



INTRAH

TRIP REPORT # 0-34

TRAVELERS: Ms. Lynn Knauff, Deputy Director
Mr. Ray Baker, Associate Director
for Administration

COUNTRY VISITED: THAILAND

DATE OF TRIP: Knauff: February 6-16, 1985

Baker: February 10-23, 1985

PURPOSE: Project Development/Finalization
with Population and Community Development
Association (PDA)

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EXECUTIVE SUMMARY

A three-person INTRAH team visited Thailand during the period, February 6 - 23, 1985 (Knauff: Feb. 6 - 16; Baker: Feb. 10-23; and Veney: Feb 8 - 16).

The team worked together and individually in order to accomplish the following:

1. Preparation of a proposal, budget and draft subcontract with the Population and Community Development Association (PDA) based on Ms. Muhuhu's discussions with Asian Centre and PDA officials.
2. Exploration of an alternative to DTCP for provision of technical assistance to the Training/Supervision/Education Section of the Family Health Branch (FHB).
3. Inspection of the data systems and output of the FHB and PDA, and interviews with prospective participants to the Chapel Hill summer evaluation course (see Dr. Veney's trip report).

Two visit purposes could not be accomplished:

- 1) finalization of a workplan and the technical assistance component for provincial-level training in needs assessment; and
- 2) a workplan or preliminary arrangement for DTCP to provide technical assistance on behalf of INTRAH.

The reasons for these are given in Sections II and III of this report.

The team wishes to express special thanks to PDA for the warm hospitality they extended to us and to Ms. Muhuhu.

SCHEDULE

Lynn Knauff

February 6: Arrived Bangkok at 10:00 p.m.
February 7: Met with Ms. Pauline Muhuhu
February 8: Meetings at Population and Community Development
Association (PDA), briefing at USAID and meeting
at Ministry of Public Health
February 11: Meeting at USAID
February 12: Meeting at Population and Community Development
Association, and meeting with Mr. Tony Bennett at
Chulalongkorn University
February 13: Meeting at Development Training and Communications
Planning (DTCP)
February 14: No meetings
February 15: Debriefing at USAID and meeting of Ministry of Public
Health
February 17: Departed for Sri Lanka at 10:30 a.m.
March 2: Arrived Bangkok at 6:30 p.m. from Kathmandu
March 3: Departed Bangkok at 11:00 a.m.

Ray Baker

February 10: Arrived Bangkok at 9:40 a.m.
February 11: Meeting at USAID
February 12: Meeting at Population and Community Development
Association (PDA)
February 13: Meeting at Development Training and Communications
Planning (DTCP)
February 14: No meetings
February 15: Debriefing at USAID
February 16: No meetings

- February 17:** No meetings
- February 18:** Meeting at Population and Community Development Association (PDA)
- February 19:** Meeting at Population and Community Development Association (PDA)
- February 20:** Meeting at Dhurakij Pundit University
- February 21:** Meeting at Population and Community Development Association (PDA)
- February 22:** Debriefing at USAID
- February 23:** Departed for Kathmandu, Nepal 10:45 a.m.

I. PURPOSE

The purposes of the INTRAH team's (Ms. Knauff, Mr. Baker and Dr. Veney—his report to be submitted separately) visit, were to:

- develop and document program/evaluation and finance arrangements with Development Training and Communications Planning (DTCP) regarding technical assistance to the Family Health Branch (FHB) of the Ministry of Public Health (MOPH);
- meet the proposed candidates for the summer evaluation course in Chapel Hill; and
- liaise with Pauline Muhuhu, INTRAH's ESA Office Director who was concluding an orientation and technical assistance visit to the Asian Centre of Population and Community Development Association (PDA), to discuss the design and curriculum for the Ugandan's study visits and the prospects for other African participants' training at the Asian Centre.

III. ACCOMPLISHMENTS

1. In a meeting at DTCP, the team was informed that U.N. headquarters had established for DTCP a monthly and daily fee schedule and overhead allotment that together far exceeded the AID maximum level. Thus, it was regretfully concluded that INTRAH could not contract with DTCP to provide technical assistance in the Asia region. INTRAH will be kept informed of DTCP-sponsored courses.
2. In discussions with the Training/Supervision/Education Section staff of the Family Health Division (FHD) —including two of the three recently-trained (in Santa Cruz, California) trainers, —it became increasingly clear that the implications of training needs assessments at the provincial level had not been carefully considered. The Section Chief, while eager to keep to the schedule contained in FHD's Implementation Plan, felt that discussion would have to be held at higher levels within FHD. Thus, it is currently unclear as to when the orientation and training sessions will be held or whether it will be necessary to modify the focus of them.

3. During the discussions in (2) above, Dr. Khun Lertlak Burusapat (formerly a staff member of DTCP) was present. She had been considered the prime candidate for provision of technical assistance to the FHB during the provincial-level training activities. However, she stated that heavy responsibilities at the Dhurakji Pundit University (DPU) would prevent her from formally contracting with INTRAH for the technical assistance assignment. She did agree to work as a volunteer consultant, as her time permitted.
4. The Dhurakji Pundit University was visited by Mr. Baker to explore the potential of DPU faculty assistance in provision of short courses in management (in Thai) and consultation.
5. A scope of work, budget and draft subcontract were developed with the Population and Community Development Association (PDA). The three major components are:
 - A. strengthening of Asian Centre's training skills;
 - B. organized study visits for international participants; and
 - C. development, conduct, evaluation and follow-on of a CBD Team Management course for Africans.
6. The evaluation accomplishments appear in Dr. James Veney's report.
7. Briefing, debriefing and informal discussions were held with Mr. Khun Karoon and Mr. Terrence Tiffany at USAID.
8. Meetings and discussions with Ms. Muhuhu demonstrated both the value of her orientation to PDA's approach to community-based distribution and her participation with Asian Centre staff in designing a program that will strengthen capacity to train international participants.

III. ACTIVITIES

- A. On the basis of plans made during the last INTRAH visit (November 1984; see Trip Report # 0-35), discussions were held with Ms. Khun Chusie Sujpluem, Head of the Training/Supervision/Education Section of the FHD, in an attempt to gain more clarity about the focus, content, process, and plan for evaluation of the trainers'and

provincial-level staffs' workshops in training needs assessment. During both discussions, Dr. Khun Lertlak Burusapat (the proposed consultant for the workshops) was present. During the second discussion, two of the three recently - returned INTRAH - sponsored trainers - Ms. Khun Piengchai and Ms. Khun Nimnuan - reviewed their experience at Santa Cruz and distributed a preliminary draft of a curriculum in needs assessment training which they developed in Santa Cruz (see Appendix B).

The outcomes of the discussions appear to present setbacks to implementation of the workplan developed during the November visit. While this is disappointing, it was important to take several steps backward lest the workshops proceed without comprehension of the context in which they should be cast and recognition of the implication of them; primarily, encouraging decentralized decision-making. For example, there seemed to be anxiety about the potential for provincial-level staffs to identify training—and service—needs that FHD would be unable to meet. If, however, the context of the workshops and the basis for the Evaluation Team's recommendation were more completely understood within FHD, undoubtedly there would be less anxiety about initiatives from the provincial-level. One could not help but feel that the recommendation had been adopted and acted upon without recognition of the basis for it.

Before the Section proceeds any further, it was agreed that Ms. Khun Chusie would need to confer with the FHD administrators. Subsequently, she will need to discuss the substance of those meetings with her staff. Together, they will need to identify focus, content and process appropriate to the context. Dr. Khun Lertlak has agreed to assist as a volunteer (She has been providing consultation to Ms. Khun Chusie on an informal basis because the extent of her assignments at the University leave her with little discretionary time). This also has positive aspects since it has been observed that the Section tends to rely too heavily on external consultation, thereby underusing the expertise and experience within the Section.

Regarding the training curriculum developed in Santa Cruz, portions of it can be used in a modified workshop design. The three trainers who developed it should be encouraged to participate actively in the planning, conduct and evaluation of the workshops if they take place.

B. Ms. Muhuhu's visit in Thailand served not only to expand her family planning program repertoire, but also she was a singular resource to PDA in expanding their understanding of the context of African family planning program service delivery and the cultural factors that influence political, organizational, community and individual acceptance of family planning. On the basis of Ms. Muhuhu's impressions, observations, experience and recommendations, a proposal (see Appendix C), workplan, budget and subcontract were developed with PDA. There are three major components of the proposed relationships with PDA:

1. Strengthening of PDA's training competence through: sponsorship of Ms. Khun Tanaporn Praditwong (acting Training Manager) to the Management Sciences for Health (MSH)/Boston - sponsored Training Management Course, May 13 - June 24 1985; a Training of the Training Team with attention to team-building and conceptual and practice components in training methods, skills, and workshop design; an orientation and needs and resource assessment visit to Africa for two training team members; provision for follow-up, in-country, of international participants sponsored by INTRAH to PDA.
2. Orientation and Study Tours of PDA for African and Asian governmental and non-governmental MCH/FP management personnel. Although this has been a feature of the Asian Centre's work, INTRAH has recommended that an outcome-oriented design be adopted which will include preparation by participants of an action plan for back-home implementation. This will foster an objectives-oriented approach among participants and enable PDA to design field experiences, mini-lectures, and practice sessions that are directly related to participants' objectives. The first INTRAH-sponsored study tour of Ugandans will also include Ms. Muhuhu who will facilitate and bridge, and provide daily briefings and debriefings in an attempt to focus the participants' attention on the transfer potential of the experience. The second group of Ugandans will be enrolled in PDA's regular CBD course which, it is expected, will be modified as a result of the earlier group's feedback.

3. Development and conduct of a new, systems-oriented course on CBD management for the purpose of training management teams to plan, organize, and evaluate CBD programs. The course will be preceded by an African visit of two training team members for orientation and needs and resources assessment, and will be followed by in-country follow-up visits and a follow-up/follow-on workshop in Africa conducted by PDA.

C. The INTRAH team visited DTCP as had been planned during the last INTRAH visit. It was learned that U.N. Headquarters has established a rate for international staff of \$7550 per person per month, plus \$59 per day overhead. In an institutional agreement, the rate would boost per trainee cost to an unacceptable level and on a consultant daily fee basis, the rate far exceeds the AID maximum. Thus, we regretfully terminated further discussion on any arrangement with DTCP to provide technical assistance.

However, there is a good possibility that DTCP's course tuitions will be within our reach, and it was agreed that course announcements will be sent to us. DTCP expects to offer courses in: (1) materials development; (2) communications planning; and (3) the planning of training.

At the present time, DTCP staff are stretched very thin because of heavy in-country training commitments within the Region (including Bhutan and China). They are recruiting for a Training Specialist to take the place of Dr. Muantang who is Vice-Rector of the Durakji Pundit University where Dr. Khun Lertlak works and which her father owns. Dr. Muantang had been the primary DTCP consultant to the Training/Supervision/Education Section of FHD under a project funded by UNFPA. He is currently also in the DTCP system as a training consultant (up to a maximum of 90 days per year).

D. At the invitation of Dr. Khun Lertlak and to investigate the potential of technical assistance in Thailand via the resource personnel of Durakji Pundit University, Mr. Baker visited the campus.

DPU was founded in 1968 as a three-year, private vocational school. It became the College of Business Administration offering four-year courses leading to a bachelors degree in 1970. The vocational program was completely phased out in 1971. With the addition of programs in accounting, economics and law, the college was granted university status in 1984.

The primary mission of DPU is to train in the principles and practices of modern business administration. They operate on a semester basis; two semesters of 16 weeks each. The summer session, mid-April to mid-June is 8 weeks.

Enrollment 1983 - 1984

Day students	5,366
Evening students	<u>2,604</u>
Total	7,970

<u>Faculty</u>	<u>BA</u>	<u>MA</u>	<u>Ph.D.</u>	<u>Total</u>
Full time	69	69	13	151
Part time	25	95	23	143

The president, Dr. Sawai Sudhipaitak, and other members of the faculty expressed a strong interest in collaborating with INTRAH and are willing to provide technical assistance in Thailand. They are committed for this calendar year and are not interested in traveling away from Thailand during 1985. Their schedule in 1986 will be more flexible.

E. The team briefed, debriefed and held informal discussions with Mr. Tiffany and Mr. Khun Karoon at USAID. While we were all keenly disappointed about the outcomes of discussions with DTCP and at the current impasse in progress of the provincial-level needs assessment training, the prospect of a strengthened training capability within PDA and a more systematic approach to the design of courses offered to international participants lightened the mood. Mr. Tiffany expressed interest in the potential for DPU to organize and conduct management training for provincial-level staff. This will be followed-up in May during INTRAH's next proposed visit in the Region. He had also asked that we query Dr. Suwanee, the Deputy Director of FHD, about participant training needs but we were unable to

reach her. Mr. Tiffany has also asked that INTRAH identify a short course on planning and management of adolescent fertility programs.

A draft of the \$270,000 PDA cost reimbursement subcontract and budget detail worksheets were left with Mr. Tiffany. He is prepared to concur with the proposed work plan.

IV. RECOMMENDATIONS

A. The INTRAH draft sub-contract with PDA offers the Asia and Africa Region an unduplicated resource for CBD program observation and training. It is hoped that AID will act favorably on the recommendation that the sub-contract be approved.

B. Ms. Khun Tanaporn, Acting Training Manager of PDA, should visit INTRAH and IHPS (Santa Cruz) subsequent to the completion of the Management Sciences for Health (MSH) course. We would expect her visit in Chapel Hill to include a debriefing on the course, meeting of INTRAH staff and orientation to the University's resources, and final preparations for the Ugandans' study tour. In Santa Cruz, she will meet Dr. George Walter, prospective trainer for the team TOT now projected for January 1986 in the Philippines.

C. A short INTRAH visit to Thailand in May (during the proposed India/Sri Lanka/Nepal visit) should be made for the purpose of assessing the capability of DPU to organize and conduct short courses in management and to review the progress, if any, of the FHB situation. Also, participant training needs of Dr. Suwanee will be discussed.

APPENDIX A

USAID

Mr. Terrence Tiffany, H/P/N Officer

Mr. Khun Karoon, Program Specialist

Ministry of Public Health, Family Health Division

Dr. Morakot Kornkasem, Director

Ms. Chusie Sujpluem, Head, T/S/E Section

Ms. Pienchai Sattayut, Head, Training sub-section

Ms. Nimnuan Thawisomboon, Head, Education sub-section

Ms. Tussanee Rachanasakoon, Instructional Media Specialist

Mr. Tony Bennett, Research and Evaluation Section Advisor

Population and Community Development Association (PDA)

Mr. Tavatchai Traitongyoo, Acting Director

Ms. Somchit, Acting Deputy Director

Dr. Apichart Nirapathpongporn, M.D., Director, Medical and Nursing Bureau

Ms. Tanaporn Praditwong, Acting Manager of the Training Division

Mr. Wilas Techo, Manager of the Evaluation Division

Development Training and Communications Planning (DTCP)

Mr. Romeo Gecolea, Director

Mr. Najib M. Assifi, Regional Planner and Programmer for Population Activities

Durakijjindit University

Dr. Sawai Sudhipitak, President

Dr. Muangtong Khemmani, Vice-Rector (by phone)

Dr. Lertlak Buruspat, Assistant Professor

Dr. Suthin Nophaket, Assistant Professor

Dr. Amnuey Sowanakijboriharn, Professor

Coopers and Lybrand

Mr. Anthony Bekenn, Managing Director

A P P E N D I X B

THAILAND

TRAINING NEEDS ASSESSMENT WORKSHOP FOR FAMILY HEALTH DIVISION TRAINING

RATIONALE

By the end of the Fourth National Five-Year Plan, in December, 1981, Thailand had reduced its population growth rate to 2.1% per year. The goal set in the Fifth Five-Year Plan, which will end in 1986, is for a further reduction of the population growth rate to 1.5% per year. In mid 1984, the actual rate was 1.6%. With this evidence of progress, it seems realistic to predict that Thailand will achieve the growth reduction targeted by the Fifth Five-Year Plan.

The Sixth Five-Year Plan for 1987-91 calls for a reduction of the growth rate to 1.0 to 1.1% per year. Attaining this objective will be very difficult, due to the presence in the population of certain "hard-to-reach" groups. Of the many activities which will be used to solve this problem, training is one of the most important.

Even though Thailand has many training programs for both health and non-health personnel, there still are some points of weakness.

The USAID evaluation team which examined the Family Planning program in 1984 suggested that it lacked TRAINING NEEDS ASSESSMENT and TRAINING FOLLOW-UP EVALUATION.

As a result of this evaluation, the Family Health Division of the Ministry of Public Health, which is responsible for family planning training programs, decided to develop modules for TRAINING NEEDS ASSESSMENT and TRAINING FOLLOW-UP EVALUATION. These modules will be used by the Family Health Division training team to prepare provincial health trainers to conduct training needs assessments and do participant follow-up. Application of these courses at the provincial level will be more efficient and effective, and is consistent with the Ministry's policy of decentralization of training.

THAILAND

TRAINING NEEDS ASSESSMENT WORKSHOP FOR FHD TRAINERS

GOAL

The Family Health Division Trainers will conduct the training course for the provincial Health Trainers to do Training Needs Assessment.

GENERAL OBJECTIVES

By the end of the workshop the participants will have:

1. Reviewed the training of trainers
2. Defined Training Needs Assessment
3. Stated its purpose
4. Explained at least **four** methods of conducting one
5. Selected the appropriate assessment method according to a given situation
6. Developed the instrument(s) as indicated to conduct a Training Needs Assessment
7. Described the process of implementing the instruments that have been developed
8. Explained how to analyse the data collected as a result of the assessment
9. Designed the instrument(s) for the follow-up of training done as a result of an assessment
10. Written a plan for the follow-up of any program conducted.

SPECIFIC OBJECTIVES

By the end of the workshop the participants will have:

1. Described the overview of training
2. Explained the training process
3. Identified the training management
4. Practised on group leadership skills
5. Participated in at least three training methods
6. Defined Training Needs Assessment
7. Stated at least four purposes of it
8. Explained four common methods of Training Needs Assessment
9. Described the steps of them
10. Identified the advantages and disadvantages of each method of Training Needs Assessment
11. Stated the principles of selection of the Training Needs Assessment methods
12. Selected the appropriate Training Needs Assessment

13. Explained at least five tools to assess the training needs
14. Cited the principles of developing the instruments for Training Needs Assessment
15. Analyzed at least six sample Training Needs Assessment instruments
16. Developed the instruments for Training Needs Assessment
17. Described the process of implementing the instruments that have been developed
18. Pre-tested the instruments that have been developed in selected areas
19. Explained the process of data analysis
20. Interpreted and reported the results of data analysis
21. Stated at least three reasons for follow-up evaluation
22. Reviewed evaluation
23. Designed the instruments for follow-up
24. Pre-tested the follow-up evaluation instruments
25. Planned for follow-up of any program conducted
26. Evaluated the Training Needs Assessment workshop in which they have participated.

COURSE OUTLINE

1. Overview of training:
 - Pre-training
 - Training
 - Post-training
2. Training Process:
 - Training needs assessment
 - Learning objectives
 - Learning experiences
 - contents
 - methods
 - medias
 - Evaluation
3. Training Management:
 - Scheduling the training
 - Developing the budget
 - Selecting the training facility
 - Working with other trainers
 - Working with guest speakers and consultants
 - Preparing/selecting educational materials
 - Organizing supplies, materials and equipment
 - Arranging for meal/coffee breaks
 - Selecting accommodations
 - Arranging for travel
 - Packing up the car
 - Setting up the training room
 - Follow up the training
4. Group Leadership Skills:
 - What is the facilitator?
 - Adult learning theory
 - Task of the facilitators

5. Training Methods:
 - Presentation
 - Demonstration
 - Reading
 - Dramas
 - Panel
 - Discussion
 - Case study
 - Graphics
 - Role-playing
 - Gaming
 - etc.
6. Definition of Training Needs Assessment.
7. The Purposes of Training Needs Assessment:
 - Providing the direction
 - Answer the question, "why?"
 - Improving the individual performance
 - Improving the organization
 - Making the decision for the administrator
8. The Six Common Methods of Training Needs Assessment:
 - The interest check list
 - The on-site needs assessment
 - The problem analysis method
 - The competency model method
9. The Steps of Two Main Methods in Training Needs Assessment:
 - The problem analysis method
 - The competency model method
10. The Advantages and Disadvantages of the Two Main Methods in Training Needs Assessment:
 - The problem analysis method
 - The competency model method

11. The Principles of Selection of the Training Needs Assessment Method:
 - The situation to be solved
 - The objective of the training need assessment
 - The possibility to be applied
 - The budnet
 - The utilizing of two main methods in training needs assessment, problem analysis and competency model methods
12. The Selection of Appropriate Training Needs Assessment, According to the Situation Given.
13. The Tools to Assess the Training Needs:
 - Interest checklists
 - Interview
 - Questionnaire
 - Tests
 - Group problem analysis
 - Job analysis and performance review
 - Records and reports study
14. The Principles of Developing the Instruments for Training Needs Assessment:
 - Assessing three aspects: knowledge, attitude and skill
 - The questions to ask for developing the instruments:
 - Who and what will be assessed?
 - How will it be (method)?
 - Who will assess the training need?
 - When will it be?
 - How will it be analyzed?
 - How will it be interpreted?
15. The Samples of Training Needs Assessment Instruments:
 - Need assessment competency model worksheet
 - Need assessment problem analysis worksheet
 - Sample of assessing knowledge
 - Sample of assessing skill
 - Sample of assessing attitude
 - Sample of assessing trainee's own need in training experiences
 - Sample of the expectation about the course by the trainee
 - Sample of background/interest of trainee

16. The Instruments for Training Needs Assessment That Will be Developed by the Participants:
 - Assessing knowledge
 - Assessing skill
 - Assessing attitude
 - Assessing other essential needs for training
17. The Process of Implementing the Instrument:
 - Checking the feasibility (possible to do and to be used)
 - Design the organizational structure, roles and responsibilities
 - Pre-testing and refining the assessment procedures
 - Collecting, analyzing and reporting the result
 - Evaluating the assessment
18. The Pre-Testing of the Developed Instruments:
 - Pre-test and implement the instruments that have been developed
19. The Process of Data Analysis:
 - Basic statistics
 - When to use
 - How to calculate
 - Example
20. Interpreting and Reporting the Results of Data Analysis:
 - Interpreting the results of data analysis
 - Reporting the results:
 - What was assessed?
 - What was the purpose of assessment?
 - How was the training needs assessment implemented?
 - What were the results of the needs assessment?
 - What conclusion can be drawn out for training?
 - Recommendations
21. Reasons for Conducting Follow-Up Evaluation:
 - Effectiveness
 - Efficiency
 - Relevancy

22. Review Evaluation:
 - Identify evaluation
 - Level of evaluation
 - Types of evaluation, progress, effectiveness, efficiency, relevancy, impact
 - Activities in conducting evaluation
 - Constructing evaluation design
 - Planning information collection
 - Collecting evaluation information
 - Planning and conducting information analysis
 - Reporting evaluation information
 - Managing evaluation
23. Design Instruments for Follow-Up Evaluation:
 - Types of instruments: mail out questionnaire, direct interview, peer interview, performance observation, etc.
 - Step in developing instrument
24. Pre-Testing the Follow-Up Evaluation Instrument:
 - Purposes of pre-testing
 - Principle of pre-testing
 - Planning for pre-testing
 - Implementing
 - Evaluating
 - Modifying instrument
25. Planning Follow-Up Evaluation:
 - Determining the follow-up objectives
 - Considering the number of follow-up evaluations will be required
 - Making decision of the evaluator and whom to be evaluated
 - Establishing follow-up schedules
 - Planning for communication and transportation
 - Calculating the follow-up cost
 - Planning for personnel orientation to the evaluation program.
26. Evaluating the Training Needs Assessment Workshop:
 - Training
 - Trainer
 - Trainee

A P P E N D I X C

Asian Centre/INTRAH Regional and Trans-Regional Training in CBD

I. PURPOSE:

To provide for observation and study of and training in the organization, management and delivery of community-based family planning services that are linked to clinic-based services and integrated with community development activities.

II. GOAL:

To increase the availability and accessibility of family planning services in underserved African and Asian communities and villages.

III. OBJECTIVES:

- A. To promote and increase the understanding of health and other development sector officials about the benefits of integrating clinic and community-based family planning services and of integrating family planning with other local development efforts.
- B. To provide opportunities for observation, examination and discussion of strategies and resource mobilization for organizing and delivering community-based family planning services.
- C. To provide skill training in planning, organization, management, delivery and monitoring of community-based family planning services.
- D. To make PDA technical assistance and consultation resource persons available to governmental and non-governmental organizations that request INTRAH assistance in planning, monitoring and/or evaluating community or non-clinic based delivery of family planning services.

IV. BACKGROUND:

Two interrelated major emphases of INTRAH's contract are to strengthen regional institutions' capabilities to provide technical and training assistance and to increase and improve the skills of PAC workers to deliver family planning services.

In all of the countries where INTRAH has provided and will provide technical and training assistance, the vast majority of poor and underserved people live in rural areas. Their potential source of family planning services is most often an understaffed, undersupplied, inaccessible clinic. While the formal health service system is attempting to remedy widespread staffing, supplies and transportation problems, the processes are slow and resource consuming since all aspects of primary health care must be addressed, not just family planning. In order to accelerate the availability of family planning services while at the same time fostering an integrated (clinic/non-clinic) approach it is proposed that governmental and non-governmental organizations observe, examine and learn how to introduce and sustain community-based family planning services, and learn how family planning can be integrated with other community-based development efforts.

In order to provide opportunities for observation, training and in-country follow-up through the use and support of an existing and credible CBD institution INTRAH proposes to sub-contract with the Asian Centre of the Population and Community Development Association (PDA) in Thailand.

PDA's original bureau, the Community Based Family Planning Service (CBFPS) was founded in 1974 to desensitize fertility issues and establish a network of family planning volunteers in Thai villages and communities. The success of CBFPS's community-based approach to family planning is well documented and acclaimed. PDA now has 500 staff members in Bangkok, branch offices, clinics and rural project sites and over 12,000 volunteers in 16,000 villages. PDA's scope of activities has expanded to include the integration of family planning with rural and urban health and sanitation programs, farming and animal husbandry, marketing of farm produce, local income generating and small-scale industries development, establishment of cooperatives and the application of appropriate technologies. PDA operates several Community-Based Integrated Rural Development (CBIRD) Centers which are demonstration, training and information resources for rural north and northeastern villages. PDA also sponsors primarily health services for school children, day care for the children of construction workers, mobile

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sterilization clinics and vasectomy festivals, village health education materials, and a rape crisis center.

The Asian Centre is the informational, educational and training arm of PDA. It has three divisions: Training, Communication and Information, and Research and Evaluation. The Training Division offers 8 international courses each year (of 600 course participants, only 22 were African) during which it uses resource persons from governmental, international and private organizations as guest lecturers. The Asian Centre also provides short orientations and field study visits and sponsors conferences and workshops. It is housed in the modern and well-equipped PDA building, and has conference rooms, audio-visual facilities (including video) and easy access to PDA's employees' cafeteria, dining room and lounge.

PDA is a tax-exempt, non-profit organization registered in Thailand and the U.S., and is governed by a 14 member Board. The Secretary General is Khun Mechai Viravidya, the founder of PDA.

V. DESCRIPTION OF ACTIVITIES

INTRAH proposes to support three types of activities:

- A. Staff development for the training team of Asian Centre;
- B. Observational study visits for selected, targeted groups from African governmental and non-governmental organizations; and
- C. CBD team development courses for selected, targeted teams from African governmental and non-governmental organizations.

A. Staff Development for the Training Team of Asian Centre

The Acting Manager of the Training Division, Khun Tanaporn Praditwong, and the 4 training team members (Khun Guia, Khun Napasri, Khun Tanaporn, and Khun Tittaya) have not been trained as a team and only 1 person (Khun Guia) has had training as a trainer. Since Asian Centre will be revising their in-house and international courses and curricula, it is imperative that the group receive a TOT and ongoing technical assistance during the proposed revisions of the courses they conduct. Khun Tanaporn has requested training in training management in order to prepare herself to guide and manage the changes that will occur over the next two years.

INTRAH assistance is requested for:

1. Support for Khun Tanaporn to attend the U.S.-based Management Training course conducted by Management Sciences for Health in Boston from May 13 - June 24, 1985.
2. Training of the Training Team (TOT) in Manila, to be conducted by Dr. George Walter of IHPS, from January 6-24, 1985, and hosted by the Institute for Maternal and Child Health (IMCH). During this period, the team will also provide follow-up to a sample of POPCOM participants trained at Asian Centre to determine what effects and impact the Asian Centre training may have had, and to identify any follow-up that might be required.
3. Orientation and needs assessment in Africa (Kenya, Tanzania and Uganda) by Khun Tanaporn and one training member to prepare for the CBD Team Development Course. This visit is proposed for February 2-22, 1986, and will be hosted by INTRAH's E/SA Office Director, Ms. Pauline Muhuhu, who visited and provided assistance to Asian Centre in January/February 1985. During this visit, an Ugandan follow-up will also be conducted.

B. Observational Study Visits

The proposed MOH (Uganda)/INTRAH project calls for a study visit to Thailand by 18 MOH officials to examine the CBD service system and its linkage with MOPH's clinic system, and the successful integration of family planning with rural development.

The Asian Centre was visited by Ms. Muhuhu (INTRAH's E/SA Office Director) in order to prepare for the Ugandans' study visit. Objectives, a schedule, and preliminary budget were developed (see Appendix A).

Two study visits will be made, as follows:

1. A special course, July 1-13, 1985 for 10 MOH/U officials, Dr. Motovu of the Centre for African Family Studies (CAFS) in Nairobi and Mr. E. Mugoya, Director of the Family Planning Association of Uganda. Ms. Muhuhu will accompany the group.
2. September 16-28, 1985 in Asian Centre's regular international course for 8 Ugandans, including Ugandan Core Training Team members.

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The Ugandans will be followed up in-country during the proposed Africa visit of Khun Tanaporn and one training team member in February 1986.

C. CBD Team Development Course

The CBD Team Development Course will be preceded by an orientation and needs and resources assessment visit to Africa by February 2-22, 1986 by two Asian Centre training staff. The team development course is proposed for November 9-29, 1986 and is targeted in the following ways:

1. Four-member country teams consisting of the director of MCH/FP family planning services, a health or family planning services planner, the proposed director or supervisor of CBD services in the proposed pilot area, and the coordinator or chief trainer who will be responsible for design, organization and management of the CBD staff's training courses.
2. The teams will come from countries that have an established clinical services program but want to add a non-clinical/community-based distribution component.
3. The countries must have available resources to develop and implement a community-based component.
4. The countries must be committed to establish a community-based distribution component.

At present, it appears that three countries may, by 1986, meet the established criteria. These countries are Uganda, Kenya and Nigeria.

In addition, it is also proposed that an UMATI (Tanzania) team also attend the course in order that its capacity be developed to assist in Africa and, in future, to host and co-train in CBD service development.

INTRAH also proposes that the REDSO Population Officers from the ESA and WCA offices attend the course.

Following the CBD Team Development course, in-country follow-up will be conducted as follows:

- June 7-27, 1987: 2 Asian Centre trainers, the REDSO/ESA Population Officer and the INTRAH Regional Director will follow-up the participant teams in Kenya, Uganda and Tanzania.
- July 12-25, 1987: 2 Asian Centre trainers, the REDSO/WCA Population Officer and INTRAH's Deputy Director will follow-up the Nigeria team.

The next phase of CBD team development is a follow-up and planning workshop March 6-19, 1988 in Nairobi. It is proposed that the 16 team members be convened in Nairobi to review the progress made and problems encountered in establishing CBD programs, and in training personnel. This Phase II workshop will also provide opportunity to plan the next phases of CBD services and to identify sites in those countries which can be made available for observational study visits by African officials. The workshop will be led by two Asian Centre trainers and also attended by Khun Mechai Viravaidya.

The curricula for the team development course and the follow-up course will be developed during 1985-86.

VI. ASIAN CENTRE/INTRAH PROJECT SCHEDULE

<u>ACTIVITY</u>	<u>DATES</u>	<u>REMARKS</u>
1. U.S.-Based Training for Khun Thanaporn (MSH in Boston)	May 13 - June 24, 1985	INTRAH will pay for Khun Tanaporn's participation.
2. Ugandans' Study Tour Uganda I Uganda II	July 1-13, 1985 Sept. 16-28, 1985	Special course. Regular course.
3. Training of the Asian Centre Training Team in Manila	January 6-24, 1986	To be conducted by Dr. George Walter and hosted by IMCH.
4. Orientation and Needs and Resources Assessment in Africa and Uganda Follow-Up (2 Asian Centre trainers)	Feb. 2-22, 1986	Countries to be visited are Kenya, Uganda and Tanzania. Ms. Muhuhu will accompany the Asian Centre team.
5. CBD Team Development Course: Phase I (for teams from Kenya, Uganda, Tanzania and Nigeria)	November 9-29, 1986	Course to be conducted in Bangkok by Asian Centre for 16 participants (4 teams) plus REDSO/ESA and REDSO/WCA Population Officers.
6. In-Country Follow-Up and Planning for Phase II	June 7-27, 1987 July 12-25, 1987	Kenya, Uganda, Tanzania, and Nigeria.
7. CBD Course Follow-Up and Planning for Phase II	March 6-19, 1988	In Nairobi.