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**MISSION REPORT  
INTERIM EVALUATION OF THE ALBANIAN  
HEALTH SERVICES MANAGEMENT PROGRAM (HSMP)  
ALBANIA**

**JANUARY 22 - 27, 1994**

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**FINAL**

**INTERIM EVALUATION OF THE ALBANIAN  
HEALTH SERVICES MANAGEMENT PROGRAM (HSMP)**

Mission Dates: January 22-27, 1994

Submitted by

Pamela J. Pine, M.P.H., M.A.I.A., C.H.E.S

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## I. EXECUTIVE SUMMARY

### Background

The Albanian Health Services Management Program (HSMP) responds to the Government of Albania's (GOA) stated need for reform in the healthcare system, and was developed as part of the Promotion of Private Health Markets Project by Healthcare Enterprise International (HEI), Inc. with funding from the United States Agency for International Development (USAID). The HSMP addresses this need by helping to train health care managers in modern health care management concepts and skills. Its goal is to help them acquire the knowledge and skills enhancement necessary to assist in the reorganization and revitalization of Albanian healthcare institutions.

An interim evaluation of the Program after completion of three modules was conducted in Tirane, Albania, from January 24-26, 1994. Its purpose was to determine the program's relevance to the needs of the Albanian participants, and to recommend any necessary or desirable adjustments to it. A total of 44 persons have participated in the program, including seven on an intermittent basis due to work constraints. Of the 37 full-time participants, twenty (54 percent) were interviewed one-on-one or in small group settings, using the same standardized questionnaire format in both settings.

### Findings

The evaluation found that the Health Services Management Program was clearly meeting its objectives and was well-accepted by all participants interviewed.

## **Recommendations**

The program should proceed through the other five modules with minor adjustments in format. Adaptation of this program for other groups or an expansion of specialized training and technical assistance activities is recommended in the long-term to enable participants to apply the knowledge and skills acquired. Examples of activities that might be considered are: technical training courses that focus on specialized needs (i.e., of hospital economists, or contagious disease specialists); technical skills training in financial planning and budgeting techniques for hospital administrators.

## II. STATEMENT OF PURPOSE AND OBJECTIVES

The primary purposes of this mission were to:

1. Evaluate the Albanian Health Services Management Program through the third module;
2. Determine whether the program is relevant to the needs of the Albanian participants;
3. Recommend any necessary or desirable adjustments to the curriculum.

The Albanian Health Services Management Program includes eight modules delivered by U.S.-based experts in their respective fields over an eight-week period:

- Module 1, Introduction/Contemporary Health Care Systems
- Module 2, Health Care Markets/Managerial Epidemiology
- Module 3, Health Care Planning
- Module 4, Health Care Management
- Module 5, Health Care Financial Management
- Module 6, Health Care Budgeting
- Module 7, Human Resource Development
- Module 8, Data Bases and Information Systems

These modules are delivered to two separate groups: 1) key Ministry of Health and Environment (MOHE) personnel and various responsible parties from the central hospital level, and 2) regional hospital and public health directors. The first group meets over a three-day period (Monday, Tuesday, and Wednesday); the second group meets on Thursdays

and Fridays. An interpreter helps deliver the information.

This interim evaluation of the HSMP was conducted in late January, 1994 by interviewing 20 of the Program participants and principal government administrators. Thirteen of an average seventeen participants per class (76 percent) of the first group were interviewed, and seven of twenty members (35 percent) of the second group were interviewed. The evaluation was conducted by Pamela Pine, MPH, MAIA, CHES, an experienced health communication specialist.

### III. METHODS

The evaluator's interview topic guide was divided into three main sections (see Appendix):

General Comments: This section was comprised of questions regarding overall acceptance, adequacy of time allotted for it, quality of background reading materials, and comparisons with similar types of programs.

Reactions to Individual Modules: This section inquired about the:

- Individual presenters (preparation, knowledge of material, delivery, etc);
- Amount of time allotted for discussion; and
- Objective information imparted during the modules.

Future Expectations: The final section asked the participants to identify their needs and expectations regarding the next five modules.

Initially, a random sample of one in every five individuals listed on the full course registrar of forty-five individuals, plus specific key individuals attending the course (i.e., the Minister of Health) were to be interviewed (twelve individuals, or 26.6 percent of the total of those enrolled). Given the short time in which to inform and schedule the interviews, the Consultant and HEI staff decided it would be preferable to interview participants from the

second group (those from regions outside of Tirane) who could most easily travel to Tirane. Therefore, while at least twenty-five percent still were to be interviewed, participants within an hours' drive to Tirane were invited to be interviewed.

After the evaluator's arrival, administrators at the MOHE and participants working there stated that all of the program participants from Tirane were very interested in participating in the evaluation. Therefore, it was decided that participants from the group in Tirane would meet in a large group to decide upon a plan of action and an interview schedule. Those from the regions chosen by the MOHE were scheduled to be interviewed on the second day.

Seventeen members of the first group met on Monday morning, January 24th to set an interview schedule. The following format was agreed upon: four people from this group would be interviewed individually; four people would be interviewed in pairs; and, one group of five. The group of seven from the regions who were scheduled to be interviewed on Tuesday, asked to be interviewed together so they could interact with one another. They offered to meet individually afterwards, however, if there was a need to do so (which was not necessary). All were interviewed in English where possible, though an interpreter was used when necessary.

The various venues for the interview process allowed the evaluator to estimate the reliability of responses. Responses by those in the groups correspond very closely to

responses in the one-on-one interviews. This enhanced the credibility of the replies during both group and individual sessions.

The evaluator also met with USAID, HEI, and other MOHE staff. She conferred with Ms. Diane Blane, USAID Mission Director, before the start-up of interviews, during the interview process, and before departing. Also, the evaluator interviewed Stan Nowakowski, HEI Representative, Albania; Dr. Makim Cikuli, the new Minister of Health, and Besim Nuri, the Vice Minister; Dr. Alqui Jani, MOHE Director of the Personnel Department; and other key MOHE staff to obtain their impressions of the Program.

#### IV. FINDINGS AND OBSERVATIONS

##### OVERVIEW

Findings of the evaluation were consistently and highly positive. The key findings are:

- ◆ Most interviewees found the Program extremely relevant to their needs and/or the needs of Albania, and contributed important information to their base of knowledge in health care management;
- ◆ All interviewees found the instructors well-prepared, knowledgeable, interesting, clear, and approachable;
- ◆ All who attended the modules were able to answer objective questions easily and quickly, indicating retention of the information;
- ◆ Ninety percent of interviewees believe more time is needed for one or more of the modules;
- ◆ The primary recommendations from the interviewees related to the availability and type of course materials. Suggestions included:
  1. Ensure that background materials are distributed well in advance of class presentations,
  2. Provide background materials in both English, as well as Albanian, so that any further information desired on the terms is more readily attainable from the international community (i.e., many technical terms have no Albanian equivalent), and,
  3. Provide additional background information on each module in the form of articles and/or texts.
- ◆ Other suggestions focused on changes in the modules themselves such as increasing the time allotted for and/or structure of them so that the participants could better learn how to apply the information.

## DISCUSSION

At one point or another during the interview, eighteen of the twenty participants (ninety percent) directly commented that they were gaining new information (see appendix, "Questionnaire Responses"). Twelve out of the twenty (sixty percent) described the information as being on a "high level" or a "higher level" than that to which they previously had been exposed. This meant that familiar information was presented in a more intensive and challenging manner. As one participant commented:

"This was a very good course. We appreciate it. It is the first course that has been addressed at this level. We need a lot of these types of courses. These will fill our lack of knowledge, and especially at this stage [in our development] it is needed. This is a window for us for knowledge and is needed for us as administrators. [The course] has given us new, real concepts for management, [it allows us] to direct [our programs] and to administer [our programs] in a professional and positive economic direction. We now have the duty to transmit the information. The better we learn here, the better all will be."

Nevertheless, some interviewees raised basic issues which, if addressed, could improve the Program. They include:

- The amount of time dedicated to module presentation;
- Differences between central and regional staff in terms of background, focus, and needs; and,
- The need for follow-on activities to ensure that participants can apply their enhanced knowledge and skills in their work.

Many participants expressed the desire to take advantage of future opportunities to learn about issues directly related to their roles. Both groups cited the need for better understanding of the overall situation; better coordination of activities between divisions (central versus regional administrations) and specialty areas; enhanced knowledge of planning and financing of health care activities, both in general and as they pertain to their individual specialties; as well as enhanced knowledge in their specialty areas.

To accomplish this, participants suggested developing courses that both concentrate greater efforts on the needs of each group, as well as ones that bring the central and regional participants together at some point to discuss enhancing coordination activities. This could mean conducting initial management courses that keep the central and regional groups separated to concentrate on issues related to central management problems, such as central budgeting and coordination, and, on a parallel or sequential time track, local management of budgets and specialty areas, respectfully. Then, at the end of the parallel or sequential time period, courses could be conducted that bring the groups together to discuss the differences in their roles and responsibilities, and how to better communication and coordination between them. The same type of system could be developed in another series of courses to address the management of specialty areas.

With regards to suggestions on how to enhance the subject learning in specialty areas, yet another series of classes could be conducted with a mixed central/regional group, if participants are deemed to have similar levels of understanding, and if desired and

logistically feasible. Or, if levels appear to be vastly different, separate-level course series should be considered.

### General Comments Section

Questions in the "general comments" section elicited highly positive remarks from interviewees. These comments centered on acquisition of new information, the clarity of presentation, the high level of the information presented, the newness of approach, and the appropriateness of the information to the needs of Albania.

The first section of questions produced a few suggestions about how to enhance the course. Suggestions included:

- It would be helpful if the instructors knew more about the Albanian situation in terms of political affairs, economics, law, history, etc., so they are better able to relate the information to the realities of Albania.
- Those at the same professional levels or with similar concentrations should have the opportunity to study together, so they are better able to share ideas, develop opinions that affect their situations, and apply the new concepts.
- Increase the amount of time spent on each module.
- Some time should be spent on how to "organize [i.e., apply] the information" imparted, so that participants are better able to use it. The person raising this issue thought that the exposure to the information sensitized them to new ideas and processes, "and that is important," however, he was concerned that

participants will not be able to apply all of it.

- While most participants from Tirane felt that scheduling the modules from 11 am to 3 pm would better suit their needs, a few had other scheduling suggestions (e.g. 1-5 pm, 7-11 am, 8 am-12 pm, 10 am-2 pm). All comments about schedules centered on the ability of the participants to address their ongoing job-related responsibilities. Those from the regions suggested they meet from 9 am-4 pm on both days.

The questions about course materials elicited almost universally positive reactions, although a number of participants suggested improvements in the use of these materials. Most participants found the information "very useful, very detailed." One person disagreed and cited that perhaps the materials were distributed too late and the participants, therefore, did not have time to review them, or that there were problems with the translation of technical terms and ideas. Four other participants also cited one or both of these issues as problematic.

Question 4 asked whether those interviewed had participated in any similar training programs on some level (e.g., focus, purpose, relation to public health), and, if so, how it compared with this one. Seven of the "Tirane" group and one of the "regional" group responded that they had taken at least one comparable course. Other courses cited were primarily given by foreign donors (e.g., a course on quality of health services sponsored by the European Economic Community (EEC) in Italy, a course on hospital organization given

in France, a course on AIDS in France, a course given by WHO on combatting diarrheal disease and acute respiratory infections, etc.). A few courses given by the Albanian government also were cited.

Of those who had taken similar courses, results indicated that:

- ◆ The HEI program is superior to others taken (one hundred percent);
- ◆ The modules are "more interesting" (seventy-five percent);
- ◆ The content is "more appropriate" (eighty-eight percent);
- ◆ The modules are "easier to understand" (fifty percent);
- ◆ The course is "more work" for some (fifty percent), but "less work for others (thirty-seven percent);
- ◆ The program is "longer" than comparable courses taken by some (50 percent), though "shorter" for others (fifty percent); none responded that it was the "same" length.

### *Reactions to Individual Modules Section*

Reactions to individual modules also were uniformly positive. When asked to rate and comment about the instructors' preparation, knowledge of material, delivery, clarity of material, appropriateness of learning methods, and availability for questions by applying a numerical value from 1 to 5 (5 being the highest), most interviewees gave all of the instructors 5's; only three (fifteen percent) gave 4's and none gave lower than 4. Interviewees offered a few additional comments: a few said that they wanted more time to learn, especially in relation to Module 2 (epidemiology); also in relation to Module 2, thirty-seven percent said that more lecture time was needed, and six percent (one person) said that the "delivery was a little confusing," though "in terms of the clarity of material - it was understood easily"; others offered additional positive remarks such as "the modules presented new ideas in new ways."

Many interviewees lauded the third module, Health Care Planning, by Dr. John Lammers ("If the others were 5, John Lammers was a 5+," "We became sort of friends"). By probing, it became apparent this interest was generated as much by the type of presentation by Dr. Lammers as by the information he imparted. Although the other instructors were highly appreciated, Dr. Lammers made a point of engaging the participants, allowing them to consider information available from the international arena on health care planning and then apply that information to reach their own conclusions about its applicability to the Albanian environment.

Questions about each module concluded with objective questions about the information presented in each. All interviewees who attended the modules answered these questions easily and quickly. They appeared to enjoy talking about the information, and, in group evaluations, the topics again catalyzed discussions and debate.

The section on the modules concluded with a question on whether the individuals would be able to apply the information they had gained. All answered affirmatively; some expressed some particularly interesting observations about their exposure to the information from the course. Another (interviewee number seven) commented that while he had some prior knowledge in these areas and doesn't expect to do very much differently, he found out from the course that he "was doing it right [all along]; [he] learned to trust [his] opinions." A number of individuals commented that because of the way the term "planning" was employed before (by the former government) that is, because of what was referred to as planning, the use of the term made Albanians "allergic" to it. Now, however, they are learning through this program that planning is actually possible, given the right information and tools.

### *Future Expectations Section*

The final section of questions focused on future expectations of interviewees. Some underlined the need to deal with financial and budgetary issues including distribution, supply, and allocation of human resources. In this section as well as others, the relationship between the central health structure and the regional structure became a topic of

conversation ("primary health care is discriminated against"). Many interviewees from the regions felt a strong need to discuss the relationships among the various sectors, and what roles and responsibilities are assigned to whom.

Differences in background, concerns, and thinking between participants from Tirane and those from the regions, and among those in different disciplines, were noted throughout the interview process. These differences should be considered in future planning. Variation of responses may be affected by:

- language capability (few from the regions had any extensive English capability, while most from Tirane did);
- exposure to non-Albanian sponsored courses (only one from the regions had attended such a course, while most from Tirane had);
- the degree of empowerment to implement ideas and change (participants from the regions felt less so); and
- the disparate roles of the participants in their work settings.

These issues are addressed in the Recommendations section below.

## V. RECOMMENDATIONS

The Albanian Health Services Management Program appears to be successfully meeting the needs of the Albanians and its objectives. The format for discussion and problem solving is a model for Albanian professionals in conducting their own health care reform activities. It also can serve as a model for future health management training programs in other countries. Minor adjustments can enhance the Program's success.

### *Recommendations for Remaining Modules*

A few minor adjustments in format should be considered to enhance the up-coming five modules:

1. Tailor presentations to current needs through use of background information on the past and present political and economic realities of Albanian;
2. Distribute all background materials well in advance;
3. Provide English versions of the materials containing highly technical information, or new terminology or concepts, so that course participants can refer to the original texts and further explore with foreign experts, if desired;
4. Provide additional written background information throughout the modules, such as handouts, review materials, texts and reference books, and articles.
5. Bring the central and regional staff together (perhaps during the last week) for a session on coordination of activities, financial and budgeting realities, and resources. The person conducting this session should prepare by speaking to members of both groups to better comprehend the issues at hand.

### *Recommendations for Follow-On Activities*

1. This Program should be repeated and HEI and USAID should consider increasing the amount of time allotted per module per group. One possible scenario is to conduct each module over one week's time per group, and slightly shorten and/or change the hours during which the course is given. This will allow for greater absorption of the material, and more interaction with the instructor. It will also give the participants time to prepare for the next module in the sequence, as there could be a week between modules.
2. To build on the knowledge already acquired, other courses could be added. Special attention should be paid to financing and budgeting issues, and coordination of systemic activities. Finally, HEI and USAID should consider developing or coordinating with others on the development of courses that focus on enhancing knowledge of specialists in their subject areas (e.g., epidemiology, biostatistics, etc.)
3. A module could be built into the overall program that brings central and regional staff together to discuss critical coordination issues.
4. As part of the overall Program, conduct follow-on technical assistance visits to help those involved in the Program implement the ideas that are being delivered and discussed.
5. Install a library of background and technical materials at the Ministry of Health. The library could house text books and journals. A permanent, trained Albanian librarian could make a positive contribution to the presence of such a setting.

## List of Contacts

### Individuals from "Tirane Group" Interviewed

Roland Dollneni  
Mehdi Alimehmei  
Perparim Dervishi  
Jorgo Kosta  
Nurie Caushi  
Filip Vila  
Teodor Todhe  
Toisim Demi  
Erol Como  
Besnik Bobruçi  
Zamira Sinoimeri  
Fatima Neziri  
Roland Bani

### Individuals from the "Regional Group" Interviewed

Petrit Roshi  
Fatmira Halili  
Rasim Rami  
Mikel Mocka  
Shefqat Deliellisi  
Nikita Bulka  
Arjeta Avxliue

### List of Other Contacts

Ms. Diane Blane, USAID Mission Director, Albania  
Stan Nowakowski, Director, HEI Albania  
Dr. Makim Cikuli, Minister of Health  
Dr. Besim Nuri, Vice Minister  
Dr. Alqui Jani, MOHE Director of the Personnel Department, MOHE  
Dr. Klement Dymi, Epidemiologist, Chief Inspector, MOHE

## Interview Topic Guide

### Evaluation Tool

**Albanian Health Services Management Program (HSMP)  
Formative Evaluation Questionnaire  
January 1994**

*Interviewer: [Introduce self, have person being interviewed introduce him or herself.] This interview is being conducted in conjunction with the United States Agency for International Development (USAID) and Healthcare Enterprise International (HEI) on Albanian Health Services Management Program to this point. The information gathered from this interview will be used only by USAID and HEI to enhance the program, if needed. It will not be shared with others. The interview is being carried out to:*

- *to evaluate how helpful the curriculum presented thus far is for you and your colleagues.*
- *to allow A.I.D. to recommend any adjustments to the curriculum, if necessary.*

*The interview will take about 30 to 40 minutes.*

*Your name will not be associated with any of your responses. Only your organizational affiliation (for example, MOHE administrator, central hospital or regional hospital physician, or health economist) will be recorded. What is your organizational affiliation? [Note affiliation below.]*

Organizational Affiliation: \_\_\_\_\_

*Interviewer: The first group of questions are being asked to get a general impression of what you think about the program overall to this point. There are no right or wrong answers.*

1. What have you generally liked about the Health Services Management Program (HSMP) overall?

2. What have you generally not liked about the HSMP courses overall?
3. a. Do you think that there is adequate or appropriate time being spent on each module? Please explain.
- b. What do you think about the scheduling of the modules in regards to the days and times that the program is given?
- c. Would the following schedule be more or less helpful to you?:
- Monday, Tuesday, and Wednesday from 11 am to 3 pm for those from Tirane.
  - Thursday from 10 am to 4 pm, and Friday 8 am to 4 pm, for those outside Tirane.
- d. Were the background reading materials provided to you helpful? If not, why? Can you suggest reading materials that you would have liked to have received but did not get? [PROBE]
4. a. Have you ever taken a training program outside of your university training?
- \_\_\_\_\_ yes                      \_\_\_\_\_ no
- [IF YES, ANSWER b BELOW]

b. Compared with other programs that you have taken outside of your university training, have you found this program of study to be:

- |                                                |                                                |                               |
|------------------------------------------------|------------------------------------------------|-------------------------------|
| <input type="checkbox"/> more interesting?     | <input type="checkbox"/> less interesting?     | <input type="checkbox"/> same |
| <input type="checkbox"/> more appropriate?     | <input type="checkbox"/> less appropriate?     | <input type="checkbox"/> same |
| <input type="checkbox"/> easier to understand? | <input type="checkbox"/> harder to understand? | <input type="checkbox"/> same |
| <input type="checkbox"/> more work?            | <input type="checkbox"/> less work?            | <input type="checkbox"/> same |
| <input type="checkbox"/> longer?               | <input type="checkbox"/> shorter?              | <input type="checkbox"/> same |

c. Please think of a course that you have taken in the past on a similar or related subject. Please compare it to this one. Please address subject area, time allotted for the course, location, format, and presentation. **[PROBE]**

*Interviewer: Thank you. The next group of questions will be about how the program is being presented by the various speakers, and the application of the information to your work.*

5. I'd like to talk to you about how you thought the modules were presented, and about their usefulness to your work.

i. Module 1, Course Introduction/Contemporary Health Care Systems) presented by Dr. Paul Torrens

- How would you rate the presenter on the following, with 5 being the highest score and 1 being the lowest:

- \_\_\_ preparation
- \_\_\_ knowledge of material
- \_\_\_ delivery
- \_\_\_ clarity of material
- \_\_\_ appropriateness of learning methods (lecture or discussion)
- \_\_\_ availability for questions

- Please elaborate on any or all of the above:

- Was there sufficient time for discussion?

- Were the answers to the questions that were asked appropriate and adequate?

- Would you please comment on the amount of time spent on lecture versus the amount of time spent in discussion?

- Was the module appropriate for your needs? why or why not?

- Was the module appropriate for Albania's needs? why or why not?
- Was there anything that you thought was most helpful? Least helpful?
- What do you think of some of the other countries' health care systems that you discussed -- their basic structures, similarities and/or differences -- and about their applicability to Albania?
- What would you look for if you were trying to analyze the health care system in Albania?

ii. Module 2, Health Systems Planning presented by Dr. Denise Oleske.

- How would you rate the presenter on the following, with 5 being the highest score and 1 being the lowest:
  - \_\_\_ preparation
  - \_\_\_ knowledge of material
  - \_\_\_ delivery
  - \_\_\_ clarity of material
  - \_\_\_ appropriateness of learning methods (lecture or discussion)
  - \_\_\_ availability for questions
- Please elaborate on any or all of the above:
- Was there sufficient time for discussion?

- Were the answers to the questions that were asked appropriate and adequate?
  
- Would you please comment on the amount of time spent on lecture versus the amount of time spent in discussion?
  
- Was the module appropriate for your needs? why or why not?
  
- Was the module appropriate for Albania's needs? why or why not?
  
- Was there anything that you thought was most helpful? Least helpful? Why?
  
- Drawing on information presented in this module, what do you think are some of the important population trends that could/should influence the types of services that need to be planned for in Albania?
  
- iii. Module 3, Health Systems Planning presented by Dr. John Lammers.
  - How would you rate the presenter on the following, with 5 being the highest score and 1 being the lowest:
    - \_\_\_ preparation
    - \_\_\_ knowledge of material
    - \_\_\_ delivery
    - \_\_\_ clarity of material
    - \_\_\_ appropriateness of learning methods (lecture or discussion)
    - \_\_\_ availability for questions

- Please elaborate on any or all of the above:
  - Was there sufficient time for discussion?
  - Were the answers to the questions that were asked appropriate and adequate?
  - Would you please comment on the amount of time spent on lecture versus the amount of time spent in discussion?
  - Was the module appropriate for your needs? why or why not?
  - Was the module appropriate for Albania's needs? why or why not?
  - Was there anything that you thought was most helpful? Least helpful? Why?
  - What vision statement would you propose for your organization, and how would you arrive at it?
6. Will you be able to apply the information that you have received so far to your current work situation? Why or why not? If you will be able to apply it, how do you intend to apply it? Please elaborate. [PROBE]

*Interviewer: Thank you. Now we would like to get an idea of your specific needs and expectations for the next five modules. Please tell me how you think the following modules could best meet your needs.*

Module Number 4: Health Care Management

Module Number 5: Health Care Financial Management

Module Number 6: Health Care Budgeting

Module Number 7: Human Resources Development

Module Number 8: Data Bases and Information Systems

*Please feel free to make any other comments at this time about the program.*

*Interviewer: Thank you for your time. I'd like to wish you the best of luck in your work.*

## Interview Topic Guide Responses

### Albanian Health Services Management Program (HSMP) Formative Evaluation Questionnaire Responses January 1994

The following is a detailed review of the information gathered during the interim evaluation of the HSMP program that took place in January 1994. In the cases in which questions were open-ended, a recapitulation of the responses by HSMP participants are given (a summary of this information can be found in the body of the evaluation report). A tabulation of the responses are given for questions which were closed-ended. The questions are in bold and noted to by the letter "Q".

From the "Tirane group," four people were interviewed individually (#s 1 - the first person interviewed, and 4, 7, and 8); four people were interviewed in pairs (#s 2 and 3, and 5 and 6); and, one group of five was interviewed (#s 9-13). The group of seven from the regions were interviewed together (#s 14-20). Where individuals were interviewed in groups, the interviewer always obtained a consensus of information, and asked if anyone had other points to add. The answers are noted to by the letter "A". The numbers to the left of responses refer to the individuals' interview order. Any numbers in parentheses to the right of a response refer to the total number of people giving that response.

#### Organizational Affiliation:

The group from Tirane was made up of:

- Ministry of Health and Environment (MOHE) Divisional Directors (e.g., of epidemiology, statistics, ambulatory care, maternal and child health, family planning, primary health care, pharmacy, hospitals);
- Directors of Public Health Hospitals in Tirane;
- Divisional Directors of the University Hospital Center in Tirane;
- Chief of Health Service, Shkodra;
- The Director of Public Health, Tirane

The "regional" group was made up of Directors of Hospitals or Public Health (e.g., Kruje, Loc, Burrel, Elbasan, Korce, Fier).

Q1. What have you generally liked about the Health Services Management Program (HSMP) overall?

A1. This was a very good course. We appreciate it. It is the first course that has been addressed at this level. We need a lot of these types of courses. These will fill our lack of knowledge, and especially at this stage [in our development] it is needed. Implementation of this is a window for us for knowledge and is needed for us as administrators. We have difficulties in a good sense to be perfect. The level was good; new, real concepts for management were given, which we need to direct and administer, and have a professional, economic direction. We now have the duty to transmit the information. The better we learn here, the better all will be."

A2. This gave us a very clear picture regarding systems and planning. I did not go to the session on epidemiology.

A3. I feel the same as him. [Number 2 and 3 work together and were interviewed at the same time.]

A4. I was very satisfied, the level was good. I have a lot of experience, but this info will be useful. It was new information and a refresher.

A5. The second module was very interesting.

A6. The first and third modules were very good. There was not always enough time, though.

A7. Generally, I liked it all. The part on the organization of the health sector was good; I needed more education about management and administration. At school, I did not have courses in public health, health organization, management, or financing. I needed to see how organizations can function. We did not have exactly correct ways despite former efforts. We were able to discuss and learn new ideas. We didn't have the courage to fight for ideas before and now - maybe the course will help.

I needed to know and understand about epidemiology. It is very important. It was very skillfully done. She gave homework - it was appropriate.

A8. This is new information on health systems, epidemiology, planning. It was interesting to know about these areas. The system needs to change here; this gave us information. It will help us to choose how to proceed.

A9.-

13 Very interesting, well organized, not necessarily all new

ideas, but it was the first time we heard some things articulated. Interesting to hear these things from the American perspective. It was clearly presented, the ideas were good. It was the first time to put all different aspects of health together. It let us consider changes. The U.S. presence regarding the information has been a dream realized. There was no hesitation in communication from the U.S. side. It was difficult to understand at first, then it was OK due to the efforts of the professors.

A14-

20. For example, the discussion on insurance system in Canada; it showed how it was different than in other countries; there is both private and state in Canada and in the states. In Albania, all is the state as nothing is yet privatized; there is no insurance. The outcome is not so good. As a result, we have a poor budget. Foreign aid has helped us survive. The seminar gives us an idea/vision about how to improve our system.

This is the first time to participate in this sort of training. We have not seen this before. Some problems the professors have discussed for the first time. We need to find the best system for Albania and this helped - it helped us to consider given our budget. About the second module - there were old and new ideas, e.g., markets, and financial mechanisms (new). For the third module - the whole module was new information. We are thankful to the profs and the high level of presentation.

The information was practical and good, and new concepts. The third module helped to give us ideas about planning. Before we were allergic to the word "planning."

It was practical, easy to understand, even there was information on how to be practical with the information. It gave ideas, and the course let us decide issues.

Q2. What have you generally not liked about the HSMP courses overall?

A1. The lecturers when they develop and teach, must know our health services and system, and they must develop lessons according to our health - and our economics, law, history - to make it more and more practical. The participants must be at the same level studying together. In Tirane group, there are specialists and directors together. Specialists are not responsible for managing in the same way. When they are in the same positions, they can concentrate questions and answers toward realities. Though the level of lecturer has been high and good, we need to be more contextual regarding Albania.

A2-4 N/A

A5,6 Not enough time.

A7. I need more concrete information for my work, about how to organize and finance. I need ideas about how to organize information.

A8. It would be good to have information before the course (about 2-3 days). Then we can read and will understand better.

A9-

13. Improvements - some terms need to be presented in English since some technical terms were not translated well. Give the materials in advance; sometimes if the professors spoke to a certain field, i.e., primary health care, some did not understand since they are not in that field.

A14-

20. Concepts are easy for those who have information [understanding] but not for those who don't. Then they can't understand when they go back to material. Sometimes the material given was not detailed enough. There were many bullets. The written materials were a little difficult to understand. We want more information, even in English. We also need reference materials, and information on where to find more materials. We need to practice using information.

Q3. a. Do you think that there is adequate or appropriate time being spent on each module? Please explain.

A4 said yes. Most said more time was needed for something:

A1. If all people are at the same level, I would like to be able to spend more time at their problems, to develop ideas and opinions. At a later time, we should share together on different levels. We need more time on budgetary issues, and management. We need conversation between the MOHE, Director of Public Health for rural areas, and local the government.

A2-

3. We need more time especially for planning strategy, and more detail on financial problems.

A5-

6 We need more time, especially on module 2.

A7. The question of time is not exactly relevant - we need to hear this stuff. The amount of time on the modules depends. I am not sure what are goals of training activity. It is important. Every effort done this well is important. I don't

know if all will be applied but there is a need to sensitize and that is happening. We must think, analyze, judge, analyze.

A8. Maybe we need more time in epidemiology.

A9-

13/ Not for #2. We need more time regarding the sanitary system (module 1); about the possibilities for Albania.

A14-

20 There was not enough time, especially for epidemiology, because they were new ideas, new information.

Q3. b. What do you think about the scheduling of the modules in regards to the days and times that the program is given?

Most said it was fine (11), nine said they had problems with it:

A7. It was not convenient for me - I was very busy but this doesn't mean it was not appropriate for others.

A8. Maybe the professors can't stay longer and we are very busy, but timing depends on individual person's situation, e.g., if from out of town or not.

A14-

20. We have to travel far, getting up at 4 am to find a car, so 9-4 is good (7).

Q3. c. Would the following schedule be more or less helpful to you?:

- Monday, Tuesday, and Wednesday from 11 am to 3 pm for those from Tirane.

Most said it was "better" (8), though one said, "It is better, but maybe do it in different place so the participants are not disturbed." Others' comments:

A1. For me, 7-11 am is better for those 3 days, then I have time to do my job.

A2-

3. 10-2 is better to be able to go to jobs again.

A6. 11-3 not better; 7-11 or 8-12 is better.

A7. I want it in the PM. I want 1-5pm.

- .. Thursday from 10 am to 4 pm, and Friday 8 am to 4 pm, for those outside Tirane.

A14-

20. Both days should be 9-4pm (7).

Q3. d. Were the background reading materials provided to you helpful? If not, why? Can you suggest reading materials that you would have liked to have received but did not get? [PROBE]

Most said the materials were helpful, but they wanted more.

A1. They were very useful. Very detailed. We were able to ask questions and get answers. I would like materials about how to carry out concrete plans regarding local government. How to do it. How to manage health service in relation to local government culture.

A2-

3. We need more detailed information. For example, with background information, the lecturer would explain and it would be easier. We want it in advance more.

A4. Yes, the background information was helpful. I've worked in the district, then in epidemiology, and the issues in the course were helpful to my experiences.

A5-

6. We need better translations regarding the technical terms. We want more about standardization in statistics. (#7 was not sure.)

A7. We need books on various subjects. The problem is the level of knowledge that people had. Many people didn't have background knowledge. Many came from clinical practice.

A8. Yes, it was good, but the translation was not always correct (terminology). All OK - it's new and good. We can't expect anything different because we now don't know.

A9-

13. They were not so helpful, perhaps because we got them too late or because the technical terms were not correct. We need them in English; we couldn't go back to the original materials. For the 3rd module, the material was very helpful.

A14-

20. The materials were helpful but we wanted more.

4. a. Have you ever taken a training program outside of your university training?

8 yes 12 no

Number 2 had training in France; number 3 had training in hospital organization; number 4 had training in Italy on organizations and in France on AIDS; number 7 had training from WHO; number 8 had training in Romania General Medical Practice; number 13 had training conducting by the World Bank. Number 7 commented:

People were more involved in a WHO CDD/ARI course due to the type of exercises and presentation. I went to a number of courses - comparisons are difficult to make since some of the courses are specific. But this course is good.

[IF YES, ANSWER b BELOW]

4. b. Compared with other programs that you have taken outside of your university training, have you found this program of study to be:

6 more interesting?        less interesting? 1 same

7 more appropriate?        less appropriate?        same

4 easier to understand? 2 harder to understand? 2 same

4 more work? 3 less work? 1 same

4 longer? 4 shorter?        same

4. c. Please think of a course that you have taken in the past on a similar or related subject. Please compare it to this one. Please address subject area, time allotted for the course, location, format, and presentation. [PROBE]

Most said this course was far superior:

A1. N/A

A2-

3. This course has been the best. The training course in Italy sponsored by the EEC (in Quality of Health Services) was done very well. This course has more general information, but there was not sufficient time on planning.

A4. This one has special characteristics - there was a high level of lecturers; they talked about systems, therefore branch

training going on.

- A5. This course is more concentrated on the areas I need information on. The 3rd module is new info.
- A6. This planning module was most helpful. The level was high, all was OK.
- A7. We need full time course. We want more concrete activities that take place over a week to 10 days.
- A8. The course in Romania was really a 3-day meeting to discuss issues regarding general practice. The Eastern European block countries were represented.
- A9-
- 13. We have had nothing like this one before. [One person said they had had something similar.] This course is more practical and interesting because it is not only theoretical, but practical. This course was longer. In the Canadian course, all the materials were all theory.
- A14-
- 20. N/A

Interviewer: Thank you. The next group of questions will be about how the program is being presented by the various speakers, and the application of the information to your work.

5. I'd like to talk to you about how you thought the modules were presented, and about their usefulness to your work.

i. Module 1, Course Introduction/Contemporary Health Care Systems) presented by Dr. Paul Torrens

- How would you rate the presenter on the following, with 5 being the highest score and 1 being the lowest:

<u>Score of 5</u>	<u>Score of 4</u>	<u>Issue</u>
<u>20</u>	_____	preparation
<u>20</u>	_____	knowledge of material
<u>16</u>	<u>4</u>	delivery
<u>20</u>	_____	clarity of material
<u>16</u>	<u>4</u>	appropriateness methods
<u>20</u>	_____	availability for questions

- Please elaborate on any or all of the above:

A2-

3. It was very clearly presented; there were many examples from different systems.

A5-

6. There was good discussion.

A7. We want to hear more about health financing systems.

A13

20. The course explained a lot about systems, but this is the first time to hear this and so it is difficult to judge. There was a lot explained from personal experience.

- Was there sufficient time for discussion?

Number 5 and 7 said, "No." Everyone else said, "Yes."

- Were the answers to the questions that were asked appropriate and adequate?

All 20 said, "Yes."

- Would you please comment on the amount of time spent on lecture versus the amount of time spent in

**discussion?**

All but the "Tirane" group of five interviewed together said, "Good," "Fine," or "OK." The "Tirane Five" said, "More time is needed; Albanians need to explore these ideas. We need to hear more ideas from professors. The modules should have been altogether longer. Maybe first module could be put last as a summation rather than an introduction so that we could get final ideas about systems."

- **Was the module appropriate for your needs? why or why not?**

All said, "Yes," and generally followed that up with comments:

- It was very interesting, very important, we now can understand other systems and their positive and negative points;
- We need to know about other systems and apply them here.
- It was good for a beginning - an overview.
- We need information for the general practitioner; the levels are low. We need to plan training (the EEC is going to do some). It was very useful; we need to develop a new system in Albania. This helped to have vision for planning.
- This helped us to understand new concepts. We were very curious.

- **Was the module appropriate for Albania's needs? why or why not?**

Thirteen gave a definitive, "Yes." Two individuals from the "Tirane" group gave a definitive, "Yes." Those two said:

- We need more about Albania.
- It depends on the person; we need more precise information and more debate in class.

The "Tirane group of five" group agreed:

- It is interesting to hear about other systems but we need more time for this important subject.

- **Was there anything that you thought was most**

helpful? Least helpful?

Under "most helpful," the following were the responses:

- Planning and management
- Comparative systems
- Prioritizing as it refers to management
- Organizational differences and how to apply the ideas
- Discussions on insurance, and evaluation of systems

Under "least helpful," the participants responded:

- Epidemiology; it is very specialized
- We didn't get a response as to why the U.S. health expenditures are 14% of the budget (2 times the amount of the U.K., and three times that of Japan) More time re: systems; to develop a new system for Albania; take some time to think about.
- More time is needed regarding systems

- What do you think of some of the other countries' health care systems that you discussed -- their basic structures, similarities and/or differences - - and about their applicability to Albania?

The vast majority of participants (17) preferred the system in the U.K. Three said that the Canadian system is the best. The following are their comments and rationale:

- A1. The best is the English model, because it is well distributed and covers all the population; it is universal. We need more details about Albania's plans for distribution in terms of doctors, nurses, and the population.
- A2-  
3. The systems are different - from all these systems, I prefer the system in the U.K. because it is a universal, secure service, not as in U.S. where not all are covered unless in emergencies.
- A4. The U.K. system is best because it is a national health service, owned by state, well distributed to the population, and all people get care. This is good for Albanians also.
- A5. After listening to it all, I think the Canadian system is the best because everyone is taken care of.
- A6. The system in the U.K. is best. All are covered, spread the same, and hospitals are available whether people have money or not. Support resources need to be available. Canada was more independent from the state and the services are not evenly

distributed.

- A5. [5 debated 6's ideas:] Sometimes being independent from the state is good; the budget can be manipulated even if the state says no.
- A7. The privatization of health sector does not have to do with government. Some push for political advantage; some push for private. We need to examine the different issues, e.g., expenses, doctors not being well paid so that money can put in other areas.
- A8. We need to change the system in Albania, but we can not do all privatization - people can not pay; therefore, some should be private, and there should be some government coverage. We could use a system similar to UK.
- A9-  
13. U.K.'s system might have applicability to Albania. For example, coverage in village can be increased by increasing people's contributions to doctors. In Albania, many people want to go to a specialist immediately; it is important to check in with general practitioner first, so that the system is not abused. It is easy to apply the U.K. system to Albania in terms of ideology and payment. The Canadian system gives more autonomy and the hospital system does not apply well here in regards to hospitals. Here, the primary health care system is separate. It is level 1. Level 2 are specialists, and level 3 is the hospitals. We need to integrate the system. All districts should not make decisions for all these levels; the MOHE should.
- A13-  
20. The Canadian system is good for Albania; it provides care for a great number of the population; the private and state are connected. In England, the budget is from the #2state like in Albania; emergency care for example. There are problems though; maybe will find the right answer after privatization. We need a mixed system - some go to private, some public. Every system has good and bad points. We are trying to set up a system. We need to draw the best points from all systems.

- What would you look for if you were trying to analyze the health care system in Albania?

Fourteen people mentioned the importance of examining issues related to primary health care. Of those who mentioned primary health care as one of the most important issues, they also mentioned:

- socioeconomic levels;
- health insurance issues;
- distribution of services;
- quality of service;
- the health information system;
- maternal and child health;
- elder care;
- demographic variables;
- deliveries;
- average life expectancy;
- problems of the elderly;
- availability of emergency care;
- infectious diseases;
- problems associated with provision of care; and,
- use of hospitals.

One person mentioned that financing is the most important issue to examine. This person said, "People could be motivated by money. We need to take advantage of applying health financing systems (we need the simplest way). We should implement this forcefully (we should force people to be insured)."

One person said that the training of doctors and nurses, as well as financial issues and changes in the social structure are important.

ii. Module 2, Epidemiology presented by Dr. Denise Oleske.

[#2 and #3 were not able to attend.]

- How would you rate the presenter on the following, with 5 being the highest score and 1 being the lowest:

<u>17</u>	<u>1</u>	preparation
<u>17</u>	<u>1</u>	knowledge of material
<u>16</u>	<u>2</u>	delivery
<u>15</u>	<u>3</u>	clarity of material
<u>16</u>	<u>2</u>	appropriateness methods
<u>15</u>	<u>3</u>	availability for questions

- Please elaborate on any or all of the above:

A6. If there was more time, it would be more clear.

A8. We lost a day, and we didn't have all background papers and therefore, things were difficult. The second day was easier and all papers were available. This module was more difficult than #1.

A9-

13. The delivery was a little confusing. The time was short for statistics; we need more time. In terms of the clarity of material - it was understood easily.

- Was there sufficient time for discussion?

Sixteen people (out of 18 attending this module) said that there was not enough time for discussion.

- Were the answers to the questions that were asked appropriate and adequate?

All but two people said, "Yes." Two were not sure due to the newness of the information.

- Would you please comment on the amount of time spent on lecture versus the amount of time spent in discussion?

Seven said more lecture was needed. One said more discussion was needed. The rest said the mix was fine.

- Was the module appropriate for your needs? why or why not?

All said it was appropriate. One commented that it was appropriate for all, but perhaps more appropriate for the people who work in the field of epidemiology.

- Was the module appropriate for Albania's needs? why or why not?

All said it was appropriate. Individuals in the regional group commented that it was important because they were learning how to apply epidemiology to more than the area of contagious diseases; learning about the work on heart disease in Framingham was helpful to them.

- Was there anything that you thought was most helpful? Least helpful? Why?

Most helpful:

- Basic epidemiology
- Infectious disease epidemiology
- Learning another system of classification that can be used in the future
- Advanced ideas

Least helpful:

- Not enough technical information
- Need more information on roles and responsibilities regarding epidemiology and planning

- Drawing on information presented in this module, what do you think are some of the important population trends that could/should influence the types of services that need to be planned for in Albania?

One of the primary issues raised was the young age of the population, and/or the related issue of concern about MCH (which was raised by all 18 attending). A number of other issues were raised, as described below.

- A1. There are still high birthrates, and therefore we should focus on family planning taking into account the available health services. Also, the infant mortality rate must be reduced. After some years, we will need a greater number of family doctors because of the high birthrate. We need to study trends in morbidity.
- A4. All the population trends are important. Maternal and child health and family planning will deal with birth/death rate, etc. We also need to look at immigration.
- A5-
6. The population is young. There is a high rate of deliveries. Therefore, we need to set up care according to deliveries and maternal and child health. Issues involved are: deliveries, infant mortality rate, causes of death, morbidity, specific information regarding health resources. The major cities also have a high population; this must be considered.
- A7. There are a lot of children, and women are having more children. Children are 2/3 of the population, and, therefore, we need to look at MCH. It is too early to think of elderly problems.

A8. We have much immigration now (from rural to urban, from mountains, etc.), and there are difficulties. Tirane has an estimated population of 400,000. There are more now, and we need to plan for future. We need real numbers. We need to think about how to have health care for all.

A9-

13. Gathering the statistical data is very important; statistics are coming from various places. In MCH, we need to gather the number of women and children and think about what system is needed. In Albania, young women have immigrated. Women are doing hard work.

A14-

20. We need to think about the population pyramid - young people dominate in Albania. We need to think about family planning, infant mortality. We need to think now about future problems, e.g. teens, vaccines, chronic changes. We will change the information that goes on the birth certificate. We want more information.

iii. Module 3, Health Systems Planning presented by Dr. John Lammers.

- How would you rate the presenter on the following, with 5 being the highest score and 1 being the lowest:

<u>20</u>	_____	preparation
<u>20</u>	_____	knowledge of material
<u>20</u>	_____	delivery
<u>20</u>	_____	clarity of material
<u>20</u>	_____	appropriateness methods
<u>20</u>	_____	availability for questions

- Please elaborate on any or all of the above:

A1. In this module, he was seeing all the needs. There was clarity, and a concern to adapt to students needs and questions.

A2-

3. This was at a very high level.

A5-

6. The presentation method was very good. It was new. We discussed a lot. The professor asked the participants about their ideas and thoughts.

A9-

13. Very well presented. Practical.

A14-

20. Planning is a science. This was very practical; the most interesting part. Most important for us, we have not had this before. We learned before but couldn't apply.

- Was there sufficient time for discussion?

All said, "Yes."

- Were the answers to the questions that were asked appropriate and adequate?

All said, "Yes."

- Would you please comment on the amount of time spent on lecture versus the amount of time spent in discussion?

All said it was good. One commented that there was a lot of homework and this was good: "It was strict, correct."

- Was the module appropriate for your needs? why or why not?

All said, "Yes."

- Was the module appropriate for Albania's needs? why or why not?

All said, "Yes." A few added comments:

- Up to now everything was strictly centralized. There was no clear vision, no real health management. There were no trained managers before.
- Planning is important - new there is understanding about how to plan ideas. The SWOT idea is good. It can help in the future.
- This will help us to select the right people. This is the first time to discuss human resources. How to communicate.

- We have to decide issues and this gave us ideas.

- Was there anything that you thought was most helpful? Least helpful? Why?

Most said, "All was helpful." Other comments about what was most helpful were:

- Mission/vision statement
- How to collect information, how to make plans, the important elements of planning.

Nothing was mentioned as least helpful.

- What vision statement would you propose for your organization, and how would you arrive at it?

- A1. This related to my demands: to have a health service that would protect peoples' health with special attention to MCH, epidemiological services, and to raise the culture regarding health education. To achieve all this we will need the structure and money to create conditions. This is not my vision; it is a result of collaboration with all responsible persons for various areas; from an exchange.
- A2-
3. How to arrive at solutions: study the social environment, define the strategy (take work in tertiary level and also do scientific study). Look at all activities, discuss with all personnel on all levels, discuss good and bad. The hospital/University Center is a unique one, the best one in the country. It performs various functions. It will be cost effective with proper organization.
- A4. Know the situation: interview personnel, look at qualifications, examine resources. Aim to reduce infectious disease, coverage for all the population, 100 percent immunization.
- A5. Build a strategy to support development of the system, specify weak and strong points. Consider the needs, use a "test" to see the needs, knowledge. Look at experience, training, whether if specially training is needed. Send more people to villages because there is a lack of personnel. Raise the level of the department to be able to give good data to help MOHE to carry out the work. Start from what we have and forward.
- A6. There is a problem between the local and national service - the mandates are different. We need to exactly decide the

mandates. Also, we need to repair the health centers, to get equipment, to take care, get training for hospitals, and to get health care for all in the districts.

A8. Training doctors, nurses, midwives, get appropriate equipment. We need to profit from work, and then we can buy new equipment and pick up health care service. We need to secure a high level of service as compared to W. Europe and the rest of the world. We need to start from the human resources point of view.

A9-

13. We need good cooperation in the MOHE. We need to integrate the system, we need good collaboration. Use the SWOT process.

A14-

20. Use SWOT. The Fier Association of doctors want to provide universal care across villages and cities; we want to increase/enhance hospital service. We therefore need to create a plan, a strategy according to goals.

6. Will you be able to apply the information that you have received so far to your current work situation? Why or why not? If you will be able to apply it, how do you intend to apply it? Please elaborate. [PROBE]

Most participants responded affirmatively (17). The following are participant responses.

A1. With difficulties because the differences between the capabilities between local and central government, and because of the budget. First, we will see what needs are greatest, where interventions can take place, then we will see other sectors, i.e., we will set priorities.

A2. Thinks so. Until now there has been amateurish actions, now we must be more professional. Even way of collecting opinions and discussing can change.

A4. Yes. It will be based on the financial situation. We will analyze the morbidity regarding infections disease for the nation, set up a new system for analysis, design different programs to fight disease.

A5. Yes, staff will meet, discuss, will have free discussion, make plans, prioritize, scheme, vote, give points to ideas and choose.

A6. Think so. We will do evaluation to see if we are going in the right direction.

- A7. Yes. We had some knowledge already. We won't do anything differently. I know from this course that I was doing it right, I learned to trust my opinions.
- A8. Yes, I need to read some more the papers, and maybe I can do something. I want to have made a plan for training MDs and nurses. I have a program for this. I will choose one program to begin, then others. The equipment plan is done. I will take some money from people to get new equipment. Also, I will collaborate with others - Saudi, Italians.
- A9-  
13. The planning was very good; before we've been allergic. We will share information with other departments.
- A14-  
20. We will make a meeting (a round table) with various staff at different levels, representatives from government, unions, political parties, organizations. We will get ideas, list the ideas, make groups of ideas, write the main ideas, brainstorm, choose priorities, plan, share visions.

Interviewer: Thank you. Now we would like to get an idea of your specific needs and expectations for the next five modules. Please tell me how you think the following modules could best meet your needs.

- Module Number 4: Health Care Management
- Module Number 5: Health Care Financial Management
- Module Number 6: Health Care Budgeting
- Module Number 7: Human Resources Development
- Module Number 8: Data Bases and Information Systems

Few definitive ideas were given on how the specific modules might best meet the participants' needs. However, a number of comments were made:

- A1. It was all very interesting it seems.
- A2-  
3. We need to deal with financial issues, budget, etc., distribution, supply, how to accumulate the information. Also, we need to focus on human resources.
- A4. Integrating epidemiology services with overall health services is important. How to organize epidemiology regarding the control of disease: international rules, e.g., borders.
- A5-  
6. All has been helpful. We will need to really see what this is as this is the first time we've done this sort of study. The instructors were great! Well prepared, how they presented, there was lots of give and take. We now understand everything better regarding management.
- A7. We need more info on financing; it is very important for now. Most useful to address organizational aspects of system as opposed to precise technical areas, e.g., epi.
- A8. All are new things - I am open to all, interested in all. It would have been better to have training in another location; it is too close together (job & training).
- A9-  
13. We need information in advance. We need more information regarding PHC (we are discriminated against at the MOHE).
- A14-  
20. These are certain key problems for us: modules 4,5,6,7. All modules are very important to our situation. We currently have no criteria for these.

Interviewer: Thank you for your time. Best of luck in the future.