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REACH

RESOURCES
FOR CHILD
HEALTH

TECHNICAL ASSISTANCE TO THE ACCELERATED COOPERATION FOR CHILD SURVIVAL (ACCS) PROJECT

**Sanaa, Yemen
Madeleine Taha**

June 29 - July 28, 1991



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DRAFT TRIP REPORT

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ACRONYMS

ACCS	Accelerated Cooperation for Child Survival
COP	Chief of Party
DG	Director General
FT/Ser	Female Trainer Supervisor
FPHCW	Female Primary Health Care Worker
HMI	Health Manpower Institute
HO	Health Office
HTC	Health Training Center
LCCD	Local Council for Cooperative Development
MCH	Maternal and Child Health
MOH	Ministry of Health
MPHCW	Male Primary Health Care Worker
MT/Ser	Male Trainer/Supervisor
ORT	Oral Rehydration Therapy
PHC	Primary Health Care
PHCW	Primary Health Care Worker
REACH	Resources for Child Health Project
TOT	Training of Trainers
T/Ser	Trainer/Supervisor
USAID	United States Agency for International Development

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I. EXECUTIVE SUMMARY

Technical assistance from the training consultant was requested by ACCS/REACH with MOH and USAID concurrence to support training in six new Health Training Centers in three target governorates: Hajjah, Mareb, and Saadah. This is the consultant's third mission with the ACCS Project. During the first mission in May-June 1990, a Training of Trainers (TOT) workshop was prepared and conducted to plan the one-year PHCW course with the people responsible for selecting, training and supervising PHCWs in the target governorates. During the second mission in November-December 1990, the consultant assessed the status of the HTC in the start-up phase of training. This third consultancy was to follow up previous work and to conduct a mid-training assessment for MPHCWs and FPHCWs at the HTCs. In addition, it addressed the issue of posting, managing, and supervising PHCWs once they graduate and return to their communities. Also, the consultant reviewed and assessed the PHCW training plan, facilities, equipment and materials for a new class of PHCW students in Hodeidah governorate as approved under section 1.4 in the FY 91 workplan.

To conduct the training assessment and make appropriate recommendations, the consultant made field visits to the target governorates and HTCs. Officials were met, interviews were held with key players in the training process and students were observed at the training sites. The consultant discussed the preparations for posting and supervising PHCWs with HO directors, and assisted in the planning and preparations for a management workshop that will provide the foundations for preparing the governorates in the task of managing the newly graduated PHCWs.

Discussions were held with Hodeidah Training Director, Director of Medical Services, and the Director of MCH Department on the preparations for training new classes of FPHCWs in 2 new HTCs and 2 existing HTCs that were established by the Tihama Project.

The main findings and conclusions of this consultancy are:

- A. There has been some improvement in the HTCs facilities since the consultant's last visit, but the services provided are still insufficient for training purposes. The HTCs are facing the following problems:
 - Some HTC directors are not properly qualified to manage and supervise the HTCs. This is partly due to the shortage of professional staff in the governorates.
 - Some HTCs are short of professional staff to run MCH services.
 - There are shortages of supplies and medications in most HTCs.
 - Most centers still have problems in accessing funds to meet running costs.
 - Centers are experiencing logistic problems because of increasing fuel costs.

- HTC's lack audiovisual aids to support health education activities in the centers and to improve the quality of training.
- B. The support and supervision of the HTC's from the governorate health offices are still insufficient. The information and record systems are inadequate and do not ensure proper supervision.
- C. There has been improvement in the student's living conditions since the project hired cooks and supplied the students with uniforms, blankets, cooking utensils, etc. Nevertheless, there is still a severe shortage of water.
- D. The project supplied the centers with stationery and files for students; reference books have been ordered but not yet delivered. Teaching materials like slides, films, and posters, and a copy of the curriculum for every student are still needed.
- E. Many of the recommendations made in the previous consultancies regarding male training were followed, namely:
- A person in charge of training was designated in Hajjah and Saadah Health Offices. In Mareb HO, a Training Director was appointed one and a half months ago, but he has yet to report to work.
 - An additional MT/Ser was appointed by the MOH to assist training in the centers where previously only one MT/Ser had been present.
 - A plan for practical training of students was drawn up by T/Sers, HTC Directors and Governorate Training Directors.
 - A mid-training evaluation exam was performed by the PHC Director and person in charge of training in Hajjah and Saadah governorates. In Mareb governorate, the evaluation was performed by the T/Sers themselves.

According to the course design, training has progressed well. However, the amount of practical training that the students received varies from one center to the other, depending on the HTC facilities. All students still need more practical training in superior centers, in addition to field visits to health units to initiate them to their future task. Practical training in Mareb governorate outside their training centers has been delayed due to lack of funds, which has been a result of the closure of the BCCI bank.

F. Female training is taking place in a number of areas:

- Female training is taking place in four locations: Aflah Al Sham HTC, Al Shaghadirah HTC, Razeh HTC, and Harib HTC.
- In Harib HTC, training started in September 1990 and is progressing well according to the course design. The curriculum was completed thus far, every student has performed at least 10 deliveries, and PHCWs have recently been evaluated by a team from the MOH MCH department.

- In Aflah Al Sham HTC, training began in September 1990. Training was progressing well, but it was interrupted in February-March 1991 because the rT/Ser resigned. In April, the project contracted with a new FT/Ser and training was resumed. Aflah Al Sham HTC facilities to practice MCH care and deliveries are limited. So, the students and their T/Ser moved to Abs health center for practical training.
- In Al Shaghadirah and Razeh HTCs, female training started in May 1991. In Al Shaghadirah HTC, training has stopped since June 20 because the FT/Ser went on vacation and did not come back. In Razeh HTC, training is progressing well.
- The new FT/Sers that the project contracted are Sudanese. They have training experience in Sudan, but have never trained PHCWs in Yemen. Both of them are qualified midwives; however, they are not aware of the Yemeni FPHCWs curriculum and they are using their own curriculum. The FT/Sers are not supervised from the health office or from the MOH.

G. Preparations for posting and supervision of PHCWs:

So far, most units where PHCWs are supposed to be posted next year have not been built. Health offices are planning to use temporary units rented by the LCCDs and to post some PHCWs in the health centers. FPHCWs will be posted in the health centers.

There is no clear supervision plan to supervise PHCWs in their units and to assist them in setting up and managing the units.

H. Hodeidah training plan:

Hodeidah HO is planning to train four new classes of FPHCWs in Haith, Tahrir, Zaidiah and Marawia. Haith and Marawia are new HTCs and do not have MCH care or female staff. MCH department, HO training department and LCCDs started the recruitment process for FPHCWs. Training will commence in October 1991.

Consultant's recommendations to improve training can be summarized as follows:

1. General

- Reinforce governorate health office support and supervision of the HTCs.
- MOH should release funds for the operating costs of the centers.
- The ACCS Project should provide the centers with slides, films, posters, and a copy of the curriculum for every student.
- T/Sers, HTC Directors, and Directors of Training should plan field visits to health units and request the students to do field survey and out reach activities.

- The ACCS Project could support practical training of MPHCWs outside their centers for a total of 45 days.
- The ACCS Project could support practical training of FPHCWs outside their centers for up to three months, depending on the number of deliveries the students are able to perform.
- HMI, in coordination with MOH MCH Department, could organize an orientation course about FPHCWs curriculum in Yemen to the FT/Sers that the project contracted, and do supervision visits to the female training sites.
- Health offices should supervise female training in coordination with HMI and MOH MCH department.
- The ACCS Project should contract with a new FT/Ser to conduct female course in Al Shaghadirah.
- The ACCS Project could support transportation expenses by contracting with a driver for transportation of FPHCWs and by allocating a budget for fuel expenses.
- Two FT/Sers instead of one should be contracted to work in Haith and Marawia HTC in Hodeidah, one will train the students and the other will run the MCH services in the center.

2. Specific

- New space should be constructed in the Aflah Al Sham HTC building. This could be a major project contribution.
- The ACCS Project should provide Aflah Al Sham HTC with a large generator.
- The ACCS Project should provide Razeh and Kutaf HTCs with three additional water reservoirs and allocate a budget to support water expenses in both training centers.
- The ACCS Project could support training of new MT/Sers in the governorates to assist in PHCWs supervision next year.
- The ACCS Project could support female returnees training in Harad hospital.

II. PURPOSE OF VISIT

The purpose of the visit was to conduct a mid-term training assessment for male and female PECWs at the six MOH/HTCs in Mareb, Hajjah, and Saadah governorates.

On visits to the training sites, special attention was given to addressing the training problems of the female training cadre and their students.

In addition, the consultant reviewed and commented on the plans of the MOH/HMI to field test the PHCWs in their theoretical and practical knowledge to date in accordance with their course workplan, and assisted in the preparation of students field testing.

The consultant also reviewed the PHCW training plan, facilities, equipment, and materials for a new class of PHCW students in Hodeidah governorate.

Finally, the consultant addressed the issue of posting, managing, and supervising the PHCWs once they graduate and return to their communities. The consultant also assisted in the planning and preparations for a management training workshop that will provide the foundation for preparing the governorate in the task of managing PHCWs.

The written products of this consultancy are a technical report covering the above tasks for ACCS/REACH/YEMEN, MOH, USAID with recommendations and a proposed scope of work for end-term training assessment and workshop in January 1992.

III. BACKGROUND

The ACCS Project is a collaborative effort between the MOH, USAID, and its contractors to strengthen the delivery of basic health services to the remote and underserved population at risk. Its first component, which involves upgrading and expanding PHC systems, is managed by REACH. In order to complete its assignment, REACH is supporting six new health training centers in three target governorates (Hajjah, Mareb, and Saadah), and will support training of a new class of PHCW students in Hodeidah governorate as approved in the FY 91 workplan.

A total of 201 PHCW students are being trained in the six new HTC's supported by REACH. PHCW training timeline for target governorates is summarized in Appendix A.

The consultant visited the HTC's in November-December 1990 in the start up phase of training to assess the status of the HTC's and evaluate training progress. As a result specific recommendations were given to the ACCS Project and MOH to improve the performance of the HTC's.

This visit was a follow-up to the previous one, and addressed similar issues and problems. It provided the opportunity to update and reinforce previous recommendations and to measure progress.

IV. TRIP ACTIVITIES

After initial briefing by REACH on the progress of training since the last visit in November-December 1991, an entry briefing with the USAID/HPN office and the MOH was conducted.

The consultant spent a few days to discuss the management workshop objectives and establish a preliminary workshop plan in coordination with the Workshop Director, Workshop Facilitator, Management Consultant, and a team from the Dhammar Rural Health Project (see Appendix B for the workshop schedule). The workshop objectives and plan were discussed with the Hodeidah Training Director, the MCH Director and Director of Medical Services. Input from these meetings were a useful resource for workshop planning.

Based on the updated information, field visits were conducted to training sites after meeting with REACH team and project coordinators.

Visits to the training sites were performed with an MOH representative, an HMI representative, and Project Coordinators. Meetings were held with the Governorate Director of Training, PHC Directors, HTC Directors, T/Sers and the trainees. Based on these meetings and observations, the progress of training was assessed as well as problem areas identified.

See Appendix C for field trip chronology and Appendix D for the list of persons who participated in the field trips.

Following the field visits, the consultant discussed the identified problems with the DG or the DG deputy of governorate health office, REACH team, HMI and MOH. She also discussed the preparations for posting and supervision of PHCWs next year with the DG of health offices.

Meetings were held in Sanaa with the Hodeidah Training Director, the MCH Director, and the Director of Medical Services to discuss preparations for PHCWs recruitment, HTCs facilities, training plans, and PHC supervision in the governorate.

The consultant also interviewed FT/Sers candidates for FPHCWs training in Hodeidah governorate. Four candidates with good field and training experience (three Sudanese and one Yemeni from Hodeidah) were identified.

A meeting with the HMI Deputy Director and the MCH Director was held to finalize the printing of male and female PHCW curriculum. It was agreed that the HMI Deputy Director will review the curriculum, and the Project will contract with an illustrator and finance printing of the curriculum.

Another meeting was held with HealthCom Project COP and Health Education Department to discuss cooperation between these two components of the ACCS Project in order to improve health education activities in the HTCs and provide them with audiovisual materials.

V. METHODOLOGY AND APPROACHES

The consultant used a variety of approaches to conduct the mission:

- Meeting with key officials at the MOH, HMI, governorate Health Offices, HTC's;
- Planning sessions and discussions to prepare the workshop;
- Review of Hodeidah supervision system;
- Review of REACH documents and trip reports;
- Field visits to the training sites; direct observation of training; interviews and discussions with T/Sers, PHCW students, HTC's medical and administrative staff; review of T/Sers lesson plans, review of students' files;
- Interview of FT/Sers candidates;
- Briefing and debriefing sessions at USAID, MOH, and the REACH/ACCS project office.

VI. MAIN FINDINGS AND RECOMMENDATIONS

The findings and recommendations are presented below by governorate and health center. There are many similarities, duplications and overlapping needs, but this format assumes that each facility's needs are specifically addressed.

A. HAJJAH GOVERNORATE

1. HTC's Facilities

- Al Shaghadira: the HTC is providing adequate services in immunization, surgery, and medical consultation. MCH services are very limited despite the fact that a FPHCW has recently been employed in the center. The HTC Director was changed, and since the consultant's last visit there has been some improvement in the health center functioning, but the centers' facilities are still insufficient for training. In addition, no classroom has yet been established in the HTC.
- Aflah Al Sham: HTC status is basically unchanged except that the delivery room has been organized and is directed by the FT/Ser and the female trainees. As mentioned in the previous report, the center is too small to provide complete MCH services. From the discussions with the Deputy Director General and the PHC Director in Hajjah Health Office, it seems that there are no plans to enlarge the center.

Both centers suffer from a lack of electricity since the generators have not been delivered.

The most crucial problem both centers face is the absence of a budget allocation for the operating costs (including fuel expenses), and the shortage of supplies and medications.

2. Training

a. General

A nurse MT/Ser was appointed by the Health Office in Hajjah to be in charge of PHCWs training in the governorate. This person and the Deputy Director of PHC visited the HTCs in March 1991 and tested the students. Most students received a very good performance evaluation. A second mid-training student evaluation was performed on July 20 by a team from HMI in Hajjah in coordination with the HMI and MOH training department in Sanaa. The female students from Aflah Al Sham were also evaluated by a team from HMI and MCH department in Hajjah.

Training is progressing well but the teaching methodologies used are sometimes deficient due to lack of essential teaching materials. The students have not received copies of the curriculum, nor were there any educational slides, films or posters made available.

b. Male training

- Al Shaghadirah HTC: Students have completed their theoretical training and had some practical training in the center. Some field trips to areas of endemic bilharzia were made to show the source of contaminated water to the students, but no community actions were undertaken in this respect. Field surveys, health education programs, and outreach activities in the community have been included in the training. However, T/Sers have instead given the students additional theoretical lessons that will not be of use to the PHCWs in their future work. A major constraint on outreach activities that has been the lack of transportation facilities. A car was only recently released to the HTC however there is no budget to accommodate fuel expenses.

In the beginning of July, students moved to Jumhury hospital in Hajjah and have been receiving practical training in: immunization, first aid, endemic diseases like tuberculosis and bilharzia, diagnosis and treatment of common diseases, MCH and health education. Since MCH services and health education activities in the hospital are very limited it is not the proper place to train students in these areas. It is advisable that the students spend at least 15 days in a good HTC where complete MCH services are provided. Amran HTC is a possible place where they could train.

- Aflah Al Sham: Theoretical training was completed and students had some practical training in the health center and community. In the beginning of July, they moved to Harad hospital to receive one month of practical training. Harad hospital has complete health services including proper MCH care. Students are shifting in the different hospital units and are getting beneficial experience. However, their T/Sers did not join them in Harad hospital because no living allowance was allocated to them. Hajjah HO

requested from a T/Ser posted in Abs HTC to move to Harad to assist in training.

c. Female training

- Shaghadirah HTC: A new class of FPHCWs started in March 1991 after the project contracted with a FT/Ser. However, training stopped on July 20 because the FT/Ser went on vacation and has not returned.

- Aflah Al Sham HTC: During the first three months of training, the students acquired basic knowledge on immunization, diarrhea, MCH care and disease prevention. Home visits were conducted to discuss various health education issues and to practice immunization. In February, the FT/Ser resigned and training was interrupted for about one month. The reasons for her resignation include lack of support from the HTC Director, from the Hajjah HO, and from the Project. In April, the Project contracted with another FT/Ser and training was resumed. The FT/Ser contracted is Sudanese and is following the Sudanese midwifery curriculum with no supervision from the governorate health office. Lessons on the female reproductive system, prenatal care, deliveries and family planning were given, and practice of normal deliveries was started in Aflah Al Sham. In the beginning of July, students moved to Abs HTC to practice MCH care and deliveries. Abs HTC provides complete MCH services and is a good training site for the female students, especially now that the FPHCWs working in the center are experienced and assist in training. Nevertheless, there are no professional midwives or female doctors in the center, so only simple deliveries can be managed in the center. The students need some experience in differentiating between simple deliveries which they can manage and complicated deliveries which they need to refer. Harad hospital is a better place for them to acquire skills because a woman gynecologist working there takes care of complicated deliveries, including C sections. She could get involved in student training.

A major problem for students is a lack of transportation facilities for field visits and home deliveries. The car that the project provided is available, but there is no budget for fuel, and the students need somebody to drive them.

- Harad hospital: About 45 females with good educational backgrounds are receiving some training and they are assisting in the various hospital activities. These are not currently included in the ACCS project, but they are good candidates to become PHCWs. The hospital director asked whether the project could support the training of these females.

3. Preparations for Posting and Supervision of PHCWs

The health units for next year's PHCW posting have not been built yet. The HO is planning to use temporary units that will be rented by LCCDs. FPHCWs could be posted in the HTC to run MCH services. Aflah Al Sham HTC needs to be enlarged to provide space for FPHCWs activities next year. There is no clear plan to assist PHCWs to set up the units, to provide them regularly with supplies, and to supervise their activities. There are only four supervisors

in Hajjah governorate; 2 in Hajjah and 2 in Abs. From a logistical point of view, it will be difficult for them to supervise distant Health units.

4. Recommendations

- Reinforce support and supervision of the HTC's from the governorate HO.
- Release funds for the running costs of the HTC's. This is an MOH responsibility.
- Supply the centers with the necessary reagents and medications. This is a joint responsibility of the MOH and HO.
- Extend practical training of MPH CWs outside their HTC's for a total of 45 days. Students from Al Shaghadirah will have to spend the last 15 days of their practical training in Amran HTC. In addition, students will visit health units and do field surveys and out-reach community activities.
- Extend practical training of females for a total of three months, two months in Abs HTC and one month in Harad hospital.
- The duration of practical training for FPH CWs should be modified v" .. FT/Ser advice depending on the number of deliveries that the students are able to perform.
- Project could meet transportation/logistics needs by hiring a driver to transport female trainees and budgeting for fuel expenses.
- Provide Aflah Al Sham HTC with a large generator.
- Enlarge Aflah Al Sham HTC building. This could be a major project contribution.
- Project could support training for female returnees (former expatriate workers) in Harad hospital.
- Project could support training of new MT/Sers in the governorate to assist in supervision of PHCWs next year.
- Provide the FT/Ser with HMI curriculum and familiarize her with the Yemeni PHCW curriculum (HO in Hajjah).

B. SAADAH GOVERNORATE

1. HTC's Facilities

- Kutaf HTC: Since the last visit, HTC services and the number of patients benefiting from these services did not improve. There are a few consultations every day, and children come for immunization twice per week. The consultations are presently done by the HTC director who is also the MT/Ser in charge of training. The only medical doctor working in the center has been

absent for some time because he accompanied his wife who delivered recently, but he will be returning. The HTC director's wife, an experienced FT/Ser, was employed by the MOH to practice MCH care and deliveries in the center. Nevertheless, the number of patients coming to the center is small and the FT/Ser has delivered only one woman so far. Most rooms in the center are closed, and the few open rooms are poorly maintained.

The reasons for the poor maintenance were discussed with the HTC director, and constraints were raised:

- Lack of cooperation from the surrounding community;
- Lack of support from the Health Office;
- Severe shortage of water.
- Razeh HTC: The center is providing adequate curative and preventive services. A room for ORT and nutrition advice has been opened. The FT/Ser who was contracted by the project for female training is doing prenatal care and deliveries. It is to be noted that most people come to the center for curative and immunization services. Women do not come spontaneously for prenatal care and prefer to deliver at home, unless they have complications. This constrains female training, and the trainees might not perform the required number of deliveries before graduation. They will have to move to Saadah Al Salam hospital to get additional training. Like Kutaf HTC, Razeh HTC is suffering from a severe shortage of water, despite the fact that Saadah HO is allocating funds for the water supply. A well is currently being built near the center, but water has not come out yet.

2. Training

a. General

Training has progressed well so far. Students have completed their theoretical training in addition to 40 days of practical training in Al Jumhuri and Al Salam hospital in Saadah.

Students have now returned for additional training in the centers and surrounding community. Essential teaching materials have not yet been provided, namely: a copy of the curriculum for every male student, series of educational slides and films; posters in Arabic; and a blackboard for the female class.

The person in charge of training in Saadah HO and the PHC director tested the students after they completed the first phase of practical training in Saadah. They are planning to bring the students back for a second phase of practical training, sometime in September.

b. Male training

- Kutaf HTC: Students' performance in Kutaf is unsatisfactory. Their attendance is irregular, some are not motivated, and others show poor

academic performance. Results of the mid-term evaluation exam were low and only a few students performed well. Following the consultant's first visit, a second experienced MT/Ser was appointed to assist in education, which has improved the quality of training.

Nevertheless, training has been restricted to theoretical classes and some practical training in curative medicine, first aid, MCH and immunization. No field surveys, out-reach activities or health education activities have been undertaken in the center or community.

- Razeh HTC: Training has progressed well so far, and results are satisfactory. Results of the mid-term evaluation exam were good. Students had already acquired good practical experience in the HTC and in Saadah. They conducted a field survey during Ramadan in their villages. They also started to do some screening on the quality of food in shops and restaurants, but were stopped by the district director. Students expressed the need to improve their clinical skills. They will benefit from some additional training in Saadah Jumburi or Al Salam hospitals.

c. Female training

Ten female students started training at Razeh HTC on May 15. They were selected by the LCCDs, Saadah HO, and FT/Ser. They all had fulfilled the criteria of selection: They were 16 years old or more, had completed sixth grade elementary school, and were chosen from villages where health units will be established. All of them appear motivated and are performing adequately according to their T/Ser evaluation. One to three new candidates might join the FPHCW course and they will receive some extra classes in the afternoon to compensate for the classes that they missed.

Training has progressed well so far. The T/Ser is following her own curriculum and has so far covered basic knowledge of human anatomy and physiology, hygiene and environmental health, prenatal care, and theoretical knowledge on delivery and its complications.

It appears the amount of material covered is too intense for the period of training that has elapsed. The consultant discussed future training plans with the T/Ser. The T/Ser has recently been given the HMI curriculum, and intends to use it to plan future training.

3. Preparations for Posting and Supervision of PHCWs

In the Kutaf area, there are 8 permanent units and 2 health centers where the newly graduated PHCWs will be posted. In the Razeh area, there are 4 permanent units and 4 temporary units that are already established. PHCWs will be supervised in these units in addition to health centers. These units will be supervised from the Razeh and Haidan health centers. However, there is a shortage of T/Sers in the Saadah governorate and all of them are from Saadah. Nurses and medical assistants from Saadah governorate will graduate soon from HMI, and are eligible to become T/Sers.

4. Recommendations

- Designate a new HTC director in Kutaf. This is Saadah HO responsibility.
- Support 15 additional days of practical training for MPHCWs in Saadah Al Jumhuri and Al Salam hospital. This is an ACCS Project responsibility.
- Support up to 3 months of practical training for FPHCWs in Saadah Al Salam hospital. (Project responsibility.)
- Provide one copy of the curriculum for every male student and series of slides and films and posters in arabic language for every HTC. (Project responsibility.)
- Provide one additional water reservoir for every HTC and one for the FT/Ser house. (Project responsibility.)
- Project could allocate a budget to support water expenses in both HTCs.
- Project could support training of new MT/Sers in the governorate to assist in PHCWs supervision next year.

C. MAREB GOVERNORATE

1. HTC Facilities

- Harib HTC: MCH services in the center have improved since the consultant's last visit because the female trainees and their FT/Ser are participating in the center activities including immunization, prenatal care, deliveries, family planning, ORT and nutrition advice, child care, health education group sessions, etc. The number of patients coming to the center to request these services have increased like women coming regularly for prenatal follow up. The center is also providing laboratory facilities, curative services and minor surgery. The X-ray machine is out of order. There is a shortage of supplies and medications and the center has difficulties in accessing funds for its running costs. For the past six months the center has received no money for running expenses.

- Huzmah HTC: The center services did not improve since the consultant's last visit, and MCH care is particularly deficient. A room for ORT and diarrhea opened for only one month. HTC services are limited to curative medicine, minor surgery, immunization, and deliveries. The aseptic techniques used in the surgery room are deficient, the instruments and gauze used are not sterile, there is no autoclave in the center, and the X-ray machine is out of order. As in Harib HTC, Al Huzmah HTC has not received funds for its running costs for the past six months.

2. Training

- General: Following the consultant's recommendations, a second MT/Ser was appointed by the MOH to assist in training in each HTC. The DG of the health office designated a person to be in charge of training one and a half months ago, but this person has not assumed his responsibilities yet. There is no training supervision from the health office. Students did not have a proper mid-term evaluation from official authorities from HO, MOH or HMI. Their last evaluation was done in February by their T/Sers. Training was interrupted few times in both centers because of both the Gulf crisis and delays in providing the students with their monthly allowance, which have exacerbated their poor living conditions and created a state of confusion. In addition, there is insufficient cooperation and support from the HTC directors.

The project has not provided a copy of the curriculum for every student and audiovisual materials to the centers.

b. Male training:

- Harib HTC: Training was progressing well until February 1991, according to the course design, as a large part of the curriculum was covered and the students had 40 days of practical training in the center. During the Gulf crisis however, the students did not receive their monthly allowance for some time and they had to return to their homes. During Ramadan, they were on leave but they all did field surveys in their villages and submitted them to the T/Sers. When they came back to the HTC, they completed theoretical training and reviewed previous lessons, but did not have any further practical training in the center. Major constraints to practical training are the very large number of students, and the lack of trust on the part of the patients towards these trainees. Practical training outside the center has not started yet because the project did not provide the necessary money to cover the expenses. Nevertheless, a plan for practical training of the students in three identified health centers was designed, and students will rotate in these centers as soon as the project approves the expenditure.

For all the reasons mentioned above, training progress was slow in Harib HTC and it will probably not be completed before the end of October. Student performance, according to their T/Ser, is adequate in general and only four of them failed the mid-term exam. However, the T/Ser in charge of training feels discouraged from all the constraints to practical training, and the MT/Ser who assisted him in training for three months has been away for the past two months.

- Al Huzmah HTC: Training was progressing well, except for small interruptions during the Gulf crisis. The T/Ser in charge of training showed good motivation in training and he is using various teaching methodologies to ensure proper training. A Sudanese nurse appointed by MOH is assisting him in training. Theoretical training is almost completed, and students are practicing in the center on a rotating basis. They are also getting some training on information systems and statistics. However, the HTC services are limited and insufficient for training. A plan for practical training outside the center was designed but was not yet implemented as the project did not

provide the budget to cover per diem expenses. The T/Ser advised the practical training to be in Sanaa rather than in Mareb because of better training facilities. Discussions are taking place with the governorate health office to study the feasibility of moving the students to Sanaa.

b. Female training:

- Harib HTC: Female training progressed very well with no interruptions even during Ramadan. The FT/Ser is very devoted and worked overtime in the afternoons and nights to cover deliveries in and outside the center. After the curriculum was completed, the female students were divided in three groups: two were responsible for MCH care and deliveries in the center, two were responsible for deliveries outside the center, and two were taking night duties for deliveries in and outside the center. Every student has so far conducted between 10 and 12 deliveries. All six students are performing very well. A team from MOH MCH department recently came to the center upon the T/Ser's request to test the students. All received good grades between 360 and 380/400. Training is expected to conclude at the end of August.

- Al Huzmah HTC: The six FPHCWs who followed a one year course, but had not graduated, were contacted. Their failure to graduate was due to the fact that they did not complete practical training on deliveries. They were asked about their willingness to complete training and graduate. Only one FPHCW was willing to resume training and is actually working as a midwife in the community. It was agreed with HMI deputy director who was present in the trip that she will have her final evaluation with Harib HTC trainees.

3. Preparations for Posting and Supervision of PHCWs

The units where the PHCWs are supposed to be posted next year have not been built yet. The DG is expecting that the funds to build them will be released soon. Otherwise, problems will emerge because there is no space in the already existing health units and health centers for the large number of graduated PHCWs to work. The females graduating from Harib can be posted in the center to run MCH services and the delivery room. However, there is nobody in the center or even in the governorate to supervise the FPHCWs. MPHCWs supervision is also problematic. So far, there is no supervision of the health units except from the health office. A tentative plan for supervision of the health units from the different health centers in the governorate was designed, however, these centers might lack qualified T/Sers to perform this task.

Governorate HO requested the project to support training of new T/Sers. They also asked if the project could support a refresher course for the older PHCWs working in the units.

4. Recommendations

- Governorate HO should designate a person to be in charge of PHCWs training.
- Ensure proper supervision from the HO on the HTC's.
- Project should provide a copy of the curriculum for every student and audiovisual materials to the centers.
- MOH should release a budget for the running costs of the centers.
- HMI and MOH should send a team to conduct the mid-term evaluation of students.
- Project could support a total of 45 days of practical training outside the HTC's.
- Project could support training of new T/Sers in the governorates.
- Project could support a refresher course for the PHCWs already working in the units. These PHCWs are having a three-day workshop in Mareb organized by HMI with the support of Pathfinder funds. This workshop could be extended for another three days to refresh the PHCWs about unit management and information system.
- If the contract allows, the Project could acknowledge the special effort of the Harib FT/Ser by paying for the overtime work she did during the whole period of training (about 20 hours per week) and/or paying her a round trip to her country for her yearly vacation.

D. HODEIDAH GOVERNORATE

Four new classes of FPHCWs will start in Hodeidah governorate in October 1991 at the following locations:

- Haith HTC
- Tahrir HTC
- Zaidiah HTC
- Marawia HTC

Haith and Marawia are new HTC's and so far do not provide MCH care. There are no female staff members working in them.

The REACH COP, REACH governorate coordinator, the management consultant, and USAID/GDO/HPN officer visited these centers. A list of the equipment and materials needed in the centers was made and will be ordered by the project.

The MCH director in the governorate, district directors, and LCCDs representatives have started to register candidates from the places where units will be established according to the HO plan. Fifteen females will be

recruited for each center with clear selection criteria concerning age, level of education, and social acceptability. In contrast to the other governorates, it seems there will be no problem in getting the required number of students, because the pool of candidates increased with the large number of returnees.

Concerning the training staff, the project will contract with FT/Sers. As mentioned previously, three Sudanese and one Yemeni FT/Sers have been identified. The Yemeni FT/Ser is on the civil service, but she is willing to take a leave without pay for one year. The MCH director has identified two other qualified female nurses in Hodeidah governorate who could assist in training. The consultant recommends that, in Haith and Marawia, the project contract with two rather than one FT/Ser whose responsibilities will include training and running the MCH care in the center.

VII. FOLLOW UP ACTIONS REQUIRED

- A. The training consultant will plan and conduct end-term training assessment and workshop about the first week of January, 1992 and ending about February 15, 1992.
- B. Health Offices should plan to establish the units where PHCWs will be posted next year.
- C. An MOH and HMI examination team will soon perform a midterm evaluation of students in Mareb governorate.
- D. Upon completion of the course, the MOH and HMI examination team will do the final testing of students.
- E. Project will contract with FT/Sers to train PHCWs in Al Shaghadirah and Hodeidah.

ACCS/REACH/YEMEN
PHCW TRAINING TIMELINE FOR TARGET GOVERNORATES

Appendix A

DETAILS	MAREB					HAJJA					SAADA					TOTAL NUMBER OF STUDENTS
	AL-HUZMA		HAREEB		SUB-TOT	AFLAH AL-SHAM		AL-SHAGHADIRA		SUB-TOTAL	KUTAF		RAZIH		SUB-TOT	
	*	/	*	/		*	/	*	/		*	/	*	/		
NUMBER OF STUDENTS	29	0	27	8	64	23	13	24	13	74	23	0	24	10	57	195
ORGANIZATIONAL WORKSHOP & START	JUNE 2, 1990 through JUNE 7, 1990															
TRAINING STARTING DATE	9/1/90		9/1/90	8/28 1990		9/8/90	9/19 1990	9/8/90	3/18/91		10/2 1990		10/4 1990	4/30 1991		
PRACTICAL TRAINING START	7/6/91		7/6/91	7/6/91		7/6/91	6/29/ 1991	7/6/91	AUG OR SEPT 91		5/4 1991		5/4/91	SEPT/ OCT 91		
PRACTICAL TRAINING END	8/5/91		8/5/91	9/5/91		7/28/ 1991	8/28 1991	7/28/91	OCT OR NOV 91		6/16 1991		6/16 1991	NOV OR DEC 91		
PRACTICAL TRAINING LOCATION	SPREAD AMONG FIVE LOCATIONS					HARADH	ABS/ HARADH	HAJJA			AL-SALA AND REPUBLICAN HOSPITALS, SAADA					
MID-TERM EVAL. AND WORKSHOP	JULY AND AUGUST 1991															
FINAL PHASE EVAL. AND WORKSHOP	JANUARY AND FEBRUARY 1992															
TRAINING ENDING DATE	12/91		12/91	12/91		12/91	12/91	12/91	1-2/92		1/92		1/92	1-2/92		

* = MALE PHCWs / = FEMALE PHCWs

Appendix B

MANAGEMENT WORKSHOP PROGRAMME

General aims and objectives:

Focus on a target group of middle level managers with direct responsibilities for the management, supervision and support of PHC workers such as members of PHC department of Health Office, Health Center directors, Trainer/supervisors, and representatives from LCCDs.

The general aim is to create or improve the conditions for the optimal performance of PHC workers as far as they can be controlled by management and supervision factors.

Specific objectives:

- To create or reinforce among the participants a clear concept of PHC in Yemeni context and the role of PHCWs and PHC units within the PHC system.
- To make the participants aware of their own role within the PHC system, particularly in relation to the performance of PHCWs.
- To make the participants aware of the necessary interrelations of responsibilities and lines of authority and communication within the PHC system. It was recognized that these relations could differ from governorate to governorate. The concrete verifiable outcome related to this objective could be organizational examples for each governorate, produced by participants from these governorates.
- To apply systematic problem solving methods while dealing with commonly encountered problems in PHC practice. Proficiency in the application of these methods can be gained and assessed by participation in carefully prepared case studies.
- To discuss improvement of the health information system.
- To discuss improvement of drug supplies and other logistic services.

Tentative workshop schedule:

Sat	Opening and administrative matters	Introduction of participants	Objectives PHC in Yemen working modes
Sun	Job description of PHCWs	Participant's role in PHC	Organograms showing relations between participants
Mon	Support/ establishment PHC units	Problem solving theories techniques	Problem analysis into: motivational sociocultural logistics, resources

Tu	Brainstorming on problems	Case studies on problem solving
Wed	Role of supervision skills, style	Case studies on supervision
Thu	Communication skills	Performance evaluation methods
Sat	Health information system	Drugs and supplies
Sun	Plan of action	
Mon	Winding up	Evaluation and feedback Closing ceremony

Appendix C

TRIP CHRONOLOGY

- Saturday 6 July: Meeting at the health office in Hajjah with Dr. Ali Ismail, PHC director, his deputy Hussein Al Ghusheimi, PHC director, his deputy Hussein Al Ghusheimi, and Mohamad Abdallah Jahhaf, director of PHCW training.

Visit to Al Jumhuri hospital and Bilharzia project in Hajjah and meeting with Al Shaghadirah trainees.

Meeting with Aflah Al Sham FT/Ser and female students in Abs.
- Sunday 7 July: Visit to Abs HTC.

Visit to Harad hospital and meeting with Aflah Al Sham MPH CWs and their T/Ser. Meeting with Meeting with Harad hospital director.

Meeting with Aflah Al Sham LCCD representative.
- Monday 8 July: Meeting at the Health Office in Hajjah with Ahmad Al Hukari, deputy director general, Hussein Al Ghusheimi Deputy director general, Hussein Al Ghusheimy deputy PHC director, and Ramdan Seif director of HMI in Hajjah.
- Saturday 13 July: Visit to Saadah Al Salam hospital. Meeting with MT/Sers.
- Sunday 14 July: Visit to Razeh HTC. Meeting with HTC director, LCCD representative, FT/Ser, and trainees.
- Monday 15 July: Visit to Kutaf HTC. Meeting with HTC director, MT/Ser, midwife, and trainees.

Meeting in Saadah with Dr. Mohamad Suheil, DG of Saadah health office.
- Saturday 20 July: Meeting at the HO in Mareb with Hussein Ahmad Hashwan, Deputy DG and Saleh Mohamad Farhan, PHC director.

Visit to Harib HTC. Meeting with HTC director, MT/Ser, FT/Ser, and male and female trainees.
- Sunday 21 July: Visit to Al Huzmah HTC. Meeting with HTC director, MT/Sers, and trainees.

Meeting at the HO in Mareb with Deputy DG and PHC director.
- Monday 22 July: Meeting with Dr. Ali Sariah DG of Mareb HO.

Appendix D

NAMES OF PERSONS PRESENT ON FIELD VISITS

1. Trip to Hajjah governorate:

- Mr. Mohamad Al Sharghabi from MOH training department
- Mr. Abdel Baki Abdel Rahman Naaman from HMI
- Mr. Hussein Al Ghusheimy, deputy PHC director in Hajjah
- Dr. Madeleine Taha, REACH training consultant
- Mr. Ahmad Al Hukari, ACCS project coordinator in Hajjah governorate

2. Trip to Saadah governorate:

- Mr. Mohamad Al Sharghabi from MOH training department
- Mr. Abdallah Uthman Al Shahab from HMI
- Mr. Abdel Aziz Yahya from USAID
- Dr. Madeleine Taha, REACH training consultant
- Mr. Magdi , ACCS project coordinator in Saadah governorate

3. Trip to Mareb governorate:

- Mr Mohamad Al Sharghabi from MOH training department
- Mr Abdel Wahab Al Kohlani, HMI deputy director
- Mr. Hussein Ahmad Hashwan, Deputy DG of Mareb HO
- Mr. Saleh Farhan, PHC director of Mareb HO
- Dr. Madeleine Taha, REACH training consultant
- Mr. Shami Daoud, ACCS project coordinator in Mareb governorate