

6. Short-Term Training - Thailand

An in-country training program entitled, "Workshop on Population and Family Planning for Managers of Integrated District Health Services" was held during the period June 23 - July 6, 1978. The goal of the program was to strengthen district level health planning and management practices through in-service training for 64 teaching staff/participants. A summary report of this workshop is attached as Appendix A.

7. Short-Term Training - Sri Lanka

The first in-country training program entitled, "Workshop on Training and Management of the Health Team in the Delivery of Health Care at the Periphery" was initiated during the period June 28 - July 6, 1978. The goal of the program was to recognize the complex roles of each member of the Health Team and formulate strategies for the appropriate and effective Delivery of Health Care in the Periphery by utilizing relevant training and management techniques. Twenty-seven teaching staff/participants took part in the program. A report of this workshop is attached as Appendix B.

NOTE: All short-term project proposals have been submitted to AID/Washington, Office of Population. In addition "training completed" reports on each project have also been filed with AID Washington, Office of Population.

8. Fiscal Report of Expenditures

The Financial Status Report as of June 30, 1978 shows expenditures totaling \$1,171,860.34 (Table III).

9. Kapiolani Hospital

During the period from July 1, 1977 through June 30, 1978, only one physician\* from a Lesser Developed Country requested short-term training at Kapiolani Hospital. This physician's requests and indications during her training period reinforced a direction which had been becoming more apparent during the previous year: the physicians coming for training were very much more interested in clinical obstetrics and gynecology, viewing family planning in the broader context of maternal and child health. This direction was supplemental to areas which have retained interest over time: the use of audio-visual materials for teaching purposes, particularly those materials which can be simply produced and flexibly applied, and interest in motivational and counseling aspects of human sexuality and family planning.

Students from the International Health Program carried out research projects and completed their field placements at Kapiolani during the year. A number of students also toured the Hospital at various times, and worked with faculty based there.

\*Ms. May Huang, National Health Administrator, Taipei, Taiwan - October 17-21, 1977. (Referred by the Johns Hopkins Hospital.)

DEGREE CANDIDATES  
Population/Family Planning

(Country)

STUDENTS

	FY 1976-1977												FY 1977-1978												FY 1978-1979		Degree Confered
	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	
Azwar, Azrul . . . . .	●-----●																										
Guadiz, Lina . . . . .													●-----●														12/77
Oka, I Gusti A.G. . . . .	●-----●																										12/77
Sirna, I Njoman . . . . .	●-----●																										12/77
Soparatana, Chittima . . . . .	●-----●																										12/77
Suryadhi, Nyoman T. . . . .	●-----●																										5/78
Arca, Benito F. . . . .	●-----●																										12/77
Sulastomo . . . . .													●-----●														5/78
													●-----●														12/77
Ascobat, Gani . . . . .													●-----●														12/78
Gunung, I Komang . . . . .													●-----●														12/78
Naeem, Muhammad . . . . .													●-----●														12/78
Puvaseth, Apinya . . . . .													●-----●														12/78

(MPH Cost: \$11,931.17)  
(MPH Cost: \$12,296.36)  
(MPH Cost: \$12,943.57)  
(MPH Cost: \$13,611.35)  
(MPH Cost: \$14,966.06)  
(MPH Cost: \$14,432.10)  
(MPH Cost: \$12,072.65)  
(MPH Cost: \$9,560.44)  
(MPH Cost: \$9,415.09)  
(MPH Cost: \$11,029.34)  
(MPH Cost: \$11,323.56)  
(MPH Cost: \$10,550.51)

TABLE II

AID/SPH GRANT SUPPORTED GRADUATES  
(under SPH Grant AID/pha-G-1110, Washington, D.C.)  
Summer 1977 - Summer 1978

<u>Name</u>	<u>Area of Emphasis</u>
<u>Indonesia:</u>	
Dr. Gani Ascobat Assistant Teacher Faculty of Public Health University of Indonesia	Population/Family Planning
Dr. Azrul Azwar Lecturer, Dept. of Public Health University of Indonesia	Population/Family Planning
Dr. I Komang Gunung Lecturer, Dept. of Public Health Udayana University	Population/Family Planning
Dr. I Gusti A. G. Oka Regency Health Director of Gianjar Department of Health	Population/Family Planning
Mr. I Njoman Sirna Assistant Dean for Students' Affairs School of Social Welfare	Population/Family Planning
Dr. Sulastomo Lecturer, Dept. of Public Health and Preventive Medicine University of Indonesia	Population/Family Planning
Dr. Nyoman T. Suryadhi Faculty Member, Dept. of Public Health Udayana State University	Population/Family Planning
<u>Pakistan:</u>	
Mr. Muhammad Naeem Assistant Professor Department of Sociology University of Punjab	Population/Family Planning
<u>Philippines:</u>	
Dr. Benito F. Arca Family Planning Physician and Senior Fellow Institute of Maternal and Child Health Children's Medical Center Foundation	Population/Family Planning

Name

Area of Emphasis

Philippines (con't.):

Ms. Lina L. Guadiz  
Instructor, Institute of Public Health  
University of the Philippines

Population/Family Planning

Thailand:

Ms. Chittima U. Soparatana  
Faculty, Faculty of Social Administration  
Thammasat University

Population/Family Planning

Dr. Apinya Puvaseh  
Staff Physician  
Ministry of Public Health  
Lampang Provincial Hospital

Population/Family Planning

TABLE III  
 UNIVERSITY OF HAWAII  
 INSTITUTIONAL UTILIZATION FOR FAMILY PLANNING  
 Financial Status Report as of June 30, 1978

	<u>Allocations</u>	<u>Prior Years Expenditures</u>	<u>Current Year</u>	<u>Encumbered</u>	<u>Total Exp. &amp; Enc.</u>	<u>Unencumbered Balance</u>
Salaries and Wages	595,597.15	366,949.13	213,981.13	6,579.70	587,569.96	8,087.19
Fringe Benefits	120,694.07	62,177.73	39,411.25	1,172.13	102,761.11	17,932.96
Consultants	21,515.68	20,514.68	726.89	--	21,241.57	274.11
Travel	18,036.92	7,381.56	5,650.76	6,756.30	19,788.62	(1,751.70)
Fellowship/Participants	350,524.00	206,362.32	120,680.14	9,903.50	336,945.96	13,578.04
Communication	3,550.00	1,335.83	1,636.20	220.00	3,192.03	357.97
Equipment and Supplies	14,532.64	9,233.12	3,725.91	1,755.74	14,714.77	(182.13)
Library/Reference Materials	7,556.00	4,853.36	1,757.11	1,617.18	8,227.65	(671.65)
Other Direct Costs						
Rentals	8,556.00	163.49	4,426.64	1,400.36	5,990.49	2,565.51
Repairs	1,250.00	599.34	387.66	--	987.00	263.00
Direct Cost	<u>1,141,812.46</u>	<u>679,570.56</u>	<u>392,383.69</u>	<u>29,404.91</u>	<u>1,101,359.16</u>	<u>40,453.30</u>
Indirect Cost	<u>71,470.54</u>	<u>44,033.87</u>	<u>25,677.75</u>	<u>789.56</u>	<u>70,501.18</u>	<u>969.36</u>
TOTAL COST	<u><u>1,213,283.00</u></u>	<u><u>723,604.43</u></u>	<u><u>418,061.44</u></u>	<u><u>30,194.47</u></u>	<u><u>1,171,860.34</u></u>	<u><u>41,422.66</u></u>

9320620005202

Project Evaluation

April 1977

Project Number: 932-11-570-620; Grant: AID/pha-G-1110  
Project Title: Institutional Utilization for Family Planning  
Grantee: University of Hawaii, School of Public Health

Background of the Project:

The School of Public Health (SPH), University of Hawaii was established in 1962. In 1965, it was accredited for graduate education in public health by the American Public Health Association. In June 1966, A.I.D. made a three-year development grant of \$325,556 to the University for establishing a family planning studies unit in the School of Public Health. Under this grant (csd 1439), the new unit became the University focal point for activating population/family planning programs. These programs developed specialized P/FP curricula at MSc and MPH levels, introduced short-term training programs for LDC family planning personnel and provided P/FP consultant services for government and private sector institutions in East Asian and Pacific Basin countries.

Upon expiration of Grant csd 1439, FY 1971 support for the School of Public Health was assumed by the East Asia Bureau under a five-year grant made to the East-West Center.

This grant (ea-32) which included \$150,000 for the School of Public Health, was subsequently modified upon recommendations of the East Asia and Technical Assistance Bureau to change the conduit of funding and relieve the East-West Center of being a disbursing agent for the School of Public Health.

On June 30, 1971, a new three-year, \$774,414 grant (AID/csd 3310) was made available to the School of Public Health. The project title was Institutional Development for Family Planning. The grant purpose was to develop further and expand the School of Public Health into a comprehensive academic center for family planning training, research, consultant and advisory services functioning as a major component of the population/family planning complex of the University of Hawaii.

The Grant objectives were to:

1. Modify and restructure basic family planning courses to specialize further MS/MPH degrees. Accommodate LDC needs by providing five options in training areas: Administration/Management in Family Planning Programs; Health Education/Communication in FP Programs; Biometrics (Biostatistics and Demography) in FP Programs; Social Work in FP Programs; Public Health Nursing in FP Programs.

2. Strengthen and expand collaborative relationships with LDC Institutions and agencies to allow for a more direct perceptor-ship function by University of Hawaii faculty or affiliate faculty from less developed countries. Such institutional ties provide field observations and training for M.P.H. degree, fellowship awards, and allow development of short-term, non-degree family planning courses.
3. Coordinate and cooperate with the East-West Center in family planning activities, including training, research, and consultation services.
4. Expand capability for consultant and advisory services to A.I.D. and host country governments and their sponsored institutions involving planning, evaluation, and training for family planning programs without detriment to the ongoing programs at the School.

On May 18, 1973, an amendment to AID/csd 3310 added \$443,636 in grant funds for implementing additional program objectives:

1. Expand the family planning services of the Kapiolani Health Services (through the Department of OB/GYN, School of Medicine, situated at Kapiolani Hospital) to provide:

Short-term, on-site observation or training for LDC physicians, nurses, hospital administrators, and para-professionals, who require practical experience and/or skills training in family planning, clinic management and fertility management skills.

2. Regional consultant for Polynesia to assist Polynesian government and family planning officials to:

Introduce fertility management techniques to key Polynesian health professionals; provide information and assistance to ongoing family planning activities; and initiate continuing education opportunities in advanced fertility management including clinic management and reporting system.

Subsequent amendments on January 23 and June 28, 1974 provided a total of \$449,427 for supporting increased activities described above and for extending the project through June 30, 1975. The total cumulative obligation under grant AID/csd 3310 totalled \$1,667,477.

In May, 1975 a team evaluation of AID/csd 3310 was completed. The evaluation report contained the following summary statement and recommendations:

During the grant period, the SPH judiciously utilized both University and donor resources to further develop its own Institutional Response Capabilities and achieve a high degree of institutional maturity.

In order to maintain and further utilize these capabilities it is recommended that the current grant (AID/csd 3310) be extended in the utilization mode for a period of three years subject to the following qualifications:

1. The principal activity financed by the grant should focus on the areas of AID priority, i.e., education/training for increased numbers of Asian and Pacific Basin participants responsible for developing/implementing their own P/FP training, operations and service-delivery programs.
2. Priority should be given to using grant funds to maintain institutional response capability for technical advisory services in the field. This means that provision should be made with grant funds for more release time for SPH/Kapiolani Staff to be involved in response to LDC and AID requests for assistance. In this respect the SPH should seek additional University Support for underwriting a staff development program that would maintain Institutional Response Capabilities as LDC and domestic needs increase.
3. UH/SPH should continue to establish and strengthen LDC linkages with a view toward facilitating and encouraging the establishment of indigenous training, planning and service delivery programs within Asian and Pacific Basin P/FP institutions.
4. UH/SPH should continue to seek outside funding sources for supporting their collaborative programs with LDC Institutions and the P/FP program in Fiji.
5. AID should seek ways to further integrate, AID-funded P/PP Activities being implemented under our SPH, EWC and Population Institute grants to the University of Hawaii.

In June, 1975 a new PROP was approved which incorporated the above recommendations of the evaluation team. The project title was changed from Institutional Development for Family Planning to Institutional Utilization for Family Planning and the grant was identified as AID/pha-G-1110. Inasmuch as there were sufficient pipeline funds in AID/csd-3310 on June 30, 1975 to finance project activities through 9/30/75 the grant document initiating pha-G-1110 stipulated that "this Grant is effective and obligation is made as of the date of this letter (June 30, 1975) and shall apply to commitments made by the Grantee in furtherance of the program objectives during the period October 1, 1975 through June 30, 1976." This initial obligation was \$363,283. A second obligation under pha-G-1110 was made in June, 1976 in the amount of \$450,000 to fund project activities from July 1, 1976 through June 30, 1977.

Since assuming Monitorship of AID/pha-G-1110 in February, 1976, I have been in frequent communication by telephone and letter with Dr. Robert J. Wolff, Chairman, International Health Program, S.P.H./U.H., and members of his staff. I also paid a site visit during the second week of October, 1976. That visit permitted me the opportunity to meet and discuss project activities with Dean Jerrold M. Michael, Associate Dean Emmanuel Vulgaropoulos, and with Dr. Wolff, all of the School of Public Health. Based on those several meetings and communications, I make the following comments regarding project outputs:\*

1. Degree training. As the attached 2-page table shows, 7 I.D.C. students admitted under Grant esd-3310 received Masters Degrees on or before December 31, 1975. An additional 4 students admitted after the inception of Grant pha-C-1110, completed all requirements for degrees on or before December 31, 1976. As of this writing (April, 1977), 9 I.D.C. students financed by grant funds are in residence. All are expected to receive degrees before the end of calendar 1977. While the total trained under the present grant will fall slightly below the number anticipated during the PROP revision stage, the number conforms to recommendations given U.H./S.P.H. by PHA/POP that the Grantee gradually phase down and out of all degree training supported by Grant funds.
2. Short-term training at S.P.H. During FY 76, S.P.H. organized and conducted a highly successful Inter-Institutional Workshop on the Role of the General Hospital in Family Health and Family Planning for 11 middle-level health personnel from Thailand. Participants spent three weeks in Hawaii (March 1-20, 1976), after which a follow-up workshop was held in Thailand (April 19-30, 1976), attended by 79 teaching staff/participants representing 10 provinces. Also during FY 76, in cooperation with the Battelle Human Affairs Research Centers, S.P.H. organized a workshop which was held in Manila (June 6-10, 1976) on household distribution of contraceptives. This activity concluded S.P.H.'s sub-contract with Battelle, which dated from May 1, 1973, to June 30, 1976. (Capsule information on both workshops is attached.)

Continuing their on-going training relationship with the Ministry of Public Health, Government of Thailand, S.P.H., conducted another in the series of Inter-Institutional Workshops in Hawaii April 4-15, 1977. Twelve Thai health/family planning personnel attended. As was the case during FY 76, a follow-up workshop for provincial health/F.P. workers will be held. This will be convened in Thailand in June, 1977. Fifty-five participants have been nominated to attend. They will represent ten different provinces than those which were represented in the April, 1976, workshop.

\*A copy of the Project Logical Framework is attached.

3. Short-term training at Kapiolani Hospital. During the period from July 1, 1975 through April, 1977, 32 L.D.C. physicians/health professionals participated in Kapiolani Hospital's short-term training sessions. Individualized schedules were prepared in consultation with participants in order to provide each person with an exposure relevant to his or her stated interests. The staff members at Kapiolani offer special expertise in OB-GYN (including surgery), techniques of and research in fertility control, human sexuality, acupuncture, family planning, and use of audio-visual materials for patient and professional education.

There has been a marked change in the emphasis of these programs since the implementation of pha-G-1110: training has shifted from broad orientation to much more specific and intensive sessions with increased emphasis on clinical observation.

At the time the PROP was revised (June 1975), it was anticipated that Kapiolani would provide short-term training to approximately 50 persons per year. As noted above, only 32 were accommodated during the period 7/1/75-4/30/77. This reduction in numbers is not so much a reflection of Kapiolani's limited recruitment efforts as it is the result of the fact that fewer Advanced Techniques for Fertility Management Trainees have been selected from Asia for training under the Program for International Education in Gynecology and Obstetrics (PIEGO). Most such Asian trainees have been sent through Kapiolani enroute to or from their respective Asian homes. Thus, fewer ATFM trainees from Asia have resulted in fewer to route through Kapiolani.

4. Plans for future short-term training. During FY 78 SPH has developed plans for a project which will bring nursing directors and nurse training directors from 20 provincial hospitals and 5 first class health centers to Bangkok to train in supervisory methods and nursing processes to meet the needs of family planning patients. Trainees will return to their agency to implement the program within six months with feedback to the training staff. To accomplish this 2 seminars of 2 weeks duration each will be held in 1978, one in January and one in June.

Also during FY-78 the School of Public Health, University of Hawaii, in collaboration with its affiliated institution, the Faculty of Public Health, University of Indonesia will plan and implement a training program for middle level management personnel of the National Family Planning Coordinating Body (BKKBN) at the regional and provincial levels. Although the training program will have long range management implications the initial phase will focus on two short-term workshops in Jakarta (January and June, 1978) for

personnel at the national level as well as for trainers who will participate in regional and provincial workshops. This phase will be followed by workshops in several provinces for provincial level staff. The purposes of these workshops will be:

- a) To provide knowledge on administrative and supervisory techniques.
- b) To identify and discuss problems in supervision and management of family planning programs including those in family planning clinics and to identify solutions appropriate to the Indonesia context.
- c) To develop a program for short-term training in supervision and management of family planning activities that could be provided to middle level management personnel in all provinces.

Recommendations re AID-pha-G-1110:

1. That S.P.H./U.H. pursue the programs and plans summarized above, i.e.:
  - a) Phase down and out of AID funded degree training by June 30, 1978.
  - b) Continue and expand (within the limits of available funding\*) the Hawaii based and LDC in-country short-term training.
  - c) Make plans to phase out the current short-term training at Kapiolani Hospital effective June 30, 1978.
2. That PHA/POP enter into negotiations with SPH/U.H. for a new project which will call for expanded short-term training and consultancy services to several priority LDC's throughout Asia and the Pacific Basin. Utilization of Kapiolani's facilities and expertise may be appropriately included in the project design. This action will require the approval of a new Project Paper which would authorize funding beyond June 30, 1978.

\*A PIO/T is in process to fund project activities from July 1, 1977 - June 30, 1978.

University of Hawaii  
School of Public Health

A.I.D. Funding Summation

<u>Grant No.</u>	<u>Fiscal Year</u>	<u>\$ Obligated</u>	<u>Totals</u>
csd-1439	'67	325,556.	
ea-32	'71	150,000.	
			<hr/> 475,556.
csd-3310	'72	774,414.	
csd-3310	'73	443,636.	
csd-3310	'74	449,427.	
			<hr/> 1,667,477.
pha-G-1110	'75	363,283.	
pha-G-1110	'76	450,000.	
pha-G-1110	'77	400,000.*	
			<hr/> 1,213,283.
			<hr/> <hr/>
		Total Obligations	\$3,356,316.

\*To fund project activities from 7/1/77 - 6/30/78.

Report drafted by:  
John Edlefsen  
PHA/POP/TI  
April, 1977

PROJECT DESIGN SUMMARY  
LOGICAL FRAMEWORK

Title of Project: \_\_\_\_\_  
From FY 1975 to FY 1978  
Total U.S. Funding: \$1,250,000  
Date Prepared: \_\_\_\_\_

Institutional Utilization for Family Planning  
University of Hawaii AID/aid 3310; Project No. \_\_\_\_\_  
Project Title & Number: \_\_\_\_\_

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Program or Sector Goal: The broader objective to which this project contributes:</p> <p>The program goal is to assist Asian and Pacific Basin LDCs to strengthen their capabilities to help poorest majorities achieve more manageable family size and attain a higher quality of life.</p>	<p>Measures of Goal Achievement:</p> <ol style="list-style-type: none"> <li>1. Decreased fertility and population growth rates in geographical areas served directly by this program.</li> <li>2. Increased FP service delivery activities made available by LDCs.</li> </ol>	<p>LDC Population/Family Planning Reports:</p> <ol style="list-style-type: none"> <li>1. Evidence of increased LDC support fertility management among the rural/ urban poor;</li> <li>2. Evidence of increased LDC support for maintaining indigenous FP service delivery, education and training programs.</li> </ol>	<p>Assumptions for achieving goal targets:</p> <p>LDC leaders are prepared to prioritize their POP/FP problems and seek U.S. assistance to help solve these problems.</p>
<p>Purpose:</p> <p>The Project purpose is to concentrate U.S. institutional resources on educating/training POP/FP professionals required for LDC institutions to plan, implement and evaluate their own POP/FP programs.</p>	<p>Conditions that will indicate purpose has been achieved: End of project status.</p> <p>In Asian/Pacific Basin institutions a significant number of adequately trained personnel are planning, implementing and evaluating their own pop/fp service delivery programs. Collaborative pop/fp programs in training and fp services underway thru formally established US/LDC institutional linkages.</p>	<p>LDC Fiscal Support Budgets for P/FP Programs:</p> <p>LDC Institution Reports; Mission Reports Grantee Annual Reports; on-site evaluations.</p>	<p>Assumptions for achieving purpose:</p> <p>Cooperative US/LDC education and training program will better prepare LDC institutions to respond to POP/FP problems in their own milieu.</p> <p>Asian/Pacific Basin countries are committed to further develop, support and draw upon their own resources as capabilities improve and donor assistance phases down.</p>
<p>Outputs:</p> <ol style="list-style-type: none"> <li>1. U.S. Education for FP professionals involved in developing/managing LDC POP/FP programs.</li> <li>2. Short-term training for FP professionals engaged in LDC service delivery programs.</li> <li>3. U.S. consultant/advisory services for LDC/FP institutions and training programs and FP conferences.</li> <li>4. FP curricula and training materials developed.</li> </ol>	<p>Magnitude of Outputs: During three-year life of Project:</p> <ol style="list-style-type: none"> <li>1. 25-30 MPH/MS LDC degree candidates educated,</li> <li>2. 125-150 doctors, nurses, nurse-midwives, trainers of trainers; receive clinical/management/program training at Kapiolani Hospital and the School of Public Health.</li> <li>3. Up to 12 mm</li> <li>4. FP curricula/training materials: produced/distributed to trainees and participating LDC institutions.</li> </ol>	<ul style="list-style-type: none"> <li>o Numbers of LDC professionals educated/trained.</li> <li>o Numbers jointly developed institution-to-institution P/FP programs continued by LDCs following termination AID support</li> <li>o Follow-up conferences missions/LDC institutions</li> <li>o On-site visits, evaluations of UH training programs.</li> </ul>	<p>Assumptions for achieving outputs:</p> <p>Full range U.H. resources as needed drawn upon</p> <p>LDC institutions will accept U.S. university assistance for resolving P/FP manpower, policy and program problems.</p>
<p>Inputs:</p> <p>Grantee</p> <ol style="list-style-type: none"> <li>1. Administrative/supervisory/teaching staff for Education/Training courses.</li> <li>2. U.S. consultant/program review personnel for LDC service delivery and training activities.</li> </ol> <p>Office of Population</p> <p>Grant funding/program monitoring</p>	<p>Implementation Target (Type and Quantity)</p> <p>Grantee</p> <ol style="list-style-type: none"> <li>1. Part-time administrative/supervisory personnel as needed; full-time Kapiolani Hospital nurse trainers, audio visual specialist, medical illustrators and Ob/Gyn staff as needed.</li> </ol> <p>Office of Population</p> <p>Up to \$450,000 per year.</p>	<p>UH</p> <p>Annual Reports; Grantee staffing patterns; periodic UH/AID program evaluation.</p> <p>LDCs</p> <p>Cooperative P/FP program evaluation.</p>	<p>Assumptions for providing inputs:</p> <p>UH:</p> <p>Can plan, manage and implement LDC education/training programs. Maintain adequate research, training and consultant personnel cognizant of LDC, FP training needs.</p> <p>LDCs</p> <p>Provide and manage staff for budgeted FP program activities.</p>



University of Hawaii

As of 4/77

Students in Population/Family Planning Supported By:-

AID/SPH Grant AID/csd-3310 (July 1, 1975-Sept. 30, 1975)

Grant AID/pha-G-1110 (Oct. 1, 1975-Dec. 31, 1977)\*

DEGREE CANDIDATES  
(MPH or MS)

Population/Family Planning

Student's Name and Country

	AID/SPH Grant csd-3310												AID/SPH Grant pha-G-1110																	
	1974 - 1975						1975 - 1976						1976 - 1977																	
	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Mr. , I. Njoman (Indonesia).....																														
Muryadhi, N. T. (Indonesia).....																														
oparatana, Chittima (Thailand).....																														
zwar, Azrul (Indonesia).....																														
quadiz, Lina (Philippines).....																														

The School of Public Health (SPH) plans to admit four additional students in July, 1977, with the expectation that they will complete the requirements for the Masters Degree within 12 months, i.e., by June 30, 1978.

Thai Workshop - "Inter-Institutional Seminar on the Role of the General Hospital in Family Health and Family Planning"

A. Hawaii-Based (March 1-20, 1976)

Number of participants: 11

Professional Affiliation:

Doctors	<u>9</u>	Government	<u>10</u>
Nurses	<u>2</u>	Non-Government	<u>1</u>
Other	<u>0</u>		

B. Bangkok-Based (April 12-30, 1976)

Number of participants: 79 (40 participants, 39 teaching staff)

Professional affiliation:

Doctors	<u>48</u>	Government	<u>75</u>
Nurses	<u>26</u>	Non-Government	<u>4</u>
Other	<u>5</u>		

Philippines Workshop (Manila) - "Village and Household Availability of Contraceptives" (June 6-10, 1976)

Number of participants/observers: 68 (35 participants, 33 observers)

Countries of origin:

Bangladesh	<u>3</u>	Singapore	<u>1</u>
Indonesia	<u>6</u>	Taiwan	<u>2</u>
Korea	<u>4</u>	Thailand	<u>5</u>
Philippines	<u>35</u>	U.S.A.	<u>12</u>

Professional affiliation:

Doctors	<u>38</u>
Administrator	<u>10</u>
Other	<u>20</u>

932062000 5/01

SUMMARY REPORT  
OF  
THE WORKSHOP ON POPULATION AND FAMILY PLANNING FOR MANAGERS  
OF  
INTEGRATED DISTRICT HEALTH SERVICES

BEST AVAILABLE COPY

at Railway Hotel, Chiangmai

(June 23 - July 8, 1978)

-----

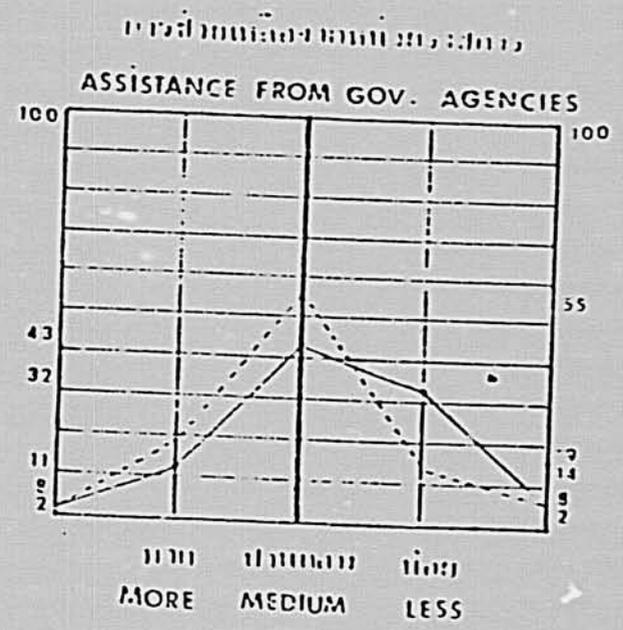
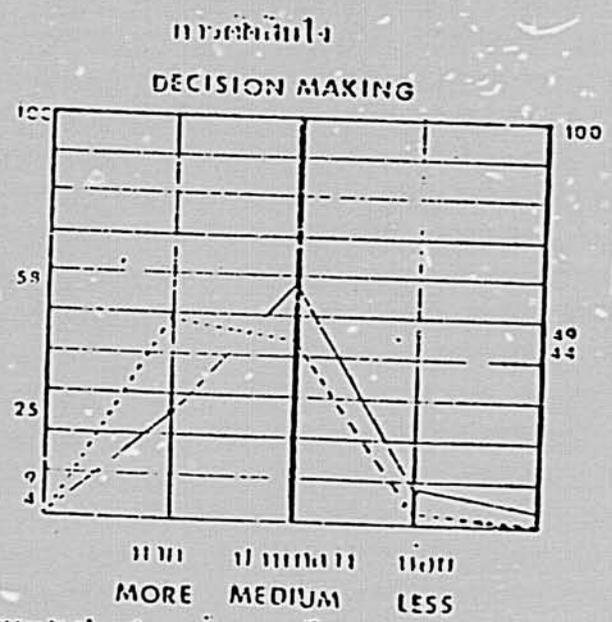
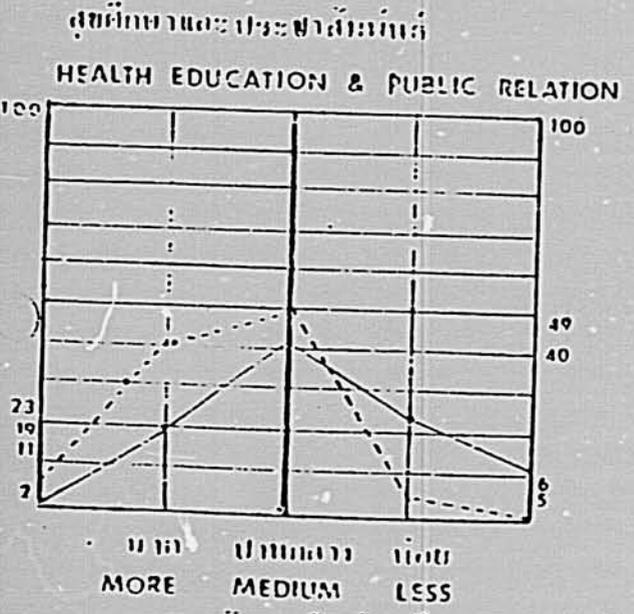
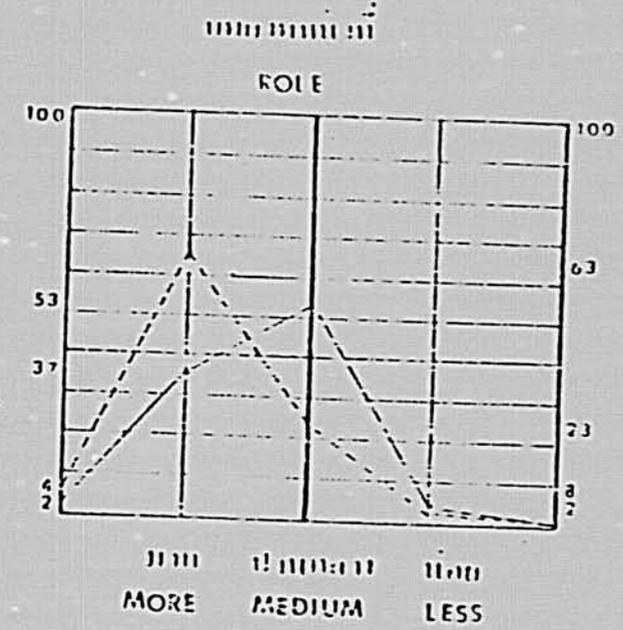
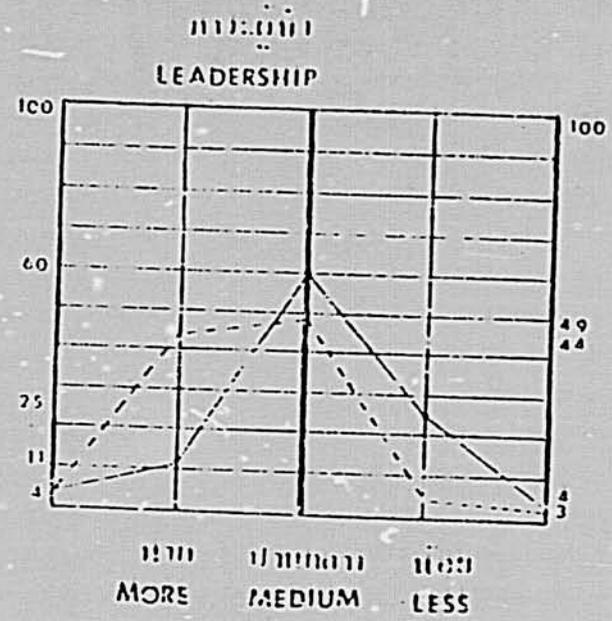
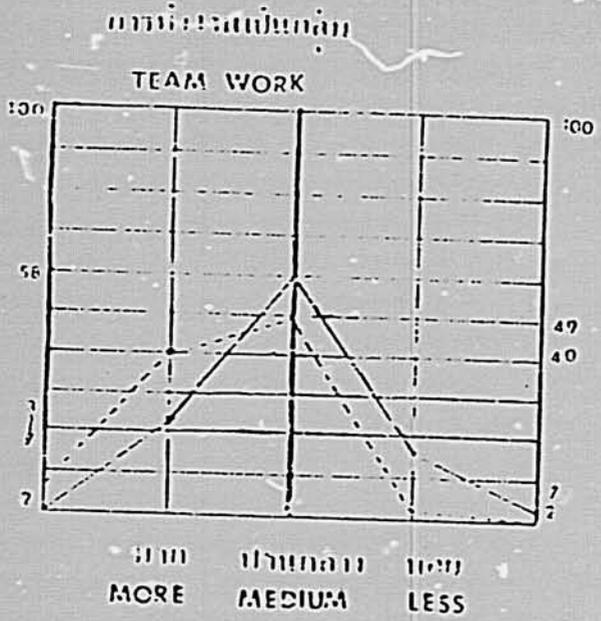
The Workshop, held according to the objectives laid down in the proposal appeared in Annex 1, was participated by 26 Directors of District Hospitals and 34 District Health Officers. These 60 participants were selected from 21 Provinces located throughout the country as shown in Figure 1. The Workshop was also attended by 10 observers from various Government Health Agencies. There were 35 resource persons invited for giving lectures and assisting various group discussions. The Workshop daily schedule, shown in Annex 2, was laid down in accordance with the lesson plan in Annex 1. Some modification, however, had been made to meet with the situation changed during the Workshop.

All participants were requested to fill in the questionnaire form before attending the first session and to do this again, with the same questionnaire form, at the end of the last session. Results of the analysis of these questionnaire forms revealed that the participants gained more knowledge and understanding on the main topics of the lesson plan. (See Figure 2) However, periodic field visits for evaluation of the effect of the Workshop in the future will reveal the true picture of developmental changes as expected in the proposal.

\*\*\*\*\*



Figure - KNOWLEDGE AND UNDERSTANDING GAINED FROM THE WORKSHOP



- - - - - คำนวณก่อนเริ่มโครงการ ( RESPONSE BEFORE WORKSHOP )  
 ————— คำนวณหลังโครงการ ( RESPONSE AFTER WORKSHOP )

## ANNEX 1

1. PROBLEM IDENTIFICATIONA. Administrative Problems in the District Hospitals

- (1) The Physician in Charge of the District Hospital usually lacks the motivation to extend his responsibility and activities beyond the hospital. This results in a lack of coverage for the health needs of the rural communities.
- (2) The Physician in Charge of the District Hospital usually lacks the human relations skills necessary to motivate his staff, as well as work in conjunction with the District Health Officer and other peripheral health personnel, to improve the health status of the community. He also lacks the necessary knowledge to plan activities, assign tasks, designate responsibility, and evaluate the work of those individuals working at the District Hospital.
- (3) The Physician in Charge of the District Hospital is usually unaware of the vast realm of authority which is delegated to him from the Provincial Health Officer, to supervise and support health services at the district level. This lack of awareness, often stems from lack of motivation resulting in an extremely limited view as to his actual responsibilities.
- (4) There is very little, if any, coordination between hospital and community-based health services. This has resulted from the fact that both the District Health Officer and the Physician in Charge of the District Hospital do not share a feeling of "combined responsibility" to serve the health needs of the people within their area of responsibility.

- 2 -
- (5) The Physician in Charge of the District Hospital usually lacks of adequate human relations skills to initiate support and cooperation from organizations, both private and public, which can assist him in promoting the health of his community.
  - (6) The Physician in Charge of the District Hospital usually displays a negative attitude toward his managerial responsibilities. Usually viewed as boring, or an obstacle to curative services, he often neglects duties which are essential for operating a health facility.

B. Administrative Problems in the District Health Offices

- (1) The absence of any long range health objectives at the District Health Office has resulted in a lack of motivation on the part of the District Health Officer. Except for personal satisfaction, there is little incentive to excel at one's work.
- (2) The lack of support from the Provincial level staff has had a demoralizing effect on the District Health Officer, for he is no longer motivated to utilize his own initiative, and ability to the utmost.
- (3) The District Health Officer usually lacks the necessary management skills to formulate health plans for his district. He is unaware of how to utilize the existing resources to produce the optimal results.

- (4) The District Health Officer usually lacks the proper perspective, or awareness, of how he can best utilize the district hospital to support the various peripheral health facilities within the area of his jurisdiction.
- (5) The District Health Officer is often unaware of his advisory capacity, to the District Officer, in all matters relating to health. In reality, he can recommend the utilization of immense local resources to establish projects to improve the health status in his area.
- (6) The District Health Officer usually lacks the proper attitude and communication skills to mobilize the local communities to supplement the health service resources in his area.

11. TRAINING NEEDS

A. The Creation of Cooperative Spirit Between the District Health Officer and the Physician in Charge of the District Hospital

- (1) The Physician in Charge of the District Hospital and the District Health Officer must be motivated to work together to solve their respective problems.
- (2) The Physician in Charge of the District Hospital and the District Health Officer should learn how to share their leadership roles, so that they are supported by the entire health staff at both the

District Hospital and the various peripheral centers. By working together, not only can they increase their effectiveness but in addition they can exert pressure to alert higher administrative levels to the constraints emerging from their operations.

- (3) The Physician in Charge of the District Hospital and the District Health Officer should be trained to communicate effectively within their respective organizations, as well as with other organizations and the general public. At present, many of these individuals are unaware how to properly channel communications to their supervisors. In addition, they must learn to increase their public relations capabilities so that they can elicit the active support from public and private organizations as well as the local communities.

B. The Physician in Charge of the District Hospital Needs the Following Training

- (1) Learn proper management and leadership skills so that he can successfully plan, supervise, evaluate and monitor activities of his staff members.
- (2) Learn how to properly exert the authority delegated from the Provincial Health Officer, so that he can both administer and support health activities within the area of his jurisdiction.
- (3) Learn to coordinate his work with that of the District Health Officer, so that the local communities benefit from their combined efforts.

C. The District Health Officer Needs the Following Training

- (1) Learn proper management and leadership skills to plan, supervise, evaluate and monitor the activities of peripheral health workers in his districts.
- (2) Learn to effectively utilize his advisory capacity so that the District Officer coordinates all community development programs for the optimal health and well-being of the local population.
- (3) Learn how to obtain effectively support from the District Hospital, Provincial Hospital and other health services organization especially in the form of technical assistance whenever needed.
- (4) Learn how to mobilize community efforts to promote the success of health programs.

III. TRAINING OBJECTIVES

At the end of the training session, the Physician in Charge of the District Hospital and the District Health Officer will be able to demonstrate knowledge, skill and attitude as to:

- (1) Be motivated to work together to help solve each other's respective problems.
- (2) Share leadership roles within their district without displaying any signs of conflict or hostility.

- (3) Be able to effectively communicate within their organization, as well as with other organizations and general public.
- (4) Know how to collect and utilize data to support planning, monitoring and evaluation of health programs in their district.
- (5) Make optimal use of their resources, with their management skills, to ensure that their health facilities operate efficiently.
- (6) Be able to appropriately coordinate health programs with other community development projects.
- (7) Be able to skillfully utilize local resources and organized community effort to develop a Primary Health Care System designed to expand the coverage of health services to meet the health needs of the community.

\*\*\*\*\*

TEACHING METHOD	MATERIAL AND EQUIPMENT	RESPONSIBLE PERSON	EVALUATION
(1) Lecture (2) Discussion	Handouts	Jumroon	Open discussion
		Damrong	
	Pretest Questionnaire	Swing	
Lecture Role-play	(1) Overhead Projector  (2) Role-play instruction  (3) Handouts  (4) Video Tape	Nit	Group discussion feedback

TOPICS	OBJECTIVES	CONTENT
Orientation	To enable participants to: <ol style="list-style-type: none"> <li>(1) Understand training needs, objectives, and process.</li> <li>(2) Be oriented with training site, facilities, and services.</li> </ol>	<ol style="list-style-type: none"> <li>(1) Training needs</li> <li>(2) Training objectives</li> <li>(3) Training process</li> <li>(4) Accommodation, facilities and services available to participants</li> </ol>
Introducing Problem-Solving Approach	To enable participants to: <ol style="list-style-type: none"> <li>(1) Define the term "Problem" and "Constraint"</li> <li>(2) Identify problem areas to be solved through this workshop.</li> </ol>	<ol style="list-style-type: none"> <li>(1) Definition of "Problem" and "Constraint"</li> <li>(2) Problem solving and Group Process</li> </ol>
(Pretest)	To collect information about <ol style="list-style-type: none"> <li>(1) Participants background, knowledge, and attitude.</li> <li>(2) Participant's input</li> </ol>	
Leadership and "Dynamic" Group Action (Introduction)	To enable participants to: <ol style="list-style-type: none"> <li>(1) Have general concept about leadership.</li> <li>(2) Play leadership role in the group.</li> <li>(3) Utilize the group process as a means to achieve problem resolution.</li> <li>(4) Participate and contribute to group dynamics in order to reach optimal group productivity, group maturity and group worth.</li> </ol>	<ol style="list-style-type: none"> <li>(1) Leadership in Democratic</li> <li>(2) Leadership Role in the Health Team</li> <li>(3) Group Dynamics, Group Process, and Group Goals</li> <li>(4) Group Techniques</li> </ol>

TEACHING METHOD	MATERIAL AND EQUIPMENT	RESPONSIBLE PERSON	EVALUATION
Small group discussion			Simultaneous group evaluation
Open discussion		Arunee Damrong Nit	Group observer evaluation
Lecture and discussion	As required	As appropriate	
Lecture	(1) Overhead Projector (2) Handouts	Jumroon	"End-of-Session - Evaluation"
Lecture	(1) Overhead Projector (2) Handouts	Nit	"End-of-Session - Evaluation"

TOPICS	OBJECTIVES	CONTENT
(Problem Explanation)	To enable participants to collectively explore the administrative problems in district level health services.	Administrative Problems in district level health services
(Problem Clarification)	To enable participants to: (1) Clarify identified problem areas. (2) Analyze problems (3) Seek consensus on problem identification	Problem Identification and Problem Analysis
Review of Teaching Material	To assure that documents and other teaching material are fully utilized by participants	Review teaching material presented during daytime session.
Introduction to Public Administration	To enable participants to: (1) Understand national objectives, policy and public administration (2) Know the role of the Ministry of Public Health in attaining the national objectives (3) Understand the principle of peripheral and local Administration	(1) Public Administration at the National Level (2) Public Service as related to health (3) Peripheral and local Administration
Principle of Management	To enable participants to understand the general principle of management	(1) General principle of organization and management (2) Management Information System (3) Resources management (4) Personnel Management

4

TEACHING METHOD	MATERIAL AND EQUIPMENT	RESPONSIBLE PERSON	EVALUATION
Panel discussion	Handouts	Damrong Jumroon Arumee	"End-of-Session - Evaluation"
Lecture		Jumroon	"End-of-Session - Evaluation"
(1) Case exercise (2) Small group discussion	(1) Case Study Presentation (2) Video Tape	Jumroon Damrong	Result of Case Study
(1) Lecture/ Discussion (2) Case Study	Case Study	Nit	Group Observer - Evaluation
(1) Lecture/ Discussion (2) Field Work (3) Case Study	Case Study	Jumroon	Simultaneous Group - Evaluation

5

TOPICS	OBJECTIVES	CONTENT
Decision-Making	To enable participants to understand rational decision-making process.	(1) Communication skill in Decision-Making (2) Group Decision and Group Member Commitment
Delegation of Authority	To enable participants to understand how to delegate authority, and how to execute delegated authority.	Delegation of Authority
Decision-Making and Delegation of Authority	To enable participants to: (1) Practice rational decision making in management (2) Practice delegation of authority.	Decision-Making and Delegation of Authority in Management Practice
Status and Role in Human Relation	To enable participants to: (1) Understand the concept of status and role in human relation. (2) To avoid role conflict and status rigidity in the group process.	(1) Role Conflict (2) Status Rigidity
Integrated Health Programs Management	To enable participants to: (1) Know the concept of Integrated Health Programs (2) Exercise on Integrated Health Program Planning	(1) Integrated Health Services (2) Integrated Health Program Planning

6

TEACHING METHOD	MATERIAL AND EQUIPMENT	RESPONSIBLE PERSON	EVALUATION
Panel discussion	Handout	Jumroon	Open discussion
Panel discussion	(1) Handouts (2) Slide Projector	Boonyong Sommai	Open discussion
Panel discussion	A-V equipment	Swing	"End-of-Session - Evaluation"
Panel discussion	Handouts	Damrong	"End-of-Session - Evaluation"
Small group discussion	Video Tape	Nit	Group Observer Evaluation

7

TOPICS	OBJECTIVES	CONTENT
The Roles of Provincial Administration and District Officer as Related to Integrated District Health Services	To enable participants to: (1) Understand the Provincial Administration  (2) Understand the role of the District Officer as related to health services	(1) General Concept about Provincial Administration  (2) District Officer's role in health matters
Community Medicine in the Hospital	To enable participants to know how to organize "Community Medicine" services in the District Hospital.	Community medicine services in Nan Hospital and Lampang Hospital.
Health Education and Public Relations	To enable participants to: (1) Know about health education techniques (2) Know how to apply health education methods in public relations (3) Teach and supervise members of the health team to provide health education (4) Utilize health education and public relations to support health services	(1) Health education methods and media (2) Principles of public relations (3) Health education program in the hospital (4) Health education program in the Rural Community
Community Development and Health Services	To enable participants to know how to coordinate health programs with other community development programs.	Health aspect of community development
Community Resources and Health Services	To enable participants to know how to utilize community resource for the benefit of health programs.	Mobilization of Community Resources

TEACHING METHOD	MATERIAL AND EQUIPMENT	RESPONSIBLE PERSON	EVALUATION
Small group discussion		Damong Nit Arnee Jumroon	Simultaneous Evaluation
Panel discussion		Somboon	
General discussion	Final group reports	Somboon	Group Observer Evaluation

15

TOPICS	OBJECTIVES	CONTENT
Management of Change	To enable participants to apply knowledge, skills, and attitudes gained from previous sessions to solve current problems in the district. This must be done through the joint efforts of physicians in charge of District Hospital and District Health Officers.	Solving the problems identified in earlier sessions
Integrated Programs Support, etc.	To enable participants to: (1) Know how to obtain support from provincial and national governmental agencies (2) Clarify relationships with higher level authorities	Open discussion on any issues which still remain unclassified
Conclusion	To enable participants to reach consensus on how to implement "training objectives".	(1) Conclusion (2) Commitment (3) Recommendation

Dr G.P.C. Fernando explained the financial commitments of the project.

Dr V.T.H. Gunaratne, RD/SEARO, commenting on the recommendations of the Workshop said that they were generally in line with the view of the WHO. He was happy to note that it was recommended that the programme be phased out. He felt that time would have to be given to the Ministry of Health to study the recommendations and come to a decision as to whether they accept them or not. But first he would like to know what the views of the Minister as to the recommendations. As far as the WHO was concerned, he was in general agreement with the recommendations which if implemented would result in the establishment of the Institute of Health Sciences. This Institute could be a model not only for this region but also for the rest of the world. WHO could play a coordinating role in this programme. He said that a long-term international staff member should be attached to the director of the Institute to assist him in the development of the Institute of Health Sciences. The WHO would be prepared to finance the long-term staff.

Mr Larry Cooper, USAID, was appreciative of the fact that the group laid stress on the project being part of the national development. He was also happy to see that in the model of the delivery of primary health care in the periphery, emphasis was at the community level, using the Community Health Workers and Volunteers and also active participation of the community.

USAID has an open door and is willing to listen to proposals which are soundly constructed. The emphasis at the moment in Sri Lanka is in the agricultural field and for USAID to participate to a large extent in the health field would require a change in policy. For this they would have to ask the Washington office for guidance.

Professor E. Voulgaropoulos, University of Hawaii, mentioned that the University of Hawaii, during the past ten years has been conducting developmental activities in several countries, supported by USAID. The decision as to whether the USAID would be interested in this project or not would depend on the new Director. However, because this University regarded the establishment of this kind of Institute unique, it had invested considerable resources for the present Workshop. The University of Hawaii's main contribution could be in the technical field and would work in collaboration with the WHO and the Government of Sri Lanka to develop the Institute. The University was prepared to invest in another workshop in the near future to further develop proposals to present to the USAID or other donor agencies. He thought that the proposals should be focused not only on USAID but also to other agencies. The University of Hawaii was prepared to act as an intermediary to initiate a dialogue with donor agencies.

If the Government considers this project as priority, UNICEF assistance by way of equipment and training could be provided in close collaboration with WHO which provides technical expertise, because this area also coincides with that of UNICEF. Since the plans are being formulated at the present time for the next five years, they should be included in it.

Dr E.S. Han, WR Sri Lanka, mentioned that the immediate needs of the Institute of Hygiene could be met internally. For instance, under the UNFPA/WHO projects MCH 001 and 002, a large number of vehicles were expected to arrive and to recommend to the UNFPA to allot some of these vehicles for use in the field practice area of the Institute.

Mr B.C. Perera, Secretary of Health, said that the proposals for the first phase has already been submitted to the Cabinet and was hopeful it would be approved. He suggested that we should go ahead with the implementation of this first phase. For the formulation of the second and third phases of project, the WHO and the University of Hawaii could assist by sending a Consultant as suggested by Dr Gunaratne. But this should be completed within three to six months.

Dr Gunaratne stated that he fully agreed that the project documents should be prepared as soon as possible but that the initiative should come from the Ministry and then the WHO, together with the UNICEF and the University of Hawaii could get together to assist in drawing it up. He felt that the UNICEF should be involved from the very beginning.

With regard to training of the staff, if these are needed urgently, WHO has no objection to using some of the Fellowship funds under the regular budget already allotted to Sri Lanka.

Dr V. Ramakrishna, University of Hawaii, stated that the documents already prepared had all the elements required. The Consultant should be a long-term one, and he could devote the first two months or so to preparing the document. But first, the Institute requires a little more by way of administrative action by the Ministry - such as financial and administrative decentralization. The Institute would need to revise the curriculum and that could be the subject of the workshop proposed.

The Minister of Health stated that he was glad that everybody has been to develop the Institute of Health Sciences and he felt that before the enthusiasm dies down, the first phase should be started. At the same time, he requested the WHO to assist by providing a Consultant to deal with the entire project.

The Regional Director stated that since the Minister was so anxious to get this project off the ground, he was willing to appoint Professor Ramakrishna for two months to work out, together with UNICEF, a project document to be submitted to the USAID.

Professor Voulgarapoulos said that Professor Ramakrishna had official commitment with the University but if it is absolutely essential that Professor Ramakrishna should come, he would be willing to convince the University. But the final decision would have to rest with Professor Ramakrishna.

SCHEDULE  
OF  
THE WORKSHOP ON POPULATION AND FAMILY PLANNING FOR MANAGERS  
OF  
INTEGRATED DISTRICT HEALTH SERVICES

at Railway Hotel, Chiangmai

(June 23 - July 8, 1978)

	MORNING SESSION	AFTERNOON SESSION	NIGHT SESSION
1978 1)	<ul style="list-style-type: none"> <li>- Registration</li> <li>- Inauguration</li> <li>- Orientation</li> </ul>	<ul style="list-style-type: none"> <li>- Introducing Problem Solving Approach</li> <li>- Participant's Back Ground Information</li> </ul>	<ul style="list-style-type: none"> <li>- Reception</li> </ul>
1978 2)	<ul style="list-style-type: none"> <li>- Leadership and Dynamic Group Action (Introduction)</li> </ul>	<ul style="list-style-type: none"> <li>- Leadership and Dynamic Group Action (Problem Exploration)</li> </ul>	<ul style="list-style-type: none"> <li>- Group Relationship I</li> </ul>
1978	<ul style="list-style-type: none"> <li>- Leadership and Dynamic Group Action (Problem Classification)</li> </ul>	<ul style="list-style-type: none"> <li>- Open</li> </ul>	<ul style="list-style-type: none"> <li>- Open</li> </ul>
1978	<ul style="list-style-type: none"> <li>- Introduction to Public Administration</li> </ul>	<ul style="list-style-type: none"> <li>- Principle of Management</li> </ul>	<ul style="list-style-type: none"> <li>- Group Relationship II</li> </ul>
1978 3)	<ul style="list-style-type: none"> <li>- Decision-Making</li> <li>- Delegation of Authority</li> </ul>	<ul style="list-style-type: none"> <li>- Decision-Making and Delegation of Authority (Case Exercise)</li> </ul>	<ul style="list-style-type: none"> <li>- Open</li> </ul>
1978 4)	<ul style="list-style-type: none"> <li>- Team Building Game</li> </ul>	<ul style="list-style-type: none"> <li>- Communication and Motivation Techniques</li> </ul>	<ul style="list-style-type: none"> <li>- Field Work Orientation (Survey Mission)</li> </ul>
1978 5)	<ul style="list-style-type: none"> <li>- Integrated Health Programs Management I (Field Work) (Survey Mission)</li> </ul>	<ul style="list-style-type: none"> <li>- Integrated Health Programs Management II (Field Work)</li> </ul>	<ul style="list-style-type: none"> <li>- Open</li> </ul>

9320620005102

REPORT OF THE WORKSHOP ON  
"TRAINING AND MANAGEMENT OF HEALTH TEAM  
IN THE DELIVERY OF HEALTH CARE  
IN THE PERIPHERY"

Held by the Ministry of Health from  
29 June to 7 July 1978, at  
the Institute of Hygiene,  
Kalutara,  
Sri Lanka

Supported By

School of Public Health,  
University of Hawaii;  
U.S.A.I.D. and W.H.O.

## INTRODUCTION

A few decades ago, Sri Lanka enjoyed a high standard of health in South-East Asia. Mortality and morbidity rates were low and malaria was about to be eradicated. The life expectancy had increased. A system of hospitals and health units had been established which provided effective health services. But now the gains in health status of people and leadership in health services somehow seem to have slipped back, necessitating the present government policy statement that it "will restore the high standard of health care and disease prevention that existed earlier and make further improvements in the health services particularly in the rural areas through both the Ayurvedic and the Western systems," (Proceedings of the Parliament 1977:103).

The government proposes to follow certain important courses of action which include:

- Greater emphasis on preventive medicine by instituting programs encompassing health education and immunization schemes, the establishment of clinics in schools, and initiation of community health projects with regard to food, water, housing and environmental sanitation and sewage.
- With a view to controlling the population explosion, enhanced Family Planning Services will be provided by the State and financial incentives will be given to individuals who practice them.
- An Auxiliary Service of semi-skilled health aides will be established to off-set the shortage and mal-distribution of medical and paramedical personnel.

The Ministry of Health has already taken steps to implement these policies by examining the existing key institutions and their programs which may require

reorganization and strengthening to meet the challenges of new directions.

The Institute of Hygiene, at Kalutara, which started as a health unit nearly half a century ago with the assistance of the Rockefeller Foundation functioned as a major training center for public health manpower - doctors, nurses, public health inspectors, and midwives. The training facilities were also placed at the disposal of other Asian Countries. For several decades it set examples of effective rural health services and developed models for training health personnel which were used by other countries. When there is no adequate and continuous political, administrative and technical support, most institutions neither survive nor thrive. But the Institute of Hygiene has survived for such a long period in spite of many vicissitudes, indicating that it possesses some inherent strength and fulfills certain valuable needs of the health services. To recapture and revive the dynamic leadership the Institute will have to go through a process of self appraisal and renewal. It was generally felt that this process leading to further development and strengthening could be accelerated by assured institutional cooperation, collaboration and support from outside.

#### WORKSHOP

In January 1978, the Ministry of Health, Sri Lanka expressed a desire to further develop and upgrade this fifty-year old Institute of Hygiene, Kalutara, and sounded international and bilateral agencies for possible assistance. Among others, the Ministry invited the University of Hawaii to initiate the process of the Institute's development by supporting a national workshop to examine the delivery of health care at the periphery by the health team and the role of the Institute in the health manpower production. The workshop became a reality towards the end of June 1978 with the funding by the USAID, collaboration of the WHO and the consultation services provided by the School of Public Health, University of Hawaii.

The Ministry of Health constituted a planning group for the workshop which suggested the theme, objectives, categories of participants, time frame and the logistics of the workshop. The planning group reviewed the objectives and the program of the workshop with the consultants and the temporary advisers and the revised program (See Appendix A) was approved by the Ministry. The workshop was postponed by a day to make it possible for the Honorable Minister of Health to participate. His active participation and keen interest in the workshop indicated the great importance given to the development of the Institute of Hygiene, Kalutara. The workshop on "Training and Management of Health Team in the Delivery of Health Care at the Periphery" was held at the Institute (45 kilometers from Colombo) from June 29 to July 7, 1978.

#### OBJECTIVES

The objectives were:

- (1) To state the policies, plans and programs of the Government for providing integrated health care to all sections of the population at the periphery as a part of the national development plan.
- (2) To review the current delivery of integrated health services at the periphery.
- (3) To evolve alternate models suitable for Sri Lanka for the delivery of integrated Primary Health Care at the Periphery.
- (4) To formulate manpower requirements to implement the selected model.
- (5) To prepare a list of training and management needs in the light of modern trends in Training and Management.
- (6) To outline the role of the Institute of Hygiene, Kalutara, to meet the manpower needs and its continuing educational requirements.

## PARTICIPANTS

The workshop had 26 participants who had served many years at different levels of health administration and belonged to several disciplines. Seventeen senior officers of the Department of Health took part in many sessions of the workshop as resource persons - three of them also served as temporary advisers assisting in the planning, conducting, and evaluating of the workshop (see Appendix B).

In the early stages of planning the workshop, each participant was requested to prepare a case study on a particular aspect of the workshop theme and highlight their own experiences. Almost all the participants responded. Presentations, group discussions and plenary sessions of the workshop were based on these case studies and on the valuable contributions made by resource persons and guest speakers.

## INAUGURATION

The inaugural address by the Honorable Gamani Jayasuriya, Minister of Health, Sri Lanka set the workshop at the highest possible level by his clear statements - "I must reemphasize that this Government is committed to deliver Optimum Primary Health Care Services to the people of this country and to develop the manpower required for this purpose. This should produce a new type of health worker competent to give total health care, unlike the compartmentalized health care given now -- The training institutes thus have to shoulder a greater responsibility in developing health manpower. The fact that the W.H.O., U.S.A.I.D. and University of Hawaii have committed themselves to the total development of the Institute of Hygiene, is extremely fortuitous at this juncture because the Government of Sri Lanka is not in a position to do so by itself. I am taking steps to establish an Institute of Health Sciences which will cater not only to the Sri Lankans, but also to

the rest of the World, specially to the countries in the South East Asian Region. It is my policy that this Institute of Health Sciences, will be responsible for coordinating and integrating all the training programs in the Ministry of Health. This Institute will play a significant role in Health Manpower Development, and be responsible for the training of such Health Manpower." (See Appendix C)

The keynote address by Dr. V.T.H. Gumaratne, Regional Director, W.H.O., S.E.A.R.O., (Appendix D) clarified many issues of primary health care including the development of health team for the delivery of health services at the community level. In setting the technical tone and the direction to be pursued by the workshop he also committed the W.H.O. to collaborate with the U.S.A.I.D. and the School of Public Health, University of Hawaii in developing the Kalutara Institute into an Institute of Health Sciences where the total health team will be trained.

#### PRODUCTS OF WORKSHOP PROCESS

The major task of the workshop was to identify the training and management needs for the delivery of primary health care and assessment of the role of the Institute of Hygiene, Kalutara, in Health Manpower Development for the provision of such care. The task was accomplished through presentation and discussion of case studies, group work and plenary sessions. There provided ample opportunities for critical examination and analysis of issues like:

- (i) Concepts of Primary Health Care,
- (ii) Strengths and weaknesses of the existing system,
- (iii) Problems, Needs and Priorities,
- (iv) Development of a new model for delivery Primary Health Care,
- (v) Assessment of Manpower needs, and
- (vi) Manpower Development

The workshop felt that a satisfactory delivery of primary health care to the underserved rural population should ensure fulfillment of the immediate and ultimate goals of -

- (a) Total Health Care to the people
- (b) Improvement of the health status of the population, achieved, sustained and promoted by inputs predominantly educational and changes essentially behavioral,
- (c) Active Community Participation
- (d) Health and Development in a Partnership (Health for Development and Health by Development),
- (e) Integrated and coordinated efforts of Agencies towards total development of individual, family and community,
- (f) self-reliance and self-help,

These, the workshop concluded, provides the quality of life in all its dimensions - physical, social, mental and spiritual - which will ensure social and economic productivity of the individual and the community.

The workshop considered the type of worker or 'trainee end-product' who could guarantee achievement of above. It was felt that he/she should be equipped with skills and competence in technical know-how or expertise of the profession; human relations and communication; group work and community organization; coordination and integration; and management.

The Institute responsible for the 'teaching-learning' situation should define educational objectives clearly and provide the complex multi-faceted, community based, experiential type of learning opportunities to the Trainee. As delivery of primary health care requires ability to work with people of different socio-economic strata, the curriculum should enable the trainee to acquire adequate knowledge, attitudes and skills to meet the challenge of helping people to meet their own health needs.

Content area for training would be basically the same for all categories of trainees varying probably in the depth, degree and the duration of training. Obviously, personnel in the higher categories of Management and Service Delivery will have a more intensive and in-depth training. For easy clarification, two broad areas of content:

Professional/Technical Area

- Maternal and Child Health
- Family Planning and Population
- Nutrition and Home Economics
- Immunization
- School Health
- Prevention and Control of Communicable Diseases
- Environmental Health and Sanitation
- Public Health Statistics
- Occupational Health
- Mental Health
- Health Education
- Basic Curative Functions
- Ayurveda and Indigenous Health Care
- Rehabilitation

Developmental and Process Area

- Interpersonal Relations-Public Relations
- Communications
- Leadership Training
- Group Dynamics
- Community Organization/Development
- Political, Ethical and Economic Aspects of Health
- (Development and Health Planning)
- Coordination/Integration
- Management and Evaluation
- Studies and Action Research
- Information System and Reporting

RECOMMENDATIONS

The workshop recommended that:

- (1) The Institute should function as the National Institute for Health Manpower Development in the Area of Community Health and Primary Health Care. (See Appendix E--Suggested Organization Accepted in Principle)
- (2) It should be an independent Institution with administrative, financial, technical and operational decentralization.
- (3) The Institute - Kalutara Base Hospital and the Field Practice Area (C.M.O.R. area, Kalutara) should constitute the "Teaching Hospital".

- (4) The Institute should form the 'Nucleus' for training activity of Community Health personnel while other existing training centers such as Malaria Training Centers, Family Health Bureau, Post-Basic School of Nursing (Community Health component) should be coordinated by the Institute, although training could be conducted at the Centers mentioned.
- (5) Other academic Institutions such as the Medical Faculty, the Dental Faculty, the Post-Graduate Institute of Medicine, etc., should relate to this Institute in a spirit of cooperation, support and mutual growth.
- (6) Collaborative association with educational programs of other Institutions should be established through:
  - Exchange Programs of Students
  - Workshops, Seminars, Field Training
  - Exchange of Faculty Members for academic and research work
- (7) Cooperative Relationship with International Agencies, Foreign Universities and Schools of Public Health should be established through the Ministry of Health for the Development of the Institute's Training, Research and Exchange programs.
- (8) Training of all types of health care providers suggested in the 'Model' (see the recommended model - Appendix F) should be done at this Institute except the training of the Community Health Worker and the Volunteer. Training sub-centers could be utilized for Manpower Development but the Institute should ensure uniformity of standards and quality of end-product.
- (9) Training of the "Trainers" for these sub-centers should be conducted at the Institute.
- (10) Institute should conduct in-service Training programs for all health personnel--
  - (a) Periodical Refresher Training (at least every five years),
  - (b) Orientation Courses (as needs arise),
  - (c) Task directed training in emergency situations.

- (11) The Institute should also organize Orientation Courses (of three to five days) for other Departmental and Voluntary Agency personnel functioning at District level.
- (12) The Institute should be strengthened to provide for higher certificates, diplomas, and degree courses in areas of Community Health for appropriate categories of personnel.
- (13) In order to provide high quality training and research, the Institute will require:
  - (a) adequate numbers of faculty and staff who are dynamic, innovative committed, dedicated, future-oriented and experts in their technical field
  - (b) Favorable physical facilities
  - (c) Material, equipment, drugs, library facilities, teaching aids, etc
  - (d) Transport facilities, Finances
  - (e) Well-prepared field practice, study and demonstration centers (FSI)
  - (f) Procedures for recruitment of the "ideal" trainee

Any short-comings and inadequacies of the above items will act as constrain towards effective educational inputs/outputs.
- (14) For the establishment and rapid development of the Institute Complex, there is urgent need for strong:
  - (a) Political commitment and support
  - (b) Administrative assistance and support
  - (c) Technical support
  - (d) Financial support - from National, International and voluntary agencies
  - (e) Legislative backing
  - (f) Positive commitment from the trainers at the Institute
  - (g) Continuing community support

- (15) The Institute should assist the Ministry of Health in manpower development policy, production, utilization and surveillance apart from providing intra-departmental, inter-departmental coordination and planning. It should assume the responsibility for the health manpower development required for the efficient delivery of primary health care services.

#### TOP LEVEL MEETING

All the participants were thrilled to know that the Ministry of Health was keen to have the workshop recommendations before July 6th for consideration at the high powered meeting to be chaired by the Honorable Minister of Health. It was envisaged that the recommendations accepted at the meeting will form the basis for formulating project proposals for establishing the Institute of Health Sciences. One of the senior participants of the workshop presented the report and recommendations at the meeting held in the Ministry of Health on the 6th of July which was attended by all the senior officers of the Ministry, representatives of the planning and other Ministries and representatives of the W.H.O., U.N.I.C.E.F., U.S.A.I.D., and School of Public Health, University of Hawaii. The Director of the Kalutara Institute explained the total financial requirements of the Project (by one estimate) could be about U.S. \$8 million for five-year period. The representatives of various agencies expressed their interest in the proposed Institute and health manpower development (See Appendix G). The Minister of Health stated that he was glad "that everybody was keen to develop the Institute of Health Sciences and he felt that before the enthusiasm dies down, the first phase should be started. At the same time, he requested the W.H.O. to assist by providing a Consultant to draw up the entire project."

EVALUATION

Final evaluation of the workshop by the participants brought out that it was an outstanding success in achieving all its objectives. Pointed reference was made about the educational methodologies used which provided maximum involvement of the participants and created a unique environment for continuous interactions between the participants, Resource Persons, Temporary Advisers and Consultants. As in all workshops the main constraint pointed out was lack of time. The workshop also proved to be an effective tool in placing the Institute again in the limelight and focused on the important role it should play in coming years. There appeared to be genuine concern for prompt implementation of the policies stated by the Minister of Health at the inauguration.

The writer believes that the prevailing environment in Sri Lanka is now most conducive for international cooperation in the field of health which is basic to all development and if neglected or overlooked will adversely affect and retard agricultural, industrial and social developments. The U.S.A.I.D. through the School of Public Health, University of Hawaii can make significant contributions and become partners in promoting Sri Lanka's health and welfare.

ACKNOWLEDGEMENTS

It was a great pleasure again to work with many officers and workers of the Ministry of Health, Medical Faculty of the University of Sri Lanka and the Institute of Hygiene. Everyone generously gave their time and shared their experiences and expectations. The success of the workshop was mainly due to their valuable contributions. The writer wishes to thank all of them.

The writer thanks the U.S.A.I.D.; School of Public Health, University of Hawaii; and W.H.O. for their assistance which were critical for the success of the workshop.

BEST AVAILABLE COPY

INAUGURAL SESSION29 June (Thursday)

- 09:20 A.M. - Arrival of Dr. V. T. H. Gunaratne  
Regional Director, W.H.O., SEARO
- 09:25 A.M. - Arrival of Hon. Gamani Jayasuriya, M.P.  
Minister of Health - Chief Guest
- 09:28 A.M. - Hoisting of the National Flag
- 09:30 A.M. - Address of Welcome  
Mr. B. C. Perera  
Secretary, Ministry of Health
- 09:35 A.M. - Inauguration of the Workshop  
by the Hon. Minister of Health  
  
Lighting the Traditional Oil Lamp
- 09:45 A.M. - Address by Dr. E. S. Han  
WHO Representative, Sri Lanka
- 09:50 A.M. - Address by Dr. Larry Cooper  
USAID Representative, Sri Lanka
- 09:55 A.M. - Address by Professor V. Ramakrishna  
University of Hawaii
- 10:00 A.M. - Address by Dr. L. P. D. Gunawardena  
Director of Health Services
- 10:05 A.M. - Keynote Address - Dr. V. T. H. Gunaratne  
Regional Director, W.H.O., SEARO
- 10:20 A.M. - Vote of Thanks - Dr. C. P. C. Fernando  
Director, Institute of Hygiene, Kalutara
- TEA
- 12:00 noon - 01:00 P.M. - LUNCH BREAK
- 01:00-4:00 P.M. - Chairman - Director, Institute of Hygiene
1. Introduction
  2. Explanation - a) Objectives - Director, Institute of Hygiene  
b) Programme - Asst. Director (Public Health)
  3. Formation of Groups - Asst. Director (Health Education) (Slides on Group Work)

- 4. Formation of Committees - Asst. Director (Health Education)
  - a) Steering
  - b) Editorial
  - c) Evaluation

5. Committee Meetings - Asst. Director (Health Education)

30 June (Friday)

Objective I

Chairman - Deputy Director (Planning)  
 Resource - Deputy Director (L.S.)

9:00-9:30 A.M. - Speaker - Asst. Director (Planning)

9:30-10:30 A.M. - Discussion (Plenary)

10:30-10:45 A.M. - TEA

Objective II

Chairman - Professor Malcolm Fernando  
 Chairman, Dept. of Social & Preventive Medicine  
 Sri Lanka University  
 Resource - (a) Epidemiologist  
 (b) P.P.H.I.

10:45 A.M. - Case Studies & Background papers

10:45-12:00 noon - Case Study Presentation I

12:00 noon-1:00 P.M. - LUNCH BREAK

1:00- 1:45 P.M. - Case Study Presentation II

1:45- 3:15 P.M. - Group Work to determine the present strength & weaknesses

3:15- 3:30 P.M. - TEA

3:30 P.M. - Plenary (reporting and discussion)

1 July (Saturday)

Objective III

Chairman - Department of Health Services.

9:00 A.M. - Symposium - Speakers: 1. Mahaveli Development Board Representative  
 2. Rural Development Department Representative

10:30-10:45 TEA 3. Commissioner of Ayurveda  
 4. Deputy Director (Medical Services)  
 5. Deputy Director (Public Health Services)

12:00 noon -1:00 P.M. LUNCH BREAK

1 July (Saturday) - con't

Chairman - Director of Health Services  
Resource - Professors T.E.J. Fonseka & M. Fernando

- 1:00- 2:15 P.M. - Presentation of Case Studies/Model & Discussion  
2:15- 2:30 P.M. - TEA  
2:45- 4:00 P.M. - Presentation of Case Studies/Model & Discussion

2 July (Sunday)3 July (Monday)

Chairman - Assistant Director (M.C.H.)  
Resource - Deputy Director (L.S.)

- 9:00-10:00 A.M. - 3 Group Leaders ) Evolve alternate Model  
3 Report Writers  
10:15-10:30 A.M. - TEA  
10:30-12:00 Noon - Plenary- Presentation of Model & Discussion  
12:00 Noon-1:00 P.M. - LUNCH BREAK

Objective IV

Chairman - Deputy Director (Planning)  
Resource - Professor Vanagunam, P.P.H.I. & C.N.O. (PHS)

- 1:00- 2:00 P.M. - Speakers: 1. Dr. Mya Tu, Regional Adviser for Health  
Manpower Development, WHO, SEARO  
2. Assistant Director (Planning)  
2:00- 2:15 P.M. - TEA  
2:15- 3:15 P.M. - Group Work  
3:15- 4:00 P.M. - Plenary- Presentation & Discussion

4 July (Tuesday)Objective V

Chairman - Assistant Director (E & OH)  
Resource - Dr. S.Y.S.B. Herath & Epidemiologist

- 9:00- 9:20 A.M. - Speaker: Professor T.E.J. de Fonseka  
9:20-10:30 A.M. - Presentations - Case Studies on Management Needs  
10:30-10:45 A.M. - TEA

BEST AVAILABLE COPY

4 July (Tuesday) - con't.

- 10:45-11:05 A.M. - Speaker: Professor T. Varagunam  
Chairman, Department of Medicine,  
University of Sri Lanka
- 11:05-12:00 Noon - Presentation of Case Study on Training Needs
- 12:00 Noon-1:00 P.M.- LUNCH BREAK
- 1:00- 1:30 P.M. - Presentation of Case Study on Training Needs
- 1:30- 2:30 P.M. - Group Work - Listing of Training and Management Needs
- 2:30- 2:45 P.M. - TEA
- 2:45- 4:00 P.M. - Plenary - Presentation of the Group Reports and  
Discussion

5 July (Wednesday)Objectives VI

Chairman - WHO Representative in Sri Lanka

Resource - Deputy Director (PHS), Deputy Director (MS)  
& Assistant Director (E & OH)

- 9:00-10:15 A.M. - Speakers: 1. Professor V. Ramakrishna  
University of Hawaii  
2. Director, I.H.
- 10:15-10:30 A.M. - TEA
- 10:45-12:00 Noon - Group Work - To outline the role of the Institute
- 12:00 Noon-1:00 P.M.- LUNCH BREAK
- 1:00- 2:30 P.M. - Group Work - To outline the role of the Institute
- 2:30- 2:45 P.M. - TEA
- 3:00 P.M. - Plenary - Presentation of the Group Reports followed  
by Discussion and summing up by Chairman

6 July (Thursday)

Chairman - Secretary/Health

Resource - WHO Representative in Sri Lanka  
Director of Health Services  
Deputy Director (M.S.)

- 9:00-10:15 A.M. - Presentation of Reports

**BEST AVAILABLE COPY**6 July (Thursday) - con't

- 10:15-10:30 A.M. - TEA
- 10:30-12:00 Noon - Plenary - Preparation and Finalization of  
Recommendations of Workshop
- 12:00 Noon-1:00 P.M.- LUNCH BREAK
- 1:00- 2:15 P.M. - Committee Reports - Steering, Editorial, Evaluation
- 2:15- 2:30 P.M. - TEA
- 2:30 P.M. - Final Address by Honorable Deputy Minister of Health  
- Vote of Thanks - Participants

7 July (Friday)

- 9:00-10:30 A.M. - Development of Work Plans for the Implementation  
of the Basic Recommendations of the Workshop
- 10:30-10:45 A.M. - TEA
- 10:45-12:00 Noon - Plenary - Written Evaluation of Workshop and  
Closing of Workshop

\*\*\*\*\*

Group I

S.H.S.-Dr. D.C.R. Liyanage

Dr. (Mrs.) G.P.C. Perera

Mr. P.B. Ekanayake

Dr. H.M. Fernando

Dr. M.D. Saranasekara

Mr. K.D.C. Perera

Mrs. D.D. Saparamadu

Mrs. P.C.H. Samarasekara

Mrs. S. Warnakula

Dr. L.N. de S. Jayasuriya  
(Temporary Adviser)Group II

Dr. D.W. Abeysundera

Dr. N.T. Cooray

Dr. W.K. Patrick

Dr. Palitha Abeykoon

Dr. M.Y. Ageysinghe

Dr. S.C. Weerakkody

Mrs. P.M. Karunawathie

Dr. Nathinarkeeriyan

Mrs. M.A. Weerasooriya

Dr. G.P.C. Fernando  
(Temporary Adviser)Group III

Dr. N. Yoganathan

Dr. U.H.S. de Silva

Dr. (Mrs.) L.N. Fernando

Dr. D.C.C. Waidyasekara

Dr. Colvin Goonaratne

Dr. (Mrs.) S.D. de Silva

Mrs. R. Ratnayake

Dr. U.A.M. Perera

Dr. Tilak Munasinghe  
(Temporary Adviser)

PARTICIPANTS, CONSULTANTS, TEMPORARY ADVISERS,  
RESOURCE PERSONS, OBSERVERS AND SECRETARIES

PARTICIPANTS

Dr. N. Yoganathan	-- Superintendent of Health Services Badulla
Dr. D. W. Abeysundara	-- Superintendent of Health Services Ratnapura
Dr. D. C. R. Liyanage	-- Superintendent of Health Services Colombo South
Dr. S. C. Weerakkody	-- Medical Officer (Training), Family Health Bureau
Dr. W.K. Patrick	-- Medical Officer (Training), Health Education Bureau
Dr. Colvin Goonaratne	-- Medical Faculty, University of Sri Lanka, Colombo
Dr. Palitha Abeykoon	-- Medical Education Unit, Medical College, Peradeniya
Dr. (Mrs.) L.N. Fernando	-- Medical Officer (MCH), Kalutara
Dr. U.H.S. de Silva	-- Medical Officer, i/c. Chest Hospital, Welisara
Dr. N. T. Cooray	-- Medical Officer of Health, Institute of Hygiene, Kalutara
Dr. (Mrs.) S.D. de Silva	-- Medical Officer of Health, Institute of Hygiene, Kalutara
Dr. H. M. Fernando	-- Medical Officer of Health, Institute of Hygiene, Kalutara
Mr. K.D.C. Perera	-- Senior Tutor of Public Health (Sanitar Institute of Hygiene, Kalutara
Mrs. D. D. Saparamadu	-- Senior Tutor of Public Health (Nursing Institute of Hygiene, Kalutara
Mrs. M.A. Weerasuriya	-- Tutor of Public Health (Nursing) Institute of Hygiene, Kalutara
Mrs. P.C.H. Samarasekara	-- Principal, Post-Basic School of Nursing, Colombo
Dr. (Mrs.) G.P.C. Perera	-- Medical Officer of Health, Moratuwa
Dr. U.A.M. Perera	-- Chief Medical Officer of Health Kurunegala

PARTICIPANTS - con't.

Dr. Natchinarkeeniyan	-- Medical Officer of Health Kadugannawa
Dr. D.C.C. Waidyasekara	-- Medical Officer of Health Homagama
Dr. S.Y. Abeysinghe	-- Medical Officer of Health Polgahawela
Dr. N.D. Saranasekara	-- Rural Medical Practitioner, i/c. C.D. Kaduwela
Mr. P.B. Ekanayake	-- Public Health Inspector, Madawala Bazaar Kandy
Mrs. R. Ratnayake	-- Public Health Nurse Wattogama
Mrs. S. Warnakula	-- Public S.D.N., Ladies College, Colombo
Mrs. P.M. Karunawathie	-- Public Health Midwife, Talawa

CONSULTANTS

Dr. V.T.H. Gunaratne	-- Regional Director, W.H.O., S.E.A.R.O.
Dr. E. Voulgaropoulos	-- Associate Dean, School of Public Health, University of Hawaii
Dr. V. Ramakrishna	-- Professor of Public Health, School of Public Health, University of Hawaii
Dr. E.S. Han	-- W.H.O. Representative, Sri Lanka
Dr. Mya Tu	-- Regional Adviser for Health Manpower Development, W.H.O., S.E.A.R.O.

TEMPORARY ADVISERS

Dr. T. Munasinghe	-- Assistant Director (Health Education)
Dr. L.N. de S. Jayasuriya	-- Assistant Director (Planning)
Dr. G.P.C. Fernando	-- Director, Institute of Hygiene, Kalutara

RESOURCE PERSONS

Dr. L.P.D. Gunawardena	-- Director of Health Services
Dr. S.D.M. Fernando	-- Deputy Director (Medical Services)
Dr. H. A. Jesudasan	-- Deputy Director (Public Health Services)
Dr. S. S. Munasinghe	-- Deputy Director (Planning)
Dr. P.D.P. Gunatilleka	-- Deputy Director (I.S.)
Dr. L.N. Rajendra	-- Assistant Director (E. A. OH)
Dr. S.Y.B.S. Herath	-- Assistant Director (NGH)
Dr. P.U. de LaMotte	-- Epidemiological Unit
Dr. A.V.K.V. de Silva	-- Epidemiological Unit
Mr. W.K. Handy	-- Principal, P.H.I.

RESOURCE PERSONS - con't.

Mrs. D.D. Piyaratne	--	C.H.O. (PHS)
Professor T.E.J. de Fonseka	--	Professor of Public Health and Preventive Medicine, Medical Faculty, Colombo
Professor Malcolm Fernando	--	Professor of Public Health and Social Medicine, Medical Faculty, Perade
Professor T. Varagunam	--	Professor of Medicine, Medical Faculty, Peradeniya

OBSERVERS

Representatives from U.S.A.I.D.		
Representatives from U.N.I.C.E.F.		
Representatives from U.N.D.P.		
Representatives from U.N.F.P.A.		
Representatives from S.I.D.A.		
Representatives from CARE		
Dr. D. Senaratne	--	Superintendent of Health Services Kalutara
Dr. (Mrs.) J. Goonawardena	--	Bacteriologist, Institute of Hygiene, Kalutara
Dr. (Mrs.) J. Weerasinghe	--	Pathologist, Institute of Hygiene, Kalutara
Dr. D. Dayananda	--	D.M.O., B.H. Kalutara
Miss B. Siriwardane	--	Matron, B.H. Kalutara
Mrs. D. Wickremasinghe	--	Matron, B.H. Kalutara
Dr. K.C.S. Dalpatadu	--	Medical Officer of Health, Institute of Hygiene, Kalutara
Dr. A.M. Rodrigo	--	Medical Officer of Health, Institute of Hygiene, Kalutara
Dr. K.J. Perera	--	D.R.M.P., S.H.S. Office, Kalutara
Mrs. G. Jayaratne	--	Tutor of Public Health (Nursing) Institute of Hygiene, Kalutara
Mr. P.L. Punchi Nilame	--	P.H.I. Tutor, Institute of Hygiene, Kalutara
Mr. A.H.W. Peiris	--	P.H.I. Tutor, Institute of Hygiene, Kalutara
Mr. D.S. Sandanayake	--	P.H.I. Tutor, Institute of Hygiene, Kalutara
Mr. D.H. Perera	--	P.H.I. Tutor, Institute of Hygiene, Kalutara
Mr. A.K. Seneviratne	--	P.H.I. Tutor, Institute of Hygiene, Kalutara

OBSERVERS - con't.

Mr. H.D.N. Perera -- Senior M.L.T., Institute of Hygiene, Kalutara  
Field Health Staff -- Institute of Hygiene, Kalutara

SECRETARIAL ASSISTANTS

Mr. R.N. Kumarasinghe  
Mr. A. Jayawardena  
Mr. Y.R. Agalawatta  
Mr. M.H.P. Seneviratne  
Mr. Norman Mendis

PRESS & PUBLICITY OFFICERS

Mr. Quintus Fernando  
Mr. L.P. Medis

TECHNICIAN

Mr. P.S. Jayasundara

PHOTOGRAPHER

Mr. G. Hemasiri

UNIVERSITY OF HAWAII/USAID/WHO  
Workshop on Training and Management of the Health Team  
in the Delivery of Health Care in the Periphery  
29 June to 7 July 1978 at  
Institute of Hygiene  
Kalutara

---

INAUGURAL ADDRESS BY HON. GAMANI JAYASURIYA  
MINISTER OF HEALTH

Distinguished Guests, Ladies & Gentlemen,

It is with great pleasure that I declare open this Workshop today at the Institute of Hygiene, Kalutara. This Workshop marks an important phase in the development of Health Care Services specially in the Public Health sector in Sri Lanka. This is the first of its kind to be held in this country. I need not stress the importance of the Workshop of this nature since the entire nation will benefit by the deliberations of this Workshop.

You have chosen a very important subject for discussion - viz: The Training and Management of the Health Team in the delivery of Primary Health Care. Management is a subject which has not drawn much attention of the authorities concerned. Whether in the health service or any other Public Service, there is a need for training of personnel to carry out managerial roles in the effective performance of their functions. The government has recognized the importance of a programme to train systematically its health personnel to meet the managerial requirements. In this context this Workshop has a very important role to play in identifying the management problems and recommending ways and means of overcoming them. The realization of national goals in the development of health manpower cannot be effective without the enhanced capability of training personnel and raising the efficiency of the training institutions which are directly involved in this field.

**BEST AVAILABLE COPY**

We have fully realized that putting up of new hospitals will not improve the health care services in this country. But we are taking all possible steps to improve the facilities in the existing hospitals. All the health workers in hospitals and in the field must work towards the provision of better health care to the people in a coordinated manner utilizing all the available resources. They must recognize the multifactorial causes influencing the health of our nation and must educate the masses about simple health habits that will take them a long way in keeping them healthy. I hope that greater coordination between the preventive and curative services and better organization and management of such coordinated services will help us to attain the objective. Statistics clearly show that through the mortality rates have gone down the disease morbidity pattern remains almost the same as that which existed several years ago. Except for smallpox and plague we are still struggling to prevent the spread of most of the communicable diseases. Though Sri Lanka has been free of cholera during the last few months there is still a threat specially with the recent floods, poor living conditions, lack of latrines and lack of safe drinking water.

According to a survey carried out by the Planning Section of my Ministry it is evident that there is an acute shortage of health workers in the country today specially in the preventive services. In order to meet the optimum standards we must have more health workers engaged in the delivery of primary health care. With the increasing population and the new development schemes like the accelerated Mahaveli Project and other such schemes in remote areas calling for resettlement of large masses of people and also schemes like the Greater Colombo Development Scheme places additional responsibility on my Ministry. Although environmental pollution has not reached great proportions in Sri Lanka as in the industrialized countries it is expected that with the

embarkation of a new policy of foreign investment in the form of industrial ventures that this problem too will crop up and add to the existing problems unless proper precautions are taken. I am fully aware of the commitments of my Ministry to face such challenges. If we take proper precautions in the early stages we can prevent illnesses and reduce the work load of the hospital staff and make use of the money spent on drugs, equipment, etc. for the development of the country. About 40% of the total admissions to hospitals are caused by preventable diseases of which worm infestation, diarrhoeal diseases and malnutrition are the most common. Health education plays a vital role in disease prevention. I must say that all members of the health team are health educators. This has to be quite clear in the minds of all health workers. Health and sickness depend on cultural, social, environmental and psychological factors. In this context we cannot look at a patient as one individual and look after him alone. Thus, we have to divert our efforts for a community-based Family Health Programme. To meet the manpower requirements for such a programme the training centres have to play a vital role. In addition they must experiment on health care and do research on the behavioral aspects of causation of disease. We must not forget the fact that the physician is not the only type of health personnel whose availability is important when assessing total health manpower. The effect of change in role of the other para-medical personnel should be considered. There needs to be an expansion of the role of middle level health workers like the Assistant Medical Practitioners, Public Health Nurses, Public Health Inspectors and Public Health Midwives in the delivery of Primary Health Care. We are taking steps to provide adequate training for Assistant Medical Practitioners in Maternal Child Health, Family Planning and Immunization, e.t.c. A more significant role has to be played by the field health worker in the delivery of Primary Health Care. We must think of a health

worker who will be acceptable to the community. Health care system cannot exist on a purely Western model. We must recognize and integrate the indigenous system of care to obtain the desired effect. In this context our indigenous medical practitioners will be one of the most important members of the health team in the delivery of primary health care. Still, a greater percentage of our rural population have more access to them than to the Western medical practitioner. Therefore we must make use of them in the delivery of primary health care to the community at the periphery. We are taking steps to make use of the registered as well as the non-registered Ayurvedic Practitioners of whom there are over ten thousand in this country, in delivering health care to the people. Institute of Hygiene can play an important role in giving the necessary orientation to such personnel so that they too can continue to function as useful members of the health team. It is also intended to train 4,000 community health workers to assist the health team in the delivery of primary health care at the grass roots level. By recruiting young men and women as health workers, we are also helping to solve another problem which has caused much frustration and unrest, viz. unemployment.

At present, health services of this country are carried out according to the recommendations of the Cumpston Report. But experience has shown that there is a greater need for a total overhaul of this policy in view of the greater demand placed on preventive health services. The Institute of Hygiene has taken steps to integrate the health care delivery at the periphery in its training models. This important aspect is stressed in their team oriented, community-based, training programmes. When I came here last on the 28th of April this year, I saw how the health team has worked to identify the health problems in the community, how they had analyzed the problems and devised methods to overcome them. I know it is not an easy task to work with the community, but it is an interesting and challenging experience. I request all

health workers to work hard to reach our goal. Health workers and those involved in training and managing them must accept the challenge they are confronted with and must work towards that national and international goal - i.e. Health for All by the year 2,000.

The training Institutes thus have to shoulder a greater responsibility in developing health manpower. The fact that the W.H.O., U.S.A.I.D. and University of Hawaii have committed themselves to the total development of the Institute of Hygiene, is extremely fortuitous at this juncture because the Government of Sri Lanka is not in a position to do so by itself. I am taking steps to establish an Institute of Health Sciences which will cater not only to the Sri Lankans, but also to the rest of the World, specially to the countries in the South-East Asian Region. It is my policy that this Institute of Health Sciences will be responsible for coordinating and integrating all the training programmes in the Ministry of Health. This Institute will play a significant role in Health Manpower Development, and be responsible for the training of such Health Manpower. I must re-emphasize that this Government is committed to deliver optimum Primary Health Care Services to the people of this country and to develop the manpower required for this purpose. This should produce a new type of health worker competent to give total health care, unlike the compartmentalized health care given now. I congratulate the Director of the Institute of Hygiene for the efforts he has made to improve the Institute. Started in 1926, this Institute still continues to be the one and only community oriented, field-based, multi-disciplinary training centre in this country. I am sure the Director and staff will be able to discharge their duties better once the planned improvements are brought about. The Project proposal for the development of the Institute of Hygiene has been approved only to receive the formal Cabinet approval.

I sincerely hope that this Workshop will be able to reach its objectives. I wish all those who are involved in the Workshop success and strength to face the challenging task and hope all of you will have a profitable ten days together. On behalf of the Government of Sri Lanka, I thank the W.H.O., U.S.A.I.D., University of Hawaii for the assistance given to make this Workshop a success. Finally I congratulate all those who contributed in some way or the other to make this Workshop a reality.

\*\*\*\*\*

ADDRESS BY DR V.T.H. GUNARATNE, REGIONAL DIRECTOR,  
WHO SOUTH-EAST ASIA REGIONAL OFFICE, ON THE OCCASION  
OF THE INAUGURATION OF THE WORKSHOP ON THE TRAINING  
AND MANAGEMENT OF THE HEALTH TEAM FOR THE DELIVERY OF  
HEALTH CARE AT THE PERIPHERY, KALUTARA, SRI LANKA -  
29 JUNE TO 6 JULY 1978.

The Honourable Minister, Mr Jayasuriya, Ladies  
and Gentlemen,

I am extremely happy to be with you today to deliver the address at this workshop on "The Training and Management of the Health Team for the Delivery of Health Care at the Periphery", especially because of the importance of the subject and secondly because the workshop is being held at this Institute of Hygiene, with which I was closely associated many years ago.

The Institute of Hygiene, Kalutara, is being upgraded and converted into an Institute of Health Sciences, where multi-professional training for the primary health care team will be provided. I am indeed very happy to hear about this forward-looking approach to the training of health personnel, and I would like to take this opportunity to share with you some of my thoughts on this subject.

Despite remarkable advances in the medical sciences and health technology in the past few decades, there has been little or no impact on the level of health of the vast rural populations and the urban poor in the countries of our region. The majority of them live with little or no access to health services.

BEST AVAILABLE COPY

The World Health Organization has squarely faced these problems, and the main target for the Organization to aim at in the coming decades is "the enjoyment of a level of health by all the citizens of the world by the year 2000 that will be conducive to a high social and economic productivity".

To meet the challenge embodied in this idea of "Health for all by the year 2000", it is essential that health care delivery be extended to the under-served populations, especially those in the rural areas and the urban poor.

In recent years, the primary health care approach is being developed by Member States and WHO to meet the basic needs of the majority of the population effectively.

What is primary health care? Primary health care is essential health care made universally accessible to individuals and families in the community by means acceptable to them through their participation and at a cost that the community and the country can afford. It forms an integral part both of the country's health system, of which it is the nucleus, and of the overall social and economic development of the community. Primary health care addresses itself to the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly.

The primary health care approach means much more than the mere extension of the existing health services. It has social and developmental dimensions and, if properly applied,

will influence the overall development of the community. Its shape is determined by social goals, which include improvement of the quality of life and provision of maximum health benefits to the greatest number; and these are attained by social means, such as the acceptance of greater responsibility for health by communities and individuals and their active participation in attaining it.

Primary health care is the hub of the health service system. Around it are arranged the other levels of the system, whose actions converge on primary health care in order to support it and to permit it to provide essential health care on a continuing basis. At the intermediate level more complex problems can be dealt with, and more skilled and specialized care as well as logistic support provided. The central level provides planning and managerial expertise, highly specialized care, teaching for specialist staff, the expertise of such institutions as central health laboratories, and central logistic and financial support.

The task of providing primary health care to all who need it is, however, not going to be easy. It is quite clear that innovative approaches to solve this problem have to be formulated and adopted. It is certain that we have to take a fresh look at this crucial problem and adopt new approaches, which, to be effective, will have to be relevant to the needs of the community and acceptable to the people and the

government. Political commitment to primary health care, however, implies more than formal support from the government and community leaders. It requires the reorientation of national health development strategies. For developing countries, it implies the transfer of a greater share of health resources for the basic needs of the underserved majority of the population. At the same time, there is a need to increase the national health budget so as to enable the total population to have access to essential health care. Much of this increase will have to be devoted to the activities providing direct support to primary health care.

Whichever way primary health care is organized, the development of the health team should be an integral part of the total concept. This need for teamwork in health care arises out of the broad concept that health includes physical, mental and social factors, and the fields of action resulting from it have become too wide for any group of individuals to cope with. At the same time, many of the functions at present performed by highly trained professionals such as physicians and nurses could be delegated to others with lesser training requirements. Team work develops, therefore, along with coordination efficacy and competency.

If we look at the present situation, health personnel trained in separate institutions, following their own curricula

## BEST AVAILABLE COPY

are placed together in a situation or institution where they have to work as a team, with no training whatsoever in team work. As a result, conflict and lack of coordination arises, and there is a confusion of roles and tasks. Furthermore poor communication between those who provide the different components of health care, results in inefficient work.

The health team should be regarded as including not only personnel from the health services but also community health workers drawn from the community they are to serve, and the members of the community themselves. The active interest and participation of the individuals and families in the community in trying to solve their own health problems by accepting greater responsibility for their health, is an important factor in ensuring the success of primary health care. By their involvement, individuals in the community become full members of the health team.

Experience in most developing countries has shown that although the idea of the health team is conceptually sound, the performance of such teams in the field is generally far from satisfactory.

A number of factors have contributed to such a state of affairs:

- There has been a lack of sufficient clarity as regards the precise role of members of the team and the team as a whole;

- There has been a lack of focus on specific job descriptions of team members;
- There has been a lack of proper community orientation in the training of the team, and particularly the team members, and
- There have been drawbacks and deficiencies in the other areas of the training process, including setting up of field practice areas and community participation.

Health planners in different parts of the world have now come to the conclusion that for the proper functioning of a health team it is desirable to train different categories of health personnel together. It is believed that this multi-professional type of training is a method which can improve the efficiency and effectiveness of health services delivery. Multi-professional training aims at training a mixed group of health personnel at different levels (professionals, auxiliaries, non-professionals) who can be considered potential members of the health teams. The main interest is in educational programmes that, amongst other things, would help them to formulate a common, comprehensive outlook on human problems and would foster better communication between members of the team.

The pattern of multi-professional training of health personnel varies widely. The variations are related to the categories of personnel to be trained

## BEST AVAILABLE COPY

and the level of educational programmes: whether basic, post-basic, undergraduate, post-graduate, or continuing education. There may be a general "core curriculum" of particular common theoretical or practical learning/teaching experiences.

The best way of implementing the multi-professional training programme would be by establishing an Institute of health sciences. This concept envisages linking up the institute of health science with schools of public health, departments of community medicine in medical colleges, and all the training schools for health personnel of various categories. This will achieve the desired integration, not only among various training establishments but also with widespread service organizations in a complementary manner. The intrinsic merit of such an idea lies in the mutual support of academic service, administrative and research fields, and the potential for coordinated team work that it provides.

In my inaugural address at the Seventh Meeting of Directors of Schools of Public Health held at Teheran in 1977, I said: "The establishment of institutes of health sciences will convert our weakness in isolation into an integral strength in unity. Likewise, the linkage of academics with health service personnel through this concept, will provide a much-needed boost to their morale, enhance their confidence in themselves, ensure their continuing education, and motivate them to give their best to the services.

The schools of public health and institutes for the training of various health personnel could all be mobilized in unison to change the health profile and health map of the countries of the Region. It is time to unite, to integrate, to innovate and to commit every academy and institution in a concerted move in the battle against disease and for the promotion of health". The time and the place are ripe for you to take this great step forward.

For any worthwhile human endeavour to be accomplished, it is said that there must be the opportunity and the will to carry it to completion. Here, at the Institute of Hygiene at Kalutara, you are being provided with a golden opportunity. You have the institutional structure and qualified staff. You have good laboratories and an affiliated base hospital. You have a very good field practice area. I dare say very few places in the world can claim to have all these conditions in one place. To top it all you have a wonderful picturesque setting. As such the Institute is in an excellent position to be developed into an Institute of Health Sciences. In fact, Dr Halfdan Mahler, the Director-General of the World Health Organization, during a visit to Sri Lanka visited this institute and considered that it could be one of the places for the development of an institute *par excellence* for this type of work.

The fact that the Government has shown a great interest and keenness to develop this institute is a very encouraging sign. In addition, you are very fortunate in having your Minister of Health, the Honourable Mr Jayasuriya, taking a personal interest in furthering the development of this institute. You must remember, however, that much hard work lies ahead of you.

The planning for this Institute cannot be done in isolation. Teams operate within the framework of larger organizations, and therefore have to be planned and developed within, and as a part of, the planning and development process for the organizations as a whole. There must, therefore, be closer cooperation and coordination in the development of a health manpower system within the health services. The educational process for training health personnel must respond as much as possible to the activities and orientation of, and foreseeable changes in, the health services.

For proper training programmes to be drawn up decisions will have to be made concerning the numbers and categories of health workers forming the health team, the types of units required, and the needs for the services of the various professions, in relation to the incidence and prevalence of health problems. Different members of the health team must have the right skills, right attitude and the right approach to the specific tasks they are assigned. In this context, the setting has become as important as the contents of the

training. "Learning by doing", which is necessary for acquiring the right skills, means that training must be organized in field practice areas, using life situations for learning.

One point which needs to be stressed is that the teachers for the training of health teams must be well prepared in order to plan, organize, manage and evaluate multi-professional education.

In order to optimize the training of health workers who will subsequently form a health team, it is essential to maximize instruction in the 'group' or 'team' setting. In other words, whenever there is an alternative in teaching a particular subject, the team or group setting should be selected in preference to the individual or solo setting.

Before concluding I would like to list some of the important principles which I would enjoin you to keep in mind:

- Stress the prevention and promotive aspects of health care
- Plan curricula properly
- Teacher training is vital
- Modernize teaching methods
- Provide facilities for need-based training
- Introduce a strong element of health education in all field training programmes
- Provide books, manuals and other materials of appropriate simplicity and in proper language.

- Pay attention to continuing education.

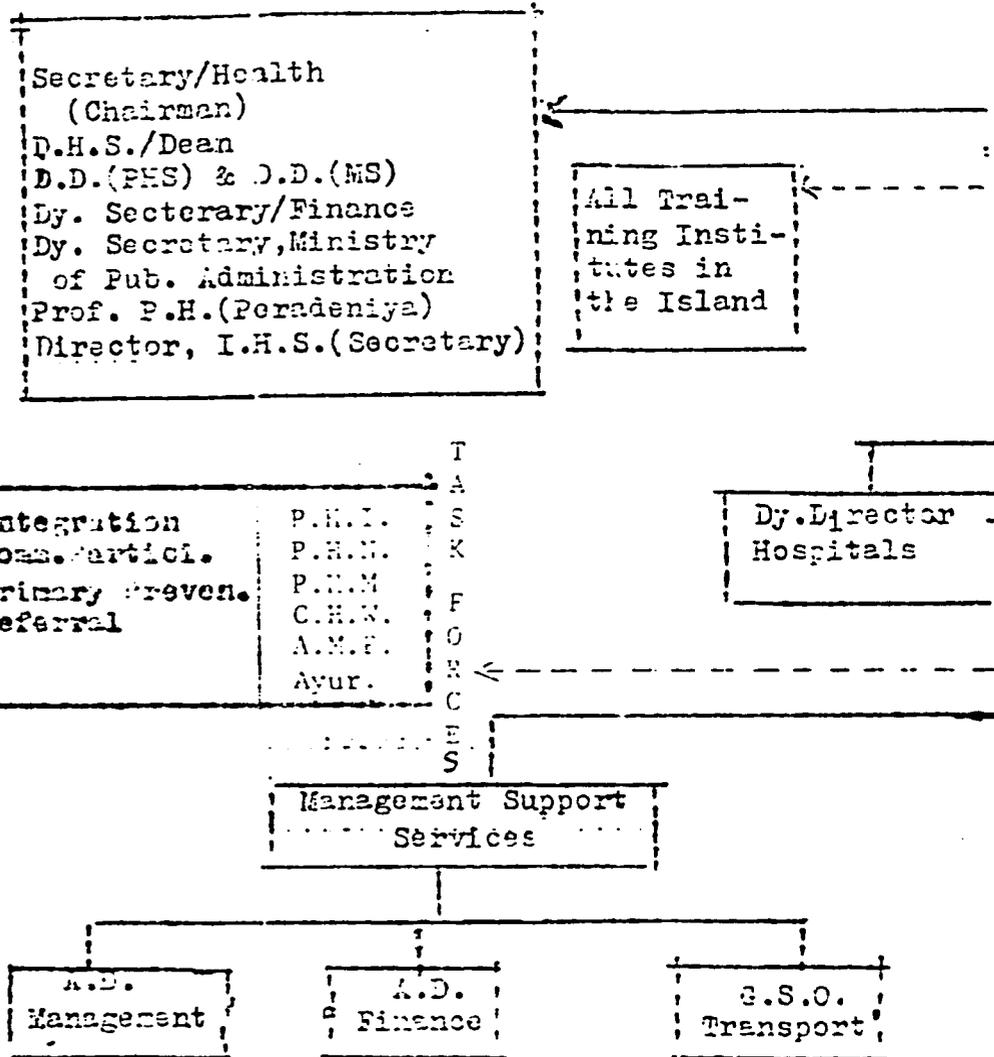
The road ahead is a long and arduous one and the challenges are many. But the opportunity is here and the directions clear. May you have the will to carry to its successful completion this great experiment in the education of health personnel which will not only benefit the health services in Sri Lanka but may also serve as a model for other countries of our region as well as of the world.

I am extremely happy to note that both USAID and the University of Hawaii have expressed their interest and support for the development of this Institute of Hygiene. I assure you that the World Health Organization will also give its full support and collaborate in the development of the Institute of Health Sciences at Kalutara.

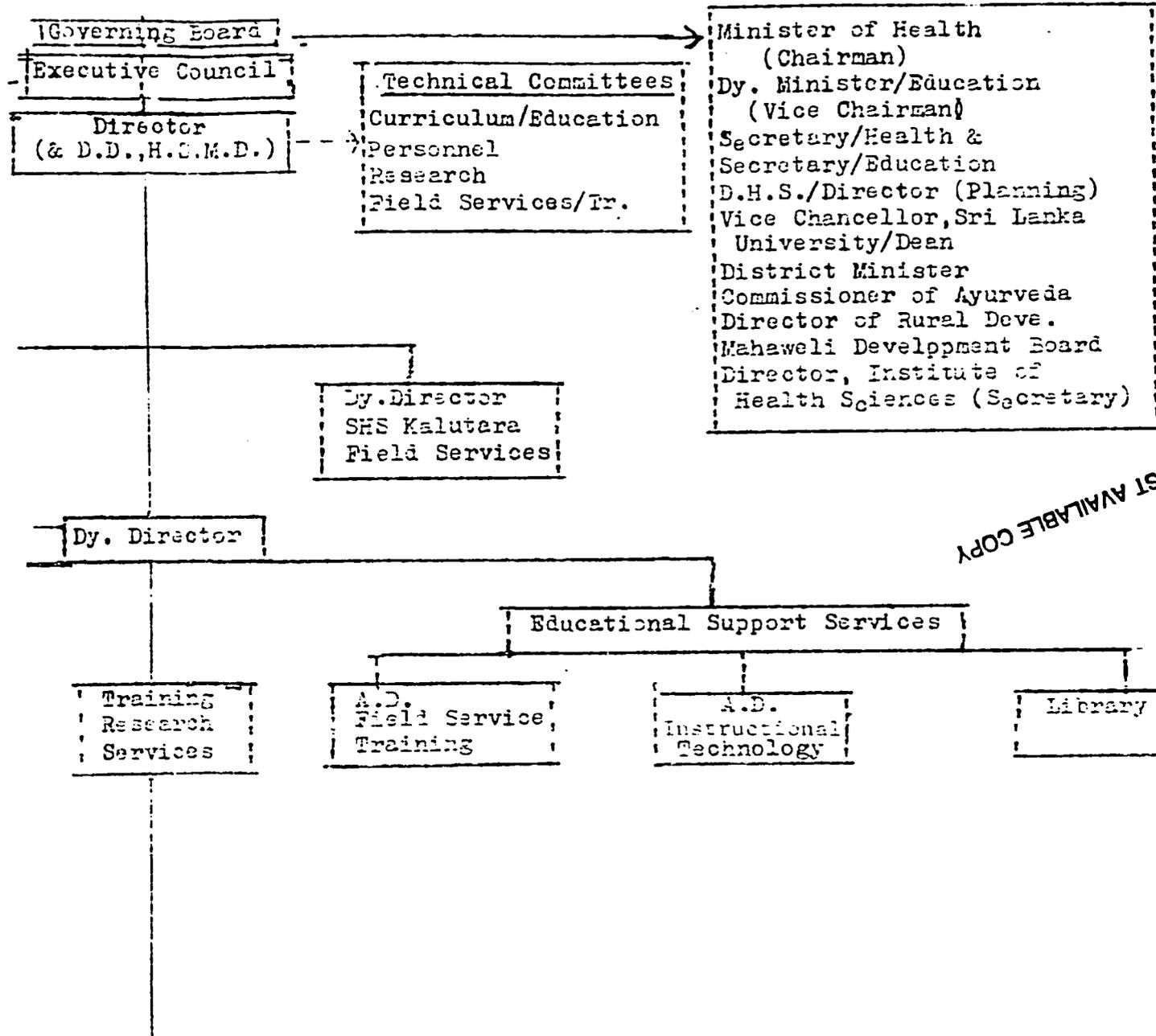
I wish you all success in this great endeavor.

THE NATION

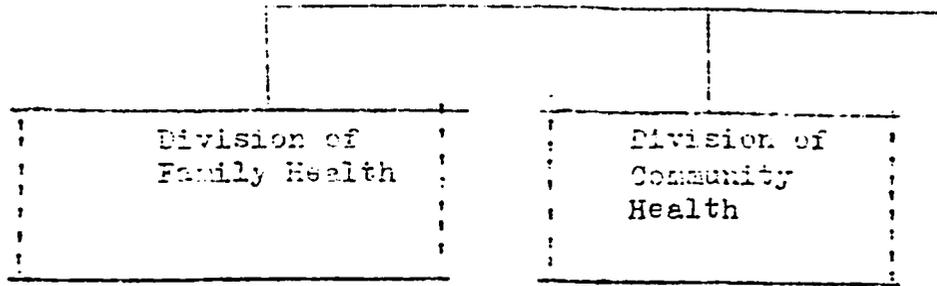
BEST AVAILABLE COPY



PROPOSED ORGANIZATION  
 OF  
 NATIONAL INSTITUTE OF HEALTH SCIENCES



EST AVAILABLE COPY



- =M.C.H. & P.P.
- =School Health
- =Nutrition
- =Home Economics
- =Health Education
- =Home Nursing
- =Self & Family Care
- =Mental Hygiene
- =Social Ethical, Moral aspects of F.H. (?)

- =Rural/Urban Development
- =Ecology & Environmental Health
- =Integrated Health Care System
- =Water Supply
- =Food & Nutrition
- =Disposal of Waste
- =Prevention of Pollution
- =Occupational Health
- =Housing & Recreation
- =Pesticides

---

\*Norman\*

Division of Prevention of Diseases	Division of Health Behaviour & Change	Division of Health Planning & Management
<p>Epidemiology</p> <p>Statistics</p> <p>Demography</p> <p>H. Laboratory Services</p> <p>Vaccines Prevention/ Care</p> <p>Infectious Diseases</p> <p>Chronic Diseases</p> <p>Efficiency Diseases</p>	<p>=Health Education</p> <p>=Social Psychology</p> <p>=Cultural Anthro- pology</p> <p>=Rural Sociology</p> <p>=Economics</p> <p>=Political Science</p> <p>=Religious/Ethics Codes</p> <p>=Modernization</p> <p>=Technology</p> <p>=Law</p>	<p>=Development Planning</p> <p>=Health Planning</p> <p>=Information &amp; System</p> <p>=Programme Planning</p> <p>=Management of Health Science - Institutions</p> <p>=Personnel Management &amp; Staff Development</p> <p>=Fiscal Management</p> <p>=Legal aspects</p> <p>=Evaluation &amp; Feed-back</p>

RECOMMENDED MODEL FOR DELIVERY OF PRIMARY HEALTH CARE  
IN THE PERIPHERY

