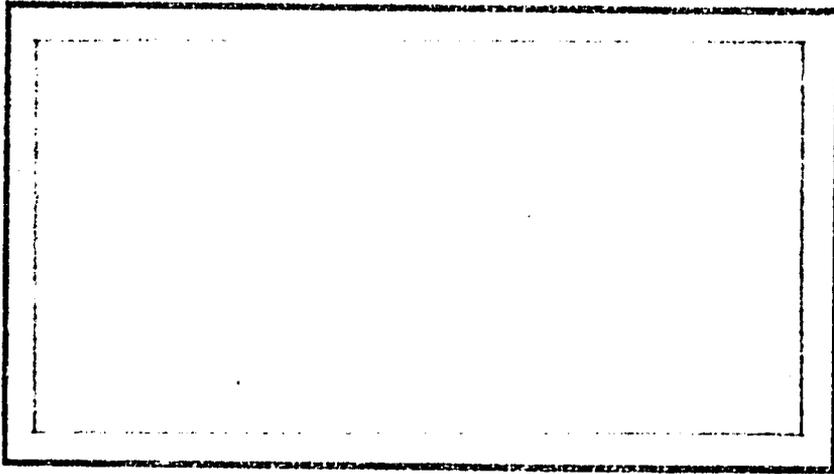
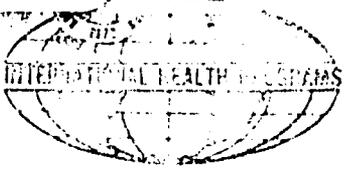


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FAMILY PLANNING MANPOWER DEVELOPMENT
SUMMARY RECOMMENDATIONS AND TRAINING PLAN
DEVELOPED FOR USAID/MOROCCO

A Report Prepared By:

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I. IDENTIFICATION OF HEALTH TRAINING NEEDS MISSION FOR USAID/MOROCCO

A. Situation and Background

At the request of the Government of Morocco and under the auspices of the American Public Health Association, Dr. Harold C. Gustafson and Mrs. Theresa DeRosa visited Morocco for a 10-day period from March 14-24, 1979. Although this was a short visit for a task originally scheduled for a full month of consultation by a three-member team, we were able to accomplish our objective of a rough draft of recommendations for a national training plan both in-country and overseas for the Ministry of Health prior to our departure from Morocco. This was possible only because of the excellent groundwork of Mr. Trayfors prior to our arrival and the cooperation and interest of every level of Moroccan health personnel whom we contacted. We found our Moroccan and USAID contacts well prepared for our visit; they had obviously been extensively briefed as to our purpose and willingly provided the information needed for developing the training plan. Our visit was tightly scheduled, but we were able to spend considerable time with the key persons in the Ministry of Health, particularly the staff of the Family Planning Program, as well as the faculty and staff of the paramedical institutions.

We felt that the visit was very productive despite the language barrier, which was skillfully bridged by our interpreter, Ms. Cynthia Levin.

Our visit was timely as it was obvious that governmental officials were concerned about the effectiveness and efficiency of the Moroccan health system. Although this system is highly specialized and structured, it could be further strengthened to reach the public more effectively with preventive services that would result in the reduction of extremely high death rates in a country with evidence of social and economic progress in other developmental spheres. There was a consensus that the health system needed to be reoriented and refocused toward prevention. In a recent policy statement concerning the coming 3-year plan for health, there is a clear mandate to gain community participation in health affairs and to try to shift responsibility to the community and the family. Although the educational component necessary for implementing this policy has not been clarified, there is a recognition that reorienting of training would be a key element to the success of these efforts.

In summary, we were encouraged in our work to include a broad-based training scheme encompassing policymakers, training faculty in the paramedical institutions, and trainers responsible for in-service training in the provinces. Although this is an ambitious scheme, the potential for success appears to be high in light of policy statements by senior Moroccan government officials and the quality of Ministry of Health medical and paramedical personnel involved.

B. Problems

The Government of Morocco has invested in health for many years. The large number of hospitals, training centers, and personnel is evidence of this investment. The health system, however, reflects a curative medical bias with less priority for prevention through public health than is apparently necessary to reduce the high death rate, particularly the infant mortality rate which is estimated to be about 130-150 deaths per 1,000 live births.

The leading causes of death among children, though not well documented, are the diarrhea diseases complicated by under-nutrition, other preventable communicable diseases, and those diseases due to lack of potable water supplies and adequate sewage disposal. There is also evidence that the exceptionally high birth rate (48 per 1,000) and the lack of space between children are important factors in poor maternal and child health. Most of these conditions are preventable through education and preventive health services, particularly through education of family members (especially mothers). We believe it would be possible to design primary health care systems that would impact directly on the vital rates (birth rate, death rate, infant mortality rate) through community involvement in development of a broad-based education-prevention program on the community level.

The apparent success of the Marrakech family planning home delivery system is one indication of community readiness to accept health procedures. There seems to be a consensus that delivery systems beyond extension, i.e., the assumption of responsibility by the community for health, would be profitable avenues for exploration with excellent probability of success. It is our hope that the government will consider, at the opportune time, pilot efforts that will enhance community health self-reliance.

This reorientation and refocus of the health system would necessitate the retraining of a large number of health personnel (3,000-4,000). It would also be necessary to develop training faculty (in addition to the specialist nurse) with educational skills designed to effect behavioral change essential to community-focused health activity. At present some attention is given to patient education, but it is the opinion of the consultant team that most of the responsibility for health remains with professional members of the health system, with limited responsibility being given to the community and its members. The consultant team has suggested a pilot community project that focuses on developing community self-help and self-reliance through more active involvement of formal and nonformal community leaders, decision-makers, and mothers in health program planning, implementation, and evaluation.*

C. Findings

The consultant team was impressed not only with the high quality of governmental officials but also the caliber of the medical and paramedical staff visited while in Morocco. We discovered, for example, that the faculty of the nursing training institutions was selected from the top two or three graduates of each registered nursing class, which is an indication of the priority given

*Appendix I is a clarification of the suggested pilot project.

to preservice training of health personnel. We also found a good number of well-trained technical specialists in a variety of medical specialties obviously quite capable in the treatment of diseases in curative medicine. It is our belief that this high quality of faculty with good administrative support will be most willing and able to strengthen the focus of training to community and prevention through education. We believe that if sufficient resources, high priority, and top echelon commitment are given to the proposed in-country training, and if a sufficient number of Moroccans successfully complete short- and long-term training in the United States,* these factors will contribute greatly to continuing progressive developments in health services delivery.

D. Policy Recommendations

In view of the above comments on the current status and new thrusts of the Government of Morocco health-family planning delivery system, it is essential that policy statements are issued on an on-going basis clarifying the current overall philosophy on health and family planning, the new thrusts and orientations, the related roles of various levels of health-family planning personnel, and the importance of projected training activities in the accomplishment of national health-family planning objectives.

1. National policy statement

A national policy directive concerning new approaches to training as well as the growing priority of outreach services should be disseminated to all key persons in the field of health manpower development.

2. Provision of adequate financial, manpower, and logistical support

The development of policies regarding the strengthening of preventive, community-focused health services delivery is apparently an accomplished fact. The implementation of these policies will require the establishment of budgetary priorities for community activities and the reorientation of training at all levels, in addition to the provision of financial, manpower, and logistical support to essential educational and service activities at the community level.

3. Clarification of short-term training

Short-term training strategies should be clarified and supported through national directives to all levels of Ministry management and administration. The Moroccan health system has institutionalized a well-organized training program for its present services delivery systems. The training faculty is selected from top graduates of nursing training institutes. This makes it feasible to build upon the existing strengths of the training curriculum and personnel in the development of master trainers and other trainers at lower levels in the system. Viable, on-going out-of-country and in-country short-term training programs as outlined later should be initiated as soon as possible and supported as an integral part of a national health training plan.

*See Appendix II and III.

4. Clarification of long-term training

Long-term training strategies should be clarified and supported through national directives to all levels of management and administration. Emphasis should be on the technical competence necessary to continue the effective development and evaluation of health and family planning programs and related activities. The four long-term fellowships recommended later in this report and discussed in detail in Appendix III will add dynamic capabilities to the health and family planning programs. It is strongly recommended that the strengthened elements of communications and health education be designed in a manner facilitating evaluation of their impact on program effect. Utilizing the skills of the statistician or other operations research professional, simple, small-scale "experiments," and varying media and/or educational inputs to specific program areas, for example, may yield important data for program decisions and improvement.

5. Development of health professionals and institutionalizing capabilities

Career-development policies should be clarified and linked closely to the suggested short- and long-term training plans.

6. Encouragement of pilot projects and field demonstration

Morocco is a country with a wide variety of ethnic groups, differing supply and logistics problems, and other regional characteristics that require adjustments in health services delivery. Pilot projects of good operations research design should be conducted to develop innovative programs to solve these unique health systems delivery problems. The suggested pilot project (Appendix I) involving community participation is strongly recommended as it provides for maximum flexibility in approaching diverse population groups and, by the very nature of the approach, takes regional and local differences into account.

7. Active participation of key government officials in health-family planning programs

The involvement of key government officials and leaders in other sectors should be actively encouraged since they are essential to the development of high-level support for family planning and health activities. It is recommended that Morocco intensify its on-going efforts to inform high-level leaders in all sectors of the impact of population growth on social and economic development. In addition to the suggested planned national conferences, there should be a continuing flow of information about population through the various communications media. The proposed strengthening of the IE&C capability for health and family planning should be directed both to direct program support and to policy development and support for health and family planning programs.

II. RECOMMENDATIONS FOR HEALTH-FAMILY PLANNING MANPOWER TRAINING AND DEVELOPMENT

A. Rationale

As mentioned previously, the Government of Morocco has placed a high priority on the improvement of their health-family planning service delivery system; and the effective recruitment, selection, training, and on-going development of manpower are crucial to the success of these efforts. With the increasing emphasis on more community involvement in health programs, it is also becoming more evident that training of health manpower must be designed and implemented on an on-going basis to support these new program emphases. In order to effect change within a well-established system, it is essential that staff at all levels be guided by national policies, be exposed to new philosophies that guide change, and in turn be provided training opportunities to develop new knowledge, attitudes, and skills required.

The following recommendations center on specific training opportunities for the broad range of personnel on the following levels:

1. policy
2. management, administration, and supervision
3. trainer
4. IE&C and health education
5. health and family planning services delivery

B. Identified Training Needs of Five Levels of Health-Family Planning Manpower and Related Training Program Emphasis

1. Policy level

--Senior policymakers, health planners, and administrators should be given continued opportunities to participate in in-country dialogues initiated by AMPF and UNDP.

--Senior policymakers and administrators returning from foreign tours should debrief with essential staff in country to share their insights of the dynamics of population growth in regard to overall socioeconomic development in Morocco. Another important element of the debriefing would be discussion of community self-reliance programs visited in other countries.

2. Management, administration, and supervision

--Personnel in this level who are responsible for the delivery of health services should be provided training opportunities to broaden their scope to include preventive education on community-focused services.

--Training opportunities should be provided this level of personnel to enhance their expertise in those administrative, management, and supervisory skills identified as critical to the effective delivery of health-family planning services in both clinic- and community-based settings.

--All administrative, management, and supervisory personnel should be exposed to nonformal training methodology that would help them develop their staff more effectively.

3. Trainer level

Recommendations for this level emphasize strategies to develop trainer capability that in turn will promote the long-range training capability within the Ministry of Health. Thus, the core of consultants' training recommendations centers on the development of a highly trained cadre of three categories of trainers made up of master trainers who will develop trainers of trainers, who in turn will develop trainers of front-line service delivery personnel. Such a cadre of highly trained trainers in all categories can have measurable impact on the total health manpower development plan of Morocco (Appendix I).

a) Training institutes

--Administrative and management staff of training institutes (medicin -chefs, training directors, SIAAP, etc.) should be exposed to training programs aimed at strengthening skills in management of the training function, training of staff, experiential learning methods, evaluation, and follow-up.

--Trainer of trainers in all institutes (national and provincial) should be exposed to training programs aimed at strengthening skills in teaching methods, curriculum development, evaluation, materials development, and effective use of audiovisual materials.

--Training programs offered by pre-service and in-service training institutions need continuous modification and updating, based on current and projected health problems, to be valid and effective. A system of follow-up by both types of institutes is essential to gain and share pertinent information on job performance related to priority health needs. It is recommended that an operations research and a training evaluation function be incorporated into the family planning referral centers and into existing pre-service training facilities (ecoles de'infirmeres, medical schools, and the School of Public Health).

b) Suggested training program emphases

- Since the effectiveness of training rests upon the specificity and validity of functional job analyses, it is recommended that job descriptions and task analyses of each level of health worker be reviewed and brought up to date. Training curricula for each level of worker should be adjusted accordingly.
- Introduction of modern, more behavioral-oriented interpersonal training content into the curricula supported by experiential teaching methods.
- Introduction of simple self-instructional materials for use in pre-service training orientation and as a supplement to on-going training (methods of designing self-instructional materials should be provided).
- Due to an evident lack of educational materials at all levels of training, it is recommended that funding be provided for such materials. Trainers should (in their training-of-trainers programs) have an opportunity to learn skills needed for the effective use of these teaching aids. Trainers should learn to develop low-cost audiovisual aids as a part of their training, and should learn how to use audiovisual equipment effectively.
- Since there is a consensus that practicums within the curricula need strengthening and that there is a need for reorienting the workers toward community and individual responsibility for health care, it is recommended that practicums offer opportunity for more dynamic and interactive processes. There is an evident need for community-focused specialty trainers trained in the responsibilities of designing, implementing, following up, and evaluating practicums for all paramedical training in the training institutions and in the referral centers.
- Training strategies for hospital, clinical, and extended outreach differ from those strategies required for community-focused training. It is essential, therefore, to provide a direct field, experience-based practicum for training staff in rural communities. (Early training programs emphasizing the field practicum could be tested in the pilot community project).

4. IE&C and health education

- specialists should be given the opportunity to develop broader skills in audiovisual techniques. These specialists

would also be responsible for training trainers in A-V techniques. Health educators would also be given the opportunity to attend workshops scheduled for trainers in accordance with their responsibilities as educators.

5. Health and family planning services delivery

--Orientation and skills training for all personnel located in clinics, dispensaries, hospitals, and referral centers should include emphasis on strategies for community involvement, inter-personal relations, interviewing, etc.

C. Recommendation for Specific Training Programs

In light of the current and emerging needs of the health-family planning delivery system and the related training needs of the five levels of manpower, the following recommendations specify short- and long-term training activities, both in- and out-of-country, for each level of manpower. The objectives, the frequency, and the focus of each training activity suggested are also clarified.

1. Out-of-country: long-term training

Long-term overseas training serves to provide opportunities for a selected few needed specialists in critical program areas. These individuals, upon return to Morocco, should constitute a cadre of professionals located strategically as a critical mass in the health system so that their knowledge and skills may be brought to bear directly on program planning, implementation, and evaluation.

In Appendix III, specific purposes and objectives for each proposed participant have been detailed, and the most appropriate universities have been suggested. It is important to mention that a high level of fluency in English will be required of all long-term participants in the United States.

The long-term training plan includes: (1) a communications specialist, (2) a health educator, (3) a senior health planner, and (4) a bio-statistician. These key personnel will gain additional knowledge and skills through planned long-term training and should perform their functions more effectively. Hopefully the Moroccan Ministry of Health will strengthen further its capability to function effectively in the crucial aspects of health services delivery in the continuing efforts to modify current programs to meet emerging needs. This combination of professional talents increases the probability of sound health planning of programs supported by strong communication and health education components with statistical measurement in evaluation of program impact.

The long-range goal of both long- and short-term training is to provide a corps of personnel capable of planning, implementing, and evaluating innovative programs relevant to the current and emerging health needs of the country in accordance with national policies.

2. Out-of-country: short-term training

Short-term training as detailed in Appendix II provides the opportunity for appropriate staff to acquire specific skills in critical program areas. Training faculty through workshops of two to three months can sharpen skills in such areas as curriculum development, experiential training methodologies, follow-up and evaluation of trainees, and other elements in behaviorally oriented training. Similarly, selected staff may take short courses in program planning, management and administration, IE&C, statistics, and several other specialized areas.

In each case, specific objectives of the training should be spelled out and related directly to the trainee's function in his position in the health-family planning system.

Other purposes of short-term course work includes travel for observation of programs in other countries to broaden the scope of experience for program managers, administrators, and personnel involved in research and evaluation. In this way, important members of the Moroccan health team may join professional staff from other developing countries to share common problems, concerns, and program strategies.

A general goal of training as discussed above is to contribute to the pool of health professionals in Morocco with knowledge and experience essential to the development of innovative and effective programs of health and family planning services delivery. It is one of a number of training activities designed to promote Moroccan self-sufficiency in all phases of health programming.

The following is a summary of long- and short-term out-of-country training:

<u>Short-term, nonacademic</u>	<u>Duration</u>	<u>FY78</u>	<u>FY79</u>	<u>FY80</u>	<u>FY81</u>	<u>FY82</u>	<u>Total</u>
Training of trainers in FP	4 mos.		3		1	1	5
Observations/study trips.	6 wks.	4	4	4	2	3	17
FP administrators' training	6 wks.	4	6	11	6	3	30
VSC for doctors	6 wks.	4	4	2	2		12
VSC for nurses	2 mos.		3	3			6
Statistical analysis	3 mos.			1			1
Demographic analysis	6 mos.			1	1		2
Techniques of IE&C	6 mos.				2	1	3

<u>Long-term, academic</u>	<u>Duration</u>	<u>FY78</u>	<u>FY79</u>	<u>FY80</u>	<u>FY81</u>	<u>FY82</u>	<u>Total</u>
in communications	18 mos.		1			1	2
in health education	18 mos.					1	1
in health planning	18 mos.	1		1			2
in biostatistics	18 mos.		1		1		2
Total No. persons		13	22	23	15	10	83
(No. person-months)		(36)	(75)	(58)	(55)	(55)	(279)

3. In-country: short-term training

a) Policymakers (top echelon of management and administration)

Dialogue meetings of one and two days' duration as well as in-country observation tours should be scheduled periodically to provide an overview and clarification of country goals, thrusts, and proposed changes in health-family planning delivery systems. Overseas observation tours of six to eight weeks' duration should also be scheduled annually to help this echelon develop greater awareness and deeper insight into successfully implemented health programs. Upon return from overseas tours, dialogues should be scheduled to provide a forum for sharing, analyzing, and adapting new learnings and insights.

In order to maximize the foregoing out-of-country and in-country training activities, it is critical to provide total organization support. Without a supportive climate, it is difficult to implement newly gained knowledge, skills, and attitudes and the desired changes are not effected. It is therefore recommended that (1) organization development specialists (in- and out-of-country) provide needed organization development skills and strategies in designated dialogues and workshops scheduled for top echelon policymakers and administrators, and (2) a national conference be scheduled (possibly in 1980 or 1981) to bring together nationally recognized leaders and key administrations, ministries, industrial, and social organizations to put into perspective the dynamic factor of population which impacts on economic institutions of the country.

b) Management, Administration, and Supervision

Management and administration (medicin-chefs of provinces, zones, and regions as well as SIAAP regions). In addition

to participating in the aforementioned training, it is recommended that these managers and administrators be provided short-term training in administration and management skills. This training should be provided regularly through one-week annual workshops, supported by one-day workshops each month for personnel in the following levels of the health delivery system:

Central: division heads; health administrators and planners; directors of the Ecole de Cadre, the two university medical schools, and the School of Public Health.

Region and zone: directors of hospitals.

Provincial: medicin-chefs, directors of nursing schools, SIAAP, etc.

These workshops should focus on planning, coordinating, decision-making, and problem-solving skills crucial to the management and administration of health-family planning delivery systems and the strengthening of community health self-reliance activities. In addition to attending these workshops, it is important that the medicin-chefs of the provinces as well as SIAAP personnel attend administration and management portions of the master trainers' workshops (the master trainer program is described later in this report).

Management and supervisory personnel. Directors of referral centers, urban and rural health centers, and dispensaries should attend workshops of three to seven days (scheduled annually) to strengthen those skills and knowledge critical to the effective delivery of services in their particular service area. Emphasis would be on interpersonal communications; counseling; supervision, appraisal, and on-the-job training and development of staff; referral systems; client and staff motivation; patient and client management; etc.

c) Trainers (three categories)

A skilled, effective cadre of trainers is crucial to the outcome of any country-wide health delivery system since the quality of service provided by health service personnel is conditioned heavily by the quality of training provided in pre-service and/or in-service training programs. The three categories of trainers -- trainer of trainers of trainers (master trainers), trainers of trainers, and trainers -- would be provided in-depth training as follows:

Category I -- Master Trainers (national level).

This category includes the Ecole de Cadre director and full-time faculty; directors of hospital training schools; faculty of the proposed School of Public Health; training chiefs for the Ministries of Education, Health, Social Affairs, Youth and Sports; Family Planning Association; health administrators and planners. After the completion of their initial training workshop (described below), this category of trainers would be responsible for developing and implementing in-country training workshops for the second category of trainers (trainers of trainers).

An initial workshop of three to four weeks followed by annual refresher meetings of two to three days would clarify and strengthen those attitudes, knowledge, and skills needed for the effective management and administration of the training function, training of trainers of trainers, curriculum development to include more emphasis on the behavioral and interpersonal skills, appraisal of trainers and training programs, follow-up of trainees, and revision and recycling of training efforts. It is suggested that regional and provincial medicin-chefs as well as SIAAP medicin-chefs and the directors of the five regional and 14 zone hospitals be included in the management and administration sessions of this program.

Category II -- Trainers of Trainers (provincial). This category includes directors of paramedic training institutes and referral centers who will be responsible for training trainers of specialty health personnel. An initial three- to four-week workshop followed up by annual one-week refresher workshops would strengthen specific methods for teaching trainers how to develop curriculum, conduct experiential-based learning activities, evaluation and follow-up activities. Also, focus would be on teaching trainers interpersonal relationships and communication skills.

Category III -- Trainers. This category includes trainers in national, provincial, urban, and rural health centers and dispensaries. An initial three- to four-week workshop followed up by semiannual three-day refresher workshops and dialogues would emphasize skills needed for participative teaching methods, interpersonal development, curriculum development, evaluation, and follow-up of training efforts.

d) IE&C and Health Education

Short-term IE&C workshops (7-10 days) should be offered to selected trainers from each level of trainers. Workshop leaders would be those IE&C persons completing short- and

long-term out-of-country training. It is also recommended that out-of-country IE&C specialists be invited to conduct in-country workshops as needed. Two- to three-week workshops should be scheduled and conducted (and repeated as needed) by health educators upon return from long-term overseas training.

e) Health and Family Planning Services Delivery

Personnel to be trained would be medical and paramedical personnel at all service points including urban and rural clinics and dispensaries, referral centers, etc. Since these are staff who are directly involved with the public in the delivery of services, it is essential that they develop a high level of positive attitudes, updated knowledge, and skills in not only the medical aspect but, most importantly, in the areas of interpersonal skills, team-building, counseling, etc. These skills should be geared not only to clinical but also community settings. Community-focused health programs will require skills in identification of community leaders, community organization techniques, leadership of small and large group meetings, and effective use of audiovisual materials. A 14-day training program is suggested that would focus on (1) orientation to new thrusts in health systems primarily on community health self-reliance approaches, and (2) the development of the aforementioned attitudes, knowledge, and skills needed.

Carefully designed and implemented field practicums (of 14 days' duration) providing direct field experience become a critical component of this training effort. These practicums must necessarily incorporate experiential nontraditional teaching methods and must emphasize interactive, dynamic learning opportunities with a minimal use of lecture and formal classroom techniques. It follows that the trainers of practicums must develop these skills. It is recommended that a practicum trainer workshop of two weeks' duration be given for selected trainers from the Ecole de Cadre, nursing training institutes, two university training hospitals, director of the referral center, and the medicin-chef involved in the province where the proposed pilot project will be carried out.

In view of the forthcoming emphasis on rural/outreach health delivery services, it becomes urgent for all basic training programs in nursing schools to include orientation toward the new community focus. Upon graduation, nurses should be provided early refresher courses to develop further their skills, knowledge, and attitudes critical to the new community focus.

The following is a summary of the short-term in-country training clarifying the training designated for each level of manpower personnel, the duration, frequency, and recycling of training specified. The number of personnel to participate in these short-term in-country training programs cannot be determined at present. This necessarily must be done once the type of training recommended has been approved and further needs identification has been conducted and validated.

<u>Level</u>	<u>Activity</u>	<u>Duration</u>	<u>FY79</u>	<u>FY80</u>	<u>FY81</u>	<u>FY82</u>
I. Policy (top echelon of management & administration)	in-country observation tours	1-5 days	x	x	x	x
	workshop dialogues to share learnings immediately upon return from overseas	3-5 days	x	x	x	x
	national cross-sectored conference to provide overview of country health goals, thrusts, & proposed focus on health, FP delivery systems					
	concepts & skills workshop focusing on critical management & administrative skills in both clinical & non-clinical delivery systems (& community-based systems)	annual 5-7 days + 1 day monthly wkshps	x	x	x	x
Management & Administration (medicin-chefs of provinces, zones, regions; SIAAP regions)	workshop focusing on such skills as interpersonal communications, counseling supervision, staff appraisal, staff development, patient-client management	3-7 days annually	x	x	x	x
III. Trainer	a) Ecole de Cadre Hospital	Master Trainer workshop: management of training function & critical training skills	3-4 wks. annually	x	x	x
	b) Provincial nurse training	Trainer of Trainers workshop	4-6 wks. annually			
	c) Polyvalent	Trainer workshop	4-6 wks annually			
IV. IE&C	a) Trainers (from each level in III above)		7-10 days annually	x	x	x
	b) IE&C specialists	in-depth workshop on specialty skills & strategies focusing on formal & nonformal health-FP delivery systems	2-3 wks.	x	x	x
V. Health & FP Services Delivery (medical & service personnel at all service points incl. urban/rural clinics, dispensaries, referral centers)	workshops focusing on skills & knowledge critical in the effective delivery of services in hospital, clinic, & community settings; emphasis on interpersonal & technical skills	14 days (incl. field practicums) annually				

D. Summary of Training

The above detailed manpower training and development plan and specific recommendations are based on the consulting team's firm belief that effective recruitment, selection, training, and on-going development of manpower are crucial to the success of Morocco's increasing efforts to improve, strengthen, and maximize the effectiveness of its health-family planning service delivery system in all settings. Thus, these recommendations have focused on five levels of personnel: policy; management, administration, and supervision; trainer; IE&C and health education; and health-family planning services delivery. The aim of these recommendations is to provide them the needed reorientation and refocus of health-family planning delivery systems as well as to provide and strengthen needed critical knowledge and skills through in-country and out-of-country pre-service and in-service training. Hopefully, these opportunities will enrich and strengthen the capabilities of health professionals, who in turn should be able to contribute more effectively to the refocused health-family planning delivery systems.

The magnitude of these training recommendations requires top priority if the health-family planning goals of the Government of Morocco are to be achieved. Successful national programs of health and family planning services delivery are characterized by well-trained health personnel with special skills in community-focused activities. The success of these programs rests heavily on the support provided by all echelon of management, administrative, and supervisory personnel. These recommendations cover the initial phases of the training component of the health system as it is currently in effect and projected. Training programs must be constantly modified, however, to meet current problems and projected needs and thrusts of the health system. If basic training programs are revised as needed and recycled, if refresher and retraining programs are planned according to emerging needs and national thrusts, and if the training programs to be implemented have the active support of national policy and concerned top-echelon management and administrative personnel, the above recommendations can be productive.

E. Recommended Action Plans

At a meeting in Washington, D.C., on April 30 and May 1, 1979, with Dr. Alaoui Tahar, Mr. Haj Boukhrissi, Mr. William Trayfors, Ms. Suzanne Olds, and the consulting team, the following action plan was formulated:

1. dialogue on recommendations, Washington, D.C. April-May 1979
2. dialogue on recommendations in Morocco
among key officials May
3. conference on training needs identified
in Morocco August
4. consensus of training needs August
5. link consensus to recommendations September

III. CONCLUDING REMARKS

Both Mrs. DeRosa and Dr. Gustafson are very appreciative of the cooperation received by all levels of the Ministry of Health;* the Agency for International Development and Mr. Trayfors; and the American Public Health Association, Suzanne Olds, and staff. We are confident that the high priority and the support that the Government of Morocco gives to training will insure the successful implementation and follow through of any of the training recommendations that are accepted. We shall be pleased to provide consultation or direct services as requested by the Moroccan government, AID, or APHA that pertain to these training recommendations.

*See Appendix IV for a list of personnel contacted.

APPENDIX I

Suggested Pilot Project

The visiting team was delighted to learn of the recent policy decision of the MOH to implement rural pilot projects which emphasize community and individual responsibility for health and other nation-building activities in programs designed to improve the social and economic status of the Moroccan people.

This philosophy of self help through the assumption of responsibility for development at the community level capitalizes on the considerable energy available in the form of untapped knowledge and abilities of rural society. The power of concerned citizenry actively participating in programs directed toward social and economic improvement at the community level is a positive force essential to the achievement of the GOM's developmental goals.

In many developing countries, the vital rates (birth, death, infant mortality, etc.) have been markedly influenced through community-focused programs based upon the active participation of formal and informal leaders in health program planning, implementation and evaluation. Programs emphasizing the mother's responsibility for family health have been most successful in several countries of the developing world. These programs have direct impact on the vital rates through education of mothers in nutrition, prevention and treatment of diarrheal diseases (oral rehydration); prevention of common communicable diseases through immunization; through spacing of births and the prevention of unwanted pregnancies.

It is prudent and timely, we believe, to develop a provincial level operations research project to determine the extent to which community-based health/family planning programs may serve to improve the availability and use of primary preventive health services.

The proposed Pilot Project outlined below may serve many purposes. It will provide a data base for policy makers in the development of primary health care delivery based upon field performance data; various delivery systems may be compared in terms of impact on vital rates, i.e., births, deaths, and maternal and infant mortality; data on migration may also be generated; the various systems may be compared on the variable of cost effectiveness, and most importantly, the project may serve as the dynamic, action oriented focal point for change in the delivery of health and family planning services.

SUGGESTED DESIGN*

The operational research design would involve the selection of three provinces matched on as many social/demographic variables as possible and to use existing and proposed health/FP delivery systems as experimental treatment inputs in the three selected provinces.

*Several other designs are appropriate for action research some with more elegant sampling and the inclusion of control Provinces.

Province "A"

Existing Health
delivery
system

Province "B"

Brevete nurse
home visiting
extension
education with limited
community
participation
(Marrakech Model)

Province "C"

Local recruitment
selection and
training of
community members as
village, level health
workers
Maximum Community
Participation

In Province "C", the number of variables which could be tested is infinite. Some suggested experimental variables would include: 1) age and sex of field worker; 2) teams of workers, husband/wife (for example); 3) household registration and simplified service statistics systems; 4) timing and amount of time spent in home visits; 5) community organization techniques involving community leaders; 6) large community meetings, speakers, films, etc.; 7) varying the types of services to be delivered, e.g., family planning (various methods), nutrition education of mothers (e.g., food preparation demonstrations), teaching mothers preventive techniques for diarrhea and simple oral rehydration and treatment of anemia, etc., and; 8) various patterns of field supervision.

The need for a high priority for training in this type of operations research is clear. In essence, a new and totally different system of health and family planning services delivery is contemplated. Control of the delivery system becomes an active partnership between government health workers and the public. Through an educational process, communities will gain a greater stake in health through involvement in the planning and implementation of health services. Greater self reliance at the community and family level for health requires government workers to assume the educational role with less direct responsibility in the service role.

Province "C" could serve as the field laboratory to test various "hunches" and ideas with little risk to quality of services presently provided. It can be the field training site for the reorientation of health workers and, in addition, it has the advantage of providing quick geographic coverage with limited long-term financial commitment.

SURVEY RESEARCH COMPONENT

The most effective way to measure change in vital rates and other factors over time is to establish to the greatest extent possible representative base

line surveys in the three experimental areas, i.e., Province A, B, C. The cost of such surveys needs to be determined but in most developing countries they are an inexpensive element of overall program costs.

After knowledge, attitude, practice, vital rate, etc. base line has been established, it is quite possible to measure changes in these variables over time and to attribute changes to program inputs if they have been carefully controlled experimentally.

Such surveys can be quite representative depending on the homogeneity of the population of the provinces, and the sample size. Surveys should be completed annually one year after the initial base line up to three years as program needs and results warrant.

This type of evaluation can give information on several factors of concern to the Government of Morocco, not only in health per se, but also in age, specific fertility and mortality migration rates and other variables to be selected by the action research director.

NEEDED GOVERNMENT OF MOROCCO COMMITMENTS

The major value of such action research with survey base lines is that it provides a data base for decision-making in the health system and equally important an opportunity, in country, for the development of Moroccan operations research personnel.

The government would have to make a commitment to name a study director and a technical staff including those disciplines capable of the various elements of research. This would include the modification of already existing questionnaires or the development of new instruments for the base line and annual surveys. Further, the technical staff should be able to conduct pretesting of the research instruments and be skilled in the recruitment, selection, training and field supervision of interviewers.

Data analysis is another area where technical skills are essential and, to the greatest extent possible, should be conducted within country.

The alternative to survey research, i.e., use of service data, is less effective and less compatible with statistical manipulation. Also, service data deals only with that segment of the population taking action and thus is very biased. A separate study of recipients of services could be conducted as a supplement to the survey data.

APPENDIX II

Short-term Overseas Training Plan

I. Recommendation for maximizing Short-term Overseas Training

We are recommending the following training for various categories of health personnel. Our suggestions have been prompted by some of the problems and needs identified within the Moroccan government's health care delivery system.

A. Training of trainers -- 4 months

- identification of training needs
- curriculum development
- experiential teaching methods
- communications skills
- evaluation
- development and use of audiovisual aids
- skills for motivation and change
- report writing

Recommended training sites (overseas)

University of Connecticut (3 months)

4-week supplementary workshop - San Jose Univ.

Community Action - research and evaluation

1 week at NTL (National Training Institute)

American Society of Training Directors - 1-week workshop

Dr. Bogus (University of Chicago) communications-media

Michigan State University - communications media

Practicums U.S. - Kentucky Frontier Nurses

- Santa Cruz

- A H I T P

Practicums - in third countries U.N. Training and Communications and Planning - Bangkok

Training for field personnel

Population awareness observation and study tours

Planning and control skills

development strategies

inter/intra-ministerial coordination

techniques for organization development and diagnosis

research and evaluation

national manpower planning

Recommended institutions: organizations and establishments concerned with population

- Japan
 - Singapore
 - BKKBN (India)
 - India (Bangalore)
 - Korea
 - Taiwan
 - Thailand
 - Princeton Center, U.S.
 - University of Michigan - Population
 - North Carolina
- AID Mr. Levin, Dr. Ravenholt
- Population Council
 - Harvard University School of Public Health
 - Yale University
 - University of Connecticut

- Westinghouse
- Asia Institute of Management
- I P P F - London
- UNFPA

The names of candidates for overseas training should be proposed by:

- Ministry of Health
- Secretariat of State for Planning and Regional Development
- Ministry of Youth and Sports
- Family Planning Association
- Ministry of Social Affairs
- Ministry of Education
- Ministry of Agriculture
- Women's Associations

B. Administration of Family Planning

- program planning and evaluation
- Administrative Manpower Planning
- financial management
- personnel
- service statistics
- overview of population activity
- supply and logistics - (infrastructure maintenance)
- education and supervision

Mechni Trinaud

NTU- Farley

Columbia - Al Rosenfeld

Johns Hopkins

BKKBN

Hartford Hospital

London School of Economics

University of Indiana

University of Nebraska

University of Wisconsin

University of Chicago (August 20 to September 17, 1979)

University of Connecticut

CEFPA, Washington, D.C.

C, IEC - 6 months

- basic communications theory
- community development and interpersonal relations
- audiovisual technique
- planning and management of community programs

Recommended Establishments

- University of Chicago (in French) - July 27 - 4 weeks - (see brochure)
- University of Indiana
- ASTD special short workshop programs
- East-West Center

APPENDIX III

Long-Term Overseas Training Plan

A. COMMUNICATIONS

PURPOSE

The purpose of this training is to strengthen the capacity of Moroccan Health and Family staff to more effectively utilize mediums of mass and interpersonal communications in programs designed to gain acceptance of new behaviors.

Course work at the masters level should include:

- principles of communications
- community development and interpersonal communications
- use of mass media and audiovisual techniques, social development
- planning and management of communications programs
- policy-making and improvement of service delivery
- basic behavioral sciences (psychology, sociology, political science)
- demography, methods and research, statistics and evaluation

OBJECTIVES

To provide opportunities for practical applications of the theories and principles involved in broad-based communications programs aimed at developing population policy and improving service delivery. The training will include psychology, sociology, political science and other pertinent behavioral sciences. An in-depth knowledge of demography, statistics and research and evaluation techniques will also be necessary. The principal goal is to prepare the trainees to effectively participate as members of a high-level multidisciplinary team and, for this reason, we recommend training in group process. Upon his return, the trainee should be able to diagnose complex communications problems, plan and conduct effective communications programs and evaluate the effectiveness of such programs in terms of their ability to promote decisions conducive to the development of sound policies. After graduation, the trainees' practical experience should focus on the following sectors: family planning, agriculture, education, youth and sports, labor, the interior and migration. Training in the field and practical experience in demography, family planning and public health are also highly desirable and a field curriculum should be organized at the conclusion of the academic program. This field program could take place in the United States or in a third country and would last up to 12 weeks. The study grant would be for 78 weeks.

Recommended Institutions:

University of Indiana
University of Wisconsin
East-West Center, University of Hawaii
University of Chicago

B. HEALTH EDUCATION

PURPOSE

The purpose is to develop the knowledge and skills which form the base of health education. A practical understanding of social theory, socio-psychology and communications is important as well as the ability to apply the theory to problems and situations encountered in health education. The theory and practice of social change and group dynamics as educational tools are essential. Some knowledge of administration, epidemiology and bio-statistics is desirable.

Family planning is a personal matter related to behavior and one needs experience to be able to analyze the dynamics of human systems and, through educational methods, improve the quality of the target populations' health and life.

This degree program should focus on scientific approaches to community education with a view toward changing family planning behavior and fertility management. This includes theories and techniques involved in information dissemination, problem definition and personal and social change. Broad experience in the social sciences and health is desirable. The importance of training and curriculum development should be stressed.

Such training should prepare the candidate to teach effectively on national provincial and local levels. He or she should be able to analyze situations, work with others toward defining their problems and promote behavioral change in the population groups targeted by the family planning program. He should also be able to teach educational techniques to selected groups and evaluate the results imputable to the educational component in the family planning staff's activities.

Recommended Institutions:

University of California - Berkeley
San Jose State University, California
University of North Carolina
University of Michigan

C. HEALTH PLANNING

PURPOSE

The participant would take courses in planning and administration leading to a master's degree in public health in an accredited University school of public health.

This training should be made up of a good mix of theoretical and practical components and should enable the participant to integrate the data and experience obtained into the Moroccan family planning program. He should be provided with opportunities for familiarizing himself with family planning practices used in government and private institutions involved in health and family planning in the U.S. We recommend that the participant visit a third country for in-depth observation of family and health planning administration. This training would take place after graduation and would take four to eight weeks.

It is especially important to develop the candidate's analytical and planning skills with regard to practical as well as theoretical problems. The importance of planning in the training, organization and supervision of personnel at all levels should be stressed. Nor should one overlook the importance of well-defined and measurable objectives. The participant should have broad experience in management, notably, in personnel management and should come to understand more fully the concept of management as a function of stated objectives. Other important fields would be the administrative aspects of planning and the preparation of budgets and cost-benefit analyses.

Since this administrative training is specifically geared to family planning, the technical aspects of the management of health and medical services should be stressed. Some knowledge of bio-statistics would be essential as would be the capacity to analyze and interpret population and census data. Since the administrator is the main link between the policy-makers and the implementation of policy in the form of programs, emphasis will be on the planning and decision-making aspects of management as well as on supervision and other communication of impression and results up and down the chain of command.

Once he has completed his training the participant will confront the problems of the organization and use of personnel at the national or regional level. He will also deal with the problems of measuring and evaluating performances and allocating resources, means and materials. He will also be in part responsible for innovating programs and demonstrations in the field. In short, the participant should be capable of implementing those measures necessary to the attainment of long and short term objectives given the resources available.

Recommended Universities:

University of Michigan
Johns Hopkins University
University of North Carolina
University of California, Berkeley

D. BIO-STATISTICS

PURPOSE

The candidate would be a candidate for a Master of Science degree of a Master of Public Health in statistics in an American university.

Course material should emphasize the development, implementation and use of service statistics systems and other techniques for close monitoring of programs. Other priority subjects would include computer systems, the preparation of formats for data and record-keeping, population statistics, demography and basic public health data and the use of the above elements in program planning and policy-making.

The participant should also study the development of sample-surveys, management and organizational and economic development.

OBJECTIVES

The purpose of this training is to master statistical science and the design of research programs concerned with the social and demographic aspects of population groups. A thorough understanding and skill in large and small scale sampling theory are essential. The participant should also come to grips with the alternatives and constraints associated with the use of computers in data analysis with special attention to computers accessible in Morocco. The concepts of reliability and value should be well understood and the participant should be cognizant of the various methods used in the demographic sciences to ensure data usefulness. This training would involve the teaching methods and types of supervision to be used with interviewers, encoders and other staff responsible for data processing.

Recommended Institutions:

Georgetown University
University of North Carolina
Johns Hopkins University
University of Michigan

MOROCCO: LIST OF KEY CONTACTS

<u>Organization</u>	<u>Position</u>	<u>Name</u>	<u>Telephone</u>	<u>Location</u>
<u>Ministry of Health</u>	Minister	Dr. <u>Rahali</u> Rahal	60675 or 61121	MOH Building, 2nd Floor
	Secretary-General	Mr. Othman Jannano	64019	MOH Building, 2nd Floor
	Director of Technical Services	Dr. <u>Alnoui</u> Tahar	63895	MOH Building, 3rd Floor
	Special Advisor	Dr. Clement Noger	65543	MOH Building, 3rd Floor
	Head, Div. of	Dr. Md. <u>Mechbal</u>	61675	MOH Building, 3rd Floor
	Chief of FP Service	Mr. Haj Mimoun <u>Boukhrissi</u>	34263	Family Planning Building
	Chief of Professional Training	Mme. <u>Hassani</u>	61121 or 63652	MOH Building, 3rd Floor
<u>USAID</u>	Director	Mr. Harold Fleming	30361 x 513	Embassy Annex, 5th Floor
	Assistant Director	Mr. Eric Griffel	30361 x 513	Embassy Annex, 5th Floor
	Population Officer	Mr. William Trayfors	30361 x 534	Embassy Annex, 4th Floor
	Health/Nutrition Off.	Ms. Sue Gibson	30361 x 550	Embassy Annex, 3rd Floor

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